Lesson 1: Introductions & Wellness Center/Clinic Tour

OBJECTIVES

- 1. Students will become familiar with, and increase their knowledge about, the school's clinic/Wellness Center, the services offered, and how to access those services.
- 2. Students will discuss and dispel stereotypes about both the clinic/Wellness Center and the youth that access its services, and students will make connections with staff.
- 3. Establish a safe and comfortable class environment for students.

AGENDA

10 minutes Do Now: Discussion & Group Agreements

15 minutes Pre-Test

5 minutes Introduction of Clinic/Wellness Center Staff

20 minutes Clinic/Wellness Center Tour & Virtual Tours (Video)

Homework Clinic Website Review

MATERIALS

- Pre-Tests
- Virtual Tours (website or flash drive)
- Vocabulary Reference List
- Handout: AHEC Adolescent Health Resource Map of San Francisco
- Worksheet: Wellness Center & Virtual Tours
- Teacher Key: Wellness Center & Virtual Tours
- Homework: Clinic Website Review

CALIFORNIA HEALTH EDUCATION STANDARDS

- **2.2.G** Evaluate how growth and development, relationships, and sexual behaviors are affected by internal and external influences.
- **2.5.G** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **3.2.G** Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.
- **8.3.G** Support others in making positive and healthful choices about sexual behavior.

Lesson 1: Introduction & Wellness Center/Clinic Tour

BEFORE THE CLASS

To prepare for this lesson, the Community Based Organization (CBO) and Teacher teams must coordinate with Wellness Center staff to make sure they are available to speak to the students and that they are prepared for the class to take a Wellness Center tour.

DO NOW: DISCUSSION & GROUP AGREEMENTS

10 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Explain to the students that in this class they are going to be learning about and discussing sex and sexuality.

Suggested Script:

In this unit we will be talking about sex, which can bring up different emotions and reactions for students. For some students this can be uncomfortable, for others this can be very exciting. People tend to have really different levels of experience and comfort with this topic. Because of all of these differences we need to make sure this class is a safe and respectful space to get information and ask questions. What do you think we can agree to as a class in order to make sure everyone feels comfortable and learns this information so they can be safe and healthy?

Establish group agreements for the classes in this unit. Ask the students for input on group agreements. As students suggest agreements, write them on the board and clarify the meaning of each agreement. Add in any missing agreements to the list. Examples to make sure to include are:

- No put downs
- It's OK to disagree
- Listen and be respectful
- Use "I statements"
- Protect people's confidentiality
- Do not share personal information about your own experiences or about your body

Teacher Tip:
Refer back to
these agreements
at the beginning
of each class.

Once the list has been established, set your classroom consequences if students choose to not adhere to the agreements and explain these to the students.

Post the list of classroom agreements for each class on the wall during the sex education lessons. The facilitator can refer back to the class agreements if students need to be reminded.

PRE-TEST 15 minutes

Materials

Pre-tests and a pen for each student

Activity

If you are using the online pre-survey, have students go to a computer lab, and then direct them to: http://tinyurl.com/BeReal-Pre

Suggested Script:

Since we are starting a new unit of Health Class we would like to know how much you already know about this subject and what you think about this subject – we will measure this through something called a pretest. Please keep in mind, this assessment will not be graded and all of your answers are confidential. We just want see how much the class knows about sex and sexuality. At the end of this unit we will all do this again, and everyone will be given a post-test, so that we can evaluate how well we have done at teaching this information and how much more knowledge you have in this subject.

If you are using paper copies, distribute one copy of the pre-test to each student. Have the students complete the pre-test as best as possible. Let the students know they will not be graded on the pre-test.

Once students have completed the test, collect the tests and send them via school mail to:

SFUSD School Health Programs Attention: Cheryl Nelson 1515 Quintara St. San Francisco, CA 94116

I Teacher Tip:

If students complete the test early, they can either work on homework or write down questions they might have about the on-campus Wellness Center.

Teacher Tip:

It is ok if students do not understand the questions or some of the vocabulary on the pre-tests. They are not expected to know all of this information. Please only provide minimal clarification if students have questions about the pre-tests.

INTRODUCTION OF CLINIC/WELLNESS CENTER STAFF

5 minutes

Activity

Inform students that they will be learning about their on-campus Wellness Center as well as other health centers in San Francisco. Introduce the guest from the wellness center.

Suggested Script:

During this unit, a lot of questions may come up for you around your own health and well-being, so we want to make sure you know where you can go here at the school for help and information. I want to introduce _______ to talk to you about the services at your school.

The Wellness Center representative will introduce themselves to the class.

TOUR OF CLINIC/WELLNESS CENTER & VIRTUAL TOURS

20 minutes

Materials

Worksheet: Wellness Center & Virtual ToursTeacher Key: Wellness Center & Virtual Tours

Handout: Resource Map

Activity

In this activity, students will learn about on-campus and off-campus resources. Split the class into groups of equal size. The groups will switch about halfway through the section. Pass out the Wellness Center & Virtual Tours worksheet and instruct students that they will be completing the worksheet while they take the tour of the Wellness Center and during the virtual tour videos.

Group 1 will tour the Wellness Center.

Group 2 will view a clinic virtual tour video of Huckleberry Youth Health Center. The video can be accessed online at the following links:

Huckleberry Youth Health Center (6:35 min): http://vimeo.com/71284381

Clinic/Wellness Center Tour:

Clinic/ Wellness Center staff and teacher will escort the class to the clinic/center for a brief tour and to meet the staff. The Wellness Center staff should inform students about the following topics:

- Services offered
- Hours of operation
- How to access services
- Staff who work at the center

Teacher Tip:

To streamline the tour, Wellness Center staff can prepare different "stations" where different aspects of the center can be presented on. The group receiving the tour can be broken into smaller groups so that they don't overwhelm the space. For example, part of the group of students can talk with the Wellness Center CHOW about their activities while another group can talk to the Wellness Center Nurse about the services they offer, then the groups can switch.

Virtual Tour Videos:

Pass out the AHEC Adolescent Health Resource Map and introduce the videos. Let students know that there are many clinics that provide services to youth in San Francisco and the videos will tell them about two clinic options.

Suggested Script:

There are many clinics in San Francisco that provide free and low cost health services to people your age. If you review the Health Resource Map I have passed out you can see which clinics are closest to our school and your home. Now we are going to watch introductory videos about two of these clinics, so that you can get a feeling for how many of them operate.

HOMEWORK

Clinic Website Review

Lesson 1: Vocabulary

- 1. **CBO**: Community Based Organization.
- 2. **Clinic/Health Center**: A place where someone can get medical services and information.
- 3. **Comfortable**: Feeling relaxed and safe.
- 4. **Confidential**: Keeping personal information private. (Example: "What is said here stays here.")
- 5. **Free**: Something that you don't have to pay for or doesn't cost anything.
- 6. **Group Agreements/Ground Rules**: Agreed upon expectations of behavior in a group.
- 7. **Respect**: Treating people the way they would like to be treated.
- 8. **Sexual Health:** A state of physical, emotional, mental and social well-being in relation to sexuality.
- 9. **Sexuality:** This is an umbrella term that includes a person's sexual feelings, orientation, attractions, identity, expression, gender, and biological sex. Everyone's sexuality is unique and different.
- 10. **Tour**: Visiting a place to get information on services offered.
- 11. **Wellness Center**: A place at a school where someone can get information and health/wellness services.

Worksheet: Wellness Center & Virtual Tours

Na	me:	
Pe	riod:	Date:
W	ELLNESS CENTER	TOUR QUESTIONS
1.	What does Wellnes	s mean?
	What are two servi	tes available at the Wellness Center? and
3.		the Wellness Center?
4.	What are two staff	titles and their roles in the Wellness Center?
	Title:	Role:
	Title:	Role:
5.	In what languages a	re services provide at the Wellness Center?
6.	Who can make a w	ellness referral for a student?
7.	What are ways in w	hich students can get involved at the Wellness Center?
۷I	RTUAL CLINIC TO	OURS QUESTIONS
1.	What are some exa	mples of family planning services?
2.	What other resource	es are available at the Huckleberry Youth Health Center?
3.	What are two posit	on titles of the staff at the Huckleberry Youth Health Center?
4.	What are some of t	ne services available at New Generation Health Center?
5.		portant concept at New Generation Health Center and what does it
6.		Generation Health Center Slogan

Teacher Key: Wellness Center & Virtual Tours

WELLNESS CENTER TOUR QUESTIONS – Answers are specific to each school-based Wellness Center

8.	What does Wellness mean?
9.	What are two services available at the Wellness Center?
	and
	When can you go to the Wellness Center?
11.	What are two staff titles and their roles in the Wellness Center?
	Title: Role:
	Title: Role:
12.	In what languages are services provide at the Wellness Center?
13.	Who can make a wellness referral for a student?
	What are ways in which students can get involved at the Wellness Center?

VIRTUAL CLINIC TOURS QUESTIONS

- 7. What are some examples of family planning services?

 Birth control, morning after pill (EC), condoms, exams, STI tests.
- 8. What other resources are available at the Huckleberry Youth Health Center?

 <u>Exams for males and females, counseling, health education, housing referrals, academic support, workforce development, rapid HIV test, pregnancy tests, and more!</u>
- 9. What are two position titles of the staff at the Huckleberry Youth Health Center? Office Manager, Counselor, Health Worker, Medical Director, Clinician
- 10. What are some of the services available at New Generation Health Center?

 Free and confidential sexual health services, birth control, emergency contraception (EC), STD testing and counseling, pregnancy testing and counseling.
- 11. What is the most important concept at New Generation Health Center and what does it mean? Confidentiality: New Gen really respects client's personal business. They will not share personal info unless the client gives permission or if they have to by law to protect the client's safety.
- 12. Complete the New Generation Health Center Slogan "Share the fun and the *responsibility*."

San Francisco Youth Clinics

Youth-friendly confidential no-cost or low-cost reproductive health. See how close these clinics are to your school. Go to: https://mapsengine.google.com/map/edit?mid=zf5ugmQZ_1Dw.kiyqY5lDyc2o



3rd Street Youth Center & Clinic, 1728 Bancroft Ave. (415) 822-1707 www.3rdstyouth.org
Balboa Teen Health Center, 1000 Cayuga Ave. (415) 469-4512 http://bit.ly/16er1Av
Clinica Esperanza (MNHC Youth Clinic), 240 Shotwell St. (415) 552-3870 www.mnhc.org
Cole Street Youth Clinic, 555 Cole St. (415) 386-9398 www.huckleberryyouth.org
Dimensions Queer Youth Clinic, 3850 17th St. (415) 934-7789 www.dimensionsclinic.org
Hawkins Village Youth Clinic, 1099 Sunnydale Ave. (415) 585-2451 http://bit.ly/16erZfV
Hip Hop to Health Clinic, 446 Randolph St. (415) 337-4719 http://bit.ly/198yOSd
Larkin Street Youth Clinic, 1138 Sutter St. (415) 673-0911 X259 www.larkinstreetyouth.org
New Generation Health Center, 625 Potrero Ave. (415) 502-8336 www.newgen.ucsf.edu
Planned Parenthood SF Center, 1650 Valencia St. (415) 821-1282 www.plannedparenthood.org
Planned Parenthood Wohlford Clinic, 1294 Potrero Ave. (415) 401-8737 www.plannedparenthood.org
Women's Community Clinic, 1833 Fillmore St. (415) 379-7800 www.womenscommunityclinic.org

Homework: Clinic Website Review

Na	me:			
	riod: Date:			
Diı	rections: Select two of the clinics listed below and answer the questions for each clinic.			
Clinic Websites:				
	Balboa Teen Health Center: http://bit.ly/16er1Av			
	Clinica Esperanza: www.mnhc.org			
	Cole Street Youth Clinic: www.huckleberryyouth.org/colestreet.html			
	New Generation Health Clinic: www.newgen.ucsf.edu			
	Planned Parenthood SF Health Center: www.plannedparenthood.org (put in zip			
	code to search for specific health center location)			
Qu	uestions:			
Νa	me of clinic #1:			
	Clinic location (neighborhood and address):			
2.	Hours of operation:			
	Phone number: Three services provided at that location:			
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	•			
	•			
	•			
Na	me of clinic #2:			
1.	Clinic location (neighborhood and address):			
2.	Hours of operation:			
3.	Phone number:			
4.	Three services provided at that location:			
	•			
	•			
	•			

Lesson 2: Communication & Dating

OBJECTIVES

- 1. Students will gain skills and confidence in healthy communication techniques.
- 2. Students will learn to apply healthy communication skills to talking to potential partners.
- 3. Students will think critically about the ways dating and sexuality are portrayed in the media verses real life.

AGENDA

10 minutes Do Now

10 minutes Strategies for Asking Someone Out

30 minutes Planning a First Date Homework Healthy First Date Review

MATERIALS

• Vocabulary Reference List

• Worksheet: Strategies

• Worksheet: Planning a First Date

• Teacher Key: Planning a First Date

Homework: Healthy First Date

Review

CALIFORNIA HEALTH EDUCATION STANDARDS

- **4.1.G** Analyze how interpersonal communication affects relationships.
- **4.2.G** Use effective verbal and nonverbal communication skills to prevent sexual involvement, HIV, other STDs, and pregnancy.
- **4.3.G** Demonstrate effective communication skills within healthy dating relationships.

Lesson 2: Communication & Dating

DO NOW 10 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following open-ended statements.

Dating means...

Dating does not mean...

Ask a few students to share their responses. Write the responses on the board. Students may include value statements in this activity. Include these statements, but make sure to note that these values may be different from person to person depending on age, experience, culture, beliefs, gender, sexual orientation, or other factors. Here are some examples:

Dating means:

- You have agreed to spend time with the person
- You 'like' the person
- You want to get to know the person more
- You are in a relationship

Dating does not mean:

- You have to stay with the person forever
- You cannot date/talk to/see other people
- You do what the other person wants you to
- You love the person
- You are a different person because of the person you are dating (e.g.: dating someone 'cool' doesn't change who you are)
- You are in a relationship

Once the class has compiled a list of what dating means and does not mean debrief the discussion. Some possible debrief questions are:

- Is dating the same for everyone?
- What could happen if people have different definitions of dating? (e.g.: If someone thinks dating means getting to know another person and the person they are dating thinks it means being in a committed relationship)
- How does someone know if they are "dating" another person?

STRATEGIES FOR ASKING SOMEONE OUT

10 minutes

Materials

Worksheet: Strategies

Activity

Ask for two volunteers (of any combination of genders) to participate in a role-play. Ask class to come up with a typical situation where a teenager would see another teen and want to get the person's number. Once the class has come up with the setting, ask the two volunteers to improvise a role-play showing how this could play out (it should be an in-person situation, not online or texting). You can let them choose who is approaching whom.

Teacher Tip:

The Strategies worksheet can be completed during the role play, or given out before the role play for students to brainstorm ideas.

Guide the students in the role play through the process of finding healthy ways to approach the other person, start a conversation, ask someone out, receive a response (yes, no, maybe) and give a response (yes, no, maybe). Push "play" and "pause" on the conversation if unhealthy behaviors arise or if something needs to be commented on before moving forward. If the students in the role play are stuck or not sure of what to say, press "pause" and solicit ideas and input from the class.

Have the rest of the class participate by writing down ideas on the strategies sheet.

Debrief with the class after the role-play:

- What did you notice?
- Did any unhealthy behaviors or communication happen in the role-play? Why do you think that is?
- What are some of the strategies you came up with for a proposition asking/being asked approaching someone? Asking someone out? Rejecting a request for a date? Accepting a request for a date? Receiving an answer (yes/no/maybe) after asking someone out?

Teacher Tip:

If there is time, have the students act out roleplaying all of the possible responses to asking/being asked out:
Yes, No, and Maybe.

How do you think this conversation would be different when it is over text/email?

PLANNING A FIRST DATE

30 minutes

Materials

Worksheet: Planning a First DateTeacher Key: Planning a First Date

Activity

Split the class into small groups with no more than 7 groups total. You can do this by having students count off by numbers. Each group should have the "Planning a First Date" Handout, and one person in each group will take notes.

Have each group share their responses with the class, then go over the whole thing with the class at the end. Add any missing information for each question (see teacher key).

Teacher Tip:

Have each group share their answers for one question.
Then allow other groups to add any additional points that were not already stated.

Process the activity with the group. Some possible questions to ask are:

- How was this activity for you?
- Have you thought about this before?
- Would you do anything differently in the future as a result of this activity?
- What did you learn about yourself and your classmates in doing this activity?

HOMEWORK

Healthy First Date Review

Lesson 2: Vocabulary

- 1. **Communication**: Sharing thoughts, messages, or information, with others, by speech, pictures, writing or behavior.
- 2. **Date:** To meet socially with another person (or with a group), often out of romantic interest.
- 3. **Dating:** Spending time with someone you like, often out of romantic interest. Some people use this word to say they are in a relationship.
- 4. **Healthy**: Something that positively impacts your life and increases your well-being.
- 5. **Planning**: To set goals and/or prepare for an event.
- 6. **Strategy:** The plan and/or the action of how a person will meet their goal.
- 7. **Unhealthy:** Something that negatively impacts your life and decreases your wellbeing.

Worksheet: Strategies

Name:			
Period:	Date:		
	assmates perform the rol eas for strategies for each	e play, note the different strategies t category.	hat they
1. Strategies for ap Healthy	proaching someone:	Unhealthy	
2. Strategies for as Healthy	king someone out:	Unhealthy	
3. Strategies for sa Healthy	ying YES:	Unhealthy	
4. Strategies for sa Healthy	ying NO:	Unhealthy	
5. Strategies for re-	ceiving a response after a	sking someone out? Unhealthy	

Worksheet: Planning a First Date

Group members:		
	d: Date:	
Dire	Ctions: Work together in a group to answer all of the questions below.	
1.	Name three ways you would get ready or prepare for a first date.	
2.	What clothes would you wear to a first date? What are some things you would bring with you?	
3.	Where might you go? How could you decide on where you and your date will go on your first date?	
4.	Transportation: How could you get there?	
5.	What do you want to talk about on the date? What do you not want to talk about?	
6.	How might a healthy first date end? What happens after a first date?	
7.	What are some strategies for staying safe on a first date?	

Teacher Key: Planning a First Date

1. Name three ways you would get ready or prepare for a first date.

- Make sure you understand the expectations of the date.
 - Such as: How is the date is going to be paid for if it costs money? What are both people's intentions for where they want the date to go? Who else will be present at the date?
- Know where you are going and how you would get there.
- Communicate with a parent/caregiver, trusted adult and a friend about your whereabouts.
- Establish a time frame on what time your date will begin and end.

2. What clothes would you wear to a first date? What are some things you would bring?

- Wear clean clothes and wear layered clothing in case it gets cold or hot.
- Wear a clothing style that represents you in a way that is safe and comfortable for you.
- Bring your school or CA Identification, health Insurance card, transportation money, and BART/MUNI card.
- Bring your cell phone (sync your phone to Lookout or Find my iPhone in case you misplace it).
- Have a small written list of important phone numbers in case you misplace your phone.

3. Where might you go? How could you decide on where you and your date will go?

- Consider having your date in a public space such as the movies, recreation center, or mall.
- Talk with your date ahead of time on where the date will take place.
- Make sure you are comfortable with where your date takes place.

4. Transportation: How could you get there?

- Meet up at the location of where your date will be.
- Consider using public transportation i.e. BART, MUNI, in case someone needs to leave early.
- Use Google Maps app or another app for how to get there and to know what time buses will arrive.

5. What do you want to talk about on the date? What do you not want to talk about?

- You may want to discuss your interests and hobbies.
- Be sure to keep personal address, family personal information and other very personal areas of your life out of your first date discussion.
- Ask questions and listen to what your date has to say.

6. How might a healthy first date end? What happens after a first date?

- End your date on time. It is okay to go home after the date.
- You may want to schedule another time to meet in the future if you enjoyed the date.
- End the date with what is comfortable for each person. It is ok to set and communicate emotional and physical boundaries

7. What are some strategies for staying safe on a first date?

- Know where you are going and make sure a trusted adult knows where you are going.
- Have contact information with you for friends/family in case of an emergency.
- Have money with you for transportation home (enough for a cab) or make sure to set up a Lyft/Uber account in case cabs or public transportation is not available.
- Know your boundaries before the date. Clearly communicate your boundaries to your date.
- Avoid drugs and alcohol before and during the date.

Homework: Healthy First Date Review

wame:	
Period	: Date:
Direc	tions: Please answer the follow questions in complete sentences.
1.	List 3 things that are part of a healthy way of asking someone out: •
	•
2.	Which part of planning a first date was easiest for you?
3.	Which part of planning a first date did you find to be the most difficult?
4.	What new ideas did you learn from the classroom discussion?
5.	If you needed help figuring out how to ask someone out, or how to plan a date, who could you talk to?

Lesson 3: Human Sexuality

OBJECTIVES

- 1. Students will increase their knowledge about sexuality.
- 2. Students will understand the difference between sex, sexuality and sexual orientation.
- 3. Students will dispel common myths about sexuality.
- 4. Students will reflect upon the messages they have received about sexuality.
- 5. Students will understand what influence their beliefs about sex and sexuality.

AGENDA

5 minutes Do Now

20 minutes Human Sexuality Person

15 minutes Values & Beliefs

10 minutes What I Have Been Told & What I Believe Homework What Influences Your Beliefs about Sex?

MATERIALS

- Butcher Paper (for human sexuality person sheets instructions in lesson)
- Markers
- Agree, Disagree, & Pass Signs
- Index Cards

- Worksheet: What I Have Been Told & What I Believe
- Homework: What Influences Your Beliefs about Sex?

CALIFORNIA HEALTH EDUCATION STANDARDS

- **2.2.G** Evaluate how growth and development, relationships, and sexual behaviors are affected by internal and external influences. .
- **2.5.G** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **8.3.G** Support others in making positive and healthful choices about sexual behaviors.

Lesson 3: Human Sexuality

BEFORE THE CLASS

For this lesson, you will need to prepare the large pieces of paper for the Human Sexuality Person activity. Instructions for materials preparation are in the Human Sexuality Person activity notes.

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following task.

Write down 5 places you receive information about sex.

If there is time, have a few students share their responses.

HUMAN SEXUALITY PERSON

20 minutes

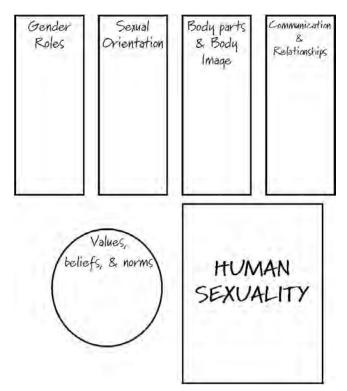
Materials

- 5 Human Sexuality Topic Sheets and one large Human Sexuality sheet (instructions below)
- Markers

Activity

Materials preparation instructions: Materials will need to be prepped before this activity. Cut two pieces of flip chart paper in half to make 4 pieces (or cut 4 rectangles out of butcher paper – all about the same size). Cut one circular shape out of flip chart/butcher paper. There will be 5 cut pieces total.

On the top of each piece write one of the topic categories (Communication & Relationships; Body Parts & Body Image; Gender Roles; Sexual Orientation; Values, Beliefs & Norms). On another full piece of flip chart paper (or cut a large rectangular piece of butcher paper) write "Human Sexuality" in large letters in the middle. Materials will look like this:



In this activity, students will explore the messages and information they receive from the world around them on topics related to sexuality.

Break the students up into 5 groups. Distribute one of the Human Sexuality Topic Sheets (Communication & Relationships; Body Parts & Body Image; Gender Roles; Sexual Orientation; Values, Beliefs & Norms) to each group. Give the group about 2-5 minutes to brainstorm their ideas on the sheet and then rotate the topics sheets to a new group. Let the students know that there are no "right" or "wrong" answers for this activity. Instruct the group to engage in free word association- they should write down what they have learned about the particular topic and what comes to mind when they see the category.

Suggested Script:

We are going to do an activity that allows you to think about the messages you have received about sex and sexuality from the world around you. These messages may be from family, friends, school, media, tv, religion, or your community or culture. You will be put into small groups and each group will receive a topic to think about and brainstorm ideas onto the poster. There are no "right" or "wrong" answers in this activity. All ideas should be written on the paper. After a few minutes we will rotate the posters so your group can work on a new topic. At the end, we will discuss all of the ideas and messages you wrote on the posters.

Using the definitions below, explain each category to the group, so that students understand each category. Once the activity begins, if groups are stuck, use the questions below to encourage conversation on the topic:

Values, Beliefs, and Norms: roles, values and ideas we learn from society, our culture and our families. It can be helpful to ask students to focus on the sexual values they have learned in this category. Helpful questions to consider:

- What did you parent(s)/caregiver(s) teach you about sex? What did they not teach you about sex?
- What beliefs about sex, dating, and relationships does your family have?
- What have you learned from the media about sex?

Sexual Orientation: who we are attracted to and the values that we learn about attraction and identity. You are asking students to brainstorm their ideas about this category, not to write their own sexual orientations on the sheet of paper. Helpful questions to consider:

- What sexual orientations have you heard of? What have you heard about these?
- How are people of different orientations portrayed in media (music, movies, tv)?
- Are there different rules or laws for people depending on their sexual orientation? What are those rules/laws? Why do you think these exist?

Gender Roles: are culturally accepted and expected behaviors associated with gender (man/woman/transgender/gender queer). These expectations can often be stereotypical. Gender roles are constructed and the stereotypes can often be harmful to people. Helpful questions to consider:

• What do we learn about gender? How do we learn about gender?

• Are there different roles for men and women? What are they? What do you think about them?

Communication & Relationships: There are many different types of relationships and ways that people communicate with people they are in relationships with.

- What types of relationships are healthy?
- What type of communication does a person need to be in a healthy relationship?
- How do people start relationships? How do people end relationships? Are these healthy or unhealthy ways of starting/ending relationships?
- What kind qualities make a "good" partner?

Body Image and Body Parts: there are many parts of the human body and we have even more words to describe these different parts of the body.

- What different ideas do we have about body parts?
- How do we feel about our bodies?
- How does our image of our bodies affect us?
- According to TV, movies, and music what types of bodies or what body parts are valued or considered beautiful/desirable?

When all groups have finished, read aloud some of the comments from each category or have students present each topic sheet. If there are questions or misconceptions written in the categories make sure to address them.

Teacher Tip:

As the students are working, walk around the room and offer assistance to each group. Encourage each member of the group to share their ideas. Make sure all students' ideas are honored in the group. The group does not have to agree on everything that is written on the paper. It's important to remind students that while everyone has the right to their own beliefs, they should be respectful in how they communicate those beliefs.

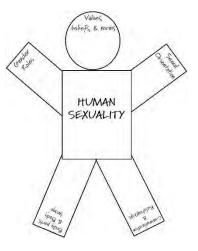
One you have reviewed each poster, briefly discuss the activity with the class. Here are some possible discussion questions:

- What were some things you felt during this exercise?
- Why do you suppose we did this exercise
- What do all of these categories have in common?

Once you have completed a brief discussion, take the topic sheets and tape them together in the front of the room. The pieces should be taped together so that they form a person. Place the "Human Sexuality" sheet in the middle as the "body" of the person. It will look like this:

When all the categories are put together, they form a person: This is a representation of who we are as individuals. Debrief the activity with the students. Ask students a few discussion questions:

What do you see now that the pieces are all together?



- How can all of these messages about sex, bodies, gender, orientation, relationships, and values affect teens?
- Is this something that you all think about often? Or not at all? Why?

Close the activity by reminding students that each person's sexuality is unique and different. Reinforce the importance of being aware of and examining the messages students receive about sex and how those messages can influence decision making.

Suggested Script:

Each of you today brought your own values and ideas to this activity. Each of your experiences helped shape who you are today. Our individuality is a lot like our sexuality. Each person has a different perception, connection, and understanding of their own sexuality. Many people think sex and sexuality are only related to body parts, sexual behaviors, and fantasies. But, our sexuality is so much more than that. These other categories play a huge role in forming our sexuality. When we are able to think about our feelings in relation to these different categories we can begin to understand ourselves more.

It's important to understand our values and beliefs about being sexual and how they relate to who we are today. The sexual decisions we make in life are not only connected to if we are attracted to someone or not, but are also related to the different values we hold, what we have learned from our families and our cultures, how we feel about our bodies, and more. By looking at the "big picture" of sexuality we can begin to explore all of our ideas around these topics. We will continue to talk about sexuality over the course of these (insert whatever time frame you will be with this class) and that's why we are beginning here, so that you all can begin to think about your own sexuality, and how that relates to who you are and what you know today.

VALUES & BELIEFS 15 minutes

Materials

- Index cards (one for each student)
- Agree, Disagree, & Pass Signs

Activity

For this activity students reflect on their beliefs about sexuality and seek to understand the beliefs held by their classmates. Post the "agree" sign on one side of the room and the "disagree" sign on the other. In the middle of the room post the "pass" sign.

Pass out one index card to each student. Let students know that this is an anonymous activity so they should not write their name on the card. Have students number the rows on the card 1-5.

Read the following statements out loud and have students write an "A" for agree, a "D" for disagree, or a "P" for pass.

- 1. Youth under 18 are too young to have sex.
- 2. You can tell if someone wants to have sex by their body language.
- 3. I believe in love at first sight.
- 4. It's healthy for partners to talk about planning marriage and children together after dating for 2 months.
- 5. Middle school youth are too young to know if they are gay or lesbian.

Once students have indicated their answer for each question, collect the index cards, shuffle them, and redistribute the cards to students.

Let the students know that they will now be asked to represent the answers on the card they have been given, not what they wrote down. Read each statement again, and have students move to the sign that corresponds to the answer on the index card they have been given.

Teacher Tip:

If space or mobility of students is limited, the class can use hand signals like thumbs up or thumbs down to show agreement or disagreement with each statement.

Suggested Script:

This activity is a space to think about other people's values and ideas about sexuality. I'm going to read off the statements and then you will move to the side of the room that corresponds to the answer on the card you have been given. I want you to think about why someone might have answered that way. Think about if you share the same belief or if you answered differently. We will then discuss reasons that a person may agree or disagree with each statement.

Facilitate a brief discussion for each question. Here are some suggested questions for discussion:

- 1. Youth under 18 are too young to have sex.
 - What are some reasons someone might agree with this statement? Disagree with this statement?
 - Is there a difference between being physically ready and emotionally ready?
 - Is there an "appropriate age" to have sex?
 - Remind students that anyone, regardless of age or gender can buy condoms. Minors can get condoms, birth control, and STI/HIV testing from their doctor or from a clinic confidentially.
- 2. You can tell if someone wants to have sex by their body language.
 - What are some reasons someone might agree with this statement? Disagree with this statement?
 - How does a person show that they want to have sex?
 - If a person is quiet and doesn't say anything, does that mean they want to have sex?
 - Can a person communicate/show with their body if they want to have sex or not?
- 3. I believe in love at first sight.
 - What are some reasons someone might agree with this statement? Disagree with this statement?
 - What does it mean to be in love?
 - How does a person know if they are in love?
- 4. It's healthy for partners to talk about planning marriage and children together after dating for 2 months.
 - What are some reasons someone might agree with this statement? Disagree with this statement?
 - When do you think a couple should talk about their future?
 - Is it important to plan for the future with a partner? Why? Why not?

- 5. Middle school youth are too young to know if they are gay or lesbian.
 - What are some reasons someone might agree with this statement? Disagree with this statement?
 - How does someone know their sexual orientation?
 - Who could someone talk to if they were unsure of their sexual orientation?
 - Do you think a person's sexual orientation stays the same throughout their life, or can it change?

After you have discussed all of the statements, have students return to their seats. Thank students for their participation in this activity and remind them about the importance of understanding their own beliefs, as well as recognizing that there are many different beliefs about sex and sexuality.

Suggested Script:

Thank you everyone for sharing your ideas and for trying to understand the perspectives of your classmates. As most of you know, some of these topics aren't talked about much. That's why it's important to start off the class by thinking about them – and exploring the beliefs people how about them. It's also important for us to recognize that there are different opinions about sex and sexual behavior in our classroom and we need to be respectful of each other's opinions."

WHAT I HAVE BEEN TOLD & WHAT I BELIEVE

10 minutes

Materials

Worksheet: What I Have Been Told & What I Believe

Activity

In this activity students will have an opportunity to reflect on the messages they have been given about sex and sexuality, and what they believe. Pass out the What I Have Been Told & What I Believe worksheet and have students complete it individually.

Suggested Script:

Today we have talked a lot about beliefs. Now, you will have a moment to think about the messages you have received about sex and sexuality and then decide what you believe. You may share the same beliefs as your family, friends, religion, culture or community, or you may believe something different. Take some time to think seriously about this and write your responses on your worksheet.

Once students have completed the worksheet, ask a few students to share one of their beliefs from their worksheet.

HOMEWORK

What Influences Your Beliefs About Sex?

Worksheet: What I Have Been Told & What I Believe

Name:	
Period:	Date:
been told" section	ite a few messages, beliefs, or ideas in each category under the "What I have n. Then think about what you personally believe to be true about sex and our personal thoughts and beliefs under the "What I believe" section.
W	hat I have been told about sex & sexuality from my
1. Friends	
2. Family	
3. Media (tv/movies/music)	
4. Religion	
5. Other	
	What I believe about sex & sexuality:

Homework: What Influences Your Beliefs about Sex?

