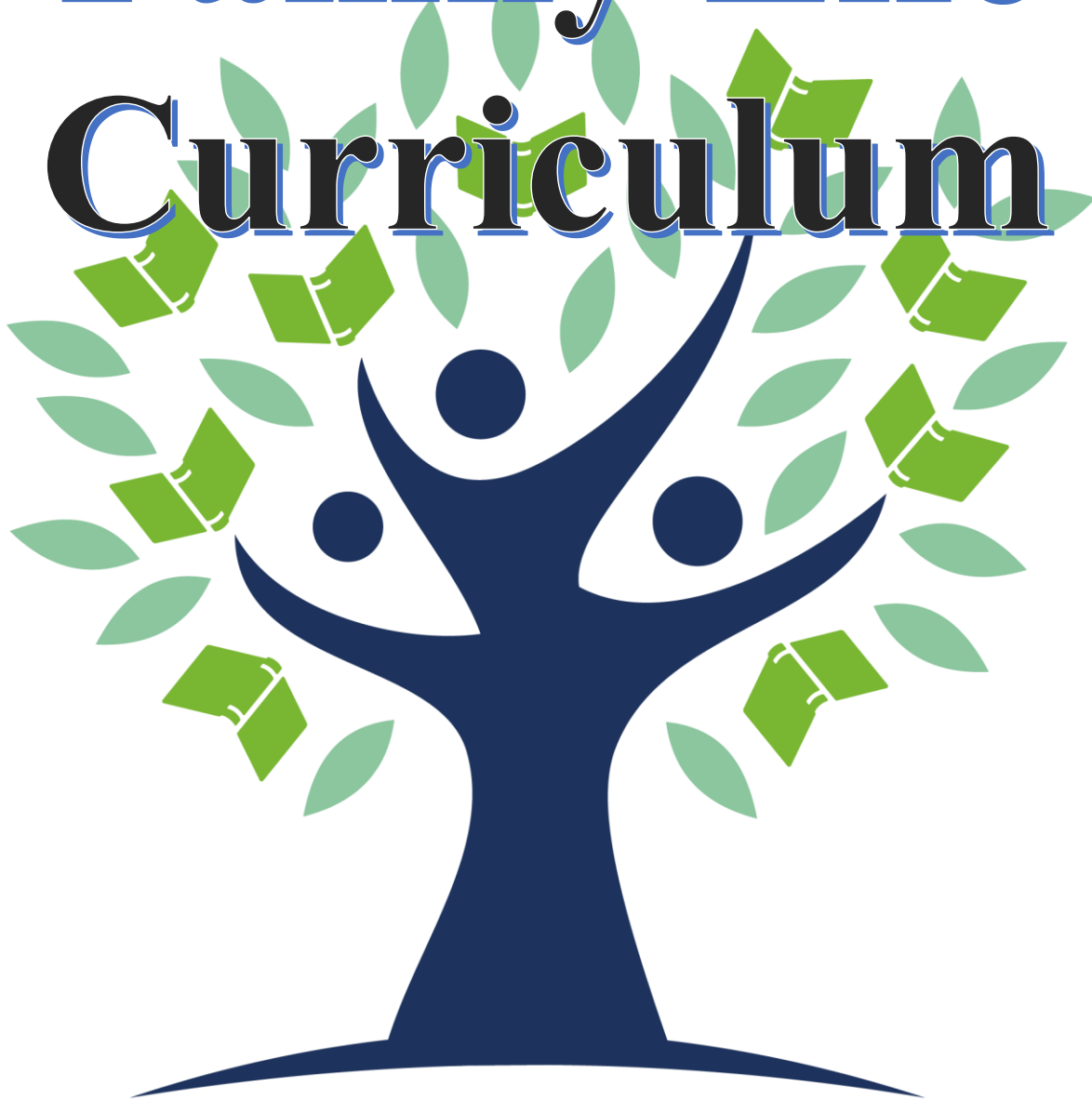


Family Life Curriculum



**HUMAN GROWTH AND DEVELOPMENT
HUMAN SEXUALITY
High School**

TUCSON UNIFIED SCHOOL DISTRICT

TUCSON UNIFIED SCHOOL DISTRICT

FAMILY LIFE CURRICULUM

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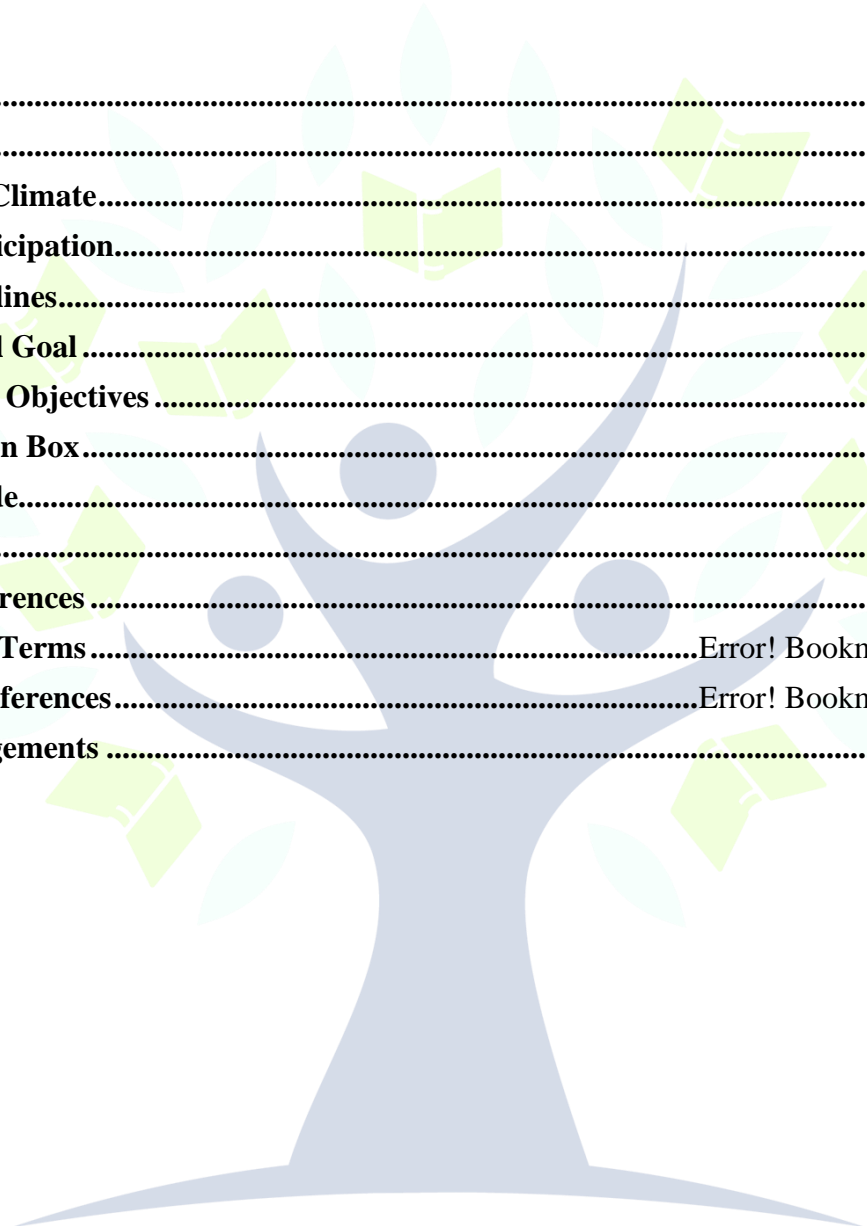
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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Overview

Growth is a life-long process. People grow in many different ways. Growth means positive change, and change brings challenge, excitement, apprehension and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions and facilitates adjustment to the changes that occur. This curriculum addresses these needs.

Sexuality is an inherent part of each individual's personality and humanity. The Tucson Unified School District's Family Life Curriculum (FLC) helps students learn more about themselves, refine communication skills and develop respect for themselves and others. Successful FLC are those that are a cooperative effort between parents, guardians, families and the school.

Tucson Unified School District's curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on the recommendations of the TUSD Family Life Curriculum Advisory Committees.

For those students who have open discussions about human maturation and sexuality with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth processes, personal safety strategies and serves to foster respect for all people and their beliefs.



TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Philosophy

Education is a lifelong process that begins with parents as the primary teachers. It is the parent's right and responsibility to initiate a child's education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student's personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for every family unit.
- Accept responsibility for one's own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.



TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Classroom Climate

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment:

- clear rules and regulations of behavior must be emphasized.
- teachers need to introduce themselves as trained and knowledgeable about human growth and development.
- all students' questions will be considered valid and answered using age-appropriate, scientifically accurate information.
- proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology.
- teachers will encourage students to discuss the course content and their questions with their parents, guardians and families.
- students' questions or vocabulary that are not included in the grade-level lessons will be identified and the student will then be referred to their parents, guardians and family, if the questions cannot be answered using age-appropriate, scientifically accurate information.
- teachers will emphasize that students' peers, social media, and the internet do not always have correct information about human growth and development.

Parent Participation

Parent participation is highly valued by TUSD. An informational meeting for parents, guardians and families will be held prior to classroom presentations to allow for a review of curriculum content, classroom processes and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.



TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

State Guidelines

Arizona State Guidelines (State Board of Education R7-2-303) for sex education:

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).
- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).
- Alternative elective lesson(s) from the state adopted optional subject list (K-8).
- Lessons will be taught to boys and girls separately (K-8).
- Lessons will not be graded and teachers may not require homework (K-8).
- Lessons will be a supplement to the Health Course of Study (K-8).
- Evaluations are anonymous and shall not be retained or recorded (K-8).
- Questions about the students' or his/her parents' beliefs, morals or practices shall not be asked (K-8).
- Written parental permission will be secured (K-8), TUSD requires this for (K-12).



TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Grade Level Goal

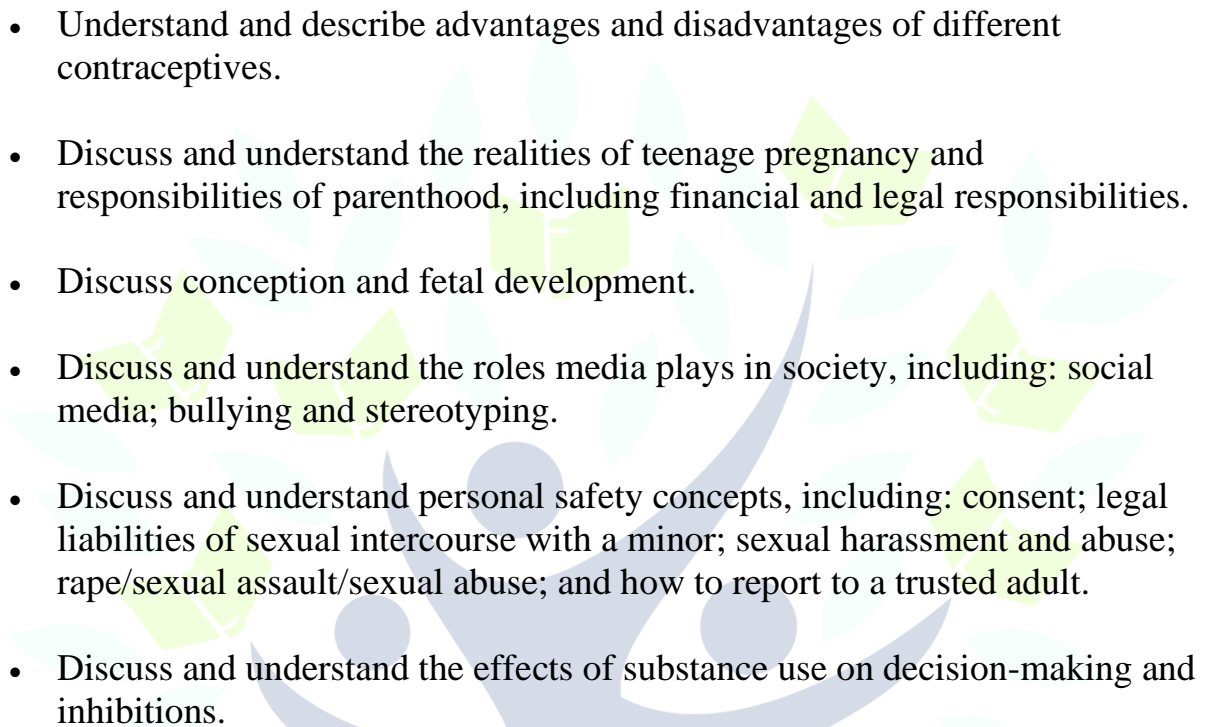
Students will acquire scientifically accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. Students will develop critical thinking skills leading to positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.

Curriculum Objectives

The purpose of the Family Life Curriculum is to provide students with information to

- Discuss and understand the physical, emotional and hormonal changes that occur at puberty.
- Discuss and understand personal hygiene.
- Discuss and understand key concepts of personal development, including: effective communication skills; decision making; self-confidence and empowerment; overcoming peer pressure; concept of self; refusal skills; and assertiveness.
- Discuss and understand healthy relationships, including: boundaries; families; friendships; dating; and the responsibilities within various relationships.
- Discuss and understand concepts of sexual characteristics and sexuality.
- Explain the anatomy of the female and male reproductive system.
- Identify and understand risks of sexual activity, including abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections.



- 
- Understand and describe advantages and disadvantages of different contraceptives.
 - Discuss and understand the realities of teenage pregnancy and responsibilities of parenthood, including financial and legal responsibilities.
 - Discuss conception and fetal development.
 - Discuss and understand the roles media plays in society, including: social media; bullying and stereotyping.
 - Discuss and understand personal safety concepts, including: consent; legal liabilities of sexual intercourse with a minor; sexual harassment and abuse; rape/sexual assault/sexual abuse; and how to report to a trusted adult.
 - Discuss and understand the effects of substance use on decision-making and inhibitions.



The Question Box

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a “dumb” question.
2. All questions are valid except for personal questions about the teacher or other students.
3. Questions are anonymous, unless the student wants to be identified.
4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)
5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.
6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)
7. Teachers will answer questions simply and in a scientifically accurate manner.



