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.
F.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 questions. 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."

This page was reprinted, with permission, from Beyond Reproduction: Tips and Techniques for Teaching Sensitive Family Life Education Issues, published by Network Publications, a division of ETR Associates, 1983, Santa Cruz, CA
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
SEXYUAL 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 health care 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

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<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>
<tr>
<td>Grade 10</td>
<td>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</td>
</tr>
</tbody>
</table>
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 by Board of Directors on 2/28/00
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."
Health
Scope and Sequence
7th Grade

*Delivery of this unit is in the science classroom, integrated with the 7th grade life science curriculum.

Unit 1, Life Skills (10-15 days)
Student Learning Expectations:
Understands the changes occurring during puberty (GLE 2.2.2)
Understands abusive and risky situations and demonstrates safe behaviors to prevent injury to self and others at home, school, and in the community (GLE 2.4.1)
Understands effects of stress and stress-management techniques (GLE 2.4.3)
Understands issues and risks related to drug use and abuse (GLE 2.4.5)
Analyzes health and fitness messages in media (GLE 3.2.3)
Solves conflicts while maintaining safe and respectful relationships (GLE 3.3.1)

Book Resources:
   Teacher Manual
   Student Guide

Supplemental Book Resource:
Think Choose, ACT Healthy: Self Esteem-pages 249-285

Video Resource:
Smoking and Biofeedback Videotape

Audio Resource:
Relaxation Cassette Tape

On-line Resources:
Link to LST pre/post survey: http://www.lifeskillstraining.com/lst_outcome_tools.php
LST and Universal Academic Standards Alignment:
www.lifeskillstraining.com/universal.php
LST Companion Website (Teacher Site and Student Site):
www.lifeskillstraining.com/msweb/

Formative Assessment:
Per resource and Journal Entries

Updated, March 2017
Unit 2, Puberty and Reproduction (8 days)

Student Learning Expectations:
Understands structure and functions of body systems using medically accurate terminology (GLE 2.2.1)
Understands the changes occurring during puberty (GLE 2.2.2)

Book Resources:
7/8 F.L.A.S.H: Lesson 1-Introduction
Health Smart: Abstinence & Puberty: Lessons 1 and 2

Human Biology & Health: Chapter 7, Section 2-The Male and Female Reproductive System, and Section 3-The Human Life Cycle
-Or-
7/8 F.L.A.S.H: Lessons 6 and 7-Reproductive System

Teacher Informational Resources:
Health Facts: Abstinence: Chapter 3-The Physical Changes of Puberty, and Chapter 4-Reproductive Anatomy & Physiology (Not for student use)

Video Resource:
“Human Reproduction & Childbirth”

Formative Assessment:
Per Resources

Unit 3, HIV & STDs (4-5 days)

Student Learning Expectations:
Understands connections between health decisions and their impact on major body systems (GLE 2.2.1)
Understands factors and prevention related to communicable diseases (GLE 2.3.1)
Understands the potential consequences of being sexually active (GLE 2.4.8)

Book Resources:
KNOW/Grade 7: Lesson 1- HIV and Other STDs and Lesson 3-Risk Recognition
7/8 F.L.A.S.H: Lessons 4 and 5-Sexually Transmitted Diseases
Human Biology & Health (2009): Chapter 5, Section 2-The Body’s Defenses

“Sexually Transmitted Diseases” (Pamphlet, Current Edition)

Video Resource:
“Understanding HIV & AIDS”

Formative Assessment:
Quizzes and Question Box per Resources

Updated, March 2017
Unit 4, Abstinence (Risk Prevention/Healthy Decision Making) (6-7 days)

Student Learning Expectations:
Understands the potential consequences of being sexually active (GLE 2.4.8)
Analyzes health and fitness messages in media (GLE 3.2.3)
Solves conflicts while maintaining safe and respectful relationships (GLE 3.3.1)

Book Resources:
KNOW/Grade 7: Lesson 2 Abstinence and Refusal Skills,
Health Smart Abstinence & Puberty: Lessons 4 and 5

"Many Teens are Saying NO" (Pamphlet)

Supplemental Book Resource:

Video Resource:
“Straight Talk about Sex, Gender, and Media”

Formative Assessment:

Materials/Resources
- 7/8 F.L.A.S.H (Binder, 2006)
- KNOW/Grade 7 (Binder, 2014)
- Health Smart: Abstinence & Puberty (Book, 2004)
- Human Biology & Health (Text, 2009)
- Think Choose, ACT Healthy (Book, 1996) (Supplemental Use Only)
- Life Skills Training Book 2 (Binder, 2000)
- Smoking and Biofeedback Videotape
- Relaxation Cassette Tape
- “Human Reproduction & Childbirth” (DVD, 2009)
- “Understanding HIV & AIDS” (DVD, 2006)
- “Straight Talk about Sex, Gender, and Media” (DVD, 2004)
- “Sexually Transmitted Diseases” (Pamphlet, Current Edition)
- “Many Teens are Saying NO” (Pamphlet, Current Edition)

Updated, March 2017
F.L.A.S.H. is the product of many people's efforts. The 2005/6 updates and revisions, at all grade levels, including all the appendices, reflect the creativity, work and commitment of:

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Illustrations by Powers, Stenson, Espinoza
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The County of King, by and for
Public Health - Seattle & King County, Family Planning Program
HIV/AIDS lessons written in 1988
By Pamela Hillard, MEd
HIV/AIDS lessons medically updated in 2005
By Andrea Gerber, MSEd & Beth Reis, MS
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Seattle School District No. 1 and
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9/10 F.L.A.S.H.
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Unplanned Pregnancy and Contraception lessons revised in 2005
Abstinence and Emergency Contraception lessons written in 2005
By Anya Nartker, MPH candidate
With Illustrations by Molly MacGregor
Sexually Transmitted Disease lessons revised in 2006
By Brett Niessen, MPH candidate
HIV/AIDS lessons revised in 2006
By Maia Piccagli, MPH candidate

Special Education: Secondary F.L.A.S.H.
Written by Jane Stangle, MEd
(Adapted from 5/6, 7/8 and 9/10 F.L.A.S.H.)
Illustrations by Powers, Stenson, Espinoza
Birth Control lesson revised in 2005 & 2006
By Anya Nartker, MPH candidate, Beth Reis, MS, & Brett Niessen, MPH candidate
Sexually Transmitted Disease lessons revised in 2006
By Brett Niessen, MPH candidate
HIV/AIDS lesson revised in 2006
By Maia Piccagli, MPH candidate

11/12 F.L.A.S.H.
Written by Elizabeth "Beth" Reis, MS
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Unplanned Pregnancy/Options and Contraception lessons revised in 2005
By Anya Nartker, MPH candidate
HIV/AIDS lessons revised in 2006
By Maia Piccagli, MPH candidate
Medical Review

Physicians who have graciously contributed to the editing of various grade levels and topic areas of the *F.L.A.S.H.* curricula from the first publishing in 1985 to the present have included:

**Robert Bidwell, MD**, then a fellow in Adolescent Medicine, University of Washington and Commissioner, Seattle Commission on Children and Youth; currently Director of Adolescent Medicine at Kapiolani Medical Center for Women and Children, Associate Professor of Pediatrics, John A. Burns School of Medicine, University of Hawaii*

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* Affiliations for identification only
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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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**F.L.A.S.H.** is the product of many people's efforts. The 2005/6 updates and revisions, at all grade levels, including all the appendices, reflect the creativity, work and commitment of:

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<thead>
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<th>Name</th>
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<tr>
<td>Stephanie Ballasiotes</td>
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<td>Robert Marks, MEd</td>
<td>Becky Reitzes, MA</td>
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<td>Jeff Boudreau</td>
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<td>Cam McIntyre, MD</td>
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<td>Anya Nartker, MPH candidate</td>
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<td>Kaden Sullivan, BFA</td>
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<td>Jeff Ing, BA</td>
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<td>Kari Kesler, MA</td>
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<td>Lois Werelus, MSW</td>
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<td>Bob Wood, MD</td>
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4/5/6 F.L.A.S.H.

Written by Elizabeth "Beth" Reis, MS
Illustrations by Powers, Stenson, Espinoza
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The County of King, by and for
Public Health - Seattle & King County, Family Planning Program
HIV/AIDS lessons written in 1988
By Pamela Hillard, MEd
HIV/AIDS lessons medically updated in 2005
By Andrea Gerber, MSED & Beth Reis, MS
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The County of King, by and for
Public Health - Seattle & King County, Family Planning Program

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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With illustrations by Molly MacGregor
Sexually Transmitted Disease lessons revised in 2006
By Brett Niessen, MPH candidate
HIV/AIDS lessons revised in 2006
By Maia Piccagli, MPH candidate

Special Education: Secondary F.L.A.S.H.

Written by Jane Stangle, MEd
(Adapted from 5/6, 7/8 and 9/10 F.L.A.S.H.)
Illustrations by Powers, Stenson, Espinoza
Birth Control lesson revised in 2005 & 2006
By Anya Nartker, MPH candidate, Beth Reis, MS, & Brett Niessen, MPH candidate
Sexually Transmitted Disease lessons revised in 2006
By Brett Niessen, MPH candidate
HIV/AIDS lesson revised in 2006
By Maia Piccagli, MPH candidate

11/12 F.L.A.S.H.

Written by Elizabeth "Beth" Reis, MS
Copyright © 1992, 2005, 2006
Unplanned Pregnancy/Options and Contraception lessons revised in 2005
By Anya Nartker, MPH candidate
HIV/AIDS lessons revised in 2006
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Medical Review

Physicians who have graciously contributed to the editing of various grade levels and topic areas of the *F.L.A.S.H.* curricula from the first publishing in 1985 to the present have included:

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**Cam McIntyre, MD,** Vice President of Medical Affairs and Medical Director, Planned Parenthood of Western Washington *

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**Bob Wood, MD,** AIDS Control Program Director, Public Health - Seattle & King County, and Associate Professor of Medicine & Health Services, University of Washington *

* Affiliations for identification only
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Connie Gold  Carole Miller  Loren Smith


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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  
Inside Washington: 206-296-4902  
Email: ron.smart@metrokc.gov

For more information about the curricula:  
Outside Washington: 1-800-325-6165 ext 64970  
Inside Washington: 206-296-4970  
Email: elizabeth.reis@metrokc.gov
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<th>Summary of Objectives (Student will be able to...)</th>
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<tr>
<td>1. Introduction</td>
<td>• Explain ground rules</td>
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<tr>
<td>2. Puberty</td>
<td>• Contribute to serious considerate class climate</td>
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<tr>
<td>3. Sexual Health and Hygiene</td>
<td>• List physical, emotional, social changes</td>
</tr>
<tr>
<td>4, 5. Sexually Transmitted Diseases</td>
<td>• Explain that variation is normal</td>
</tr>
<tr>
<td></td>
<td>• Distinguish helpful from useless health and hygiene practices</td>
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<td>6, 7. Reproductive System</td>
<td>• Name STDs</td>
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<td></td>
<td>• List symptoms</td>
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<td>8, 9. Pregnancy</td>
<td>• List health behaviors that should follow suspicion of infection</td>
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<td>10, 11. Decision-making and Teen Parenthood</td>
<td>• Name dangers of untreated STDs</td>
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<td>• List ways of reducing risk</td>
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<tr>
<td>12, 13. Touch and Abstinence</td>
<td>• Pronounce, spell and describe functions of parts</td>
</tr>
<tr>
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<td>• Explain that variation is normal</td>
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<tr>
<td>14. Birth Control</td>
<td>• Distinguish myths from facts</td>
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<td>• Pronounce, spell and define terms</td>
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<tr>
<td>15. Resource People</td>
<td>• Explain that people don’t always act on feelings</td>
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<td>• Distinguish passive from active decisions</td>
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<td>• List reasons to decide to delay parenting</td>
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<td>• Explain importance</td>
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<td></td>
<td>• Distinguish healthy from risky touch</td>
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<td>• List reasons to abstain from intercourse</td>
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<td></td>
<td>• List and define methods, including abstinence</td>
</tr>
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<td></td>
<td>• List reasons to communicate with parents and loved ones re: birth control</td>
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<td>• Recognize resource people, such as school nurse, counselor, etc.</td>
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<td>• Describe how resource people can help with family life, sexual health concerns</td>
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</table>
### Communication Lesson Plans

<table>
<thead>
<tr>
<th>Lesson Plan</th>
<th>Summary of Objectives (Student will be able to...)</th>
</tr>
</thead>
</table>
| 16. The Basics | • Distinguish among assertive, aggressive, passive and manipulative behaviors  
| | • Describe consequences of each  
| | • Formulate an assertive request  
| | • Describe how it feels to risk rejection  
| | • Ask for something approximate  
| 17. Asking Honestly for What You Want | • Gracefully accept the rejection  
| 18. Taking “No” for an Answer | • Recognize that persisting after two NO’s is aggression  
| | • Formulate an assertive refusal  
| 19. Saying “No” | • Formulate an assertive defense  
| 20. Defending Your Rights | • Protect him/herself aggressively, if necessary  

### HIV/AIDS Lesson Plans (Rev. 2002)

<table>
<thead>
<tr>
<th>Lesson Plan</th>
<th>Summary of Objectives (Student will be able to...)</th>
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</thead>
</table>
| 21. HIV/AIDS: Basic Facts (Grade 7) | • Describe how human immunodeficiency virus (HIV) affects the immune system  
| | • Name body fluids that transmit HIV  
| | • Cite most common ways that HIV is transmitted  
| | • Define abstinence  
| | • Understand role of condoms in the prevention of STD’s  
| 22. HIV/AIDS: Influence of Alcohol and Other Drugs (Grade 7) | • Describe physical and emotional effects of alcohol and other drugs on the body  
| | • Recognize that drugs (including alcohol) impair a person’s ability to make decisions  
| | • Explain that poor decisions about drugs and sexual behavior can put a person at increased risk for HIV  
| | • List reasons why some teens use drugs and healthier, less dangerous alternatives for meeting needs  
| 23. HIV/AIDS: Understanding Risk Behaviors (Grade 8) | • Define and distinguish between HIV and AIDS  
| | • Explain that anyone who takes risks with sex or drugs is vulnerable  
| | • Describe how and when one can find out if he/she has HIV  
| | • Know that there is neither a vaccine nor a cure for HIV  
| | • Explain limits of treatment  
| | • Distinguish between behaviors that can and cannot transmit HIV and especially explain why  

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24. HIV/AIDS: Rights and Responsibilities (Grade 8)

- Problem-solve scenarios that they or their friends may encounter, using factual information rather than myths or stereotypes
- Explore beliefs about rights and responsibilities of people with HIV and listen to opinions of others
- Apply concept that HIV/AIDS is only spread through certain behaviors
- Identify abstinence as safest protection from HIV and also explain steps for correct condom use
Introduction

This is a curriculum designed by the Public Health – Seattle & King County, Family Planning Program. It consists of nineteen lesson plans for the junior high classroom (grades seven and eight). There are also F.L.A.S.H. curricula for use in mainstream and special education classes at the intermediate (grades 4 through 6) 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 7/8 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 twelve (12) topics in its twenty-four (24) lesson plans. It is not necessary to confine yourself to twenty-four 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.

Decision-making and communication skills might begin the first week of the semester. Maybe the reproductive system and diseases of the reproductive system would follow a unit on all the other body systems. Or, in a Home and Family Life class, maybe HIV fits best into your safety unit.

You are welcome to use part or all of this material as you see fit. However, we recommend that seventh and eighth 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:


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 previewing 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. 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.

7/8 FLASH contains about 70 student handouts to be photocopied (Reference Sheets, Worksheets, Family Homework Exercises and Field Trips, a Position Paper, and a Story). You can photocopy each of these, as you prepare for each lesson. Alternately, you can order a separate set of student handout masters, to be photocopied in advance by your district's copy center. In either case, we recommend photocopying onto already 3-hole punched paper. See the last page of this supplement for information about where to order separate sets of student handout masters.

7/8 FLASH also contains about 30 transparencies to be photocopied. You can photocopy these yourself, if your copy machine can make transparencies. Alternately, you can order a set from your district's copy center.
How to Use FLASH

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 (cans, envelopes)
- Introduce them as in lesson #1.
- Read the questions in advance to give yourself time to consider how you want to answer them.
- Anticipate five types of questions:
  1. requests for information
  2. "am I normal" questions
  3. permission-seeking questions
  4. shock questions
  5. value questions

1. 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.
   Is the question, although informational, one which you consider inappropriate for classroom discussion? Problems can be avoided if you have established in the context of the class ground rules, an 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."

---

2. "AM I NORMAL" QUESTIONS ²
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 them to parents, clergy, family physician, community resources, school counselor for further discussion, if appropriate.

3. PERMISSION-SEEKING QUESTIONS ³
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 students 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 student to parents and clergy for further discussion of moral/religious questions.

4. SHOCK QUESTIONS ⁴
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 a question about. Use whatever word you know to ask that question and I will answer using the correct (acceptable) word."

² ibid
³ ibid
⁴ ibid
Values Questions

It is not possible, or desirable, to provide value-free education. Questions which have a value component must be answered with care -- 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.
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.
Introductory Class
Grades 7 and 8, Lesson #1

Time Needed
One class period

Student Learning Objectives
To be able to...

1. Explain three of the five ground rules.
2. Contribute to a serious, considerate class climate.
3. Distinguish appropriate from excessively personal facts for public disclosure.
4. Express that standard terms are more appropriate in class than slang and baby-talk.

Agenda
1. Describe your unit agenda, and review class requirements.
2. Discuss the rationale for the unit.
3. Establish and explain ground rules, using Introduction Transparency 1.
4. Examine "privacy" through large group discussion, using Introduction Transparency 2.
5. Mention your availability for private discussion.
7. Generate anonymous questions.
8. Have students begin a FLASH notebook section.
9. Assign homework.
Materials Needed

Classroom Materials:
- Ten labeled manila envelopes ("puberty," etc.)
- Introduction Transparencies 1-3
- Overhead projector

Student Materials (for each student):
- Family Homework Exercise: An Introduction
- Family Homework Letter (Appendix B)
- The Introduction Worksheet
Activities

1. Describe your unit agenda, and review class requirements.
It may help to post a calendar. Some teachers assign homework, reading, or special projects. Some classes have speakers or field trips. Make sure your students know what is required of them, what the due dates are (if any), and how to get excused if they, or their parents, prefer that they not participate.

One way to motivate students is by offering points for participation, homework, and a unit test. For example: A student could earn up to five points a day for participating and following the ground rules (five points x 20 classes = 100 total possible participation points). A student could also earn five points per homework assignment. Since there is an introduction and 14 other topics, you will make about 30 assignments (approximately half are family assignments), so a student could do any 15 of those for credit (five points x 15 assignments = 75 total possible homework points). A final test could be worth up to another 25 points. Thus, a perfect score for the whole unit would be 100 + 75 + 25 200 points for an A+.

2. Discuss the rationale for the unit:
• That people make healthier decisions when they have thought about what they believe and when they have correct information.
• That it is important to learn how to talk about sexuality ... so you can talk with your family, your doctor, and even help a friend.

3. Establish ground rules.
You can use Introduction Transparency 1 or blow it up into a poster... but the following are key issues to explain and discuss:

ASKING questions is critical to learning. Students may ask questions aloud, in writing or in private. They may think of questions or issues they want to discuss with their parents, their doctors, their clergy or others. Any question is a good question, even if they cannot think of the medical/standard term for something. Students should try to use medical/standard words, but it is better to ask a question using slang or baby-talk than not to ask it at all.

