THERESA
AXFORD
Superintendent of Schools

To Excellence in the Monroe County Schools

Dear 7th Grade Health Educators:

The following modifications will be made to the FLASH Curriculum to better suit the needs of our students population and grade level progression.

7th Grade Progression:
Lesson 1: Introduction
Lesson 2: Reproductive System
Lesson 3: Sexually Transmitted Disease
Lesson 4: HIV & AIDS Basic Facts
Lesson 5: Pregnancy
Lesson 6: Touch and Abstinence

Each lesson has modification and recommendations for MCSD in the front of each section. Please follow the recommended changes, as they support you the teacher in delivering this sensitive content.

Sincerely,

Marissa Malone-Means
Coordinator of STEM & Health
305.293.1400 ext. # 53357

Introduction

Grades 7, Lesson #1

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
4. Examine "privacy" through large group discussion, using Introduction Transparency 1.
5. Mention your availability for private discussion.
6. Examine vocabulary through large group exercise, using Transparency 2.
7. Generate anonymous questions.
8. Have students begin a FLASH notebook section.
9. Anonymous Question Box activity.
10. Optional: Assign homework.

Materials Needed

Classroom Materials:

- Anonymous Question Box
- *Introduction Transparencies 1-2* and overhead projector or document camera

Student Materials: (for each student)

- *Family Homework Exercise: Introduction*

Activities

1. The purpose of this unit is to discuss Sexual Health:
   Say:
   - ***People make healthier decisions when they have thought about what they believe and when they have correct information.***
   - ***It is important to learn how to talk about sexuality ... so you can talk with your family, your doctor, and even help a friend.***

2. Establish ground rules.

   Standard ground rules:

   List or post them on the blackboard. Feel free to add to the list.

   - "Be respectful." (including one's self)
   - "Any question is a good question."
   - "Protect people's privacy/confidentiality." (i.e., questions about friends and family members should NOT include their names or identities. It's more considerate to say "Someone I know had an acne problem. What causes that?" rather than "My sister had an acne problem...")
   - "Agree to disagree."
   - "It's OK NOT to answer a question." (In fact the teacher may choose to "pass" on a question if it is too personal or inappropriate for classroom discussion.)
   - "Be considerate of other people's feelings."

   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.

3. *Say*: ***"Privacy." means different things to each of us, and for each of us there are degrees or levels of privacy. Using Introduction Transparency 1, give examples of the kinds of information a person might share at each level of privacy. For example:***

Who	What You Might Share
Strangers...	how you feel about the weather, who won last night's football game, where the cafeteria is;
Acquaintances...	your name, your favorite rock group, your homeroom, how you feel about math;
Casual Friends...	your hobbies, your nickname, how you feel about your English teacher, your religion, where you live;
Close Friends...	your nickname when you were a baby, how you feel about your boyfriend/girlfriend, what really makes you mad or sad;
Best Friends, Family and Trusted Friends- of-The-Family...	what really hurts your feelings, what really scares you;
Yourself only...	which grandparent you love most, the most embarrassed you have ever been.

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.

Say: ***It is not appropriate to share the most personal things in a class.***

4. *Say*: ***If there are very personal concerns someone wants to discuss with me, I am available to refer you to the appropriate personnel.***

5. Introduce "vocabulary" (See Transparency 2).

Say: ***"When we talk about sexuality in school, we use medical/standard terms, as opposed to slang or baby-talk. That's why we need a unit like this! To get more comfortable talking seriously."***

6. Introduce anonymous question box.

Give each student several slips of scrap paper and a pencil.

Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

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.

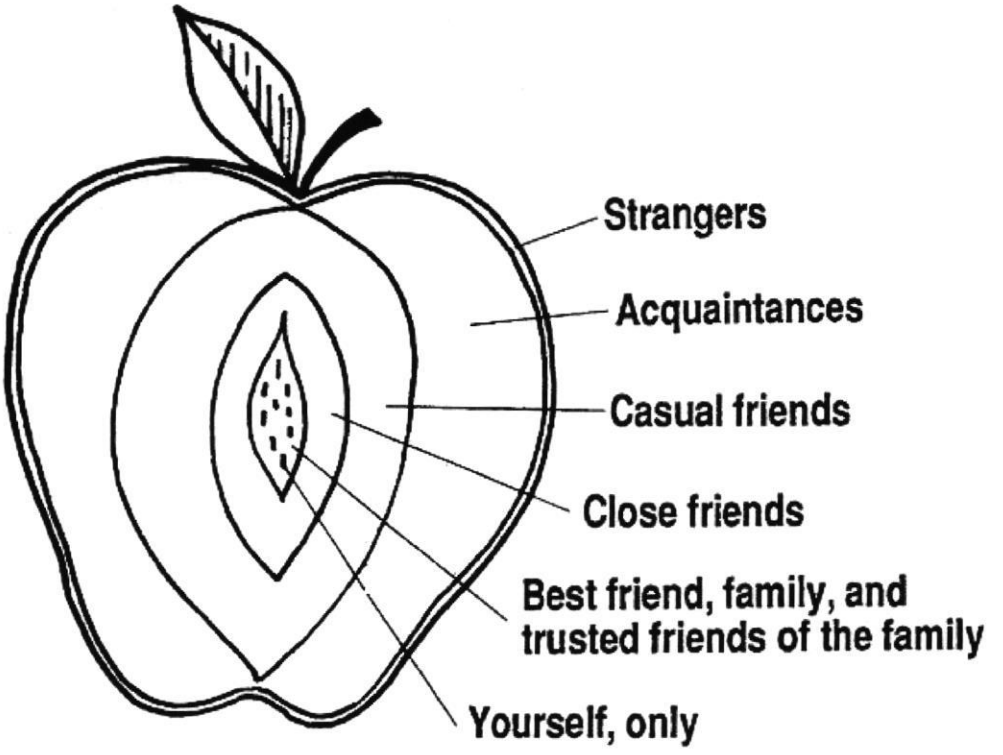
8. Optional: assign homework. Possible assignments might be...

   - Family Homework Exercise: Introduction
     Students will also need to take home The Homework Letter (Appendix B) and 15 extra Family Homework Confirmation Slips. One will be filled out and returned each time they complete a Family Homework Exercise or Family Field Trip, for the rest of the unit...
   - Make a poster or mobile about the ground rules for this unit.

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

Introduction Transparency 1

Levels of Privacy



Introduction Transparency 2

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

WORDS WE WILL USE IN THIS UNIT:

Penis _____
Breast _____
Scrotum _____
Vagina _____
Conception _____
Virus _____
Condom _____
Testis _____
Ovum _____
Sperm _____
Uterus _____
Gene _____
Touch _____
Pregnancy _____

A 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)

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.

Reproductive System

Grade 7, Lessons #2

Time Needed

One class period

Student Learning Objectives

To be able to…

1. Pronounce and describe the function of the 45 terms in the glossary on Reproductive System Reference Sheet.
2. Identify reproductive organs.

Agenda

1. Answer question(s) from the anonymous question box
2. Explain the relevance of the lesson to the unit and to students' lives.
3. Use Reproductive System Reference Sheets 1-3, the board or a document camera, to introduce the anatomy.
4. Anonymous Question Box activity.
5. Assign homework.

This lesson was most recently edited on July 22, 2013.
Alternate formats available upon request.

Materials Needed

Classroom Materials, equipment:

- *Reproductive System Reference Sheets 1 and 2* for a document camera*

Student Materials (for each student):

- *Reproductive System Reference Sheets 1-3*
- *Family Homework Exercise: The Reproductive System*
- *Family Homework Letter* (Appendix B)

Activities

1. **Answer previous lesson's question(s) from the question box.**

2. Say: ***Let's discuss the relevance of the lesson to your lives and to what you have studied so far:***

   Say: - ***Just as we have studied how to take care of a home and a family, we also want to you to work on "how to take care of yourself." The first step is to understand how your own body and other peoples' bodies work. 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. 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.***

3. **Hand out to each student a copy of Reproductive System Reference Sheets 1-3 and review them with students.**

4. **Anonymous Question Box activity – (today's lesson)**
   Give each student several slips of scrap paper

   Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

Homework

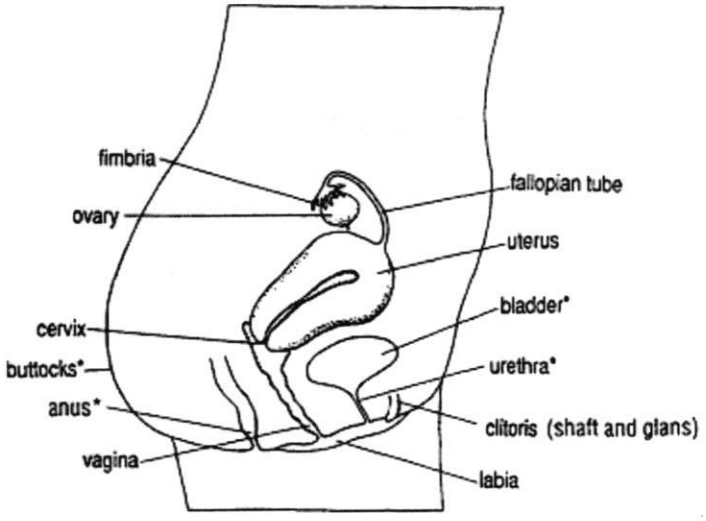
Students' options …

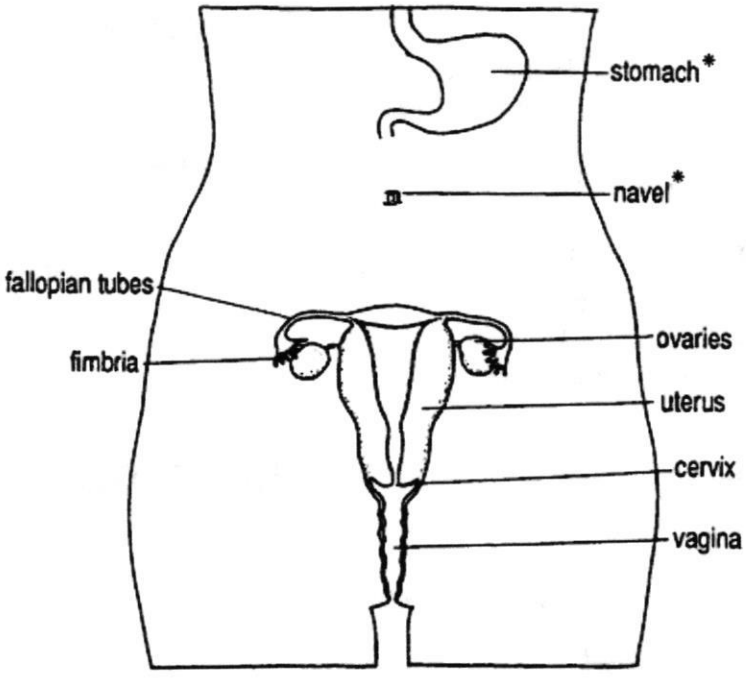
- ***Family Homework Exercise: The Reproductive System***
  Students will need to take home two copies of ***The Reproductive System Worksheet*** to complete this Family Homework. And, as always, students will also need to take home the ***Family Homework Letter*** (Appendix B).
- Complete and turn in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

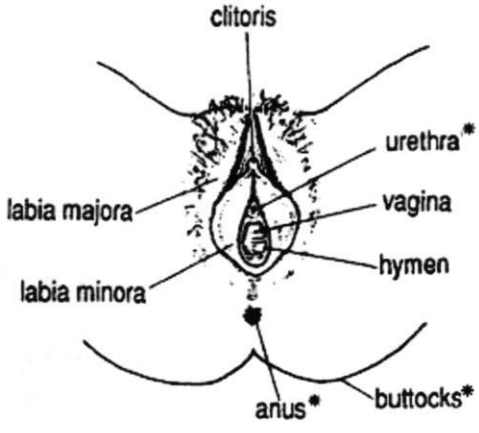
NOTE: If you assign a ***Family Homework Exercise***, it is essential to offer at least one alternative assignment. There will be some students who do not have a family member with whom they feel they can discuss these issues. Also, allow at least a week for ***Family***

Reproductive System Reference Sheet and Transparency 1

The Female





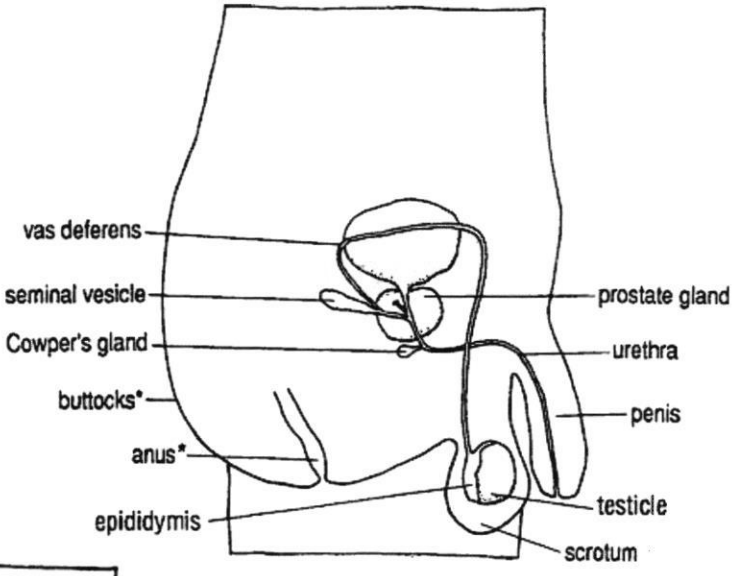


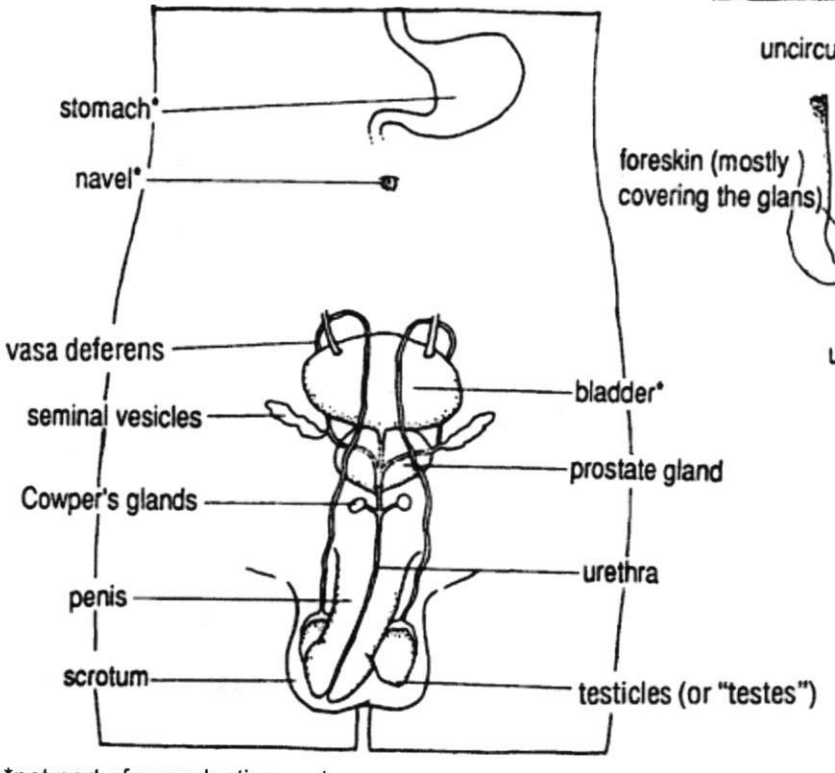
Female genitals or "vulva"

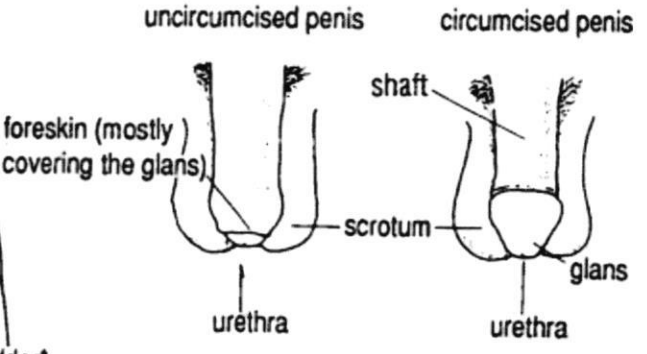
*not part of reproductive system

Reproductive System Reference Sheet and Transparency 2

The male







Male genitals

*not part of reproductive system

NOTE: The Cowper's Glands are also known as Bulbourethral Glands. Medicine is gradually moving away from using the names of scientists to describe body parts.

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 – also called Bulbourethral 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 out side 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 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.

Seminal 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.sexetc.org**, a project of Answer (at Rutgers University).

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.

Sexually Transmitted Diseases

Grades 7, Lesson #3

Time Needed

One class period

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
6. Name the two STDs that can be prevented by getting vaccinated.