Pacing Guide

High School				
Week 1				
Day 1 Lesson 1 Healthy Relationships & Dating	Day 2 Lesson 2 Decision Making/ Healthy Boundaries /Consent	Day 3 Lesson 3 Overcoming Peer Pressure/Problem Solving/Refusal Strategies	Day 4 Lesson 4 Puberty & Gender	Day 5 Lesson 5 Reproductive Systems and Sexual Activity and Lesson 6 Contraception
<u>Health Standards</u> S4C1PO1 S5C2PO5 <u>Lesson Objective</u> Students will be able to: define Maslow’s Hierarchy. discuss values and personal goals. improve self-awareness by identifying personal strengths and areas of growth. identify and choose behaviors that promote healthy relationships with family, dates, and friends. identify behaviors that might lead to toxic relationships. discuss reasons for not dating. discuss healthy and responsible approaches to dating and ending dating relationships.	<u>Health Standards</u> S5C1PO1 S5C2PO1 S7C1PO1 S7C2PO2 <u>Lesson Objectives</u> Students will be able to: use problem-solving steps to solve problems and make decisions. understand that one must be proactive and learn to make decisions and solve problems. identify possible results of impaired decision-making on sexual behavior. list commonly used specific drugs and their potential effects on behavior. discuss reasons teens use drugs in social situations. define and understand consent in the context of relationships.	<u>Health Standards</u> S2C1PO3 S2C2PO1 S2C2PO2 S4C1PO2 <u>Lesson Objectives</u> Students will be able to: discuss examples of peer pressure. identify reasons to abstain from sex. identify sexual pressures that teenagers experience. practice refusal strategies. identify and discuss power differentials.	<u>Health Standards</u> S1C2PO1 S1C5PO1 S2C1PO1 S2C1PO2 S2C1PO4 S2C2PO1 S4C1PO1 S8C2PO1 <u>Lesson Objectives</u> Students will be able to: discuss the emotional, psychological and social changes that occur during puberty. accurately define the vocabulary words – recognizing the variations in the sexuality of individuals in society. explain how societal norms can dictate gender roles.	<u>Health Standards</u> S1C1PO1 S1C2PO1 S1C3PO1 S3C1PO1 S7C1PO1 S7C2PO1 S7C2PO2 <u>Lesson Objectives</u> Students will be able to: develop knowledge of the structures and functions of the female and male reproductive system be able to explain human reproduction personally define abstinence make educated choices about their family planning/ birth control methods.

Week 2

Day 6 Lesson 7 Sexually Transmitted Infections (STIs)	Day 7 Lesson 8 Pregnancy/Fetal Development and Lesson 9 Teenage Pregnancy	Day 8 Lesson 10 Media Influence on Sex & Sexuality	Day 9 Lesson 11 Consent/Personal Safety/Sexual Violence	Day 10 Lesson 12 Support & Advocacy
<p><u>Health Standards</u> S1C1PO1 S1C6PO2 S1C6PO3 S3C2PO3</p> <p><u>Lesson Objectives</u> Students will be able to: define the term sexually transmitted infection (STI). discuss the prevalence of STIs in the under 25-year-old population. discuss the cause and transmission of STIs. identify and describe the symptoms and treatment for the most common STIs. describe the importance of seeking medical screening for STI's if sexually active, and the consequences of STIs if left untreated. discuss complete abstinence as the only 100% effective method of preventing pregnancy and STIs. define and discuss selective abstinence.</p>	<p><u>Health Standards</u> S1C3PO2 S1C5PO1 S3C2PO2 S3C2PO4 S7C1PO1 S7C2PO1</p> <p><u>Lesson Objectives</u> Students will be able to: discuss how pregnancy occurs. discuss prenatal care and development in each trimester. describe the development of the fertilized egg through pregnancy. explain the physical changes that occur in the body from conception through birth. discuss abstinence as the only 100% effective method of preventing pregnancy and STIs. understand advantages and disadvantages of the choices available to pregnant teens. discuss Arizona Laws as they pertain to the duties, responsibilities and rights of parenting. understand the Arizona state statute giving preference to childbirth and adoption as preferred options to abortion.</p>	<p><u>Health Standards</u> S2C1PO5 S2C1PO6</p> <p><u>Lesson Objectives</u> Students will be able to: identify and understand the roles that media play in sex and sexuality</p>	<p><u>Health Standards</u> S2C2PO1 S4C1PO2 S4C3PO1</p> <p><u>Lesson Objectives</u> Students will be able to: define and state the difference between sexual harassment, sexual abuse and sexual assault. know ways to increase personal safety and awareness. demonstrate bystander intervention techniques to help others. understand that rape, sexual assault and sexual abuse as crimes of violence not just as sexual acts. identify medical, legal and social resources available to victims of sexual assaults.</p>	<p><u>Health Standards</u> S3C1PO1 S3C2PO2 S8C1PO2 S8C2PO1</p> <p><u>Lesson Objectives</u> Students will be able to: learn that abuse is never the victims /survivor's fault. understand the harmful effects of sexual violence. understand the social implications of sexual violence and the individual and collective roles and responsibilities. learn about community resources to help survivors of sexual violence.</p>



Lessons

<p>Grade: HS Lesson: 1 <i>taught together</i></p>	<p>Lesson Title/Focus:</p> <ul style="list-style-type: none"> • Healthy Relationships and Dating 	<p>Materials:</p> <ul style="list-style-type: none"> • “A Hierarchy of Needs” – Teacher Info • Handout – Maslow’s Hierarchy of Needs • Healthy vs Toxic Relationship Questionnaire • Defining Toxic Relationships Activity • Defining Toxic Relationships Activity Answer Key
<p>Health Standards: S4C1PO1 Utilize skills for communicating effectively with family, peers and other to enhance health S5C2PO5 Defend the healthy choice when making decisions</p>		
<p>Lesson Objectives: Students will be able to:</p> <ul style="list-style-type: none"> • define Maslow’s Hierarchy. • discuss values and personal goals. • improve self-awareness by identifying personal strengths and areas of growth. • identify and choose behaviors that promote healthy relationships with family, dates, and friends. • identify behaviors that might lead to toxic relationships. • discuss reasons for not dating. • discuss healthy and responsible approaches to dating and ending dating relationships. 		
<p>Academic Vocabulary:</p> <ul style="list-style-type: none"> • self-actualization • Maslow’s Hierarchy • esteem • physiological 		
<p>Teacher Background:</p> <ol style="list-style-type: none"> 1. Maslow’s theory states that individuals have needs that can be classified as physiological, safety, emotional, esteem and self-actualization. Understanding these needs is important for healthy and responsible friendships as well as dating. 2. Adolescents with high self-esteem may be less likely to succumb to peer pressure, tobacco, alcohol, or other drugs. 3. The family, as the basic unit of security, serves two essential functions: <ol style="list-style-type: none"> a. The primary support system to which individuals turn in order to have their basic needs met. b. Provide the essential mechanism by which a child develops the capability to survive and function as an adequate person in this world. 4. Personal values are reflections of our needs, desires, and what we care about most in life. Values are great cohesive forces for our identities and can be thought of as decision-making guidelines that help us connect to our true selves. Defining your values will help you figure out what to pursue and what to avoid. <p>Here are some examples of core values from which you may wish to choose: dependability, reliability, loyalty, commitment, open-mindedness, consistency, honesty, efficiency.</p>		



Anticipatory Set:

- As a class, brainstorm personal strengths you admire in others (peers, family members, friends, teammates, etc.). Then, in partners, discuss how these strengths contribute to a positive and healthy relationship. Share out with the class.

Direct Instruction:

- Discuss what students perceive as basic needs. List these on the board. Have students prioritize needs and discuss examples of how the family may help meet these needs. How do friends meet these needs? How does dating meet these needs?
- Introduce Maslow's Hierarchy of Needs.
- Have students compare their work with Maslow's Hierarchy of Needs.

Guided Practice:

- Discuss self-actualization/self-fulfillment by identifying strengths and setting personal goals.
- On an index card, have each student create one or two goals and then post on a central chart. What are some of the common themes?
- Introduce the importance of choosing friends who contribute to wellness.
- Ask how one would know if a friendship is healthy. Answers might include: a healthy friendship emphasizes strong points, contributes to positive family relationships, and encourages one to put forth their best efforts in activities.
- Discuss the importance of being friends with members of both sexes.

Independent Practice:

- Use the Healthy vs Toxic Questionnaire to determine characteristics of a healthy relationship.
- Complete the Defining Toxic Relationships activity.

Closure:

- Have students generate a list of reasons why you might want to date during high school years and a list of reasons why you might not want to date during high school years.
- Discuss the types of dates (double, group, blind, party, etc.) and the advantages and disadvantages of each.
- Discuss safety issues involved in dating. Emphasize that it is wise to let parents know the "details (where and when)" of the date.
- Have students brainstorm a list of respectful and disrespectful ways and what they might say if they want to end a relationship.
- Discuss the importance of showing mutual respect while maintaining healthy boundaries.



A HIERARACHY OF NEEDS

TEACHER INFORMATION

Abraham Maslow, an American psychologist, presented human needs in the form of a triangle. His idea was that all have basic needs, but some are more basic than others. Consequently, there is a hierarchy of needs. The most basic needs come first. These needs must be met before becoming aware of the others.

Physiological Needs

1. The most basic human needs are the biological requirements for human survival – food, water, sleep, etc.
2. If the first level of physical needs is not satisfied, there is little awareness of other needs.

Safety Needs

1. Freedom from fear.
2. Security, stability, order, law.

Emotional Needs

1. Feelings of belonging.
2. Friendship, intimacy, trust, acceptance.
3. Receiving and giving love and affection.

Esteem Needs

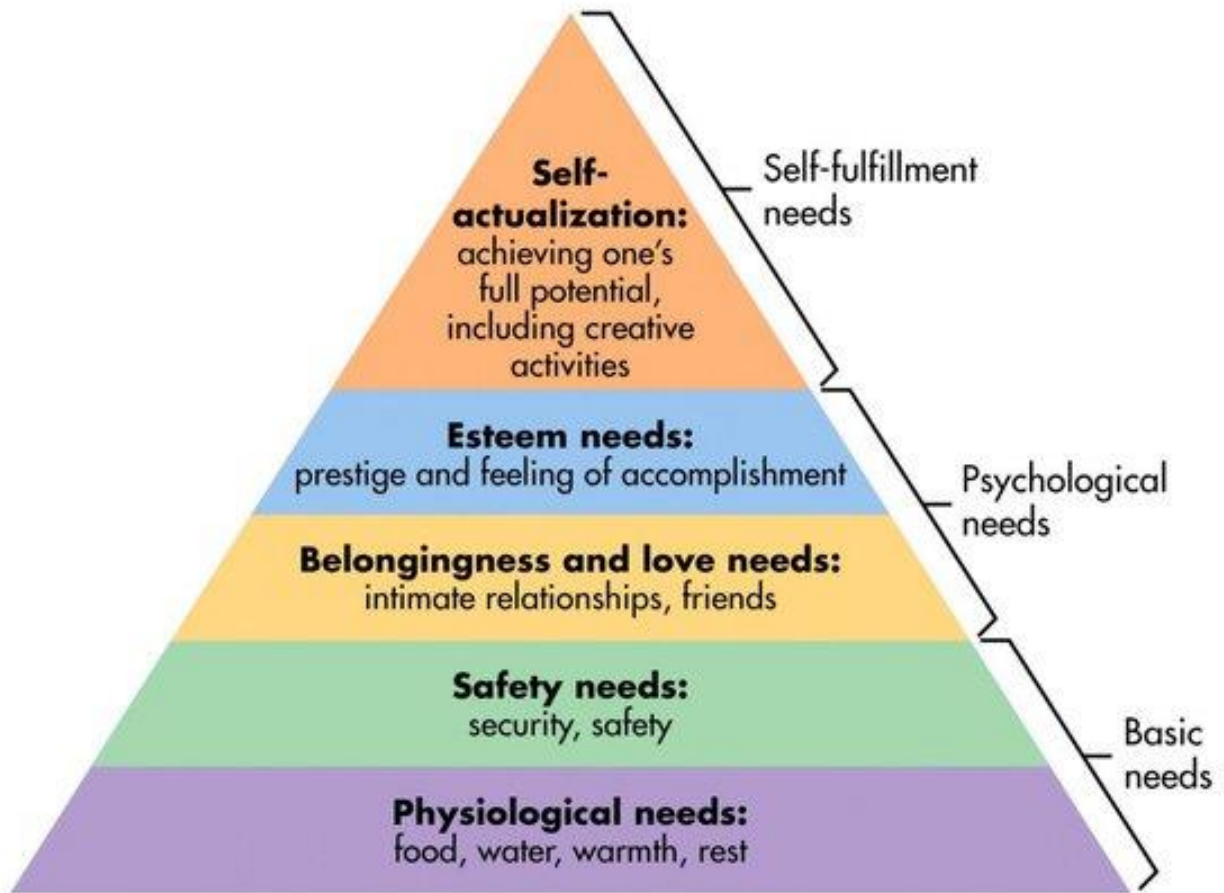
1. Esteem for oneself (achievement, independence, dignity, mastery)
2. Desire for reputation or respect from others (prestige, status)

Self-actualization Needs

1. Reach or strive for full potential as a person. This is a life-long process.
2. A desire “to become everything one is capable of becoming.” (Maslow)



Maslow's Heirarchy of Needs



Healthy vs Toxic Relationship Questionnaire

Relationships, which include friendships, play an important role in everyone's life and they come in all different shapes and sizes. They also can serve different purposes in your life.

This exercise is to help you reflect on:

- your strengths and
- areas in which you would like to grow
- how these relationships can help or hinder you in being who you desire to be

Directions: Read and respond to each statement.

Think about one of your friends...

1. Am I able to be myself with this person?
2. Do I feel comfortable and accepted around this person?
3. Does this person share the same values as me?
4. Is this relationship one-sided (one person giving and the other person receiving)?
5. Does this person criticize or judge me?
6. Does this person help me feel good about myself?
7. Does this person have the same level of commitment to the relationship as I do?
8. Does this person share my level of integrity?
9. Do I feel safe when I am with this person?
10. Are they happy for me when I succeed and there for me when I am discouraged?
11. Does this person help you achieve or accomplish your goals?

After completing this inventory, do you think this friendship qualifies as a healthy relationship?



Defining Toxic Relationships

(e.g., friends, dating, family)

Directions: Match the toxic relationship (e.g., friends, dating, family) with the definition. Write the letter on the blank space next to the matching definition.

a. The Gossiper	f. The Controller
b. The User	g. The Competitor
c. The Judger	h. The Manipulator
d. The Taker	i. The Self-Centered
e. The Betrayer	j. The Promise Breaker

- _____ This person is a friend based on what YOU can do for them.
- _____ This person tells others what you told them in confidence.
- _____ This person is very bossy and likes to control everything.
- _____ This person is excessively critical of you and others.
- _____ This person rarely follows through and is not dependable.
- _____ This person likes to spread rumors and share private information.
- _____ This person is egocentric and only cares about themselves.
- _____ This person likes to “one up” others and likes to compete all the time.
- _____ This person is needy, may get jealous and often expects you to fulfill their every need.
- _____ This person knows how to convince you to do things you normally would not do.