PASSING (choosing not to respond or participate) is every person's essential right. Acknowledge that sexuality is a personal issue, and that discussing it can feel awkward and embarrassing. Admit that you may occasionally decline to answer a personal or embarrassing question ... this models the important skill of limit-setting. Assure students that they also have permission to "pass."

PROTECTING peoples' feelings is critical to the building of trust. That means not laughing at classmates, not trying to figure out who authored an anonymous question, not putting people or groups down. It means respecting others' rights to disagree. Protecting one's own and other peoples' privacy means not sharing very personal issues in the large group, not using names or relationships when you talk about personal issues, and not quoting classmates outside of class.

LISTENING respectfully is essential. You deserve it, students deserve it and guest speakers deserve it.
ENCOURAGING others to follow these rules ... means positive peer pressure. Students can gently remind one another of the ground rules.

Examine “privacy.” It means different things to each of us, and for each of us there are degrees or levels of privacy. Using *Introduction Transparency 2*, give examples of the kinds of information a person might share at each level of privacy. For example:

<table>
<thead>
<tr>
<th>Who</th>
<th>What You Might Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strangers ...</td>
<td>how you feel about the weather, who won last night’s ball game, where the cafeteria is</td>
</tr>
<tr>
<td>Acquaintances ...</td>
<td>your name, your homeroom, your favorite music artist, how you feel about Math</td>
</tr>
<tr>
<td>Casual Friends ...</td>
<td>your hobbies, your nickname, your religion, where you live, how you feel about your Language Arts teacher</td>
</tr>
<tr>
<td>Close Friends ...</td>
<td>your nickname when you were a baby, how you feel about your brother or sister, what really makes you mad or sad</td>
</tr>
<tr>
<td>Best Friends, Family, trusted Friends of the Family ...</td>
<td>what really hurts your feelings, what really scares you</td>
</tr>
<tr>
<td>Yourself only ...</td>
<td>which grandparent you love most, the most embarrassed you have ever been</td>
</tr>
</tbody>
</table>

Get the class to add examples, and to recognize that each of us makes different choices about which things we will share on each level.

Share some personal anecdote about your own sexuality education to model that some sharing is OK ... then point out that your sharing was only from Level 2 or 3. You might share, for example, where you used to think babies came from, or how old you were when you learned that the doctor isn’t always knowledgeable about sexuality. Emphasize that it is not appropriate to share the most personal things in a class. Refer back to the second “P” in “APPLE” (*Transparency 1*).

4. **Mention that, if there are very personal concerns someone wants to discuss with you, you will be available for private consultation.**
   You can then refer them to the appropriate professional (doctor, psychologist, etc.). Tell them when and how they can set up a meeting with you, and that Lesson 15 will introduce additional people to whom they can go.

5. **Introduce “vocabulary” by explaining that kids sometimes ask, “Why do we use such big words when we talk about sexuality in school?”**
By "big words" they mean medical/standard terms, as opposed to slang or baby-talk. Show the class the top section of Introduction Transparency 3. These are words most U.S.-born five-year-olds know. Have the class count the syllables in each one, and you can write the number in the blank (all are four or five syllables). Next, show the lower section. Read each word aloud, have the class count syllables and mark them in the blanks (they are one to three syllables). Help the class figure out why the second set of words might seem big and complicated [i.e., because we are less familiar with them]. "Standard terms" are not necessarily any more complicated than slang or baby-talk terms. That’s why we need a unit like this! To get more comfortable talking seriously.

6. Introduce anonymous question envelopes.

As a way of outlining the agenda for the unit, hold up each manila envelope and read the topic aloud. Explain that the class will spend one or more lessons on each of these topics: "Puberty," Sexual Health and Hygiene," "Sexually Transmitted Diseases," "Reproductive System," "The Pregnancy," Decision-Making and Teen Parenthood," "Touch and Abstinence," "Birth Control," "Communication" and perhaps "Other." The manila envelopes can be posted on a bulletin board throughout the unit.

Give each student several slips of scrap paper and a pencil. If you have more than one class period that will be using these same question envelopes, we recommend providing a different color of paper to each class (i.e., 1st period, yellow; 2nd period, white; etc.) to make it easier to sort out which class asked each question.
Ask students to write at least one question and drop it in the appropriate envelope. Explain that they should NOT write their name on the slip, unless they would prefer to talk with you privately about their question. Have students write one question on each slip (which makes it easier for you to sort the questions), but give them as many slips as they need. Explain that spelling does not matter at this point. Explain that, as each session arrives, you will answer the questions from the appropriate envelope, so it's OK to add questions whenever they think of them. If anyone is not sure which envelope is appropriate for a particular question, they can use their judgment and you can rearrange them later. Allow them 10 minutes to write questions. You may want to assist them by jotting some question roots on the blackboard:

- "Is it true that ...?"
- "Is it a problem if ...?"
- "What do they mean by ...?"
- "What should you do if ...?"
- "What causes ...?"
- "Should you worry if ...?"
- "How do you know if ...?"

7. Have students begin a notebook or section or folder where they can keep all their FLASH materials together, or distribute student handbooks, photocopied in advance.

Homework

Students' options:

- **Family Homework Exercise: Introduction**
  Students will also need to take home the Family Homework Letter (Appendix B). They will fill out a Family Homework Confirmation Slip (bottom section of the Letter), along with their parent or guardian or other trusted adult, and return the slip to you for credit. They do not need to report on the content of their conversation, just that they have completed the activity together.

- Complete The Introduction Worksheet.

NOTE: If you assign a Family Homework Exercise, it is essential to offer at least one alternative assignment. There will be some students who do not have a family member with whom they feel they can discuss these issues. Also, allow at least a week for Family Homework Exercises, as many families are very busy.
Ask questions! In class, after class, at home... any question is a good question.

Pass if a question or activity feels too private.

Protect other people's feelings and protect your own and other people's privacy.

Listen respectfully when other people are speaking.

Encourage other people to do the same.
Introduction Transparency 2

Levels of Privacy

- Strangers
- Acquaintances
- Casual friends
- Close friends
- Best friend, family, and trusted friends of the family
- Yourself, only
Introduction Transparency 3

Why do we use such big words in class when we talk about sexuality?

WORDS MOST 5-YEAR-OLDS KNOW:

kindergarten
Cinderella
watermelon

WORDS WE WILL USE IN THIS UNIT:

Penis
Breast
Scrotum
Vagina
Conception
Virus
Condom
Testis
Ovum
Sperm
Uterus
Gene
Touch
Pregnancy
Family Homework Exercise: An Introduction

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

First, read this aloud together:

Talking about family life and sexual health with your parent or child can be scary. Will I have to share private thoughts and information? Will talking make my parents assume I am having intercourse? Will talking encourage my child to go out and have intercourse? The answers, we believe, are no, no, and no.

To begin with, neither of you should share anything you are not reasonably comfortable sharing about yourselves. Sexual behavior is a private matter. Some of your feelings and beliefs are private, too. These exercises are NOT designed to make you talk about things you really do not want to share. They ARE designed to help you understand and trust each other just a little better. You both have permission to skip any question or exercise that makes you too uncomfortable... though a certain amount of discomfort is very normal and nothing to worry about.

Furthermore, talking about something does not mean you are doing it, or even that you will ever do it. You may talk about hang gliding or mountain climbing without ever doing them. You may read about drugs without deciding to use any. Talk helps people understand themselves better, as well as the people they love. That's all.

Second, exchange some kind of touch ... a hug, a handshake, a pat on the arm, a "high-five."

Third, think about the class ground rule ... “protect your own and other peoples’ privacy.” Since different people feel differently about what is private, talk together about specifically who falls into each category below. Then discuss your own and your families’ feelings about the questions on side 2.

Categories

Strangers
Acquaintances
Casual Friends
Close Friends
Family and Trusted Friends-of-the-Family
(including clergy and counselors)

-- over--
Questions

1. How private is your address? Which of the people above could you tell where you live?
2. How private is your family's cultural heritage? Who could you tell what countries your ancestors came from?
3. How private is your family's income? Who could you share that with?
4. How private is the color of your kitchen? Who could you share that with?
5. How private is your phone number? Who could you share that with?
6. How private are your family's beliefs about marijuana?
7. How private is the cost of your furniture?
8. How private are your family's beliefs about dating?
9. How private is your pet's age?
10. How private is your mother's age?
11. Are there other privacy issues you want to talk about?

NOTE: Turn in a Family Homework Confirmation Slip by __________ if you want credit.
Mrs. Smith was standing at the blackboard, discussing the history of transportation. “The first choo-choo was invented in 1804. It was ‘rad,’ man,” she said, “totally awesome.”

“Excuse me,” a student interrupted. “May I please go bye-bye? I have to use the potty.”

“Yes,” Mrs. Smith replied. Then she continued, “Who remembers the names of the dudes who invented the airplane?”

1. Which words make this story funny (odd, strange)?

2. Why are these words strange in this situation?

3. Write a sentence, using slang or baby-talk that a person would feel silly saying to a doctor.

4. Now rewrite your sentence in a more appropriate way.

5. What does this have to do with your class studying sexuality?
Sexually Transmitted Diseases
Grades 7 and 8, Lesson #4

Time Needed

One to two class periods

Student Learning Objectives:

To be able to...

1. Name at least three STDs
2. List two of the four common, early symptoms of STDs and explain that STDs may be asymptomatic
3. List two of the three critical health behaviors that should follow a suspicion of infection
4. State that some STDs are life-threatening and others can have serious consequences
5. List at least two effective ways of reducing one’s STD risk

Agenda:

1. Explain the relevance of the lesson to the unit and to students’ lives and your support for their abstaining.
2. Brainstorm and create a list of STDs.
3. Use a human graph activity to teach which STDs are the most serious, which aren’t curable, which are often asymptomatic, and which ones condoms are less certain to prevent.
4. Complete the STD Reference Sheet aloud, as a large group activity.
Materials Needed:

Student Materials (for each student):

- Sexually Transmitted Disease Reference Sheet

Classroom set (single copy):

- Signs on pages 14 and 15 (laminated, if possible, for use multiple class periods, and cut into separate signs)
- Cards on page 16 (cut and taped onto separate index cards)
Activities

Background for teacher: The outdated term venereal disease (VD) should no longer be used. In some medical circles, the preferred term is now sexually transmitted infection (STI). Infection is used instead of disease because many infections don’t cause disease; they are asymptomatic and don’t always cause adverse reactions. But the term is less widely recognized by the public than STD. Some professionals now prefer the term reproductive tract infection (RTI), because not all the ailments in our genitals are transmitted sexually. But this leaves out oral and anal manifestations of diseases. This curriculum uses the term sexually transmitted disease (STD) to describe all the kinds of organisms that are frequently or exclusively communicated through oral, anal and/or vaginal sex.

Additional note: This lesson avoids scare-tactic videos or slide shows with advanced symptoms. These types of symptoms are rare and gory photos may encourage students to wait until their symptoms are just as advanced or to assume that, without such visible symptoms, a person must be uninfected. What’s more, this type of education reinforces unhealthy body images, just as douche and penis enlarger advertising does. It makes more sense to promote the positive attitude that people’s genitals are worth keeping healthy.

1. Explain the relevance of the lesson and how it relates to what you have studied so far:
   Yesterday we talked about a few ways people get irritations and infections of the reproductive system. (Ask if the class can recall these “ways,” as a review -- see Q&A #11-13 on the Sexual Health and Hygiene Reference Sheet in Lesson 3.) Today we will look at another way of getting infections. Many people catch infections of the reproductive system by having sex with someone else who has them. Explain, too, your appreciation of their age and your support for abstinence: I know many of you are not sexually active. For some, it may be several years... even ten or fifteen years. But you will want to know this information eventually, even if it's just to act as a health educator for friends and family.

2. Ask students to brainstorm all the STDs about which they have heard. Write these on the board or on an overhead sheet. Fill in any they missed. The list should include:
   - Chlamydia
   - Gonorrhea
   - Syphilis
   - Pubic Lice
   - Scabies
   - Trichomoniasis
   - Hepatitis B and C aka HBV and HCV
   - Genital Herpes aka HSV 1 and 2
   - Genital Warts aka Human Papillomavirus or HPV
   - Cytomegalovirus aka CMV
   - Human Immunodeficiency Virus aka HIV Disease (last stage: AIDS)
   - The following are not specific germs; they are named for the location of the infection:
     - Pelvic Inflammatory Disease
     - Nongonoccal Urethritis (NGU) or Urinary Tract Infection (UTI)
   - It's OK, but not necessary, to include these rare STDs:
     - Molluscum contagiosum
     - Lymphogranuloma venereum
     - Chancroid
   - If someone brainstorms these, list them separately and explain that they are not usually sexually transmitted:
     - yeast infection
     - mononucleosis
     - bacterial vaginosis
     - Hepatitis A
3. Explain that you want people to guess some things about STDs even if they don't know for sure.

- First, post the first three signs (from page 14), taped around the room with as much space between them as possible: "Life threatening", "Serious consequences", and "No serious consequences." Explain to class that "life threatening" means the disease could end in death, "serious consequences" means significant illness is possible, like cancer and increased susceptibility to HIV, or that the disease could do permanent damage to your body so you might not be able to have children or you might have pain for the rest of your life, and "no serious consequences" means that there might be unpleasant symptoms but the disease doesn't do permanent harm. Ask for volunteers to come to the front of the class. Give each student a card with the name of an STD on it (see page 16) and ask them to hold it so others can read it. Tell students with the cards to stand near the sign they think their disease goes with.

<table>
<thead>
<tr>
<th>Life threatening</th>
<th>Serious Consequences</th>
<th>No Serious Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HIV Disease*</td>
<td>• Chlamydia**</td>
<td>• Pubic lice***</td>
</tr>
<tr>
<td>• Syphilis**</td>
<td>• Gonorrhea**</td>
<td>• Scabies*</td>
</tr>
<tr>
<td>• Hepatitis B, C***</td>
<td>Pelvic Inflammatory Disease (PID) *</td>
<td>• NGU / UTI*</td>
</tr>
<tr>
<td>• Genital Warts (HPV) ***</td>
<td>• Genital Herpes**</td>
<td>• Trichomoniasis *</td>
</tr>
<tr>
<td>** End stage HIV Disease is what we call &quot;AIDS.&quot;</td>
<td>** Syphilis can kill a person eventually if untreated. Remember, though, it is curable and doesn't cause serious consequences, except in newborns, if treated early.</td>
<td>* All four of these are curable.</td>
</tr>
<tr>
<td>** Syphilis can kill a person eventually if untreated. Remember, though, it is curable and doesn't cause serious consequences, except in newborns, if treated early.</td>
<td>** Chlamydia &amp; Gonorrhea, if untreated, can lead to PID in women. PID, if not treated early, can lead to infertility, ectopic pregnancy, or chronic pelvic pain. In men, Chlamydia &amp; gonorrhea can lead to epididymitis and chronic scrotal pain as well as chronic pain with urination. Chlamydia &amp; gonorrhea are curable, though.</td>
<td>** We call pubic lice and scabies &quot;STD's&quot; because they are often spread sexually, but they can also be spread by sharing clothing or bedding... even sleeping in a bed where someone spent the previous night who had lice, if the lice laid eggs on the bedding.</td>
</tr>
<tr>
<td>*** Hep B &amp; C can cause chronic pain, dementia, and even can be fatal, eventually, if they are chronic... that is, if your body doesn't &quot;clear the disease&quot; on its own. We don't know why some people's bodies do &amp; some don't. Remember, though, there is a vaccine to prevent Hep B.</td>
<td>** Herpes and CMV (and gonorrhea &amp; chlamydia except when they lead to PID) cause serious consequences not so much to teens &amp; adults, but mainly if a baby gets infected during pregnancy or birth. Congenital CMV - meaning present at birth - is a very common cause of serious disability in newborns, including mental disability; lung, liver and spleen problems; hearing loss; bleeding problems; vision loss; and growth problems.</td>
<td></td>
</tr>
<tr>
<td>**** Some viruses in the HPV family cause cervical cancer (which can be fatal). Most do not. It is still possible to avoid cancer, even if you have one of the cancer-causing kinds of HPV by having Pap Tests regularly.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reinforce that some STDs are very serious.
• Second, take down the signs and replace with two signs: “curable” and “not curable.” Tape these at opposite ends of the room. Ask the same students to go to the sign they think their disease fits under.

<table>
<thead>
<tr>
<th>Curable:</th>
<th>Not Curable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chlamydia</td>
<td></td>
</tr>
<tr>
<td>• Gonorrhea</td>
<td></td>
</tr>
<tr>
<td>• Syphilis</td>
<td></td>
</tr>
<tr>
<td>• Pubic lice</td>
<td></td>
</tr>
<tr>
<td>• Scabies</td>
<td></td>
</tr>
<tr>
<td>• Trichomoniasis</td>
<td></td>
</tr>
<tr>
<td>• NGU / UTI</td>
<td></td>
</tr>
<tr>
<td>• Pelvic Inflammatory Disease (except it may have already have left scar tissue, before it is cured)</td>
<td></td>
</tr>
<tr>
<td>• Genital Herpes (HSV)</td>
<td></td>
</tr>
<tr>
<td>• Genital Warts (HPV)</td>
<td></td>
</tr>
<tr>
<td>• HIV Disease</td>
<td></td>
</tr>
<tr>
<td>• Hepatitis B, C (HBV, HCV)</td>
<td></td>
</tr>
<tr>
<td>• Cytomegalovirus (CMV)</td>
<td></td>
</tr>
</tbody>
</table>

Reinforce that the ones caused by viruses aren’t curable. They are treatable, and treatment may help with symptoms or slow down the progression of the disease, but the disease doesn’t go away with treatment. All the others not caused by viruses -- the majority -- are curable.

• Third, take down the old signs and replace with: “Always have symptoms” and “Often DON’T have symptoms.” Explain that symptoms are the visible signs that you have a disease. Sneezing may be a symptom of a cold. Say, "When a disease has no symptoms, it is called asymptomatic, and you can still spread it to others and get it from others. Sores, itching, and discharge may be symptoms of STDs.” Ask the same students to go to the sign they think their disease fits under.

<table>
<thead>
<tr>
<th>Always have symptoms²</th>
<th>Often don’t have symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Scabies</td>
<td></td>
</tr>
<tr>
<td>• Pubic lice</td>
<td></td>
</tr>
<tr>
<td>• Chlamydia</td>
<td></td>
</tr>
<tr>
<td>• Gonorrhea</td>
<td></td>
</tr>
<tr>
<td>• Genital Warts</td>
<td></td>
</tr>
<tr>
<td>• Genital Herpes</td>
<td></td>
</tr>
<tr>
<td>• Hepatitis B, C</td>
<td></td>
</tr>
<tr>
<td>• Cytomegalovirus</td>
<td></td>
</tr>
<tr>
<td>• HIV Disease</td>
<td></td>
</tr>
<tr>
<td>• Syphilis</td>
<td></td>
</tr>
<tr>
<td>• Pelvic Inflammatory Disease</td>
<td></td>
</tr>
<tr>
<td>• NGU / UTI</td>
<td></td>
</tr>
<tr>
<td>• Trichomoniasis</td>
<td></td>
</tr>
</tbody>
</table>

Reinforce that most STDs can be asymptomatic and this is when many are spread, because people do not realize they have an STD.³
• Fourth, take down the old signs and replace with two signs: "Condoms are very effective at preventing" and "Condoms might not cover the place on the body that was infected." Tape these at opposite ends of the room. Explain that abstinence (from oral, anal and vaginal intercourse) protects from all diseases almost 100% of the time ... that is, assuming no needle sharing, and not counting things like public lice that can be passed on bedding. After, abstinence, the next best protection is condoms. Ask the same students to go to the sign they think their disease fits under.