Name:		
Pe	riod: Date:	
D	irections: Answer each of the questions below in complete sentences.	
1.	What is something ADULTS have told you about sex?	
2.	What is something FRIENDS have told you about sex?	
3.	Are the messages from adults and friends the same? Why or why not?	
4.	What might influence your decision to have sex?	
5.	What might influence your decision to not have sex?	

Lesson 4: Sexuality: Sex, Gender, & Orientation

OBJECTIVES

- 1. Students will find a common language with which to openly talk about issues of sex, gender, gender expression, and sexual orientation.
- 2. Students will dispel common myths about LGBTQIQ people.
- 3. Students will understand how gender-role pressures and homophobia affect all young people's lives.
- 4. Students will understand gender as a spectrum, not as a binary.
- 5. Students will develop empathy towards others.

AGENDA

5 minutes Do Now

20 minutes Defining Terms

10 minutes OPTIONAL: Gender Boxes

25 minutes Straightlaced Video & Discussion Homework Personal Experiences Survey

MATERIALS

- Straightlaced DVD
- Straightlaced Video Guide
- Vocabulary Reference Sheet
- Worksheet: LGBTQIQ Glossary Match-Up
- Teacher Key: LGBTQIQ Glossary Match-Up
- Worksheet: Genderbread Person
- Worksheet: Guide for Reflective Viewing
- Homework: Personal Experiences Survey

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.10.G** Recognize that there are individual difference in growth, development, physical appearance, gender roles, and sexual orientation.
- **2.5.G** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **5.5.G** Use a decision-making process to analyze the benefits of respecting individual differences in growth and development, physical appearance, gender roles, and sexual orientation.

Lesson 4: Sexuality: Sex, Gender, & Orientation

BEFORE THE CLASS

For this lesson, teachers use the video "Straightlaced," which is available for teachers from the School Health Programs office at (415) 242-2615. Some school-based Wellness Centers have a copy as well. The DVD is available for purchase from **groundspark.org**

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following questions.

What does it mean to be a man?

What does it mean to be a woman?

DEFINING TERMS 20 minutes

Materials

Worksheet: Genderbread Person

Worksheet: LGBTQIQ Glossary Match-Up

Activity

Let students know that you will be reviewing words related to sex, gender, and orientation.

Suggested Script:

We are going to review some terms and definitions we will be using during this lesson and other lessons. Some of these may be familiar and some will be new to you so we are going to go over all of them to make sure that we all have the same understanding of what these terms mean. Commonly used terms and definitions of identities change over time as people define their identities in new ways. The terms we will talk about today are in common use today, but later in your life you may hear different terms used for these identities.

Pass out the Genderbread Person worksheet. Let students know that you are going to take a few minutes to review the main categories that most LGBTQ terms fall under. Ask students to read the definitions out loud and then decide which number box the definition belongs. After the class has matched all four words with the correct boxes, review how these areas intersect and influence each other, but are distinctly different.

Teacher Tip:

Remind students that it is important to always be respectful in addressing someone and to use the terms the person prefers when describing that person.

Suggested Script:

Every person has a gender identity, gender expression, biological sex, and sexual orientation. While these areas of a person's life may influence each other, they are still distinctly different. Keep in mind, that everyone falls somewhere on each of these lines. The only way to know how someone identifies is to ask them. We cannot guess a person's identity, and often it would be inappropriate or rude to try to guess how someone identifies. Now that we understand these four main sections of identity and expression, we are going to learn more words that fall under each section.

Pass out the LGBTQIQ Glossary Match-Up worksheet and give the class a few minutes to work on the worksheet individually or in pairs. Review the answers together as a group to make sure everyone has the correct answers. Remind the class that it is ok if some or many of these words are new to them. Also, let students know that they should keep in mind that these terms change over time. Example: the word 'queer' used to be an offensive term which was used to insult LGBTQIQ (lesbian, gay, bisexual transgender, queer, intersex, questioning) people but this term is used in this generation as an identity label and as an umbrella term. This is helpful to know because some older LGBTQIQ people may still find this word offensive.

OPTIONAL: GENDER BOXES

10 minutes

Materials

White board and markers

Activity

In this activity, students will review gender stereotypes and the effects these stereotypes have on people.

Teacher Tip:

Expect Respect San Francisco (ERSF) may do a similar activity on their Day 1 lesson (Lesson 7). If you are inviting ERSF into your classroom you may want to consider skipping this activity.

Draw one box on the board and write the word "Man" on the top. Ask students if they have ever heard someone say, "Be a man!" or "Act like a man." Ask the students to brainstorm stereotypes of

what it means to be a man. Remind students that this is not necessarily what they believe, but what they have heard from their community, culture, media, and peers. As students share ideas and stereotypes, write these words in the box on the board. Here are some questions to ask to solicit more ideas:

- How are "real men" supposed to act?
- How are "real men" supposed to express their feelings?
- How are "real men" supposed to act/behave sexually?
- How are "real men" supposed to act differently than women?
- What feelings are "real men" allowed to express?

Teacher Tip:

Define stereotype for students. Definition: A generalization, usually negative, in which one or more characteristics are attributed to all people in a certain group.

Once the box is full, or students have run out of ideas, ask the students what someone might be called if they do not fit these stereotypes. Write these words on the outside of the box.

Complete the same process for gender stereotypes for women. Draw a box and write the word "Lady" on the top. Ask students to brainstorm what it means to "act like a lady" and stereotypes of girls and women. Use the prompts listed above to solicit more ideas from students.

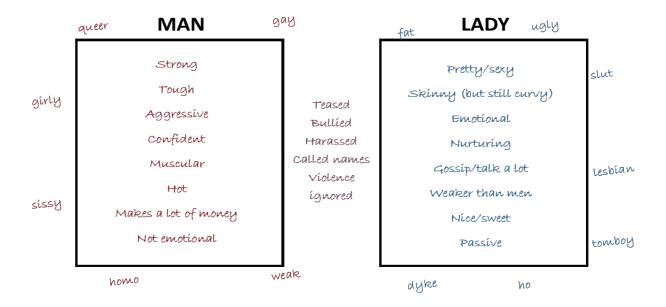
Teacher Tip:

Write all ideas on the board, even if some of the ideas are conflicting. If something is too offensive to write on the board, try to reframe the statement to make it more appropriate for class.

Once the box is full, or students have run out of ideas, ask the students what someone might be called if they do not fit these stereotypes. Write these words on the outside of the box.

Once both boxes are complete, ask the students to look at both boxes. Ask the students what may happen to someone if they do not follow these stereotypes? How might they be treated by their peers, family, or community? Write these words between the two boxes. Point out that the treatment can be similar for all people if they do not adhere to the stereotypes in their expected gender box.

By the end of the activity, the board may look like this:



Process this activity with the students. Possible discussion questions include:

- What do you notice about the stereotypes for men and women?
- Do you think anyone fits perfectly into one of these boxes all the time?
- How do these stereotypes affect the way people in this school act, think, or behave?
- Where do these stereotypes come from?

- What do you notice about the names people are called if they do not fit into these boxes? (Note that these are mostly homophobic and sexist names)
- How do you think these stereotypes effect trans*/transgender people?
- What surprised you about this activity?
- Looking at what you wrote for the Do Now today, how is your list similar or different from what the class brainstormed together?

Explain to the class that these gender stereotypes affect everyone, including people who appear to be "outside of the box" and people who appear to be "in the box." Let students know that the video they will be seeing next will explore these ideas further.

STRAIGHTLACED VIDEO & DISCUSSION

25 minutes

Materials

- Straightlaced DVD
- Worksheet: Guide for Reflective Viewing

Activity

Introduce the film and let students know you will be watching part of the DVD today and the rest on another day.

Suggested Script:

We're about to see a film called Straightlaced—How Gender's Got Us All Tied Up. In the film, you'll meet more than 50 high school students who share their experiences and reflections about gender—the expectations, roles, pressures and "rules" about what it means to be growing up male or female. As you'll see, they say that gender messages are everywhere: in their families, their cultures, the media and stores, and in the lunchrooms, locker rooms, classrooms and sports fields at their schools. Many of them also talk about how their gender is connected to other parts of their identity, such as race, class, culture or sexual orientation, and how gender messages are tied up with attitudes toward gay and lesbian people.

As the film shows, gender pressures affect us all. The film also shows the particular challenges that youth face when they don't fit neatly into society's boxes—perhaps because of their racial and/or cultural background or because of their sexual orientation and/or because they have a nontraditional way of expressing their gender.

Straightlaced is a documentary film, which means that the people in the film are not actors reading a script. They are real students telling their own stories from the heart. You will probably see some things that you really relate to. There may also be some parts of the film that are totally outside your experience or that make you uncomfortable. That's all OK. We will be able to talk about all these issues after the film.

Have students follow along with the video by taking notes using the Guide for Reflective Viewing worksheet.

The topics covered in these segments include: Appearance/dress, gendered activities, media messages, body image, and power and control.

Show chapters 1-3 in a row, or pause after each chapter for a discussion. Below are some suggested questions to guide your discussion.

- What are some of the expectations or "rules" identified by youth in the film for how guys and girls are told they are supposed to be?
- Where do these expectations come from?
- What are some of the ways you heard these expectations being connected to race, class, or culture?
- What are some of the ways you heard these expectations being connected to being gay or lesbian?
- How do you feel about the rules?

HOMEWORK

Personal Experiences Survey

Teacher Tip:

For quieter groups: have students form pairs or small groups and discuss these questions.

Straightlaced Video Guide: Chapters & Times

Chapter 1 "How We Look" Duration: 12 minutes

High school guys go shopping and reveal their concerns about what to wear. Some avoid certain styles for fear of being perceived as gay, another struggles because his clothing doesn't fit the norms for his ethnic group. Girls describe media messages to look sexy, but not "too" sexy. Another girl defies norms by wearing loose clothing and is often perceived as male or lesbian. Boys express opinions about how they like girls to dress. One guy proudly gets his nails manicured, pointing out that gender norms are different in different countries. A graphic collage highlights media pressures on girls to be sexy to attract guys.

Chapter 2 "What We Do" Duration: 4 minutes

Starts off with a "Gend-o-meter" that mockingly rates different objects as to how "male" or "female" they are. Several students discuss assumptions about the gender appropriateness of certain activities, as well as strong messaging from their families about what is or isn't OK for a son or a daughter. We see two guys breaking gender norms by attending ballet class. They both identify as "straight" but say most people think guys who do ballet must be gay.

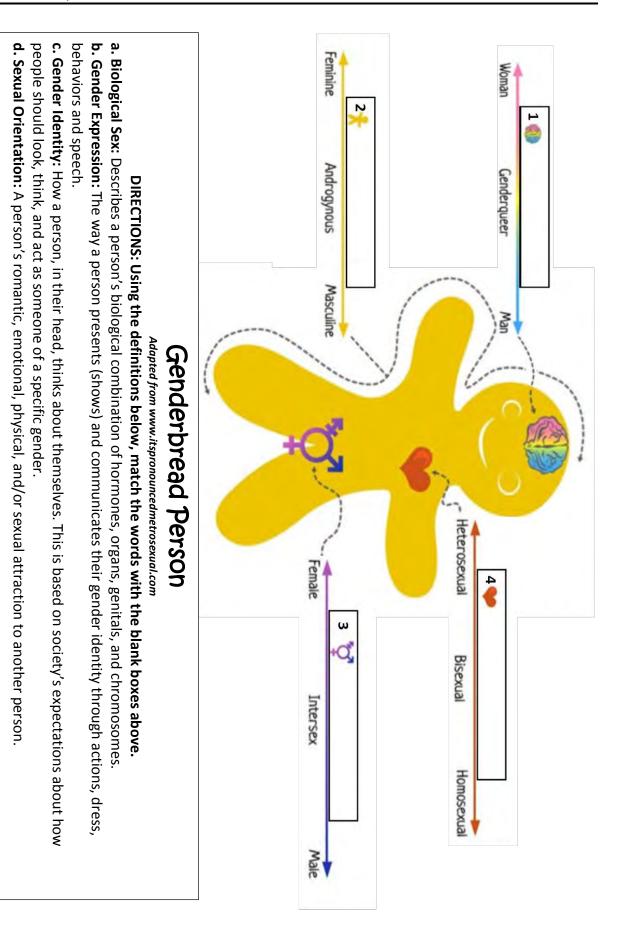
Chapter 3 "Media Messages" Duration: 3 minutes

A graphic collage highlights pressures on guys to be "buff" and strong. Girls, however, often feel pressured to pretend they are not. Girls talk about the pressure to be thin, an expectation that doesn't affect males in the same way. One girl talks about an extreme diet and friends skipping meals trying to stay thin.

Vocabulary: Lesson 4

- 1. Androgynous: Having both masculine and feminine qualities.
- 2. Asexual: A person who is not sexually attracted to anyone. A type of sexual orientation.
- 3. **Biological Sex:** Describes a person's biological combination of hormones, organs, genitals, and chromosomes. Examples are Female, Intersex, and Male.
- 4. **Bisexual:** A person who is physically and emotionally attracted to people of 2 or more genders. A type of sexual orientation.
- 5. **Cisgender:** A person whose gender identity is aligned with the social expectations for the physical body they were born with (example: a male bodied person who feels and acts "like a man.")
- 6. **Gay:** A person who is physically and emotionally attracted to people of the same gender. It is often used to describe men who are attracted to other men. A type of sexual orientation.
- Gender Expression: The way a person presents (shows) and communicates their gender identity
 through actions, dress, behaviors and speech. Examples are Feminine, Androgynous, and
 Masculine.
- 8. **Gender Identity:** How a person, in their head, thinks about themselves. This is based on a society's expectation about how people should look, think, and act as someone of a specific gender. Examples are Woman, Genderqueer, Transgender, and Man.
- 9. **Genderqueer:** A person whose gender identity is neither man nor woman but between or beyond traditional genders.
- 10. **Heterosexual:** A word to describe someone who is physically and emotionally attracted to people of another gender. It can be used instead of the word straight. A type of sexual orientation.
- 11. **Homosexual:** A word to describe someone who is physically and emotionally attracted to people of their own sex or gender. This includes gay and lesbian people. A type of sexual orientation.
- 12. **Intersex:** This describes a variety of conditions in which a person is born with reproductive or sexual anatomy, chromosomes, or hormones that don't fit the typical definitions of male or female.
- 13. **Lesbian:** a person who is physically and emotionally attracted to people of the same gender. It is often used to describe women who are attracted to other women. A type of sexual orientation.
- 14. LGBTQIQ: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Questioning.
- 15. **Queer:** A word LGBTQQI people use to describe themselves, in a positive way. A type of sexual orientation.
- 16. **Questioning:** A person who is exploring their sexual and/or gender identity. This can be a sexual orientation.
- 17. **Sexual orientation:** A person's romantic, emotional, physical, or sexual attraction to another person. Examples are Heterosexual, Bisexual, and Homosexual.
- 18. **Transgender:** A person whose gender identity is different from the gender they were assigned at birth. This is a gender identity.

*Genderbread person and worksheet adapted from www.Itspronounedmetrosexual.com



Be Real. Be Ready.

Worksheet: LGBTQIQ Glossary Match-Up

Name:						
Period: Date:						
Directions: Match the words in each section with the correct definition.						
person, in their head, thinks about themselves. This is based on a society's						
eople should look, think, and act as someone of a specific gender. Examples						
r, Transgender, and Man.						
Definitions						
A. A person whose gender identity is neither man nor woman but between or beyond traditional genders.						
B. A person whose gender identity is aligned with the social expectations for the physical body they were born with (example: a male bodied						
person who feels and acts "like a man."). C. A person whose gender identity is not aligned with the social						
expectations for the physical body they were born with. (example: a						
female bodied person who does not feel or act "like a woman.").						
s a person's biological combination of hormones, organs, genitals, and						
are Female, Intersex, and Male.						
Definitions						
A. This describes a variety of conditions in which a person is born with reproductive or sexual anatomy, chromosomes, or hormones that do						
not fit the typical definition of male or female.						
B. A person who has a combination of qualities including (but not always) a penis, testicles, sperm, XY chromosomes, and the sex hormone testosterone.						
C. A person who has a combination of qualities including (but not always) a vagina, vulva, uterus, eggs, XX chromosomes, and the sex hormone estrogen.						

Sexual Orientation: A person's romantic, emotional, physical, or sexual attraction to another person. Examples are Heterosexual, Bisexual, and Homosexual.

<u>'</u>	, ,
Terms	Definitions
1. Asexual	A. A word to describe someone who is physically and emotionally attracted to people of another gender. It can be used instead of the
2. Bisexual	word straight.
3. Gay	B. A word to describe someone who is physically and emotionally attracted to people of their own sex or gender. This includes gay and lesbian people.
4. Heterosexual	C. A person who is physically and emotionally attracted to people of the same gender. It is often used to describe men who are attracted to
5. Homosexual	other men.
6. Lesbian	D. A person who is physically and emotionally attracted to people of the same gender. It is often used to describe women who are attracted to other women.
7. Questioning	E. A person who is physically and emotionally attracted to people of 2 or more genders.
8. Queer	F. A person who is not sexually attracted to anyone.
	G. A person who is exploring their sexual and/or gender identity.
	H. An orientation that is something other than heterosexual. Also, a word
	LGBTQIQ people may use to describe themselves in a positive way.
Gender Expression: The	way a person presents (shows) and communicates their gender identity
through actions, dress, be	haviors and speech. Examples are Feminine, Androgynous, and Masculine.
Terms	Definitions
1. Androgynous	A. Having qualities that are often attributed to women.
2. Feminine	B. Having both masculine and feminine qualities.
3. Masculine	C. Having qualities that are often attributed to men.

Teacher Key: LGBTQIQ Glossary Match-Up

Gender Identity: How a person, in their head, thinks about themselves. This is based on a society's expectation about how people should look, think, and act as someone of a specific gender. Examples are Woman, Genderqueer, Transgender, and Man. **Terms Definitions** A. A person whose gender identity is neither man nor woman but between or <u>B</u> 1. Cisgender beyond traditional genders A 2. Genderqueer B. A person whose gender identity is aligned with the social expectations for the C 3. Transgender physical body they were born with (example: a male bodied person who feels and acts "like a man.") C. A person whose gender identity is not aligned with the social expectations for the physical body they were born with. (example: a female bodied person who does not feel or act "like a woman.") Biological Sex: Describes a person's biological combination of hormones, organs, genitals, and chromosomes. Examples are Female, Intersex, and Male. **Terms Definitions** A. This describes a variety of conditions in which a person is born with C 1. Female reproductive or sexual anatomy, chromosomes, or hormones that do not fit A 2. Intersex the typical definition of male or female. B. A person who has a combination of qualities including (but not always) a <u>B</u> 3. Male penis, testicles, sperm, XY chromosomes, and the sex hormone testosterone. C. A person who has a combination of qualities including (but not always) a vagina, vulva, uterus, eggs, XX chromosomes, and the sex hormone estrogen. Sexual Orientation: A person's romantic, emotional, physical, or sexual attraction to another person. Examples are Heterosexual, Bisexual, and Homosexual. **Terms Definitions** A. A word to describe someone who is physically and emotionally attracted to F 1. Asexual people of another gender. It can be used instead of the word straight. E 2. Bisexual B. A word to describe someone who is physically and emotionally attracted to <u>C</u> 3. Gay people of their own sex or gender. This includes gay and lesbian people. A 4. Heterosexual C. A person who is physically and emotionally attracted to people of the same B 5. Homosexual gender. It is often used to describe men who are attracted to other men. D 6. Lesbian D. A person who is physically and emotionally attracted to people of the same gender. It is often used to describe women who are attracted to other G 7. Questioning H 8. Queer E. A person who is physically and emotionally attracted to people of 2 or more F. A person who is not sexually attracted to anyone. G. A person who is exploring their sexual and/or gender identity. An orientation that is something other than heterosexual. Also, a word LGBTQIQ people may use to describe themselves in a positive way. H. An orientation that is something other than heterosexual. Also, a word LGBTQIQ people may use to describe themselves in a positive way. Gender Expression: The way a person presents (shows) and communicates their gender identity through actions, dress, behaviors and speech. Examples are Feminine, Androgynous, and Masculine. **Terms** Definitions B 1. Androgynous A. Having qualities that are often attributed to women. A 2. Feminine B. Having both masculine and feminine qualities. C 3. Masculine C. Having qualities that are often attributed to men.

Worksheet: Guide for Reflective Viewing

Name:						
Period:	Period: Date:					
Directions: While you watch the film, use this guide to record your thoughts about what you hear the youth in the film saying.						
How Youth	Feel Limited	Examples of Resistance or				
by Gender	Pressures:	Action for Change:				
Other Thoughts & Questions:						

Homework: Personal Experiences Survey

Name:	Period:		Date:			
Directions: Next to each question, please check Yes, No, or Sometimes, and then jot down an example. Please answer as honestly as you can.						
Question	Yes	No	Some- times	Explain or give an example		
Do you act differently when you are with a group of girls than when you are with a group of guys?						
Do you feel that your racial or cultural identity is an important part of your gender identity?						
Are there things you ever wanted to do but didn't be- cause it didn't fit your gender (male / female) or be- cause you thought people would think you were gay?						
Have you ever lied about things you've done or haven't done in order to fit into a gender expectation (for example, certain experiences, activities or interests)?	:					
Have you ever been insulted for "not acting like your gender"-not acting the way a guy or a girl is supposed to?						
Have you seen other people being insulted for not acting like their gender?						
Do you see these kinds of insults happening at your school?						
Do you see these kinds of insults happening in your home?						
Do you see these kinds of insults happening in your community?						
Are there different expectations for girls of different races at your school? For guys of different races?						
Is there prejudice or discrimination against gay and lesbian people at your school?						
Have you ever chosen not to be someone's friend because you think they might be gay or lesbian?						
Do people at your school feel free to be who they are?						
Have you ever stood up for someone who was being insulted for not acting like their gender or who was the						

Source: Groundspark

target of prejudice because they are gay or lesbian?

Lesson 5: Sexuality: Influences, Expression, & Our Health (part 1)

Teacher Note

Lesson 5 and lesson 6 can be combined into one day if necessary. If combining into one day, show chapters 4-13 (end) straight through without discussion.

OBJECTIVES

- 1. Students will understand how gender-role pressures and homophobia affect all young people's lives.
- 2. Students will explore connections among issues of gender, sexual orientation, race, culture, class and other aspects of identity.
- 3. Students will explore the idea of gender as a spectrum.
- 4. Students will know they are not alone in the challenges they face by drawing parallels between their experiences and those of students in the film.
- 5. Students will develop empathy for others.

AGENDA

5 minutes Do Now

45 minutes Straightlaced Video & Discussion

Homework Gender in My School

MATERIALS

- Straightlaced DVD
- Vocabulary Reference List
- Straightlaced Video Guide

- Worksheet: Guide for Reflective Viewing
- Homework: Gender in my School

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.10.G** Recognize that there are individual difference in growth, development, physical appearance, gender roles, and sexual orientation.
- **2.5.G** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **5.5.G** Use a decision-making process to analyze the benefits of respecting individual differences in growth and development, physical appearance, gender roles, and sexual orientation.

Lesson 5: Sexuality: Influences, Expression, & Our Health (part 1)

BEFORE THE CLASS

For this lesson, teachers use the video "Straightlaced," which is available for teachers from the School Health Programs office at (415) 242-2615. Some school-based Wellness Centers have a copy as well. The DVD is available for purchase from **groundspark.org**

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following questions:

What are some of the messages you received growing up from your family or culture about how you were supposed to be as a girl or as a boy? How did you feel about it?

If there is time, have a few students share their answers.

STRAIGHTLACED VIDEO & DISCUSSION

45 minutes

Materials

- Straightlaced DVD
- Worksheet: Guide for Reflective Viewing

Activity

Show chapters 4-8 of the Straightlaced DVD. If there were students absent for chapters 1-3, give a brief overview of the film before starting. Pass out the Guide for Reflective Viewing worksheets and have students follow along with the film by taking notes on the worksheet.

Teacher Tip:

For quieter groups: havestudents form pairs orsmall groups and discussthese questions.

The topics covered in these segments include: Gender and intelligence, power and control, not fitting into traditional boxes, the gender binary, fear of difference, harassment and bullying leading to suicide, dimensions of masculinity, pressure to have sex, the sexual "double standard" for men versus women.

You can show chapters 4 – 8 in a row, or pause between chapters for a discussion. Below are some suggested questions to guide your discussion.

- One student from the film says that, although we often say this is a free country where people can do what they want, "a lot of people really aren't free because they can't show their true selves." What are some of the ways that idea come out in this segment?
 - o In relation to ideas about masculinity?
 - o In relation to sex and relationships?
 - o In relation to culture, race, or class?
 - o In relation to those who don't feel they fit in traditional gender boxes?
- How do you feel about the story of Josh and his friends? What needs to change in schools and society so that all people like Josh no longer feel the need to harm themselves?
- How do you think a person's race or ethnicity might be connected to expectations they face about how their gender is supposed to act?
- Do you think there are stereotypes for men/boys of certain cultures or races? Women/girls? Why do you think that is? What similarities do you see across cultures?
- What do you think of the statement, "My experience is that there's not two genders. There's really a spectrum."?

HOMEWORK

Gender in My School

Lesson 5: Vocabulary

- 1. **Expression**: The ways in which a person makes their thoughts or feelings known to others. This can be through behaviors, speech, dress, attitude, or actions.
- 2. **Gender roles**: Cultural norms and expectations of how people of a certain gender are "supposed" to act, often based on stereotypes about people of certain genders. Also known as gender norms.
- 3. **Harassment:** Aggressive pressure or intimidation. Continued unwanted and annoying actions by one person or group of people, which may include verbal/physical/emotional abuse, towards another person or group of people.
- 4. **Stereotype:** A generalization, usually negative, in which one or more characteristics are attributed to all people in a certain group.
- 5. **Spectrum:** A wide range or variety that goes beyond two, binary (opposite), categories. An example would be gender, because there are not just two (binary) genders, there are many genders (man, woman, genderqueer...)

Worksheet: Guide fo	or Reflective Viewing				
Name:	Period:				
Date:					
Directions: While you watch the film, use this guide to record your thoughts about what you hear the youth in the film saying.					
How Youth Feel Limited	Examples of Resistance or				
by Gender Pressures:	Action for Change:				
Other Thoughts & Questions:					

Straightlaced Video Guide: Chapters & Times

Chapter 4 "Dumbing Down" Duration: 5 minutes

It's not just their bodies—girls are supposed to have soft, meek voices and hide their intelligence. One girl expresses her frustration with guys who don't want to go out with her because she's smart, while her male friend says he would be teased if people thought his girlfriend was smarter than he was. Girls protest that they are not allowed to lead in any way with their boyfriends; guys say they are stigmatized if they don't dominate in relationships with girls and ridiculed if they express romantic feelings toward a female. One boy proudly tells of defying this norm with an extravagant, public Valentine's Day message.

Chapter 5 "The Gender Spectrum" Duration: 5 minutes

Raises questions about whether gender is fixed and about how we define what is "male" versus "female." Students say they feel like they are both male and female, or no gender at all, yet they are required to identify as one gender. One student floats the concept that gender is a spectrum; another resists fitting into any gender box and identifies as "gender queer." Two students go shopping and point out all the products coded as "masculine" or "feminine."

Chapter 6 "Tragic Toll" Duration: 4 minutes

Students in Kentucky work together on a memorial garden for Josh, a classmate who committed suicide. Josh defied any gender definition and was often harassed at school. One of his friends says that knowing someone like Josh enriched her life and describes how painful it was to hear the homophobic comments from other students after he killed himself.

Chapter 7 "Walk and Talk 'Like a Man" Duration: 5 minutes

It's not a free country if you can't go to school and act as you truly are. Male students talk about their strategies for staying under the radar so no one questions their sexual orientation or "maleness": the way they walk, the way they talk, joining in fights, disrespecting females. If they share their feelings like girls do, they are looked down on. No sadness or tears, no joy, no physical affection between males. Two guys can hold hands or embrace in other cultures, but not here.

Chapter 8 "Sex—The Double Standard" Duration: 5 minutes

In high school, there is a lot of pressure, from both media and peer culture, to lose your virginity. Guys are taught to see girls as sexual objects and to try to have sex with as many girls as possible. It's scary to confess that you haven't had sex or choose to lie about it. Girls, on the other hand, tread a fine line between being perceived as a "prude" or a "slut." Female students talk about a new trend for girls to be sexual with each other to attract guys' attention. But that behavior doesn't translate into acceptance for young women who really are lesbian.

Homework: Gender in My School

Name:	
Period:	Date:
Directions: Imagine that you paragraph response to each qu	are featured in a documentary like Straightlaced. Write a 1-estion.

Question #1: What are gender roles and expectations like at your school? How do gender roles affect people in your school?

Question #2: How do gender roles at your school affect you?

Lesson 6: Sexuality: Influences, Expression, & Our Health (part 2)

Teacher Note

Lesson 5 and lesson 6 can be combined into one day if necessary. If combining into one day, show chapters 4-13 (end) straight through without discussion.

OBJECTIVES

- 1. Students will understand how gender-role pressures and homophobia affect all young people's lives.
- 2. Students will explore connections among issues of gender, sexual orientation, race, culture, class and other aspects of identity.
- 3. Students will explore the idea of gender as a spectrum.
- 4. Students will know they are not alone in the challenges they face by drawing parallels between their experiences and those of students in the film.
- 5. Students will develop empathy for others.

AGENDA

5 minutes Do Now

45 minutes Straightlaced Video and Discussion

Homework Key Quotes Reactions

MATERIALS

- Straightlaced DVD
- Straightlaced Video Guide

- Worksheet: Guide for Reflective Viewing
- Homework: Key Quotes Reactions

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.10.G** Recognize that there are individual difference in growth, development, physical appearance, gender roles, and sexual orientation.
- **2.5.G** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **5.5.G** Use a decision-making process to analyze the benefits of respecting individual differences in growth and development, physical appearance, gender roles, and sexual orientation.

Lesson 6: Sexuality: Influences, Expression, & Our Health (part 2)

BEFORE THE CLASS

For this lesson, teachers use the video "Straightlaced," which is available for teachers from the School Health Programs office at (415) 242-2615. Some school-based Wellness Centers have a copy as well. The DVD is available for purchase from **groundspark.org**

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the open ended statements:

What I love about my gender is...

What is challenging about my gender is...

If there is time, have a few students share their responses with the class.

STRAIGHTLACED VIDEO & DISCUSSION

45 minutes

Materials

- Straightlaced DVD
- Worksheet: Guide for Reflective Viewing

Activity

Show chapters 9 – 13(end) of the Straightlaced DVD. If there were students absent for chapters 4 – 8, give a brief overview of the film before starting. Pass out the Guide for Reflective Viewing worksheets and have students follow along with the film by taking notes on the worksheet.

The topics covered in these segments include: LGBTQ experience and stereotypes, how attitudes towards LGBTQ people affect *all* youth, family dynamics, gender-based harassment/bullying/violence, speaking up and becoming an ally.

You can show chapters 9 – 13(end) in a row, or pause between chapters for a discussion. Below are some suggested questions to guide your discussion.

- What do you think are some of the most powerful stories from this segment? Why?
- How would you describe the challenges and the opportunities of having a sexual or gender identity that falls outside the box?

Teacher Tip:

For quieter groups: have students form pairs or small groups and discuss these questions.

- What do you think made a difference between the sad or hard time people talked about and the more positive and empowering experiences?
- How do you feel about some of the more tragic stories in the film the girl who turned to drugs and ended up in jail, the student who faced violence and harassment at school, the young man who committed suicide? What can be done to prevent such traumas?
- What ideas do you have for taking action in relation to the issues in the movie? What would you like to see change? How can you help make that happen?

HOMEWORK

Key Quotes Reactions

Straightlaced Video Guide: Chapters & Times

Chapter 9 "We're Not Sex Crazy!" Duration: 7 minutes

Gay, lesbian and bisexual students are frustrated by assumptions that all they think about is sex, and by the stereotype that whenever gay people see someone of the same gender they want to have sex with them. An African-American cheerleader shares the isolation she feels—as the only black person on her squad and the only bisexual. Some squad members worried that when she touched them during cheerleading routines, she was making sexual advances. Another cheerleader stays strong in her friendship with the targeted girl. Straight students grapple with the implications for them if they are known to hang out with LGBTQ students. Others talk about how hard it is to figure out their own sexuality when there is so much stigma around being gay.

Chapter 10 "Rejection, Fear and Violence" Duration: 8 minutes

A student tells her story of coming to terms with the fact that she is attracted to other girls. Rejection from her family led to her grades dropping, drug use and jail time. Eventually she came to accept herself and returned to run for student body president. A male student in a rural community had a hard time coming out because of the rampant anti-gay sentiment in his town; at times he pretended he was interested in girls. He wished he could bring his boyfriend to the prom but didn't, out of fear they would be jumped. Other students describe being subjected to physical violence because of their gender expression or sexual orientation, while staff members at their schools did little or nothing to help.

Chapter 11 "Expanding Gender Identities" Duration: 4 minutes

A student who always felt more feminine than other boys decides to claim a transgender identity. She courageously started coming to school in feminine clothes and wearing makeup. Other students were a little confused at first, but think Rae is cool and are happy to be her friend. Rae makes it clear that she isn't a gay guy, but that her gender really is female.