Defining Toxic Relationships

(Answer Key)

a. The Gossiper	f. The Controller
b. The User	g. The Competitor
c. The Judger	h. The Manipulator
d. The Taker	i. The Self-Centered
e. The Betrayer	j. The Promise Breaker

b This person is a friend based on what YOU can do for them.

e This person tells others what you told them in confidence.

f This person is very bossy and likes to control everything.

c This person is excessively critical of you and others.

j This person rarely follows through and is not dependable.

a This person likes to spread rumors and share private information.

i This person is egocentric and only cares about themselves.

g This person likes to “one up” others and likes to compete all the time.

d This person is needy, may get jealous and often expects you to fulfill their every need.

h This person knows how to convince you to do things you normally would not do



High School Lesson: 2 <i>taught together</i>	Lesson Title/Focus: <ul style="list-style-type: none"> Decision Making/Healthy Boundaries/Consent 	Materials: <ul style="list-style-type: none"> Activity Sheet “A Responsible Student’s Approach to Problem Solving and Decision Making.”
Health Standards: S2C1PO3 Analyze how peers influence healthy and unhealthy behaviors S5C1PO1 Examine barriers to healthy decision making S5C2PO1 Determine the value of applying a thoughtful decision-making process in health-related situations S7C1PO1 Analyze the role of individual responsibility in enhancing health S7C2PO2 Demonstrate a variety of behaviors that avoid or reduce health risks to self and others		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> use problem-solving steps to solve problems and make decisions. understand that one must be proactive and learn to make decisions and solve problems. identify possible results of impaired decision-making on sexual behavior. list commonly used specific drugs and their potential effects on behavior. discuss reasons teens use drugs in social situations. define and understand consent in the context of relationships. 		
Academic Vocabulary: <ul style="list-style-type: none"> self-awareness self-esteem consent impaired/impairment implicit explicit 		
Teacher Background: <ol style="list-style-type: none"> The problem-solving approach will assist students in making responsible decisions. Realize that self-awareness is an important factor in making responsible decisions, including: <ol style="list-style-type: none"> developing self-esteem. utilizing responsible decision making to promote healthy relationships. promote good health. enable one to choose responsible sexual behavior. promote responsible parenthood. enable one to make choices that do not conflict with personal values. Protect one’s health and the health of others. Drugs, including alcohol, affect the brain’s decision-making abilities. (See chart) Consent can be both implicit (perceived) and explicit (stated) and can be withdrawn at any time. 		
Anticipatory Set: <ul style="list-style-type: none"> Option 1) What does it mean to make a healthy decision? What is involved in this process? 		



- Option 2) Think about a time when you made a healthy decision. What helped you make this decision?

Direct Instruction:

- Discuss with the students the elements that go into making responsible decisions and solutions. (Think-Pair-Share)
- Write the steps in the problem-solving approach on whiteboard or flip chart

Guided Practice:

- Have students brainstorm a list of ideas for enhancing self-awareness. For example, how might studying hard to get good grades, striving to perfect a skill, or helping someone who is ill, enhance one's self-awareness?

Independent Practice:

- Small group work on common scenarios, then share out.

Closure:

Closing conversation questions:

- How can friends support each other in making healthy decision?
- How might your decision-making process be altered under the influence of the different drugs?
- Is there a decision in your own life you are facing which the decision-making model could help solve?



A RESPONSIBLE STUDENT’S APPROACH TO PROBLEM SOLVING AND DECISION MAKING

Directions: Read the following scenarios. Apply the problem-solving approach and criteria for responsible decision making to this situation.

Scenario #1: You and your date go to a party arranged by some students you do not know well. When you get to the party, you learn that there are a variety of drugs such as alcohol, marijuana, and cocaine available. You know your parents would prefer that you not attend parties with these drugs. Your date says, “As long as we don’t use drugs, what harm is there in staying?”

1. Identify the problem.
2. Identify ways to deal with the problem.
3. Apply criteria for responsible decision making to each alternative.
4. What are the possible consequences of each alternative?
5. What are my relevant values that would help determine my decision?
6. Make a responsible decision and act upon it.
7. Evaluate actions.



Scenario #2: You are in need of some spending money. You could get a job, but that would mean less free time, less time for studying, after-school sports, etc.

1. Identify the problem.
2. Identify ways to deal with the problem.
3. Apply criteria for responsible decision making to each alternative.
4. What are the possible consequences of each alternative?
5. What are my relevant values that would help determine my decision?
6. Make a responsible decision and act upon it
7. Evaluate actions.



**Some Drugs that Effect the Brain’s Decision-making
(For Teacher Reference)**

Class of Drugs	Drug name	Effect on behavior	Also known as:
Depressant	Alcohol	Impaired judgment Loss of inhibition Loss of consciousness	
Depressant	Rohypnol	Impaired judgment Loss of inhibition Short term memory loss Loss of consciousness	Roofies
Dissociative Anesthetics	Ketamine	Loss of a sense of personal identity Confusion Loss of memory Loss of consciousness	Special K
Hallucinogens	MDMA	Hallucinations Intensification of mood and sensation Loss of inhibition	Ecstasy, XTC, Hug Drug, Eve, Love, X, Adam, Clarity
Cannabis	Marijuana/THC	Relaxed inhibitions Impaired judgment Impaired perception of time and distance	Weed
Depressant	Gamma-Hydroxybutyrate	Relaxed inhibitions Impaired judgment Short term memory loss	GHB Liquid Ecstasy

From: Drug Identification Training for Educational Professionals, Tucson Police Department, 2014



Grade: HS Lesson: 3 <i>taught together</i>	Lesson Title/Focus: <ul style="list-style-type: none"> Overcoming Peer Pressure/ Problem Solving/Refusal Strategies 	Materials: <ul style="list-style-type: none"> Activity sheet “Refusal Strategies”
Health Strands S2C1PO3 Evaluate how peers influence healthy and unhealthy behaviors S2C2PO1 Analyze how the perceptions of norms influence healthy and unhealthy behaviors S2C2PO2 Analyze the influence of personal values and beliefs on individual health practices and behaviors S4C1PO2 Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> discuss examples of peer pressure. identify reasons to abstain from sex. identify sexual pressures that teenagers experience. practice refusal strategies. identify and discuss power differentials. 		
Academic Vocabulary: <ul style="list-style-type: none"> power differential refusal strategies self-empowered abstinence peer pressure toxic masculinity 		
Teacher Background: <ol style="list-style-type: none"> Every individual is self-empowered to make decisions based on their needs, preferences, and values. The decision to engage in sexual activity is a personal one that requires self-introspection of your personal and family values. Being able to understand and reject peer pressure is a vital skill. There are power differentials in a variety of relationships and being able to recognize and understand them will help you to make decisions based on your needs, preferences and values. The development of problem-solving strategies enables one to confront situations in which the social dynamic goes against your values. Refusal strategies are a way to stay true to your own values. Establishing boundaries. .is a way to reinforce you own values in the context of any relationship. Not all high school students are having sex and it is ok to abstain. 		
Anticipatory Set: <ul style="list-style-type: none"> The first step in dealing with pressure is learning how to recognize it. How can a person tell if they are being pressured? (Brainstorm and share out) 		
Direct Instruction:		



- Work with your students to identify examples of power dynamics in relationships and discuss how power differentials can influence your decisions.
- Share statistics on sexual activity in teens-discuss the numbers emphasizing that more students are NOT engaging in sex than are sexually active
- Is this accurately portrayed in the media and in popular society?

Guided Practice:

. Discuss the following (in small groups):

- How can you communicate your boundaries when you are being pressured?
- Sometimes pressure can be sexual. If pressure has to do with sex, then it is sexual pressure. At what point does pressure become sexual?
- Give reasons that people have for becoming sexually active or for waiting (practicing abstinence). Discuss how you may feel pressured to become sexually active if you choose to be sexually abstinent.
- Some may feel they have no choices about becoming sexually involved. What are some of the situations where people feel they have no choices about becoming sexually involved? Brainstorm things you can do or say to navigate this situation.

Independent Practice:

- Have students get into groups and discuss the “Refusal Strategies Activity”

Closure:

- On the back of the “Refusals Strategies Activity” have students summarize today’s learning in a short paragraph.



Refusal Strategies Activity

Directions: Use the refusal strategies steps to resolve the following pressures:
These may be done by role-play or in written form.

- a. “Let’s do it this one time.”

- b. “No one will know if we _____.”

- c. “Everyone is _____, why not us?”

- d. “Virginity is overrated.”

- e. “You’ve already had sex before, so it’s no big deal.”

- f. The partner refuses to use a condom.

- g. You’re not getting any? Are you a real man?

Refusal strategy steps for acting out or responding to each scenario:

1. Say “No.” It’s okay to say no.
2. Give a reason for your refusal. Be honest and direct. Say what you mean, mean what you say.
3. Stand up for one’s rights and values without putting the other person down.
4. Look directly at the person and reinforce your boundaries.
5. Suggest alternative activities or options but remember your “no” is non-negotiable.
6. Take a definite action; if pressure persists, tell the person that the relationship cannot continue. You can walk away.
7. Request more time.



Grade: HS Lesson: 4 <i>taught separately</i>	Lesson Title/Focus: <ul style="list-style-type: none"> ● Puberty & Gender 	Materials: <ul style="list-style-type: none"> ● Glossary of vocabulary terms ● Identity Continuum
Health Standards: S1C2PO1 Describe the interrelationships of emotional, intellectual, physical, and social health S1C5PO1 Analyze the relationship between access to health care and health status S2C1PO1 Analyze how the family influences the health of individuals S2C1PO2 Analyze how the culture supports and challenges health beliefs, practices, and behaviors S2C1PO4 Evaluate how the school and community can impact personal health practice and behaviors S2C2PO1 Analyze how perceptions of norms influence healthy and unhealthy behaviors S4C1PO1 Utilize skills for communicating effectively with family, peers, and others to enhance health S8C2PO1 Work cooperatively as an advocate for improving personal, family, and community health		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> ● discuss the emotional, psychological and social changes that occur during puberty. ● accurately define the vocabulary words – recognizing the variations in the sexuality of individuals in society. ● explain how societal norms can dictate gender roles. 		
Academic Vocabulary: <ul style="list-style-type: none"> ● gender dysphoria ● gender identity ● gender expression ● gender preference ● aromantic ● asexual ● cisgender ● bisexual ● gay ● intersex ● heteronormative ● ally ● lesbian ● LGTBQ 		



- nonbinary
- pansexual
- queer
- transgender
- Two-Spirit
- questioning

Teacher Background:

1. Puberty involves physiological (physical and hormonal), emotional and social changes over time.
 - a. Each person’s growth is different, individualized, and can vary from average experiences.
 - b. Sometimes, puberty can occur outside of the expected range. For example:
 - c. Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either (see chart below for first signs of puberty); for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy.
 - i. During normal visits with your doctor, they may check to see what stage of puberty you are in to ensure a healthy process.
2. Emotional development during puberty:
 - a. In addition to the physical changes of puberty, psychological changes (including gender dysphoria) can also occur. These are triggered by the production of the sex hormones, such as estrogen and testosterone. Interest in sex increases. Mood swings are also common during puberty, however extreme mood swings, irritability and other changes may be signs of depression or other health conditions, and you should speak with your doctor.
3. Menstrual Cycle
 - a. Healthy vs. unhealthy cycles -When periods first start, it is common for them to be irregular, and may take years for a regular cycle to develop. Average bleeding throughout one menstrual cycle is about 1/3 cup heavy bleeding may be if you are soaking a pad or tampon in 2 hours or less
 - b. Some individuals experience severe pain during periods, heavy vaginal bleeding during periods, periods that are too frequent or too long apart, vaginal bleeding between periods, severe mood changes, headaches, abdominal cramps, or other symptoms during, before, or after periods, that may or may not be healthy.
 - c. Those concerned about their periods should talk with their doctor.
4. Gender, Sex and Sexuality
 - a. Sex Assigned at Birth:
 - 1) Genetic sex = chromosomes someone has XX (“female”), XY (“male”). Variations may include: XO (Turner Syndrome), XXY (Klinefelter Syndrome)



- 2) Anatomic sex = genitalia that someone has vagina, uterus, ovaries, mammary glands (female) Penis, testicles (male). Other (such as intersex, for example, a hormone exposure during fetal development leads to incomplete or variations in genitalia development).
- b. Gender identity = gender someone identifies as: Women, Man, other
 - 1) Cisgender – someone whose gender identity matches the sex they were assigned at birth.
 - 2) Transgender – someone whose gender identity does not match the sex they were assigned at birth
 - 3) Non-binary – someone who identifies as outside of the gender binary (neither male nor female)
- c. Gender expression/presentation = outward appearance (hair, clothing) and other expressions (such as mannerisms, personas, etc.) and the culture’s perception of that appearance as it relates to gender: Feminine, Masculine, other
- d. Sexual/Romantic Behavior or Attraction
 - 1) Sexual behavior or attraction - with whom someone prefers to have sex
 - i. Gay / Lesbian (someone who is sexually attracted to someone of the same gender).
 - ii. Straight, heteronormative (someone who is sexually attracted to someone of the opposite gender).
 - iii. Bisexual (someone who is sexually attracted to someone of both genders). Pansexual (someone who is sexually attractive to all genders.)
 - iv. Asexual is an individual who has little to no sexual attraction.
 - 2) Romantic/Emotional Attraction - with whom someone has an emotional but perhaps not a sexual attraction. Aromantic is someone who experiences little to no romantic attraction.
 - 3) Questioning - An individual may be unsure about their place on any of the continuums.
 - 4) Two-Spirit - a term used exclusively by native American people to describe an individual who possesses qualities of both masculine and feminine genders.
- 5. Social Constructs – Society has created expectations based on gender that affect thoughts and behavior often without people realizing it.

Anticipatory Set:

- Introduce and assess prior knowledge of lesson vocabulary.
- Assess prior knowledge of puberty and physiological changes occurring during puberty, explaining that we are now going to address the psychological and emotional constructs and changes.

Direct Instruction:

- Discuss the social and emotional changes that occur during puberty, including body dysphoria and gender dysphoria.
- Introduce vocabulary and identity continuum.
- Introduce the idea of gender stereotypes.

Guided Practice:



- Think-Pair-Share: How is gender/sex/sexuality reflected in today’s society? How does society stereotype gender?

Independent Practice:

- Ask students to plot themselves, if possible, where they lie at the moment on the identity continuum.
- Explore or compare/contrast masculine and feminine stereotypes, expectations, and archetypes from different time periods. How has toxic masculinity evolved?