<table>
<thead>
<tr>
<th>Condoms are very effective at preventing:</th>
<th>Condoms might not cover the place on the body that was infected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HIV Disease</td>
<td>• Genital Herpes</td>
</tr>
<tr>
<td>• Chlamydia</td>
<td>• Genital Warts</td>
</tr>
<tr>
<td>• Gonorrhea</td>
<td>• Pubic lice</td>
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<tr>
<td>• Cytomegalovirus</td>
<td></td>
</tr>
<tr>
<td>• Trichomoniasis</td>
<td></td>
</tr>
<tr>
<td>• NGU / UTI</td>
<td></td>
</tr>
<tr>
<td>• Pelvic Inflammatory Disease</td>
<td></td>
</tr>
</tbody>
</table>

Reinforce that condoms do protect very well against diseases that are spread through semen, vaginal fluids and blood (the ones in the left column). They are less effective for diseases that are spread skin-to-skin or, like lice, hair-to-hair. A herpes sore or a wart, for instance, might be on a person’s scrotum, labia or anus, where a condom just wouldn’t cover it. Or they could shed virus there, even when there was no sore or wart visible. However, it is important to close this section with the strong message that NO DISEASES TRAVEL THROUGH LATEX OR POLYURETHANE.

4. Hand out the STD Reference Sheet and fill it out together, as a large group, as you did with the Sexual Health and Hygiene Reference Sheet. Write the correct answers on the whiteboard or an overhead sheet after students have a chance to guess. Alternatively, you can have them guess on paper at their seats, and then review as a whole class. (You will probably have time to complete more or less half the worksheet today. Save it to complete it tomorrow.)

Here are the correct answers and explanations:

1. There are more than 30 different STDs. Explanation/Note: We discover new ones all the time; eight have been discovered since 1980. Others have been around for thousands of years, like syphilis. Some only affect people with compromised immune systems, like persons with HIV or fetuses during birth. Some are very rare in the United States. Today we will focus on just 13 diseases.

2. Check 5 of the most common STDs.
   • Chlamydia
   • Trichomoniasis
• **Genital Herpes**
• **HPV**
• **CMV** is actually the most prevalent infection. However, many people have it, while very few get sick from it. It’s primarily dangerous to babies and people with already-weakened immune systems, such as those with HIV.

3. We used to call STDs "**VD**".

**Explanation/Note:** The letters "VD" stand for venereal disease. "Venereal" comes from Venus, the goddess of love. We used to be cute, in other words, and call them "love diseases." Now we call them what they really are...sexually transmitted diseases ... or germs people can pass to one another if they have unprotected oral, vaginal, or anal intercourse.

4. What are some infections that seem like STDs but in fact are usually not spread by sex?
• yeast infections
• jock itch
• bacterial vaginosis
• mononucleosis

**Note:** Yeast, jock itch and BV could theoretically be spread sexually, but that’s not the primary way they are spread. Mononucleosis is a virus that is passed by saliva and has been called the “kissing disease” but it isn’t considered an STD. It is also passed by sharing straws and eating utensils.

5. What 4 STDs can be life threatening?
• Syphilis
• Hepatitis A & B
• HIV
• HPV
• Hepatitis A & B
• Genital Herpes
• HPV
• CMV

**Note:** Pelvic Inflammatory Disease (PID) is commonly caused by chlamydia or gonorrhea. PID can leave scarring in the fallopian tubes, which can in turn lead to an ectopic pregnancy (also called tubal pregnancy). An ectopic pregnancy, if it were to rupture, could also be fatal. But that’s a lot of “ifs.”

6. What serious consequences can happen from some STDs? **All of These** (death, infertility [not being able to have a baby biologically or to get someone pregnant], cancer of the cervix, chronic pain [pain that doesn’t go away], blindness, brain damage).

**Note:** Some of these consequences can be avoided completely or delayed significantly if identified and treated early.

7. What STDs have no cure?
• **Hepatitis A & B**
• **Genital Herpes**
• **HIV**
• **HPV**
• **CMV**

**Explanation/Note:** What these STDs have in common is that they are all viruses. Scientists are not sure how viruses work, so they are difficult to cure.
All of these STDs can be treated with medication. There is a vaccine for Hep B, and it is recommended for people who are sexually active. The vaccine helps to prevent you from getting the disease or having serious symptoms. No other viral STDs have vaccines yet, but scientists are working on them. Although there's no medical cure for them, viruses -- at least Hepatitis and HPV -- do sometimes clear from the body naturally.7 This is similar to how your body eventually clears a cold virus.

8. Which STDs can have no symptoms? ALL OF THEM except:
   ♦ Scabies
   ♦ Pubic lice

Explanation/Note: A person will definitely notice intense itching and bumps or a rash with scabies. With pubic lice, they'll notice intense itching and tiny white nits (eggs) on pubic hair. They may or may not see the actual lice; lice move fast.

With other STDs, symptoms may be obvious or they may be subtle and tough to identify. Some take years to show up. Sometimes symptoms never show up.

9. Can a person feel fine and look healthy and clean and still have an STD? Yes, they can have no symptoms and they might still be contagious.

Explanation/Note: In fact, that's often the reason they are spread. The person doesn't realize they have an infection. Even if a person does get symptoms, the symptoms may go away, although the person is still infected and can still pass on the germs. Syphilis and herpes sores both disappear, for instance, even though the disease is still in the person's body.

10. What are the most common, early symptoms of STDs ... if people DO have symptoms?
   ♦ Sores
   ♦ Burning (with urination)
   ♦ Bumps
   ♦ Unusual discharge
   ♦ Itching
   ♦ Pain in your lower abdomen (belly)

Explanation/Note: Sores can be a symptom, whether they hurt or not. Discharge is a symptom only if it is unusual. In men, liquid other than urine or semen coming from the penis is abnormal. For men and women, any liquid besides feces [poop] coming out of the anus can be a symptom. For a woman, unhealthy discharge could be liquid coming from the vagina that is clearly not her normal, healthy wetness, like if it has a different odor than usual, if it's yellow or greenish instead of clear or white, if it is lumpy instead of smooth, or if there is blood when she is not menstruating.

11. The best (most certain) ways people can protect themselves and their partners from getting or giving an STD are:
   ♦ Not having oral, anal, or vaginal sex (This is called abstinence and it is safest.)
Family Life and Sexual Health, Grades 7 and 8, Lesson 4

- Only having sex with one other person, who only has sex with them, ever. (In a marriage or a long-term partner relationship where they have had years to build trust.)
- Using a condom every time they have sex.

Explanation/Note: This is an appropriate point at which to discuss all the reasons people may choose to abstain. If you have not done lesson 12, share and take turns reading aloud the Position Paper: Touch and Abstinence from that lesson. This is also an appropriate point for discussing what it takes to develop trust, since some people will think they can trust someone they met yesterday on-line. Ask your class how long-term a relationship should be before people consider having sex, if they are trying to reduce their risk of STD's. Make sure they understand that the longer a person waits in each new relationship, the fewer partners they will have in their lives, and the less likely they'll be to ever catch an STD. Finally, this is an appropriate point to explain what it means to use a condom correctly. If you have not done Lesson 24, do that lesson's activity 4, now.

12. It also cuts down people's risk if they:
   - Limit the number of people they have sex with in their lives.
   - Go to the doctor, regularly, if they are having sex, and ask for a thorough STD check-up.
     Note: How regularly, depends upon how often they get into new relationships. Once a year is enough for someone who has had the same partner for all that time and whose partner hasn't been with anyone else since getting tested. Four times a year is recommended for some sexually active people.
   - Do not douche (wash out the vagina) or use an enema (wash out the rectum) before or after having sex.

13. People can't get STDs by hugging, holding hands, cuddling with clothes on, dancing, playing football, brushing someone's hair, etc.

14. If a person thinks he or she might have an STD, he or she should:
   - Go to a doctor. Note: Also acceptable answers: "go to a clinic," "get a check-up"
   - Tell their partners. Note: That means anyone with whom he or she has had sex ... and encourage them to get tested, too.
     Important to add: If there is a power difference between the two people (like if the boyfriend or girlfriend is a lot older), or if the boyfriend or girlfriend has been violent in the past, or if it's just too scary to talk with them about the fact that they might have an infection, there are people at Public Health who can talk with a person's partner for them. And they don't say the name of the person who suggested they call.
   - Stop having sex until a doctor says it's OK. Note: Sometimes you need to be retested to make sure the medicine worked, even for those that are curable.

15. Hotlines to recommend for information about STDs, testing, and treatment:
CDC National STD Hotline: 1-800-227-8922 (Free nationwide)
Linea Nacional de las ETS de los CDC: 1-800-344-7432
CDC National STD Hotline TTY for the Deaf and Hard of Hearing: 1-800-243-7889
Public Health – Seattle & King County STD / HIV Hotline: **206-205-STDS**
(7837) (Free in King County, WA)
Your local county public health department: __________________________
Herpes and HPV Hotline: **206-726-4478** (Free in King County, WA)
AIDS Information Line: **1-800-342-AIDS** (Free nationwide)
Teen AIDS Line: **1-800-234-TEEN** (M-F) or **1-800-440-TEEN** (weekends)
(Free nationwide)

**NOTE:** Only give out numbers that are free for your students. Please provide local numbers for your students, if possible.

Websites to recommend for accurate, up-to-date STD information aimed at teens:

- Sex Etc. (the web site of Rutgers University's Network for Family Life Education):
  - [www.sexetc.org](http://www.sexetc.org)
- Teen Source by California Family Health Council
  - [www.teensource.org](http://www.teensource.org)
- Teen Wire by Planned Parenthood
  - [www.teenwire.com](http://www.teenwire.com)
- Seattle King County Public Health – Sexually Transmitted Diseases Program
- Seattle King County Public Health – STDs among GLBT youth
  - [www.metrokc.gov/health/glbt/youthstd.htm](http://www.metrokc.gov/health/glbt/youthstd.htm)
Sexually Transmitted Disease (STD) Reference Sheet

Name_________________________ Date______________

A Sexually Transmitted Disease (STD) is ANY infection people commonly get by having sex with someone who has it.

1. There are more than ___ ___ different STDs.

2. Check six of the most common STDs:
   - Chlamydia
   - Gonorrhea
   - Syphilis
   - Pubic Lice
   - Scabies
   - Trichomoniasis

   Hepatitis B and C (also called HBV and HCV)
   - Genital Herpes (caused by Herpes Simplex Virus 1 or 2)
   - HPV (the virus that sometimes causes genital warts)
   - CMV (Cytomegalovirus)
   - HIV Disease (the last stage of which is AIDS)

3. We used to call STDs "__ __".

4. What are some infections that seem like STDs but in fact are usually not spread by sex?
   - Y________ I_______________
   - J_______ I_______
   - B____________ V_____________
   - M_____________________

5. What 4 STDs can be life threatening?
   - ___________________   ♦ _______
   - ___________________   ♦ & _______

6. What serious consequences can happen from some STDs?
   (circle the best answer)
   - Death
   - Infertility
   - Cancer of the cervix
   - Pain
   - Blindness
   - Brain Damage
   - All of these
   - None of these

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7. What STDs have no cure?
   ◆ ____________________ & __________________
   ◆ ____________________

8. Which STDs can have no symptoms? ALL OF THEM except:
   ◆ ____________________
   ◆ ____________________

9. Can a person feel fine and look healthy and clean and still have an STD?
   _ Yes, they can have no symptoms and they might still be contagious
   _ Yes, but they can't give it to anyone else unless they have symptoms
   _ No, they must have symptoms

10. What are the most common early symptoms of STDs ... if people DO have symptoms?
   ◆ ____________________
   ◆ ______ing
   ◆ _____________ in the abdomen (belly)
   ◆ ______ing

11. The best (most certain) ways people can protect themselves and their partners from getting or giving an STD are:
   ◆ Not having oral, anal, or vaginal sex (This is called __________________ and it is safest.)
   ◆ Only having sex with ______ other person, who only has sex with them, ever. (In a marriage or a long-term partner relationship where they have had years to build trust.)
   ◆ Using a _____________ every time they have sex.

12. It also cuts down people's risk if they:
   ◆ Limit the _____________ of people they have sex with in their lives.
   ◆ Go to the doctor, regularly, if they are having sex, and ask for a thorough STD ________-
   ◆ Do not _____________ (wash out the vagina) or use an _____________ (wash out the rectum) before or after having sex.

13. People ______'__ get STDs by hugging, holding hands, cuddling with clothes on, dancing, playing football, brushing someone's hair, etc.
14. If a person thinks he or she might have an STD, he or she should:

- 
- 
- 

15. Scientists learn more about STDs all the time. It is hard to keep up with the changing information. When friends tell you things, they may be unclear or even wrong. Radio, TV, and newspaper reports may be incomplete or unclear, making things more confusing. So where can you go to find out the most up-to-date answers about STDs?

Trustworthy Telephone Hotlines include:

- 
- 
- 

Trustworthy Websites include:

- 
- 
- 

Don't blindly trust rumors. Check them out. Even teachers and doctors make mistakes!
SIGNs: Copy this page and the next onto bright-colored paper, laminate them if possible, and cut on the dotted lines to make wall signs for activity 3.

---

Life threatening

Serious

Consequences

No Serious

Consequences

Curable

Not Curable

Always have symptoms

---
Often don’t have symptoms

Condoms are very effective at preventing

Condoms might not cover the place on the body that was infected
CARDS: Copy this page, cut on the dotted lines, and tape the strips onto index cards to make cards for 13 students (at a time) to use in activity 3.

HIV Disease & AIDS

Syphilis

Hepatitis B and C

Human Papillomavirus (HPV) & Genital Warts

Chlamydia

Gonorrhea

Pelvic Inflammatory Disease (PID)

Genital Herpes

Cytomegalovirus (CMV)

Pubic lice

Scabies

NGU & UTI

Trichomoniasis
REFERENCES:


2 See CDC Sexually Transmitted Diseases Fact sheets.

3 Ibid.


6 Ibid.

Sexually Transmitted Diseases
Grades 7 and 8, Lesson #5

Time Needed
One class period

Student Learning Objectives:
To be able to...
1. Recognize that teens, like adults, even after one sexual partner, may have STDs but no symptoms
2. Assertively communicate a limit or boundary to a partner.
3. Assertively ask a parent or guardian for support accessing health care.
4. Assertively communicate with a health care provider about needing STD testing.

Agenda:
1. Complete the STD Reference Sheet begun as a large group activity yesterday in Lesson 4.
2. Review key concepts.
3. Discuss who can get an STD and help students personalize the issue.
4. Explain your perspective about students’ risks and their need for this lesson in the long run.
5. Write scripts for role plays.
6. Present and reinforce skits.
7. Assign homework.
Materials Needed:

Student Materials (for each student):

- Family Homework Exercise: STDs
- Sexually Transmitted Diseases Worksheet (two per student)
Activities

1. Complete the STD Reference Sheet together, from Lesson 4, if you weren't able to finish it in one class period.

2. Review key concepts from yesterday's lesson:
   - **Some STDs are very serious**, even life threatening. Some can seriously damage a baby during pregnancy or birth.
   - **The viral ones are not curable.** All the others are.
   - **Most STDs can be in your body without causing symptoms** (all except lice and scabies).
   - **Condoms are very good protection against most STDs** (the ones spread by semen and vaginal fluid).
   - **Common symptoms include:** sores, abdominal pain, itching, burning with urination, bumps, and unusual discharge.

2. Discuss who can get STDs and what that might be like, using these questions to draw out the group's understanding and misperceptions:
   - How would you know if a person had one? Could you tell by looking at them or by knowing they were "nice", "clean", or "good looking"?
   - Does someone have to have had sex with a lot of people to have one? In other words, some people think only certain kinds of people get STD's. Know what I mean? What have you heard about who gets them?
   - Could people in our school have STDs? [If you can find out how many in your school district or state report on the Youth Risk Behavior Survey having had an STD, share that here.]

3. Explain your perspective about your students' risk:

   I know that most of you have not had sex. Nationally, only about 7% of students say they had vaginal intercourse for the first time before they were 13 years old. That's about 1 person in 14, so 13 out of every 14 have not. But some of you will have intercourse in the next few years. And others will have intercourse for the first time in your late teens or twenties. Maybe after you are married.

   You will still want to know how to communicate with your partner or spouse and your doctor or other health care provider. That is what this lesson is all about.

4. Write scripts. Explain that students will prepare short skits based on situations you give to them. Reinforce that these are make-believe so no one should tease others outside of class. Some situations assume the actor has already had sex. This does not mean you should be having sex.

   Divide class into groups of two or three. Each group will prepare a skit. The goal of each skit is to present real language that a teen could use in the situations given. Give them 5-10 minutes to prepare.
a. Your boyfriend or girlfriend tells you they want to have sex for the first time, but you are scared of STDs and don't want to have sex.
b. You find out you have chlamydia and you have to tell your partner.
c. You think you may have an STD, but you are nervous about going to the clinic. You call to make an appointment.
d. You need to tell your partner that you cannot have sex until you finish your medication for your STD.
e. You think you might have an STD and want to ask your parent or guardian to make a doctor appointment.
f. You ask a friend how you can get more information about STDs.
g. You are HIV+ and you don't know how to tell your new boyfriend or girlfriend.
h. You are sexually assaulted and want to ask the emergency room staff for an STD test.
i. You see a friend's STD medicine and wonder if you have the same thing and if the pills would work. Your friend knows that using his or her pills would be dangerous.
j. You have had unprotected sex once, but now you want to make sure you don't get any STDs.

5. Choose a first team to present their skit. Prepare them by asking them not to ham it up, even if they feel silly, but to try to present it the way it might actually sound. When they are finished, offer praise for any of the ways in which they showed:
- honesty, even about their feelings of awkwardness
- open communication
- compassion or understanding
- a knowledge of the facts
- a knowledge of resources
- a willingness to try communicating in spite of fears and qualms
- their taking the exercise seriously

Make sure to thank them for their bravery. Discuss other ways students could react after each skit. You may need to offer advice if students don't know how to react.

Call on as many teams to perform as you have time.

Homework

Students' options:
- **A Family Homework Exercise: Sexually Transmitted Diseases** (Students will need to take home two copies of *The STD Worksheet* to complete this Family Homework.)

- Complete **The STD Worksheet**, independently, and turn it in. If it is completed accurately, the "secret message" will be "LOVE IS A BIG RESPONSIBILITY!"

- Call one of the phone numbers on *STD Reference Sheet, Part C*, to get an answer to one or more of the anonymous questions asked by your class mates. Advice to teachers, if you use this assignment
a) Transcribe the questions on a computer or in your own handwriting to protect the anonymity of the askers.
b) Assign specific questions to students who volunteer.
c) Do not assign this to every student, or they will get a frustrating number of busy signals.
d) Allow at least four days for students to complete the assignment, because these information sources may have restricted hours.

Students can report their findings orally, to you, to the class, or in writing. This is a good way to get students to rehearse an important skill - information seeking. If they report only to you, you can, in turn, report to the class.
A Family Homework Exercise: Sexually Transmitted Diseases

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

Read this aloud together:

Three million, or one out of every four, American teenagers contract an STD each year. Two million new cases of STDs every year, counting adults, teens, children, and babies. There are things you can do to reduce the risks from these infections. Knowledge is the first step. Communication is the second step.

The first step:

Each of you try filling out The STD Worksheet, by yourself. Then compare and discuss your answers. If you need help with any questions, you will find some helpful phone numbers on the STD Reference Sheet, question 13. Call together, with one of you on each extension, if you have two phones. Or, if you have access to the Internet, see STD Reference Sheet, question 14. If you use the Internet, surf it together.