Chapter 12 "Speaking Out and Taking Action" Duration: 5 minutes

Students share courageous moments of speaking up and taking a stand to interrupt anti-gay behavior, or any disrespectful behavior, at school. Girls mustered the strength to stand up to older male students. Males conquered their fears that other students would think that they were gay if they took a stand. A closing collection of student shots from the whole film brings this message home. Rae goes to the prom with the support of diverse friends. The lesbian student wins the election. The ballet dancer sums it up: "If you want to dance, dance. If you want to sing, sing. Do what makes you feel good."

Chapter 13 "Why We Agreed to Be Filmed" Duration: 2 minutes (Clips interspersed through credits) "I wanted a chance to speak my mind," explains a straight student who overcame fears that he would be perceived as gay for participating in this film. One student notes that he could lose his Eagle Scout status for participating. Another files a lawsuit to stop the harassment he experienced at school. The hot dog vendor shrugs off a customer mistaking her for a male. The final student says he won't raise his kids to be homophobic. Being different is a good thing.

Worksheet: Guide for Reflective Viewing					
Name:	Period:				
Date:					
Directions: While you watch the film, use this guide to record your thoughts about what you hear the youth in the film saying.					
How Youth Feel Limited by Gender Pressures:	Examples of Resistance or Action for Change:				
Other Thoughts & Questions:					

Homework: Key Quotes Reactions

	Dato
Periou	Date:
Directions: You will I	be given two key quotes from the Straightlaced DVD. Write
paragraph long reactio	n to each quote.
Quote #1: write or	tape your quote here:
Reaction:	
Quote #2: write or	tape your quote here:
Reaction:	

Key Quotes

Following are a number of key quotes from Straightlaced. They can be used in a variety of ways to help spark conversation.

KEY QUOTE #1 Be Like Them



"I want to be like them in a way, but I don't. I want to be myself. I want to feel safe. I just want to feel kinda loved, in a way. I want to feel appreciated." —SEDRICK, Chapter 1

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KEY QUOTE #2 There's a Chick-Cool!



"Whenever I dress like a girl, I feel that people are judging me all the time. Do they think my boobs are big? Do they think they are small? Do they think my butt's big? But when I dress the way that I do, I am comfortable because I know I'm not showing anything. I know they're not going to be thinking that. They're just, 'Oh, there's a chick. Cool. Whatever.'"
—BRISEIDA, Chapter 1

KEY QUOTE #3 Billboard



"You see a really hot girl on the billboard, you know, she has really long legs. She's usually blond and blue-eyed. It's kinda icky that you could even post up ads like that in public, where kids can see 'em, 'cause they're really seriously like half-naked. And I'm never going to be like that, simply said. I'm not going to lie to myself. But I don't think that's what's beautiful, either."

—WINNIE, Chapter 1

KEY QUOTE #4 I Like Being Different



"I really don't care what others think, because, I mean, I'm *me.* I like being different." —T'UH, Chapter 1

KEY QUOTE #5 Manicures



"I like getting manicures. It's really relaxing. It's great. A couple of people have said, 'That's gay, guys shouldn't get their nails done.' But then I ask them why and they can't tell me. I came from Brazil, and in Brazil it's normal for guys to try to look good and, you know, get their nails done and have fresh haircuts. To me it's just natural, 'cause I was born and raised that way." —EDILSON, Chapter 1

KEY QUOTE #6 No Barbies



"My family always raised me to try to be tough. If they would happen to, as a kid, see me playing with Barbies, they would take away that Barbie and pass me a 'male toy.'"
—ISRAEL, Chapter 2

KEY QUOTE #7 Choir



"In lower school, I participated in a choir, and I was just one of the few guys in there, and so people would go, 'Oh, he's gay, he's a pussy, he sings.' I mean, I stopped. At a young age, when people make fun of you, it really gets to you. I really enjoyed being in the choir, and it was a lot of fun. And it would have been nice to go for a few more years." —IVAN, Chapter 2



"There are many girls who would starve themselves to lose weight or get skinny. It gives you a complex when you see other girls, models and stuff. They're so skinny, they're so pretty, we want to be like them." —SUPNEET, Chapter 2

KEY QUOTE #9 Too Big/Too Strong

KEY QUOTE #8 Skinny = Pretty



"I've had to deal with a lot of people telling me that I'm too aggressive, that I'm too big and too strong and too loud and my voice is too deep and that I'm too *this*. It's like they are saying, 'You're too you." —JESSICA Chapter 4

KEY QUOTE #10 Smart Girls



"Some guys say that I talk too much and that I have an opinion about everything. There was this experience with this one guy. We were getting to know each other, and he was really cool and stuff. There was this topic that came up about a book, and I started telling him what I thought about it. And then after a while, he's like, 'You're too smart. I don't want to talk to you anymore.' And I was like, 'Are you serious?'"—NORMA, Chapter 4

KEY QUOTE #11 Show No Love



"Guys make fun of that, when another guy shows that he cares about a girl and, if he's romantic, guys will try to criticize you based on that. They'll be like, 'No, I won't show no love,' but deep down inside they do. Trust me, I know for a fact." —SHAWN, Chapter 4

KEY QUOTE #12 Pushing the Envelope



"Everybody thinks, you know, a guy is supposed to be a guy, he's supposed to be straight. A girl is supposed to be a girl, she's supposed to be straight. And not a lot of people talk about gender roles and how the envelope is pushed half the time and how other people do other things." —CHIP, Chapter 5

KEY QUOTE #13 Just Not Female



"I'm just not female. You know, my body may be, and other people may think that that's how I identify. All I know is that it doesn't match." —VERE, Chapter 5

KEY QUOTE #14 Spectrum



"My experience is that there's not two genders. There's really a spectrum. And part of growing up is finding out where you fit on that spectrum." —SKYE, Chapter 5

KEY QUOTE #15 Gender Messages Everywhere



"I think that I have felt like I don't fit into a specific gender for my entire life. I mean it comes up every day. Going to the bathroom, I have to decide whether I want to go to the male restroom or the female restroom. In buying clothes, I have to go to the boys' section or the girls' section of the store. It just feels like everywhere you go, there are gender messages. There's no real way to make a decision in the world without having to think about gender." —ERIKA, Chapter 5

KEY QUOTE #16 Free Country



"I feel that it's ironic that people always say it's a free country, we can do what we want, people are free. When it really seems like it's not the case. I know a lot of people who go to school and they're really afraid to act as they truly are because of what people are going to think or what people are going to say to them or even they'll get beat up by some people for acting as they are. So a lot of people really aren't free because they can't show their true selves." —JOHN, Chapter 7

KEY OHOTE #17 Don't Attract Attention



"I try to attract as little attention as possible. When I walk to school from the bus stop, I just try not to make any movements that are, like, feminine. I try to keep my movements very straight and rigid. I feel like I'm always on the defense, I always have to be putting up fronts." —TERRY, Chapter 7

KEY QUOTE #18 Extreme Pressure



"You're not outwardly forced, but deep down you feel this extreme pressure that is so real and so strong that it's pretty much like someone else is controlling you." —ADAM L., Chapter 7

KEY QUOTE #19 Vietnam/Holding Hands



"I came here from Vietnam when I was 7. I see men who can walk around holding hands in another country and everybody would be fine with it. It's just a friendship thing. Whereas in America, if you're within a three-foot radius of me, it's like, 'No, you're attracted to me,' and we'll be perceived as being gay." —LE, Chapter 7

KEY QUOTE #20 Women as Objects



"I'm taught to see [women] as nothing but an object. And taught to see them as this thing that is only there for their outward beauty." —ADAM L, Chapter 8

KEY QUOTE #21 Sexual Double Standard



"When a man runs around or sleeps with a lot of women, he's a player. All the boys give him his props. But when a woman tends to sleep around, she's a whore, a slut or a ripper."

—KIMBRE, Chapter 8

KEY QUOTE #22 Mixed Messages



"You have all these images from music and media that you should be having sex and be sexual, but at the same time you have all these pressures that you should not be sexual, so you're sort of trapped." —ALANA, Chapter 8

KEY QUOTE #23 Not Sex Crazy



"People think that the whole gay community is sex crazy and they just want sex and that's all they think about. They assume that when you say that you're gay, they think, 'Oh, do you like me?' And I'm like, 'Um, no.'" —TYMARA, Chapter 9

KEY QUOTE #24 Touch Me? I'm Swinging



"I am not homophobic, I'm cool with people that are gay, but if you're right there and nobody else is around, and I know you're gay, I will be cautious. I'm just gonna be in my head, like, 'Is this dude trying to hit on me?' You'll always have that thing in your head saying, 'Hey man, you know, we're cool, but if you touch me, I'm swinging." —ISRAEL, Chapter 9

KEY QUOTE #25 Powerful Tool of Control



"Having your sexuality questioned is a very powerful tool in controlling someone. And I think that's mainly why people say it. 'Cause it's so easy to control someone by questioning something that they don't know, by making fun of something they can't help. It not only sparks, *Is being gay wrong?* But it sparks, *Am I gay? Am I homosexual? If everyone's telling me this, is that what's the truth?*"—ADAM, Chapter 9

KEY QUOTE #26 Who I Am May Change



"I can't say if I am gay or straight, if I'm attracted more towards men or women. At this moment I can have a notion of what I am, but for all I know that could change a year from now." —SOPHIE, Chapter 9

KEY QUOTE #27 Accustomed to Intolerance



"When I'm the only black cheerleader or the only bisexual person, I've become accustomed to people being a little intolerant." —JESSICA, Chapter 9

KEY QUOTE #28 Downward Spiral



"My freshman year I got a 4.0, my sophomore year I got a 3.9, and I felt confident enough to tell my mother that I was a lesbian. I thought that by doing good in school and making her proud, that would change things, but it didn't. She told me that she loved me, but that she couldn't accept who I was, and we didn't talk for a year. So then I lost it. I went out of control. I started doing crystal meth. I did cocaine, weed, alcohol, everything, you know? I was caught. I went to jail. All my accomplishments, they were thrown away." —BRISEIDA, Chapter 10

KEY QUOTE #29 Closet/Prison



"What I am doesn't really make a difference. It's who you are inside. I mean, you know how people say you're hiding in the closet? It's not a closet, it's sort of like a prison."

—BRISEIDA, Chapter 10

KEY QUOTE #30 No Help From Teachers



"I was extremely scared. It got to the point where I wouldn't go and eat lunch. I would go to a teacher's room instead. I wasn't comfortable using the bathroom anymore on campus. If I would go to the restroom and there was another student in there, I would turn around and walk out. I had a group of teachers on campus that I was comfortable talking with. They would listen and they were sympathetic, but none of them stepped up as an advocate for me. No one stepped up to make sure I was gonna be safe." —LANCE, Chapter 10

KEY QUOTE #31 Always Felt Different



"Growing up, I've always felt like I was different from everybody, more feminine than other boys. When I was 10 years old, people started noticing, and they were really judgmental. They were like, 'Oh, why are you acting that way?' And I just said, 'I don't know, it's just the way I am." —RAE, Chapter 11

KEY QUOTE #32 Speaking Out Is Hard



"I wanted to speak up, but I didn't. I didn't really know what to say." -MIKE, Chapter 11

KEY QUOTE #33 Stand Up to Your Friends



"It's one of the hardest things to do in the world to stand up to your friends and say that something is not OK with you. But through the years I've become more comfortable with myself to the point where I really don't care if my friends think that I'm gay if I say something is not OK with me." —ADAM S., Chapter 12

KEY QUOTE #34 Greatest Hope



"My greatest hope is that in the future women and men really will be equal. If a woman could be a CEO and be really a powerhouse without being called a bitch. If a man could design clothes without being labeled as gay." —GENIE, Chapter 12

KEY QUOTE #35 I Know Who I Am



"I know who I am today. I've grown into who I am. And I wouldn't trade that for the world. But if I could be who I am without going through all that harassment, I would accept that in a heartbeat." —LANCE, Chapter 12

KEY QUOTE #36 Making a Difference



"It really does make a difference when somebody breaks away and tries to communicate with someone when you can see that they're different." -JESSICA, Chapter 12

KEY QUOTE #37 Do What You Love



"If you want to dance, dance. If you want to sing, sing. Do what makes you feel good." —ALEX, Chapter 12

Lesson 7: Privilege, Oppression, & Being an Ally

OBJECTIVES

- 1. Students will be able to define privilege, oppression, and ally.
- 2. Students will explore the effects of oppression on a person and community.
- 3. Students will understand how to be an ally to all people including LGBTQIQ people.
- 4. Students will develop empathy for others.

AGENDA

10 minutes Do Now

15 minutes Do You Agree or Disagree

15 minutes Privilege: Different Treatment for Different People

10 minutes Being an Ally

OPTIONAL

20 minutes Ways to Make a Difference Homework My Values Mini-Essay

MATERIALS

- Vocabulary Reference List
- Agree/Disagree/Pass signs
- Handout: Different Treatment for Different People
- Handout: SFUSD Student Rights

- Worksheet: You are an Ally if...
- Homework: My Values Mini-Essays OPTIONAL
- Worksheet: Ways to Make a Difference

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.10.G** Recognize that there are individual difference in growth, development, physical appearance, gender roles, and sexual orientation.
- **2.5.G** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **5.5.G** Use a decision-making process to analyze the benefits of respecting individual differences in growth and development, physical appearance, gender roles, and sexual orientation.

Lesson 7: Privilege, Oppression, & Being an Ally

DO NOW 10 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question:

When was a time you were treated "special" just for being you?

Have a few students share their answers. Remind students that there is no right or wrong answer. Point

Teacher Tip:

Encourage students to think about a time that their age, race, ethnicity, spoken language, sexual orientation, gender, ability, or documentation status influenced how they were treated.

out to students that some of this "special treatment" could be because of a privilege that they have whether they are aware of this privilege or not.

DO YOU AGREE OR DISAGREE

15 minutes

Materials

Agree, Disagree, and Pass signs

Activity

Post the "Agree" sign on one side of the room, the "Disagree" sign on the other side of the room, and the "Pass" sign in the middle of the room. Instruct students that you are going to read some statements and that you want them to decide if they agree or disagree with each one. After they

have made their choice, the students will quietly walk to one side of the room if they agree, the other side if they disagree. Explain to students that they may not 100% agree or disagree with a statement, but for the purpose of this activity it is helpful if they chose one of the other. Remind students that they always have the right to pass and that is why there is a "pass" sign so that if a student needs to not answer a statement, the student can stand near the pass sign.

Teacher Tip:

If students have limited mobility or there is limited space in the classroom, this activity can also be done by instructing the students to show a thumbs up for agree and a thumbs down for disagree. If they are unsure or want to pass, they can do a sideways thumb signal.

Activity guidelines:

- We all have the right to stand up for what we believe in. Please be assertive. You might not completely agree or completely disagree with every statement, however, please try to go to one side of the other.
- If for some reason you cannot take a stand on what you really believe, please examine why you chose to stand where you did.
- Any views expressed are not to be labeled as "right or wrong" by anyone participating.
- Use "I" statements and do not use put-downs

Chose from the following statements for the agree/disagree activity:

- 1. An openly gay, lesbian, bisexual or transgender person could be president in our lifetime.
- 2. I would be comfortable having a friend who is bisexual, transgender, lesbian, or gay.
- 3. Homosexuality is a genetic or inherent trait (meaning people are born gay or lesbian).
- 4. I think that in certain settings, and among friends, it's okay to tell gay jokes or jokes about gay people.
- 5. I think that in certain settings, and among friends, it's okay to tell gay jokes or jokes about transgender people.

Teacher Tip:

This exercise may be done silently with discussion to follow or you may want to give participants a chance to justify their position after each statement (if this is the case, ask one or two students from each category to speak about why they are standing there and encourage people to change positions if they hear something that makes them change their minds).

- 6. I think that if a teacher is gay, they should come out (let people know they are gay).
- 7. A student who verbally bashes a student at school by calling them "fag," "dyke" or "queer" should be suspended.
- 8. I think schools should teach more about LGBT people.
- 9. If someone is bisexual then that person should just choose to be with a person of the opposite gender.
- 10. If someone is transgender then that person could also be straight, lesbian, bisexual, or gay.
- 11. If someone hasn't had a sexual experience with someone of the same gender, then that person can't really consider themselves gay or lesbian. (Can there be such a thing as a homosexual virgin?)
- 12. If someone has had same-sex sexual experience then that person must be gay or lesbian.
- 13. My culture has strong expectations about gender.
- 14. My family has strong expectations about gender.
- 15. It's harder to be a girl than to be a guy.
- 16. It's harder to be a guy than to be a girl.
- 17. Someone's race can influence how that person acts as man or woman.
- 18. At some point in my life, I have been told to change something about myself in order to be the right kind of girl or boy.
- 19. At this school, if you don't fit in the typical gender boxes, it's OK.
- 20. At this school, if you're gay, think you might be gay, or are perceived to be gay it's OK.

After the activity, debrief the activity with the class. Possible debrief questions are:

- Was it easy or difficult to determine your responses?
- How did it feel to stand with the majority? With the minority?
- Did anything surprise you in this activity? If so, what?

I Teacher Tip:

If your class is a bit quiet, you can ask students to pair up and share their answers.

PRIVILEGE: DIFFERENT TREATMENT FOR DIFFERENT PEOPLE

15 minutes

Materials

• Worksheet: Different Treatment for Different People

Activity

Pass out the handout "Different Treatment for Different People." Let students know that in this activity the concept of privilege will be discussed.

Suggested Script:

Privilege is something that many people don't think about and often aren't even aware of. It describes all of the benefits which a dominant group (the group "with power") automatically receives in our society. This could be simply because of something like the color of their skin, their race, their ethnicity, how much money they have, where they live, their ability levels, their documentation status, the language they speak, and much more.

We already discussed how many of us believe that men tend to have more power and privilege than women. This inequality can also exist in other groups. We will now discuss how some people are treated better or worse, they have more or less privilege, based on their sexual orientation (who they are attracted to) or based on their gender expression (how they dress, look, behave, and act based on their gender).

Read through the examples in the first section: Treatment based on sexual orientation. Remind students of the definition for heterosexual: A word to describe someone who is physically and emotionally attracted to people of another gender. It can be used instead of the word straight.

After reading through all of the examples in the first section, ask the students:

- Can you think of any other examples of how heterosexual students are treated differently, or have more privilege, than lesbian, gay, bisexual, or queer students?
- What other ideas would you add to this part of the handout?
- How might heterosexual privilege make someone feel who is heterosexual? Gay? Lesbian? Bisexual?

Read through the examples in the second section: Treatment based on gender expression. Remind students of the definition for gender expression: The way a person presents (shows) and communicates their gender identity through actions, dress, behaviors, and speech (examples: feminine, androgynous, masculine). Remind students of the definition for cisgender: A person whose gender identity is aligned with the social expectations for the physical body they were born with (examples: a male bodied person who looks and acts "like a man," or a female bodied person who looks and acts "like a woman.")

After reading through all of the examples in the second section, ask the students:

- Can you think of any other examples of how cisgender students are treated differently, or have more privilege, than androgynous, gender queer or transgender students?
- What other ideas would you add to this part of the handout?
- How might cisgender privilege make someone feel who is cisgender? Transgender? Gender non-conforming or androgynous (presents neither typically male nor female)?

Close this activity by reminding students that privilege is not something people earn through hard work or skills. Let students know that they can change how people are treated by treating everyone with respect, by understanding the privilege they may have in a situation, and by being an ally to those with less privilege.

Suggested Script:

Privilege is not something a person earns through skills or hard work; it describes what our society automatically gives or denies people because of their identity. There are many kinds of privilege including racial privilege, gender privilege, and class privilege although each kind of privilege has a slightly different list. Even though this may seem like it is difficult to change, we can each make choices to ensure that people are treated with respect. We can make sure to be aware of the privilege we have and understand when we are treating someone differently because of their identity or situation. We can all be allies to people with less or different privileges than we have.

BEING AN ALLY 10 minutes

Materials

Worksheet: You are an Ally If...Handout: LGBT Student Rights

Activity

Let students know that you will be talking about how to be an ally.

Suggested Script:

When some people who have privilege first learn about what privilege is they may feel guilty for having access to rights and benefits which others do not have. Rather than feeling guilty for having the rights which everyone deserves, it is healthier to learn how to be an ally to people with less power and privilege. Through being allies, people can help to change our society so that all people have access to these privileges. Here are some ways which you can be an ally to all people. Remember that even if you are part of a group that traditionally has less power or privilege, you can still be an ally.

Pass out the "You are an Ally if..." worksheet and have students read out each statement on the sheet. Ask the class to follow along and check the statements that apply to them. After you have completed the sheet, ask students if they would be willing to share one of the statements that they checked and share why they checked that statement. Solicit answers from a few students.

Ask students if there are other things they do to be an ally to LGBTQIQ people. Write these ideas on the board and have students write these ideas on their worksheets.

Pass out the LGBT Student Rights handout. Let students know that there are laws and policies to protect students in California against discrimination based on real or perceived sexual orientation and gender identity.

Teacher Tip:

If the LGBT Students Rights sheet is not already posted in your classroom, you can post it during this lesson to show that you and your school are allies to LGBTQIQ students.

OPTIONAL ACTIVITY: WAYS TO MAKE A DIFFERENCE

20 minutes

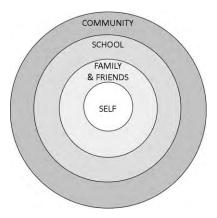
Materials

- Whiteboard or flipchart and markers
- Worksheet: Ways to Make a Difference

Activity

In this activity students will think of ways to make a difference with their friends and family, school, and community.

Draw this image on the board:



Let students know that they have the power to cause changes at many different levels: within themselves, their family and friends, their school, and their community. Tell students that all of these changes affect the other circles and they all go together. To make a difference, changes need to happen at all levels.

Suggested Script:

Change can happen at all levels – from the personal or "self" level to the larger community level. Many people think that small actions don't make a difference – but they can and they do. In order for change to really happen, we need to look at issues and solutions in all areas of the circles of change.

Have students break into 6 groups. Give each group a Ways to Make a Difference worksheet and assign one topic area (Friends & Family, School, and Community) to each group. Give the groups 10 minutes to work on the assignment. After 10 minutes, have the small groups report back to the whole class. Record the answers on the board.

HOMEWORK

My Values Mini-Essays

Lesson 7: Vocabulary

- 1. **Ableism**: Prejudice based on the ability of a person's body and/or mind. This belief system leads to someone prejudging, discriminating against or harming a person they think may have a disability.
- 2. **Ally**: A person who works with people of an oppressed group to end oppression. Anyone can be an ally.
- 3. **Classism**: Prejudice based on social class (how much money a person has). This belief leads to someone prejudging or discriminating against a person they think may be from a lower class than their own.
- 4. **Culture**: A way of life for a person or group of people based on ways of thinking, acting, and material objects. These ways include pictures, music, language, values, and beliefs.
- 5. **Discrimination**: Denying privileges or rights to a person(s) based on someone's identity or perceived identity.
- 6. **Heterosexism**: Prejudice based on sexual orientation (other than heterosexuality). It is the belief that heterosexuality is superior, or that everyone is, or should be, heterosexual.
- 7. **Homophobia**: Prejudice based on someone's perceived sexual orientation. This belief system leads to someone prejudging, discriminating against, or harming a person because they believe this person to be homosexual.
- 8. **Oppression**: When a set of rules, system, or society is built with the goal of benefiting a group of people as a result of the unjust treatment of other groups. This causes inequality.
- 9. **Prejudice**: A belief system, usually negative, that leads someone to make assumptions about another person or group of people.
- 10. **Privilege**: The advantages and power that someone has as the result of inequality in a society. People can have privilege because of their gender, sex, sexual orientation, race, class, disability status, etc.
- 11. **Racism**: Prejudice based on race. This belief system leads to someone prejudging, discriminating against, or harming a person because they perceive this person as not white.
- 12. **Sexism**: Prejudice based on sex. This belief system leads to someone prejudging, discriminating against, or harming a person because they perceive this person to not be "a real man."
- 13. **Transphobia:** Prejudice based on gender identity. This belief system leads to someone prejudging, discriminating against, or harming a person because they perceive this person to not be cisgender.

Handout: Different Treatment for Different People

Name:	
Period:	Date:

Treatment Based on Sexual Orientation

Some people are treated differently based on their sexual orientation. People who are heterosexual tend to receive certain privileges that people who are lesbian, gay, bisexual, or queer, do not. This is called heterosexual privilege. Here is a list of some privileges that heterosexual people may have that lesbian, gay, bisexual, and queer people do not:

- o You are able to date who you want to without fear of harassment.
- You are able to go to school functions and dances with your partner (example: prom).
- o You can show affection (hold hands, kiss, hug) your partner in public without fear.
- You have role models who have the same sexual orientation as you do.
- You do not have to worry about introducing your partner to your friends or family community just because of their gender.
- You do not have to "come out" and declare your sexual orientation.

What other privileges can you think of?

Treatment Based on Gender Identity and Expression

Some people are treated differently based on their gender identity and expression. People who are cisgender tend to receive certain privileges that people who are transgender, gender queer, gender fluid, or androgynous do not. This is called cisgender privilege. Here is a list of some privileges that cisgender people may have that transgender, gender queer, gender fluid, or androgynous do not:

- Use public restrooms without fear of verbal abuse, physical violence, or arrest.
- The ability to flirt with people or form a relationship with someone and not fear that your biological sex may be cause for rejection.
- o There are accurate depictions of your gender in television and in movies.
- The ability to purchase clothes that match your gender identity without being refused service or being teased by the staff.
- o Forms (such as medical forms, school forms, sports registration forms) list your gender as an option.

What other privileges can you think of?

Worksheet: You are an Ally If...

Name:	<u>. </u>
Period	: Date:
	CtiOns: Read the following statements and check the box next to the statements that to you.
	You emotionally and verbally support another person who is not part of the dominant group or culture.
	You use your voice to help people with less power.
	You refrain from stereotyping others based on gender, race, age, physical traits, ability, sexual orientation, or gender identity.
	You like and value diversity in your school and community.
	You acknowledge the presence of students and school staff who are different than you and are willing to engage them in genuine conversation
	You are willing to confront verbal and physical harassment at your school.
	You maintain confidentiality if a friend or classmate confides in you, unless that person is in danger of harming themselves or another.
	You care about the safety of all people around you and create an atmosphere of safety.
	You believe in equality and dignity of all people – including those who are different from you.
	You seek to understand the experiences of other people.
	You are willing to grow and learn how to be a better ally. And you understand that any and all efforts you make to end oppression and discrimination, and to promote equality and dignity are an important and necessary part of making your school, community, and world a safer and more welcoming place for everyone.

What other things can you do to be an ally?

LGBTQ STUDENT RIGHTS

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

- Right to be treated equally and to be free from bullying, harassment and discrimination, regardless of sexual orientation, gender identity or gender expression (SFUSD Board Policy 5162; California Education Code Section 200-220)
- Right to be respected and to dress and act in ways that do not conform to stereotypes associated with their gender, with respect to the student dress code (SFUSD Board Regulation R5163a; California Education Code Section 221.5)
- Right to LGBTQ-inclusive social studies, history and comprehensive sexual health education (California Education Code Section 51204.5, and 51930-51939)
- Right to be referred to by the gender pronoun and name that fits your gender identity
 (SFUSD Board Regulation R5163a; California Education Code Section 221.5)

ALWAYS REPORT THREATS,
SLURS AND BULLYING TO A
TRUSTED TEACHER OR
ADULT AT OUR SCHOOL OR
ON THE SAFE SCHOOL LINE:
(415) 241-2141

SAFESCHOOL@SFUSD.EDU

- Right to be involved in school activities, and access spaces such as locker rooms and restrooms, that fit with your gender identity

 (SFUSD Board Regulation R5163a; California Education Code Section 221.5)
- Right to speak out about LGBTQ issues, including wearing LGBTQ-affirming t-shirts, stickers and bracelets, and access information about LGBTQ issues on school computers, and to bring same gender dates to prom

 (California Education Code Sections 48907&48950)
- Right to be "out" and be yourself at school, and give permission to school staff of when and to whom they can share your LGBTQ identity
- Right to form and organize Gay-Straight Alliance, or similarly LGBTQ-related student clubs (Federal Equal Access Act; California Education Code Section 220)
- Right to consent to sensitive LGBTQ or sexual health-related services without permission from your parent/guardian or primary caregiver, if you are age 12 or older (California Health and Safety Code 124260; SB 543; California Family Code 6924)

IF YOUR SCHOOL NEEDS HELP RESPECTING THESE RIGHTS OR TREATING ALL STUDENTS EQUALLY, PLEASE CONTACT KIKI WILLIAMS, SFUSD'S DIRECTOR OF EQUITY, AT <u>WILLIAMSK3@SFUSD.EDU</u> OR (415)-355-7334

Adapted from the LGBT Students Know Your Rights Guide (ACLU, 2013)

Homework: My Values Mini-Essay

Na	me:
Рe	riod: Date:
	irections: Answer each of the questions with at least one paragraph. Please use classroom propriate language, and be thoughtful and respectful in your answers.
1.	Imagine your good friend told you they were gay, lesbian, or transgender. How would you feel? What would you say or do? Why?
2.	What are some things that you can do to be an ally to other students in your school?
3.	What changes would you like to see at your school to make it a safer and more welcoming environment? How can you help make these changes happen?
4.	Do you think that in 20 years people will still be treated differently based on their sexual orientation? Why or why not?
5.	Do you think that in 20 years people will still be treated differently based on their gender and gender expression? Why or why not?

Worksheet: Ways to Make a Difference

				
Period: Date:				
as an ally. Cons		hich gender, cu		ved and/or make a chang ssues play out at this level
Level:				
	Issues:		Ways to Mak	e a Difference:

Lesson 8: Expect Respect SF (part 1)

OBJECTIVES

- 1. Students will identify characteristics of healthy and unhealthy relationships.
- 2. Students will review characteristics of abuse and the cycle of violence.
- 3. Students will understand how gender expectations can influence relationships.
- 4. Students will become familiar with local resources.
- 5. Students will understand how people establish and maintain boundaries and why boundaries are an important part of a healthy relationship.

AGENDA

5 minutes Do Now

45 minutes Expect Respect Presentation

Homework My Ideal Partner

MATERIALS

Vocabulary Reference List

• Homework: My Ideal Partner

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.3.G** Discuss the characteristics of healthy relationships, dating, committed relationships, and marriage.
- $\textbf{4.1.G} \ \textit{Analyze how interpersonal communication affects relationships}.$
- **5.3.G** Use a decision-making process to analyze when it is necessary to seek help with or leave an unhealthy situation.
- **8.1.G** Encourage and support safe, respectful, and responsible relationships.

Lesson 8: Expect Respect SF (part 1)

BEFORE THE CLASS

For this lesson, contact the Expect Respect San Francisco program through City College of San Francisco to schedule the presentations. Please contact them at least two weeks in advance to schedule the presentation.

Adele Failes Carpenter

Expect Respect San Francisco (ERSF) City College of San Francisco 50 Phelan Avenue, Box S-55 San Francisco, CA 94112 415-239-3899 afailes@ccsf.edu

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question: How does someone know if they are in a healthy relationship?

EXPECT RESPECT PRESENTATION

45 minutes

Activity

Introduce the presenters from Expect Respect and remind students about the classroom agreements from Day 1.

ERSF will present to the class. Support the ERSF presenters by assisting with classroom management.

HOMEWORK

My Ideal Partner

Lesson 8: Vocabulary

- 1. **Abuse/violence**: Physical, sexual, verbal, or emotional harm one person causes to another.
- 2. **Boundaries:** Guidelines or limits that someone has for themselves about what feels safe and comfortable to them.
- 3. **Communication:** Sharing thoughts, messages, or information, with others, by speech, pictures, writing, or behavior.
- 4. **Cycle of abuse/violence:** The repeat behavior of physical, sexual, verbal, or emotional harm in a relationship.
- 5. **Healthy relationship:** A relationship that positively impacts your life and increases your well-being.
- 6. **Unhealthy relationship:** A relationship that negatively impacts your life and decreases your well-being.
- 7. **Consent:** Permission. To have consent means that you have received a clear and enthusiastic *yes*. The absence of a *no* is not enough. In other words, we no longer teach about consent using the saying "No Means No!" It is now all about "Yes Means Yes!"

Homework: My Ideal Partner

Na	ıme:
	riod: Date:
to	ireCtions: Think about what you hope to find in future partners. Write down your responses each of these questions to identify what traits you are looking for in a future partner. Please swer in complete sentences.
1.	How would your ideal partner treat you? How would you treat your ideal partner?
2.	What kind of person is your ideal partner?
3.	What are this person's goals in life?
4.	How does your ideal partner act with their family?
5.	How does your ideal partner act in public? In private?
6.	Who are your ideal partner's friends? What are they like?
7.	What type of relationship would you like to have? (ex: monogamous, open, friends)
8.	What else is important to you in a partner?

Lesson 9 (Extension or Alternative): Healthy Relationships

OBJECTIVES

- 1. Students will identify characteristics of healthy and unhealthy relationships.
- 2. Students will review characteristics of abuse and the cycle of violence.
- 3. Students will understand how gender expectations can influence relationships.
- 4. Students will become familiar with local resources.
- 5. Students will understand how people establish and maintain boundaries and why boundaries are an important part of a healthy relationship.