Agenda:

1. Answer question(s) from the anonymous question box
2. Explain the relevance of the lesson to the unit and to students' lives and your support for their abstaining.
3. Brainstorm and create a list of STDs.
4. 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.
5. Complete the STD Reference Sheet aloud, as a large group activity.
6. Demonstrate the condom lineup
7. Anonymous Question Box activity

Materials Needed:

Student Materials (for each student):

- *Sexually Transmitted Disease Reference Sheet*

Classroom set (single copy):

- Cards on page 14 - 16 (cut and taped onto separate index cards)
- Condom Line Up on pages 17 - 25 (laminated, if possible, for use multiple class periods, and cut into separate signs)

Activities

1. **Answer question(s) from the anonymous question box – (previous lesson(s).**

2. Say: ***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.

3. Say: ***Today we will look at ways of getting infections. Many people catch infections of the reproductive system by having sex with someone else who has them. 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.***

4. 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	aka HBV and HCV
Gonorrhea	Genital Herpes aka HSV 1 and 2
Syphilis	Human Papillomavirus (HPV) & Genital Warts
Pubic Lice	Cytomegalovirus aka CMV
Scabies	Human Immunodeficiency Virus aka HIV Disease (last stage: AIDS)
Trichomoniasis	
Hepatitis B and C	

   The following are not specific germs; they are named for the location of the infection:

   Pelvic Inflammatory Disease (PID)
   Nongonoccal Urethritis (NGU) or Urinary Tract Infection (UTI)

   It's OK, but not necessary, to include these rare STDs:
   Molluscum contagiosum
   Lymphogranuloma venereum
   Chanchroid

   If someone brainstorms these, list them separately and explain that they are not usually sexually transmitted:

yeast infection	mononucleosis
bacterial vaginosis (BV)	Hepatitis A

- First, post the first three signs taped around the room with as much space between them as possible: **"Life threatening", "Serious consequences",** and **"No serious consequences."**

5. Say: ***I want you to guess some things about STDs even if you don't know for sure.***

6. Say: ***"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 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.

Life threatening[1]	Serious Consequences	No Serious Consequences
• **HIV Disease*** • **Syphilis**** • **Hepatitis B, C***** • **HPV ******** * End stage HIV Disease is what we call "AIDS." ** 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. *** Hep B & C can cause chronic pain, dementia, and even can be fatal, eventually, if they are chronic … that is, if your body doesn't "clear the disease" on its own. We don't know why some people's bodies do & some don't. Remember, though, there is	• **Chlamydia*/**** • **Gonorrhea*/**** • **Pelvic Inflammatory Disease (PID) *** • **Genital Herpes**** • **Cytomegalovirus (CMV) **** * Chlamydia & Gonorrhea, if *un*treated, can lead to PID in women. PID, if not treated early, can lead to infertility, ectopic pregnancy, or chronic pelvic pain. In men, Chlamydia & gonorrhea can lead to epididymitis and chronic scrotal pain as well as chronic pain with urination. Chlamydia & gonorrhea are curable, though. ** Herpes and CMV (and gonorrhea & chlamydia except when they lead to PID) cause serious consequences not so much to teens & adults, but mainly if a baby gets infected during pregnancy or birth. Congenital CMV - meaning present at birth	• **Pubic lice*/**** • **Scabies*/**** • **NGU / UTI*** • **Trichomoniasis*** * All four of these are curable. ** We call pubic lice and scabies "STD's" 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.

8. *Say:* ***"Remember 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.

Curable:	Not Curable:
' Chlamydia ' Gonorrhea ' Syphilis ' Pubic lice ' Scabies ' Trichomoniasis ' NGU / UTI ' Pelvic Inflammatory Disease (except it may have already left scar tissue, before it is cured)	' Genital Herpes (HSV) ' Human Papillomavirus (HPV) & Genital Warts ' HIV Disease ' Hepatitis B, C (HBV, HCV) ' Cytomegalovirus (CMV)

Say: ***All those not caused by viruses – the majority -- are curable. However, the ones caused by viruses aren't curable. They are treatable, and treatment may help with symptoms, slow down the progression of the disease, and even reduce risk of transmission. There are now vaccines available to reduce the chances a person will become infected with Hepatitis B and HPV.***

- Third, take down the old signs and replace with: "Always have symptoms" and "Often DON'T have symptoms."

Say: ***Symptoms are the visible signs that you have a disease. Sneezing may be a symptom of a cold. 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.

Always have symptoms[2]	Often don't have symptoms
' Scabies ' Pubic lice	' Chlamydia ' Gonorrhea ' Human Papillomavirus & Genital Warts ' Genital Herpes ' Hepatitis B, C ' Cytomegalovirus ' HIV Disease ' Syphilis ' Pelvic Inflammatory Disease ' NGU / UTI ' Trichomoniasis

Say: ***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.

- Say: ***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.

Condoms are very effective at preventing[4]:	**Condoms might not cover the place on the body that was infected:**
• HIV Disease • Chlamydia • Gonorrhea • Hepatitis B, C • Cytomegalovirus • Trichomoniasis • NGU / UTI • Pelvic Inflammatory Disease	• Genital Herpes • Genital Warts (caused by HPV) • Pubic lice • Scabies • Syphilis

Say: ***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 genital wart, for instance, might be on a person's scrotum, labia or anus, where as a condom just wouldn't cover it. Or they could shed virus there, even when there was no sore or wart visible. NO DISEASES TRAVEL <u>THROUGH</u> LATEX OR POLYURETHANE.***

9. Hand out the STD Reference Sheet and fill it out together, as a large group. 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.

   Here are the correct answers and explanations:

   1. There are more than **<u>30</u>** different STDs.[5]

      Explanation/Note: We discover new ones all the time; eight have been discovered since 1980.[6] 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 B & C**
   - **HIV**
   - **HPV**

   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 B & C**
   - **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, but not cured.

(Although there's no medical cure for them, viruses such as Hepatitis B and HPV sometimes clear from the body naturally.[7] This is similar to how your body eventually clears a cold virus.)

8. Who can get the HPV vaccine and what does it do?
   - **People ages 9 to 26 years old**
   - **Prevents most cases of genital warts and cervical cancer**

   Explanation/Note: HPV vaccine is recommended for every 11 or 12 year old girl and all teenage girls and young women should get it, if they haven't already. It's also available for boys and men between ages 9 and 26. Ideally, the vaccine is administered before onset of sexual activity -- before people are exposed to the viruses -- but people who are already sexually active can still be vaccinated.

   There is also a **vaccine for Hep B**, and it is recommended for all babies, children and teens 19 years of age or younger. Many people will have already received three doses of the Hepatitis B vaccine as part of childhood immunizations. If not, it is never too late to receive this vaccine. The vaccine helps to prevent people from getting the disease or having serious symptoms.

9. 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.

10. 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. Genital warts and herpes sores both disappear, for instance, even though the disease is still in the person's body.

11. What are the most common, early symptoms of STDs ... if people DO have symptoms?
    - **Sores**
    - **Bumps**
    - **Itching**
    - **Unusual discharge**
    - **Pain in your lower abdomen (belly)**

- **Burning (with urination)**

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.

12. 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.) **Note:** Abstinence refers to reframing from ANY risky behavior and can start at any time.
    - 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.
    - Finally, this is an appropriate point to explain what it means to us a condom correctly.
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."
      Important to add: People need to ask the doctor or other provider what infections she tested them for and the results for ***each*** STD that was tested. If the result of one STD test is negative, it doesn't mean that other results are negative as well or that the person was tested for every possible STD.
    - **Tell their partners. Note:** That means anyone with whom he or she has had sex … and encourages 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 a person needs to be retested to make sure the medicine worked, even for those that are curable.

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

- Sex, Etc., a project of Answer (at Rutgers University): **www.sexetc.org**
- Teen Talk by Planned Parenthood: **www.plannedparenthood.org/teen-talk**
- Broward County Health Department 954-467-4700 or www.broward.floridahealth.gov
- Browardprevention.org

10. Say: ***We learned that condoms are an effective way to protect oneself from contracting STD's. Let's learn the correct way to put one on.*** Go through Condom line up with students. Call on volunteers to each hold a card. They will work together to determine the steps for correctly putting on a condom. Review the steps with students to ensure they know the correct order.

11. Anonymous Question Box activity – (today's lesson)

Give each student several slips of scrap paper

Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

12. Close out lesson

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 five 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	Blindness
Infertility	Brain Damage
Cancer of the cervix	All of these
Pain	None of these

7. What STDs have no cure?
   - _____ ___&___
   - _____ _____
   - _____
   - _____
   - _____

8. Who can get the HPV vaccine and what does it do?
   - _____ages_____to_____years old
   - Prevents most cases of_____& _____

9. Which STDs can have no symptoms? ALL OF THEM except:
   - _____
   - _____ _____

10. 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

11. What are the most common early symptoms of STDs … if people DO have symptoms?
    - _____
    - _____
    - _____ing
    - _____ing
    - unusual _____
    - _____in the abdomen (belly)

12. 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.

13. 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.

14. People _ '__ get STDs by hugging, holding hands, cuddling with clothes on, dancing, playing football, brushing someone's hair, etc.

15. If a person thinks he or she might have an STD, he or she should:

- _____
- _____
- _____



16. 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

HIV/AIDS: Basic Facts

Grade 7, Lesson #4

Time Needed

One class period

Student Learning Objectives

To be able to ...

1. Describe how the human immunodeficiency virus (HIV) affects the immune system.
2. Name the four body fluids that transmit HIV.
3. Cite the three most common ways that HIV is transmitted.
4. Define abstinence.
5. Understand the role of condoms in the prevention of sexually transmitted diseases (STDs).