The second step:

Take turns explaining to one another what you think the "secret message" at the end of the STD Worksheet means?

NOTE: Turn in a Family Homework Confirmation Slip by _____________ if you want credit.
Sexually Transmitted Diseases (STD) Worksheet

Name________________________________________ Due Date___________________

Directions: First, mark each statement T (True) or F (False). Then, if the statement is true, put the letter or punctuation mark that follows it into one of the blanks of the secret message at the end of this worksheet, starting with the first blank. If the answer is false, do not use the letter at the end of the sentence. If you are not sure of an answer, call one of the phone numbers on question 13 of the STD Reference Sheet for help.

1. _____ STD means the same thing as VD. (L)
2. _____ Only dirty people get STDs. (E)
3. _____ STDs have been around for many, many generations. (O)
4. _____ Most STDs are incurable ... you have them for life. (D)
5. _____ Usually only adults catch STDs. (J)
6. _____ You can have an STD and not get any symptoms. (V)
7. _____ Some STDs, like pubic lice, are annoying, but aren't dangerous. (E)
8. _____ Some STDs are very dangerous; a few can cause permanent damage or kill a person. (I)
9. _____ You might not know you had an STD unless the doctor or your boyfriend or girlfriend or husband or wife told you. (S)
10._____ Only people who have sex with a lot of people get STDs. (?)
11._____ Once you get an STD, you can never get it again. (!)
12._____ Sometimes the symptoms go away, but the person can still be infected. (A)

13. _____ STD's include...
      _____ a. Syphilis (B)
      _____ b. Jock Itch (C)
      _____ c. Gonorrhea (I)
      _____ d. Chlamydia (G)
      _____ e. Yeast (T)
      _____ f. Genital Warts (R)
14. ______ Sometimes STDs can come from things besides sex, like...
   ______ a. Toilet seats (H)
   ______ b. Sharing unsterile needles for body piercing (E)
   ______ c. Sharing unsterile needles to shoot drugs (S)
   ______ d. Beds and clothes (P)
   ______ e. Coughing (M)
   ______ f. Doorknobs (W)

15. ______ The most common symptoms of STDs are...
   ______ a. Sores (O)
   ______ b. Blindness (U)
   ______ c. Itching or burning (N)
   ______ d. Warts or bumps on the genitals (S)
   ______ e. Unusual discharge (I)
   ______ f. Pain in the belly – the pelvic area (B)

16. ______ Untreated gonorrhea or Chlamydia can make a person...
   ______ a. Look different (W)
   ______ b. Infertile...unable to have a biological child (I)

17. ______ You can lower your chances of giving or getting an STD by...
   ______ a. Being a nice person (O)
   ______ b. Taking a bath or shower every day (E)
   ______ c. Not having sex (L)
   ______ d. Limiting the number of people you have sex with in your life (I)
   ______ e. Only having sex with one other person who only has sex with you (I)
   ______ f. Cuddling with clothes on, instead of having intercourse (Y)
   ______ g. Getting regular, thorough STD check-ups (I)
   ______ h. Only having sex with clean looking people (?)
   ______ i. Using condoms or having your partner use them (!)

Secret Message:

_______  ______  ______  ______  ______  ______  ______  ______  ______  ______  ______

_______  ______  ______  ______  ______  ______  ______  ______  ______  ______  ______

You can turn in this worksheet for credit or use it to do Family Homework
Exercise: Sexually Transmitted Diseases.

3 Ibid.
Reproductive System
Grades 7 and 8, Lessons #6 and #7

Time Needed

Two class periods

Student Learning Objectives

To be able to...

1. Pronounce, spell, and describe the function (with 75% accuracy) of the 45 terms in the glossary on Reproductive System Reference Sheet 3.
2. Explain that variation in size and shape of sexual parts is normal.

Agenda

1. Explain the relevance of the lesson to the unit and to students' lives.
2. Use Reproductive System Reference Sheets 1-3 or draw on the blackboard, to introduce the anatomy.
3. Answer students' verbal and anonymous questions.
4. Play the Reproductive System game.
5. Assign homework.
Materials Needed

Classroom Materials, equipment:
- Reproductive System Reference Sheets 1 and 2 on transparencies*
- 32 Reproductive System Game Cards (one class set ... that is: one single-sided copy of each of eight pages, cut into four parts, so there's one question on each "card.")
- Overhead projector
- Shoe box or coffee can
- 500 paperclips

Student Materials (for each student):
- Reproductive System Reference Sheets 1-3
- Family Homework Exercise: The Reproductive System
- Family Homework Letter (Appendix B)
- Reproductive System Worksheet (2 copies per student)

* Unless you prefer to draw freehand, introducing one part at a time
Activities, Day One

1. Explain the relevance of the lesson to students' lives and to what you have studied so far:

Home & Family Life - Just as we have studied how to take care of a home and a family in this course, we also want to work on "how to take care of yourself." The first step is to understand how your own body and other peoples' bodies work.

Health - Before you can learn about how to keep a body system healthy, you have to understand how it is supposed to work, when it is healthy. We have studied other systems; today we will look at the reproductive system.

Science - We have studied how individual cells reproduce, and we have looked at simple life forms. It is time to look at reproduction in mammals, and humans in particular.

2. Hand out to each student a copy of Reproductive System Reference Sheets 1-3.

Then introduce the reproductive system in one of two ways. You can use transparencies of Reproductive System Reference Sheets 1 and 2. Or, preferably, draw the systems on the blackboard, so that you can introduce one part at a time. Pronounce the name, and explain the function of each part. Describe the path of a sperm cell, using the terms "erection" and "ejaculation." Describe the menstrual cycle, beginning with "ovulation." If you do not consider yourself knowledgeable enough to do such a lecture/demonstration, it is fine to use a video instead (many puberty videos contain a section on reproductive anatomy).

3. Answer students' questions, both verbal and anonymous.

Depending on how long this takes, you may or may not finish the lesson today.

Activities, Day Two

4. Play the Reproductive System Game.

a. Begin by refreshing everyone's memory about ground rules and emphasizing mutual consideration.

b. Drop the Reproductive System Game Cards into a shoe box or coffee can.

c. Have students pair up and provide each pair with plenty of scrap paper.

d. One student draws a game card and hands it to you.

e. You read the question aloud and give each team a half a minute to consult with one another and/or look at their reference sheets, and jot their answer on a slip of scrap paper. Thus, all teams play at once holding their answers up, as soon as they can.

f. Either you or the student who drew the question reads the answer and explanation aloud.

g. Every team with a correct answer gets a paper clip.
h. A second student draws a game card ... repeat steps d-g, until all 32 game cards have been used.

i. Any team with at least 16 paper clips gets a prize (perhaps an extra "A," extra participation points, penny candy).

We recommend that students read the answer and explanation aloud, in groups who can do it with a minimum of giggling and a reasonably mature, matter-of-fact attitude. It gives them the opportunity to practice pronunciations and especially to rehearse a new behavior: communicating about sexuality in a responsible, dignified way. However, a participatory exercise can be counter-productive (can decrease comfort and respect) if the class is too rambunctious and/or has had less experience with active learning. Use your own judgment.

This game is a learning tool, not just a review. So some items in the game are new information. The teams should be encouraged to guess. Playing matters more than winning.

Homework

Students' options ...

- **Family Homework Exercise: The Reproductive System**
  Students will need to take home two copies of *The Reproductive System Worksheet* to complete this Family Homework. And, as always, students will also need to take home the *Family Homework Letter* (Appendix B).

- Complete and turn in *The Reproductive System Worksheet*, independently.

NOTE: If you assign a Family Homework Exercise, it is essential to offer at least one alternative assignment. There will be some students who do not have a family member with whom they feel they can discuss these issues. Also, allow at least a week for Family Homework Exercises, as many families are very busy.
Q: True or False? The menstrual period lasts about a day each month.

A: False

**Explanation:** It usually takes between 2 and 10 days for the uterus to completely empty. There are about 4 to 6 tablespoons of blood and tissue in all.

---

Q: True or False? Each time a man or boy ejaculates, about 360 million sperm cells come out.

A: True

**Explanation:** He may release a half to a whole teaspoonful of semen. It usually contains at least 200 million sperm cells. 360 million is average.

---

### REPRODUCTIVE SYSTEM GAME CARDS

Q: How long after its release can an egg be fertilized? About a day, about a week, or about month?

A: About a day.

**Explanation:** If it doesn’t meet with a sperm within a day, or two at most, the ovum just dissolves.

---

Q: True or False? Another word for tube is “duct.”

A: True

**Explanation:** That is why many books call the fallopian tubes “oviducts” and the vas deferens tubes “sperm ducts.” Duct is spelled D-U-C-T, not D-U-C-K like the bird.
Q: The end of the uterus that opens into the vagina is the ________

A: Cervix

**Explanation:** The cervix is not a separate part; it's just the neck of the uterus. The doctor wipes some cells from the cervix when a woman has a Pap Test for cancer. These cells are examined under a microscope.

Q: The sac that holds the testes is called the ________

A: Scrotum

**Explanation:** The scrotum holds them and controls their temperature. Sperm can only grow at temperatures a little cooler than normal body temperature of 98.6 degrees ... so the testes have to be outside the body, in the scrotum, in order to be cool enough to make sperm.

---

### REPRODUCTIVE SYSTEM GAME CARDS

<table>
<thead>
<tr>
<th>Q: True or False? Once a girl starts having menstrual periods, she will get one every 28 days.</th>
<th>Q: True or False? Having intercourse a lot will make the penis larger?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: False</td>
<td>A: False</td>
</tr>
</tbody>
</table>

**Explanation:** 28 days is only an average. Adult women may have periods every 20 to 36 days. In some adults and most young girls, the cycle is a different length each time ... 3 weeks one time, 5 weeks another, maybe even skipping some months altogether. Then, around age 45 to 55, a woman stops having menstrual periods.

**Explanation:** The penis is not made of muscle, so exercise has no effect on its size. Like the ears and the feet, the penis is a different size in each person. But no matter how big it is, it works just as well. And most penises are about the same size when they are erect.
| Q: True or False? When a boy is circumcised, the doctor removes the glans of the penis. | Q: When a woman or girl releases an egg, it's called _______.
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A: False</td>
<td>A: Ovulating or Ovulation</td>
</tr>
<tr>
<td><strong>Explanation</strong>: Neither the glans, nor the shaft is removed. It’s the foreskin that is removed in a circumcision operation. The foreskin is an extra sleeve of skin that partly covers the glans.</td>
<td><strong>Explanation</strong>: The Latin name for egg is “ovum.” So when an ovum pops out of an ovary, it’s called ovulation. That happens about once a month, a couple of weeks before a girl’s period.</td>
</tr>
</tbody>
</table>

### REPRODUCTIVE SYSTEM GAME CARDS

<table>
<thead>
<tr>
<th>Q: True or False? A woman usually ovulates during her menstrual period.</th>
<th>Q: Name one of the parts of the body that makes some of the liquid in semen.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: False</td>
<td>A: Seminal vesicles, prostate gland, Cowper’s glands.</td>
</tr>
<tr>
<td><strong>Explanation</strong>: She usually ovulates two weeks before her next period. She ovulates and then, if she does not get pregnant, the extra lining in the uterus is not needed. So after two weeks, it comes out. That’s called menstruating or “having a period.”</td>
<td><strong>Explanation</strong>: Any of these answers is OK. Actually, the seminal vesicles and prostate contribute directly to the semen. The Cowper’s glands make a discharge that lines the urethra and makes it less acid-like. All three parts are important in keeping sperm healthy.</td>
</tr>
</tbody>
</table>
**Q: True or False? After puberty, the vagina is wet most of the time.**

A: True

**Explanation:** Just like the mouth and eyes, the vagina is normally wet. That's how it cleans itself. This normal discharge is white or clear; it does not itch and it varies in amount. It's a sign of good health.

**Q: The liquid that carries sperm is called _________.**

A: Semen

**Explanation:** Semen is the thick, white discharge that nourishes sperm and helps it travel further and live longer. A teaspoonful or less of semen comes out each time a man or boy ejaculates.

**REPRODUCTIVE SYSTEM GAME CARDS**

**Q: When sperm comes out, it’s called ___________.**

A: Ejaculation or Nocturnal Emission

**Explanation:** Either answer is correct. Ejaculation means the release of sperm. If a man or boy ejaculates in his sleep, it's called a nocturnal emission or "wet dream."

**Q: When the penis or clitoris fills with blood and becomes larger, it’s called an ___________.**

A: Erection

**Explanation:** Erections happen more frequently after puberty. People get them often, even without feeling sexual feelings. It is nothing to worry about; it is the body's way of practicing. A boy knows when he has an erection. A girl may not notice when she has one, because the clitoris is very small.
**Q: The word that describes both testicles and ovaries is _______.
A: Gonads**

**Explanation:** A male's testes and a female's ovaries are a lot alike. Both kinds of gonads make sex cells (sperm and eggs) and both kinds of gonads make sex hormones.

**Q: True or False: All human beings have genitals, whether they are male or female.
A: True**

**Explanation:** "Genitals" are simply the outside parts of anyone's reproductive system. Males' genitals are the penis and scrotum. Females' genitals (sometimes called the vulva) are the labia, the hymen, and the clitoris.

---

**Q: The finger-like parts on the end of each fallopian tube are called _______________.
A: Fimbria**

**Explanation:** Remember, the tubes are not actually attached to the ovaries. When a girl or woman ovulates, the fimbria wave around, find the egg cell and draw it into the tube.

**Q: True or False? Doctors usually recommend circumcision.
A: False**

**Explanation:** Today, it is generally left up to the parents whether to have a baby boy circumcised. Doctors disagree about whether it is a good idea. Parents may choose to do it because of religious beliefs or so the son will look like the father or to try to reduce future infections. Many parents today choose not to have their sons circumcised, unless there is a problem.
<table>
<thead>
<tr>
<th>Q: The tube that carries urine and (in males) semen out of the body is the __________.</th>
<th>Q: True or False? The human sperm cell is about as big as an apple seed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Urethra</td>
<td>A: False</td>
</tr>
<tr>
<td>Explanation: The male's urethra is the tube that runs through the penis. The female's is the opening in front of the anus and vagina. It is connected to the bladder. In a male it is also connected to the vas deferens.</td>
<td>Explanation: It is actually microscopic ... so small you cannot see it without looking under a microscope. In fact, every sperm cell that made every person alive in the world today could fit in a thimble.</td>
</tr>
</tbody>
</table>

**REPRODUCTIVE SYSTEM GAME CARDS**

<table>
<thead>
<tr>
<th>Q: True or False? An ovum is the size of a grain of sand.</th>
<th>Q: True or False? The sperm cells take about a week to develop, before they come out.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: True</td>
<td>A: False</td>
</tr>
<tr>
<td>Explanation: It is big enough to see without a microscope, but small enough that a 2-liter bottle could contain all the egg cells that made all the people alive in the world today.</td>
<td>Explanation: They grow in the epididymis for two or three months before they can start a pregnancy. That means it is possible for a man to damage his sperm by using certain drugs -- maybe even including alcohol -- before the beginning of the pregnancy. He could possibly harm his future child, while the sperm are maturing.</td>
</tr>
</tbody>
</table>
**Q:** Is a pregnancy most likely to start *during* a woman's period, just *before* a period, or in *between* her periods?  

**A:** In between her periods.

**Explanation:** Of course, a pregnancy could start anytime. Many women, and most young girls, do not release eggs on schedule. But the most likely time for fertilization to be possible is about two weeks before a menstrual period.

**Q:** True or False? A woman with big breasts will be more likely to be able to nurse a baby.

**A:** False

**Explanation:** Breast size does not make any difference in nursing. Besides, it does not make a woman more womanly, any more than penis size makes a man manly. Some people worry about breast or penis size, but size is not what makes a person attractive, lovable, or able to become a parent... and breast size has nothing to do with the amount of milk produced.

**REPRODUCTIVE SYSTEM GAME CARDS**

**Q:** True or False? A baby develops in a woman's or girl's stomach.

**A:** False

**Explanation:** A baby develops in the *uterus*. The stomach is part of the digestive system, not the reproductive system. Some people call a person's abdomen (their whole mid-section) their "stomach" but your stomach is actually a specific organ!

**Q:** The folds of skin that protect the opening to the vagina and urethra are called ________.

**A:** Labia, Labia Majora, or Labia Minora

**Explanation:** Any of these answers is OK. The outer folds are the labia majora and the inner, smaller folds are the labia minora.
Q: The extra membrane around the opening of some girls' vaginas is called the ________.

A: Hymen

**Explanation:** Some girls are born without this extra skin, or with very little of it. Others may gradually stretch it through sports, masturbation, or tampon use. Some will stretch it or tear it slightly the first time they have vaginal intercourse. Normally, it has an opening to let blood and discharge out.

Q: True or False? Girls are born with all the eggs they will ever have.

A: True

**Explanation:** A baby girl is born with hundreds of thousands of eggs already in her ovaries. Some of them will mature one day, and may get fertilized and become her babies. That is a good reason for a girl to stay healthy and avoid drugs, to protect those egg cells in case she ever wants children.

### REPRODUCTIVE SYSTEM GAME CARDS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q: True or False? Men run out of sperm around age 50 or if they have too much sex.</td>
<td>False</td>
</tr>
<tr>
<td>A: False</td>
<td></td>
</tr>
<tr>
<td><strong>Explanation:</strong> Most men keep making sperm their whole lives. However, women stop releasing eggs around age 50.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q: True or False? Alcohol makes a person more sexual.</td>
<td>False</td>
</tr>
<tr>
<td>A: False</td>
<td></td>
</tr>
<tr>
<td><strong>Explanation:</strong> Both alcohol and marijuana are depressants. They may make a person feel less worried about the risks of sexual touch, but they do not make the genitals work better. In fact, they decrease the flow of blood to the reproductive system, causing less feeling there. Many males can’t get an erection at all after drinking much alcohol.</td>
<td></td>
</tr>
</tbody>
</table>
Reproductive System Reference Sheet and Transparency 1

The Female

Female genitals or "vulva"

*not part of reproductive system
Reproductive System Reference Sheet and Transparency 2

The male

male genitals

*not part of reproductive system
Reproductive System Reference Sheet 3: GLOSSARY

Anus – The opening in the buttocks from which bowel movements come when a person goes to the bathroom. It is part of the digestive system; it gets rid of body wastes.

Buttocks – The medical word for a person’s “bottom” or “rear end.”

Cervix – The opening of the uterus into the vagina.

Circumcision – An operation to remove the foreskin from the penis.

Cowper’s Glands – Glands on either side of the urethra that make a discharge which lines the urethra when a man gets an erection, making it less acid-like to protect the sperm.

Clitoris – The part of the female genitals that’s full of nerves and becomes erect. It has a glans and a shaft like the penis, but only its glans is on the outside of the body, and it’s much smaller.

Discharge – Liquid. Urine and semen are kinds of discharge, but the word is usually used to describe either the normal wetness of the vagina or the abnormal wetness that may come from an infection in the penis or vagina.

Duct – Tube, the fallopian tubes may be called oviducts, because they are the path for an ovum. The vas deferens may be called sperm ducts, because they are the path for a sperm.

Ejaculation – The release of semen from the penis.

Epididymis – The coiled tubes, behind the testicles, where sperm mature, and are stored.

Erection – The penis or clitoris filling with blood and becoming larger and harder.

Fallopian Tubes – The ducts that carry an ovum from the ovary to the uterus.