Closure:

- Have you ever seen or witnessed somebody being treated poorly because of the way they look, the way they dress, or the way they express themselves? How could you support them as an “ally?”, listing at least three ways. Complete a written response (exit ticket) or share out answers.

Identity Continuum

Sex Assigned at Birth-
Based on genes,
chromosomes, physical
characteristics



Gender Identity-
How you feel inside



Gender Expression-
How you express
yourself to the world



Sexual Orientation-
Who you are
attracted to



****Some people do not identify with any gender (agender/gender neutral) and some people may not be attracted to anyone (asexual/aromantic).****

2018. Anti-Defamation League. Understanding Gender Identity. Curriculum Connections. <https://www.adl.org/media/6794/download>

2019. Human Rights Council. Welcoming Schools. https://assets2.hrc.org/welcoming-schools/documents/WS_LGBTQ_Definitions_for_Students.pdf



Grade: HS Lesson: 5 <i>taught separately</i>	Lesson Title/Focus: <ul style="list-style-type: none"> Reproductive Systems & Sexual Activity 	Materials: <ul style="list-style-type: none"> Male reproductive system diagram Female reproductive system diagram
Health Standards S1C2PO1 Describe the interrelationships of emotional, intellectual, physical, and social health S1C3PO1 Evaluate levels and types of physical activity and how these promote health and contribute to disease prevention S7C1PO1 Analyze the role of individual responsibility in enhancing health S7C2PO1 Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others S7C2PO2 Demonstrate a variety of behaviors that avoid or reduce health risks to self and others		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> develop knowledge of the structures and functions of the female and male reproductive system. be able to explain human reproduction. personally define abstinence. 		
Academic Vocabulary: <ul style="list-style-type: none"> Reference reproductive systems vocabulary 		
Teacher Background: <ol style="list-style-type: none"> It is important that everyone know and understand reproductive systems. <ol style="list-style-type: none"> Male reproductive system Female reproductive system Process of sexual intercourse <ol style="list-style-type: none"> Function of male and female reproductive organs. Pregnancy is possible at any time. One does not have to have penetration for pregnancy to happen Forms of sexual intercourse and stimulation <ol style="list-style-type: none"> What is required before any sexual activity with another individual <ol style="list-style-type: none"> Consent by all partners <ol style="list-style-type: none"> Someone under the influence of drugs or alcohol, who feels coerced or pressured, or some intellectual disabilities can NOT give consent Plan to avoid pregnancy and infections "Sexual intercourse" means penetration into the vulva or anus by any part of the body or by any object. Sexual activity includes masturbatory contact with the penis or vulva. "Oral sexual contact" means oral contact with the penis, vulva or anus. <ol style="list-style-type: none"> Low risk of HIV but other /STIs may be contracted if a dental dam or condom are not used. How prevalent is sexual intercourse among teens? <ol style="list-style-type: none"> More than half of students surveyed are not sexually active Statistics from the CDC: https://www.cdc.gov/nchs/data/nhsr/nhsr104.pdf 		



<p>1) Among U.S. high school students surveyed from 2011 – 2015: 28% (girls) and 31% (boys) have had sexual intercourse between the ages of 15 and 17.</p> <p>2) Print out and review the chart on page 14 of the National Health Statistics Report cited above. Emphasize that a very small percentage of high school age students actually have sexual intercourse.</p> <p>4. Abstinence is the only 100% effective way to prevent pregnancy and STI's. The degree of abstinence is a personal decision – YOU get to choose how much sexual activity you engage in.</p>
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Project and review the male and female reproductive system diagrams. Review vocabulary.
<p>Direct Instruction and Guided Practice:</p> <ul style="list-style-type: none"> • Explain the functions of the male and female reproductive systems and how sexual intercourse and fertilization resulting in pregnancy can occur. • Review vocabulary for student understanding. • Using the list on the following page, ask students to list reasons for abstaining from sexual activity. Write the reasons on the board.
<p>Independent Practice:</p> <ul style="list-style-type: none"> • Have students discuss the statistics about teens and sexual activity. Are you surprised by these results? • In groups of 3 or 4, define and discuss abstinence. • Have groups decide amongst themselves what the top three reasons (of the 10) for abstinence are.
<p>Closure:</p> <ul style="list-style-type: none"> • Are you surprised at the rate of teenage sexual activity? Why or why not? • Ask students to think about the level of abstinence they feel is right for them. Emphasize that even if someone has sex once, they can still choose to be abstinent.

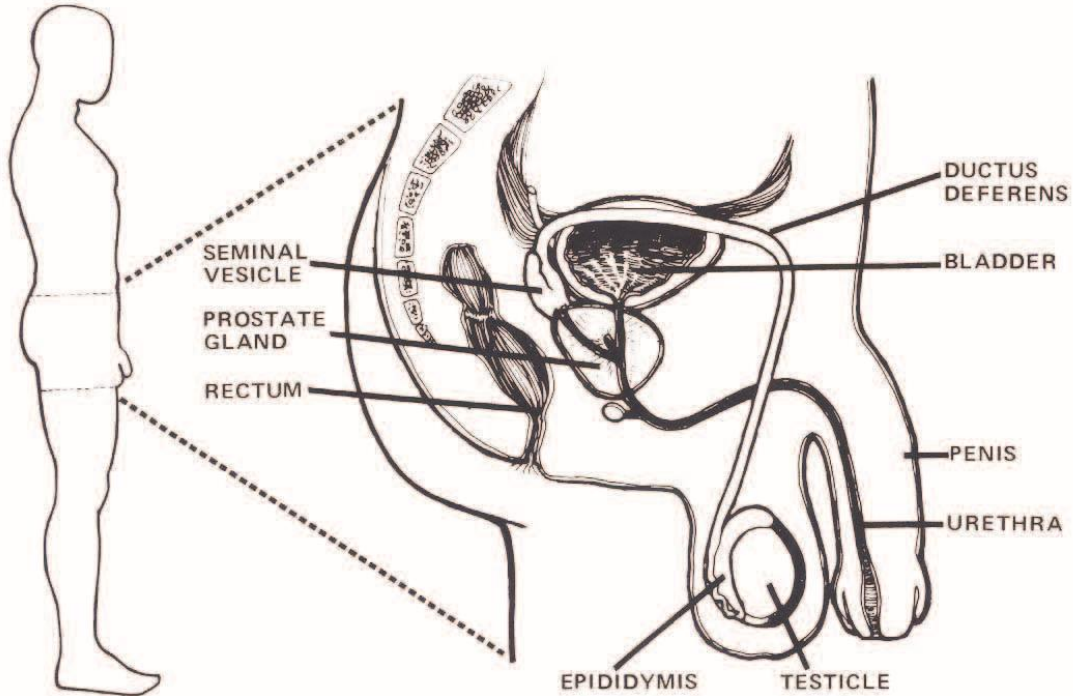


Reasons Not To Have Sex

- 1) Keep your reputation**
- 2) So you can know that the person likes you for YOU**
- 3) So your parents won't be disappointed**
- 4) Because you are not ready for sex yet**
- 5) To save yourself from all the emotional baggage**
- 6) You want to focus on school, your career and your future**
- 7) Because you don't want an STI**
- 8) You don't like anyone well enough**
- 9) You don't want to get/make someone else pregnant**
- 10) Because you want to uphold your religious or moral values**



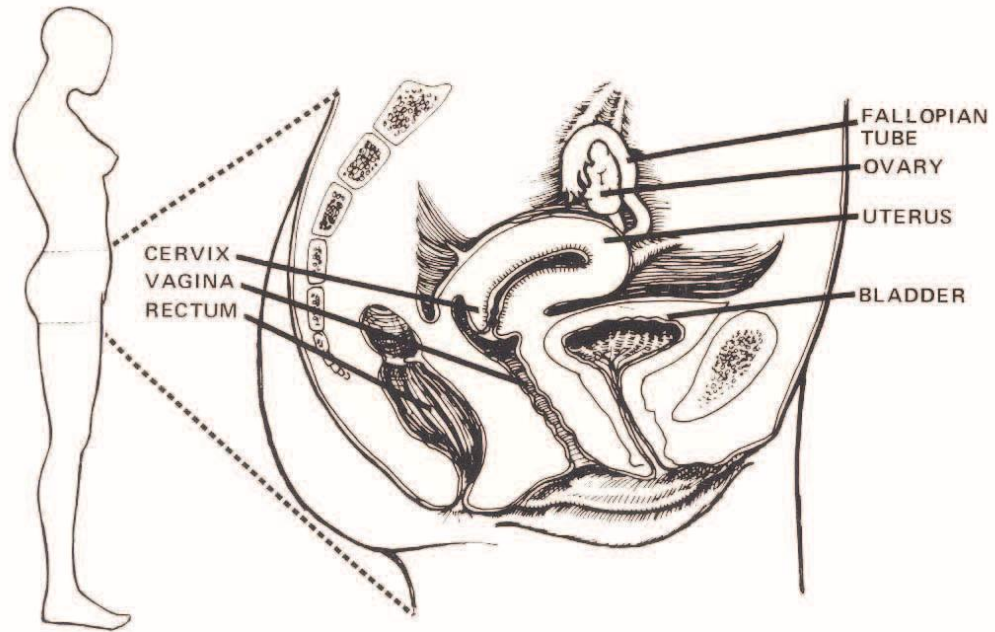
MALE REPRODUCTIVE SYSTEM



CS112378



FEMALE REPRODUCTIVE SYSTEM



CS112378



Grade: HS Lesson: 6 <i>taught together</i>	Lesson Title/Focus: <ul style="list-style-type: none"> Contraception 	Materials: <ul style="list-style-type: none"> Worksheet “Myth or Facts” & Answer Key Birth Control Choices Teacher Information Sheets
Health Standards: S1C1PO1 Predict how healthy behaviors can affect health status S3C1PO1 Evaluate the validity of health information, products, and services S7C1PO1 Analyze the role of individual responsibility in enhancing health S7C2PO2 Demonstrate a variety of behaviors that avoid or reduce health risks to self and others		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> make educated choices about their family planning / birth control methods. 		
Academic Vocabulary: <ul style="list-style-type: none"> abstinence contraceptives forms of hormonal birth control prescription barrier methods spermicide 		
Teacher Background: <ol style="list-style-type: none"> It is important to make decisions about sexual behavior before becoming involved in a relationship where there is a desire to express physical affection. Learning about birth control and having birth control access does not increase a teen’s chances of being sexually active. Before someone starts exploring sexual activity, they should have a plan in place on how to avoid unintended pregnancy. emergency contraception (Plan B) is a safe and effective way to reduce the chances of unintended pregnancy if taken within 3 days after penile/vaginal intercourse This should not be used as a standard form of contraception. The contents contained in this lesson address pregnancy and contraception, for more information about STIs see Lesson 7 of this curriculum. 		
Anticipatory Set: <ul style="list-style-type: none"> Assess understanding of vocabulary 		
Direct Instruction: <ul style="list-style-type: none"> Discuss abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections. Discuss methods of birth control and prevention of unintended pregnancies. 		
Guided Practice: <ul style="list-style-type: none"> Using the information in the “Contraception Choices” document discuss the effectiveness, side effects, timing and convenience of birth control methods. Also discuss access to birth control, such as which are over-the-counter and which are prescription items. 		
Independent Practice: <ul style="list-style-type: none"> Complete the “Myth and Fact” worksheet. 		
Closure: <ul style="list-style-type: none"> Review the answers and explanations for the “Myth and Fact” worksheet. 		



MYTH OR FACT?

Directions: Read each statement. Write FACT on the line if you think the statement is true. Write MYTH on the line if you think the statement is false.

_____ THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY.

_____ IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY.

_____ ABSTINENCE IS THE MOST EFFECTIVE METHOD OF AVOIDING STIs.

_____ DOUCHING OR URINATING (PEEING) AFTER SEX WILL WASH THE SPERM OUT OF THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE.

_____ BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING SEXUALLY TRANSMITTED INFECTIONS. (STIs)

_____ A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS TAKING THE PILL.

_____ HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER AND MAY CAUSE ME TO BE INFERTILE.











MYTH OR FACT?

Answer Key







- MYTH** THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY
A condom shouldn't be worn tightly because one needs to prevent the thin sheath of rubber from damage or breakage as well as to prevent sperm from entering the vagina. The tip of the condom must be positioned correctly to receive the sperm following ejaculation.
- MYTH** IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY
Pregnancy can still occur because prior to ejaculation there are sperm present in the pre-ejaculate ("pre-cum") fluid.
- FACT** ABSTINENCE IS THE MOST EFFECTIVE METHODS OF AVOIDING STI'S AND INFECTIONS
Abstinence IS the only 100% guaranteed effective method of avoiding STIs and infections.
- MYTH** DOUCHING OR URINATING (PEEING) AFTER SEX WILL WASH THE SPERM OUT OF THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE
Douching or peeing after sex will NOT protect one against pregnancy and STIs. Douching can actually lead to vaginal infections and is not recommended. Peeing after vaginal intercourse may help reduce the risk of bladder infections (UTIs) but NOT prevent pregnancy or STIs
- MYTH** BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING SEXUALLY TRANSMITTED INFECTIONS (STI'S)
Birth control pills will not prevent Sexually Transmitted Infections.
- MYTH** A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS TAKING THE PILL
A woman may need to take birth control pills for the full cycle before it can help prevent pregnancy.
- MYTH** HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER AND MAY CAUSE ME TO BE INFERTILE.
Hormonal birth control pills, patches, Depo shot, arm implant, IUD, and other forms of hormonal birth will NOT increase the risk of cancer and will NOT cause infertility. However, there can be risks involved with taking medication. Certain methods of birth control may not be appropriate for you. Talk to you doctor about the risks and benefits of each method.