AGENDA

5 minutes Do Now

20 minutes Healthy/Unhealthy Relationship Spectrum (Activity and Worksheet)

15 minutes Types of Relationships

Homework My Ideal Partner and/or Helping a Friend

MATERIALS

- Vocabulary Reference List
- Relationship Spectrum Cards
- Healthy and Unhealthy signs
- Worksheet: Relationship Types
- Teacher Key: Relationship Types

- Worksheet: Relationship Qualities
- Homework: My Ideal Partner
- Homework: Helping a Friend

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.3.G** Discuss the characteristics of healthy relationships, dating, committed relationships, and marriage.
- **4.1.G** Analyze how interpersonal communication affects relationships.
- **5.3.G** Use a decision-making process to analyze when it is necessary to seek help with or leave an unhealthy situation.
- **8.1.G** *Encourage and support safe, respectful, and responsible relationships.*

Lesson 9 (Extension or Alternative): Healthy Relationships

This lesson can be used as an extension lesson or as an alternative in case Expect Respect cannot present to the class.

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question:

How does someone know if they are in a healthy relationship?

Teacher Tip:

If you are using this lesson
as an extension use the do
now question: How does
someone know if they are in
an unhealthy relationship?

HEALTHY/UNHEALTHY RELATIONSHIP SPECTRUM

20 minutes

Materials

- Healthy and Unhealthy signs
- Relationship Spectrum Cards
- Flipchart or whiteboard and markers
- Worksheet: Relationship Qualities

Activity

In this activity students will explore the qualities of healthy and unhealthy relationships. On a wall in the classroom or on the white board create a Relationship Spectrum. Place the "healthy" sign at one end and the "unhealthy" sign at the other end. It will look like this:



Pass out the cards to the students and give them a moment to decide where on the spectrum they think the card belongs. Call students up in small groups to put their cards on the board.

Suggested Script:

Everyone is going to get a card with a relationship quality. Read your card to yourself and then place it on the spectrum that we have here on the wall. On this end we have healthy and on this end we have unhealthy. Put it in order of healthy to unhealthy – some cards may fall under healthy, some may fall under unhealthy, and some may fall somewhere in the middle. Once all the cards are up, we'll go through each card and discuss thoughts. The person who put up the card can explain their choice and then others in the class can discuss if they agree or if they have a different opinion.

Once all the cards are up, hand out the Relationship Qualities worksheet to students. The students will follow along with the conversation about the relationship spectrum cards by filling in healthy or unhealthy qualities as they are mentioned in class.

Review each card and ask the students if they agree or disagree with where the card has been placed. As each card is discussed take it off the board and write up a quality that it represents (students should write this on their worksheet as well).

Suggested Script:

There are a lot of signs that can be read differently depending on the relationship, and unfortunately a lot of times what we see as unhealthy someone else might not. This is why it is important to decide what is healthy and what feels right to you – by communicating. Remember, some healthy relationships can have 'bad' moments, and some unhealthy relationships will have 'good' moments too – but always reflect on your relationship – can you be yourself? Are you happy? If you felt uncomfortable could you speak up and not fear being punished? These are important qualities of a healthy relationship.

We will go through each card and try to figure out what healthy or unhealthy qualities it represents. We are going to try to make a list together of qualities of a healthy relationship and qualities of an unhealthy relationship.

By the end of the activity all of the cards will be off the board and there will be a list of qualities written under each category. At the end it may look like this:

<u>Healthy</u>	<u>Unhealthy</u>
Communication	Lies
Trust	Physical/Verbal abuse
Honesty	Jealousy or control
Equality	Pressure
Feeling safe	Feeling unsafe
Respecting boundaries	Fighting

After all the cards have been discussed and removed from the board, ask the students to look at the lists and add in any missing qualities of healthy relationships and unhealthy relationships.

Debrief the activity with students. Here are some possible debrief questions:

- Did anything surprise you during this exercise?
- Would it be important to have the same beliefs as someone you were in a relationship with? How would you find out if you have similar or different ideas/beliefs?
- Is it important to develop your own beliefs about relationships? Why?
- How would you communicate with someone with different beliefs?
- We didn't include the gender of the partners in any of the cards. Did you assume gender when you read any of the statements? How would it have changed things if gender had been included? E.g.: if it were 2 guys, a guy and a girl, or 2 girls in the scenario. *These can be used as examples to discuss the influence of gender:*
 - o My partner usually talks me into having sex.

Teacher Tip:

To break up the large group discussion, pair students up and have them come up with 2 more healthy and 2 more unhealthy qualities and then have them share back to the group.

- My partner hit me once, but since then they have controlled them self to only hitting walls.
- I want to have babies with my partner because then I know we will be together forever.
- What did you learn about yourself in this exercise?

Close this activity by reminding students that people will have different experiences in relationships. Emphasize for students the importance of knowing their boundaries and wants and how to communicate those to a partner.

Suggested Script:

This exercise is meant to get people thinking about what their boundaries are in a relationship. It's not meant to judge or shame anyone because different folks have different opinions, experiences, and expectations in relationships. It's just meant for you to think about these values and beliefs we have so that you can better understand what you want and to think about how you can communicate that to your partner.

TYPES OF RELATIONSHIPS

15 minutes

Materials

Worksheet: Relationship TypesTeacher Key: Relationship Types

Activity

In this activity students will learn about some different relationship structures by completing a match up worksheet. Ask the students what types of relationships they have heard of. After they have mentioned some different types of relationships, explain that you all are going to spend some time thinking about the different types of relationships in which people choose to engage.

Suggested Script:

In this classroom we are not going to judge the type of relationship someone is in or wants to be in. It is important to be clear with your partner what kind of relationship you are in, especially if you are having more than one sex partner. If you can be open and honest, it can be easier for you to be safe with all the sex partners you are with.

Pass out the Relationship Types worksheet and have the students complete it in pairs. Review the answers as a large group. See Relationship Types Teacher Key for answers and additional information.

Debrief the activity with students. Here are some possible debrief questions:

- Are there any types of relationships on this list that you have not heard of before?
- What types of relationships do you think can be healthy? (Remind students that all relationship types have the possibility of being healthy)

- Which relationship types do you think require the most communication between partners? Why?
- How are non-monogamy, polyamory, and open relationships different from cheating?
- What increase risk do you think exits for non-monogamy, polyamory, and open relationships as compared to monogamous relationships? (Make sure to highlight that monogamy is an STI/HIV risk reduction tool.)

Close the activity with students by reminding them there are many relationship types out there. No one type of relationship is inherently healthy or unhealthy; it is about the qualities that people bring to those relationships. Remind students that we may make mistakes in relationships, but we can learn from those mistakes and build healthy relationships.

Suggested Script:

So we can see there are many different types of relationships – but what is a healthy relationship? We don't want to ever tell you there is such a thing as a 'good' or 'bad' relationship. There are only healthy and unhealthy relationships. And what makes it even more complicated is that sometimes, unhealthy relationships have good or healthy moments...and healthy relationships have bad or unhealthy moments. We are all human, and make mistakes, and learn a lot about ourselves from how we interact with each other in our relationships. The main thing to remember is that without communication, honesty, the ability to be honest with yourself and your partner, it can be challenging, if not impossible to build lasting, healthy relationships.

CYCLE OF VIOLENCE & RESOURCES

10 minutes

Materials

- Whiteboard and markers
- Handout: Relationships Resources
- Hanging out or hooking up wallet cards

Activity

Explain that when a relationship is going unhealthily, it can often follow a pattern. Ask students if anyone has heard of the cycle of abuse/violence before. What do they know about it? Explain that most abusive relationships follow a certain type of cycle. This cycle can help explain why some people stay in unhealthy and abusive relationships.

Use the information below to explain the cycle of violence to students:

Ask the students what someone does when they are trying to impress someone they like or have a crush on? (Brainstorm answers. Answers might include gifts, cute texts, being extra attentive or kind).

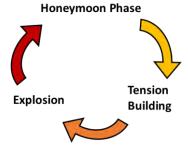
Write "Honeymoon Phase" on the board. The first phase of the cycle of violence is also a phase that any relationship goes through- the Honeymoon Period. During this time both people are really excited about the relationship, everything feels great.

Write "Tension Building Phase" on the board and draw an arrow from the honeymoon phase to tension building phase. After the honeymoon phase, some relationships will move into a second phase. The second phase is the Tension Building Phase- this is when fighting begins; oftentimes someone may feel as if their partner is blaming them for everything and anything. The person feels as if they can't do anything right.

Write "Explosion Phase" on the board and draw an arrow from the tension building phase to the explosion phase. After a while, some relationships will enter a third phase. The third phase is the Explosion Phase when threats, attacks, and/or violence occurs - (this could be emotional, verbal, or physical). The person screams, hits, or says cruel things to hurt their partner.

It's after this 3rd phase that most people would expect someone to leave a relationship, and maybe if that's where it stopped people would leave their unhealthy/abusive relationships more often. Unfortunately, the cycle continues and goes back to the honeymoon phase where the abusive partner will apologize for their mistakes, and try to make it up to their partner. Draw an arrow from explosion phase to honeymoon phase, completing the cycle.

At the end of this activity, the drawing on the board will look like this:



Let students know that if they see this cycle in their own relationship, it may be time to leave that relationship and get support from an adult.

Suggested Script:

If you see this cycle happening in your own relationship it might be time to get out of it. It can be challenging though, because you care about this person, you remember the honeymoon stage when everything was perfect, and you can identify the negative emotions that may have triggered this person to violence. I want to remind you that no one deserves to be hurt or abused. Everyone deserves to be in a loving, safe, healthy relationship.

Handout the Relationships Resources sheet and the Hanging Out or Hooking Up wallet cards to each student. Ask students what they would do if they had a friend who was in a relationship like this. How could they help or support their friend? Brainstorm the ideas on the board.

HOMEWORK

My Ideal Partner Helping a Friend (optional or additional)

Lesson 9: Vocabulary

- 1. **Abuse/violence**: Physical, sexual, verbal, or emotional harm one person causes to another.
- 2. **Boundaries:** Guidelines or limits that someone has for themselves about what feels safe and comfortable to them.
- 3. **Communication:** Sharing thoughts, messages, or information, with others, by speech, pictures, writing, or behavior.
- 4. **Cycle of abuse/violence:** The repeat behavior of physical, sexual, verbal, or emotional harm in a relationship.
- 5. **Healthy relationship:** A relationship that positively impacts your life and increases your wellbeing.
- 6. **Unhealthy relationship:** A relationship that negatively impacts your life and decreases your well-being.
- 7. **Consent:** permission. To have consent means that you have received a clear and enthusiastic *yes*. The absence of a *no* is not enough. In other words, we no longer teach about consent using the saying "No Means No!" It is now all about "Yes Means Yes!"



I am seeing a lot of people, but they all know about each other. I use protection and get tested regularly.

My partner decides where we go out most of the time and pays for everything.

My partner sometimes teases me about my weight and comments on what I eat.

My partner and I scream and yell to resolve our disagreements.

My partner and I get tested together because I don't trust my partner to go get tested on their own.

My partner usually talks me into having sex.

%

My partner texts to check in with me at least once an hour.

My partner hit me once but since then they have controlled them self to only hitting walls.

My partner and I need to have sex every day, no matter what.

For me, school and work are more important than being in a relationship.

I lied to my partner a few times, but my partner didn't find out and no one got hurt.

My partner can only talk with me and nobody else.

X

I feel tired after spending time with my partner.

My partner doesn't like it when I hang out with my friends and family.

I want to have babies with my partner because then I know we'll be together forever.

Sometimes I get upset with my partner and have to leave/take a break before we can talk again.

I want my partner to choose what we do in bed.

My partner and I have our differences, but we talk about them until we figure out what to do.

***----**

My partner respects my boundaries.

I feel safe when I am with my partner.

My partner tells me what clothes I should wear and what I am not allowed to wear.

My partner asks me about my life and my feelings, and listens to what I have to say.

My partner gets upset easily, so I try not to do anything that will make them angry.

My partner comments on all my posts and pics online.

Worksheet: Relationship Qualities

Name:	
Period: D	
Directions: Write down qualities o relationship.	f a healthy relationship, and qualities of an unhealthy
Healthy Relationship Qualities	Unhealthy Relationship Qualities
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Worksheet: Relationship Types

Period:	Date:	
Directions: Use the w definition.	ord bank below to match up th	e type of the relationship with the
1:	A person that you can hang ou	it with and have no sexual relations.
2:	Someone who is a friend but a may or may not be kept privat	e from other people.
3:	Someone you know that you hout do not have an intimate of	nave sex with or do sexual things with, romantic relationship with.
4:	_	that you like (as a way to build m) and possibly plan to start a e also use this term to mean they are in
5:	Someone with whom you have involvement. Partners can decthe relationship.	e a romantic relationship or ide whether or not sex will be part of
6:	A relationship where both par	tners agree to only be with each other.
7:	A relationship where you can (primary) partner knows abou	have more than one sex partner but you t it.
8:	A relationship with more than equal power and decision make	two people, where all partners share king in the relationship.
9:		s several types of relationships in which nd simultaneous sexual or romantic
Dating Hook up Open Relationship	Friends Monogamous Partner	Friends with benefits Non-monogamous Polyamorous

Teacher Key: Relationship Types

Directions: Use the word bank below to match up the type of the relationship with the definition.

1. Friends : A person that you can hang out with and have no sexual relations. 2. Friends ω/ benefits: Someone who is a friend but also have sex or sexual contact with. This may or may not be kept private from other people. 3. Hook-up :Someone you know that you have sex with or do sexual things with, but do not have an intimate or romantic relationship with. 4. Dating :Spending time with someone that you like (as a way to build connection or get to know them) and possibly plan to start a relationship with. Some people also use this term to mean they are in a relationship. 5. Partner : Someone with whom you have a romantic relationship or involvement. Partners can decide whether or not sex will be part of the relationship. 6. Monogamous : A relationship where both partners agree to only be with each other. 7. Open Relationship: A relationship where you can have more than one sex partner but your (primary) partner knows about it. 8. **Polyamorous** : A relationship with more than two people, where all partners share equal power and decision making in the relationship. 9. Non-monogamous: An umbrella term which covers several types of relationships in which an individual forms multiple and simultaneous sexual or romantic bonds.

Homework: My Ideal Partner

Na	ame:
	riod: Date:
to	irections: Think about what you hope to find in future partners. Write down your responses each of these questions to identify what traits you are looking for in a future partner. Please swer in complete sentences.
1.	How would your ideal partner treat you? How would you treat your ideal partner?
2.	What kind of person is your ideal partner?
3.	What are this person's goals in life?
4.	How does your ideal partner act with their family?
5.	How does your ideal partner act in public? In private?
6.	Who are your ideal partner's friends? What are they like?
7.	What type of relationship would you like to have? (ex: monogamous, open, friends)
8.	What else is important to you in a partner?

Homework: Helping a Friend

Na	me:
Pe	riod: Date:
	irections: Imagine that your friend is in an unhealthy relationship. Answer each question low with a 1-paragraph response about how you would help your friend.
1.	How would you know if your friend is in an unhealthy relationship? What unhealthy behavior might you notice in your friend's relationship? How would it make you feel to know your friend was in an unhealthy relationship?

Lesson 10: Expect Respect SF (part 2)

OBJECTIVES

- 1. Students will be able to identify power and control tactics in unhealthy and abusive relationships.
- 2. Students will understand the key concepts of healthy relationships.
- 3. Students will discuss how clear communication is essential to healthy relationships.
- 4. Students will identify resources and ways to stay safe in relationships.

AGENDA

5 minutes Do Now

45 minutes Expect Respect Presentation
Homework Media, Gender, & Relationships

MATERIALS

 Homework: Media, Gender, & Relationships

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.3.G** Discuss the characteristics of healthy relationships, dating, committed relationships, and marriage.
- **4.1.G** Analyze how interpersonal communication affects relationships.
- **5.3.G** Use a decision-making process to analyze when it is necessary to seek help with or leave an unhealthy situation.
- **8.1.G** Encourage and support safe, respectful, and responsible relationships.

Lesson 10: Expect Respect SF (part 2)

BEFORE THE CLASS

For this lesson, contact the Expect Respect San Francisco program through City College of San Francisco to schedule the presentations. Please contact them at least two weeks in advance to schedule the presentation.

Adele Failes Carpenter

Expect Respect San Francisco (ERSF) City College of San Francisco 50 Phelan Avenue, Box S-55 San Francisco, CA 94112 415-239-3899 afailes@ccsf.edu

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question:

How does someone know if they are in an unhealthy relationship?

EXPECT RESPECT PRESENTATION

45 minutes

Activity

Introduce the presenters from Expect Respect (ERSF) and remind students about the classroom agreements.

ERSF will present to the class. Support the ERSF presenters by assisting with classroom management.

HOMEWORK

Media, Gender, and Relationships

Homework: Media, Gender, & Relationships

Name:	
Period:	Date:
book you have read	n a television show, read a short story, magazine, or comic, or think about a d, or a movie you have seen that features teens in romantic relationships hink about that relationship and write your answers to the following
Media Source: _	
Relationship/the	characters:
1. What gender ro	oles, issues, and/or stereotypes were present in the relationship?
2. How did these i	roles, issues, and stereotypes affect the relationship?
•	nk the relationship shown in the media source (book/movie/show/comic) ences the attitudes and actions of real-life teens?

Lesson 11 (Extension or Alternative): Rules, Roles, & Relationships

OBJECTIVES

- 1. Students will examine their own beliefs about gender-role stereotypes.
- 2. Students will identify what beliefs about gender and gender-role stereotypes can affect teen relationships.
- 3. Students will explore the process of addressing gender issues and stereotypes in relationships and how this process can help make relationships stronger and healthier.

AGENDA

5 minutes Do Now

10 minutes Gender Role Impacts

10 minutes Gender Issues & Stereotypes in Relationships

25 minutes Rules, Roles and Relationships Activity

Homework Media, Gender, & Relationships

MATERIALS

- Relationship Issues & Values (cut into strips)
- Worksheet: Rules, Roles, & Relationships

 Homework: Media, Gender, & Relationships

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.3.G** Discuss the characteristics of healthy relationships, dating, committed relationships, and marriage.
- **4.1.G** Analyze how interpersonal communication affects relationships.
- **5.3.G** Use a decision-making process to analyze when it is necessary to seek help with or leave an unhealthy situation.
- **8.1.G** Encourage and support safe, respectful, and responsible relationships.

Lesson 11 (Extension or Alternative): Rules, Roles, & Relationships

This lesson can be used an extension or as an alternative in case Expect Respect cannot present to the class. This lesson can also be used after lesson #6.

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question:

Where do people learn about how to start and maintain a healthy relationship? Who are relationship role models for teens? Are these relationships mostly healthy or unhealthy?

If there is time, ask a few students to share their answers with the class.

GENDER ROLE IMPACTS 10 minutes

Materials

Flipchart or whiteboard and markers

Activity

Explain that this activity will involve learning about relationships and values as they relate to some of the issues in Straightlaced. Students will have an opportunity to think about how gender issues and stereotypes affect romantic relationships and why two people who are in a relationship should discuss these topics.

Ask students to recall some of the gender-role expectations and stereotypes from the film, or have them draw upon their own experiences to generate a list. Write students' ideas on the board or a large sheet of paper.

Once you have reviewed the issues, pose the following questions:

Teacher Tip:

If you have the gender boxes from lesson #3, you can use these to remind students about the gender-role stereotypes they previously discussed.

- What impact do you think these issues have on how teens think about relationships?
- What impact do you think they have on how teens behave in relationships?
- What impact do you think they have on how teens in relationships make decisions together?

For example, how can the stereotype that guys are not supposed to show emotion affect their relationships? What about the pressure for girls to be traditionally beautiful? What about the fear of being labeled "gay" or "lesbian"?

Teacher Tip:

When talking about teen relationships, please make sure students are considering all types of relationships—heterosexual, gay, lesbian, bisexual, monogamous, open relationships, etc.

GENDER ISSUES & STEREOTYPES IN RELATIONSHIPS

10 minutes

Materials

• OPTIONAL: Quotes projected or written on the board.

Activity

Explain that this activity will allow students to compare the thoughts and values of two people in a hypothetical couple and make a recommendation to them about how and when they should communicate about gender issues and stereotypes.

Walk the group through the following example:

Imagine that there are two people who really like each other, but that they hold different views on the following issue. Here are two quotes from the film, Straightlaced.

Girl says: "Some guys say that I talk too much and that I have an opinion about everything. They're like, oh you know, you should just sit there. You're pretty, but you're always telling me all these things, using big words. And I'm like, well, that's how I am, what do you want me to do about it?"

Teacher Tip:

For visual learners and English langue learners, print the quotes or write/project them on the board so that students can follow along.

Teacher Tip:

Have two students read the quotes out loud in front of the class. Ask for one volunteer who identifies as a girl, and one volunteer who identifies as a guy to read the quotes. DO NOT pick students based on what gender you assume they identify as or based on how you perceived them.

Guy says: "If I go with a girl smarter than me, I won't feel comfortable. I don't know, 'cause probably each time I talk, she's going to like, outsmart me and stuff. Like, if I'm in front of my friends and she's smarter than me, they're going to start saying stuff about it, like, ooh, why is she smarter than you, and sooner or later she's going to play you out and stuff."

- What beliefs do these two teens feel differently about? (Answers may include: how smart
 girls should be, whether boys need to be more intelligent than their girlfriends, how freely
 girls should be able to express their ideas and opinions, etc.)
- How might these issues or stereotypes affect their relationship? (Answers may include:
 the girl might get put down for expressing her ideas, the guy might be so worried about
 not "measuring up" that he would try to dominate most of their intellectual conversations,
 the girl could become alienated from school or limit her aspirations for college or career
 to please her boyfriend, etc.)

• If these were your friends, what would you recommend they talk about or do to try to have a healthy relationship, given their different beliefs? (Answers may include: talk about the stereotype that girls aren't supposed to be too smart, find a way to explicitly value both people's intelligence, reassure the guy that the girl will not "play him out" or otherwise make him look bad.)

Teacher tip

Take the time to generate a few indepth responses to these questions as a group; these will serve as models for students as they do their own independent work later in the activity.

RULES, ROLES & RELATIONSHIPS

25 minutes

Materials

- Relationship Issues & Values (cut into strips)
- Worksheet: Rules, Roles, & Relationships

Activity

Before beginning this activity, review the instructions, look over the Relationship Issues and Values sheets and select 2–4 topics (statement pairs) that you would like the group to focus on. Decide whether you will have students work in pairs or small groups; then copy and cut enough strips for your chosen topic areas so that each pair or group will have both of the lettered statements they need to complete the activity.

Distribute the Relationship Issues and Values strips. If the students will be working in small groups, each group should get one set of statements with the same letter (for example, both of the "A" quotes). If they will be working in pairs, each pair should get one set of statements. Depending on the size of the group and how many issues you have chosen, it is likely that more than one pair (or even more than one small group) will be working on the same quotes.

Teacher Tip:

To encourage depth in the discussion of stereotypes and relationships, we strongly recommend selecting only a few key issues (statement pairs) to focus on, with multiple groups working on the same topics.

Explain that each strip of paper has an attitude or value from the movie Straightlaced. The attitude on these strips may or may not be something that the students themselves personally agree with, but they should pretend that each belief is held by one of the two people in their hypothetical relationship.

Pass out the Rules, Roles and Relationships worksheet so each student has one. Have students read what is on their strips of paper to their partner or group and imagine that there is an actual couple who holds these differing ideas. Once the values have been shared, each pair or group should complete the worksheet. Questions here are similar to those in the example discussion.

Give students approximately 10 minutes to complete the worksheet.

Bring the group back together and discuss the beliefs of the hypothetical couples and the answers on students' worksheets. This is also a good time to ask how the issues and conflicts people have identified connect with their own lives.

Close the activity by discussing the following overall questions:

Teacher Tip:

One common response that students may have to the differences or potential tensions between members of their hypothetical couple is to say they should "just break up."
While, in some cases, ending a relationship may indeed be the best option for that person or couple to do in response to a conflict over values, it is important for that not to be the only option explored in this exercise. What else could the hypothetical couple do that would help them work through their differences of opinion? How can they build a healthy relationship, given that they don't agree on some key gender issues?

- What did you notice about the beliefs that the hypothetical couples held?
- Have you seen issues like this play out in your own relationships or those of your family or friends?
- What other issues related to gender roles and sexuality might couples need to discuss?
- Given your discussions, what do you think are some key elements of healthy relationships?
- What is one take-away message that you got from today's lesson?

HOMEWORK

Media, Gender, & Relationships

Worksheet: Rules, Roles, & Relationships

Name: Period: Date: Date: Date: Directions: Imagine that there are two people who really like each other but seem to hold different attitudes or values about one or more gender-related issues or stereotypes. Working with your partner, use the beliefs written on your strips of paper to complete the worksheet below. Make sure to take the beliefs of both people into account when answering the following questions. Be thoughtful and specific so that this imaginary couple could take your advice in order to have a healthy relationship. 1. The issue(s) or stereotype(s) that this couple has different beliefs about is(are): While the other person believes that While the other person believes that 3. The issue(s) or stereotype(s) might affect their relationship in the following ways: a) b) c) 4. If this couple were our friends, we would suggest they talk about the following topic(s):
different attitudes or values about one or more gender-related issues or stereotypes. Working with your partner, use the beliefs written on your strips of paper to complete the worksheet below. Make sure to take the beliefs of both people into account when answering the following questions. Be thoughtful and specific so that this imaginary couple could take your advice in order to have a healthy relationship. 1. The issue(s) or stereotype(s) that this couple has different beliefs about is(are): While the other person believes that While the other person believes that 3. The issue(s) or stereotype(s) might affect their relationship in the following ways: a) b) c)
2. One person believes that While the other person believes that 3. The issue(s) or stereotype(s) might affect their relationship in the following ways: a) b) c)
While the other person believes that 3. The issue(s) or stereotype(s) might affect their relationship in the following ways: a) b) c)
a)
b)
5. Our advice for this couple in order to have a healthy relationship is:

а

Homework: Media, Gender, & Relationships

Na	ne:	
Pe	od: Date:	
bc wi	ections: Watch a television show, read a short story, magazine, or comic, or think about you have read, or a movie you have seen that features teens in romantic relationship aeach other. Think about that relationship and write your answers to the following stions.	
Μ	dia Source:	
	ationship/the CharaCters:	
1.	What gender roles, issues, and/or stereotypes were present the relationship?	
2.	How did these roles, issues, and stereotypes affect the relationship?	
3.	How do you think the relationship shown in the media source (book/movie/show/com	ic)

Homework: Conflict Resolution

Na	ıme:
	riod: Date:
vie an	irections: Recall a time that you experienced a conflict (a difference of opinions, beliefs, or ews) with someone. This could be with a partner, friend, family member, teacher, coach, or other relationship in your life. Answer the following questions to explain how you did or uld work through the conflict.
1.	What was the conflict? What did you think or believe, what did the other person think or believe, and why did this create conflict?
2.	How did this make you feel? How do you think the other person felt?
3.	What did you or could you say or do to resolve this conflict in a healthy manner?

Relationship Issues and Values

A	a) "Girls should wear a lot of tight clothes that show their body parts. Maybe some cleavage or maybe a belly button ring."
P	(a) "I dress sporty. I wear basketball clothes every day. You can't play football in heels, you can't play football in some tight jeans, you can't play basketball in either of that, either. If I'm dressed all in tight clothes, I feel like I have to present myself different—like a young lady would. But like this, I can be just kick-back like, 'Whatsup?' 'Cause I don't have to set up a certain image with what I'm wearing."
E	3) "When girls run things, it's kind of like a turn-off when they do it all the time. It's like, 'Why are you trying to control me, you freak?'"
Е	B) "My boyfriend made the weirdest comment the other day. We were holding hands and my hand was in front, and he switched it, and he was like, 'No, my hand should be in front, because I'm the man.' Like it even comes down to something as silly as that. It's so weird, it's like guys have to be in control of everything when it comes to women."
(C) "Emotions guys are allowed to show are anger and happiness in certain situations, but you can't go too far with it, and that's about it. You can't be sad in front of nobody. You can't do that. People would go, 'You a punk.'"
(c) "Around their friends guys put on a show. They think that they need to be hard or need to disrespect women or need to disrespect other guys, but then when a girl talks to him, his personality, his whole view on everything changes. It's so honest. Underneath that hard person, there is somebody who you can talk to."
[9) "You have to lose your virginity by the end of high school. I mean you see it in movies, and all those teen movies, like that's what the plot's about. If I am a virgin, then it means that I'm weak-willed. Or, you know, I just don't have game."
	0) "I'm not [sexually] active at all. I mean I'll flirt with people and I'll be, like, kissing people, but having sex is a whole different level."

➢ PHOTOCOPY BEFORE CUTTING

E) "I try to attract as little attention as possible. I try to keep my movements very straight and rigid. I feel like I'm always on the defense. I always have to be putting up fronts."
 E) "I like to play with gender roles because it confuses people. Everybody thinks, you know, a guy is supposed to be a guy, he's supposed to be straight. A girl is supposed to be a girl, she's supposed to be straight. And not a lot of people talk about gender roles and how the envelope is pushed half the time and how other people do other things."
 F) "I'm taught to see women as nothing but an object. And taught to see them as this thing that is only there for their outward beauty. And I'm trying to talk about being open-minded, but yet I'll go back to school 30 minutes from now and I might grab someone's ass or I might say, 'Oh you look really nice in them jeans,' and not in a flattering way, in a fully sexual way."
F) "Whenever I dress like a typical girl, I feel that people are judging me all the time, and I'm just, you know, paranoid, like, what are they thinking? Do they think my boobs are big? Do they think they are small? Do they think my butt's big? But when I dress the way that I do, I am comfortable because I know I'm not showing anything. I know they're not going to be thinking that. They're just, 'Oh, there's a chick. Cool. Whatever:"
G) "Nobody knows that I'm gay. A friend of mine, who's straight, asks me about this girl and that girl. And I'll just say, 'Yeah, you know, she's hot,' or whatever. I guess I'm a pretty good actor. I don't have any interest in girls, period. And yet, to stay safe, I still play it off quite a bit."
 G) "When my senior year began, I wanted kids to see me for who I was. So, the first day of school, I brought my shoelaces of different colors. And, I brought this shirt that expressed [that I'm gay]. I went around, said hi to people. I realized that what I am doesn't really make a difference. It's who you are inside."
 H) "I like building things, I like putting up drywall, I like painting. I think a lot of people portray me as a really girly girl, and I like dressing up and stuff, but that doesn't necessarily mean that I can't do that."
 H) "Why does a girl need to learn how to jump a car? That's for guys. Why does a girl need to learn how to mow a lawn? That's a guy thing."

Lesson 12: Anatomy & Physiology (Part 1) Puberty, Hygiene, & Male Bodies

OBJECTIVES

- 1. Students will find a common language with which to openly talk about issues of sex, gender and development
- 2. Students will be able to list at least 5 changes that usually occur during puberty, and describe the changes that typically happen in male and female bodies.
- 3. Students will be able to correctly label and describe the functions of the internal and external male sexual organs, including their role in reproduction and generating sexual pleasure.
- 4. Students will be able to define intersex.
- 5. Students will recognize that there is a wide variation in appearance of external organs associated with sex and reproduction.

AGENDA

5 minutes Do Now

45 minutes Anatomy & Physiology (part 1): PowerPoint Presentation & Worksheet

Completion

15-25 minutes (OPTIONAL) Brown Bag Activity
Homework Care for Down There: Male Bodies

MATERIALS

- Vocabulary Reference List
- Anatomy & Physiology (part 1): PowerPoint Presentation
- Anatomy & Physiology (part 1): PowerPoint Notes
- Worksheet: Internal Male Anatomy
- Worksheet: External Male Anatomy

Homework: Care for Down There:
 Male Bodies

OPTIONAL ACTIVITY MATERIALS

- 4-8 bags filled with fruit, household objects, and office supplies.
- 4-8 outlines of a torso on butcher paper

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.1.G** Describe physical, social, and emotional changes associated with being a young adult.
- **1.10.G** Recognize that there are individual difference in growth, development, physical appearance, gender roles, and sexual orientation.

Lesson 12: Anatomy & Physiology (part 1)

DO NOW ACTIVITY 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers
- PowerPoint slides #1 2

Activity

Write on board and have students complete the following questions.

What are 3 changes that happen to all bodies during puberty? What are 3 changes that happen only to male bodies? What are 3 changes that happen only to female bodies?

Ask a few students to read their answers. Correct any misconceptions.

POWERPOINT SLIDES 45 minutes

Materials

- PowerPoint slides #3 32
- PowerPoint notes
- Worksheet: Internal Male AnatomyWorksheet: External Male Anatomy

Activity

Let students know that you will be reviewing information about sexual anatomy and physiology, human development, and puberty. Let students know that in the slides there will be pictures of genitals. The pictures are line drawings, not photographs, and they are designed to assist in learning about bodies. Remind students that in this lesson they will be learning about biological sex and body parts, and that this is different from gender.