Fimbria – The finger-like parts on the end of each fallopian tube which find an ovum and sweep it into the tube.

Foreskin – The extra sleeve of skin around the glans of the penis. It is sometimes removed by circumcision.
**Genitals** – The parts of the reproductive system on the outside of a person’s body. The female genitals may also be called the vulva.

**Glands** – The parts of the body which produce important fluids (hormones, sweat, urine, semen, saliva, etc.) or cells (sperm, eggs, white blood cells, etc.).

**Glans** – The head of the penis or clitoris. It is full of nerve endings.

**Gonads** – The sex glands. Female gonads are called ovaries. Male gonads are called testicles. Gonads make sex cells (eggs and sperm) and sex hormones. They are part of both the reproductive and endocrine systems.

**Hormones** – Natural chemicals made by many glands, which flow, along with blood, through the bloodstream. They are messengers which help the body work properly.

**Hymen** – The thin skin that partly covers the opening to the vagina in some females.

**Labia** – The folds of skin in the female genitals that protect openings to the urethra and vagina.

**Labia Majora** – The larger, outer set of labia.

**Labia Minora** – The smaller, inner set of labia.

**Menstruation** – The lining of the uterus emptying out. It is sometimes called “having a period.”

**Nocturnal Emission** – Ejaculation of semen during sleep. It is sometimes called a “wet dream.”

**Ovaries** – Female gonads. They are glands on either side of the uterus where egg cells are stored and female hormones are made. The singular is **ovary**.

**Ovulation** – The release of an ovum from the ovary.

**Ovum** – The cell from a woman or girl that can start a pregnancy when it joins with sperm cell. It is sometimes called an “egg cell.” The plural is **ova**.

**Penis** – The organ of the male genitals which is sometimes circumcised. It is made of a shaft and a glans, and partly covered at birth by a foreskin. It is used for urination and ejaculation.

**Prostate Gland** – A gland under the bladder that makes some of the liquid part of semen.
Reproduction – Making more of something. In humans it means making babies (more humans).

Scrotum – The sac that holds the testes and controls their temperature.

Semen – The thick, whitish liquid which carries sperm cells.

Semenal Vesicles – Glands on each vas deferens that make some of the liquid part of semen.

Sexual Intercourse – The kind of sex when the penis is in the vagina. Also called “vaginal intercourse,” because oral sex and anal sex may be considered intercourse, too. Usually during vaginal intercourse the male ejaculates and this is how most pregnancies begin.

Sexuality – The part of us that has to do with being male or female, masculine or feminine or some of both, being able to trust, liking and respecting ourselves and others, needing and enjoying touch and closeness, and reproducing (making babies).

Shaft – The long part of the penis or clitoris. (The shaft of the clitoris is inside of the body.)

Sperm – The cell from a man or boy that can start a pregnancy when it joins with an ovum.

Testicles – Male gonads. They are glands in the scrotum that make sperm and male hormones. They are sometimes called testes; the singular is testis.

Urethra – The tube that carries urine out of the body. In males, it also carries semen, but not at the same time.

Urine – Liquid waste that is made in the kidneys and stored in the bladder. It is released through the urethra when we go to the bathroom. Urine is not the same as semen.

Uterus – The organ where an embryo/fetus (developing baby) grows for nine months. Sometimes it is called the “womb.”

Vagina – The tube leading from the uterus to the outside of the female’s body. It is the middle of the three openings in her private parts.

Vas Deferens – The tube that carries sperm from the epididymis up into the male’s body. The plural is vasa deferens.

Vulva – Another word for female genitals.
A Family Homework Exercise: The Reproductive System

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

(1) First, read this aloud together:

As children start to become teenagers, or even before the teens, they go through many changes. One change is a maturing reproductive system. Change can be exciting, but it can also be confusing. Sometimes people need a little advice or reassurance.

(2) Each of you try filling out “The Reproductive System Worksheet” by yourself.

(3) Discuss your answers.

Did you give similar or different advice?
Do you like each other’s ideas or do you disagree?
Has any of those kinds of things ever bothered either of you?
If so, how did you handle it?

Were there any letters neither of you knew how to answer? If so, you may want to get a book or call your family doctor. If you have access to the Internet, you can find helpful answers to this kind of question at www.sxetc.org (from the Network for Family Life Education at Rutgers University). If you live in King County (Washington State), you can call the Planned Parenthood Facts of Life Line (206-328-7711), together. If you have two extensions, you can both call at the same time.

NOTE THESE FACTS:
• It is common, and not a problem for one testicle to be lower than the other.
• Signs of testicular cancer could be a lump or a pulling sensation.
• A white discharge between periods is very normal for young women, as long as it does not smell funny or itch.
• The breasts often develop at an uneven rate. It does not mean anything is wrong.

NOTE: Turn in a Family Homework Confirmation Slip by _________ if you want credit.
The Reproductive System Worksheet

Name_________________________ Due Date____________________

Directions: Pretend you are “Dear Abby.” How would you answer the following letters? If you are not sure how to respond, ask someone in your family or call your family doctor. If you have access to the Internet, you can find helpful answers to this kind of question at www.sxetc.org (from the Network for Family Life Education at Rutgers University). If you live in King County (Washington State), you can call the Planned Parenthood Facts of Life Line (206-328-7711). After you gather information, answer the letter in your own words.

1. Dear Abby,

One of my testicles is lower than the other. I worry if I have cancer or something. What should I do?
— Worried

Dear Worried,

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Dear Abby,

I have this white liquid between my menstrual periods. I’m sort of afraid to ask my parents about it. If I went to the doctor, would my parents find out? Help!
— Confused

Dear Confused,

________________________________________________________________________
________________________________________________________________________
3. Dear Abby,

My older brother is always asking me if I have ever had a wet dream. What if I never do? Should I lie to him or what?
— Little Brother

Dear Little Brother,

________________________________________
________________________________________
________________________________________

4. Dear Abby,

One of my breasts is starting to develop, but not the other. My mother says that is very common, but it still makes me feel funny. If my friends ask me to spend the night, I don’t know what I’ll do.
— Growing

Dear Growing,

________________________________________
________________________________________
________________________________________

5. Dear Abby,

My friends are always talking about sex. I don’t mind when we talk about it in class. It’s like it’s serious there, plus I learn a lot. But when my friends talk about it, it’s all a joke, or sort of cheap. It embarrasses me. What can I do about it?
— Listener

Dear Listener,

________________________________________
________________________________________
________________________________________

You can turn in this worksheet for credit or use it to do Family Homework Exercise: The Reproductive System.
Touch and Abstinence
Grades 7 and 8, Lessons #12 and 13

Time Needed:
One Class period without a film, or two class periods with a film

Student Learning Objectives:
To be able to...

1. Explain, that touch is a basic human need.
2. Distinguish healthy, constructive touch from risky or destructive touch.
4. Define abstinence and list four reasons for choosing it.

Agenda:

1. Explain the relevance of today's lesson and how it relates to what you have studied so far.
2. Optional: Use an AV tool.
3. Lead a discussion, using open-ended questions.
4. Have volunteers read aloud the “Touch Reference Sheet.”
5. Explain the relevance of today's lesson and how it relates to what you have studied so far.
7. Lead a discussion, using open-ended questions.
8. Have volunteers read aloud the “Touch Reference Sheet.”
Materials Needed:

Classroom Materials:
- **OPTIONAL:** AV tool and equipment

Student Materials: (1 per student)
- *Position Paper: Touch and Abstinence*
- *Touch Reference Sheet*
- *Touch Worksheet 1*
- **OPTIONAL:** *Touch Worksheet 2*
- **OPTIONAL:** *Family Homework Exercise: Touch and Abstinence*
Activities, Day One

1. **Explain the relevance of today's lesson and how it relates to what you have studied so far:**

   Yesterday we looked at two ways people make decisions. (Ask the class to refresh one another's memory: by choosing, by letting things happen to you.) One decision we all have to make over and over throughout our lives — is what kinds of touch we want, when, with whom and under what circumstances.

   You all learned about sexual abuse when you were younger but as you get older, touching can get harder to figure out. That is what this lesson is about.

2. **Optional:** Use an audio visual tool to personalize the issue. Questions for discussion: What's the main message of the film? Does the film say touch is always good? - always bad? What does it say about guys? - girls? - relationships?

3. **Raise these issues for discussion:**
   - Some people think all touch is sexual. What are some non-sexual kinds of touch?
   - Some people are uncomfortable touching friends. Why? How can that feeling hurt them in the long run? [Some answers: It means they can't be as close to their friends as other people can be. It deprives them of endorphins - nature's pain-killing hormones. It might make them more likely to seek those feel-good chemicals through risky sexual touch.]
   - Some guys feel like the only OK kinds of touch are rough-housing (like tackle football) or sexual touch. Why might they feel that way? How can that feeling hurt them in the long run? [Some answers: It means they can't be as close to their friends as other people can be. It deprives them of endorphins - nature's pain-killing hormones. It might make them more likely to seek those feel-good chemicals through physically violent, risky sports or fights or through risky sexual touch.]
   - Some girls feel like all they have to offer a guy is sex. Why might they feel that way? How can that feeling be changed?
   - If you wanted to hug a child and he or she turned away, would it be OK to ask? What kinds of asking would be fair persuasion and what kinds would be unfair pushing?
   - Are there some kinds of touch that are never OK under any circumstances? What kinds?
   - If an elderly person lives alone and chooses abstinence, how else can he or she get touch needs met?
   - If a teenager's family does not touch much, and he or she chooses abstinence, how can he or she get touch needs met?
   - How could a person's age make a difference in whether some touch was risky or healthy?
Activities, Day Two

4. **Hand out, and have volunteers read aloud the Touch Reference Sheet.**

5. **Have students, individually or in small groups, fill out Touch Worksheet 1.**
   Allow five minutes. Then have each student mark the ones he/she believes are good reasons for touch with an up arrow, and the ones he/she believes are unhealthy or destructive with a down arrow. Allow five more minutes. Collect them. Shuffle them. Read examples aloud. For those “some people consider unhealthy or destructive” ask what else the person could do instead of touching, to meet that need (e.g. “In order to prove they’re grown” ...healthier ways might be to get a job, act mature, learn a new skill).

6. **Hand out Position Paper: Touch and Abstinence.** Have volunteers take turns reading paragraphs aloud. You should read the quotes aloud, so no student appears to be speaking for him or herself.

7. **Answer students’ verbal and written questions.**

Homework

Students’ options:

- **A Family Homework Exercise: Touch and Abstinence** (Students will need to take home their copies of the Position Paper, and the Touch Reference Sheet, to complete this Family Homework.)

- **Touch Worksheet 2.** (Students will need at least a week to complete this one. Then they will turn in a poem, song, or paper ... but not their confidential “touch diaries.”)

- Make a book of “hug coupons” and give them to someone who needs them: a grandparent, a friend, a step-parent. This person can redeem them with you whenever they need some good touch. Bring in a photo or drawing of their smile.

- Write a children’s story, explaining the difference between various kinds of touch.
Touch Reference Sheet

FIVE BASIC KINDS OF TOUCH

NUPTURING TOUCH = Comforting touch, mostly for the sake of the one being touched.

Examples: Neck rub, pat on the back, hugs of appreciation, brushing someone’s hair, holding a crying person, caressing a sick person’s hand, petting an animal.

AFFECTIONATE TOUCH = More equally balanced between the two persons. Shows affection, caring, joy.

Examples: Brief hugs, brief kisses, holding hands, rubbing shoulders, high-five after a winning game, some rough-housing, some dancing.

SEXUAL TOUCH = May last longer, be softer, involve sexual parts of the body, though not always.

Examples: Longer hugs or kisses, sexual intercourse, some massage, some dancing.

VIOLENT TOUCH = Touch that physically hurts someone. Shows anger or power.

Examples: Slapping or shoving someone in an argument, boxing or tackling for sport, spanking a child for discipline.

EXPLOITIVE TOUCH = Mostly for the sake of the one doing the touching. One person may feel tricked, teased, pushed, threatened, forced, or “talked into” touching. No one deserves to be treated this way.

Examples: Child sexual abuse, being teased into touch by your friends, being pinched on a private part by a person on the street, being touched roughly when you expected gentleness, being forced into sexual touch by someone you go out with.

BELIEFS ... Every family, culture, and religion has its own beliefs about each kind of touch.
Touch Reference Sheet (continued)

SOME SPECIFICS

SEXUAL INTERCOURSE = One kind of sexual touch, when the penis is inside the vagina.

Note: Forced intercourse is rape. It is never fair and it’s illegal. Sexual intercourse should be a very close and caring experience.

Fact: Intercourse can lead to pregnancy.
Fact: Most people have intercourse at some time in their lives.

Myth: Everyone is having intercourse now.
Myth: Sexual touch always includes intercourse.

Beliefs: Each culture, religion, and family has its own beliefs about when intercourse is OK and when it isn’t.

ABSTINENCE = Choosing not to have sexual intercourse.

Fact: Abstinence is a good way to reduce the risk of sexually transmitted infections.
Fact: Abstinence is a 100% perfect birth control method (as long as no sperm is released anywhere near the vagina or vulva).

Myth: Only immature children and “nerds” abstain.
Fact: Most people abstain at some times during their lives.
Fact: Abstaining can show strength and maturity.

Beliefs: Each culture, religion and family has its own beliefs about abstinence.

MASTURBATION = A person stroking his or her own genitals for comfort or pleasure.

Fact: Most people masturbate at some time in their lives.

Myth: If you do not masturbate, there’s something wrong with you.
Myth: If you do masturbate, there’s something wrong with you.
Myth: Masturbating hurts your body, makes you insane, makes you infertile, gives you warts, or causes hair to grow on your palms.

Fact: It does not hurt your body.

Belief: Each culture, religion and family has its own belief about masturbation.
A Bill of Rights

You have a right to like touching one person and not another. (Just because you hugged your aunt, doesn’t mean you have to want to hug your cousin.)

You have a right to like some kinds of touch and not others. (Just because you wanted to kiss, doesn’t mean you have to want to hold hands.)

You have a right to change your mind. (Just because you hugged your friend yesterday, doesn’t mean you have to now.)

You have a right to not have a reason ... just to choose not to touch or be touched without any explanation.

You have a right to need touch even when you are:
- Elderly
- Single
- Disabled
- A teenager
- Married

A Bill of Wrongs

You have a right to ask for touch, but you never have a right to:

- **Push** (if he/she says “no” three times, you’re pushing)
- **Threaten** (“If you don’t, I’ll break up with you/slap you/kill myself/tell other people you did it anyway.”)
- **Bargain for touch** (“I’ll pay for expensive dates. “I’ll be your girlfriend/boyfriend.” “I’ll take you to Homecoming!” “I’ll stop teasing you.”)
- **Put a person down for saying “no”** (“What’s wrong with you?” “You’re chicken/a wimp/a baby.” “You think you’re too good!”)

Did you know that...

- Touch can lift depression, help the body’s immune system fight disease, and help a sick person heal more quickly.
- Touch can increase the amount of hemoglobin in the blood, sending more oxygen to your heart and brain.
- Touch can release chemicals called endorphins into your blood and endorphins are a natural pain killer.
- **YOU DESERVE GOOD TOUCH!!**
TOUCH WORKSHEET 1: 15 REASONS
PEOPLE SOMETIMES TOUCH

DO NOT PUT YOUR NAME ON THIS PAGE.
Please print. Begin each reason with “Because ...” or “In order to ...”

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 
13. 
14. 
15. 

Public Health - Seattle & King County ©1988, Rev. 2006 www.metrokc.gov/health/famplan/flash
Position Paper: Touch and Abstinence

Name

Some people believe that any kind of touch is OK as long as it feels good. Other people believe that the only right kind of sexual touch is intercourse in marriage. Still others believe something in between, but most people agree that touch itself is important.

In fact, we need touch. Babies learn to love, trust and feel safe by being cuddled and caressed. They can even die if they are never touched except to be changed or bathed! Kids, teens, adults and older people all need good touch, too. We can feel very alone and unimportant without it.

Good touch can include cuddling, caressing, hand holding, rubbing someone's back, patting their head, rough-housing, kissing, hugging, and, of course, under some circumstances, sexual intercourse.

Touch is not good; however, if one person talks the other into it, teases or tricks them into it, or forces them into it. It is not good touch if one person is doing it because they feel they "owe" it to the other person, or because they are scared not to. In fact, it is never good touch if:

• one or both people are high or drunk
• they are just touching so they can brag about it later
• they are worried about how the other person feels about it (instead of asking)
• they don't feel right about it themselves (for example if they are doing something they really believe is wrong)

Some touch can make you feel cared about and it can be fun. On the other hand, some touch only makes you feel lonely and it's not fun ... for either person.

Most little kids get a lot of good touch within their families. Some families begin to touch less, as their children become teens. That's too bad ... it leaves a lot of teens "touch-starved." If you are feeling like you could use some touch, a good place to start is at home. Teens can also begin to look to their friends for touch - through contact sports, shared backrubs, braiding a friend's hair, rough-housing and hugs.

Remember, a person learns first how to build trusting, playful, considerate, relaxed friendships, and then how to build love. One has to come before the other ... because love is really the closest of friendships.
Part of growing up also often includes experimenting with touch with a special friend, sometimes a boyfriend or girlfriend. Some of you may not be at all interested in that at your age. Many people aren't. Others of you may be feeling sexual feelings. You may or may not decide to act on those feelings. Remember, feeling doesn't necessarily equal acting in human beings. For people, there is a step between feeling and acting. That's deciding.

Whether or not they decide to touch with special friends, many teens decide NOT to include sexual intercourse in their touching. NOT having intercourse is called "abstinence."

We asked high school students why they were choosing abstinence. Yes, lots of people decide to wait. They told us:

"Hey, it's the only 100% perfect kind of birth control and I'm really not ready to be a parent."

"We talked it over and, well, abstaining gives us time to really get to know each other ... to become real friends. That's important to both of us. We still touch a lot; we just leave out some kinds of touch."

"It not only prevents pregnancy ... it has no side effects and it's free!"

"My religion says it's wrong to have sex before you're married. I agree. Period."

"I just don't want to take ANY chance of getting herpes ... or any kind of infection for that matter. I'd rather wait."

"I feel waiting can be a test of love. If a girl really cares about me, she won't need to put me down for preferring to wait."

"I heard that the younger you start 'doing it' and the more people you 'do it' with, the more chance you have of getting cancer of the cervix. I don't judge other people, but it's not worth the risk to me."

"I just wouldn't feel right. I had sex once and I felt crummy afterwards. I'd rather wait 'til I'm sure I'll feel good about myself afterward."

"There are plenty of ways to show affection and caring without having sex. You just have fun in different ways."

"I don't want to take time and energy away from my music. That's totally important to me. I just know from when I was in love before, that sex made our relationship a lot heavier. I don't want that now. I'm more important."
"I think people who get all hung up wanting to lose their virginity just don’t like themselves very much. I’m not in any hurry."

Did you know that six out of 10 high school sophomores in the U.S. have never had intercourse? Touch, even sexual touch, does NOT have to include intercourse. And most people prefer to wait.

So remember...

Touch is important.
Touch is not always sexual.
Sex is not always intercourse.
Human beings can choose not to act on feelings.
Human beings can choose how to act on feelings.
Human beings can choose when to act on feelings.

Touch doesn't always equal sex.
Sex doesn't always equal intercourse.

Hugs not Drugs
A Family Homework Exercise: Touch and Abstinence

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

Directions: The student has read the Position Paper: Touch and Abstinence and the Touch Reference Sheet in class. The adult should begin by reading them, too.