Agenda

1. Answer question(s) from the anonymous question box.
2. Set the stage.
3. Present *HIV Lifeline* and use student worksheet to clarify basic HIV and AIDS information.
4. Use the *Onion Ball Question and Answer Game* to reinforce the concepts.
5. *Anonymous Question Box activity.*

Materials Needed

Student materials:

- *Worksheet: HIV Lifeline, Parts 1-3* (1 copy per student)

Classroom materials, equipment:

- *Transparencies: HIV Lifeline, Parts 1-3* (identical to HIV Lifeline worksheets) *
- Overhead projector
- Various colors of tissue paper
- Questions from *Onion Ball Question Sheet* cut into strips
- Scotch tape
- Pair of scissors

Resources

Background Reading:

- HIV/AIDS: Background Information for Educators http://www.cdc.gov/hiv/topics/basic/

Phone Numbers:

- HIV/STD Hotline: 800-CDC-INFO (Centers for Disease Control & Prevention)
- Planned Parenthood 954-989-5747
- Broward County Health Department 954-467-4700 or www.broward.floridahealth.gov

Preparation

- Find out where people can get HIV tests in your local area

- Make one Onion Ball per class:
  1. Cut out the questions from the *Onion Ball Question Sheet.*
  2. Take tissue paper and form a small ball.
  3. Tape the last question to be answered on to the tissue paper ball.
  4. Take a different colored tissue paper, wrap it around the ball, and tape it together.
  5. Tape the second to last question on the tissue paper. Continue this process until all of the questions have been taped to the ball, with question number one on the outside of the ball.
  6. The final product should be an "onion" with alternating layers of tissue paper and questions.

Activities

1. Answer question (s) from the previous lesson(s) anonymous box questions

2. Set the stage.

Say: ***So far, in this unit, we've talked STD's and Reproductive Health. Today, we'll be talking about HIV and AIDS.***

"Some of you probably remember a lot from previous years' classes. Who has had HIV/AIDS lessons before? Some of you have read a lot on the subject, or seen TV specials, or you've learned a lot from family members about HIV and AIDS. I hope you will share some of what you know today. Keeping in mind our ground rules: Confidentiality."

"But just because you may already know some things about the disease, doesn't mean this class will be boring or that you won't still learn some new things. I guarantee that you will. This class will be useful for everybody, regardless of whether you are male or female, gay or straight. It will be helpful even if you haven't had a boyfriend or girlfriend yet, even if you don't plan to have sex until you are much, much older."

"Most people will need to know about HIV eventually. Maybe your best friend will have a family member with AIDS. Maybe someone at school will be infected. And besides, if you are well informed, you can act as health teachers for your friends, when they may have wrong information or unnecessary fears."

3. Present HIV Lifeline and use student worksheet to clarify basic AIDS information.

Show the *HIV Lifeline Transparencies, Parts 1-3.* Pass out *HIV Lifeline Worksheets, Parts 1-3,* and ask students to write on their worksheets as you write on the transparencies.

Box #1:

Ask: ***"Does anyone know what the letters H I V stand for?"***

Write on the transparency/document camera worksheet: **H**uman **I**mmunodeficiency **V**irus.

- *Human refers to people not to animals or insects. Only people can have HIV.*
- *Immunodeficiency is the words —immune‖ and —deficiency‖ smashed together into a compound word.*
  - *Your immune system is made up of the parts of the body that fight infections*
  - *A deficiency is not enough of something.*
  - *So immunodeficiency is not enough ability to fight infection.*
- *A virus is a very small kind of a germ.*

Box #2

Say: ***"There are two important parts of the immune system that you need to understand to make sense of HIV."***

Write on transparency: T-cell and Antibody.

Explain:

- ***A T-cell is a specific kind of a white blood cell that is the boss or —conductor‖ of the immune system. HIV attacks and kills T-cells. They are called T-cells because they mature in the thymus gland, which is between your lungs.***
- ***An antibody is one of the fighters of the immune system. HIV antibodies try to kill off HIV. They do kill some. They never kill them all. Antibodies are made by B-cells (made in bone marrow), which are told what to do by T-cells. When too many T-cells die, there is no —boss‖ to tell the B-cells what to do.***

Box #3

Say: ***"What four body fluids can transmit HIV?"***

Write on transparency: Transmit, Blood, Semen, Vaginal Fluids, Breast Milk

Explain:

- ***To transmit a germ is to pass or carry it from one person to another.***
- ***Semen is the fluid that carries sperm.***
- ***Vaginal fluid is the wetness in a woman's vagina.***

Box #4

Say: ***"Tell me the body fluids from which people don't catch HIV?"***

Write on transparency: Spit/Saliva, Pee/Urine, Sweat, Tears.

- If the saliva or urine were bloody, HIV might be

transmitted. Show the transparency, *HIV Lifeline, Part 2.*

Box #5

Say: ***"This is Student X. He has HIV. How might he have gotten infected? What are the three most common ways that people get infected with HIV?"***

If students respond with less likely or impossible means of transmission, clarify which are unlikely and which are impossible. Focus on the 3 most common means of transmission.

Write on the transparency: Had sex without a condom, Shared needle, and Got from Mom (during pregnancy, birth, or while breastfeeding).

Explain:

"Student X is 14 years old and in the 9th grade. Most students in middle school and junior high are not having sex, but Student X is. He actually got infected 1 week ago by having sex without a condom with someone who has HIV."

"Imagine that this is Student X's lifeline across your worksheet page. He gets older as we move through the numbered drawings. Remember, the way HIV affects a person's body is very different if they have the right medicine vs. having no medicine at all."

"This* [Box 5] *is the day that Student X got infected. From this day forward Student X has HIV and could transmit it."

Box #6

Say: ***"Student X could find out that he has HIV if he knew to get tested. The standard HIV test looks not for the virus itself but for antibodies to it. Remember, antibodies are a part of your immune system; they fight off germs. But Student X got infected only a week ago, so he wouldn't have enough antibodies built up yet to show on a test. It will take 4-12 weeks for him to build up enough antibodies to show up on a test. After three months, an HIV test would tell him for sure that he is infected If he hadn't gotten infected, it would tell him that, too.*** **(97% of people tested have antibodies by three months; in rare cases, it takes up to 6 months).**[1]

Note: (If students ask: People at high risk – men who have sex with men, for example – can be tested in some clinics just 9 to 11 days after exposure using a more expensive RNA test that looks for virus, rather than antibodies.[2] The more common test is an antibody test, 3 months post-exposure.)

"But Student X feels fine, so it doesn't occur to him to get tested. About one in five people with HIV don't yet know they are infected.[3] Just because he doesn't have symptoms, of course, doesn't mean he can't spread the disease. He has HIV and he can give it to others if he shares a needle with them or has unprotected sex with them. In fact, because Student X has only recently been infected, and because he doesn't yet have many antibodies to fight the infection, he is even more infectious than he will be later on and more of a risk to people he might have sex with or share a needle with."

Write on transparency: 3 months and Antibodies.

Box #7

Say: ***"Then, probably for years, Student X will NOT have any symptoms that show he is infected with HIV. He'll feel fine and healthy, and he will keep going to work or school. This is called being —asymptomatic.‖ It doesn't mean the HIV has gone away. It hasn't. It is gradually multiplying in his body, killing off T-cells as it multiplies. Remember T-cells are a kind of white blood cell. They direct the immune system by telling B-cells to make antibodies to fight germs, including HIV."***

"But Student X feels fine because he had so many T-cells to begin with that he was able to keep fighting off other germs even as the HIV began to kill off his T-cells. The average person with HIV is in this asymptomatic phase where he or she feels perfectly healthy for about 8 to 11 years. But that's just an average. It could be just a couple of years. It could be up to 15 years even without treatment.[4] But we'll come back to that."

Write on the transparency: 8-11, Symptoms, and Asymptomatic.

Box #8

Say: ***"It has been ten years, so Student X is now 24. He never got tested. If he had, he would have been advised to begin HIV medication[5] before his immune system was so depleted. He didn't know to start taking medicine, so his HIV is starting to win the fight against his immune system. HIV has killed off enough of his T-cells that his immune system is seriously weak. Student X suffers often from nausea and diarrhea. He is so tired that many days he can't get out of bed. The doctor tells him that he now has AIDS, the last stage of HIV infection."***

"Student X happened to get nauseous and tired. People with HIV and not on medication get lots of different infections and conditions that they just can't fight off very well: certain life- threatening cancers, pneumonias, and other things that people with healthy immune systems almost never get. If Student X gets one of a long list of specific diseases and conditions, or if the number of T-cells in his blood drops so low that it is clear he will get sick soon (below 200 cells per milliliter of blood), then his HIV-infection is called —AIDS.II"

Write on the transparency: 24 and AIDS

Box #9

Ask: ***Does anyone know what the letters A I D S stand for?***

Write on the transparency: Acquired Immune Deficiency Syndrome

Say:

- ***To acquire is to get or catch. HIV is something that you can only get from someone who has the infection. It's not in your genes.***
- ***Immune refers to your immune system (the parts of the body that fight infections.)***
- ***Deficiency is not enough of something.***
- ***A syndrome is a collection of <u>symptoms</u> (what people feel) and <u>signs</u> (what can be seen or measured – like a temperature).***

"So AIDS is the last stage of HIV infection when HIV (a virus that you get from other people) has destroyed so much of your immune system that your immune system doesn't have the ability to fight infections, and you start to have a variety of signs and symptoms and dangerous diseases."