Suggested Script:

Today we will be learning about the human body – specifically sexual and reproductive body parts and the functions of those parts. There are pictures in the slides so that we can learn about these parts. The pictures are line drawings, not photographs. We will be discussing biological sex, not gender, in these classes. Remember, biological sex refers to body parts, while gender refers to how someone feels and identifies.

The PowerPoint slides contain notes to assist you in presenting this material. Please refer to the notes in the slides for more information about the topics presented. The slides cover various topics. Here is the breakdown for topics, slide numbers, and approximately how long to spend on each topic.

Topic	Slides	Time
Human Development	3-6	10 min.
Puberty & Hygiene	7-11	10 min.
Male Sexual Anatomy & Physiology	12-32	25 min.

Human Variation

Explain to students that you will now be discussing how humans develop male and female bodies.

Suggested Script:

In our upcoming lessons, we're going to be talking about male and female bodies. Before we do that, though, let's review how sex is determined in human beings.

Puberty & Hygiene

Explain to students that you will now be reviewing puberty and what teens and adults need to do to keep themselves clean and healthy.

Male Sexual Anatomy & Physiology

Explain to students that you will now be discussing sexual anatomy and physiology. Information about male bodes will be

covered first, and then female bodies. Pass out the worksheets for internal and external male anatomy. Have students follow along by filling out the worksheets as you go through the presentation.

Suggested Script:

Knowledge is an important part of communication. If we are comfortable talking about our bodies, it can be easier to take care of our sexual health and communicate our desires and boundaries to potential partners.

People use different types of language to talk about sex and sexual organs: slang, polite, childhood, medical. There is no right or wrong language, however, in class we will use medical terms because these terms are the most specific and this way we are all using the same terms so we can understand each other. We will first learn the terms for male bodies, and then we will learn the terms for female bodies.

OPTIONAL: BROWN BAG ACTIVITY

15-25 minutes

Teacher Tip:

internal parts.

Before you start showing the anatomy slides, give each

student a worksheet and ask

them to label the worksheet

carefully as you describe each part. Start with the external anatomy and then move to the

Materials

- 4-8 bags filled with fruit, household objects, and office supplies.
- 4-8 outlines of a torso on butcher paper
- Students' completed worksheets on internal and external male anatomy

Activity

This activity is an interactive way to learn more about human sexual anatomy and physiology – what our sexual body parts are – inside and out, what they are for and how they work.

Divide the class into 4-8 groups. Give each group labeled anatomy/physiology handouts, and outline of a torso, and a "brown bag." Assign each group one of the following to model, using brown bag supplies, the male sexual system. Have the students create the male sexual system using the materials in the brown bag. Encourage students to get creative; there is no right or wrong way to complete this activity!

When groups have finished, have them present their models to the whole class, explaining what each part is and what it does. Correct any misconceptions and provide interesting facts about the anatomy and physiology. Or, if time is limited, when the groups have completed their model have the students walk around and view each other's creations.

HOMEWORK

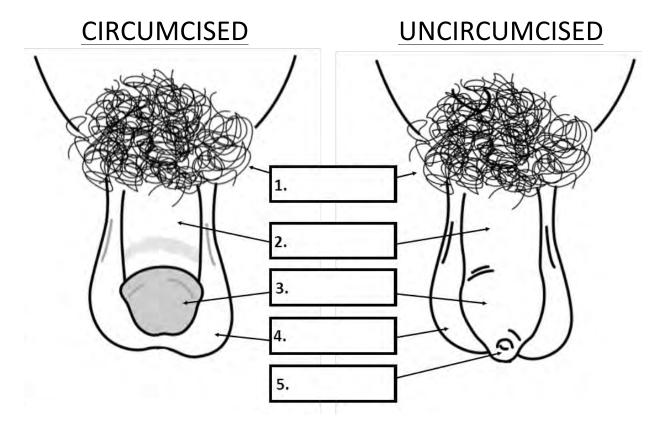
Care for Down There: Male Bodies

Lesson 12: Vocabulary

- 1. **Anatomy:** The parts of the body.
- 2. **Circumcision**: The removal of the foreskin at the head of the penis. This is usually done for religious or cultural reasons, often when the person is an infant.
- 3. **Ejaculation**: When semen (about 1-2 teaspoons) comes out of an erect penis. This usually occurs at the same time as an orgasm.
- 4. **Foreskin**: The skin that covers the head of the penis. Sometimes this is removed by a medical procedure called circumcision.
- 5. **Hygiene:** The ways a person can keep themself and their body clean, in order to stay healthy.
- 6. **Intersex:** This describes a variety of conditions in which a person is born with reproductive or sexual anatomy, chromosomes, or hormones that don't fit the typical definitions of male or female.
- 7. **Physiology:** The ways a person's body and body parts work together.
- 8. **Puberty**: The time during a person's adolescence when they become capable of sexual reproduction. Physical and emotional changes occur during this time.
- 9. **Pubic hair**: The hair that grows on the genitals. This typically starts to come in during puberty.
- 10. **Semen**: The fluid that comes out of the penis during ejaculation. It contains sperm and fluids from the seminal vesicle and prostate gland.
- 11. **Sperm**: The sex cell made by the testicles.
- 12. **Wet dream**: When the penis ejaculates while the person is asleep. Wet dreams can also be called **nocturnal emissions**.

Worksheet: External Male Anatomy

Name:_____ Period:



Directions: Write the Name and letter of each part on the correct box above.

A. Foreskin

- Covers and protects the head of the penis
- Lined with pleasure-sensitive nerve endings
- Sometimes removed during circumcision

B. Glans

- The head or tip of the penis
- Typically the most sensitive part of the penis

C. Penis

- Made of spongy tissue that fills up with blood when sexually excited
- Lined with pleasure-sensitive nerve endings

D. Pubic Hair

Provides cushion against friction, helping protect the genitals from irritation

E. Scrotum

- Holds the testicles, where sperm is made
- Keeps testicles and sperm at a healthy temperature by hanging away from or pulling into the body
- Lined with pleasure-sensitive nerve endings

Worksheet: Internal Male Anatomy

Period:

4.

5.

7.

8.

1.

Directions: Write the Name and letter of each part on the correct box above.

A. Anus

- Opening to the rectum, through which feces ("poop") exits the body
- Lined with pleasure-sensitive nerve endings

B. Cowper's Gland

 Produces pre-ejaculate ("pre-cum"), a clear fluid that neutralizes traces of urine in the urethra, making it a safe place for sperm to travel

C. Epididymis

 Work as "nurseries" that hold sperm while they mature

D. Testicle

• Produces sperm and the hormone testosterone

E. Seminal Vesicle

 Produces between 50-70% of semen, the milky white fluid in which sperm swim

F. Prostate Gland

- Produces between 30-50% of semen, the milky white fluid in which sperm swim
- Helps expel semen during ejaculation

G. Urethra

 Tube through which urine and semen exit the body

H. Vas Deferens

 A long tube that carries sperm from the epididymis to the glands that make semen

Homework: Care for Down There: Male Bodies

Nam	e:
Perio	od: Date:
Dire	ctions: Answer the questions below using the information found on these websites:
•	http://www.plannedparenthood.org/health-info/men/testicular-cancer
•	http://www.mayoclinic.org/diseases-conditions/prostate-cancer/basics/definition/cor20029597
•	http://kidshealth.org/en/teens/testicular-injuries.html?WT.ac=ctg
#1.	What are three things a male-bodied person can do to take care of their body?
#2.	What are two cancers that only affect male-bodied people? How are these detected?
#2	What are some things male-bodied people can do to protect themselves from testicular
#3. injuri	

Lesson 12: Anatomy & Physiology Slide Notes

Slide 1: This presentation has three parts: Human Variation (4 slides) Puberty and Hygiene (5 slides) Male Anatomy and Physiology (20 slides) Reproductive Anatomy & Physiology Slide 2: Have students complete the do now. DO NOW: · What are three changes that happen to all bodies during puberty? What are three changes that only happen to male bodies? · What are three changes that only happen to female bodies? Slide 3: Explain to students that you will now be discussing how human develop male and female bodies. **Suggested Script:** In our upcoming lessons, we're going to be talking about male and Sex Determination female bodies. Before we do that, though, let's review how sex is determined in human beings.

Slide 4: Sex Determination Sex Determination Sex Determination is dictated via chromosomes, external and internal organs and sex hormones. Most humans have 46 chromosomes Hall (23) are corried in biological mother's tegg Hall (23) are corried in biological fother's sperm Sperm Segg each have one sex chromosome Mega cony on "Y sex chromosome Mega (x) + Sperm (x) = tendas teta (xx) Egg (x) + Sperm (x) = tendas teta (xx)

Humans have 46 chromosomes. Our chromosomes carry our genetic material, what makes us who we are. The female's egg carries 23 chromosomes and the male's sperm carries 23 chromosomes. This means that we get half of our chromosomes from our biological mother, half from our biological father. Both sperm and egg carry one chromosome that determines sex (male or female). The sex chromosomes are called X and Y chromosomes.

The egg always has an X chromosome. The sperm can have either an X or a Y chromosome. This means that the sperm determines the sex (male/female).

Usually an XX = female, and XY = male.

Remember, sex is different than gender. Biological sex (male or female) depends on genetic make-up (usually XY or XX chromosomes), hormones, and genitals. Our sex is often assigned at birth. Gender is how we feel about ourselves, whether we identify as a man, woman, boy, girl, transgender, or some other identity. Gender is socially constructed and includes behaviors, attitudes, and attributes that a society considers appropriate for men and women.

Slide 5:

Human Variation

Sometimes babies are born male, female or Intersex.

intersex means they have internal or external sexual anatomy, chromosomes, or sex hormones that don't fit the typical definitions of female or male.

For example

- a person might be born appearing to be female on the outside, but having mostly mole-typical anatomy on the inside.

Or a person may be born with genitals that seem to be in-between the usual male and temple types.



TEACHER NOTE:

Like gender, intersex is a socially constructed category. Depending on how they define intersex, researchers estimate that anywhere from 1 in 100 to 1 in 2000 people are born Intersex.

To learn more about intersex people, visit the Intersex Society of North America at http://www.isna.org

Short videos about intersex people:

2-part video produced by the news show 20/20:

- •Part 1: www.youtube.com/watch?v=xv1yk2Va9qc
- •Part 2: www.youtube.com/watch?v=oHbBTEeayEU

Short video about a young British woman who considers herself 80% female & 20% male, but had surgery as an infant to make her appear male:

•http://www.youtube.com/watch?v=kLNL47KLLy8

Slide 6:

Intersex

- Sametimes, a person's interna anatomy is intersex and isn't exhibited until puberty or adulthood
- Organizations like the Intersex Society of North America advise parents who have an Intersex baby to wait until the child is old enough to make an informed decision about whether they want surgery on their genitais.



Slide 7:

Puberty & Hygiene

Explain to students that you will now be reviewing puberty and what teens and adults need to do to keep themselves clean and healthy.

Slide 8:

CHANGES IN EMOTIONS & RELATIONSHIPS DURING PUBERTY

- New feelings regarding romantic
- New opportunities for leadership at school and in the community
- Changes in responsibilities
- New pressures related to sexual activity
- New rules about how to dress and behave
- Changes in the amount of freedom allowed

Slide 9:

Body Changes

Male Bodies

- Voice deepens Shoulders broaden
- Sperm production begins
- Female Bodies
- Hips widen
- Begin ovulating Begin menstruating ("having periods")

- Height changes

- Height changes
 Arms and legs grow longer
 Oiller skin/acne
 Different perspiration
 Underarm hair
 Public hair

- Body Hair Face lengthens Genitals grow larger More frequent erections (clitoris, penis)

If a student asks if it's possible for a person not to go through puberty:

Experts recommend that parents consult a doctor if there are no signs of puberty at all in a girl by age 13 or a boy by age 15. Most often, it's simply a pattern of growth and development in a family. A person's parent, uncle, aunt, brothers, sisters, or cousins may have developed later than usual, too. In the rare cases where there is a problem, doctors can treat this by giving the person hormones to start puberty. Source: http://kidshealth.org/teen/sexual_health/changing_body/delay ed_puberty.html#

Slide 10:

After puberty, most people have to pay more attention to hygiene.

What is one thing you do regularly to stay clean?

Ask students for some responses before showing the next slide.

Slide 11:

Suggestions for Keeping It Clean

- Wash face twice a day with soap
- Wash hair frequently
- Take shower or bath daily
- Consider using deodorant or antiperspirant
- Brush and floss teeth twice a day
- · Wash genitals daily

Increased hormone levels stimulate the oil glands in the skin. These glands produce a substance that can block the pores and the result is blackheads and pimples. They also make hair oily.

Slide 12:

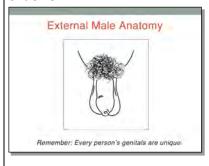
Male Anatomy and Physiology Explain to students that you will now be discussing sexual anatomy and physiology. Information about male bodes will be covered first, and then female bodies.

Suggested Script:

Knowledge is an important part of communication. If we are comfortable talking about our bodies, it can be easier to take care of our sexual health and communicate our desires and boundaries to potential partners.

People use different types of language to talk about sex and sexual organs: slang, polite, childhood, medical. There is no right or wrong language, however, in class we will use medical terms because these terms are the most specific and this way we are all using the same terms so we can understand each other. We will first learn the terms for male bodies, and then we will learn the terms for female bodies.

Slide 13:



Let student know that you will be reviewing the external parts of the male body. A picture will appear on the screen with an arrow pointing to a part of the body. Ask students to use their worksheet and follow along. Have students guess which part of the body for each slide before revealing the answer. Once the correct part has been identified, have students follow along by writing the name of the body part on their worksheet.

For each slide the picture of the body part will appear with a number that corresponds to the box on the student worksheet. Ask students what part they think is shown. Click to reveal the answer. The letter of the body part from the student worksheet word bank will appear next to the name of the body part.

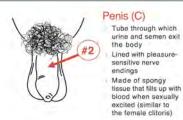
Slide 14:



There is no medically necessary reason to remove pubic hair. For people who don't like the look of pubic hair, they may find that cutting it short (carefully!) will create less risk of ingrown hairs or irritation than other methods of hair removal like shaving or waxing.

Scientists are still researching the reasons for pubic hair, but many believe it plays a role in human attraction by retaining pheromones or scent signals.

Slide 15:

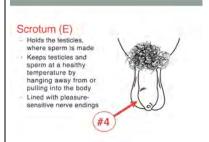


Fun fact: Although people sometimes talk about "boners" there is no actual bone in the penis

Slide 16:



Slide 17:



Fun facts:

The scrotum moves closer or further away from the body to keep the testicles at the right temperature. If a person jumps into a freezing cold pool, the scrotum will tighten and pull the testicles closer to the body. When a person is in a hot shower, they may notice the scrotum will relax and the testicles will hang father away from the body. The body does this on it's own.

One side of the scrotum usually hangs a little lower than the other side. This is normal!

Slide 18:

What is Circumcision?



- A surgery in which the foreskin is cut from the penis, exposing the tip
- Performed for religious or cultural reasons
- Often done in infancy, but people can choose to be circumcised as an adult

Routinely performed on babies in the United States about 30 years ago. Today, circumcision is an elective procedure. Circumcision has become controversial in the U.S. Many groups claim that it is a form of mutilation similar to female circumcision. After evaluating numerous studies, the American Academy of Pediatrics recommended infant circumcision on the grounds that the health benefits of newborn male circumcision outweigh the risks. Identified benefits included prevention of the following: urinary tract infections, acquisition of HIV, transmission of some sexually transmitted infections (HPV), and penile cancer. The World Health Organization recommends circumcision be routine in countries where there is a high incidence of heterosexual HIV transmission.

To learn more about the reasoning behind all of these stances, see:

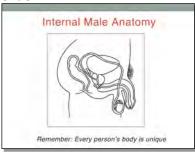
- American Academy of Pediatrics http://pediatrics.aappublications.org/content/130/3/e756.fu ll?sid=bd9574fb-4575-4d35-a46e-a63394e68331
- World Health Organization http://www.who.int/hiv/topics/malecircumcision/en/
- Doctors Opposing Circumcision: http://www.doctorsopposingcircumcision.org/
- To read various arguments, pro and con: http://en.wikipedia.org/wiki/Circumcision

Slide 19:



Slide 20: Sperm, Semen & Ejaculation Slide 21: What is Sperm? The male sex cell - Looks like a tadpole under a microscope · When sperm fertilizes a mature egg from a female, pregnancy can result Sperm production starts during puberty Slide 22: Semen is usually white and/or clear in color. What is Semen? There are a lot of sperm in one ejaculation – between 200-500 million. For comparison, there are about 314 million people •Semen is the fluid that comes out of the penis during ejaculation currently living in the United States. -Semen contains sperm and fluids from the Cowper's gland, vas deferens, seminal vesicle and prostate gland -Each healthy ejaculation contains between 200 to 500 million sperm. Slide 23: What is Ejaculation? · Ejaculation is when semen, usually about 1-2 teaspoons, comes out of an erect penis . Most males have an orgasm at the same time that they ejaculate

Slide 24:



Let student know that you will be reviewing the internal parts of the male body. A picture will appear on the screen with an arrow pointing to a part of the body. Ask students to use their worksheet and follow along. Have students guess which part of the body for each slide before revealing the answer. Once the correct part has been identified, have students follow along by writing the name of the body part on their worksheet.

Slide 25:



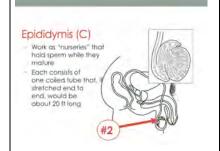
NOTE: TESTICULAR SELF EXAM (TSE) IS NO LONGER RECOMMENDED! However, it is still important to be aware of your body. Know what is normal for you so you can notice if any changes occur. If you are ever concerned with a change with your genitals, it is recommended to talk to a doctor, parent/guardian, or trusted adult.

At one time, doctors recommended that young men (up to age 35) check their testicles regularly for changes to prevent testicular cancer. However, in 2004, the United States Preventive Services Task Force stopped recommending that men perform routine self-testicular exam. Rationale: The USPSTF found no new evidence that screening with clinical examination or testicular self-examination is effective in reducing mortality from testicular cancer. Even in the absence of screening, the current treatment interventions provide very favorable health outcomes. Given the low prevalence of testicular cancer, limited accuracy of screening tests, and no evidence for the incremental benefits of screening, the USPSTF concluded that the harms of screening exceed any potential benefits.

For more information:

http://www.uspreventiveservicestaskforce.org/3rduspstf/testicular/testiculrs.htm

Slide 26:

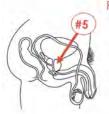


Vas Deferens (H) - A long tube that carries sperm from the epididymis to the glands that make semen - For permanent birth control, the tube can be cut or blocked in a vasectomy - Males who've had a vasectomy still ejaculate semen, but it contains no sperm

Slide 28:

Seminal Vesicle (E) Produces between 50-70% of the fluid that contributes to semen.

Slide 29:



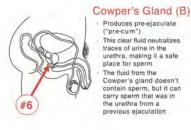
Prostate Gland (D)

Contracts to add 30-50% of semen; the milky white fluid in which sperm swim Helps protect semen during ejaculation and from acidic environments

Some males enjoy sexual slimulation of the prostate

A flap in the prostate closes off bladder during ejaculation so that there is NO urine when a male ejaculates In a healthy male, it would not be possible to urinate (pee) and ejaculate (cum) at the same time.

Slide 30:



It is possible that there can be sperm in pre-cum. This is one reason why, for some people, the withdrawal (pull-out) method does not work as a birth control method. Even if a person pulls out before ejaculation, there could still be sperm from pre-cum. Most males do not feel when they release pre-cum.

Slide 31: Urethra (G) Tube through which urine and semen exit the body The penis CANNOT release urine and semen at the same time!

Slide 32: The Anus (A) Opening to the rectum, through with feces ("poop") exits the body Lined with pleasure-sensitive nerve endings

If students ask about anal sex, you can acknowledge that some people enjoy anal sex. It's important to remember that anal sex is considered more risky for STI/HIV transmission than vaginal or oral sex, because the tissue in the rectum can tear or abrade easily. Using condoms and lubricant can reduce this risk.

Lesson 13: Anatomy & Physiology (Part 2) Female Bodies & Sexual Response

OBJECTIVES

- 1. Students will find a common language with which to openly talk about issues of sex, gender and development
- 2. Students will be able to correctly label and describe the functions of the internal and external female sexual organs, including their role in generating sexual pleasure.
- 3. Students will be able to recognize that there is a wide variation in appearance of external organs associated with sex and reproduction.
- 4. Students will understand the sexual response cycle.

AGENDA

5 minutes Do Now

45 minutes Anatomy & Physiology (part 2): PowerPoint Presentation & Worksheet

Completion

15-25 minutes (OPTIONAL) Brown Bag Activity
Homework Care for Down There: Female Bodies

MATERIALS

- Vocabulary Reference List
- Anatomy & Physiology: PowerPoint Presentation
- Anatomy & Physiology: PowerPoint Slide Notes
- Video: "Masturbation" (embedded in PowerPoint)
- Video: "Different is Normal" (embedded in PowerPoint)
- Worksheet: Internal Female Anatomy
- Worksheet: External Female Anatomy
- Homework: Care for Down There: Female Bodies

OPTIONAL ACTIVITY MATERIALS

- 4-8 bags filled with fruit, household objects, and office supplies.
- 4-8 outlines of a torso on butcher paper

CALIFORNIA HEALTH EDUCATION STANDARDS

- 1.1.G Describe physical, social, and emotional changes associated with being a young adult.
- **1.10.G** Recognize that there are individual difference in growth, development, physical appearance, aender roles, and sexual orientation.

Lesson 13: Anatomy & Physiology (part 1)

DO NOW ACTIVITY 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers
- PowerPoint slides #1 2

Activity

Write on board and have students complete the following question:

What might influence someone's ability to enjoy and/or experience pleasure during sex?

If there is time, have a few students share their answers. Correct any misconceptions.

POWERPOINT SLIDES 45 minutes

Materials

PowerPoint slides #3 – 46

Worksheet: Internal Female Anatomy

Worksheet: External Female Anatomy

Activity

Review the internal and external female anatomy by showing and discussing the PowerPoint slides.

Suggested Script:

So far we have discussed the male anatomy and physiology. Today we will discuss the female anatomy and physiology. Remember, people have all different words for these body parts – but we will be learning the medical terms so we are all using the same language and can understand each other.

The PowerPoint slides contain notes to assist you in presenting this material. Please refer to the notes in the slides for more information about each topic. The slides cover various topics. Here is the breakdown for topics, slide numbers, and approximately how long to spend on each topic.

Topic	Slides	Time
External Female Anatomy	3-14	10 min.
Internal Female Anatomy	15-24	10 min.
Masturbation	25-27	5 min.
Sexual Response	28-43	10 min.
Is that True?	37-44	7 min.

Am I Normal	45-46	3 min.
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Female Sexual Anatomy and Physiology

Review the internal and external female anatomy by showing and discussing the PowerPoint slides. Review the notes under each slide for more information. Students can fill out the accompanying worksheets as you go through the presentation.

Teacher Tip:

Before you start showing the anatomy slides, give each student a worksheet and ask them to label the worksheet carefully as you describe each part. Start with the external anatomy and then move to the internal parts.

Masturbation

Show the Planned Parenthood YouTube video "Ask the Experts: Masturbation" (Embedded on slide 27 of the PowerPoint. It's also available here: http://www.youtube.com/watch?v=kr2QiIR]zBY

Sexual Response

Teacher Tip:

Sexual pleasure is an integral part of sexual function and behavior and is often not discussed by health educators or healthcare providers. While some adults may feel uncomfortable discussing the details of sexual pleasure and function, it is an important topic. For example, discussing pleasure promoted with condom use in addition to safer sex messaging results in increased condom use and safer sex. (See "Pleasure and Prevention: When Good Sex is Safer Sex." Reproductive Health Matters. 2006; 14(28): 23-31.) For more information on talking to teens about sexual pleasure and dysfunction, please see pages 34 – 38 of the Adolescent Health Working Group's "Adolescent Health Providers' Sexual Health Toolkit," available for free download at: http://www.ahwg.net/assets/library/104_sexualhealthtoolkit2010bw.pdf

Using slides 28-36 about sexual response, point out that the human body includes organs designed for both reproduction (starting a pregnancy and making a baby) and for giving and receiving sexual pleasure. While there is overlap (for instance, the penis can insert sperm into the vagina for reproduction, but it is also sensitive to touch and the uterus is where a pregnancy grows, but many females find uterine contractions pleasurable during sex), they are not the same thing. For instance, the sole purpose of the clitoris in females is to provide pleasure.

Am I Normal?

Show the Planned Parenthood YouTube video "Different is Normal" (Embedded on slide of the PowerPoint). It's also available here: http://www.youtube.com/watch?v=t9tFk835vjo

OPTIONAL: BROWN BAG ACTIVITY

15-25 minutes

Materials

- 4-8 bags filled with fruit, household objects, and office supplies.
- 4-8 outlines of a torso on butcher paper
- Students' completed worksheets on internal and external female anatomy

Activity

This activity is an interactive way to learn more about human sexual anatomy and physiology – what our sexual body parts are – inside and out, what they are for and how they work.

Divide the class into 4-8 groups. Give each group labeled anatomy/physiology handouts, and outline of a torso, and a "brown bag." Assign each group one of the following to model, using brown bag supplies, the female sexual system. Have the students create the female sexual system using the materials in the brown bag. Encourage students to get creative; there is no right or wrong way to complete this activity!

When groups have finished, have them present their models to the whole class, explaining what each part is and what it does. Correct any misconceptions and provide interesting facts about the anatomy and physiology. Or, if time is limited, when the groups have completed their models have the students walk around and view each other's creations.

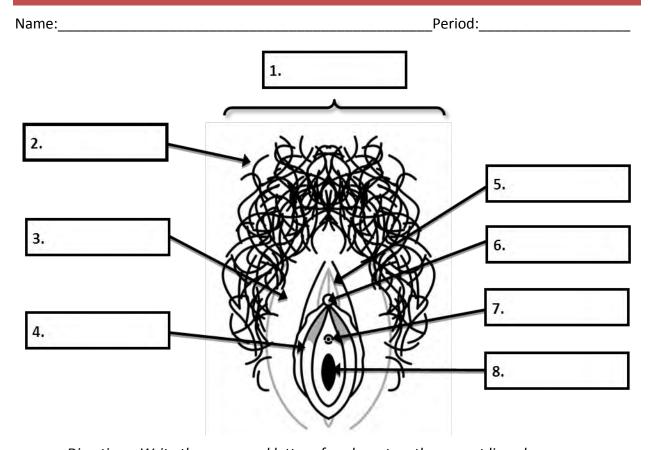
HOMEWORK

Care for Down There: Female Bodies

Lesson 13: Vocabulary

- 1. **Desire:** A strong feeling of wanting to have something or wishing for something to happen. The first stage of the sexual response cycle.
- 2. **Excitement:** The second stage of the sexual response cycle where arousal occurs and the body physically prepares for sexual activities.
- 3. **Hymen:** A thin layer of skin, or pieces of skin, that partially cover the opening to the vagina in some females.
- 4. **Masturbation:** The act of someone touching their own body, usually the genitals, for pleasure.
- 5. **Menstruation:** When the lining of the uterus (endometrium) sheds and leaves the body through the vagina. Also known as a period. This usually happens once every month for females after puberty.
- 6. **Orgasm:** The fourth stage of the sexual response cycle. This is a climax of sexual excitement, characterized by feelings of pleasure centered in the genitals. Quick cycles of muscle contraction occur in the muscles surrounding the genitals.
- 7. **Cervical Os:** The opening to the uterus.
- 8. **Ovulation:** The release of an egg from the ovary. This usually happens once every month.
- 9. **Plateau:** The third stage of the sexual response cycle. The period of sexual excitement prior to orgasm.
- **10. Pleasure:** A feeling of happy satisfaction or enjoyment.
- 11. **Resolution:** The fifth, and final stage of the sexual response cycle. The body relaxes from the excited state to a resting state.
- 12. **Sexual response cycle:** The stages humans go through during sexual interaction. There are five stages in the sexual response cycle, including desire, excitement, plateau, orgasm, and resolution.
- **13. Vaginal discharge:** Clear, white, or off-white secretions from the vagina that help keep the vagina clean.
- **14. Vaginal fluids:** The fluids produced by the cervical glands (vaginal sweating) and Bartholin glands (for lubrication during erection/arousal).

Worksheet: External Female Anatomy



Directions: Write the name and letter of each part on the correct line above.

A. Clitoral Hood

Covers and protects the glans of the clitoris

B. Clitoris

- Highly sensitive gland that can become erect during arousal
- Densely packed with pleasure-sensitive nerve endings

C. Inner Labia

- Inner folds of skin, spongy tissue, and nerve endings that cover and protect the openings to the vagina and urethra
- Lined with pleasure-sensitive nerve endings

D. Mons

- Fatty tissue that sits above the pubic bone and helps protect the body
- Often covered with pubic hair

E. Outer Labia

- Outer folds of skin, fatty tissue, and nerve endings that cover and protect the vulva
- Lined with pleasure-sensitive nerve endings

F. Urethra

• This is the tube that connects the bladder to the outside of the body

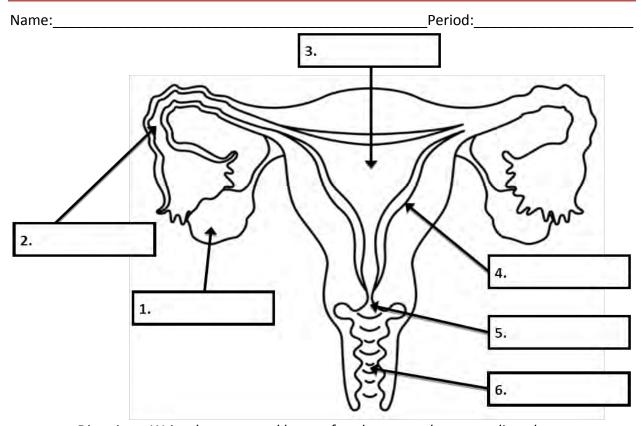
G. Vaginal Opening

• This is the opening to the vaginal canal.

H. Vulva

- All "outside" female genitals combined
- Includes labia, clitoris, vaginal and urethral openings

Worksheet: Internal Female Anatomy



Directions: Write the name and letter of each part on the correct line above.

A. Cervix

- Base of the uterus joins the top of the vagina
- Can be felt at the back of the vagina shaped a little like a nose
- The cervical opening (os) is usually closed, but opens a little for sperm & menstrual blood
- The cervical os opens to 10 cm to give birth

B. Endometrium

- Lining of the uterus, made of blood and tissues
- This is shed during menstruation (period).
- Where a fertilized egg plants itself; this is when pregnancy starts
- Nourishes and cushions a fetus as it grows

C. Fallopian Tubes

- Has "fingers" (fimbriae) that grab an egg that has been released from the ovaries
- Passageway where the egg travels to the uterus
- Where sperm and egg meet (fertilization)

D. Ovaries

- Produce the hormones estrogen and progesterone, and contain eggs.
- During puberty, start maturing and releasing ova (eggs), usually one per month

E. Uterus

- Strongest muscle in the female body
- About the size of a fist (before a pregnancy)
- Where a fetus can grows & develop
- Contracts during both orgasm & childbirth

F. Vagina

- Stretchy, muscular passage connecting the vulva and uterus
- Menstrual blood flows through here
- Penis may go here during vaginal sex
- May serve as passage during childbirth
- Has very few nerve endings (little sensation)
- A spongy tissue may be felt about 3 inches into the vagina on the upper side towards the belly.
 Called the G-spot, some people find it pleasurable and have orgasms when it is stimulated, other people do not

Homework: Care for Down There: Female Bodies

Na	me:
Per	riod: Date:
Dir	rections: Answer the questions below using the information found on these websites:
•	http://www.plannedparenthood.org/teens/my-body/female-anatomy-vulva-vagina-and-
	<u>breasts</u>
•	http://www.scarleteen.com/article/advice/out_out_damn_uti
•	http://www.plannedparenthood.org/health-info/womens-health/
•	http://kidshealth.org/en/parents/menstrual-problems.html
#1	• What are three things a female-bodied person can do to take care of their body?
	2. What is a urinary tract infection (UTI)? What are some things a female-bodied person can to avoid UTIs?
#3	3. What are two cancers that can affect female-bodied people? How are these detected?
#4	• What are some common questions people have about their periods and menstrual cycles?

Lesson 13: Anatomy & Physiology Slide Notes

Slide 1: Female Anatomy & Physiology Slide 2: Have students complete the do now question. DO NOW: What might influence someone's ability to enjoy and/or experience pleasure during sex? Slide 3: Let students know that you will be reviewing the external anatomy of the female body. Have students follow along by filling in the blanks on their worksheets. External For each part, first ask students what the part is and then click to Female Anatomy reveal the answer. Slide 4: "Vulva" is the correct term for the external female genitals. Often #1 people say "vagina," but that is not correct. Vulva (H) - All "outside" female genitals combined Includes labia (lips), clitoris, vagina and urethral openings

Mons (D) Fatty tissue that sits above the public bone and helps protect the body

Definition

•The mons (or mons pubis) is the fatty tissues that covers the pubic bone

Function

- •Helps protect the body (during sexual activity)
- •It splits to become the outer labia

Fun Facts:

- •Hair usually grows on the mons during puberty
 - •Some people choose to remove their pubic hair, but people do not have to remove it for medical reasons
 - •People need to take care when removing hair from the mons as this skin is delicate
- •The mons tends to get larger during puberty

Slide 6:

Outer Labia (E) Outer folds of skin, fatty tissue, and nerve endings that

cover and protect the vulva



Definition

•The outer labia are folds of skin and fatty tissue on the outside of the vulva.