Next: Discuss together what your culture, your religion, and the two of you believe about some of the questions below. Remember that the idea is to try to understand one another, not to make the other person “agree with you.”

- **Sexual intercourse**
  - When is it right?
  - When is it wrong?
  - What can make it a better or worse experience for both people?

- **Abstinence**
  - When is it right?
  - Is it ever wrong to choose abstinence? If so, when?
  - What are other ways, besides sexual intercourse, that married people can express love and affection?

- **Masturbation**
  - Is it right or wrong?
  - Does it depend on the circumstances?
  - Does it depend on the person’s age?
  - Do you think having masturbated has any effect on a person’s ability to love a husband or wife? A positive effect? A negative effect?

- **Other kinds of sexual touch**
  - Are there other kinds of sexual touch you approve of? If so, why? If not, why not?

- **Violent touch**
  - When is it right? When is it wrong? Does it depend? If so, on what?

Note: If it’s embarrassing to discuss these issues with one another you can decide to:
- Say so, and do the exercise anyway
- Skip parts of it
- Skip the whole thing
- Write your answers and read each other’s answers
- Write your answers and throw them away
- Talk with each other with help from your priest, minister, or rabbi; a friend; or a family counselor
- Laugh, giggle, blush, and go right on talking

Finally: Share some affectionate touch with each other ... like a hug!
NOTE: Turn in a Family Homework Confirmation Slip by __________ if you want credit.
Touch Worksheet 2

Name ______________________ Due date ______________________

Keep a diary for one week of all touch you give/get. It is private so you will not turn it in. It will help you to learn about yourself.

Example:

Monday
2. Affectionate touch, Mrs. Smith patted my shoulder when she passed my desk.
3. Exploitive touch, a guy on the bus rubbed up against me.

After the week is over, read your touch diary and write a poem, a song, or a one page paper about what you learned. Turn the poem, song, or paper in.
KNOW

HIV/STD PREVENTION CURRICULUM

GRADES 7 and 8

March 2014
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KNOW
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Grades 7 and 8

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Introduction
7/8 KNOW

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.

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. As a nation, and within our communities, there is much work to be done.

---

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\(^3\). 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\(^4\).

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 7/8 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\(^5\).

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

---


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.6 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.7

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.

7/8 KNOW Standards Alignment

The entire 7/8 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 7/8 KNOW Curriculum aligns with state and national standards and guidelines.

<table>
<thead>
<tr>
<th>Grade 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lesson 7-1, HIV and other STDs</strong></td>
</tr>
<tr>
<td><strong>Washington State Health and Fitness Standards</strong></td>
</tr>
<tr>
<td>Understands the dimensions of health and relates to personal health behaviors (2.1.1)</td>
</tr>
<tr>
<td>Understands how to maintain sexual health throughout life (2.2.2)</td>
</tr>
<tr>
<td>Understands factors and prevention related to communicable diseases (2.3.1)</td>
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<tr>
<td>Understands abusive and risky situations and demonstrates safe behaviors to prevent injury to self and others at home, school and in the community (2.4.1)</td>
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<tr>
<td>Understands how family and cultural factors impact health (3.1.1)</td>
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</table>

| **National Sexuality Education Standards** |
| Define STDs, including HIV, and how they are and are not transmitted (SH.8.CC.1) |
| Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each (SH.8.CC.2) |

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Describe the signs, symptoms and potential impacts of STDs, including HIV (SH.8.CC.3)
Develop a plan to eliminate or reduce risk for STDs, including HIV (SH.8.GS.1)
Identify medically accurate information about STDs, including HIV (SH.8.AI.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

Lesson 7-2, Abstinence and Refusal Skills

**Washington State Health and Fitness Standards**

Understands how to maintain sexual health throughout life (2.2.2)
Understands abusive and risky situations and demonstrates safe behaviors to prevent injury to self and others at home, school and in the community (2.4.1)
Solves conflicts while maintaining safe and respectful relationships (3.3.1)

**National Sexuality Education Standards**

Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make (PD.8.DM.1)
Analyze the impact of alcohol and other drugs on safer sexual decision-making and sexual behaviors (SH.8.INF.1)
Demonstrate communication skills that foster healthy relationships (HR.8.IC.1)
Demonstrate effective ways to communicate personal boundaries and show respect for boundaries of others (HR.8.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
Address the impact of media and peer messages on thoughts, feelings, cultural norms and behaviors related to sexuality as well as address social pressures related to sexual behaviors
Promotes healthy self-esteem, positive body image, good self-care, respect for others, caring for family and friends and a responsibility to community

Lesson 7-3, Risk Recognition

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### Washington State Health and Fitness Standards

- Understands the dimensions of health and relates to personal health behaviors (2.1.1)
- Understands how to maintain sexual health throughout life (2.2.2)
- Understands factors and prevention related to communicable diseases (2.3.1)
- Understands abusive and risky situations and demonstrates safe behaviors to prevent injury to self and others at home, school and in the community (2.4.1)

### National Sexuality Education Standards

- Define STDs, including HIV, and how they are and are not transmitted (SH.8.CC.1)
- Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each (SH.8.CC.2)
- Describe the signs, symptoms and potential impacts of STDs, including HIV (SH.8.CC.3)
- Develop a plan to eliminate or reduce risk for STDs, including HIV (SH.8.GS.1)
- Identify medically accurate information about STDs, including HIV (SH.8.Al.1)

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

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

- Acknowledge that people may choose to abstain from sexual activity at various points in their lives
- 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

### Grade 8

#### Lesson 8-1, Review of HIV and other STDs

### Washington State Health and Fitness Standards

- Analyzes the dimensions of health and relates to personal health behaviors (2.1.1)
- Understands how to maintain sexual health throughout life (2.2.2)
- Understands factors and prevention related to communicable diseases (2.3.1)
- Understands abusive and risky situations and demonstrates safe behaviors to prevent injury to self and others at home, school and in the community (2.4.1)
- Evaluates health and fitness information (3.2)

### National Sexuality Education Standards

- Identify accurate and credible sources of information about sexual health (AP.8.Al.1)
- Define STDs, including HIV, and how they are and are not transmitted (SH.8.CC.1)
- Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each (SH.8.CC.2)
- Describe the signs, symptoms and potential impacts of STDs, including HIV (SH.8.CC.3)
- Identify local STD and HIV testing and treatment resources (SH.8.Al.2)
- Develop a plan to eliminate or reduce risk for STDs, including HIV (SH.8.GS.1)
Identify medically accurate information about STDs, including HIV (SH.8.AI.1)

**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 lives
- Addresses the health needs of all youth that are sexually active, including how to access health services
- 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
- Provides information on local resources for testing and medical care for STDs and pregnancy
- Identify resources to address individual needs, for present and future concerns and questions

**Lesson 8-2, Abstinence and Refusal Skills**

**Washington State Health and Fitness Standards**

- Understands how to maintain sexual health throughout life (2.2.2)
- Understands abusive and risky situations and demonstrates safe behaviors to prevent injury to self and others at home, school and in the community (2.4.1)
- Solves conflicts while maintaining safe and respectful relationships (3.3.1)

**National Sexuality Education Standards**

- Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make (PD.8.DM.1)
- Analyze the impact of alcohol and other drugs on safer sexual decision-making and sexual behaviors (SH.8.INF.1)
- Demonstrate communication skills that foster healthy relationships (HR.8.IC.1)
- Demonstrate effective ways to communicate personal boundaries and show respect for boundaries of others (HR.8.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
- Address the impact of media and peer messages on thoughts, feelings, cultural norms and
behaviors related to sexuality as well as address social pressures related to sexual behaviors
Promotes healthy self-esteem, positive body image, good self-care, respect for others, caring for family and friends and a responsibility to community

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<td>Describe the steps to using a condom correctly (SH.8.SM.1)</td>
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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


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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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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

8 Adapted from FLASH, Important Reading for Teachers, Public Health – Seattle & King County

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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’
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: “Isn't it wrong to get pregnant if you have HIV?”

“This is a very thoughtful question. People have a lot of different beliefs about this issue. I want to let you know that it is legal for someone to choose to become pregnant if they have HIV. Also, there are important things the woman can do to really lower the chance that the baby will be born with HIV. However, there is still a small risk. Some people believe that all pregnancies carry some risk, and this risk is no different. Other people believe that you should never take this kind of risk, even if it is small. Some people think of this as an issue of rights for the mother – that it is her right to decide how to start a family and how to manage her pregnancy. Other people think of this as an issue of rights for the baby – that the baby doesn’t get to choose what is happening and because of that it has to be protected from this risk. It might be helpful for you all to hear from your families or communities of worship, if you have one, what they think about this issue. I would encourage you to ask them about this.”

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

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9 Adapted from FLASH, Important Reading for Teachers, Public Health – Seattle & King County

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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 had an STD?”

“This is a common question. Especially after we have learned how common STDs are, it’s normal to wonder if the adults in your life have any experience with them. Since this is private and personal information, I am not going share that information with you. It’s important for teachers not to ever share personal sexual information with students. However, I can tell you that STDs are very common, and they are especially common among teenagers and young adults. In fact, more than half of all people will get an STD at some point in their life. Most of those are curable, but some, like HIV, are not, which is why it’s so important that people choose to use condoms when they do have sex.”
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 does a guy have sex with another guy?”

“Thank you for asking this question. People are often curious about how two men or two women have sex. It is important to remember that no two people have sex the exact same way. All people, regardless of sexual orientation, like different things. This includes kissing, hugging and cuddling. In terms of sex, three types of sex people sometimes choose are vaginal sex, oral sex and anal sex. It’s important for men to use condoms to help protect themselves and their partners from STDs, whether their partner is a male or a female.”

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

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10 Adapted from FLASH, Important Reading for Teachers, Public Health – Seattle & King County
11 Ibid.

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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: “Are you supposed to use a condom for a blowjob?”

“This is an important question. Blowjob is a slang word for oral sex on a penis. It is
important for people to use a condom when having oral sex with a penis because HIV
and other STDs can be spread through oral sex, as well as vaginal and anal sex. There are
special condoms designed specifically for use during oral sex that do not have lubricant
on them, but people can use any condom they have.”
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.13 People aged 15 to 24 report rape and sexual assault at far higher rates than any other age group.14 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 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.”

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12 Adapted from FLASH, Important Reading for Teachers, Public Health – Seattle & King County

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- 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.

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15 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.

16 Child Protective Services, personal communication, 2011.

17 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 has 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

• In King County
Overview

The purpose of this lesson is to review basic information about HIV and other STDs. It also aims to reinforce the belief that people can protect themselves from HIV and other STDs.

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 7/8 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:

- Understand basic facts about HIV and other STDs
- Identify how HIV and other STDs are transmitted
- Identify how HIV and other STDs can be prevented
Lesson 1
HIV and Other STDs

Agenda

Time: 50 minutes

With DVD:
1. Introduction and ground rules (10 min)
2. HIV Overview DVD (20 min)
3. HIV and STD sentence stems (20 min)

Without DVD:
1. Introduction and ground rules (10 min)
2. HIV Lecture (10 min), alternative to DVD
3. HIV and STD sentence stems (30 min)

Materials:
- Understanding HIV and AIDS DVD
- DVD and projector
- Basic HIV/AIDS Facts Visual
- 3 sheets of newsprint per class
- 3 sticky notes per student
- HIV/AIDS Family Newsletter, 1 per student

To order DVD:
"Understanding HIV and AIDS"
Human Relations Media
http://www.hrmvideo.com/catalog/understanding-hiv-and-aids
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 other sexually transmitted diseases. Some of you have started learning about HIV in past 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 live a long time with HIV with the help of a doctor. We are going to learn a lot about HIV and other STDs, like how people get this illness, and most importantly, how people can protect themselves. 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 HIV Overview DVD

Time: 20 minutes

Materials: DVD, DVD player, projector

Show the DVD: “Understanding HIV and AIDS” by Human Relations Media. If you do not have the DVD, use HIV Overview Lecture as an alternative.

Activity 2 alternative HIV Overview Lecture

Time: 10 minutes

Materials: Basic HIV/AIDS Facts Visual

If you don’t have the DVD, give HIV Overview Lecture while showing the Basic HIV/AIDS Facts visual. Go over the following information slowly, checking for comprehension as you go.

* "Let’s begin today with an overview. It’s important for everyone to learn about HIV and other STDs: people who are having sex and people who aren’t, gay and lesbian people and straight people, guys and girls, because STDs are so common and it’s important for everyone to know how to keep themselves healthy."

* "HIV is the germ that causes AIDS. Many people with the HIV germ will eventually get very sick, especially if they don’t have the help of medicine and a doctor. When they are very sick, it is called AIDS."

* "HIV stands for Human Immunodeficiency Virus. This means it is a virus that humans can get, and that it hurts your immune system. The immune system is what keeps our body healthy."

* "AIDS stands for Acquired Immune Deficiency Syndrome. That means that after a person has had HIV for a while, sometimes a very long time, their immune system won’t work well and they can get very sick."
"HIV is a very serious illness that can cause death. There is no cure for HIV. However, people who have HIV can live for a very long time with the help of a doctor."

"HIV is a type of STD, which stands for Sexually Transmitted Disease. An STD is an illness that people get from having sex with someone who already has it. There are many types of STDs besides HIV."

"People usually get HIV from having sex or sharing needles for drugs with someone who has HIV. People your age don't usually get HIV because they usually aren't doing those things."

"The other way people can get HIV is from their mother when they are being born or are a small baby. If a woman has HIV when she is pregnant, sometimes the baby is born with HIV. If a woman HIV when she is nursing her baby, sometimes the baby can get HIV from breast milk."

"If a person has HIV, the HIV virus is in their blood, semen, vaginal fluids and breast milk. (Semen is the fluid with sperm in it that comes out of the penis. Vaginal fluids are the wetness in a woman's vagina.) That's why people can get HIV from sex, sharing needles, or sometimes from a mom to a baby."

"HIV is NOT in other body fluids. It is not in tears, sweat, spit, pee, or any other fluid. A person cannot get HIV from being around someone with it. They can't get it from hugging or kissing. They can't get it from a mosquito bite or from a toilet seat."

"People can prevent getting HIV and other STDs by not having sex and by not sharing needles. They can also prevent HIV and other STDs by using a condom if they do have sex. A condom is a stretchy piece of rubber that fits over the penis like a glove and prevents germs passing between each person."

We are talking about HIV now, even though kids your age almost never get HIV, so you can learn what you need to know when you are older to keep yourself healthy."
Basic HIV / AIDS Facts

- HIV is the virus that causes AIDS.

- HIV stands for Human Immunodeficiency Virus.

- AIDS stands for Acquired Immune Deficiency Syndrome.

- HIV is a very serious illness that can cause death.

- People usually get HIV from having sex or sharing needles for drugs with someone else who has HIV.

- If a woman has HIV when she is pregnant sometimes the baby is born with HIV.

- If a person has HIV, the HIV virus is in their blood, semen, vaginal fluids and breast milk.

- A person can’t get HIV from hugging or kissing or playing with someone who has it. They can’t get it from a mosquito bite or from a toilet seat.

- Kids your age almost never get HIV, but it’s important to know how to keep yourself healthy as you get older.
HIV and Other STDs

Lesson 1

Activity 3

HIV and STD Sentence Stems

Time: 20 minutes (30 minutes, if you do HIV lecture instead of DVD)

Materials:
* 3 sticky notes per student
* 3 pieces of newsprint per class
* HIV/AIDS Family Newsletter, 1 per student

1. Explain that this activity will give students a chance to learn more about the information covered in the video. It will focus on both HIV and other types of STDs.

2. Post 3 pieces of newsprint around the room with one of the following sentence stems on each one.
   * A person can tell if they have HIV or other STDs by...
   * A person can get HIV or other STDs by...
   * A person can protect themselves from HIV and other STDs by...

3. Give each student at least 3 sticky notes. Have them finish each one of the sentences on a separate sticky note and post it on the newsprint. You can also give them the option of writing a question on their sticky note. Tell them it is okay to guess.

4. Bring the 3 completed newsprints to the front of the room.

5. Debrief the newsprints one at a time by reading the responses, acknowledging how much the students already know about HIV and other STDs, and clarifying any misconceptions. Be sure to focus on the following key concepts.

   Key concepts for “A person can tell if they have HIV or other STDs by...”
   * The only way to know if you have HIV or other STDs is to get tested.
   * You can’t tell if someone has HIV or other STDs by looking at them.
   * There are many people who have HIV or other STDs but don’t know they have them.
Key concepts for “A person can get HIV or other STDs by…”

- HIV is a type of STD.
- An STD is an illness that people get from having sex with someone who already has it.
- Some STDs, including HIV, are spread by sharing needles.
- Some STDs, including HIV, are spread from mother to baby, through pregnancy, childbirth or breastfeeding.
- The most common way to get an STD is by having unprotected sex with someone who already has an STD.
- People cannot get HIV or other STDs from casual contact like holding hands, sharing drinks, or kissing.

Teacher Note: If it comes up on the newsprint, dispel the myth that only gay people are at risk for HIV. You might say: “Straight men and women, gay men, and lesbians can all get HIV. It doesn’t matter what a person’s sexual orientation is. If one person has sex without a condom with another person who has HIV, they can get HIV.”

Key concepts for “A person can protect themselves from HIV and other STDs by…”

- You can prevent getting HIV and other STDs.
- People can prevent getting HIV and other STDs by not having sex.
- People can prevent getting HIV and other STDs by using a condom if they do have sex.
- People can prevent getting HIV and other STDs by not sharing needles.

6. Conclude the lesson by restating the main points and encouraging students to share the family newsletter at home.

“We covered a lot of material about HIV and other STDs today. The movie and sticky note activity both showed that people can prevent getting HIV and other STDs by not having sex. Considering that most high school students don’t have sex, abstinence is an important way that teens protect themselves from HIV and other STDs. Tomorrow we’re going to look more closely at the skills involved in being successful with abstinence.”
You have probably asked yourself, “What should my child know about HIV and AIDS?” Well, they have probably heard something about AIDS on television or from a friend. They know that HIV and AIDS exist, probably have many questions, and have maybe received some wrong information.

Your student has been learning about HIV and AIDS at school since the fifth grade. As they get older, this information may take on new meaning for them.

Today in class, your student learned that:

- AIDS is a disease that is caused by a virus called Human Immunodeficiency Virus (HIV).
- HIV damages the immune system when it gets into the body, leading to other diseases and infections.
- HIV is spread by sharing needles and by having sex with a person who has HIV.
- HIV is also spread from mother to baby if a woman has HIV while she is pregnant.
- Kids their age don’t usually get HIV, because having sex and sharing needles are not things that kids their age usually do.
- There are important things they can do to protect themselves from getting HIV in the future, like remaining abstinent or using condoms if they do have sex.
- HIV is a very serious illness that can cause death, although people who have HIV can live for a long time with the help of a doctor

We believe this information will help your student understand the facts about HIV and AIDS. They will know what to do to protect themselves from infection as they get older.

Continued on page 2
Talking With Your Student

Your student may seek reassurance that he or she is not going to get HIV. We have discussed the fact that kids their age almost never get HIV. You may want to tell them the following information to help them understand.

When young children have HIV, it is usually because they were born with it, because their mother had HIV while she was pregnant.

In the past, another other way children have gotten HIV is from blood that was contaminated with the virus. Since 1985, the blood supply in this country is very safe, and people no longer get HIV from blood transfusions in the U.S.

Answering Questions about HIV and AIDS

We have encouraged your student to ask you if he or she has more questions about HIV and AIDS. The most important thing you can do is to share your beliefs and values regarding the behaviors that spread HIV. It is okay if you do not know much about HIV. They will learn that information at school.