Your Birth Control Choices

Method	How well does it work?	How to Use	Pros	Cons
The Implant Nexplanon® 	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 5 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
Progestin IUD Liletta®, Mirena®, Skyla® and others 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place 3 to 7 years, depending on which IUD you choose No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
Copper IUD ParaGard® 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
The Shot Depo-Provera® 	94%	Get a shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
The Pill 	91%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
Progestin-Only Pills 	91%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
The Patch Ortho Evra® 	91%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs
The Ring Nuvaring® 	91%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs



Method	How well does it work?	How to Use	Pros	Cons
External Condom 	82%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off
Internal Condom 	79%	Use a new condom each time you have sex Use extra lubrication as needed	Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for anal and vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation May be noisy May be hard to insert May slip out of place during sex Requires a prescription from your health care provider
Withdrawal Pull-out	78%	Pull penis out of vagina before ejaculation (that is, before coming)	Costs nothing Can be used while breastfeeding	Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
Diaphragm Caya® and Mileyx® 	88%	Must be used each time you have sex Must be used with spermicide	Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding	Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
Fertility Awareness Natural Family Planning 	76%	Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/spermicide during fertile days	Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant	Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
Spermicide Cream, gel, sponge, foam, inserts, film 	72%	Insert spermicide each time you have sex	Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms: cream, gel, sponge, foam, inserts, film Can be used while breastfeeding	May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®) 	58 - 94%	Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together	Can be used while breastfeeding Available at pharmacies, health centers, or health care providers: call ahead to see if they have it People of any age can get progestin EC without a prescription	May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Ulipristal acetate EC requires a prescription May cost a lot



<p>Grade: HS Lesson: 7 <i>taught together</i></p>	<p>Lesson Title/Focus:</p> <ul style="list-style-type: none"> Sexually Transmitted Infections (STIs) 	<p>Materials:</p> <ul style="list-style-type: none"> Teacher resource: STI Information Pages (9) Worksheet “Causes and Transmission of Sexually Transmitted Infection Study Guide” Worksheet “Vocabulary Activity” Teacher resource: Exchange of Body Fluid exercise (by Kim Lurie) Teacher resource: Sexual Exposure chart https://www.wvdhhr.org/appi/edresources/sexual_exposure_chart.pdf Teacher resource: STI Statistics and Young People Factsheet http://www.iwannaknow.org/statistics/
<p>Health Standards</p> <p>S1C1PO1 Predict how healthy behaviors can affect health status</p> <p>S1C6PO2 Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors</p> <p>S1C6PO3 Analyze the potential severity of injury or illness if engaging in unhealthy behaviors</p> <p>S3C2PO3 Analyze a situation in which professional health services may be required</p>		
<p>Lesson Objectives:</p> <p>Students will be able to:</p> <ul style="list-style-type: none"> define the term sexually transmitted infection (STI). discuss the prevalence of STIs in the under 25-year-old population. http://www.iwannaknow.org/statistics/ discuss the cause and transmission of STIs. identify and describe the symptoms and treatment for the most common STIs. describe the importance of seeking medical screening for STI’s if sexually active, and the consequences of STIs if left untreated. discuss complete abstinence as the only 100% effective method of preventing pregnancy and STIs. define and discuss selective abstinence. http://www.iwannaknow.org/?s=selective+abs#unique-selective-abstinece 		
<p>Academic Vocabulary:</p> <ul style="list-style-type: none"> sexually transmitted infections (STIs) abstinence and selective abstinence AIDS (taught separately in Health Education Curriculum under communicable diseases) chlamydia gonorrhea hepatitis herpes HPV pediculosis (pubic/genital lice) syphilis trichomoniosis 		



<ul style="list-style-type: none"> • chancre • universal precautions (blood and body fluids)
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Have students make a T chart, listing everything they already know about STIs on the left and everything they want to know on the right. • Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.
<p>Direct Instruction:</p> <ul style="list-style-type: none"> ○ Use the Teacher Resource: STI Information Pages to present this information to your students.
<p>Guided Practice:</p> <ul style="list-style-type: none"> • Choose from the approved media list on STIs to show to students. Discuss issues presented in the films. • Present sexual exposure chart-number of sexual partners and number of exposures • Exchange of body fluid exercise (Kim Lurie) • Discuss forms of abstinence (complete and selective) and why someone might choose to remain abstinent • Invite speaker from Pima County Health Department to discuss STIs as covered in this curriculum. <ul style="list-style-type: none"> A. Have students prepare questions ahead of time. B. Review questions before giving them to the speaker. If time allows, have speaker talk a few minutes on careers in public health.
<p>Independent Practice:</p> <ul style="list-style-type: none"> • Have students complete the “Causes and Transmission of Sexually Transmitted Infections Vocabulary and Study Guide.” • Have students complete the “Vocabulary Activity” worksheet.
<p>Closure:</p> <ul style="list-style-type: none"> • Have each student pick one STI and write a paragraph about what they have learned.



Sexually Transmitted Infections: Information Page (1)

AIDS (Acquired Immune Deficiency Syndrome) caused by the Human Immunodeficiency Virus		Cause: virus
<p>How is it contracted? It is spread through contact with someone who has the HIV virus by:</p> <ul style="list-style-type: none"> • Sharing needles or syringes • Mother to unborn child • Breast milk (low risk) • Blood to blood contact • Sexual contact (most commonly anal or vaginal) 		
<p>Symptoms: Acute HIV (weeks to months after transmission)</p> <ul style="list-style-type: none"> • Flu-like feelings that do not go away • General rash <p>AIDS</p> <ul style="list-style-type: none"> • Unexplained weight loss • Long-term otherwise unexplained diarrhea • Frequent and recurrent infections • Infections in the mouth • Unusual changes to the skin 		
<p>Treatment:</p> <ul style="list-style-type: none"> • No cure • Medication suppresses HIV to slow the progressions of the infection 		<p>If not treated:</p> <ul style="list-style-type: none"> • It can be spread to sexual partners and anyone who has blood to blood contact • AIDS can be deadly • Mothers can pass the virus on to their unborn children
<p>Medicines:</p> <ul style="list-style-type: none"> • HAART may be used so that HIV is no longer detectable in the blood 		<p>Prevention:</p> <ul style="list-style-type: none"> • Medication (pre-exposure prophylaxis or PReP) may be used in those with higher risk of acquiring HIV to help prevent HIV



Sexually Transmitted Infections: Information Page (2)

CHLAMYDIA (the most common STI)		Cause: bacterium (Chlamydia Trachomatis)
It is the primary cause of Pelvic Inflammatory Disease (PID)		
How is it contracted?		
<ul style="list-style-type: none"> • Spread during sexual intercourse, oral sex or anal sex with someone who has chlamydia 		
Symptoms:		
<ul style="list-style-type: none"> • Symptoms usually begin 7-21 days after having sex with an infected person • Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection • Discharge (usually white/watery/pus) from the vagina or penis • Burning pain during urination or sex • Throat pain (similar to strep throat) • Anal/rectal pain or discharge 		
Diagnosis:		If not treated:
<ul style="list-style-type: none"> • Testing of the urine or a special swab of the source area 		<ul style="list-style-type: none"> • Can be passed on to sexual partners • Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility
Treatment:		
<ul style="list-style-type: none"> • Oral antibiotics • Treatment should always be for both the infected individual and their partner(s) to prevent reinfection 		

GONORRHEA	Cause: bacterium (Neisseria gonorrhoea, more commonly called gonococcus)	
How is it contracted?		
<ul style="list-style-type: none"> • Spread during sexual intercourse, oral sex or anal sex with someone who has gonorrhea 		
Symptoms:		
<ul style="list-style-type: none"> • Symptoms usually begin 2-5 days after having sex with an infected person • Discharge (usually white/yellow/pus) from the vagina or penis • Burning pain during urination or sex • Throat pain (similar to strep throat) • Anal/rectal pain or discharge • Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection 		
Diagnosed by: Testing the urine or a special swab of the source area		
Treatment:		If not treated:
<ul style="list-style-type: none"> • Antibiotics (usually injection) • Treatment should always be for both the infected individual and their partner(s) to prevent reinfection 		<ul style="list-style-type: none"> • Can be passed on to sexual partners • Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility • Can cause more serious complications by spreading throughout the body



Sexually Transmitted Infections: Information Page (3)

HEPATITIS A (HAV)	HEPATITIS B (HBV)	HEPATITIS C (HCV)
Cause: virus		
How is it contracted? <ul style="list-style-type: none"> • Oral contact with fecal matter through: ○ Unsafely prepared food ○ Poor hand washing ○ Oral-rectal sexual contact 	How is it contracted? <ul style="list-style-type: none"> • Spread in semen and blood • Sexual contact • Mothers to unborn children • Transfusions (rare) • Organ transplants (rare) 	How is it contracted? <ul style="list-style-type: none"> • Spread through blood • Sexual contact (less common than HBV) • Sharing needles for intravenous drug use • Mothers to unborn children • Transfusions (rare) • Organ transplants (rare)
Symptoms: <ul style="list-style-type: none"> • May be invisible during its most contagious phase • Extreme fatigue, headache, fever, hives • Lack of appetite, nausea, vomiting, tenderness in the right upper abdomen • May progress to dark urine, clay-colored stool, yellowing of the skin and whites of the eyes (jaundice) 		
Treatment: <ul style="list-style-type: none"> • No treatment • Often clears in 4-8 weeks, but sometimes does not Prevention: <ul style="list-style-type: none"> • series of vaccinations 	Treatment: <ul style="list-style-type: none"> • Can sometimes be treated with medication • Unlikely to clear spontaneously Prevention: <ul style="list-style-type: none"> • series of vaccinations 	Treatment: <ul style="list-style-type: none"> • medications can cure the virus • Unlikely to clear spontaneously Prevention: <ul style="list-style-type: none"> no vaccination to prevent infection
If not treated: <ul style="list-style-type: none"> • HAV, HBV, and HCV are all contagious • Can lead to severe or even permanent liver damage • Some people remain infected and contagious for the rest of their lives 		



Sexually Transmitted Infections: Information Page (4)

HERPES		Cause: virus
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread during contact with an open sore/blister – can be from oral/vaginal/anal sexual intercourse or general contact. • Highest risk of transmission is during the active phase when a sore or blister is present, but it can be spread at other times too 		
<p>Symptoms:</p> <ul style="list-style-type: none"> • Symptoms show up 2-21 (average 6) days after having sex with an infected person • Initial breakout can be accompanied by flu-like feelings, run-down body, swollen glands, fever and chills, muscle ache, nausea • Blisters that last 1-3 weeks, often break and become open sores • Itching or burning before the blisters appear, followed by small, painful blisters on the sex organs, buttocks, or mouth (cold sores) • Blisters go away, but herpes virus remains in the body • Blisters reoccur • Possible triggers for breakouts include emotional stress, poor diet, menstruation, sunburn, friction from tight clothing and vigorous sexual intercourse • Some people have no symptoms 		
<p>Treatment:</p> <ul style="list-style-type: none"> • There is no cure • Treatment can help symptoms • Acyclovir is a prescription drug used to treat the pain of the blisters, but does not prevent a breakout, cure the infection, or prevent infecting another person 	<p>If not treated:</p> <ul style="list-style-type: none"> • Can be spread to sexual partners • A mother with an active herpes breakout may deliver early or miscarry. If the baby contracts herpes during delivery, they may suffer severe illness or death. Is there is an active breakout in the mother, she will usually deliver cesarean section. 	



Sexually Transmitted Infections: Information Page (5)

HUMAN PAPILLOMA VIRUS (HPV), GENITAL WARTS, CERVICAL/PENILE/ANAL CANCER		Cause: virus
Information:		
<ul style="list-style-type: none"> Over 100 strains of HPV exist. Different strains cause warts on the hands and feet but these strains are not STIs. Other strains only infect human genital organs and some of these strains can lead to cancer. 		
How is it contracted?		
<ul style="list-style-type: none"> Almost always spread through genital contact or during oral, anal, or vaginal sex with someone who has HPV Being exposed to HPV leads to a greater than 50% chance of contracting the virus 		
Symptoms:		
<ul style="list-style-type: none"> Usually appear within three months but can begin anywhere from six weeks to eight months after exposure Genital warts are white or gray in color, appear in clusters and may be described as “cauliflower-like”. Sometimes they are the same color as the person’s skin tone Sometimes there are no symptoms 		
Prevention:		
<ul style="list-style-type: none"> The HPV strains that are most likely to lead to cancer can be prevented by a vaccine Cervical cancer can be prevented if women get regular screening (called a Pap smear) starting at age 21 and every 3-5 years after. 		
Treatment:	If not treated:	
<ul style="list-style-type: none"> Cannot be cured without medication Warts can be removed by a doctor using freezing, medication, or surgical methods, but they can regrow Penile and anal cancer are treated by removing cancerous cells 	<ul style="list-style-type: none"> Can be spread to another person Can lead to cervical, penile, or anal cancer 	



Sexually Transmitted Infections: Information Page (6)

PEDICULOSIS PUBIS (pubic lice, crabs, lice)		Cause: parasite
<p>Information:</p> <ul style="list-style-type: none"> • Crab-like parasites that live in the pubic hair and feed on tiny human blood vessels. • They attach to the hair follicles and deposit their eggs near the base of the hair shaft. • They reproduce quickly and cannot be washed off. • The louse is a tiny white organism that looks like a crab. It has claws that enable it to attach itself to the hairs of the genitals, chest, armpits or scalp. • Once secured to the hairs, the louse inserts its mouthpiece into the skin and feeds on blood. During feeding, it injects saliva into the skin which causes irritation and severe itching 		
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread by intimate physical contact with infected person • Could get from infected bedding, clothing or towels, hairbrush (as eggs can live up to 6 days) 		
<p>Symptoms:</p> <ul style="list-style-type: none"> • Symptoms usually show up 25-30 days after exposure • Small bumps at the base of the hair • Intense itching in pubic area • Bloodstains may be noticed on underwear 		
<p>Diagnosis:</p> <ul style="list-style-type: none"> • usually diagnosed by sight <p>Treatment:</p> <ul style="list-style-type: none"> • special shampoos such as K-Well, A-200, and Cuprex, are available from the pharmacy without a prescription 	<p>If not treated:</p> <ul style="list-style-type: none"> • Can be spread to sexual partner(s) • Continued symptoms 	



Sexually Transmitted Infections: Information Page (7)

SYPHILIS		Cause: bacterium (treponema pallidum)
How is it contracted?		
<ul style="list-style-type: none"> • Spread during sexual intercourse, oral sex or anal sex with someone who has syphilis 		
Symptoms:		
<p>Primary syphilis – usually detected as a painless sore on the penis or vagina</p> <ol style="list-style-type: none"> 1. Incubation period is from 10 days to three months 2. Symptoms show up 1-2 weeks after having sex 3. A painless, reddish-brown sore (chancre) on the mouth or sex organs (penis, vagina, or cervix) 4. Sore goes away, but syphilis remains <p>Secondary syphilis</p> <ol style="list-style-type: none"> 1. Symptoms show up within 10 weeks after primary stage 2. An itchy, painless rash anywhere on the body caused by the infection as they enter the bloodstream on their way to the vital organs 3. Flu-like symptoms 4. Rash and flu-like symptoms go away within 2-6 weeks, but syphilis remains <p>Late syphilis is the final stage, during which the infection is reactivated, often years later, which can cause brain / neurologic symptoms and even death</p>		
Treatment:	If not treated:	
<ul style="list-style-type: none"> • Antibiotics, injection 	<ul style="list-style-type: none"> • Syphilis can be spread to sexual partners • Infected mothers can spread it to their babies during childbirth or a stillbirth may occur • Complications as described above • Syphilis can be serious, even deadly, if left untreated. • Modern health care and screening methods almost always detect the disease before it progresses far enough to be fatal. 	