Box #10

Say: ***"Now Student X has AIDS. He goes in and out of the hospital multiple times. First, he gets pneumonia and goes into the hospital while the doctors treat the pneumonia. Then when he is over the pneumonia, he goes home. Then a few months later, he gets a serious eye infection and goes back into the hospital. Then he gets better again. And so on.***

"Finally, if he has no medication (didn't realize he was infected at first or chose not to find out, or didn't get monitored, or the care was too expensive, or maybe he can't remember to take pills, etc.) he will probably die from something his body can no longer fight off. Years ago, the average person diagnosed as having AIDS, lived another two years or so. But that was just an average. Student X might have lived longer. He might have died sooner. As far as we know, almost everybody with HIV and not on medication will eventually get sick enough that we consider them to have AIDS and die from something their body can no longer fight off. Nowadays, it is more common for a person with HIV to live a long time. Because the HIV medications work so well, they are allowing persons with HIV to live longer and die of non-HIV related causes.[6] However, this does not mean it is an easy disease to live with."

Write on the transparency: 2.

Show the transparency, *HIV Lifeline, Part 3.*

Box #11

Say: ***"Okay that was a lifeline of someone who had HIV and did not tested or treated. 90% of the HIV/AIDS cases in the world are in developing countries where quality treatment is not easily available or in parts of the United States where people can't afford treatment.***

Let's talk about how treatment affects the life of someone with HIV. As we said earlier, on average a person with HIV would be in the asymptomatic phase—where she feels healthy and does not have any symptoms—for about 8 to 11 years. If Student X is taking effective HIV treatment, he might stay healthier for much longer. We're not sure how long because the medicines are relatively new. The pills don't seem to help everyone, but they help the great majority of people. Largely because of these treatments, more people with HIV are living longer."

Write on the transparency: Longer

Box #12

Say: ***"If Student X started taking effective treatment, his life would be very different. He would now have to take at least one pill with three medicines in it every day. Some people, especially those who've been treated for a long time, may need to take a lot of pills everyday -- up to 10 or more, often twice a day. If he skipped any, or took them at the wrong times, they might not work.***

Sometimes the pills cause side effects, so even though HIV is being mostly controlled by the medicines, the pills may cause nausea, diarrhea, or even diabetes or heart disease."

Say: ***"And the pills don't seem to help everyone. Some people take them and yet HIV continues to multiply and cause damage in their body. This happens most often if the HIV develops resistance to the medicines being used. HIV resistant to anti-retroviral treatments can occur if the treatment recommendations are not being strictly adhered to, for example if persons miss doses or take them irregularly.***

The pills also cost a lot of money. If Student X has insurance, his insurance might pay for all or most of the cost of the pills. If he doesn't have insurance, the government provides HIV treatment for people who cannot afford it."

Write on the transparency: Medicines (pills) can have side effects; Pills don't work for everyone; and Pills cost a lot of money.

Box #13

Say: ***"Let's rewind and go back to the day that Student X got infected. We want to keep Student X safe."***

Write on the transparency: Safe.

Box #14

Say: ***"Student X got infected by having unprotected sex with a person who had HIV. What could Student X have done differently to protect himself from HIV?***

He could have chosen to not have sex. Another word for that is abstinence. "Abstinencell is a fancy word for choosing not to do something. People sometimes decide to abstain from all kinds of things: chocolate, cigarettes, sex, TV, meat and so forth. When people decide to abstain from something, it may be a temporary or long-term decision. So sexual abstinence means choosing not to have sex."

Write on the transparency: Abstinence.

Say: ***"Student X also could have chosen to practice monogamy. Monogamy is when two people have sex ONLY with each other. If both people have been tested and know that they are not infected with HIV (and have no risky encounters that might have resulted in infection since their last test), and if both people are faithful and do not cheat on their partner, then monogamy provides protection against HIV infection."***

Write on the transparency: Monogamy.

Say: ***"Student X also could have used condoms to protect himself from HIV. Condoms greatly reduce the risk of HIV infection. They also protect against unwanted pregnancy and other sexually transmitted diseases. Condoms are***

very effective when used correctly and every time (consistently) [Condoms, consistently and correctly = 3 Cs]."

Write on the transparency: Condoms, consistently, correctly = 3 Cs.

4. Use modified version of or the *Onion Ball Question and Answer Game* to reinforce the concepts.

Have students move the desks back or otherwise make space for the group to stand or sit in a large circle (or modified version of this activity).

Say: ***"Okay, now we are going to play a game to see how much we all remember about HIV.***
This ball has a series of questions on it. I'm going to toss—not throw, but toss—the ball to someone. There is a question on the outside of the ball.

- ***Read the question out loud.***
- ***Choose to answer the question yourself or ask for a volunteer to answer the question.***
- ***Then call on a person with his or her hand raised.***
- ***Once the question has been answered, the person will toss the ball to someone else. This new person will remove the top layer of tissue to find the next question and so on.***

Any questions on how this is going to work?

Toss the ball to the first student. Appropriate answers to each question are listed below.

A. What is the job of the immune system?

- *The immune system helps the body fight off infections and other diseases. It helps keep a person healthy.*

B. What is HIV?

- ***Human Immunodeficiency Virus (HIV)*** *is the virus that causes AIDS. It attacks the body's immune system. Over time, HIV gradually destroys the body's ability to fight off infection and disease. Then people are more likely to get infections and cancers that would not normally develop in healthy people*

C. What is AIDS?

- ***Acquired Immune Deficiency Syndrome (AIDS)*** *is the last stage of HIV infection, when a person's immune system doesn't work very well anymore.*

D. What happens to a person who has HIV?

- *If a person gets infected with HIV, generally he or she will still live for many years even without starting treatment, (unless he gets hit by a car or she dies for some other reason like a heart attack) but people with HIV need to have their health monitored and to start treatment before their immune system is severely weakened.*
- *Soon after he gets infected, his body's immune system will start to fight HIV.*
- *His immune system will make antibodies to try to fight the virus (which become detectable in blood tests usually within 1-3 months), but the antibodies won't be*

able to kill all HIV. (Antibodies are special cells in the blood that fight infection.)

- *Then, probably for years (on average 8-11 years, but usually a lot longer with treatment), she will NOT have any symptoms showing that she's infected. She'll feel fine and healthy and will keep going to work or school. This is called being "asymptomatic." During that time, a person with HIV can still transmit the virus to other people even though he feels fine.*
- *Finally, without effective treatment HIV will eventually damage his immune system so that it is seriously weak. At this point, he may start to get other infections and conditions that he just can't fight off very well. The doctor may say that his HIV infection is now called "AIDS".*
- *Finally, she may die from some condition her body can no longer fight off. The average person, once he gets diagnosed as having AIDS, lives another two-three years or so without effective treatment. With treatment, most people with HIV can live much longer, perhaps as long as non-infected persons. But once treatment for HIV begins it will need to be strictly adhered to for the rest of the person's life.*

E. What are four fluids known to transmit the virus?

- *Blood*
- *Semen*
- *Vaginal fluids*
- *Breast milk*

F. What are the two most common ways that HIV transmission occurs?

1. Unprotected sex with an infected partner. Sex means oral, anal or vaginal intercourse. All three types of intercourse can transmit HIV. (Note: Please refer students to vocabulary worksheet or trusted adult for definition, if asked.)
2. Sharing needles to use drugs.

G. What are other ways that HIV transmission occurs?

- *If a woman is infected with HIV, she can give it to her baby during pregnancy or birth, or by breastfeeding. However, except for moms who have HIV, breastfeeding is the healthiest way to feed a baby.*
- *Doctors, nurses, or other health care workers can be infected with HIV if they get stuck by an HIV-contaminated needle or get HIV-infected blood in their eyes or in cuts.*
- *It is very rare for a patient to get infected with HIV from receiving HIV-infected blood during an operation or receiving an organ from a person infected with HIV. This was a bigger problem before the U.S. began testing the blood and organ supply in 1985. It is still a problem in countries that cannot afford to test their blood and organ supply. This is important to know if you travel to one of these countries.*
- *It is theoretically possible to get HIV from sharing needles for tattoos or piercings. There are no known cases of these two modes of transmission; however, hepatitis B and C have been transmitted those ways. People should never share needles - period. It is safest to have piercing and tattooing done by a professional who follows proper equipment cleaning procedures.*

- *Steroids, like mind-altering drugs, are sometimes taken through needles. Sharing needles could transmit HIV and other viruses.*

H. What are some ways that HIV is not transmitted?

- *Donating blood*
- *Sitting on a toilet seat*
- *Shaking hands*
- *Hugging*
- *Sneezing*
- *Being bitten by a mosquito*

- *Sharing eating utensils, food, or objects handled by people with HIV*
- *Spending time in the same house, school, or public place with a person with HIV*

I. Can kissing transmit HIV?

- *In the twenty-plus years of the HIV/AIDS epidemic, there has only been one case of HIV transmission thought to be from kissing. Both people in this case had **lots** of bleeding from their gums and other sores in their mouths.* [7]
- *You do not need to worry about getting HIV from kissing.*