When your student comes to you with a question, you might find it helpful to keep the following points in mind as you answer them.

- Listen carefully to the question.
- Give a simple and honest answer.
- Check to make sure your child understood the answer.
- Remember that it is okay to take a “time out” to think about your answer, or to say, “I don’t know but I’ll try to help you find the answer.”

There are many people who can help you get more information. Here are a few resources you might like to contact:

* Your local school
* Your local health department
* Advocates for Youth: www.advocatesforyouth.org/hiv-home
Overview

The purpose of this lesson is to review basic information about abstinence, increase students' motivation to avoid sex, and promote a positive attitude about abstinence. It is also to provide students with refusal skills and give students an opportunity to practice these skills.

Laws & Standards

The 7/8 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:

* Understand a basic definition of abstinence
* Effectively use refusal skills
Grade 7
Lesson 2

Abstinence and Refusal Skills

Agenda

Time: 50 minutes

1. Definition of abstinence (5 min)
2. Refusal skills (15 min)
3. Refusal skills scenarios (10 min)
4. Small group scenario practice (20 min)

Materials:

* Refusal Skills Visual, 1 copy for document camera or projector
* Scenario A: Juanita and David, 2 copies for large group demonstration
* 1 copy per student of the following handouts:
  * Refusal Skills Checklist
  * Scenario B: Juanita and David
  * Scenario C: Aliyah and Jonathan
  * Scenario D: Carlos and Samuel
  * Scenario E: Jermaine and Mei
* The characters’ names in the scenarios reflect the population of WA State. If needed, please look up pronunciation in advance.
Activity 1: Definition of Abstinence

Time: 5 minutes

1. Introduce and define abstinence.

“Today we are going to discuss abstinence. Can someone define abstinence for me?” (Allow students time to give their own definitions of abstinence and validate them.)

“People have a lot of personal definitions of abstinence. The definition we are going to use in this class is that abstinence means not having vaginal, anal or oral sex. Vaginal sex is when a penis goes in someone’s vagina, anal sex is when a penis goes in someone’s anus (butt), and oral sex is when one person’s mouth goes on another person’s penis or vagina.”

“The reason that we are including all of these types of sex in our definition of abstinence is because abstinence is the only 100% effective way to not get pregnant and not get an STD. Since people can get STDs from anal, oral and vaginal sex and can get pregnant from vaginal sex, we are going to include all of these types of sex in our definition of abstinence.”

2. Discuss how common abstinence is among teens.

“The overwhelming majority of middle school students are abstinent. But did you also know that most high school students are also abstinent? Why do you think that it’s important to know this?”

Allow students time to respond.

“Right. If you were to walk into high school on the first day of school and think that most high school students were having sex, how would that feel?”
Lesson 2 Abstinence and Refusal Skills

Activity 1 cont. Definition of Abstinence

Allow students time to respond.

"It's important to know that most middle and high school students are not having sex so that you don't feel pressured to have sex."

"Abstinence is something that teens and adults choose at different times in their lives. People of every sexual orientation, including gay, lesbian, bisexual and straight people, choose abstinence. And, people choose abstinence at different points in their life, even after they've already had sex."

Activity 2 Refusal Skills

Time: 15 minutes

Materials:
Refusal Skills Visual, 1 copy for document camera or projector

1. Introduce refusal skills.

"Even though the overwhelming majority of 7th graders are not having sex, and many of you are not experiencing crushes or sexual feelings at this age, we also know that most people will choose to have sex in their lifetime."

"Everyone can make the decision not to have sex, or to be abstinent, when they are older. Once we make this decision, it's important to be able to communicate our decision to the person who we are dating. It's also really helpful to keep ourselves out of situations where we might be tempted to have sex. For example, sometimes being home alone without any parents can make it harder to stick to a decision of abstinence."
2. Brainstorm ways to say no clearly.

"As people start having sexual feelings, they still might make the choice not to have sex, even when they are older. Sometimes, one person wants to have sex and the other person doesn’t."

“What are some things that a person could do to make it clear that they mean ‘no’?”

Be sure to include the following points:
* Saying no
* Clear voice
* Matching what we are saying with our body language

3. Discuss that force and coercion are always wrong. Explain that it is never a person’s fault if someone forces or coerces them into doing something sexually that they do not want to do.

“I want to be really clear that it is always the other person’s responsibility to listen to us when we say no or make it clear that we do not want to have sex or engage in any kind of sexual touch. It is never ok to force or coerce someone into having sex or into any kind of sexual touch.”

“Coercion is manipulating someone into doing something that they do not want to do – like having sex or engaging in sexual touch. If someone is forced or coerced into having sex or a sexual act, it is never their fault. It is always the fault of the person who forced or coerced them, and it is always wrong.”

“Unfortunately, people do not always respond well to no or want to hear no. There are times when people are asking or pressuring us to do something and we need to say no very clearly and leave the situation. At these times, we also might need to tell an adult or ask an adult or friend for help.”
4. Discuss that people need to leave the situation or get help if someone is not respecting their “no”.

“In order to be abstinent, there might be times when we will have to refuse sex. Sometimes this is easy to do, and sometimes this can feel difficult to do. Either way something is always easier to do once we have practiced it.”

“For the purposes of this lesson, we want to assume that we like the person who we are saying no to and want to continue hanging out with them, but we do not want to have sex with them, which is what they will be proposing.”

5. Show students the Refusal Skills Visuals, read the refusal skills steps, and give a brief explanation of each step.

Refusal Skills Steps:

1. Say no.
   “Clearly state that you do not want to have sex.”

2. Explain why.
   “For example, I don’t want to get pregnant or I’m not ready to have sex.”

3. Suggest an alternative.
   “Suggest something else that you two can do instead. For example, I think that we should go outside now.”

4. Leave if you need or want to.
   “Like we discussed earlier, sometimes the other person is not respecting our ‘no’. At that point we might need to get out of the situation or get help from someone else.”
1. Say no.
2. Explain why.
3. Suggest an alternative.
4. Leave if you need or want to.
Activity 3  Refusal Skills Scenarios

Time: 10 minutes

Materials:
* Scenario A: Juanita and David, 2 copies, for large group demonstration
* Scenario B: Juanita and David (partially scripted), 1 per student

1. Introduce scenarios.

   "Now we will have a chance to practice the refusal skills through a series of scenarios. The first scenario we will do as a large class. It is scripted and two volunteers will need to read the script."

2. First, do large group demonstration of refusal skills using Scenario A (Juanita and David, fully scripted.)

   * Ask for two volunteers to read the script out loud to the class, with one person reading as David and another reading as Juanita.

   * The purpose is to model an effective use of refusal skills.

3. Next, have students practice refusal skills by writing new lines for Juanita in Scenario B (Juanita and David, partially scripted).

   * Hand out Scenario B. Have each student fill in Juanita’s part. Remind the class that the person playing Juanita likes David and wants to continue hanging out with him, but does not want to have sex.

   * After they fill in Juanita’s script, ask for one volunteer to read David’s part and a second volunteer to read Juanita’s. As you go through Scenario B, ask if anyone else wants to offer their responses as well.
Grade 7 Lesson 2

Abstinence and Refusal Skills

Activity 4 Small Group Scenario Practice

**Time:** 20 minutes

**Materials:** One copy per student of the following handouts:
- Refusal Skills Checklist
- Scenario C: Aliyah and Jonathan
- Scenario D: Carlos and Samuel
- Scenario E: Jermaine and Mei

1. Introduce the small group scenario practice: “Now we are all going to get a chance to practice using refusal skills by doing 3 more scenarios in small groups.”

2. Pass out and review Refusal Skills Checklist.

3. Break the class into small groups with three people per group. Each small group will practice with all three scenarios (Scenarios C, D and E). For each scenario, one person will be the asker, one person will be the refuser, and one person will fill out the Refusal Skills Checklist while they observe.

4. Remind the class that the person playing the refuser likes the asker and wants to continue hanging out with them, even though they want to say no to them.

5. Give students 2 minutes for each scenario. After completing each scenario, everyone will switch roles and do another scenario, so that each person gets the opportunity to be in each role. The purpose is for everyone to practice refusal skills and to hear good refusal skills.

6. Debrief as a large group between each scenario. Ask volunteers from a few of the groups to give examples of the refusal skills that they came up with or observed. Validate all of the refusal language. Ask what kind of body language would help reinforce the refusal.

7. Conclude the lesson: “Great job! You were all so clear and said no really well. Saying no is such an important skill to learn. It’s great for us to know how to do this every day, and the more we practice the easier it gets. It’s also an important skill for us to know when we get older so that we can remain abstinent.”
## Refusal Skills Scenario Check List

**Directions:**
For each scenario, check off the refusal skills that you see the actors using.

<table>
<thead>
<tr>
<th>Scenario B</th>
<th>Scenario C</th>
<th>Scenario D</th>
<th>Scenario E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juanita and David</td>
<td>Aliyah and Jonathan</td>
<td>Carlos and Samuel</td>
<td>Jermaine and Mei</td>
</tr>
</tbody>
</table>

- **Says NO** (or states that they do not want to have sex).

- **Is clear.**

- **Explains why.**

- **Offers an alternative activity.**
Juanita and David

Class Demonstration

Juanita and David have been dating for three weeks. They are hanging out at David’s house with his mom and little brother, Tommy. Unexpectedly, Tommy gets sick and starts throwing up so their mom takes him to the doctor. Juanita and David find themselves alone in the house. They decide to use their time to kiss on the couch.

David: I really like you. I know that we already decided not to have sex, but I just didn’t think we would ever really get this chance. I think that we should do it. You’re so hot.

Juanita: I like you, too, and it’s cool hanging out. And, I want to kiss you, but I do not want to have sex.

David: But this is our one chance. When are we going to get another chance to be alone again? Plus, aren’t you having fun?

Juanita: David, I don’t want to have sex. I’m not ready to have sex and I don’t want to get pregnant.

David: Aw man, I thought that you liked me. This would be a great way to say how much we love each other.

Juanita: David, the answer is no. I like you too, and I’m not ready to have sex. I think that we should go outside to hang out so we don’t get more tempted.

David: Ok. You’re right. I respect your decision.
Large Group Practice

Juanita and David have been dating for three weeks. They are hanging out at David’s house with his mom and little brother, Tommy. Unexpectedly, Tommy gets sick and starts throwing up so their mom takes him to the doctor. Juanita and David find themselves alone in the house. They move to the couch and start to kiss.

David: I really like you. I know that we already decided not to have sex, but I just didn’t think we would ever really get this chance. I think that we should do it. You’re so hot.

Juanita: 

David: But this is our one chance. When are we going to get another chance to be alone again? Plus, aren’t you having fun?

Juanita: 

David: Aw man, I thought that you liked me. This would be a great way to express how much we love each other.

Juanita: 

David: Ok. You’re right. I respect your decision.
Scenario C  Aliyah and Jonathan

Small Group Practice

Aliyah and Jonathan go to the same school and both have crushes on each other. However, Jonathan’s parents don’t allow him to date. They think that he is too young to date and want him to stay focused on school. Aliyah asked Jonathan to go with her to the upcoming dance. Jonathan really likes Aliyah, but has to say no since he’s not allowed to date.

Aliyah: Hey Jonathan. I’m glad we got this second together after class to talk. I wanted to see if you wanted to ask me to the dance Friday night?

Jonathan: __________________________________________

Aliyah: Your parents never have to find out. Just tell them you’re going to a friend’s house or something.

Jonathan: __________________________________________

Aliyah: Don’t you want to go with me? Come on, we’d have a lot of fun.

Jonathan: __________________________________________

Aliyah: Ok. You’re right. I respect that.
Small Group Practice

Carlos and Samuel have been best friends for a couple of years. Samuel can’t believe that Carlos won’t ask out Alessandra. Carlos likes Alessandra, but he isn’t ready to have a girlfriend. Carlos doesn’t want to tell Samuel this because he feels embarrassed about it and doesn’t want Samuel to make fun of him. Samuel keeps pressuring Carlos to ask her out. In this scenario, Carlos will not talk bad about Alessandra to Samuel in order to get Samuel to leave him alone because he likes Alessandra.

Samuel: Hey man, how’s it going? I saw Alessandra looking at you again at lunch today. Why aren’t you asking her to hang out?

Carlos: 

Samuel: That’s ridiculous. She obviously likes you and you like her. What are you waiting for? Ask her out.

Carlos: 

Samuel: If you don’t ask her out, someone else will. Then you’re going to be real sad. You can’t just keep waiting. Asking her out.

Carlos: 

Samuel: Ok, you’re right. I’m sorry. I respect that.
Overview

The purpose of this lesson is to give students the opportunity to practice identifying risky behaviors and protective behaviors for HIV and other STDs. It also reinforces positive attitudes and positive peer norms for protective behaviors, which research shows is a critical aspect of HIV and STD prevention.

Laws & Standards

The 7/8 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:

- Identify behaviors that put a person at risk for getting HIV and other STDs
- Identify behaviors that provide protection against getting HIV and other STDs
- Identify positive attributes of behaviors that provide protection against HIV and other STDs
Small Group Practice

Adisa and Mei are seventh grade girls who live next door to each other. Adisa invited Mei over to hang out on a Friday night, and Adisa’s older brother had some friends over. Mei didn’t know that the older teens would be there and that there would be drinking. Jermaine, a boy from school who is in the 8th grade is also at Adisa’s house and has had a couple of beers. Jermaine asks Mei to go upstairs with him so they can go somewhere quieter to talk. Mei thinks Jermaine is really cute and likes him, but doesn’t like that he’s been drinking and doesn’t want to go upstairs with him or anywhere alone.

Jermaine: Hey Mei. I’m so glad to see you. I was hoping that you would be here. I’ve been really wanting to hang out with you. Man, it’s so loud here. Let’s go upstairs where it’s quieter so we can talk.

Mei: ____________________________

Jermaine: I respect that girl, but it’s so loud. I can barely hear you. Let’s go upstairs so we can be alone.

Mei: ____________________________

Jermaine: You are so pretty. I’m so glad to be hanging out with you. I wish I could hear you better, though. Let’s go upstairs so we can talk easier.

Mei: ____________________________

Jermaine: I respect that. You’re right.
Activities

Time: 50 minutes

1. True/False Risk Worksheet (35 min)
2. Protection Brainstorm (15 min)

Materials:
- True/False Worksheet for each student
Activity 1  True/False Risk Worksheet

Time: 35 minutes (10 minutes to complete, 25 minutes to discuss)

Materials: True/False Worksheet for each student

1. Introduce the topic.

   "Today we are focusing on risk. We’re going to talk about which behaviors put a person at risk for getting HIV and other STDs. And even more importantly, we’ll talk about which behaviors give the most protection."

2. Hand out True/False Risk Worksheet. Allow students to answer worksheet in pairs.

3. After pairs complete the worksheet, review answers as a class.

4. With each question, clarify misinformation and reinforce key concepts, using the Answer Key.
### Activity 1

#### True/False Risk Worksheet Answer Key

Using the Answer Key:

It is important to help the class stay focused on the primary ways that people are at risk of getting HIV and other STDs: sex without a condom, and sharing injection drugs. Spending time on theoretical transmission routes for which there have been no documented cases, such as blood brother/sister, helping an injured classmate, piercing friends’ ears, etc., distract students from the ways that teens and adults get infected. Instead, redirect them to key concepts.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Teacher Talking Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is risky to hug someone who has HIV.</td>
<td>False</td>
<td>People cannot get HIV from the skin, sweat or saliva of someone who has HIV.</td>
</tr>
<tr>
<td>2. It is risky to kiss someone who has HIV.</td>
<td>False</td>
<td>People cannot get HIV from skin, sweat or saliva of someone who has HIV. (There have been a few cases of HIV from deep-mouth kissing when one person has HIV and is bleeding heavily from their gums.)</td>
</tr>
<tr>
<td>3. It is risky to play sports with someone who has HIV or other STDs.</td>
<td>False</td>
<td>No one has ever caught HIV or another STD from sports, even if someone was injured.</td>
</tr>
<tr>
<td>4. The best ways to protect yourself against HIV and other STDs is to not have sex and not inject drugs.</td>
<td>True</td>
<td>People can prevent getting HIV and other STDs by not having sex and by not sharing needles.</td>
</tr>
<tr>
<td>5. It is risky to donate blood.</td>
<td>False</td>
<td>Giving blood is safe.</td>
</tr>
<tr>
<td>6. It is risky to receive donated blood.</td>
<td>False</td>
<td>The blood supply is very safe. It is tested for HIV.</td>
</tr>
<tr>
<td>7. It is risky for a person to put a needle in their body after it has been in someone else’s body.</td>
<td>True</td>
<td>Some STDs, including HIV, are spread by sharing needles. After one person uses a needle, some of their blood is left in the needle, even though you can’t see it.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td>Teacher Talking Points</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>8. It is risky to have sex without using a condom.</td>
<td>True</td>
<td>The most common way to get an STD, including HIV, is by having sex without a condom with someone who already has an STD.</td>
</tr>
<tr>
<td>9. It is risky to have sex without using a condom, even if the person has no symptoms of an STD.</td>
<td>True</td>
<td>Most people who have an STD, including HIV, do not have any symptoms.</td>
</tr>
<tr>
<td>10. Using a condom makes sex much safer.</td>
<td>True</td>
<td>Condoms are the best way for a person who has sex to protect themselves from HIV and other STDs.</td>
</tr>
<tr>
<td>11. Using a condom makes sex much safer, even if the other person has HIV.</td>
<td>True</td>
<td>Condoms provide a huge amount of protection, as an important research study shows. All of the couples in the study had one partner with HIV and used condoms every time they had sex. Nobody got HIV from their partner.</td>
</tr>
<tr>
<td>12. If a young teen dates an older teen, they are more at risk of getting an STD.</td>
<td>True</td>
<td>Teens who date someone much older are more likely to have sex (in general) and to have sex without a condom. The older boyfriend or girlfriend has more influence in the relationship and is also more likely to have an STD already. Depending on how much older they are, it might also be against the law for them to have sexual contact.</td>
</tr>
<tr>
<td>13. A person can choose abstinence at any point in their life.</td>
<td>True</td>
<td>There are times in everyone’s life when abstaining from sex is the healthiest choice. Both gay and straight people choose abstinence at different points in their lives, as teens and as adults.</td>
</tr>
<tr>
<td>14. Choosing abstinence means a person does not have to worry about getting HIV or other STDs from sex.</td>
<td>True</td>
<td>Abstinence is a 100% effective way to not get an STD from sex.</td>
</tr>
<tr>
<td>15. A person who abstains from sex can still get HIV.</td>
<td>True</td>
<td>HIV is also spread by sharing needles with someone who has HIV.</td>
</tr>
</tbody>
</table>
Activity 2
Protection Brainstorm

Time: 15 minutes

The purpose of this activity is to develop positive attitudes about the behaviors that protect against HIV (abstinence and condoms) by doing a brainstorm about the benefits of each. The focus is not skill-building.

1. Introduce the activity.

“One of the ideas that we saw on the worksheet - that keeps coming up in this unit - is that you can prevent getting HIV and other STDs. We’re going to spend a little time focusing on two of the very best ways to prevent getting HIV and other STDs: abstaining from sex and using condoms.”

2. Do a brief classroom brainstorm of all the good things your students have ever heard, or could imagine, about abstaining from sex. It is okay if they use humor or come up with far-fetched benefits.

3. During the brainstorm, write the list on the board. Title it “Benefits of Abstinence”. If students come up with drawbacks, acknowledge them but do not add them to the list.