Sexually Transmitted Infections: Information Page (8)

TRICHOMONIASIS (Trich)		Cause: parasite
<p>How is it contracted?</p> <ul style="list-style-type: none"> • A microscopic one-celled organism called a trichomonad. • It is pear shaped and has a whip like tail • It moves by swimming • Sexually transmitted and can be passed to another person even if no symptoms appear • Usually contracted through sexual contact, but it can be transmitted through moist materials such as wet swimsuits, wash cloths, or towels. 		
<p>Symptoms:</p> <ul style="list-style-type: none"> • Usually appears between 4-28 days after contact • Itching and burning in the vaginal area, pain during intercourse, redness or red marks on the vaginal walls and a frothy, yellow green discharge that has an odor 		
<p>Diagnosis:</p> <ul style="list-style-type: none"> • Diagnosed by an inflamed vagina or with a wet mount slide of vaginal or penile discharge <p>Treatment:</p> <ul style="list-style-type: none"> • oral antibiotic • Your partner(s) should be treated as well, even if they have no symptoms, to help prevent reinfection 	<p>If not treated:</p> <ul style="list-style-type: none"> • Infects the bladder or urinary tract in women and the prostate, bladder and urethra in men. 	



Causes and Transmission of Sexually Transmitted Infections Study Guide

STI	SIGNS & SYMPTOMS (MALE)	SIGNS & SYMPTOMS (FEMALE)	Long term consequences if not treated
AIDS			
Chlamydia			
Gonorrhea			
Hepatitis			
Herpes			
HPV			
Pediculosis Pubis			
Syphilis			
Trichomoniasis			



Vocabulary Activity

STI	What I Know	Slang Terms	What I Now Know is Correct	Clear Definition
AIDS				
Chlamydia				
Gonorrhea				
Hepatitis				
Herpes				
HPV				
Pediculosis Pubis				
Syphilis				
Trichomoniasis				



Sexuality – Sexually Transmitted Infections and the Exchange of Body Fluids.

Learning Objectives:

After a discussion and activity, students will be able to:

- accurately list the six body fluids capable of transmitting a Sexually Transmitted Infection (STI).
- list at least 8 common interactions seen at parties which could lead to a STI being transmitted.
- accurately explain at least 10 ways of how one could avoid getting an STI.

Resources

- Small cups
- Pitcher of water
- Sodium Hydroxide
- Phenolphthalein Indicator Solution
- Individual Slips of Paper depicting teenage party behaviors

Procedure

1. Teacher fills cups with water about half-way. One cup is similarly filled with sodium hydroxide solution and placed amongst the rest.
2. Students obtain a cup and stand in a circle. Paper slips (2 – 3 each, depending on class #) are distributed to each.
3. Students take turns reading one slip at a time. The group decides, after reading, whether the behavior merits a body fluid exchange. If so, the reader goes to another student (not right next to them) and pours some of his/her fluid into their glass. That second student then, in turn, pours some of his fluid back into the reader's glass. (Some scenarios dictate that there is a fluid exchange with more than one person, so it is repeated.) This continues until all slips are read. (Students are encouraged to spread the liquids around to all as much as possible.)
4. When all have been read, the students take their seats and put their filled cups on their desks. The teacher informs the students that they were unaware that one person at the party was HIV positive.
5. The teacher drops 2- 3 drops of the indicator in each glass and students are told that if the liquid turns pink, then they, too, also are infected.
6. When all glasses have been treated, those students who have pink liquid in their cups are asked to stand and are counted. The teacher asks the students to imagine if it had been a real party. Suggestions are solicited on how this could have been avoided.



Grade: HS Lesson: 8 <i>taught together</i>	Lesson Title/Focus: <ul style="list-style-type: none"> • Pregnancy/Fetal Development 	Materials: <ul style="list-style-type: none"> • Materials to facilitate student research and presentations
Health Standards: S1C3PO2 Evaluate the impact of food and nutrition, including nutrient deficiencies on health S1C5PO1 Analyze the relationship between access to health care and health status S3C2PO2 Determine the accessibility of products and services that enhance health S7C2PO1 Demonstrate a variety of health practices and behaviors that will maintain or improve the health of self and others		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> • discuss how pregnancy occurs. • discuss prenatal care and development in each trimester. • describe the development of the fertilized egg through pregnancy. • explain the physical changes that occur in the body from conception through birth. 		
Academic Vocabulary: <ul style="list-style-type: none"> • pregnancy • pre-natal care • fertilization • immunizations • infant mortality 		
Teacher Background: <ol style="list-style-type: none"> 1. The stages of development from fertilization to birth are divided into weekly and monthly stages, from implantation to birth. 2. Pre-pregnancy and during pregnancy nutrition, stress and mood, lifestyle exposures (such as tobacco use, alcohol, caffeine, and other drugs), and other factors have significant impacts on the healthy growth and development of the fetus. 3. Pre-natal care by a doctor is important for the health of the mother and the baby. 4. Both parents' role in creating and maintaining a positive environment for fetal development. 5. Supporting your partner during pregnancy 		
Anticipatory Set: <ul style="list-style-type: none"> • Introduce and assess prior knowledge of vocabulary. 		
Direct Instruction: <ul style="list-style-type: none"> • Discuss the fact that when planning to become pregnant, the parents should be in optimum physical health to increase chances of a healthy baby. Some health precautions to take before pregnancy: <ol style="list-style-type: none"> A. Avoid pregnancy until adulthood B. make sure immunizations are current C. maintain a healthy, well balanced diet including the proper vitamins and minerals (especially folic acid) D. maintain a healthful level of physical fitness E. abstain from harmful substances F. manage chronic illnesses 		



<p>G. treat minor infections</p> <p>H. avoid closely spaced pregnancies</p> <ul style="list-style-type: none"> • Discuss the factors surrounding infant mortality and transmission of STI's and drugs from mother to fetus.
<p>Guided Practice:</p> <ul style="list-style-type: none"> • Divide the class into groups. Assign each group one stage of development starting with the first week after fertilization and continuing for nine months. Assist students with research as needed.
<p>Independent Practice:</p> <ul style="list-style-type: none"> • Have students create a presentation based on their research regarding the stage of development assigned. Include the impact of the mother's health and behavior on the developing baby.
<p>Closure:</p> <ul style="list-style-type: none"> • Student presentations. If time, allow for questions, reflection and feedback.

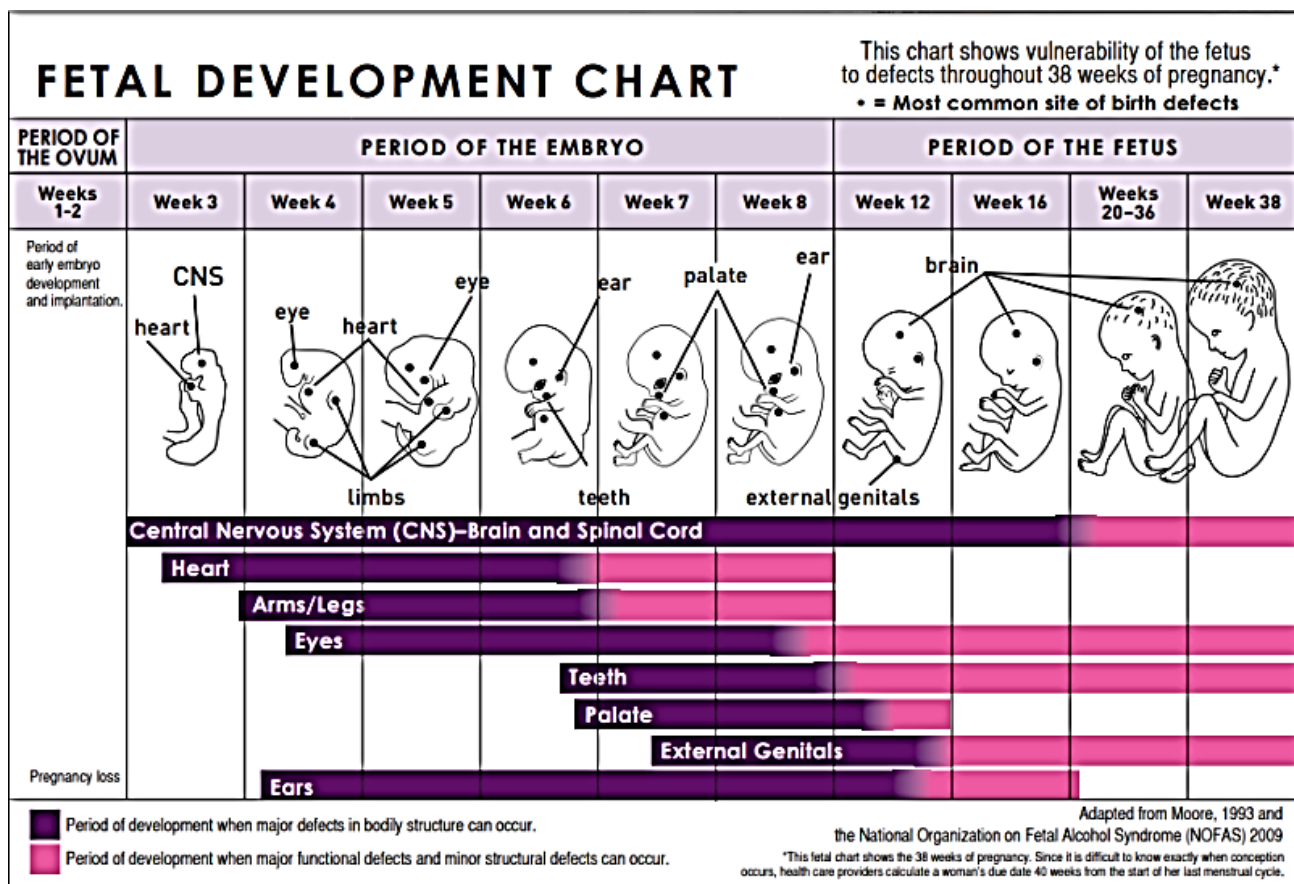


Image source: CDC FASD Brochure Retrieved from https://www.cdc.gov/ncbddd/fasd/documents/fasdbrochure_final.pdf



Grade: HS Lesson: 9 <i>taught together</i>	Lesson Title/Focus: <ul style="list-style-type: none"> • Teenage Pregnancy 	Materials: <ul style="list-style-type: none"> • Materials to facilitate student research.
Health Standards: S3C2PO4 Access valid and reliable health products and services S7C1PO1 Analyze the role of individual responsibility in enhancing health S7C2PO1 Demonstrate a variety of health practices and behaviors that will maintain or improve the health of self and others		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> • discuss abstinence as the only 100% effective method of preventing pregnancy and STIs. • understand advantages and disadvantages of the choices available to pregnant teens. • discuss Arizona Laws as they pertain to the duties, responsibilities and rights of parenting. • understand the Arizona state statute giving preference to childbirth and adoption as preferred options to abortion. 		
Academic Vocabulary: <ul style="list-style-type: none"> • pre-natal care • custodial arrangements • paternity • adoption 		
Teacher Background: <ol style="list-style-type: none"> 1. Personal, religious, cultural, familial and moral values affect decisions regarding pregnancy, please refer your students to their parents 2. Decisions around pregnancy can be difficult, please seek out support (e.g., physically, spiritually, mentally, and emotionally). 3. Options when pregnant <ol style="list-style-type: none"> A. Carrying to term and parenting <ol style="list-style-type: none"> a. Parental / family and partner involvement and support b. The rights and responsibilities of a mother <ol style="list-style-type: none"> i. A pregnant teen under 18 is able to make medical decisions for her pregnancy and for her child(ren) ii. Options for prenatal care (obstetrician, family doctor, nurse midwife) c. The rights and responsibilities of a father <ol style="list-style-type: none"> i. Establishing paternity (this could be court ordered) d. Shared rights and responsibilities <ol style="list-style-type: none"> i. Custodial arrangements ii. Co-parenting iii. Financial responsibilities e. Costs of raising a child from birth through age 18 B. Carrying to term and placing child for adoption <ol style="list-style-type: none"> a. Shared rights and responsibilities C. Terminating the pregnancy (elective or induced abortion) 		



- a. Options include medication-induced abortion and surgical abortion
- b. Legality, consent for minors (i.e., parental consent, ultrasound, waiting period). The laws regarding abortion can be found in the AZ revised statute as well as the AZ Department of Health Services.
- c. As a medical procedure, there are potential financial costs.

Anticipatory Set:

- Discuss vocabulary for student understanding

Direct Instruction:

- Discuss the following topics:
 - goal setting prior to parenthood
 - unique challenges of teenage parenthood
 - awareness of healthy behaviors for a pregnant woman
 - advantages of prepared childbirth
 - choices available to both parents in the event of pregnancy
 - expenses involved in prenatal care and childbirth
 - the legal responsibilities and rights of the father and the mother

Guided Practice:

- Assign groups and/or or topics (pros and/or cons) for student research. Assist student with their research as needed.

Independent Practice:

- Research potential pros and cons for parenting, placing for adoption and elective abortion.

Closure:

- Have students present or discuss what they found in their research.
- As a class discuss the psychological impact of each choice

Additional Information:

Relevant Arizona Laws:

ARS 15-115 Preference for childbirth and adoption; allowable presentations

- A. In view of the state’s strong interest in promoting childbirth and adoption over elective abortion, no school district or chart school in this state may endorse or provide financial or instructional program support to any program that does not present childbirth and adoption as preferred options to elective abortion.
- B. In view of the state’s strong interest in promoting childbirth and adoption over elective abortion, no school district or chart school in this state may allow any presentation during instructional time or furnish any materials to pupils as part of any instruction that does not give preference, encouragement and support to childbirth and adoption as preferred options to elective abortion.