J. What is the only 100% safe way to protect oneself?

- *Abstinence from injection drugs and all forms of sexual behavior*

K. What is abstinence?

- *"Abstinence" is a fancy word for choosing not to do something.*
- *People can decide to abstain from all kinds of things: chocolate, cigarettes, sex, TV, meat and so forth. When people decide to abstain from something, it may be a temporary or long-term decision.*
- *Even if a person is engaging in a particular activity, abstinence can be started at any time.*

L. How can people find out if they are infected with HIV?

- *They can get a blood test – or, in some places, an oral test where they swab their mouth -- that checks for antibodies to HIV.*
- *Almost everybody with HIV has enough antibodies to show up on a test within three months from the time he or she got infected.*
- *Most people who are infected feel fine for years, so they don't think of getting tested. Some doctors won't do the test unless the patient specifically asks. However, more and more doctors are now making HIV tests a part of a regular office visit, as recommended by the CDC.*[8] *So if you doctor asks you to take an HIV test, it does not mean your doctor assumes you have it. He or she is simply following guidelines for good health.*
- *Generally, people of any age can get tested confidentially at Public Health Department clinics, Planned Parenthood clinics, doctors' offices, and teen clinics.*

M. Most people have sex some time in their lives. What should they know in order to protect themselves?

- *Condoms greatly reduce the risk of pregnancy as well as HIV and other STDs. Condoms are very effective when used correctly every time people have sex that involves a penis.*[9,10,11]
- *Many birth control methods are very effective at preventing pregnancy, but only condoms and abstinence protect against HIV and other STDs. Some people use condoms with another birth control method to protect themselves against pregnancy AND disease.*
- *Dental dams (barriers) are rectangular pieces of latex used to protect both partners when oral sex is performed on the genitals or anus.*

- *The fewer partners a person has in their life and the longer they delay beginning to have sex, the lower their risk of getting or giving HIV or other STDs.*[12]
- *It is safest to practice monogamy with an uninfected partner. Monogamy is when two people have sex ONLY with each other. Before beginning a new monogamous relationship, if either person has taken risks in the past, they should get tested to be sure they are not already infected. Remember, a person who says he or she is monogamous is not the same as that person being monogamous. Be sure you can trust your partner.*

Close the lesson.

Say: ***If you remember one thing from today, I hope you remember that HIV is preventable.***

5. Anonymous Question Box activity

Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

Onion Ball Questions

A. What is the job of the immune system?

B. What is HIV?

C. What is AIDS?

D. What happens to a person who has HIV?

E. What are the four fluids known to transmit the virus?

F. What are the two most common ways that HIV transmission occurs?

G. What are other ways that HIV transmission occurs?

H. What are some ways that HIV is not transmitted?

I. Can kissing transmit HIV?

J. What is the only 100% safe way to protect oneself?

K. What is abstinence?

L. TV and movies make sex and drugs look so good, why would anyone ever abstain?

M. How can people find out if they are infected with HIV?

N. Most people have sex some time in their lives. What should they know in order to protect themselves?

Pregnancy

Grade 7, Lessons #5

Time Needed

One class period

Student Learning Objectives

To be able to...

1. Distinguish (with 75% accuracy) 15 myths and facts re: how conception can or cannot happen.
2. Pronounce, spell, and explain the meanings (with 75% accuracy) of the 31 terms in the glossary of *Pregnancy Reference Sheet 4*.

Agenda

1. Answer question(s) from the anonymous question box
2. Explain the relevance of the lesson and identify it as primarily review.
3. Using *Pregnancy Transparencies* or drawing on the board, describe the components of a cell, the processes of conception, gender determination and multiple births.
4. Anonymous Question Box activity.
5. Assign homework.

This lesson was most recently edited on July 29, 2013.
Alternative formats available upon request

Materials Needed

Classroom Materials, equipment:

- *Pregnancy Transparencies 1-5* *
- Overhead projector/document camera

Student Materials (for each student):

- *Family Homework Exercise: Pregnancy*
- *A Young Person's Birth Information Sheet*

Activities, Day One

1. **Answer previous lesson(s) anonymous question box questions.**

2. **Explain the lesson's relevance:**

   Say: ***It's not enough to know the parts of the reproductive system. It's also important to understand how the system works and how pregnancy happens.***

   Identify the lesson as primarily review. (Seventh and eighth graders frequently believe they already are quite knowledgeable regarding pregnancy, and some actually are. You do not want them to feel you are talking down to them.)

3. **Using *Pregnancy Transparencies 1-5*, or drawing on the board, describe briefly (refer Pregnancy Reference Sheet: Glossary and Resources:**

   - The components of a cell
   - The process of conception
   - The process of gender determination
   - How multiple births occur

   NOTE: The egg and sperm on *Transparencies 2 and 3* have been greatly magnified, whereas the uterus is of normal size. The embryo in *Transparency 5* has also been magnified. It has developed a month and would really be 1/10 to 1/4 of an inch long.

   Then hand out *Pregnancy Reference Sheets 1-4* and ask for volunteers to read 1-3 aloud.

4. **Anonymous Question Box activity – (today's lesson)**
   Give each student several slips of scrap paper

   Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

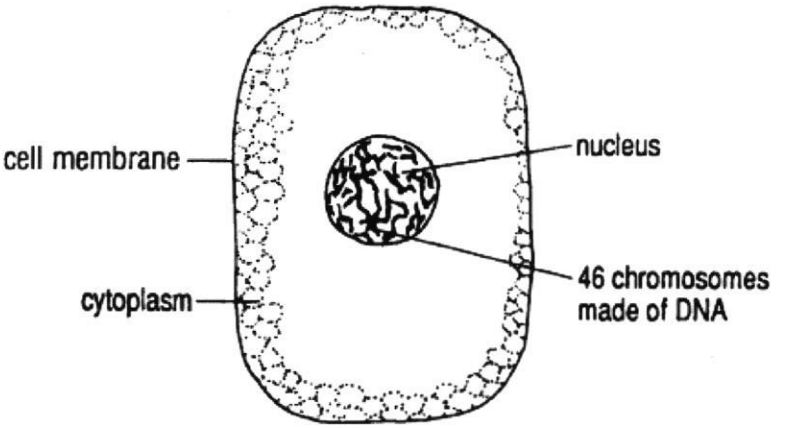
5. **Assign homework**

Homework

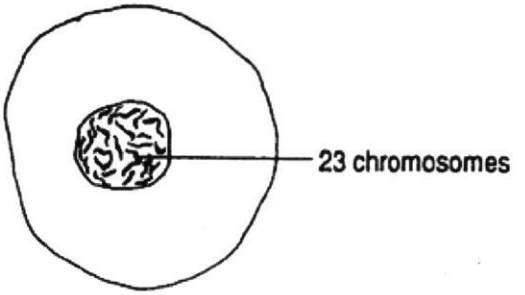
- ***Family Homework Exercise: Pregnancy - Optional***
  The student will also need to take home ***A Young Person's Birth Information*** Sheet. And, as always, students will also need to take home the ***Family Homework Letter*** (Appendix B).
  – Please have the students bring back the next day so that they may share with the class (those that volunteer.)

Pregnancy Transparency 1

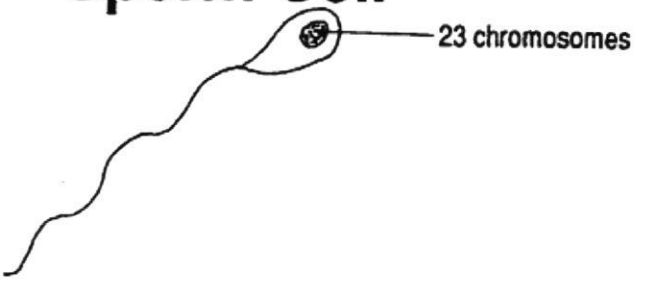
Muscle Cell



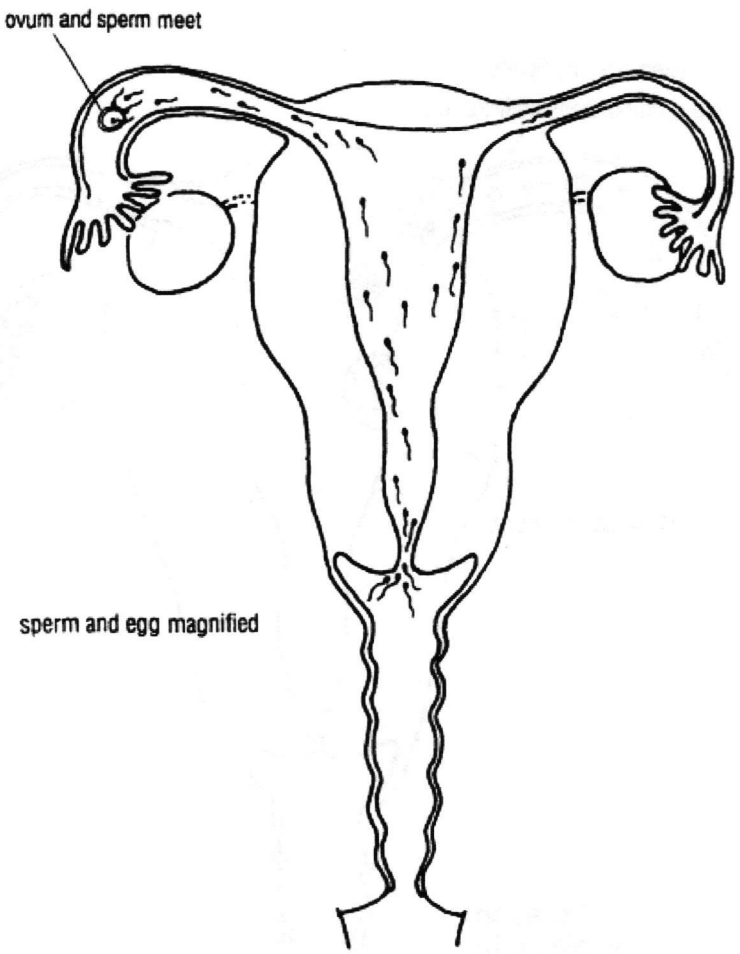
Egg Cell (ovum)