4. Add benefits of abstinence that students miss. Keep the list posted for the rest of the class.

Benefits:
- No risk of HIV and other STDs
- No risk of pregnancy
- Free
- Effective for a person of any age
- Effective for a person of any sexual orientation
- Effective whether or not a person has had sex before
- Helps protect a person’s health and future goals
- Enhances responsibility and mutual respect between partners
5. Do a second brief classroom brainstorm, this time of all the good things your students have ever heard, or could imagine, about using condoms. Like before, it is okay if they use humor or come up with far-fetched benefits.

6. During the brainstorm, write the list on the board. Title it “Benefits of Condoms.” If students come up with drawbacks, acknowledge them but do not add them to the list.

7. Ask the class if they see anything on the “benefits of abstinence” list that would also work for the “benefits of condoms” list? Add them. (There will be a lot in common.)

8. Add any benefits of condoms that students miss.

Benefits:
- Prevents HIV and other STDs
- Prevents pregnancy
- Lots of choices
- Easy to use
- Easy to get
- No prescription needed
- Cheap (Free at some clinics)
- Helps protect a person’s health and future goals
- Enhances responsibility and mutual respect between partners

9. Conclude the lesson by discussing why people are so successful with abstinence and condoms, based on the lists of benefits.

"These lists have a lot of great benefits of abstinence and condoms! When you look at the lists, do you see any benefits that might explain why so many people choose abstinence and use condoms at different times in their lives? (Any benefit they give is fine.) What do you see that might explain why teens, in particular, are so successful being abstinent and using condoms? (Again, any benefit is fine.) Your lists give a lot of insight into why people have so much success protecting themselves from HIV and other STDs.”
True/False Risk Worksheet

Read each of the following statements about the risk of getting HIV and other STDs. Decide whether it is true or false.

____ 1. It is risky to hug someone who has HIV.
____ 2. It is risky to kiss someone who has HIV.
____ 3. It is risky to play sports with someone who has HIV.
____ 4. The best ways to protect yourself against HIV and other STDs is to not have sex and not inject drugs.
____ 5. It is risky to donate blood.
____ 6. It is risky to receive donated blood.
____ 7. It is risky for a person to put a needle in their body after it has been in someone else’s body.
____ 8. It is risky to have sex without using a condom.
____ 9. It is risky to have sex without using a condom, even if the person has no STD symptoms.
____ 10. Using a condom makes sex much safer.
____ 11. Using a condom makes sex much safer, even if the other person has HIV.
____ 12. If a young teen dates an older teen, they are more at risk of getting an STD.
____ 13. A person can choose abstinence at any point in their life.
____ 14. Choosing abstinence means a person does not have to worry about getting HIV or other STDs from sex.
____ 15. A person who abstains from sex can still get HIV.
Abstinence & Puberty
Puberty is the time when your body changes from a child’s body to an adult body. Puberty usually begins between the ages of 9 and 16.

During puberty, glands in your body begin to produce hormones—chemicals that cause the changes of puberty. Hormones signal the different parts of your body to grow and develop.

The 2 main hormones that help female bodies to grow and change are estrogen and progesterone. The main male hormone is testosterone. Women make testosterone too. But men make about 10 times more testosterone than women. Men also make estrogen and progesterone. But women make about 10 times more estrogen and progesterone than men.

Emotional Changes

Your body isn’t all that changes. Your feelings change, too. Hormones can cause you to be more emotional and have ups and downs in your feelings. Quick mood changes can be hard to handle.

Sooner or later, most young people worry about their bodies and their feelings. Girls who get breasts and boys whose voices get deeper before anyone else in the class might feel self-conscious.

Those who change later may envy their more “grown-up” friends. They may worry about when they will catch up.

It’s no fun to feel different from your friends. But in a few years, the changes even out. Try to remember that every body is different. Each person has a personal time clock that determines when he or she will start puberty. Some people will mature earlier and some later.
Boys

- Shoulders get broader.
- Muscles grow.
- Voice gets deeper.
- Hair grows under arms and on arms, legs, chest and face.
- Hair grows around the penis and testicles (pubic area).
- Penis and testicles grow larger. One testicle usually hangs lower than the other. This is normal.
- Boys’ breasts may feel tender and grow a little. This is normal. It will go away.

Girls

- Hips get wider.
- Waist gets smaller.
- Hair grows under arms.
- Hair grows around the vulva (pubic area).
- Breasts develop. One breast sometimes grows larger than the other. This is normal.
- The vagina makes a white, sticky substance. This is normal. It’s how the vagina cleans itself.
- Menstruation (“having periods”) starts any time from age 9 to 16.

Boys & Girls

- Grow very quickly.
- Sometimes feel clumsy.
- Sweat more and have body odor.
- Get oilier skin and have some pimples.
- Have aching muscles and joints (“growing pains”).
- Girls usually begin puberty 1-2 years before boys do.
A Time of Change  (continued)

Social Changes

As you grow older, you find that friends become more important. You want to be liked. You want to fit in. But sometimes you may feel left out and lonely. Almost everyone does.

Find friends who like you for yourself. Be open to making new friends. If you feel that you don’t fit in, changing friends might be the key.

You also may begin to develop romantic feelings toward others. This is normal. It is important to learn how to express these feelings in ways that are appropriate, respectful of others and protect your future.

Often, young people have problems at home during these years. You want a new, more adult relationship with your family. But you may be unsure of how to get it. This is a time of change for your parents, too. They must learn how to live with you as a more grown-up person. It can be hard for all of you.

Remember that you’re not alone.

The changes of puberty happen slowly. Growing up will take months and even years. Each one of us has our own way of growing and developing—a way that is just right for us. Take good care of yourself. Eat well. Get enough rest. Exercise. Keep yourself clean. This will help you look and feel good. Think about the person you want to be. This can help you make choices that are right for you.

Fact

Puberty begins about 5 years earlier now than it did in the 1800s.

Fact

On average, girls experience the first stages of puberty about 1 year earlier than boys.
Directions: Complete the statements. You may be asked to share some of your answers.

What I already knew about puberty was...

What I learned about puberty was...

What surprised me about puberty was...

What I’d like to know more about puberty is...

Self-Check
☐ My work is thoughtful.
☐ My work is neat and complete.
Reproductive Organs

Directions: Write the name of the organ by its definition.

**Internal**

- A muscular tunnel that connects the external and internal reproductive organs.

- A pear-shaped organ, about the size of a fist. It's where a fertilized egg grows and develops while a woman is pregnant.

- Almond-sized organs that make female hormones and hold eggs.

- Tubes that come out of each side of the uterus.

- The end of the uterus that connects it to the vagina.

- The external female reproductive organs.

- The fatty tissue covering the pubic bone, above the vulva.

- Inner folds of skin that surround and protect the other external organs.

- Outer folds of skin that surround and protect the other external organs.

- A pea-shaped organ full of nerve endings. Its purpose is to provide sexual pleasure.

- Urine leaves the body through this opening.

**External**

- Vulva

- Mons pubis

- Outer lips (labia majora)

- Inner lips (labia minora)

- Clitoris

- Vaginal opening

- Urinary opening

Self-Check

- I read and followed directions.
- My work is neat and complete.
- This is my best work.

Abstinence & Puberty

HEALTHSmart Middle School © ETR Associates
Ovulation is the release of an egg from an ovary. Every month while a woman is fertile, her ovaries release an egg. On average, a woman will release about 500 eggs in her lifetime. All the eggs a woman will ever have are already in her ovaries when she is born (about 300,000). About 14 days before a woman’s period, one of her ovaries releases an egg into the fallopian tube. Finger-like projections pull the egg into the tube.

The egg travels down the fallopian tube to the uterus. It usually takes about 5 days. After it reaches the uterus, the egg is shed with some of the uterus lining during a woman’s period.

If a woman has intercourse while an egg is in the fallopian tube, and if the sperm fertilizes the egg, it results in conception. The fertilized egg travels down the fallopian tube and attaches to the lining of the uterus. This is the beginning of pregnancy.

If more than 1 egg is passing down the fallopian tube when sperm are present, it is possible that more than 1 egg may be fertilized. This would result in twins or even a multiple birth—such as triplets. Twins are called “fraternal” when they are from separate fertilized eggs. Fraternal twins don’t look exactly alike because they begin as separate eggs.

Twins are called “identical” when they are from a single egg and sperm. As the fertilized egg cell divides and grows, it separates into 2 parts and each part forms a separate embryo. Identical twins look so similar, it is difficult to tell them apart.

The ripe egg is as small as the point of a needle.

The uterus is one of the strongest muscles in the body.
Menstruation

Menstruation, or having periods, begins during puberty. Most girls have their periods regularly. That is why it’s called a menstrual cycle. Cycles can be different lengths. The average cycle is 28 days. Some are as short as 22 days, others are as long as 40 days. During the first year or so, a girl’s cycle may not be as regular as it becomes later.

In every menstrual cycle:

- The lining of the uterus leaves the body through the vagina in a menstrual period. The uterus has become thick and enriched with blood, in case it needs to support a fertilized egg through a pregnancy. The unfertilized egg that has traveled down the fallopian tube and into the uterus leaves the body with the menstrual flow.
- The amount of bloody fluid and the number of days a period lasts is different for different women. This stage may last up to 7 days.
- After the woman’s period, a new egg starts to ripen in one of her ovaries. The lining of the uterus grows thicker, in case it receives a fertilized egg. This stage takes 6-12 days.
- About 2 weeks before a woman’s next period, one of her ovaries releases an egg into the fallopian tube. This is called ovulation. It is the time when a woman is most likely to become pregnant if she has intercourse.
- Trying to predict when a woman can get pregnant is not an exact science. Because the time of ovulation can vary each month, there is absolutely no way to know when pregnancy can occur.
- After ovulation, the egg travels into the uterus. If it hasn’t been fertilized, it will leave the body with the next period in about 2 weeks.

Menstruation is a normal, healthy part of life. Girls can do everything they usually do while they are menstruating—exercise, swim, bathe and participate in sports.
The more you know about how your body works, the more likely you will know what’s normal for you.

**Here are some ways to stay healthy:**

- Some girls and women get cramps the first day of their periods. These can be dull, achy pains in the abdomen. They can also be sharp and painful.
- You can prevent or minimize cramps by exercising regularly, eating a well-balanced diet, and getting enough rest. Using a heating pad on your abdomen and taking over-the-counter pain relievers can also help. If cramps are severe, see your doctor.
- Practice good hygiene by showering or bathing daily with mild soap. Keep the vaginal area clean and dry. A healthy vagina has a normal discharge that keeps it clean and protects it from infection.
- If you use tampons when you are menstruating, change the tampon every 3-4 hours, and wear a pad at night. Tampons have been connected to a rare but serious disease called toxic shock syndrome. See your doctor if you have any of these symptoms while using a tampon: high fever, vomiting, diarrhea, feeling light-headed, aching muscles, headache and a rash that looks like a sunburn.
- Protect yourself from unplanned pregnancy and disease by staying abstinent. Sexually transmitted diseases (STDs) are infections spread by having sex. Most STDs can be cured, but some, such as HIV, are life-threatening.

**STD symptoms include:**

- Sores on vulva or vagina
- Heavy vaginal discharge that itches, burns or smells
- Pain in the pelvic area or deep inside the vagina
- Bleeding that is not part of a regular period

Talk to a doctor, school nurse or parent if you have any of these symptoms. Some STDs have no symptoms. STDs can be passed to others if they’re not treated by a doctor.

- Once girls reach the age of 16-18, they should have regular pelvic exams. During the exam, a doctor checks the reproductive organs. It takes only a few minutes. You and your doctor can decide how often you need a pelvic exam.
- A woman’s breasts are also part of the reproductive system. Breast cancer is most common in women over age 35, but it can affect younger women too. All women should check their breasts for lumps every month. A doctor can show you how to check your breasts. If you feel a lump in your breast, see your doctor.
MALE REPRODUCTIVE ORGANS

The male reproductive system includes the penis, urethra, scrotum, testicles, epididymis, vas deferens, seminal vesicles and prostate gland.

The penis is made up of spongy tissue. Most of the time it is soft and limp. But when a man becomes sexually excited, the tissue of the penis fills with blood and it becomes firm and erect. This happens during sexual intercourse. It can also happen during sleep.

The testicles are located in the scrotum, which hangs behind the penis. Men have 2 testicles, which are about the size and shape of small plums. They make the male hormone testosterone and produce sperm, the microscopic male reproductive cells. Every day, a healthy male produces several hundred million sperm. They are stored in the epididymis. Sperm that aren’t ejaculated get broken down and reabsorbed.

The testicles make sperm best at a few degrees cooler than normal body temperature. The testicles hang outside the body in the scrotum to keep the sperm cool. If the testicles get cold, the scrotum hugs the body to warm them up to the best temperature for making sperm. If the testicles get too warm, the scrotum hangs low to cool them down.

The urethra is the tube that carries sperm to the outside of the body through the penis. It is also the tube through which urine leaves the body. Urine and semen never travel through the urethra at the same time.

As new sperm are produced in the testicles, they pass through a tube called the vas deferens. The seminal vesicles produce a fluid that gives the sperm energy and helps them move. The sperm continue to move through the vas deferens to the prostate gland. The prostate gland makes fluid that mixes with the sperm to form semen.

Semen contains millions of sperm. It is released (ejaculated) from the penis during sexual intercourse. After ejaculation, millions of sperm travel through the woman’s reproductive system. If one sperm reaches an egg, it may enter it. When the sperm and egg combine, it’s called fertilization. When the fertilized egg implants in the uterus, it’s the start of a pregnancy.
CIRCUMCISION

In newborn boys, a flap of skin called the foreskin covers the tip of the penis. Sometimes the foreskin is removed in an operation called circumcision. Circumcision is performed for religious and cultural reasons. It has no effect on penis size or how the penis works. Uncircumcised men should gently pull the foreskin back and wash it when they bathe.

STAYING HEALTHY

Practice good hygiene by showering or bathing daily with mild soap. Keep the genital area clean and dry. Protect yourself from unplanned pregnancy and disease by not having sex (being abstinent). Sexually transmitted diseases (STDs) are infections spread by having sex. Most STDs can be cured, but some, such as HIV, are life-threatening.

STD symptoms include:
- A need to urinate often
- Burning and pain when urinating
- Drip or discharge from the penis
- Sores, bumps or blisters near or on the penis, testicles or mouth

Talk to a doctor, school nurse or parent if you have any of these symptoms. Some STDs have no symptoms. STDs can be passed to others if they're not treated by a doctor.

TESTICULAR SELF-EXAM

It's important for young men to check their testicles for signs of testicular cancer every month. Cancer of the testicles is a common cancer in young men. It can usually be cured if it's found early. A self-exam is the best way to find any changes that could be early signs of cancer.

Your testicles should feel solid, but a little spongy, like hard-boiled eggs without the shell. The testicles shouldn't ache or feel sore or painful. If you feel any lumps in either testicle, see your doctor.
1. What is the function of the scrotum?

2. Where are sperm made?

3. What 2 functions does the urethra have?

4. Why is it important to perform monthly testicular self-exams?

5. What are some symptoms of STD?

Fact

Men can't "run out" of sperm. The body keeps making them as long as the man has 1 normal testicle.

Fact

If you think you might have an STD, get checked out. Don't just hope the STD will go away. It won't!

Self-Check

- [ ] I read and followed directions.
- [ ] My work is neat and complete.
- [ ] This is my best work.
Directions: Read the questions and offer advice.

Question 1

I'm in the 6th grade and I feel like my emotions are out of control. One minute I'm happy and OK, and the next minute I'm upset and confused. My mom tells me I'm going through puberty. What does that mean? Is this normal? What can you tell me that will help?

Your advice

Question 2

I've heard that almost everyone has sex by high school. Is this true? I don't want to. What are some good reasons not to?

Your advice

(continued)
Ask the Expert

Question 3  ➡ Your advice
My sister started getting her period last year. At first, she got it almost exactly every 28 days, but lately it has been on a different schedule and she's had more cramps and pain. Is this normal? What should she do?

Question 4  ➡ Your advice
I read that Lance Armstrong, the bicycling champion who won the Tour de France, had testicular cancer. How can you tell if you have it?

Self-Check
☐ We did our best work.
☐ Our ideas are clear and complete.
☐ Everyone contributed to the group.
Directions: For each type of relationship, list the 3 traits that are most important to you.

Family Relationships
1. 
2. 
3. 

Friendships
1. 
2. 
3. 

Romantic Relationships
1. 
2. 
3. 

Self-Check
☐ My work is thoughtful.
☐ My work is neat and complete.
**Benefits of Abstinence**

**Directions:** Read the definition of abstinence. Then list what the top 5 benefits for you would be.

Sexual abstinence means choosing not to participate in any sexual activity that can result in pregnancy or a sexually transmitted disease (STD).

1. 
2. 
3. 
4. 
5. 

**Self-Check**
- My work is thoughtful.
- My work is neat and complete.
Directions: Write a letter to a 6th grade boy or girl. Explain why he or she should remain abstinent.
I can help others remain abstinent by:

1. 

2. 

3. 

4. 

5. 

Directions: List 5 ways you can help others remain abstinent.

I intend to help others remain abstinent by:

Directions: List 1 specific action you intend to take to help others remain abstinent.
Directions: To help you create a plan to remain abstinent, complete these statements:

1. My top 2 reasons for being abstinent:
   
2. Places and situations that might make it hard to stick to my choice:
   
   **Places:**
   
   **Situations:**
   
3. I can avoid these places and situations by:
   
   
   
   
   
4. People who will support my decision to wait:
   
   **Write their names here:**
   
   
   
   
5. I will tell this person about my choice to remain abstinent:
Directions: Read the following scenarios. Use the Resisting Sexual Pressure skills to write your response to the pressure lines. Make sure you send a clear abstinence message.

Scenario 1  Come to My Place

Robin has passed you a note. It says that Robin's mom and dad are not home and Robin wants you to come over after school. You think you know what Robin has in mind, and you really like Robin, but you’ve made a choice to remain abstinent. You meet after school to discuss the situation.

1 Robin:  Mom and Dad are both gone and this will be our chance to be alone.
You: ________________________

2 Robin:  But I thought you liked me.
You: ________________________

3 Robin:  What's the matter? Don't you trust me?
You: ________________________

4 Robin:  I don't know why you're making such a big deal out of this!
You: ________________________
Most teens say they would prefer to get information about sex from their parents, but get much of their information from the media.

In 2001, 84% of TV sit-coms and 69% of TV dramas depicted sexual intercourse or talked about sex.

Scenario 2 Party Time!

You’re at your friend’s birthday party. Everyone’s hanging out downstairs. There are no parents in sight. Some kids start pairing off and making out. Chris suddenly appears and suggests that you find a place to be alone. You really like Chris, but you feel uncomfortable and don’t know what to do.

1 Chris: Let’s go into the other room where we can be alone.
   You: 

2 Chris: Come on, I really want to get to know you.
   You: 

3 Chris: What’s the big deal? No one will even know we’re gone.
   You: 

4 Chris: I thought you liked me.
   You: 

5 Chris: Everyone else is making out. What’s the matter with you?
   You: 

Self-Check

☐ We did our best work.
☐ Our ideas are clear and complete.
☐ Everyone contributed to the group.
Directions: List 2 goals in each box.
(Dreams are fine, too.)

Part 1

Before I leave this school, I want to:
1. 
2. 

Before I graduate from high school, I want to:
1. 
2. 

By the time I turn 25, I want to:
1. 
2. 

Part 2

Directions: Write a paragraph about how becoming a teen parent would affect your goals.

Self-Check
- My work is thoughtful.
- My work is neat and complete.