Function

- •These labia cover and protect the vulva and the openings to the body (urethral and vaginal)
- •Lined with nerve endings for sexual pleasure.

Fun Facts:

- Often called "lips"
- •Hair usually grows on the outer labia
 - •Some people choose to remove their pubic hair, but people do not have to remove it for medical reasons
 - •People need to take care when removing hair from the mons as this skin is delicate
- •The outer labia are not symmetrical one side is usually larger or lightly different in shape than the other side.
- •The outer labia will change in appearance as a female develops during puberty they may get bigger.

Slide 7:

Inner Labia (C)

 Inner folds of skin, spongy tissue, and nerve endings that cover and protect the openings to the vagina and urethra



Definition

•Inner folds of skin, spongy tissue, and nerve ending.

Function

- •These labia cover and protect the vulva and the openings to the body (urethral and vaginal)
- •Lined with nerve endings for sexual pleasure.
- •Engorge with blood during and become erect when a female is aroused

Fun Facts:

- •Often called "lips"
- •Hair usually does not grow on the inner labia
- •They tend to always be a little moist because they are a mucous membrane (like lips on the mouth)
- •Sometimes a white material can build up on the inner labia this is a mixture of dead skin cells and natural oils. It is a healthy idea to wash this away.
- •The inner labia are not symmetrical one side is usually larger or lightly different in shape than the other side.
- •The inner labia will change in appearance as a female develops during puberty they may get bigger.
- •For some people the inner labia are bigger than the outer labia. For others the outer labia are bigger than the inner labia

Slide 8:

Clitoral Hood (A) Covers and protects the glans of the clitoris

Definition

•The clitoral hood covers the clitoris and is formed by the inner labia coming together at the top of the vulva.

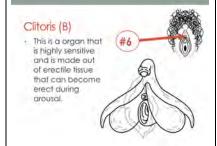
Function

•This helps to protect the clitoris

Fun Facts:

- •It may be difficult to see the clitoris if it is fully covered by the clitoral hood
- •When a body his highly aroused and close to orgasm, the clitoris might pull back under the clitoral hood because it is so sensitive

Slide 9:



Only a tiny portion of the clitoris is visible from the outside. The clitoris is much larger than what can be seen on the outside. The clitoral legs extend into the body along the sides of the opening to the vagina. This slide shows the entire structure.

Slide 10: Urethra (F) This is the tube that connects the bladder to the outside of the body

Definition

- •This is the tube that connects the bladder to the outside of the body
- This is where urine leaves the body

Fun Facts:

- •The urethra is located below the clitoris and above the opening to the vagina
- •It can be difficult to see the urethral opening on some bodies
- •It is much smaller than the vaginal opening
- •Some females release a fluid during sexual activity, sometimes called "female ejaculation." This fluid leaves through the urethra.

Vaginal Opening (G) This is the opening to the vaginal canal.

Definition

- •This is the opening to the vaginal canal located below the urethra **Function**
- •This is a stretchy passage way into and out of the body.
- •Allows things to go in for reproductive and sexual purposes and allows things out (such as menstrual blood, vaginal discharge)

Fun Facts:

- •Designed to be stretchy If someone chooses to become pregnant and have vaginal childbirth, this can stretch enough for the baby to come out through the vaginal opening
- •This cannot get overstretched from someone having sex or using tampons
- •This is surrounded by muscles that support this entire area

Slide 12:

Slide 11:

The Hymen A thin layer of skin or pieces of skin that partially covers the opening to the vagina in some females

Definition

•A thin layer of skin or pieces of skin that partially covers the opening to the vagina in some females

Function

•No known function

Fun Facts:

- •There are different types of hymen
- •Some females are born with a hymen but not all
- •It is very rare to have a hymen that fully covers the entire vaginal opening
- •The hymen may stretch if something (fingers, penis, dildo, speculum) is inserted into the vagina for the first time
- •There may be a drop of blood if the hymen stretches a lot
- •If someone does not bleed the first time they have sex it doesn't't mean they are not a virgin.

The Perineum The area between the vulva and the anus

The perineum is rich in nerve endings and can be sensitive to pleasure

Slide 14:

The Anus The opening to the rectum where feces leaves the body

Definition

•Anus: The opening to the rectum. Feces leaves the body through the anus. This is part of the digestive system – not part of the reproductive system

Function

- •This opens and closes to allow the passage of feces.
- •The anus and the area between the anus and the vulva, called the perineum, are rich in nerve endings and can be sensitive and can feel pleasurable.

Fun Facts:

- •There are two sets of muscles that surround the anus one is voluntary (which means is can be controlled) and one is involuntary (which means the person cannot control it)
- •During orgasm, the muscles in the anus spasm (contract and release)
- •Since the anus is not part of the reproductive system, if someone choose to have anal sex without a condom/protection, pregnancy would not be possible. However, infections can spread from unprotected anal sex if one of the partners has an infection.

Slide 15:

Internal Female Sexual & Reproductive Organs



Let students know that you will be reviewing the internal anatomy of the female body. Have students follow along by filling in the blanks on their worksheets.

For each part, first ask students what the part is and then click to reveal the answer.

Ovaries (D) Produce the hormones estrogen and progesterone Contain eggs During puberty, start maturing and releasing eggs, usually one per

Slide 17:

month

Eggs (Ova/Ovum) The egg is the female sex cell. Eggs are stored in the ovaries.

Definition

•Female sex cell

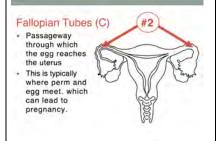
Function

•If an egg is fertilized by a sperm, it will begin to divide and this may result in a pregnancy

Fun Facts:

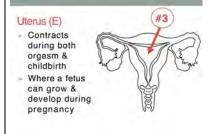
- •The eggs are stored in the ovaries
- •Females do not make eggs like males make sperm they are born with all of their eggs: about 500,000
- •During puberty, each month a few eggs will start to mature and then one will be released by the ovary and pulled into the fallopian tube •The egg always carries an X sex chromosome.

Slide 18:



Fun fact: Has "fingers" (fimbriae) that grab an egg after it is released from the ovaries

Slide 19:



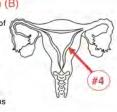
The uterus is the strongest muscle in the female body
In a female who hasn't given birth, is about the size of a fist
If a woman is having cramps during her period, this is usually what is
cramping – it is contracting to shed its lining

Slide 20:

Endometrium (B)

- Lining of the uterus, made of blood and tissue

 Where a fertilized egg
- Where a fertilized egg plants itself, signaling the start of pregnancy
- Nourishes and cushions a fetus as it grows



Slide 21:

Cervix (A)

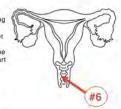
- Base of the uterus
 joins the top of the vagina
 The cervical
- The cervical opening (os) is usually closed, but opens a little for sperm & menstrual blood
- The os opens to 10 cm during

The cervix can be felt at the back of the vagina – shaped a little like a nose

Slide 22:

Vagina (F)

- Stretchy, muscular passage connecting vulva & uterus
- Often becomes wet during sexual arousal, and may be penetrated as a part of sex
- · Can stretch to accommodate a
- baby during birth
 Menstrual blood flows through here



Has very few nerve endings

A spongy tissue may be felt about 3 inches into the vagina on the upper side towards the belly. Called the G-spot, some people find it pleasurable and have orgasms when it is stimulated, other people do not

TO TEACHERS: To learn more about the vagina, vaginal lubrication and the g-spot, see scarleteen.com at http://www.scarleteen.com/article/body/anatomy_pink_parts_female_sexual_anatomy

Slide 23:

Vaginal Discharge

- Fluids produced by the cervical glands (vaginal sweating) and Bartholin glands (for lubrication during erection/arousal)
- It helps keep the vagina clean and free of harmful bacteria, and maintains a healthy acid balance
- This discharge varies greatly in scent, color and consistency depending on where a female is the menstrual cycle
- Because the vagina is "self-cleaning" there is no need for douching (washing the vagina out) or for using "feminine sprays" – In fact, these can be irritating and harmful

Ro Roal Ro Roadu

Slide 24: Vaginal Fluids · When a female is sexually excited, the vagina When a temale is sexually excited, the vagina will usually get wet. It can be painful or irritating if the vagina does not get wet enough before a linger, penis, or sex toy is inserted in the vagina. Lubricant can be added for extra comfort. About 1 in 10 females sometimes ejaculate (release a clear fluid through the urethra) during or before orgasm Slide 25: **MASTURBATION** Slide 26: **About Masturbation** Masturbation is when someone touches themself for pleasure Many people masturbate, some people don't – either way is normal & healthy All people can choose to masturbate People can use self-exploration and masturbation to get to know their bodies – this can help them to communicate to their partner what they like and don't like Slide 27: Video embedded in this slide. Source: **About Masturbation** http://www.youtube.com/watch?v=kr2QiIRJzBY

Slide 28:



Suggested Script:

People chose to have sex or not have sex for many different reasons. One reason people might chose to have sex is for pleasure. Most people will have questions about pleasure and issues like orgasms and sexual arousal. This section will help us explore some of the answers to these common questions.

Slide 29:

"Sex is mostly between your ears, not your legs. The largest, most important and most active sexual organ of the body isn't a penis or vagina, it's the brain."

-Heather Corinna, Scarleteen.com

Slide 30:

Sexual Response & Pleasure

- In addition to genitals, many body parts can provide physical pleasure – nipples, arms, back, buttocks, ears, feet, fingers, legs, neck.
- People differ in what they find pleasurable
- We all have the right to control our bodies, including when and if we will have sex

Slide 31:



- Psychological and emotional factors can influence sexual response
- More common for females to go back and forth between phases and to have resolution (satisfaction) without orgasm
- Males have a refractory period = the time frame before being capable of another orgasm. This period increases with age.

Slide 32:



Desire can be influenced by many things.

People desire sex and sexual contact for many different reasons. It's possible to experience desire and not act on feelings, only enjoy them.

Slide 33:



Body changes that can occur in this stage include:

Blood gathers in the genitals, enlarging the clitoris or penis (erection); The vagina becomes wetter and lengthens; the Cowper's Gland releases a clear fluid called pre-ejaculate or pre-cum that washes out the urethra.

Males who experience an erection will not be harmed if they don't ejaculate. (While they may feel discomfort, there is no such thing as "blue balls".)

Slide 34:



This phase is characterized primarily by the intensification of all of the changes begun during the excitement phase.

Slide 35:



Can be gradual or fast. It begins with orgasm, a 3-10 second series of muscle contractions triggered by the brain, accompanying by a feeling of great pleasure or release.

When a female has an orgasm, the uterus and the perineal (vaginal) muscles contract.

When a male has an orgasm, the abdomen and penis muscles contract. Most males will ejaculate with orgasm (but these two things do not always happen at the same time for males).

Between 10-69% of females also ejaculate a clear liquid during or before orgasm from ducts through and around the urethra. This may feel like peeing but the fluid is different from urine.

Some females (and fewer males) experience several orgasms quickly in a row (multiple orgasms).

Slide 36:

Stages of Sexual Response

The body returns to resting levels of heart rate, blood pressure, breathing, and muscle contraction. Swelled and erect body parts return to normal and skin flushing disappears.

This is marked by a general sense of well-being and enhanced intimacy and possibly by fatigue as well.

Slide 37:



Go through the slides to test students on their knowledge about desire, arousal, and masturbation.

Have students vote or share if they think the statement is true or false. Click to reveal the answer.

There are 7 true/false questions.

Slide 38:

You can tell by looking at someone's body if they want to have sex or not.



You can tell by looking at someone if they want to have sex or not. **False** – While some changes that happen during arousal are easy to see on the outside of the body (such as a penis becoming erect), the true indicator of whether someone wants to have sex or not is how they are feeling – not what their body is doing. Also, many arousal changes cannot be seen (such as the vagina lubricating). If someone wanted to know if their partner desired sex or not – the best way to find out is to ask.

Slide 39:

If a someone gets an erection, it means they want to have sex; if someone's vagina lubricates, it means they want to have sex.



If someone gets an erection, it means they want to have sex; if someone's vagina lubricates, it means they want to have sex. **False** – Erections and lubrication can occur for no reason or for reasons not related to desire. For example, many males wake up with an erection in the morning. Teenage boys often get spontaneous erections that are not related to sexual desire or excitement.

Slide 40:

Everyone's level of sexual desire changes over time and with different circumstances.

TRUE

Everyone's level of sexual desire changes over time and with different circumstances. **True** – "Normal" levels of sexual desire vary widely and change. Sexual desire is affected by physical, emotional, and social factors. If someone's level of desire is causing them a problem, they can talk with a parent/guardian, trusted adult, or sexual health professional.

Slide 41:

If someone desires sex, their body will become sexually excited and aroused.

FALSE

If someone desires sex, they will become sexually aroused or excited. **False** – Sometimes people do desire sex but do not become sexually excited. This situation happens to most people at some point. It is not something to worry about.

Slide 42:

People can "make love" and have orgasms without having sexual intercourse.

TRUE

People can "make love" and have orgasms without having sexual intercourse. **True** – "Making love" can consist of many behaviors (caressing, kissing, massage, manual stimulation). People may reach orgasm from touching or rubbing themselves and/or each other without engaging in intercourse. People have sex in a variety of different ways.

Slide 43:

If someone is aroused and then does not have sex (sometimes called "blue balls") it could cause serious problems for their body.

FALSE

If someone is aroused and then does not have sex (sometimes called "blue balls") it could cause serious problems for their body. **False**– If the body becomes aroused and then the person does not have sex, orgasm, or ejaculate – that is fine. There may be some discomfort in the genitals when they go from being aroused to relaxed, but it is not causing any harm to the body.

Slide 44: Masturbating frequently is a problem. False - There is no problem with masturbating frequently. The only time masturbation can be Masturbating frequently is a considered a problem is if it gets in the way of other things the person problem. should be doing or if the person is disturbing other people or otherwise causing harm to themselves. Slide 45: AM I NORMAL? Slide 46: Video embedded in this slide. "Different is Normal" from Planned Everyone is different... Parenthood. Source: http://www.youtube.com/watch?v=t9tFk835vjo

Lesson 14: Menstruation, Conception, Pregnancy, & Birth

OBJECTIVES

- 1. Students will be able to describe how pregnancy occurs and list the stages of pregnancy and childbirth.
- 2. Students will learn about all pregnancy options and resources for these options, including California's Safe Surrendered Baby Law.
- 3. Students will be able to list five actions people can take to take care of their reproductive health and, if pregnancy occurs or is desired, increase the chances of having a healthy pregnancy.

AGENDA

5 minutes Do Now

35 minutes Menstruation, Pregnancy, & Childbirth: PowerPoint Presentation & Optional

What Can Mai and Kai Do? 10 minutes

Talk to a Parent or Trusted Adult Homework

MATERIALS

• Vocabulary Reference List

Menstruation, Pregnancy, & Childbirth: PowerPoint Presentation

Menstruation, Pregnancy, &

Childbirth: PowerPoint Slide Notes

Worksheet: What can Main & Kai Do?

Handout: Pregnancy Options

Homework: Talk to a Parent or

Trusted Adult

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.2.G** Explain how conception occurs, the stages of pregnancy, and the responsibilities of parenting
- **1.5.G** Summarize fertilization, fetal development, and childbirth.
- **1.6.G** Explain responsible parenting and prenatal care and parenting, including California's Safely Surrendered Baby Law.
- **7.1.G** Describe personal actions that can protect sexual and reproductive health (including one's ability to deliver a healthy baby in adulthood).

Lesson 14: Menstruation, Conception, Pregnancy, & Birth

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- PowerPoint slides #1 3

Activity

Show slide #2, with images of different types of families. Remind students that there are lots of types of families, and ask them to start thinking about what kind of family they might want to have someday. Then turn to the Do Now questions on slide #3, and ask students to write their responses to these questions:

What type of family would you like to have?

Would you like to be: Single? Partnered? Married? In a committed relationship?

Would you to have children or not? If yes, how many? At what age?

Ask a couple of volunteers to share their answer to the "Do Now" questions. Reiterate that there are many different types of families and that some have children and others don't. People of all genders and sexual orientations can start a pregnancy and possibly become parents.

Suggested Script:

Oftentimes people think that pregnancy just "happens." But modern birth control methods allow people to prevent or plan pregnancy. Today's lesson is on pregnancy, what people can do to increase the chances of having a healthy pregnancy, and options available to someone who becomes pregnant.

Menstruation, Conception, Pregnancy, & Birth: PowerPoint Presentation

35 minutes

Materials

- PowerPoint slides #4 34(end)
- PowerPoint slide notes
- Handout: Pregnancy Options
- Handout: Preconception Health

Activity

Use the PowerPoint slides to cover the material in this section. The PowerPoint slides contain notes to assist you in presenting this material. Please refer to the notes in the slides for more information about the topics presented. The slides cover various topics. Here is the breakdown for topics, slide numbers, and approximately how long to spend on each topic.

Topic	Slides	Time
Menstruation & Conception	4 – 12	10 min.
Pregnancy Options	13 – 15	5 min.
Pregnancy & Childbirth	16 – 25	10 min.
Impacts on Health	26 - 34	10 min.

Menstruation & Conception

Explain to students that you will now be discussing the menstrual cycle and how a pregnancy begins.

Suggested Script:

In order to understand how and when pregnancy is possible, we need to first understand menstruation and the menstrual cycle.

Understanding menstruation helps us understand how pregnancy can occur. Now we know that about 2 weeks before the period begins, or halfway through someone's cycle is when ovulation tends to occur. If a cycle lasts 28 days, the time when someone will be most fertile (likely to get pregnant) is between days 11-16 of the cycle. It will be 7 days sooner in someone with a 21-day cycle, 7 days later in someone with a 35-day cycle. Keep in mind that teens tend to have irregular cycles – for example for a teen they might have 21 days between periods, then 28 days, and then 20 days. It is very common for teens to have irregular cycles; as teens get older their cycles tend to become more regular.

Pregnancy Options

Explain to students that you will now be reviewing the four options that a female has when becoming pregnant.

Pass out the Pregnancy Options handout.

Suggested Script:

In California, if a female becomes pregnant there are options available. We will learn about these options in this next section. Some people may have strong beliefs and ideas about these options. We are not here to discuss what is "right" or "wrong" – We are here to discuss the options that a person can legally access in CA if they become pregnant. If you would like to discuss your values and beliefs around these options, we can identify some places and people for you to talk to.

Pregnancy & Childbirth

Explain to students that you will now be reviewing information about how a pregnancy develops and how a baby is born. Detailed information about stages of pregnancy and suggested scripts are included in the "notes" section under the slides.

I Teacher Tip:

If time allows, cue up and show the 3rd chapter of PBS's 8-part film: Life's Greatest Miracle. This chapter shows the sperm's journey to the egg. It is available online at: http://www.pbs.org/wgbh/nova/miracle/program_adv.html

If you'd like to go into more depth on this topic, or would like to show students video of pregnancy and birth, the DVDs "The Miracle of Life" and "From Conception to Birth" have been approved for use in SFUSD high schools, and are available for check out from School Health Programs. Call 415-242-2615 for more information.

Impacts on Health

Review with students how life choices can impact our health. Ask students for answers to the questions on slides #31-33 before revealing the answers on the slides.

Teacher Tip:

Have students quickly pair up with the person next to them to answer the questions on slides #31-33.

Pass out the Preconception Health handout.

After completing all of the slides, explain that peer educators from the Teenage Pregnancy and Parenting Program will be coming to class and they will share their experiences with being a teen parent. They will share more about preconception health, pregnancy, prenatal care, childbirth, and parenting.

WHAT CAN MAI & KAI DO?

10 minutes

Materials

Worksheet: What Can Mai & Kai Do?Handout: Pregnancy Options

Activity

Have students partner up or work in small groups and use the Pregnancy Options handout to complete the What Can Mai & Kai Do? worksheet. If students do not complete the worksheet in class, have them complete it for homework.

HOMEWORK

Talk with a Parent, Caregiver, or Trusted Adult

Lesson 14: Vocabulary

- 1. **Abortion**: Ending or terminating a pregnancy. This can happen spontaneously (usually called a miscarriage) or through a medical or surgical procedure.
- 2. **Adoption**: When someone carries a pregnancy to term and another person or people become parents to the child.
- 3. **Embryo**: A term used to describe a growing pregnancy during its first two months.
- 4. **Fetus**: A term used to describe a growing pregnancy from the third month until birth.
- 5. **Fertilization**: When an egg and sperm meet.
- 6. **Implantation**: When a fertilized egg attaches to the lining of the uterus (endometrium). This is usually considered the moment of conception (when a pregnancy starts).
- 7. **Menstrual Cycle**: The cycle of physical and hormonal changes in the uterus and ovaries that prepares the female body for pregnancy. The cycle begins on the first day of a person's period and usually lasts for 21-35 days, until the first day of their next period.
- 8. **Ovulation**: When an egg is released from the ovary. This happens about halfway through the menstrual cycle.
- 9. **Pregnancy Options:** The choices available to a female when she becomes pregnant. These include parenting, adoption, abortion, and, in emergencies, safe surrender.
- 10. **Prenatal care**: The medical care a person could receive during pregnancy to regularly check-up on the health and the health of the growing pregnancy.
- 11. **Safe Surrender Law**: A law in California that allows an individual to safely surrender an infant within 72 hours of birth to a designated site (such as a hospital or police station) without fear of arrest or prosecution.

Handout: Pregnancy Options

Many teens wait to talk to someone or access health services when they think they might be pregnant. However, it is important to get a pregnancy test as soon as possible. A person will have more options the earlier they find out that they are pregnant. In California, youth (including youth who are undocumented) can receive free or low-cost, confidential pregnancy tests, prenatal care, and abortion services.

Option	Basic Information
Have an abortion	 Abortion Facts Abortion is safer than giving birth and will not harm someone's ability to have children in the future. In the U.S., abortion is legal up to 24 weeks into a pregnancy (calculated from the last menstrual period). In California, it is legal later if the pregnancy threatens the life or health of the mother. The earlier someone has an abortion, the safer it is and the more choices they have. In the U.S., about 1/3 of all females have an abortion by age 45 What types of abortion are available? MEDICATION ABORTION: Also called the "Abortion Pill," it's available up to 9 weeks. Usually involves 1-2 visits and a follow-up exam. May take several days and involves bleeding and cramping. IN-CLINIC ABORTION: There are a few types of in-clinic abortion. It is available up to 24 weeks into a pregnancy. Usually involves one visit to a health care provider and a follow up exam
Continue pregnancy & become a parent	 Important Points – If Someone Decides to Continue the Pregnancy The earlier someone receives prenatal care, the better their chances of having a safe birth and a healthy baby. A pregnant teen has the right to stay in school California provides a range of services to pregnant and parenting teens. Information is available at http://www.pregnantyouth.info Under California's Safely Surrendered Baby Law (CA Health and Safety Code, section 1255.7) a parent can safely surrender a baby to a hospital ER or other designated site within 72 hours of birth. The parent(s) won't be prosecuted or asked any questions.
Continue pregnancy & make an adoption plan	 Important Points – If Someone Selects Adoption Adoption can take place independently or through an agency and the biological mother has the right to select the adoptive parents. In a closed adoption, the biological mother cannot have a relationship with the baby after adoption; in an open adoption, she can. The biological father has the right to "claim" and raise the baby. The biological parents have 90 days to change their minds about adoption.

Source: California Pregnant and Parenting Youth Guide

Handout: Preconception Health

PRE=BEFORE, CONCEPTION=PREGNANCY

Even before pregnancy, a person's health can affect the health of their ova (eggs) or sperm. It can also affect the health of a developing embryo/ fetus, even before a female knows that she is pregnant. That is why preconception health is important for anyone having sex that can result in pregnancy. Protect your future!

TO DO TODAY:



Take a daily multivitamin with 400-800 mcg of folic acid. Folic acid is a B-vitamin

that helps prevent serious birth defects of the brain and spine and may help males have healthier sperm. It also gives you better hair, skin and nails. See www.gofolic.org for more information.



Exercise regularly.

Aim for at least 30 min. per day or 150

min. per week of activities like riding a bike or dancing.



Eat well-balanced and nutritious meals

that include lots of fruits and vegetables, whole grains, protein and healthy fats like avocados and olive

oil.



Avoid drugs, alcohol, and smoking. These

can affect someone's overall health, including sperm quality and the health of a pregnancy.



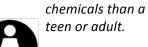
Test for STIs, if sexually active. (STIs like Chlamydia, Gonorrhea and HIV). If left untreated, some STIs can make it hard to have children later on (infertility). Also, it's important to get tested and treated for STIs before getting pregnant, since these can harm a fetus or be passed to a child during birth.

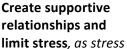
BEFORE STARTING A PREGNANCY:



Avoid toxic substances & dangerous chemicals

at home and, if possible, at work. They can harm eggs and sperm. Also, a growing fetus is more likely to be hurt by such





can make it harder to start a pregnancy. Relationships and stress can also affect (positively or negatively) the health of a fetus and pregnant female.



See a healthcare provider. All of the

following can affect the health of a fetus and/or biological mom. Some can also affect sperm health or cause early birth:

- Make sure vaccines are upto-date and consider getting a flu shot.
- Get medical conditions under control (asthma, diabetes, depression, high blood pressure, thyroid disease, & epilepsy).
- Check to see if any medicines, over-the-counter drugs, or herbal and dietary supplements could be harmful to a growing pregnancy.
- Consider genetic counseling



if they or a close relative has an inherited disease.

Limit caffeine before

and during pregnancy to support becoming pregnant and maintaining a healthy pregnancy.

Worksheet: What Can Mai & Kai Do?

۷a	me:	_ Period:	Date:	
Diı	rections: Read the situation below, a	nd then comple	ete the questions o	on the work sheet.
nei /ea	r last semester of nursing school. Kai i ar, he will be able to get his license. Me planning to get married and start a fi gets his welding license.	s 23, and works lai and Kai have	s as a journeyman v been together sin	welder. In one more ce high school. They
3 d and rie	i gets a lot of exercise on his job, and lays per week and meditates every mode KFC, they also eat a lot of fruit and vends every Friday. Mai regularly takes other has high blood pressure and dial	orning to reliev regetables. The over-the-count	e stress. While the y go out drinking a ter medicines for h	y both like McDonalds nd clubbing with their er allergies. Her
	westions: What are Mai and Kai doing right not future?	w that can help	them have a healt	hy pregnancy in the
2.	What are some habits they might wa	ant to change b	efore trying to star	t a pregnancy?
3.	What might they want to talk to a he pregnancy?	ealth care provi	der about before t	rying to start a
4.	What are some reasons Mai may wa becomes pregnant?	nt to get prena	tal care as soon as	possible if she
5.	List 3 new responsibilities Mai and Ka	ai will have if th	ney become parent	S.

What can Mai & Kai Do? (Part 2)

Directions: Now imagine that Mai and Kai are still in high school. They've been having penisvagina sex regularly, using condoms for birth control and STI protection. About 6 weeks ago, they had a condom break. Now Mai is late for her period.

-	lestions: Why might Mai want to get a pregnancy test as soon as possible?
2.	What are Mai's options if she is pregnant?
3.	What are Kai's rights and responsibilities if Mai is pregnant?
4.	Who could Mai and Kai turn to for support in this situation?
5.	What are their options if they are pregnant? List at least one reason for each option for why they might choose that option.
6.	What can Mai and Kai do if they are not pregnant?
7.	Under the "California Safe Surrender Baby Law" where could Mai surrender her baby?

Homework: Talk with a Parent, Caregiver, or Trusted Adult

Na	me:
Pe	riod: Date:
an	rpose: This is a chance to ask your parent, caregiver, or a trusted adult about their (and your family's dyour religion's) beliefs and values about pregnancy and sexuality. It will also give you a chance to get know one another a little better.
tin qu	rections: Find a quiet place where the two of you can talk privately. Set aside 10 minutes. During this is, please give full attention to one another no texting, watching TV, and so on. Ask each other the estions below and write down what each person says. Ask one another the following questions, with a understanding that: • You are each welcome to say, "That one is too private. Let's skip it." • What you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it. • It's OK to feel silly or awkward but it's important to try the homework anyway. • We recommend that you take turns asking questions. When it is your turn to listen, really try to understand the other person's response. • It's OK to disagree.
Q	uestions:
1.	What are your thoughts on a pregnant teen choosing abortion? Adoption? Parenting?
St	udent:
Ac	ult:
2.	What circumstances or factors would you encourage a teen to think about when making a decision about pregnancy and pregnancy options?
St	udent:
۸۸	ult:
ΑC	uit.

3.	3. What do you think are some qualities of a responsible parent?	
Stu	Student:	
Adı	Adult:	
,	/ What and halo are shade he are a way and the same 2	
4.	4. What could help somebody become a responsible parent?	
Stu	Student:	
Adı	Adult:	
Му	My student and I discussed this topic on(date):	
Adı	Adult name: Adult signature:	

Menstruation. Pregnancy, & Birth: Slide Notes

Slide 1:



Suggested Script:

Oftentimes people think that pregnancy just "happens." But modern birth control methods allow people to prevent or plan pregnancy. Today's lesson is on pregnancy, what people can do to increase the chances of having a healthy pregnancy, and options available to someone who becomes pregnant.

Slide 2:



Show slide #2, with images of different types of families. Remind students that there are lots of types of families, and ask them to start thinking about what kind of family they might want to have someday. Then turn to the Do Now questions on slide #3, and ask students to write their responses to the questions.

Slide 3:

DO NOW:

:What type of family would you like to have?

Would you like to be: Single? Partnered? Married? In a committed relationship?

Would you like to have children or not? If yes, how many? At what age? Have students complete the do now question.

Slide 4:



Suggested Script:

In order to understand how and when pregnancy is possible, we need to first understand menstruation and the menstrual cycle. Understanding menstruation helps us understand how pregnancy can occur. Now we know that about 2 weeks before the period begins, or halfway through someone's cycle is when ovulation tends to occur. If a cycle lasts 28 days, the time when someone will be most fertile (likely to get pregnant) is between days 11-16 of the cycle. It will be 7 days sooner in someone with a 21-day cycle, 7 days later in someone with a 35-day cycle. Periods may be irregular for 12-18 months after menarche (first period) – for example for a teen they might have 21 days between periods, then 28 days, and then 20 days. It is very common for teens to have

irregular cycles; as teens get older their cycles tend to become more regular.

Slide 5:

What is Menstruation?

 The shedding of the uterine lining through the vagina, commonly called "a period"





Menstruation is when the lining of the uterus sheds and comes out of the body through the vagina. Some people call this "a period." Someone will usually get their period once a month at roughly the same time every month, but it may take 12-18 months after the first period before it becomes regular. It is common and normal for teens to have irregular periods.

Slide 6:

Facts about Menstruation

- · Typical blood loss is 1 6 tablespoons
- People can use pads, tampons, or menstrual cups to catch the blood
- About 50% of females have cramps. There are many ways to relieve cramps, including staying hydrated, stretching, using a heating pad, doing minor exercise, and taking pain medication.

About 1-6 tablespoons of blood comes out over the 4-7 days that a person has a period. However, this blood is thicker and darker because it contains skin cells and tissue. There may be clumps of skin cells in the blood. This is normal.

People can use different types of products to catch their menstrual blood. These include pads, tampons, and menstrual cups. It is recommended to avoid scented products because they can cause irritation. Someone could talk with a parent/guardian or trusted adult to figure out what products to use.

About half of all females get period cramps. Using a heating pad or hot water bottle on the abdomen can help to relieve discomfort. Staying hydrated, doing mild exercise, eating healthy foods, and stretching can also help with cramps. If menstrual cramps are severe someone can take over the counter pain medication or talk to a healthcare provider.

Slide 7:

What is the Female Sexual Cycle?

- Menstrual Cycle = how the body prepares itself each month to accommodate a growing pregnancy if it were to occur
- · The time between when "periods" start
- Normal for a menstrual cycle to be between 21-35 days long
- Controlled by the hormones estrogen and progesterone

Menstruation happens on a monthly cycle, anywhere between 20-45 days- average is 28 days. This is called the female sexual cycle. The menstrual cycle is how the ovaries and other sexual organs prepares each month in case a pregnancy starts. The cycle is controlled by the hormones estrogen and progesterone.

If time allows, review the menstrual cycle using this MSNBCMedia animation:

(http://msnbcmedia.msn.com/i/msnbc/Components/Interactives/Health/WomensHealth/zFlashAssets/menstrual_cycle_dw2%5B1%5D.swf)

Slide 8:



The menstrual cycle begins on the first day of menstruation/period. During someone's period, the lining of the uterus (endometrium), which consists of blood and tissue, "sheds." A period can last 4-7 days.

After menstruation/the period is over, the body prepares to become pregnant:

- The ovary will release a mature egg.
- The endometrium (lining of the uterus) begins to grow again.

If the egg is not fertilized:

- The egg leaves the Fallopian tube and disintegrates (breaks down).
- About two weeks after the body releases an egg, the endometrium will start to shed again, beginning the cycle all over again.