Sperm Cell

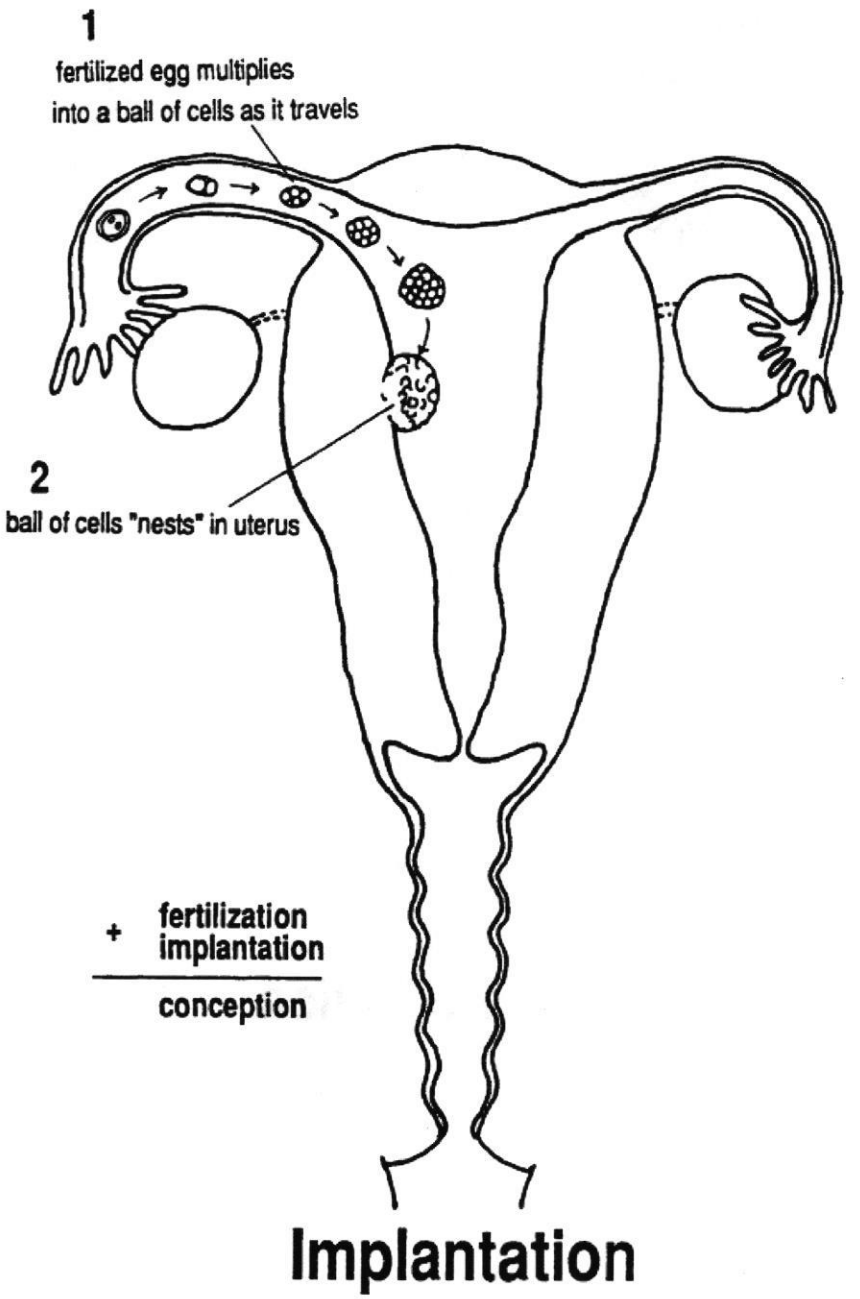


Pregnancy Transparency 2



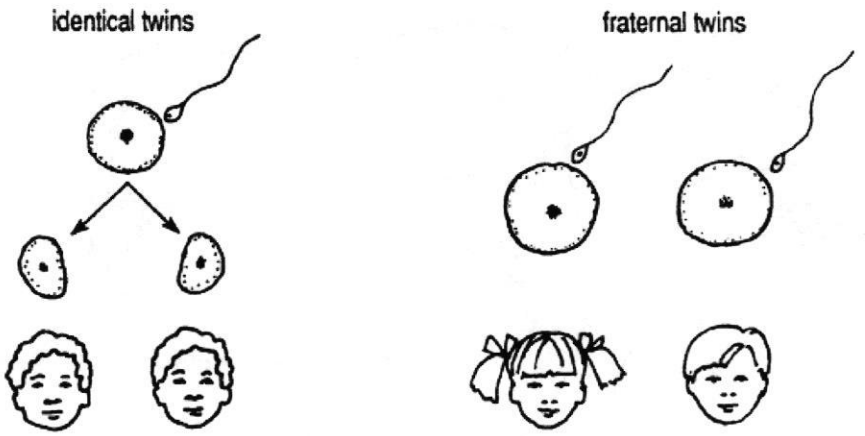
Fertilization

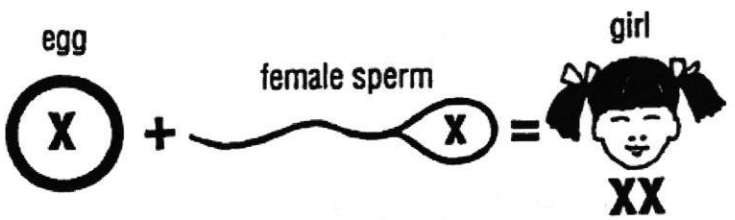
Pregnancy Transparency 3

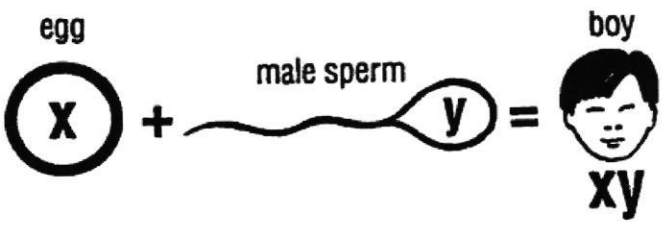


Implantation

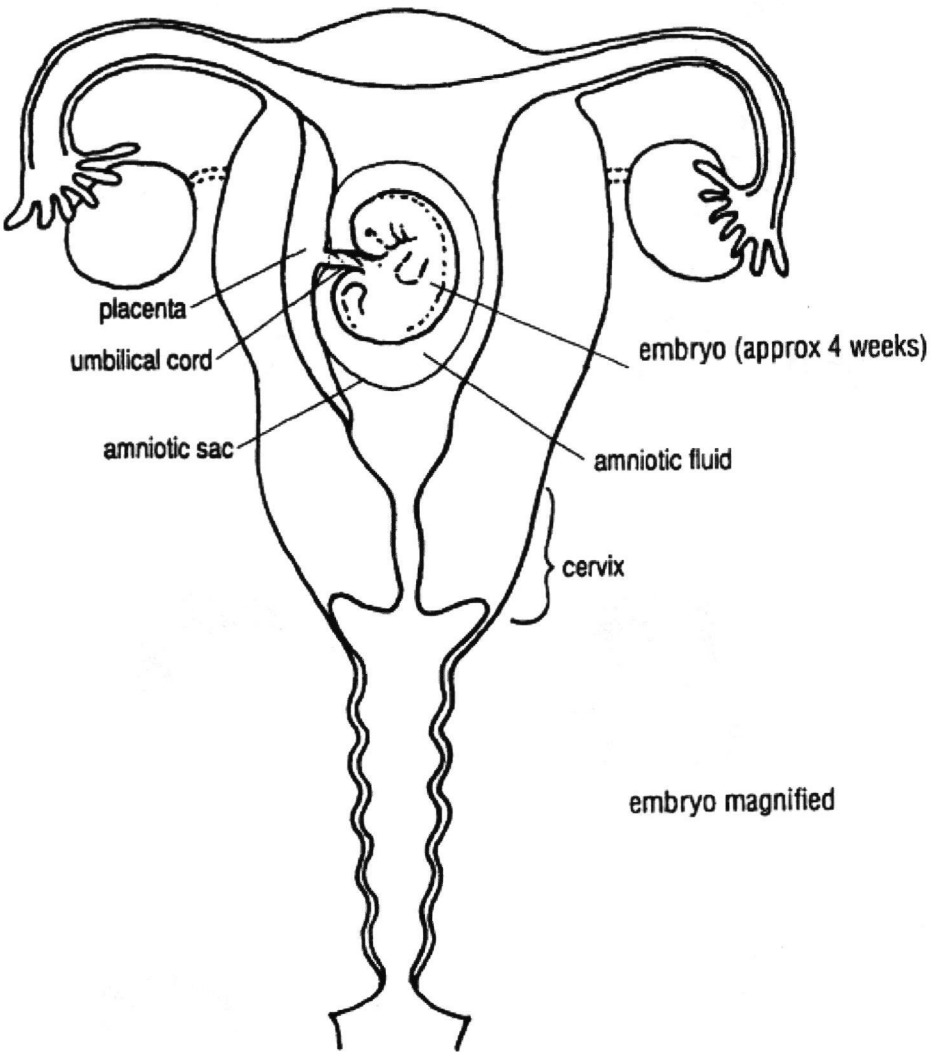
Pregnancy Transparency 4







Pregnancy Transparency 5



Pregnancy

Pregnancy Reference Sheet: Glossary & Resources

Name_____ **Date**_____

Amniotic Fluid – The "water" in which a developing baby floats. It acts as a cushion.

Amniotic Sac – The thin membrane (like the skin inside the shell of a chicken egg) that surrounds the amniotic fluid and the fetus.

Birth Defects – A disability that a baby is born with (retardation, heart problems, blindness, cerebral palsy, and so on).

Cell – A small part of a living thing. We are made of 100 trillion of them: bone cells, blood cells, skin cells, muscle cells, etc.

Cell Membrane – The thin membrane that surrounds every cell.

Chromosome – A string of genes.

Conception – The beginning of a pregnancy. Conception is fertilization of an ovum by a sperm, followed by implantation in the uterus ... fertilization + implantation = conception.

Contraction – The uterus (which is a muscle) squeezing to push a baby out.

Cytoplasm – The jelly-like material inside a cell's membrane, and all the parts floating in it except the nucleus.

DNA – Deoxyribonucleic acid. The hereditary chemical of which genes and chromosomes are made.

Egg Cell – Same as "ovum" ... the cell from a girl or woman that can start a pregnancy.

Embryo – The developing baby from implantation to about 8 weeks. After that, it is called a "fetus."

Fertile – Able to make a baby (to get pregnant or to help someone else get pregnant).

Fertilization – The joining of a sperm and an ovum.

Fertilized Egg – What an ovum is called after the chromosomes from a sperm have mixed with the ovum's chromosomes.

Fetus – The developing baby from about 8 weeks to birth. Before that, it was called an "embryo."

Fraternal Twins – Twins that grew from two eggs, each fertilized by a different sperm. They don't look any more alike than any brothers and sisters because they have different genes.

Genes – The microscopic messenger codes inside each cell of our bodies. They carry the plans for many things about us: whether we are male or female; what color hair, skin, and eyes we'll have; how tall we'll become, how our bodies will work, etc.

Identical Twins – Twins that grew from one egg, fertilized by one sperm, that split into two balls of cells before it implanted in the uterus. They have the same genes, so they look exactly alike.

Implantation – The ball of cells (that used to be a single fertilized egg) nesting in the wall of the uterus.

Infertile – Unable to make a baby (to get pregnant or to help someone else get pregnant).

Labor – The time (a few hours to a day or more) during which a woman is having contractions and giving birth to a baby. It is called "labor" because it is hard work.

Low Birth Weight – A baby that is "too" small ... less than five and a half pounds at birth. A "low birth weight" baby is more likely to be sick or have birth defects; it is also likely to develop more slowly and to have more difficulty in school. It also may turn out healthy and do just fine.

Miscarriage – A pregnancy ending much too soon, before the embryo or fetus is able to live outside the uterus.

Nucleus – The core of a cell, which contains the chromosomes.

Ovum – Same as "egg cell" ... the cell from a girl or woman that can start a pregnancy when joined with a sperm.

Placenta – An organ that grows inside the uterus during pregnancy to carry food and oxygen from the mother and waste from the embryo or fetus. It produces many hormones that affect both the mother and the baby. It develops from the original ball of cells that implanted in the uterus.

Pregnant – A woman who is going to have a baby.

Premature – Born "too" soon ... after fewer than 38 weeks (9 months) of pregnancy. Depending on how early she or he is born, a premature baby may have serious birth defects or problems and die, minor birth defects or problems and do OK with help from the hospital, or no birth defects or problems and do just fine.

Prenatal – Before birth. Prenatal care means getting special check-ups at least once a month from a doctor starting as early in a pregnancy as possible. Good, early prenatal care can greatly reduce the risk of birth defects, low birth weight, or prematurity. It also helps keep the mother healthy.

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

Umbilical Cord – The tube leading from the navel of the embryo or fetus to the placenta. It carries food and oxygen to the developing baby, and waste from the developing baby.