Grade: HS Lesson: 10 <i>taught together</i>	Lesson Title/Focus: <ul style="list-style-type: none"> Media Influence on Sex & Sexuality 	Materials: <ul style="list-style-type: none"> “Myth or Fact” Worksheet “Myth or Fact” Answer Key
Health Standards: S2C1PO5 Evaluate the effect of media on personal and family health S2C1PO6 Evaluate the impact of technology on personal, family, and community health		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> identify and understand the roles that media play in sex and sexuality. 		
Academic Vocabulary: <ul style="list-style-type: none"> depersonalization decontextualization perpetuate cyber sexual harassment 		
Teacher Background: <ol style="list-style-type: none"> Emotional consequences and effects on relationships. Depersonalization and decontextualization that can lead to riskier sexual behavior. How media shapes views of healthy relationships. Stereotypes can be perpetuated across all media. Negative impacts: <ol style="list-style-type: none"> representations of types of relationships (false expectations) expected sexual experiences increased cyber sexual harassment and bullying (online gaming, social media, dating apps, sexting - online experiences) can cause increased anxiety, stress and depression An awareness of laws regarding the recording and distribution of sexual content (and possible legal ramifications). Review decision-making and problem-solving strategies. 		
Anticipatory Set: <ul style="list-style-type: none"> Brainstorm examples of TV commercials, magazine ads, social media ads, and advertising jingles that pressure the consumer to buy a product. What messages do they give about sex and sexual relationships? Do they stereotype, give unhealthy messages, give incorrect messages? 		
Direct Instruction: <ul style="list-style-type: none"> Review decision-making and problem-solving strategies from previous lessons. 		
Guided Practice: <ul style="list-style-type: none"> Discuss pros and cons of different social media. Discuss how does social media, media, and pornography shape views around consent? What are some examples of positive and negative representations of sexual relationships found in media (TV, movies, music)? Have students work through the following scenarios through writing, discussion or role playing: <ul style="list-style-type: none"> Someone sent a screenshot of a compromising photo of a friend and it has begun to go viral at school. What do you do? 		



- You are in a chat room in an online game. One player begins to harass another player by calling them inappropriate names and using abusive language. What would / should you do?
- Your current partner watches pornography and it makes you feel sexually pressured. How would you tell them how you feel?
- Your friend posted an inappropriate video or photo on social media. What would some of the social and emotional ramifications be?
- You are at a party. Someone approaches you and asks if you would be willing to participate in a photo shoot. How do you respond?

Independent Practice:

- Complete the “Myths or Facts” worksheet

Closure:

- Review the answers to the “Myths or Facts” worksheet and answer any questions that arise.



MYTH OR FACT?
Consent, Online Dating and Other Media Influences

Directions: Read each statement. Write FACT on the line if you think the statement is true. Write MYTH on the line if you think the statement is false.

_____ MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES

_____ MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT

_____ IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS

_____ YOU WILL ALWAYS KNOW HOW MANY SEXUAL PARTNERS YOUR ONLINE DATE HAS HAD

_____ IT IS POSSIBLE THAT PEOPLE ON DATING APPS DO NOT ALWAYS PRESENT THE TRUTH IN THEIR PROFILE

_____ EVERYTHING SEEN IN INTERNET PORN IS SOMETHING YOUR PARTNER WILL ENJOY

_____ WHEN SEXTING, ONLY YOUR PARTNER WILL SEE IT

_____ SHARING A PHOTO OR VIDEO OF YOURSELF OR OTHER MINORS WITHOUT CLOTHING IS ILLEGAL AND A FELONY



MYTH OR FACT?
Answer Key

- MYTH** MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES
- MYTH** MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT
- FACT** IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS.
- MYTH** YOU WILL ALWAYS KNOW HOW MANY SEXUAL PARTNERS YOUR ONLINE DATE HAS HAD
- FACT** IT IS POSSIBLE THAT PEOPLE ON DATING APPS DO NOT ALWAYS PRESENT THE TRUTH IN THEIR PROFILE
- MYTH** EVERYTHING SEEN IN INTERNET PORN IS SOMETHING YOUR PARTNER WILL ENJOY
- MYTH** WHEN SEXTING, ONLY YOUR PARTNER WILL SEE IT
- FACT** SHARING A PHOTO OR VIDEO OF YOURSELF OR OTHER MINORS WITHOUT CLOTHING IS ILLEGAL AND A FELONY



<p>Grade: HS Lesson: 11 <i>taught separately</i></p>	<p>Lesson Title/Focus:</p> <ul style="list-style-type: none"> • Consent/Personal Safety/Defining Sexual Violence 	<p>Materials:</p> <ul style="list-style-type: none"> • Stand Up Exercise • Could It Be? Activity • Note cards
<p>Health Standards: S2C2PO1 Analyze how the perception of norms influence healthy and unhealthy behaviors S4C1PO2: Demonstrate refusal and negotiation skills to enhance health and avoid or reduce health risks S4C3PO1 Evaluate effective ways to ask for and offer assistance to enhance the health of self and others</p>		
<p>Lesson Objectives: Students will be able to:</p> <ul style="list-style-type: none"> • define and state the difference between sexual harassment, sexual abuse and sexual assault. • know ways to increase personal safety and awareness. • demonstrate bystander intervention techniques to help others. • understand that rape, sexual assault and sexual abuse as crimes of violence not just as sexual acts. • identify medical, legal and social resources available to victims of sexual assaults. 		
<p>Academic Vocabulary:</p> <ul style="list-style-type: none"> • sexual violence • sexual harassment • sexual abuse • sexual assault • coercion • consent 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Prior to starting the lesson write the crisis line number for the Southern Arizona Center Against Sexual Assault on the board: 520-327-7273 or 1-800-400-1001 • Explain to the students that this lesson deals with sexual harassment, sexual abuse and sexual assault and some students may get very upset with some of the information. This is why you wrote the crisis line number on the board. Also explain that you are a mandated reporter and what that means. • Do the Stand Up exercise. (see activity sheet) Discuss after the activity and emphasize that everyone has been affected by bullying and sexual violence. 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> • Write the Continuum of Violence on the board and review. Review definitions for the following terms: bullying, sexual harassment, sexual abuse and sexual assault. • Emphasize that bullying and sexual violence are about power and control and not sex. • You may want to invite a speaker from the Rape Crisis Center to speak to the class. • Discuss the concept of consent: emphasize that consent can be withdrawn at any time and someone who is asleep or incapacitated in any way cannot give consent. 		



- What is coercion? Discuss the difference between consent and coercion. Ask students what they can do if they have a friend who they know is being coerced (pressured) by their boyfriend/girlfriend to engage in sex. This is known as bystander intervention.

Guided Practice:

- As a class, brainstorm situations where they may be coerced into sexual activity.
- Have two students role play a situation using assertive language to refuse engaging in sexual activity.
- Using one of the situations presented have a small group of students demonstrate bystander intervention.

Independent Practice:

- In pairs, have students write two ways they can say no to unwanted sexual activity on note cards. Have students discuss what they wrote.
- Have students independently complete the Could It Be? activity. If time, review as a class.

Closure:

- Discuss with students that date rape is a growing concern and occurs more frequently than many people realize. Often it is not reported. It is critical that students consider ways to protect themselves and avoid getting into situations where they have less chance to get help or get away if necessary.
- Emphasize to students that help is available if they need it. Review the crisis line phone number and state that trusted adults at school are here to help.
- Encourage students to take care of each other and speak up/act up if they see someone being pressured or victimized.



Stand Up Exercise

Tell the students that we are going to do an exercise to help us start thinking about how sexual violence affects us on a daily basis. Say, “I am going to read a statement and if it is something that applies to you, stand up.”

Please stand up if:

- Heard or told a joke that insults men
- Heard or told a joke that insults women
- Been pinched, grabbed or touched in a way that made you feel uncomfortable.
- Known a girl or woman who acts less intelligent than she is around guys.
- Known a boy or man who always acts like a tough guy.
- Heard a guy get called “faggot” or “wuss” for crying or expressing an emotion other than anger.
- Been afraid to walk alone at night.
- Looked at a magazine and felt depressed because you’re not pretty, handsome, thin or buff enough.
- Felt like staying home from school because of bullying or harassment
- Had your appearance rated by a group of peers when you walked by
- Had whistling noises made at you when you walked down the street
- Got angry when someone made a comment about your body
- Known someone who was harassed or attacked because they were thought to be lesbian or gay
- Known someone in an abusive relationship

Continuum of Violence

Bullying

Sexual Harassment

Sexual Abuse

Sexual Assault



COULD IT BE?

Place an **X** beneath *agree* if the statement is an example of sexual harassment or abuse and an X below the *disagree* if the statement is **not** an example of sexual harassment or abuse.

Agree	Disagree	
		Discussing or “rating” another person’s body or sex appeal.
		Unwelcome touching of breasts, buttocks, or genitals.
		Calling other students derogatory names.
		Exposing someone by removing clothing against their will.
		Using an electronic device to send unwanted sexual messages.(sexting)
		Being best friends with someone of the opposite sex.
		Spreading a sexual rumor about someone.
		Kissing someone.
		Girls using vulgar language to a boy.
		A teacher offering a better grade in exchange for sex.
		Writing something sexual about another person on the bathroom wall.
		Continuing to follow someone around or communicate with them after they have asked you to stop.
		Bra snapping.
		Mooning someone.
		Encouraging someone by patting them on the butt.
		Unwanted hugging.
		Blocking a doorway or grabbing someone’s arm to keep them from leaving.
		Using sexual language or derogatory language in an online game.



Grade: HS Lesson: 12 <i>taught separately</i>	Lesson Title/Focus: <ul style="list-style-type: none"> Support and Advocacy 	Materials: <ul style="list-style-type: none"> YouTube video – TED talk of Jackson Katz: Violence Against Women – It’s a Man’s Issue
Health Standards: S3C1PO1 Evaluate the validity of health information, products, and services S3C2PO2 Determine the accessibility of products and services that enhance health S8C1PO2 Influence and support others to make positive health choices S8C2PO1 Work cooperatively as an advocate for improving personal, family, and community health		
Lesson Objectives: Students will be able to: <ul style="list-style-type: none"> learn that abuse is never the victims /survivor’s fault. understand the harmful effects of sexual violence. understand the social implications of sexual violence and the individual and collective roles and responsibilities. learn about community resources to help survivors of sexual violence. 		
Academic Vocabulary: <ul style="list-style-type: none"> sexual violence sexual harassment sexual abuse sexual assault coercion 		
Teacher Background: <ol style="list-style-type: none"> Why some survivors don’t speak out or get help. <ol style="list-style-type: none"> They may be under the control of their abuser, who mentally and/or emotionally brainwashes victims/survivors into believing what they want them to believe. <ul style="list-style-type: none"> Traumatic bonding to the abuser: “He loves me. He’s my boyfriend.” Abuser may make the victim/survivor feel responsible for satisfying their sexual needs, relieving stress, - that the child is the only one that can do this for them. They may not be old enough to understand they are being abused. It may seem normal or loving. They do not see themselves as being abused: “It’s my choice” or “ It’s my fault” Their abuser may use fear and threaten them or their friends/family members. Threats may include physical, emotional, or financial harm. They may experience feelings of shame and/or humiliation. <ul style="list-style-type: none"> They may blame themselves for allowing the abuse, and not saying “no” The abuse may “feel good” and they may not understand that the body responds in a pleasurable way to stimulation even when it is abusive. This can be confusing. Distrust or fear-of law enforcement, those in authority, or service providers. <ul style="list-style-type: none"> This may be due to immigration status or involvement in the juvenile justice system 		



- G) Abuse may be normalized
- H) Fear of harming or losing their family
 - Disappointing their parents that they have somehow "allowed" the abuse to occur, that they are to blame (abusers may tell them this is how their family will respond)
 - Reporting a family member – which could cause a parent or other family member to have to leave
 - Feel obligated to keep it a secret to keep the family together and to avoid retaliation by family members.
 - fear of being abandoned
 - fear of not being believed

2. Harmful effects of sexual violence can cause the survivor to:

- A) Become physically ill, i.e. I frequent headaches, stomach aches
- B) Withdraw from social or public situations, lose interest in favorite activities, runaway
- C) Turn to drugs, cutting, burning, sexual acting out/promiscuity, eating disorders
- D) Feel unable to have comfortable relationships with others
- E) Be limited in their academic choices, drop in grades, drop out of school
- F) Feel angry, afraid, embarrassed, degraded, intimidated
- G) Experience frequent nightmares, bed-wetting
- H) Hate themselves, put themselves down
- I) Experience anxiety, depression, and/or suicidal thoughts or a
- J) Assume a victim mentality, believing they lack the power to say “no,” to resist those who are domineering, controlling, abusive
- K) Become more susceptible to further abuse, assault, exploitation
- L) Have a lack of appropriate boundaries

3. Responding to sexual harassment or abuse – regarding yourself or someone else

- A) Reporting harassment or abuse
 - DO NOT STAY SILENT. Tell a responsible adult – not just a peer.
 - When possible, talk with your parents, guardians or other family members
 - If safe, you have the power to tell the harasser or abuser that you don't like the behavior and tell them to stop!
 - If you confront the harasser or abuser face to face, ask a-trusted adult to join you.
 - Professionals such as physicians, nurses, psychologists, teachers, school personnel, social workers, and police officers are obligated to report sexual molestation, abuse, or physical neglect to law enforcement or the Department of Child Safety (DCS)
 - Tell law enforcement yourself by dialing 911. If you are not sure it is something that needs to be reported, or if you are not yet prepared to identify yourself, there are ways to make anonymous reports through some of the resources listed.
 - Don't feel guilty. You didn't cause harassment and you are not responsible for it.

- B) Get the help you need to heal and re-establish your life goals and boundaries



- Get referrals from your parents, guardians, other family members, school counselor, clergy
 - Speaking out is the first step to healing.
- C) Be an advocate, for someone you believe is being harassed or abused. Friends don't stay silent; they believe and support one another in finding safety.
- 4. Creating a school culture that respects others**
- A) Be a leader on campus
- B) Standing up to others when you hear anti-women, homophobic, racist or other hateful speech
- 5. Getting help in our community**
- Resources available
- School counselor
 - Abuse at home – The Mama Bear Effect: 1-888-428-0101
 - DCS Child Abuse Hotline: 1-888-767-2445 (1-888-SOS-CHILD)
 - RAINN Rape and Incest National Network: (1-800-656-HOPE)
 - SACASA (Southern Arizona Center Against Sexual Assault) 520-327-7273
 - AL-ANON/ALATEEN (Support for families and friends of alcoholics) 520-323-2223
 - Center on 4th (support for LGBTQI youth) 520-628-7223
 - EMERGE! Domestic violence shelter hotline 1-888-428-0101 shelter 520-750-7220
 - National child abuse hotline 1-800-422-4453
 - Casa de los Ninos support for families with children who are abused, neglected or when families are under stress 520-624-5600

Anticipatory Set:

- Hand out a half sheet listing the resources above. Explain that we have spent the last two weeks learning about and talking about relationships, sexual activity, reproduction, abstinence, contraception and sexual violence. Today we are going to end the unit by discussing what we can do to support each other to make positive choices and respect each other.

Direct Instruction:

- As a class discuss reasons why someone would stay in an abusive relationship and the reasons a person may engage in unwanted sexual activity. Remind students that a very small percentage of high school age students are sexually active.
- Discuss the harmful effects of sexual harassment, abuse and assault. Review the resources available in our community to help.
- Watch Jackson Katz TED talk on violence against women and the role of men. <https://www.youtube.com/watch?v=ElJxUVJ8blw>
- Emphasize that it is everyone's responsibility to stop sexual violence in our society.