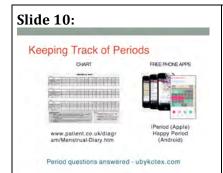
The whole menstrual cycle takes about a month, but it can range from 21-35 days.

Slide 9:

Menstrual Cycle

- What hormones control menstruation?
 Estrogen Increases at beginning of cycle & controls ovulation
 Progesterone Increases around ovulation, helps to maintain.
- 2. When does ovulation happen?
 Usually 2 weeks before bleeding begins, around the
- When can fertilization happen?
 The egg is available to be fertilized in the fallopian tube for 24 hours after ovulation. Sperm can live & fertilize an egg
- What happens if an egg is not fertilized?
 The egg disintegrates. (breaks down) Estrogen and progesterone levels drop. The liming of the uterus

NOTE: Slide is animated. Click on the question to make the answer appear!



People can use a chart, mark a calendar, or use a phone application like iPeriod or p tracker to keep track of the menstrual cycle. These apps are useful for tracking periods and for being in touch with one's body. They can also be used by someone who is trying to start a pregnancy. However, they are not accurate enough to track ovulation as a way to avoid pregnancy (as a birth control method).

Slide 11:

FERTILIZATION

- Fertilization occurs in the fallopian tube (2 weeks before period would begin)
- Over half of all fertilized eggs don't become a pregnancy
- If it lives, within 12 hours the egg begins to divide & travels down the fallopian tube toward the uterus



When fertilization occurs – usually 14 days/2 weeks before the next period would begin.

Where fertilization occurs – in the Fallopian tube. Over half of all fertilized eggs don't survive to become a pregnancy.

If it lives, within 12 hours, the egg begins to divide – 2 cells become 4, 4 become 8, etc. as the egg travels down the tube.

Slide 12:

IMPLANTATION

- Egg reaches uterus after 4-5 days & plants itself in the endometrium. This is called implantation.
- Implantation is what most health care providers consider the beginning of pregnancy (conception)



By day 4 or 5 it reaches the uterus and "plants" itself in the endometrium (lining of the uterus). This is called implantation. This is what most health care providers consider conception, or the beginning of pregnancy.

To help students better understand this process, consider showing the Nova video here:

http://www.pbs.org/wgbh/nova/miracle/program_adv.html

Slide 13:



Suggested Script:

"In California, if a female becomes pregnant there are options available. We will learn about these options in this next section. Some people may have strong beliefs and ideas about these options. We are not here to discuss what is "right" or "wrong" – We are here to discuss the options that a person can legally access in CA if they become pregnant. If you would like to discuss your values and beliefs around these options, we can identify some places and people for you to talk to."

Slide 14:

Pregnancy Options

- · Carry pregnancy to term & become a parent
- Carry pregnancy to term & make an adoption
- Abortion
 - Minors can have an abortion without parent/guardian permission
 - In CA, legal up to 24 weeks & after 24 weeks to save life or health of mother

Carry pregnancy to term & become a parent: Teens who choose parenting have the right to stay in school and California provides services to support them in their pregnancy and parenting.

Carry pregnancy to term & make an adoption plan: There are a few different types of adoption and ways to plan an adoption. There are many resources and agencies to support somebody with this decision.

NOTE: When someone chooses to carry a pregnancy to term they can access prenatal care to ensure a healthier pregnancy and childbirth. There will be more information about this in the next section.

Abortion

Abortion is choosing to end a pregnancy.

Under California law, minors can access abortion services confidentially, meaning without their parent/guardian's permission.

In California, abortion is legal up to 24 weeks into the pregnancy for any reason. After 24 weeks, abortion is still possible if the life or health of the mother is threatened by pregnancy. There are two main types of abortion.

Medication abortion is available up to 9 weeks into the pregnancy. This involves taking a medicine. The medicine is taken outside of a health center, usually in someone's home or in a safe place. A follow-up visit is needed to make sure that the abortion is complete.

In-clinic abortion is available up to 24 weeks into the pregnancy. It can be done in a variety of ways. This type of procedure is performed in a health center, hospital, or a doctor's office.

Slide 15:

CA Safe Surrender Baby Law

- Parent can legally surrender a baby within 72 hours of birth
- -Baby must be dropped off at a
- "Safe Surrender" Site:
- Hospital
 Fire department
- Police station

California's Safe Surrender Baby Law

A parent can safely surrender a baby to a designated Safe Surrender site (hospital, fire department, police station) within 72 hours of its birth. "Safe" means that the parent will not get in legal trouble for doing so. This also means that a baby, that might not have been cared for if it stayed with it's parent, is now safe. This is intended for emergency situations.

Slide 16:



Explain to students that you will now be reviewing information about how a pregnancy develops and how a baby is born.

Teacher Tip:

If time allows, cue up and show the 3rd chapter of PBS's 8-part film: Life's Greatest Miracle. This chapter shows the sperm's journey to the egg. It is available online at: http://www.pbs.org/wgbh/nova/miracle/program_adv.html

If you'd like to go into more depth on this topic, or would like to show students video of pregnancy and birth, the DVDs "The Miracle of Life" and "From Conception to Birth" have been approved for use in SFUSD high schools, and are available for check out from School Health Programs. Call 415-242-2615 for more information.

Slide 17:

Pregnancy Symptoms

What are some physical signs of pregnancy?

- · Missing a period
- · Tender, swollen breasts
- · Fatigue / tiredness
- · Nausea with or without vomiting
- Frequent urination

Brainstorm early pregnancy symptoms. Ask the class what they think are some symptoms or signs that a person is pregnant. Correct any misinformation. Click to reveal the answers.

Suggested Script

Not all females experience the same symptoms to the same degree. In fact, some females experience no symptoms at all early on in a pregnancy. Someone who has had unprotected penis-vagina sex and notices any of these symptoms may want to get a pregnancy test. Pregnancy tests are FREE at teen clinics and can be done as early as 2 weeks after unprotected sex to see if a pregnancy has started.

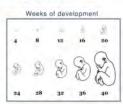
Slide 18:

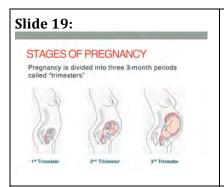
STAGES OF PREGNANCY



month 3 through birth

BABY – medically





Slide 20:

First Trimester (months 1-3)

 Many people don't know they are pregnant during 1º trimeste. Embryo/fetus needs enough folic acid (Vitamin B-9) for brain development Tobacco, alcohol, drugs, infectionsincluding 51ts, and unhealthy life choices are harmful embryo/fetus

MEDICATION ABORTION (pill) available through week 9 at most health centers

During months 1 & 2

At this point, many females don't know that they are pregnant yet. Yet, this is an important time for organ and brain development. An embryo can experience negative consequences from the pregnant female using tobacco, drugs or alcohol, becoming infected with an STI, or engaging in unhealthy behaviors.

Embryonic Development: The ball of cells develops into an embryo at the start of the sixth week. The embryonic stage lasts about 5 weeks. During this time all major internal organs begin developing.

This is also when the neural tube forms – the neural tube will later become the brain, spinal cord, and major nerves. If a female doesn't have enough folic acid (an important B-vitamin) in her body before pregnancy, these organs may not develop properly. Folic acid plays an important role in the development of these organs, which is why some pregnant people take extra folic acid before and/or during pregnancy. We will talk about this a little later.

By the end of the 2nd month, the heart has formed, webbed fingers and toes develop, and the embryo has the beginnings of a liver, external ears, eyes, eyelids, and upper lip.

During month 3

The embryo becomes a fetus.

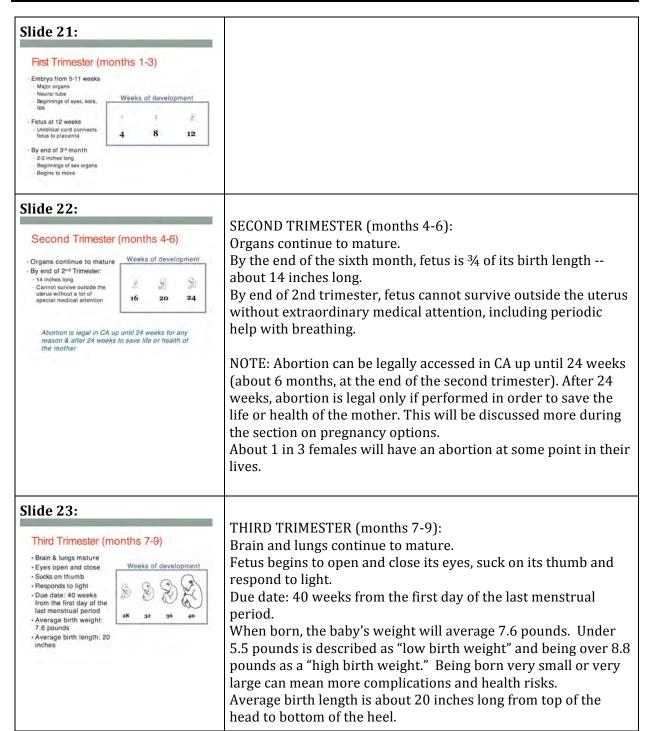
Umbilical cord connects the abdomen of the fetus to the placenta. The placenta is attached to the wall of the uterus: The placenta absorbs nutrients from the female's bloodstream. The cord carries nutrients and oxygen to and takes wastes away from the fetus.

Fetus is about 2–3 inches long.

Hormones begin to make external sex organs appear — female or male.

Fetus begins moving.

NOTE: A medication abortion (taking a set of pills to end a pregnancy) is available at most health centers for up through 9 weeks (just over 2 months, during the first trimester).



Stages of Childbirth Early Labor: Contractions begin & cervix dilates to 3cm. Stage 1 Active Labor: Contractions become stronger, longer, and closer together. Cervix becomes fully dilated to 10cm. Stage 2 Delivering the haby Stage 3 Delivering the placenta

Explain to students that this is the process of birthing a baby. This includes labor and delivery.

There are 4 stages of vaginal birth:

Early Labor – This is when the cervix begins dilating. Contractions, or waves of sensation similar to menstrual cramps, will begin occurring at first spread apart and then closer together and more regularly. The contractions are helping to open the cervix. This stage ends when the cervix is 3 cm in dilation (about the size of a golf or ping-pong ball). This stage can last anywhere from 6-12 hours.

Stage 1: Active Labor – This is when the cervix dilates from 3cm to 10 cm (about the size of a grapefruit). Contractions will become stronger and closer together until they are happening almost one after another. The head is usually positioned on the cervix, the face positioned towards the spine. If the head is not positioned on the cervix, this is called a "breech" position. It can be safe to deliver the baby in this position, but some health care providers will recommend a Cesarean birth instead. This stage can last up to 8 hours or longer.

Stage 2: Delivery – This is when the baby is delivered. The baby has to do a series of maneuvers to twist and move through the pelvis. When the baby is born it will take its first breath of air using its lungs. Usually, shortly after birth the umbilical cord is cut. This stage can take a few minutes or a few hours.

Stage 3: Delivering the Placenta – This is when the placenta is delivered. The placenta is an organ that connects the developing fetus to the uterine wall to allow nutrients, waste, and oxygen to be exchanged between the mother and fetus. After the baby is born the uterus will continue to contract and expel the placenta. This is usually completed within 10-12 minutes after the baby has been delivered.

For people who have a Cesarean birth, sometimes it is a planned procedure and the female does not experience these stages of childbirth. Other times it is not planned and someone may go through stage 1 and 2 before deciding to have a Cesarean birth.

Slide 25:

Childbirth Options

- · Type of birth: vaginal or cesarean birth
- Setting: hospital, birthing center, home birth, water birth
- Support: physician/doctor, midwife, doulas, friends, family, partner(s)
- Comfort measures: medicines, positions, massage, acupressure, etc.

There are many birthing options for someone to consider when giving birth.

Type of birth: vaginal (baby is birthed through vaginal canal) or Cesarean birth (the baby is born through a surgical procedure in which a surgeon opens the uterus). The rates of Cesarean births are increasing in the US. In 2011, 32% of births were Cesarean births.

Setting: hospital, birthing center, home birth, water birth. Support: physician/doctor, midwife, doulas, friends/family/partner(s).

Comfort measures: medications, massage, water birth, aromatherapy, acupressure, positions (such as standing, laying down, kneeling, leaning or swatting), etc.

Explain to students that every person experiences childbirth differently. What students may have seen in movies or on TV does not accurately represent how all people experience childbirth.

Slide 26:



Review with students how life choices can impact our health.

Slide 27:

WHAT IMPACTS HEALTH?

- What actions do people do to be healthy?
- What are some of things that can have a negative impact on health?
- Which of these things can interfere with a healthy pregnancy?

IMPACTS ON HEALTH

Begin the discussion by brainstorming the following: **What actions do people take to be healthy?** Write down

What actions do people take to be healthy? Write down answers – might include eat healthy foods, exercise, etc.

What are some of the things that can have a negative impact on health? Write down answers – might include taking drugs, eating junk food, etc.

Which of these can help or interfere with a healthy pregnancy? Circle responses— explain that this is one of the reasons that it's important for people who want to continue a pregnancy to get a special kind of health care called prenatal care.

Slide 28:

Prenatal Care

- Special check-ups to maintain health of biological mother & fetus
- Role of health care provider
- Medical services
- Help to maintain healthy life choices while pregnant
- · Treat potential health problems early
- Provide info & answer questions

In California, available free or low-cost, including for people who are undocumented.

Prenatal Care:

Prenatal care helps to protect the biological mom's health. Because of more people accessing prenatal healthcare, pregnancy and childbirth are safer than ever before. (100 years ago, almost 1 in 100 births resulted in the mother's death. Today, less than 1 in 8000 births result in the biological mother's death. Still, this rate is much higher than the death rate from all forms of birth control combined.)

Prenatal care also helps to protect the fetus' health. (About 150 years ago (1850), the infant death rate was 216.8 per 1,000 population for white babies and 340 per 1,000 population for black babies. In 2000, it was 5.7 per 1,000 population for white babies and 14.1 per 1,000 populations for black babies.)

black babies. In 2000, it was 5.7 per 1,000 population for white babies and 14.1 per 1,000 populations for black babies.)

Health professionals recommend that someone who is pregnant gets prenatal care as early as possible, since the first trimester of pregnancy is so important to the fetus' development.

Prenatal care involves regular check-ups with a health care provider, usually someone who specializes in women's health and/or pregnancy (i.e. gynecologist, obstetrician, or midwife). Usually, check-ups become more frequent later in pregnancy.

The health care provider partners with the biological mother to help her and the fetus by:

Providing medical services.

Making recommendations about how to maintain a healthy lifestyle while pregnant – taking vitamins, having a healthy diet, and exercising.

Checking for and treating potential health problems early. Providing information and answering questions about pregnancy and birth.

Under current health care law, all insurance plans must provide free or low-cost prenatal care; in California, any person, regardless of immigration and/or documentation status or age, who is pregnant, has the right to free or low-cost prenatal care.

Slide 29:

Preconception Health (Health before pregnancy for all people

Healthy Life Choices

- · Multivitamin with folic acid
- Nutritious meals & exercise
 Avoid drugs, alcohol & smoking
- Manage stress
- Healthy relationships
- Avoid toxins / dangerous chemicals

Going back to our previous discussion about steps people take to improve their health, why do you think it is important for all people, regardless of sex or gender, to be healthy before pregnancy occurs?

The biological father's health can affect the health of his sperm. The biological mother's health can affect not only effect the health of her eggs but also the health of a growing embryo even before she knows that she is pregnant.

Being healthy before pregnancy is called preconception health (pre=before, conception=pregnancy).

Slide 30:

Preconception Health (Health before pregnancy for all people)

Before pregnancy, see health care provider

- > Test for STIs (Family PACT covers these costs)
- · Vaccinations up-to-date
- Get medical conditions (diabetes, high blood pressure) under control
- Check to see if medications could harm pregnancy
- Consider getting tested for genetic conditions

Pass out the Preconception Health Handout.

Point out that most of the recommended actions are the same for all people. Review the basics:

Maintain a healthy lifestyle:

Take a multi-vitamin with 400-800 micrograms of a B-vitamin called folic acid every day. Folic acid helps prevent serious birth defects of the brain and spine (neural tube defects), as well as other birth defects like cleft palate. New research shows that it may also help males have healthier sperm.

Eat balanced and nutritious meals, and exercise.

Avoid drugs, alcohol, and smoking. These can affect someone's overall health, including sperm quality and the health of a pregnancy.

Limiting caffeine before and during pregnancy can also support someone's ability to become pregnant and maintain a healthy pregnancy.

If possible, see a health care provider before starting a pregnancy. All of the following can affect the health of a fetus and/or biological mother. Some can also affect sperm health or cause early (pre-term) birth:

Test for sexually transmitted infections (STIs like Chlamydia, Gonorrhea and HIV). Anyone 12 or older can access these services confidentially. It's healthier to treat or cure STIs before pregnancy. STIs can be passed between sexual partners. If left untreated, STIs can be harmful to someone's health as well as the health of a growing pregnancy. Students will learn more about STIs in a later lesson.

Make sure vaccinations are up-to-date. Certain diseases, like flu, chickenpox and measles can affect the health of a fetus. Make sure that medical conditions are under control, including asthma, diabetes, depression, high blood pressure, thyroid disease, and epilepsy.

Check to see if any medicines, over-the-counter drugs, or herbal and dietary supplements could be harmful to a growing pregnancy.

People can choose to get tested for genetic conditions that could be inherited

Slide 31:

What are the benefits of preconception health for someone who is not actively planning a pregnancy?

- Better health right now
- · Forming healthy habits
- Prepared for pregnancy (50% of pregnancies unplanned)

Ask students to brainstorm answers to this question. Click to reveal the answers.

What are the benefits of practicing these habits, even if one isn't planning a pregnancy?

Many of these actions help ALL individuals stay healthy. These are things people can do to form healthy habits 50% of all pregnancies are unplanned and one of the most important times for sperm and embryo health is BEFORE fertilization. This is the reason that preconception health is recommended for anyone who is having sex that could result in a pregnancy.

Slide 32:

Why would it be healthy to avoid toxic substances and dangerous chemicals in the home or work environment?

 A growing fetus is even more likely to be hurt by toxins than a teenager or fully grown adult. Ask students to brainstorm answers to this question. Click to reveal the answers.

Slide 33:

Why would it be healthy to create and establish healthy, supportive relationships?

Stress can have a negative effect on sperm production, a female's ability to become pregnant, and a growing fetus. On the other hand, a positive relationship can support the health of a pregnant female and a fetus. Ask students to brainstorm answers to this question. Click to reveal the answers.

After completing all of the slides, explain that peer educators from the Teenage Pregnancy and Parenting Program will be coming to class and they will share their experiences with being a teen parent. They will share more about preconception health, pregnancy, prenatal care, childbirth, and parenting.

Lesson 15: Youth Health Rights

OBJECTIVES

- 1. Students will understand the rights youth have to access confidential reproductive health care under minor consent laws.
- 2. Students will be able to define confidentiality and consent.
- 3. Students will be able to identify which types of care need parental consent.
- 4. Students will increase their awareness of community resources such as school wellness centers and locations to receive STI testing and reproductive health care.

AGENDA

5 minutes Do Now

10 minutes Introduce Youth Outreach Workers (YOWs) & Do Now Discussion

5 minutes Skit

20 minutes Youth Health Rights: PowerPoint Presentation

10 minutes Jeopardy

Homework Identifying Community Resources

MATERIALS

- Vocabulary Reference List
- Scripts for Skit (4 copies)
- Youth Health Rights: PowerPoint Presentation
- Jeopardy Questions & Answers

- Teacher Resource: CA Minor Consent Laws Chart
- Youth Health Rights PowerPoint Slide Notes
- Homework: Planning a Clinic Visit

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.9.G** Explain laws related to sexual behavior and the involvement of minors.
- **3.2.G** Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.
- **3.4.G** Evaluate laws related to sexual involvement with minors.
- **5.4.G** Evaluate the risks and consequences associated with sexual activities, including HIV, other STDs, and pregnancy.

Lesson 15: Youth Health Rights

BEFORE THE CLASS

For this lesson, contact the YOWs (Youth Outreach Workers) at your school to present this lesson. Please contact them at least two weeks in advance to schedule the presentation. If YOWs are not available, this lesson can be facilitated by the teacher or CBO partner.

DO NOW ACTIVITY 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers
- PowerPoint slide #1 2

Activity

Write on board or show the PowerPoint slide #2 and have students answer the following questions. How do you define consent?

How do you define confidentiality?

INTRODUCE YOWS & DO NOW DISCUSSION

10 minutes

Materials

PowerPoint slides #3-4

Activity

If the Youth Outreach Workers (YOWs) are presenting this class, first introduce the YOWs and then have the YOWs introduce themselves.

Suggested Script:

Today we have some YOWs (Youth Outreach Workers) with us. They are going to give you some information about services and resources youth can access, with and without parental consent.

If a teacher or CBO partner is presenting this class, begin here.

Write "Confidentiality" and "Consent" on the board. Ask students to share their responses for the Do Now. Write appropriate responses on the board. Expand upon the definitions as necessary. Show slides #3 (minor consent) and #4 (confidentiality) for definitions.

Discuss confidentiality with the students. Ask students:

- How many have you ever had a secret? (have the students raise their hands)
- Why was that information a secret? (call on a few students to share their responses)
- How many of you have ever had your secret shared without your permission? (have the students raise their hands)

How did that make you feel? (call on a few students to share their responses)

Remind students that just like when it comes to secrets between friends, confidentiality is also important in healthcare and mental healthcare.

SKIT 5 minutes

Materials

Scripts for skit

Activity

Introduce skit to students by explaining that it is important for teens to know their rights to free and confidential care.

Ask for three volunteers to participate in the short skit. The available roles are: Partner 1, Partner 2, and Friend. Distribute scripts to volunteer performers and have them read and/or perform the skit.

After the skit, debrief the skit with the class. Ask students:

- What did you noticed about the skit?
- Was the communication in the skit healthy or unhealthy?
- What issues might the teens in the skit want support with? (Accessing a pregnancy test and an STI/HIV test, birth control, pregnancy options counseling, drug and alcohol counseling, support with talking to parents/guardians or a trusted about difficult issues, violence at home or difficulties at home, relationship counseling)

POWERPOINT PRESENTATION

20 minutes

Materials

- PowerPoint slides #5-28 (end)
- Teacher Resource: CA Minor Consent Laws Chart

Activity

Present the PowerPoint explaining the laws about confidentiality and youth, and how these laws are applied to reproductive health care services such as birth control, STI testing, emergency contraception, etc.

If specific questions about minor consent arise, use the CA Minor Consent Laws Chart to find the appropriate information.

JEOPARDY 10 minutes

Materials

Jeopardy questions & answers

Whiteboard or flipchart and markers

Activity

Divide the students into two teams and explain the rules of Jeopardy.

Suggested Script:

Each team picks a category and attempts to answer a question for a certain point value. If they answer the question correctly, they receive those points. If not, the other team gets one chance to answer and attempt to earn those points. If they do not answer the question correctly, I/we will answer it for the class and no one gets the points.

Write the category headings and point values on a whiteboard or flipchart. Then play the Jeopardy game to review what students have learned in this class. It is ok if there is not enough time to complete all of the questions in the jeopardy game.

HOMEWORK

Planning a Clinic Visit

Lesson 15: Vocabulary

- 1. **Confidential:** Something that is shared in private and will not be shared with others.
- 2. **Consent:** The permission and desire to do something. Giving consent is similar to giving permission.
- 3. **Counseling:** Professional guidance or help with personal conflicts or problems.
- 4. **Immunization**: A vaccine that protects someone from a specific illness or disease.
- 5. **Mental health**: Psychological well-being. Well-being in which a person understands their own potential, can cope with the normal stresses of life, and can work productively.
- 6. **Minor:** A person under the age of 18.
- 7. **Physical examination:** An evaluation or inspection of a person's body.
- 8. **Vaccine:** A preventative medication that protects a person from a specific illness or disease.

Script for Skit

- **PARTNER 1**: I have something to tell you.
- PARTNER 2: What?
- **PARTNER 1:** I was supposed to get my period last week, and I still haven't gotten it.
- **PARTNER 2:** What is that supposed to mean?
- **PARTNER 1:** What is that supposed to mean? I THINK I MIGHT BE PREGNANT!
- PARTNER 2: Whaaat!?
- **PARTNER 1:** When we did it a few weeks ago, you didn't use a condom.
- **PARTNER 2:** You could have used birth control, why are you blaming me?
- **PARTNER 1:** How do you expect me to go out there and get birth control when you weren't even smart enough to get a condom?
- **PARTNER 2:** I don't want my parents to know I needed condoms! You have no idea what they would have done to me.
- **PARTNER 1:** But where can I get a pregnancy test? I don't have any money.
- PARTNER 2: Don't worry about it now. Just have a drink and we'll work it out later.
- **PARTNER 1:** You drink too much. You think it'll solve all your problems. Maybe if you didn't spend all your money on alcohol, then you could have bought some condoms.
- **PARTNER 2:** I have too much to deal with at home. This is the only thing that calms me down, so give me a break.
- **PARTNER 1**: If I am pregnant and we have a baby, then you can't just rely on alcohol.
- **PARTNER 2:** Yes I can, it takes away my problems.
- **PARTNER 1:** We need help, but nothing can save us.
- FRIEND: Wait! You can get help with these problems and many more and your parents don't have to know if you do not want them to know. Come to your school's Wellness Center or a local clinic! Keep yourself safe and get the services you need!
- **PARTNER 1:** Really? My parents don't need to know that I might be pregnant?
- **FRIEND:** Everything you say is confidential and you can get any of the reproductive services you need.
- **PARTNER 2:** What about me? How can I overcome my issues with alcohol?
- **FRIEND:** Counseling and treatment is free. The wellness center and clinic can help you with all of your issues.

Jeopardy Questions & Answers

Who consents to what?

- 10 Who consents for someone to get a TB (tuberculosis) shot? Parent/guardian
- 20 Who consents for someone to get a physical exam? Parent/guardian
- 30 Who consents to a pregnancy test for an 11-year-old teen? Parent/guardian
- **40** Who consents to STI testing for a 12-year-old teen? *Teen*
- 50 Who consents to an abortion for a 14-year-old teen? Teen

School-Based Wellness Center and Local Health Center Services

- 10 Which clinical services cost more to you: birth control or drug counseling? Both are free
- 20 True or False: the clinic can provide you with a personal trainer. False
- **30** True or False: A 12 year old can get an abortion in CA without a parent's consent. *True*
- 40 Name 3 things a student can get from the wellness center? *Answer is specific to school.
- **50** True or False: a clinic can confidentially send an oral swab to be tested for strep throat. *False, that is a general medical service and needs a parents' consent*

Vocabulary

- 10 Define "consent." Permission, etc.
- 20 Define "confidentiality." Private, secret, etc.
- **30** Multiple choice: What is anonymous? *A. unknown,* B. weird, C. known
- 40 Multiple choice: What is a health care provider? A. parent/guardian, B. nurse, C. vet
- **50** Multiple choice: What is the name of a group of youth health advocates at this school? A.United Players, B. Y-MAC, *C. Youth Advisory Board*

Birth Control

- **10 –** True or False: Condoms are a non-hormonal type of birth control. True
- **20** Multiple choice: What is a form of birth control that both males and females can use? A. shot, *B. condoms (external and internal),* C. pill, D. all of the above
- **30** Which form of birth control also reduces the risk of transmitting STIs like gonorrhea and HIV? A. shot, *B. condoms (external and internal)*, C. pill, D. all of the above
- **40** Multiple choice: When can emergency contraception be taken after unprotected sex? A. up to 1 week, B. up to 2 weeks, C. up to 1 month, *D. up to 5 days*
- **50** Name 2 hormonal types and 2 non-hormonal types of birth control. *Hormonal: Pill, Mirena and Skyla IUC, ring, shot, patch; Non-hormonal: condoms, Paragard*

<u>Miscellaneous</u>

- 10 What are 2 ways a health center can do an STI test? Urine/blood sample, oral/genital swab
- 20 What are the two most commonly tested STIs? Gonorrhea and Chlamydia
- **30** True or False: The wellness center will tell my counselor if I have an infection. *False*
- 40 True or False: The wellness center provides vitamins. *True*
- **50** True or False: If two 14-year-olds have sex, it is not reportable to Child Protective Services. *True, but a parent can make a CPS report if they choose to because teens are minors.*

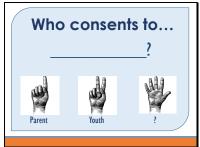
Homework: Planning a Clinic Visit

Na	me:
Pe	riod: Date:
	rections: Imagine that you are going to a clinic or health center for reproductive healthcare STI check, HIV test, birth control or safer sex supplies) and answer the questions below.
1.	Select a clinic to visit:
2.	What is the address of the clinic?
3.	How would you get there on public transportation from school or home?
4.	How long would it take you to get to the clinic?
5.	What are the hours of operation?
6.	When would you schedule an appointment (ex: after school, weekend, morning)?
7.	How would you schedule your appointment (phone, online of drop-in)?
8.	What is the phone number?
9.	What is the website address (if the clinic has one)?
10	. Would you want a friend to go with you? Why or why not?
	,
11	. What are 2 words to describe how you might feel
	before the visit? &
	during the visit? &
	• after the visit? &

Lesson 15: Youth Health Rights Slide Notes

Slide 1: Youth Health Rights: **Minor Consent Laws** Slide 2: Have students complete the do now questions. Do now How do you define **consent**? How do you define confidentiality? Slide 3: **Consent** = Generally means "giving permission" What is **Minor Consent?** When talking about giving consent to a health care provider, it Minor consent is a minor's (ages means giving permission to offer you a health service (i.e. birth 12-17) right by California law to confidentiality and clinical control, HIV testing). Can also mean giving your health care provider permission to share services. your health information with others, such as a parent/guardian, Consent means giving permission which required a document called Release of Information Consent. for something. Slide 4: **Confidentiality** = Information is kept private (Example: "What is What is Confidentiality? said here stays here"). In the medical setting – a health care provider cannot share a patient's information with others without the Private patient's permission. (There are exceptions to this, which we will • "What is said here stays here" talk about later.)

Slide 5:



Explain to the students how to play this game. You will ask students a question and they will answer by holding up 1 finger for "parent", 2 fingers for "youth", and 5 fingers for "not sure"

Slide 6:



Ask students to vote by holding up 1 finger, 2 fingers, or 5 fingers to indicate who they think needs to give consent for (or permission for) a teen to get birth control.

Click to reveal the answer: Youth

Slide 7:



Let students know that there are many types of birth control. Birth control aims to prevent pregnancy.

How to access:

Some methods require that a teen goes to a doctor, clinic, or health center (IUC, implant, shot, ring, patch, pill) while other methods are available over the counter (internal condom and external condom). **Efficacy:**

These methods range in how effective they are at preventing pregnancy. The hormonal (or prescription ones) can be over 99% effective and the condoms can be over 97% effective if used consistently and correctly.

Let students know that there will be a whole class period dedicated to learning about birth control. If students have questions about birth control now they can talk to someone in the school Wellness Center or go to www.PlannedParenthood.org or www.Bedsider.org

Slide 8:



How to access:

Ella and Paragard/IUD: Need to get a prescription/see a doctor Plan B: Can be purchased at a pharmacy (usually about \$40. \$25 at Planned Parenyhood) or can get this from a provider for free

Efficacy:

Paragard is the most effective emergency contraception (over 99% effective)

Ella is more effective than Plan B

Emergency contraception needs to be taken within 5 days of unprotected sex. The sooner it is taken, the more effective it will be at preventing pregnancy.

Slide 9:



Ask students to vote by holding up 1 finger, 2 fingers, or 5 fingers to indicate who they think needs to give consent for (or permission for) a teen to get STI and HIV testing.

Click to reveal the answer: Youth

Slide 10:

STI Testing: Diagnosis & Treatment

- · Most commonly tested STIs: Chlamydia & Gonorrhe
- Testing is quick, easy, and painless! (urine sample)
- Results come back usually within I week
- Chlamydia & Gonorrhea are curable with antibiotics

HIV Testing

- Test takes 10 minutes or less
- Finger prick or oral swab are the most common ways to test

Call a local health center or talk to someone in your school wellness center for more information about testing.

STI testing:

It is recommended for sexually active people to get tested every 3-6 months.

STIs are common among teens. 1 in 4 sexually active teens has at least 1 STI $\,$

Testing is quick, easy, painless, and at most clinics... free!

HIV testing:

The rapid HIV test can let a person know their HIV status within 10 minutes

This test is usually done with a small sample of blood (from a finger prick) or by swabbing the inside of the mouth (oral swab)

Slide 11:



Ask students to vote by holding up 1 finger, 2 fingers, or 5 fingers to indicate who they think needs to give consent for (or permission for) a teen to get pregnancy testing.

Click to reveal the answer: Youth

Slide 12: Pregnancy Testing • Wait about 2 weeks after sex to take a pregnancy test • Testing is quick, painless, and free • Testing is done through a urine sample

- Wait about 2 weeks after sex to take a pregnancy test
 - If someone take a pregnancy test too soon, the result may not be accurate.
- Testing is quick, painless, and free
 - It takes just a few minutes for the test to determine if someone is pregnant or not
- Testing is done through a urine sample
 - At a health center, someone will be given a cup to leave a urine sample. The urine will be tested to see if that person if pregnant or not.