RESOURCES

Where can you get up-to-date, accurate answers to questions about pregnancy?

- Call or visit your school or public **library**.
- Or ask your school **nurse**, family **doctor** or an OB/GYN doctor (they specialize in women's health, pregnancy and birth), or an adult **family** member.
- Broward County Health Department 954-467-4700 or www.broward.floridahealth.gov

A Family Homework Exercise: Pregnancy

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

Adult, read this first:

If you are a mom, the birth mother, this exercise will be straightforward. If you are a father, or a non-biological mother, a grandparent or other close adult, you may not have all the answers. Just be honest.

If you are a foster or adoptive parent, join the student in making up your *own* History Sheet, describing in detail how you came to be a family and what the first day of your being together was like (from agency name to feelings).

Student and adult, read this together:

Most of us are curious about our own births. We may also *need* to know about them, if we ever have related medical problems. Now is a good time to fill out *A Young Person's Birth Information Sheet* together. **Then put it someplace safe, to keep.**

NOTE: Turn in a Family Homework Confirmation Slip by_____if you want credit.

A Young Person's Birth Information Sheet

Your name _____
Date of birth_____Time of birth _____
Place of birth (include name of hospital, if you were born in a hospital)_____
_____

About the pregnancy:
Did your mother get prenatal care and, if so, what was the midwife or doctor's name?
_____
How did your mother feel during the pregnancy?_____
How old was she when you were born?_____
Did you arrive early, late, or just when you were expected?_____

You might also discuss:
Did anything interesting or funny happen while your mother was pregnant with you? Was she at a "good age" to have you or would she have had you earlier or later if she could have?

About the birth:
How long was your mother in labor?_____
Who was present besides your mother? _____
Was there anything unusual about the birth (Breech? C-Section?) _____
_____

You might also discuss:
Did anything interesting or funny happen the day you were born? How was your name chosen?

About you:
What was your weight?_____length?_____
Did you have any problems the first few days?_____
If you were born in a hospital, how long did you stay there?_____
Were you fed by a bottle or by breast?_____

You might also discuss:
Was anything special done to "welcome" you? Any kind of shower or a naming or adoption ceremony or religious observance, like a Baptism or Bris? How did your arrival change your mother's life? Your family's lives? Do you have any other questions?

Touch & Abstinence

Grade 7, Lesson #6

Time Needed:

One class period

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.
3. Distinguish among —nurturing, ‖ —affectionate, ‖ —sexual, ‖ —violent, ‖ and —exploitive‖ touch.
4. Define abstinence and list four reasons for choosing it.

Agenda:

1. Answer question(s) from the anonymous question box.
2. Explain the relevance of today's lesson and how it relates to what you have studied so far.
3. Lead a discussion, using open-ended questions.
4. Have volunteers read aloud the —Touch Reference Sheet.
5. Anonymous Question Box activity.

Materials Needed:

Student Materials: (1 per student)

- *Touch Reference Sheet*
- *Touch Worksheet 1*
- ***OPTIONAL:*** *Touch Worksheet 2*
- ***OPTIONAL:*** *Family Homework Exercise: Touch and Abstinence*

Activities

1. **Answer question(s) from the anonymous question box.**

2. **Explain the relevance of today's lesson:**

   Say: ***Today we will discuss two ways people make decisions. 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.

3. **Raise these issues for discussion: (Ask and discuss)**
   - *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?*

4. **Hand out, and have volunteers read aloud the Touch Reference Sheet. Write answers on the Touch Worksheet**

4. **Anonymous Question Box activity – (today's lesson)**

   Give each student several slips of scrap paper

   Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

Homework

- ***Family Homework exercise: Touch and Abstinence***

Touch Reference Sheet

FIVE BASIC KINDS OF TOUCH

NURTURING 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 intoll 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.

Touch Reference Sheet (continued)

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. _____

A Family Homework Exercise: Touch and Abstinence

Directions:

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!