Guided Practice:

- Pair/share: in pairs have students discuss the TED talk. Is it realistic in high school to stand up to peers making sexist comments or sexually harassing someone? How might you do it in class? At lunch? On the field or in the gym?



- What can we do when faced with social media and other influences that objectify others?

Independent Practice:

- On a notecard have students list three ways they can help to create a safe school culture for everyone.

Closure:

- Students turn in their notecard as their ticket to leave. Teacher reads some ideas and asks for input from the class.



DO'S AND DON'TS

DON'T

- Make unwanted sexual demands or advances.
- Touch a person who doesn't want to be touched.
- Make sexually demeaning remarks or gestures to or about others.
- Laugh at or repeat other's sexually harassing words or behavior.
- Pressure someone to say or do something they don't want to do.
- Make someone feel like you are hindering their ability to leave.
- Keep pursuing someone who doesn't want you to.

DO

- Put yourself in the other person's shoes. How would you feel?
- Ask if you would want this said or done to someone you care about - or if you would want them to see or hear your comment or behavior.
- Treat others in a fair and respectful way.
- Think about how you want others to treat you.
- Stand up for yourself and others.
- Report harassment or abuse and get help.



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Family Life Curriculum

Glossary of Terms

Important Note: This glossary of terms is a comprehensive list of the academic vocabulary for the entire 5-12th grade Family Life Curriculum. Terms are introduced according to age and grade level. For specific vocabulary introduced at each grade level please see each lesson.

Abstinence- Refraining from all forms of sexual activity and genital contact such as vaginal, oral, or anal sex.

Acne- An inflammatory disease resulting from excess sebum production, follicle plugging, and increased bacterial production.

Active Listening- A way of listening and responding to another person that improves mutual understanding.

Adjustment- The process of adapting or becoming used to a new situation.

Adolescence- The stage of life when humans grow from childhood to adulthood.

Adoption- The act of voluntarily taking a child, of other parents, as one's own child.

Adverse Situation- Decisions, conditions or effects that are unfavorable to a person.

Affection- A feeling of liking, attraction or fondness.

AIDS: (taught separately in health education curriculum under communicable diseases). The **Acquired Immunodeficiency Syndrome**. AIDS is the late stage of HIV (Human Immunodeficiency Virus) that occurs when the body's immune system is badly damaged because of the virus. HIV is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex or through sharing injection drug equipment. The human body can't get rid of HIV and no effective HIV cure exists.

Ally- A person who is not a member of a marginalized or mistreated group but who expresses or gives support to that group.

Alternatives- The different choices or actions possible.

Amygdala- Is one of two almond-shaped clusters of nuclei located deep and medially within the temporal lobes of the brain.



Aromantic- Having little or no romantic feeling toward others.

Asexual- A term used to describe someone who does not experience sexual attraction toward individuals of any gender.

Assertiveness- The quality of being self-assured and confident without being aggressive. A method of critical thinking where an individual speaks up in defense of their views or in light of erroneous information.

Bacterial Vaginosis- A type of vaginal inflammation caused by the overgrowth of bacteria naturally found in the vagina. Bacterial vaginosis is the most common cause of abnormal vaginal odor and discharge.

Basic Needs- Essential items necessary to sustain life, like food, shelter, and clothing.

Bisexual- A person who experiences emotional, romantic and/or sexual attractions to, or engages in romantic or sexual relationships with, more than one sex or gender.

Body Autonomy- A person has the right to accept or reject physical touch (this concept is often tested when two people greet each other).

Body Language- The nonverbal messaging of gestures and movement.

Bullying/Hazing- Repeated threats meant to create fear or harm to a person by someone who has more power or status. Hazing is harassment or ridicule directed at members of a group or team.

Chancere- A painless, small sore that appears at the spot where bacteria entered the body. Often known as the first of Syphilis.

Change- To make different in some way.

Chlamydia- A common sexually transmitted infection (STI) caused by bacteria. Can cause serious, permanent damage to a women's reproductive system.

Cisgender- Individuals whose current gender identity is the same as the sex they were assigned at birth. For example, a person who was assigned female at birth and identifies as a woman is regarded as a cisgender or as a cisgender woman.

Coercion- The use of force to persuade someone to do something that they are unwilling to do.

Communication- Sending and receiving messages. Good communication helps people in relationships know and understand each other.

Conception- The process of becoming pregnant involving fertilization and implantation.



Consent- Permission, agreement or willingness to do something with another person (v) give permission for something to happen.

Consequences- The final result of a decision (short-term and long-term).

Contraceptives- A device or drug used to prevent pregnancy.

Core Values- The fundamental beliefs of a person.

Custodial Arrangements- The care, control and maintenance of a child awarded by a court.

Customs- A practice common to many, or to a particular place, class or individual.

Cyber Bullying- Mistreating a person through technology especially via social media.

Cyber Sexual Harassment- Uninvited or unwelcome verbal or physical behavior of a sexual nature via the web.

Dating- To regularly spend time with someone with whom you are romantically involved.

Decision- The act or process of making a final choice or judgement or selecting a course of action.

Decontextualization- The process of isolating a component from its normal or expected context.

Depersonalization- The process of taking away personal identity.

Dignity- The quality or state of being worthy, honored or esteemed.

Dynamic- A system of continuous change.

Effective Communication- Communication between two or more persons with the purpose of delivering, receiving and understanding the message successfully.

Empathy- The ability to understand and share the feelings of another person.

Empowerment- Becoming stronger and more confident of one's ability to control one's life.

Esteem- Respect and admiration.

Evaluate- To determine the value of something by careful appraisal and study.

Explicit- Fully revealed or expressed without vagueness.



Family- A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family.

Fertilization- When a sperm and egg combine to form a zygote.

Gay- A person who is attracted primarily to members of the same gender. Gay is most frequently used to describe men who are attracted primarily to other men, although it can be used for men and women.

Gender- The behavioral, cultural or psychological traits typically associated with one's sex.

Gender Dysphoria- One's dissatisfaction with one's gender.

Gender Expression- How an individual chooses to present their gender to others through physical appearance and behaviors, such as style of hair or dress, voice, or movement.

Gender Identity- An individual's sense of their self as man, woman, transgender, or something else.

Gender Preference- can be defined as any of the following:

(a)- gender preference or sexual preference is used to describe the desire of biological parents for either a male or a female child.

(b)- gender preference is to describe explicit or implicit job discrimination by which women are perceived as unable to perform certain skills (e.g. tasks requiring heavy lifting and other such manual labor).

(c) - gender preference is used to describe sexual preference in reference to sexual orientation.

Gonorrhea- A sexually transmitted bacterial infection of the urethra, rectum, throat or cervix in females.

Good Decisions- Those that are made after you carefully examine the alternatives and act on the best one.

Group Dates- A group of single men and women hang out in hopes of finding a romantic relationship.

Growth Spurts- A time in which a child has more intense periods of growth.

Harassment- Aggressive pressure or intimidation.

Hazing- Hazing is defined as “requiring or encouraging any act, whether or not the act is voluntarily agreed upon, in conjunction with initiation, affiliation with, continued membership, or participation in any group, that causes or creates a substantial risk of causing mental or physical harm or humiliation.”



Hepatitis- Inflammation or infection of the liver.

Herpes- A common sexually transmitted infection characterized by painful, itchy sores in the genital area.

Heteronormative- An attitude that heterosexuality is the only normal and natural expression of sexuality.

Hormonal Birth Control- A form of contraception used to influence a women's hormone levels and prevent ovulation.

Hormone- A chemical that is made in one part of the body that causes a change in another part of the body- estrogen, testosterone.

Human Papillomavirus (HPV)- A viral infection that causes skin or mucus membrane growths (Warts).

Hygiene- Conditions or practices used to maintain health and prevent disease especially through cleanliness.

I-Message- In interpersonal communication, an assertion about the feelings, beliefs, values, etc. of the person speaking, generally expressed as a sentence beginning with the word "I".

Immunizations- Vaccines used to protect against viruses.

Impaired/Impairment- Having a disability of a specified kind, for example hearing loss.

Implicit- Implied, not plainly expressed.

Individuality- Characteristics that distinguishes people.

Infant Mortality- The death of young children under the age of one.

Influence- The capacity to have an effect on the character development of someone or something.

Intersex- A general term used for the variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definition of male or female.

Lesbian- A woman who is primarily attracted to other women.

LGBTQ- Acronym that refers to the lesbian, gay, bisexual, transgender, and queer/questioning community.



Liking Yourself- Accepting yourself and coming to terms with those aspects of yourself that you cannot change.

Maslow's Hierarchy- A five tier model of human needs – consisting of Psychological needs, Safety needs, Belonginess and Love needs, Esteem needs, and Self-Actualization.

Media- Means of communication that influence people widely such as, radio, televisions, newspaper, magazine, and internet.

Menstrual Cycle- The monthly hormonal cycle a female's body goes through to prepare for pregnancy.

Menstruation- The process of a woman discharging blood and other material from the lining of the uterus.

Mutual Support- The act of respecting and assisting one another.

Nocturnal Emission- An involuntary ejaculation of semen during sleep.

Nonbinary- Individuals who do not identify their gender as man or woman. Other terms to describe this identity include genderqueer, agender, bigender, gender creative, etc.

Ovulation- The process in which a mature egg is released from the ovary.

Pansexual- Pansexuality is a sexual orientation in which a person can be romantically and sexually attracted to all people, regardless of their gender or sex. The prefix "pan" translates to "all" in Greek.

Paternity- The state of being someone's father especially in legal context.

Pediculosis (Pubic Lice)- Tiny insects, that look like crabs, that live on the skin and course hairs around the genitals and feed on blood.

Peer Pressure- The feeling that you should act a certain way because your friends want you to.

Pelvic Inflammatory Disease (PID)- An infection of the female reproductive organs most often occurs when sexually transmitted bacteria spreads to the uterus, fallopian tubes, or ovaries.

Perpetuate- To make something continue indefinitely.

Personal Boundaries- Setting standards for how people can treat you.

Perspiration- The process of sweating; sweat.



Physiological- A branch of biology that deals with living organisms and their parts.

Power Differential- Situations in which one person is perceived or actually has more authority, agency or knowledge than another person.

Prefrontal Cortex- Is the front part of the frontal lobes of the brain. It lies in front of the motor and premotor areas.

Pregnancy- A term used to describe the period in which a fetus develops inside a woman's womb.

Pre-Natal Care- Checkups women receive from a doctor, nurse, or midwife throughout pregnancy.

Prescription Barrier Methods- Devices used to block sperm from entering the uterus.

Puberty- The transition into adulthood. The body's hormonal activity increases and begins the series of physical, mental and emotional changes.

Queer- An umbrella term sometimes used to refer to the entire LGBT community.

Refusal Skills- A process where someone lets another person know that they aren't giving permission to the action.

Refusal Strategies- Ways of saying "No."

Relationships- Connections between two or more people.

Reproductive System- The system of organs involved in producing offspring.

Resiliency- The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. A number of factors contribute to how well people adapt to adversities, predominant among them (a) the ways in which individuals view and engage with the world, (b) the availability and quality of social resources, and (c) specific coping strategies. Psychological research demonstrates that the resources and skills associated with more positive adaptation (i.e., greater resilience) can be cultivated and practiced.

Respect- A feeling of deep admiration for someone or something.

Responsibilities- The state or fact of having duty or control over something.

Selective Abstinence- Choosing to have certain kinds of sex and not others.

Self-Actualization- The psychological process aimed at maximizing the use of a person's abilities and resources. This process may vary from one person to another.



Self-Awareness- Conscious knowledge of one's own character, feelings, motives, and desires.

Self-Concept- The way a person sees themselves in comparison to others.

Self-Confidence- Self-assurance- trust in one's abilities, capacities, and judgment. Because it is typically viewed as a positive attitude, the bolstering of self-confidence is often a mediate or end goal in psychotherapy.

Self-Empowered- Taking care of your own life through the decisions you make every day.

Self-Esteem- A measure of how much you value, respect and feel confident about yourself. "Liking yourself".

Self-Perception- A person's view of his or herself or of any of the mental or physical attributes that constitute the self. Such a view may involve genuine self-knowledge or varying degrees of distortion. Also called **self-percept**. See also perceived self; self-concept.

Self-Talk- The messages a person gives themselves.

Self-Worth- An individual's evaluation of himself or herself as a valuable, capable human being deserving of respect and consideration. Positive feelings of self-worth tend to be associated with a high degree of self-acceptance and self-esteem.

Sexual Abuse- When one is forced, tricked, or confused into touching or looking at parts of the body that would be covered by a swimsuit. It could be sexual mistreatment of another person.

Sexual Assault- The term "sexual assault" means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Sexual Harassment- Making unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, written, or physical conduct of a sexual nature where such conduct has the purpose or effect of creating an intimidating, hostile, or offensive educational environment. Sexual harassment can include nonverbal forms (e.g., "sexting," tweeting, or otherwise sending messages through networking sites and/or telecommunication devices).

Sexual Violence- Forcing or manipulating someone into unwanted sexual activity.

Sexuality- All aspects of sexual behavior, including gender identity, orientation, attitudes, and activity.

Sexually Transmitted Infections (STIs)- An infection transmitted by sexual activity. More than 20 STDs have been identified, including those caused by viruses (e.g., hepatitis B, herpes, HIV) and those caused by bacteria (e.g., chlamydia, gonorrhea, syphilis). STDs are also known as **venereal diseases**, the term used traditionally for syphilis and gonorrhea.



Spermicide- A kind of birth control that has chemicals that stop sperm from reaching an egg.

Stereotype- A preconceived idea or image of people who belong to a certain group.

Syphilis- Bacterial infection spread by sexual contact that starts with painless sores. The infection can remain inactive in the body for years.

Tact- A keen sense of what to do or say in order to maintain good relations with others.

Tolerance- The ability to overlook differences and accept people for who they are.

Tone- The general character or attitude of a place or a piece of writing or situation.

Toxic Masculinity- A set of attitudes and ways of behaving associated with or expected of men regarded as having a negative impact on men and society as a whole.

Transgender- People whose gender identity differs from the gender they were assigned at birth.

Trichomoniasis- A common STI caused by a parasite. Symptoms may include foul smelling discharge, or genital itching or painful urination in women but usually no symptoms in men.

Two-Spirit- A third gender found in some Native American cultures that involves birth assigned men or women taking on the identities and roles of the opposite sex.

Vaginitis- Inflammation of the vagina that can result in discharge, itching and pain.

Validation- Demonstrate or support the truth or value of something.

Values- A person's principles or standards of behaviors; one's judgement of what is important in life.



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