If a test is negative, and the person did not want to become pregnant, they may want to talk to their doctor about getting a method of birth control (like the IUD, implant, or shot).

If ta test is positive, the person may want to discuss their pregnancy options with their doctor (more about pregnancy options on the next slide)

Slide 13:



Ask students to vote by holding up 1 finger, 2 fingers, or 5 fingers to indicate who they think needs to give consent for (or permission for) a teen to choose what pregnancy option they want to select if they become pregnant.

Click to reveal the answer: Youth

Slide 14:

Pregnancy Options

- Parenting
- Make an adoption plan
- Abortion



Suggested script:

"People tend to have very strong beliefs and values when it comes to pregnancy options. I am not going to tell you what is "right" or "wrong." I am here to tell you about what options a person has if they become pregnant."

The female always gets to decide on the pregnancy option. While the male partner can share their thoughts and opinions, ultimately it is up to the female to decide.

- Parenting
 - A person can choose to continue the pregnancy and become a parent
- Make an adoption plan
 - A person can choose to continue the pregnancy and make an adoption plan so another person(s) will care for the child once it is born

If someone chooses parenting or adoption, they will need to access something called prenatal care; this is a special type of care to make sure the person who is pregnant and the baby are healthy. It is important to call a doctor or health center as soon as someone knows they are pregnant.

• Abortion

• A person can choose to end a pregnancy through a procedure called an abortion. This needs to be provided by a doctor in a health center.

Teens can legally access choose any of these options and access services confidentially. If a teen is pregnant, it is highly encouraged that they talk to a parent, guardian, or trusted adult. However, if it is not safe for that teen to talk to their parent/guardian, then they can still access these services confidentially, without their parent/guardian's permission.

Slide 15:



Remind students that abstinence does not mean no dating, no physical affection, or no relationships – it just means no sex that could cause a pregnancy or transmit an STI.

For many people, they may have the desire to have sex, but make the decision not to have sex.

Slide 16:



Ask students to vote by holding up 1 finger, 2 fingers, or 5 fingers to indicate who they think needs to give consent for (or permission for) a teen to access counseling services.

Click to reveal the answer: Youth

<u>Slide</u> 17:



- You and your counselor get to know each other
- You and your counselor will work together to figure out where you are at and what you want out of counseling
- You and your counselor will talk about important issues in your life such as school, friends, relationships, etc.
- You and your counselor can figure out how to deal with stress

Slide 18:

Common Questions to Ask a Counselor

- If I tell you I do drugs, will you call the police?
- · Will you tell anyone?
- Does it make me a bad person if I do _____ ?
- Is ____ normal?
- It is ok to feel _____
- Can I tell you something important?
- And more...

Counseling can help with:

- Feel better about yourself and how to approach your own problems
- Be more open to talking about your worries and concerns it with others
- Make you feel more confident in facing challenges

Asking these questions can help you feel more clear about this counselor's confidentiality practices before revealing any sensitive information

Slide 19:



Ask students to vote by holding up 1 finger, 2 fingers, or 5 fingers to indicate who they think needs to give consent for (or permission for) a teen to receive a physical exam.

Click to reveal the answer: Parent/caregiver

Remind teens that if it is a physical exam for sexual or reproductive health, they do not need to have parent/caregiver consent.

Slide 20:

Parent/Guardian Consent

- General medical visits
- · Immunizations (vaccines)
- Medications



Here is what a parent/caregiver would need to give their consent for. Remind students that just because parents don't have to give their consent for other services and healthcare, it is still a healthy idea for youth to talk to a parent, caregiver, or trusted adult about their health.

Slide 21:

Confidentiality

Anything you say about sex, drugs, and feelings is CONFIDENTIAL unless you give the health care provider permission to share it.



Slide 22:

Exceptions to Confidentiality

If you share information that you...

- are being abused (physically, emotionally, and/or sexually)
- are hurting, or going to hurt, yourself or someone else
 are having sex and one person is 14 or older and the other is under 14
- orner is under 14

 are under the age of 16 and having sex with someone 21 or older

Then the person you share this information with must tell someone else in order to get you support & help.

Remind students that these protections are in place to help students who may be in an unhealthy or unsafe situation.

Slide 23:

True or False?

You can get drug & alcohol counseling without parent/guardian consent.

TRUE!

Your parent/guardian does not have to know that you received care unless you tell them.

Use the true/false questions to review what students have learned.

Ask students to raise their hands to vote for true or false. Call on one or two students to explain why they think the statement is true or false.

Click to reveal the answer.

Slide 24:

True or False?

A clinic can give a teen birth control without parent/guardian consent.

TRUE!

You can get the IUC, implant, shot, ring, patch, pill, & condoms all on your own.

Use the true/false questions to review what students have learned.

Ask students to raise their hands to vote for true or false. Call on one or two students to explain why they think the statement is true or false.

Click to reveal the answer.

Slide 25:

True or False?

A clinic will not tell your parent/guardian if you test positive for an STI.

TRUE!

A clinic cannot (& will not) tell your parent/guardian or anyone else that you have an STI without your permission.

Use the true/false questions to review what students have learned.

Ask students to raise their hands to vote for true or false. Call on one or two students to explain why they think the statement is true or false.

Click to reveal the answer.



True or False? A clinic can provide a pregnancy test to a feen without parent/guardian consent. TRUE! Pregnancy testing is among your confidential minor consent rights.

Use the true/false questions to review what students have learned.

Ask students to raise their hands to vote for true or false. Call on one or two students to explain why they think the statement is true or false.

Click to reveal the answer.

Slide 27:



There are state and local programs that cover the costs for teens to get sexual and reproductive health care services. F-PACT & Medical

Slide 28:

Where do I go for help?

Visit your

School Wellness Center
or a

local health center
& check out the

SF Youth Services &
Referrals Pocket Card

Lesson 16: Birth Control

OBJECTIVES

- 1. Students will be able to categorize all FDA-approved birth control methods according to their level of effectiveness at preventing pregnancy.
- 2. Students will understand how hormonal and barrier contraceptives work.
- 3. Students will discuss seven questions to consider when selecting a method and practice applying these questions to "real life" situations.
- 4. Students will learn how to access internet resources that provide reliable birth control information.

AGENDA

5 minutes Do Now

45 minutes Birth Control Methods: PowerPoint Presentation

Homework Which Method Could I Consider?

MATERIALS

- Vocabulary Reference List
- Birth Control Kit
- Teacher Key: Common Myths about Birth Control
- Birth Control Methods: PowerPoint Presentation
- Birth Control Methods: PowerPoint Slide Notes

- Worksheet: Two Lies and a Truth
- Handout: Questions to Consider
- Teacher Key: Which Birth Control Methods Could I Consider
- Homework: Which Methods Could I Consider?

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.4.G** Identify why abstinence is the most effective method for the prevention of HIV, other STDs, and pregnancy
- **1.12.G** Evaluate the safety and effectiveness (including success and failure rates) of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.
- **2.3.G** Assess the discrepancies between actual and perceived social norms related to sexual activity among teenagers.
- **5.7.G** Use a decision-making process to evaluate the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention
- **7.1.G** Describe personal actions that can protect sexual and reproductive health (including one's ability to deliver a healthy baby in adulthood).

Lesson 16: Birth Control

BEFORE THE CLASS

If you do not have a birth control kit, contact the School Health Programs office to borrow one.

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- PowerPoint slides #1 2, or flipchart or whiteboard and markers

Activity

Write on board or project the slide #2 and have students answer the following question:
What is something you've heard about birth control? This could be something you heard from a family member, friend, on the internet, TV, radio, in a newspaper, magazine, etc.

Ask a few volunteers to read their answers. If misunderstandings or myths arise explain that there are many myths about birth control, but any misinformation will be cleared up now. See the Birth Control Myths teacher key for common myths and suggested responses.

BIRTH CONTROL METHODS: POWERPOINT PRESENTATION

45 minutes

Materials

- Birth Control Methods: PowerPoint slides #3 30(end)
- Birth Control Methods: PowerPoint slide notes
- Birth control kit
- Worksheet: Two Truths & a Lie
- Handout: Questions to Consider
- Handout: Choosing a Birth Control Method

Activity

Let students know that you will be reviewing information about birth control methods. The PowerPoint slides contain notes to assist you in presenting this material. Please refer to the notes in the slides for more information about the topics presented.

The slides cover various topics. Here is the breakdown for topics, slide numbers, and approximately how long to spend on each topic.

Topic	Slides	Time
Birth Control Overview & Methods	3-14	15 min.
Two Lies & A Truth	15-18	15 min.
Selecting a Method	19-30	15 min.

Birth Control Overview & Methods (slides 3-14)

As each method is discussed, pass around a sample of that method from the birth control kit.

Teacher Tip:

For easily distracted groups, pass the birth control samples around the room | I | At the end of the session, at the end of this section, or put them on one table in the front of the room so \Box that students can come up in small groups to see the different methods.

Teacher Tip:

make sure to get birth control samples back.

Two Lies & a Truth (slides 15-18)

Explain to students that you will now be reviewing some information about birth control. Pass out the Two Lies & a Truth worksheet. Have students pair up and give them time to complete the worksheet. Use the PowerPoint slides to review the answers as a large group.

Selecting a Method (slides 19-30)

Pass out Questions to Consider handout and review the questions using the PowerPoint slides while the students use their handouts.

For slides #21 – 30 have students follow along and use the Choosing a Birth Control Method handout to identify which method(s) of birth control might meet the need stated in the slide.

Teacher Tip:

Make this section into a game by awarding points for each correct answer!

HOMEWORK

Which Methods Could I Consider

Lesson 16: Vocabulary

1. **Barrier method**: A type of birth control where a physical material comes between the sperm and the egg. This physical barrier prevents sperm from reaching and fertilizing an egg. A condom is an example of a type of barrier method.

- 2. **Birth control method**: A device, medication, procedure, or behavior choice that helps people to prevent pregnancy. This gives people a choice of if or when they want to have children.
- **3. Contraception**: Another word for birth control. Something that helps prevent pregnancy.
- 4. **Effectiveness**: A measurement of how well a birth control method works at preventing a pregnancy from occurring.
- 5. **Emergency contraception**: A type of birth control a person can use up to 5 days after having sexual intercourse to help prevent pregnancy. However, it most effective when taken immediately after unprotected sex or failure of barrier method. The pill form of this is sometimes called the Morning After Pill or Plan-B, Next Choice, or Ella.
- 6. **Hormonal method**: Any type of birth control that uses artificial forms of the hormones estrogen and/or progesterone to prevent pregnancy. The birth control pill is an example of a hormonal method. (A hormone is a chemical your body makes to control a part of your body.)
- 7. **Intrauterine Contraception Device (IUD)**: A small, T-shaped object that is put inside the uterus to prevent pregnancy. Some types contain hormones and others do not.
- **8. Long-Acting Reversible Contraception (LARC)**: "Forgettable" methods of birth control that are over 99% effective and last for 3-10 years. Once inserted in the body, the user does very little to maintain the effectiveness of this birth control. Once removed from the body, the user becomes fertile (the ability to become pregnant) quickly. An IUD is an example of a LARC.
- 9. **Over-the-counter method**: Any method of birth control that someone can get without a prescription from a health care provider. These include condoms and some forms of emergency contraception.
- 10. **Sterilization**: A permanent form of birth control done through a surgical procedure. It is available to people usually over the age of 21 who do not want (more) children. For males, it is called a **vasectomy**.

Teacher Key: Common Myths about Birth Control

• **Birth control causes weight gain.** Some people gain weight, some people lose weight, but most people will stay the same weight when they go on a hormonal birth control method.

- Birth control/Emergency contraception is the same thing as an abortion. Birth control/EC is intended to stop a pregnancy from occurring, but it doesn't do anything to a pregnancy that is already growing.
- It's safer to use two condoms at the same time. Using one external condom is 98% effective (95% for internal) at preventing pregnancy. Two condoms are not necessary.
- Having an abortion or using birth control makes it harder to get pregnant in the future.

 Abortion and birth control are safe and don't harm the body's reproductive ability. Having an STI for a long time can affect a person's reproductive ability.
- Someone needs to have a break in between methods if they are switching methods (ex: if someone is taking the pill, they need to stop for a while before switching to the shot).

 Someone can switch from one method to another, as long as their healthcare provider or doctor says it is safe to do so. A person does not have to have a break in between methods. However, if someone is starting a hormonal method for the first time, they will need to use condoms or abstain from sex for a while in the beginning because birth control is not immediately effective. Their doctor will give them more information about this.
- If someone is on the pill and becomes pregnant, it can harm the baby. If someone becomes pregnant while they are using a hormonal birth control method, there won't be harm to the growing pregnancy. If used perfectly, a method like the pill is over 99% effective, so this situation is uncommon.
- All birth control protects against STIs. Birth control prevents pregnancy. Only barrier methods (condoms) and abstinence protect against STIs AND pregnancy. Hormonal methods do not protect against STIs/HIV.
- Pulling out before ejaculation is 100% effective at preventing pregnancy. The pull-out/withdrawal method is only 78% effective (can be 96% effective with perfect use.) This requires users to know their body really well and be able to have effective communication during sexual activity. Because these are skills that tend to develop over time, this method can be challenging for teens to use perfectly. Also, it does not protect against STIs.
- If the female is on top during sex, pregnancy can't occur. No matter what position someone has penis-vagina sex in, pregnancy is possible.
- If someone jumps up and down after sex, they will be less likely to become pregnant.

 Gravity doesn't influence the possibility of pregnancy. Even if some of the semen/sperm drips out of the vagina, there would still be millions more sperm inside.
- Only people who have a lot of sex should get birth control. Whenever anyone has penisvagina sex, there is a possibility of pregnancy. If someone is having penis-vagina sex and does not want to start a pregnancy, they may want to consider a birth control method.
- Birth control is only for heterosexual/straight women. Many people choose to use birth control regardless of their sexual orientation. Birth control can have other benefits aside from pregnancy prevention, such as regulating menstrual cycle/periods, decreasing acne, and decrease cramps and bleeding.

Questions to Consider

When Choosing a Birth Control Method

These questions can help guide someone in selecting a birth control method...

- A. What is my goal in using birth control? How effective is it?
- B. Are there potential side effects?
- c. How does my partner(s) feel about birth control?
- D. Do I need a method that I can hide?
- E. Do I need a method that will protect me from STIs?
- F. How comfortable am I using this method?
- G. What are my values and beliefs about birth control?

Worksheet: Two Lies & A Truth

Name:_	
	Date:
	ons: For each number there are two false statements and one true statement. Put a ext to the statement that you believe to be true.
#1.	female cannot become pregnant the first time she has vaginal sex.
	B. Some birth control pills can help prevent acne.
	C. Someone only needs to take the birth control pill on the days they have sex.
	Why I selected this statement:
A. A	
#2.	A. After starting the birth control pill, if someone has a negative side effect like headache or moodiness, it is usually temporary.
	B. Withdrawal (pulling the penis out of the vagina before ejaculating) is 100% effective at prevent pregnancy.
	C. Washing out the vagina after sex (douching) can prevent pregnancy.
	Why I selected this statement:
#3.	A. The pill causes females to gain weight.
	B. The pill can cause cancer.
	C. It is safe for a female not to have a period every month when she is using certain hormonal birth control methods.
	Why I selected this statement:
#4.	A. An IUD can make a female infertile (unable to become pregnant)
	B. All birth control methods provide some protection from STIs.
	C. IUDs (like Mirena and Paragard) can safely be used by teens.
	Why I selected this statement:

Lesson 16: Birth Control Methods Slide Notes

Slide 1:

Birth Control Methods

Slide 2:

Do Now:

What is something you have heard about birth control?

This could be from a family member, friend, on the internet, TV, radio, newspaper, magazine...

Have students complete the do now.

Slide 3:

Contraception = Birth Control

Today you will learn about:

- Effectiveness of various birth control methods
- How different types of birth control work
- Questions that can help someone decide on the best birth control method for themself
- How different people apply all of this information when making "real life" decisions
- Internet sources for reliable birth control info

Ask students to name some of the contraceptive methods that they have heard about.

Suggested Script:

"Today's lesson will focus on information someone would need in order to make decisions about birth control. We will focus today on the birth control methods that young people use most frequently. However, we will touch on all methods that someone can currently get in the U.S. What methods have you heard of?"

Slide 4:

Unintended pregnancy: the facts

- About 50% of all pregnancies in the U.S. are unintended (not planned)
- It's not who someone is, or how they identify, it's what they do that can cause an unintended pregnancy.



Review pregnancy statistics:

About 50% of all pregnancies in the U.S. each year (more than 3 million) are unintended – that means they were not planned. Pregnancies that are not planned can lead to health problems for the pregnant female and possibly for the baby.

It's not who someone is, it's what they do and whether or not they do it with protection that puts them at risk for unintended pregnancy. In fact, teens who identify as LGB have just as high of a chance, if not higher, of experiencing an unintended teen pregnancy as compared to heterosexual youth.

Slide 5:



Without birth control:

Someone who has vagina-penis sex and does not use any kind of birth control has an 85% chance of becoming pregnant within a year. Birth control can greatly reduce the chance of a pregnancy occurring.

Slide 6:

Birth Control

- There are many types of birth control
- There is not one "best" method for everyone
- All methods of birth control are most effective when use correctly and consistently

Suggested script:

There are many different methods of birth control. Many people will use several methods during their lifetime as their situation and life goals change. Today, we will learn about: How effective different birth control methods are, How different types of birth control work, Questions that can help someone choose a birth control method that will work for them, and How people apply this information to "real life" situations."

Some birth control methods are more effective than others. Birth control is most effective when used correctly and consistently. Some methods have more potential for human error, which can make them less effective. The slides we will see will show how effective birth control methods can be if used perfectly (perfect use) and how effective they tend to be when people use them in real life (typical use).

For instance, if someone uses external (male) condoms correctly and uses them every time they have sex, condoms can be 98% effective at pregnancy prevention. However, the way that people tend to use condoms in real life, they are about 85% effective at pregnancy prevention. Looked at another way, this means that depending on use, 2-15 external condoms users out of 100 will become pregnant in one vear.

We are going to do a quick overview of all of the birth control methods available in the US.

Slide 7:

Abstinence = 100% Effective

- Abstain = to not do something.
- Abstinence = not having any sex that involves putting a penis in a vagina.
- Requires that partners communicate well and work closely together
- People choose to be abstinent for different reasons at different times in their lives.
- In San Francisco, the majority of students choose to be abstinent from vaginal & anal sex during middle and high school. (YRBS & CHKS)

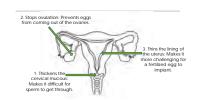
Abstinence:

Suggested script:

Not having sex that involves putting a penis in a vagina. If used correctly and consistently it can be 100% effective at preventing pregnancy. Out of the methods we will talk about today, this is the only 100% effective method of preventing pregnancy. People can choose to abstain from different types of sexual activity (there are many definitions of abstinence). People can choose to be abstinent for different reasons at different times in their lives. Many people think that everyone has sex at some point in high school, but in San Francisco, the majority of students choose not to have vaginal or anal sex while in middle and high school. Remind students that abstinence has the highest effectiveness rate for "perfect" use – but there is no data on "typical" use for abstinence – meaning we don't know what percent of people plan on being abstinent, but then have sex.

Slide 8:

How Hormonal Birth Control Works:



Hormonal Methods

Ask the class what hormonal methods of birth control they have heard of. [Pill, Patch, Ring, Shot, Implant, some IUCs (Mirena, Skyla, NOT Paragard)]

Suggested script:

Some methods of birth control use hormones to prevent pregnancy. Hormonal birth control works by a combination of effects on the female reproductive system:

Thickening the cervical mucus which makes it more difficult for sperm to enter the uterus.

Preventing ovulation (stops the egg from leaving the ovary). Thinning the uterine lining which can make it more difficult for a fertilized egg to implant and grow into a pregnancy. Every person's body responds differently to hormones, and some hormonal methods can cause side effects for some people. Also, someone can have side effects on one type or brand and not on another. Side effects could include: changes in periods, mood changes, changes in desire for sex, weight changes, headache, dizziness, nausea. If side effects from a birth control method become uncomfortable, someone could talk to a health care provider about finding another method. Most side effects go away on their own within 2-3 months. All hormonal methods require a prescription. These methods are all female controlled, meaning only females can get and take these methods.

Now we will go through some categories of birth control methods. These categories are based on how effective the methods are, how common they are, and if they have a higher or lower rate of user error.

Slide 9:

Easy to use & HIGHLY Effective = over 99% effective









- Less than 1 of 100 woman will get pregnant within a year
- · Very easy to use
- · Implant small device put under skin of arm
- IUC small device put in uterus
- IUC & Implants last between 3- 10 years
- · Sterilization permanent, not commonly available to teens

<u>Highly Effective and Forgettable Methods</u> (over 99% effective, less than 1 out of 100 users will become pregnant during 1 year) Implant, Intrauterine Contraception (IUC), Sterilization

Suggested Script

These methods are "forgettable" because once the method is in place the user doesn't have to do anything in order to use it. IUCs, implants, and sterilization require a visit to a healthcare provider. The implant is inserted by a health care provider under the skin on the inside of the arm. The IUC (Intra=Inside, Uterine=Uterus) is inserted into the uterus by a health care provider. Implants and IUCs are hormonal methods (except for Paragard IUC) and can last from 3 to 10 years, depending upon the type. The Paragard IUC contains no hormones. It is believed to work primarily by preventing sperm from reaching and fertilizing the egg. It may also prevent the egg from attaching to the uterus (implantation). Sterilization is permanent. In the U.S. a teen cannot choose sterilization.

Remember, none of these provide protection against STIs or HIV, so a couple may also want to use a condom to prevent the transmission of STIs and HIV.

Slide 10:



<u>Common & Effective Methods</u> (92-99.7% effective, less than 1-8 out of 100 users will become pregnant during 1 year)
Pill, Patch, Ring, Shot

Suggested script:

All of these methods are controlled by the female using the method and they all require a prescription. Like Implants and some IUCs (Mirena and Skyla, NOT Paragard), they are "hormonal" birth control. A female could get any of these methods for free and confidentially from a health center, clinic, or doctor. However, none of these provide protection against STIs or HIV, so a couple may also want to use a condom to prevent the transmission of STIs and HIV.

*Continuous use—using a method continuously in order to skip periods—is approved for the Pill and the Ring. While some people might be comfortable skipping their periods, other people might prefer to have their period for a variety of reasons including that a period can indicate that they are not pregnant.

Slide 11:



<u>Common & Moderately Effective Methods</u> (79-98% effective, 2-21 out of 100 users will become pregnant during 1 year) External (male) and Internal (female) Condoms,

Suggested script:

These are barrier methods, which means they aim to block the sperm from meeting the egg by putting a barrier between the two. They are put over the penis or inside the vagina. These methods work by catching the semen and sperm before it enters the vagina. This means that the sperm cannot fertilize an egg. Barrier methods are only moderately (somewhat) effective for two reasons: 1. There is more potential for user error and 2. The barriers that they create between egg and sperm don't always work perfectly.

Many males like these methods because they can participate in pregnancy prevention. These method require communication and cooperation between both people. Also, many people choose condoms because they can be obtained confidentially from a healthcare provider or purchased at a store by anyone, no matter their age. These methods also have the added benefit of offering protection from STIs. Many teens choose to use a barrier and a hormonal method of birth control at the same time to prevent pregnancy and STIs/HIV.

Slide 12:



<u>Less Common & Moderately Effective Methods</u> (76-94% effective, 6-24 out of 100 users will become pregnant during 1 year) Cervical cap, Diaphragm, Sponge

Suggested script:

These are barrier methods that all use spermicide. They are put inside the vagina and over the cervix. They work by creating a barrier that keeps the sperm and egg apart. This means that the sperm cannot fertilize an egg. They also work because the spermicide kills sperm. However, spermicide can irritate the body and increase the likelihood of an infection. These have a higher chance for user error because they are more difficult for many people to use. Sponges can be purchased at a pharmacy, but to get a cervical cap or diaphragm, a female would have to go to a doctor. These are not commonly used by teens.

Slide 13:



<u>Difficult to use correctly</u> (73-97% effective, 3-27 out of 100 females will get pregnant during 1 year). These methods tend to be more difficult to use correctly and consistently. Note the wide range of effectiveness from perfect to typical.

Withdrawal

Suggested script:

This is also called "pulling out." The penis is removed from the vagina before ejaculation. Withdrawal can be almost as effective as condoms when used correctly. However, it is very difficult to use correctly because the male has to pull-out in time, before ejaculation occurs. . It can be difficult to use withdrawal correctly, especially for younger

males who are learning how their bodies work. Also, some people have sperm in their pre-cum. Since males cannot feel when pre-cum leaves their body, it is near impossible to know when pre-cum, will be released and possibly putting sperm into the female body. Also, remember that there can be infections (STIs/HIV) in pre-cum, so infections can be transmitted from pre-cum. While this method is not recommended, if a couple is going to have sex and they do not have access to another, more effective, method of birth control then this is an option to help prevent pregnancy – it is more effective than not pulling-out before ejaculation.

Fertility Awareness

Suggested script:

Fertility Awareness methods help a female tell when she is most fertile (most likely to become pregnant). They can be used to plan or prevent a pregnancy. To use correctly, it is very helpful for people to really learn how to use this method correctly (through a class or speaking with a healthcare provider or health educator), be very organized and regimented with tracking their basal body temperature, cervical mucus, and menstrual cycle, have a regular menstrual cycle, and have excellent communication with their partner(s). Fertility awareness methods are approved by the Catholic Church and some other religions that don't approve of other forms of birth control. Simply using a period tracker app to track a period is not the same as fertility awareness method and it is not an effective way to prevent pregnancy.

Slide 14:

Emergency Contraception in case of unprolected sex or a birth control failure (e.g., the condom breaks) • Emergency Contraceptive Pills (Plan B. NextCholec, et al.) • Wers vafe, up to 89% affective—teems personal permission prescription or parental permission • Paragrant IUC is more effective than EC Pill can be left in after as a form of birth control. • Requires a wish to the doctor • Wery safe, up to 89% affective—teems can get Plan B in a drug store without prescription or parental permission. In California, teems can get these methods for FREE at clinics

Emergency Contraception

If someone has unprotected sex, or has a birth control failure (e.g.: condom breaks, forgot 2 or more pills in a row), emergency contraception can help to prevent a pregnancy. There are two types, both of which are safe:

"MORNING AFTER" PILLS – There are several kinds (Plan B, Next Choice, Ella). All of them contain hormones that help prevent ovulation. They are very safe and up to 89% effective at preventing pregnancy. They are most effective if used within the first 24 hours after unprotected sex, but can be used up to 5 days after. Anyone of any age or gender can purchase Plan B at a drug store without parental permission. The cost ranges from \$40-\$60 at pharmacies, \$15 at Kaiser (don't have to be a member), or a reduced price or free at clinics and health centers.

Emergency insertion of the ParaGard IUC – It is more effective than EC pills. It can be inserted up to 5 days after unprotected sex and is 99.9% effective (even on day 5). It requires seeing a healthcare provider very soon after unprotected sex for the insertion. If left in afterwards, it can be a "forgettable" form of birth control. It can be expensive, but in California it is free for teens.

Slide 15:

A. A female cannot become pregnant the first time she has vaginal sex. This is a myth. It's possible for any person who is capable of pregnancy (including some trans men) to become pregnant if they have unprotected penis - vagina sex. Even if it's their first time. Even if they don't have an orgasm. Even if they have sex standing up or during their period. Females have up to

• Two Lies & A Truth

A.A female cannot get pregnant the first time having vaginal sex.

B. Some birth control pills can help

Someone only needs to take the birth control pill on the days that they have sex.

an 11% of becoming pregnant the first time they have vaginal sex, depending upon when they ovulate.

- **Some birth control pills can help prevent acne.** This is a fact! There can be many beneficial side effects to hormonal birth control. There are many types of birth control pills and the type of estrogen used in some pills can prevent acne. Pills can also give lighter periods with less cramping. Some people also experience a decrease in acne with the ring and the patch.
- Someone only needs to take the birth control pill on the days that they have sex. This is a myth. It's important to take the pill exactly the way that a health provider instructs, or ovulation can occur (egg released). Often, the pill is taken every day for 3 weeks with one week off during which the user will have a period. If the user forgets to take a birth control pill for one or more days, it is recommended to use a backup method (such as condoms or abstinence) and call a healthcare provider to find out what to do. If someone missed multiple pills and had unprotected penis-vagina sex, emergency contraception (EC) could be used to help prevent a pregnancy.

Slide 16:





TRUE!

A. After starting birth control pills, if someone has a negative side effect like headache or moodiness, it is usually temporary.

- Withdrawal (pulling the penis out of the vagina before ejaculating) is 100% effective at preventing pregnancy.
- Washing out the vagina after sex (douching) can prevent pregnancy.
- A. After starting the birth control pill, if someone has a negative side effect like headache or moodiness, it is usually **temporary.** This is a fact! As the body adjusts to the medication, minor side effects will disappear, usually within the first 3 months. If they don't, changing pills or methods might help.
- Withdrawal (pulling the penis out of the vagina before ejaculating) is 100% effective at prevent pregnancy. This is a myth. While pre-cum doesn't contain sperm, withdrawal is very difficult to use correctly. It can be hard for males to predict or control exactly when they ejaculate. This is especially true for younger males who are still learning about their bodies. In addition, since sperm swim, pregnancy is possible if a penis ejaculates anywhere near a vagina. If withdrawal is used correctly and consistently it can be up to 97% effective at preventing pregnancy.
- C. Washing out the vagina after intercourse (douching) can **prevent pregnancy.** This is a myth. Douching does not prevent pregnancy. Also, it is not healthy for the vagina. It can wash away healthy bacteria that the vagina needs.

Slide 17:

- Two Lies & A Truth
 - A. The pill makes females gain
 - B. The pill can cause cancer.

TRUE! C. It is safe for a female not to have a period every month when she is using certain hormonal birth control methods.

- **A.** The pill causes females to gain weight. This is a myth. Studies have found no proof of this. Depo-Provera, the birth control shot, can cause weight gain in some females, especially those who put on weight easily.
- **B.** The pill can cause cancer. This is a myth. In fact, females who use hormonal birth control have a reduced risk for ovarian and uterine cancer. Breast cancer risk isn't affected one way or the other.
- C. It is safe for a female not to have a period every month when she is using hormonal birth control. This is a fact! Health providers can offer a female the pill or ring to use continually to decrease the number of periods. Also, some females stop bleeding completely after using the shot, IUCs with hormones, or the Implant. This is completely safe.

Slide 18:

- Two Lies & a Truth
 - A. An IUC can make a female infertile (unable to become pregnant).
 - All birth control methods provide some protection from exually transmitted infections

Intrauterine Contraception (IUC, like Mirena) can safely be used by teens.

An IUC can make a female infertile (unable to have babies). This is a myth. Except for sterilization, no method of birth

control makes it impossible for a female to become pregnant. People who use an IUC, pills, patches, rings or an implant can become pregnant very quickly after they stop using these methods. For some people, it can take a few months to up to a year for someone to become pregnant after stopping the shot (Depo).

- B. All birth control methods provide some protection from sexually transmitted infections (STIs). This is a myth. Right now, the only birth control methods that provide really effective protection from STIs are the external (male) and internal (female)condom. And -abstaining from vaginal sex.
- C. Intrauterine Contraception (IUC, like Mirena) can be used **by teens.** This is a fact! While some healthcare providers still believe that teens should not use IUCs, this isn't true. IUCs are safe for teens to use, they are highly effective, and last from 3-10 years depending on the IUC.

Slide 19:



What is the "best" method?

The best method of birth control is the one that you think fits your life best. It is a method that you (& your partner) feel comfortable using and that you will use correctly every time!

Suggested Script:

There is no "best" method of birth control for everyone, because everyone is different. The best method for a person will be the method that they are comfortable with using and are able to use consistently and correctly every time. We will now go through some things someone may want to consider to determine which method is right for them.

Slide 20:

Which is Right for Me?

- A. What is my goal in using birth control? How effective is it?
- B. Are there potential side effects?
- C. How does my partner(s) feel about birth control?
- D. Do I want a method that I can hide?
- E. Do I want a method that will protect me from STIs?
- F. How comfortable am I using this method?
- G. What are my values and beliefs about birth control?

Pass out Questions to Consider handout and review the questions using the PowerPoint slides while the students use their handouts.

For slides #21 – 30 have students follow along and use the Choosing a Birth Control Method handout to identify which method(s) of birth control might meet the need stated in the slide

Slide 21:

A. What are my goals in using birth control?

GOAL: highly effective pregnancy prevention. HINT: methods that have a lower chance of user error tend to be more effective.

Which methods have a low chance of user error & are recommended for teens?







Suggested Script:

People can use birth control for a variety of reasons, including preventing pregnancy, regulating their menstrual cycle, or decreasing acne. Let's talk about some common goals that people have when selecting a birth control method. One of the most common goals is highly effective pregnancy prevention.

Have students guess the answer. Click to reveal the answers.

Slide 22:

A. What are my goals in using birth control?

GOAL: Menstrual regulation - having a more regular/predictable period.

HINT: Methods that have estrogen and progesterone work well at regulating the menstrual cycle.

Which methods can help regulate a period?







Have students guess the answer. Click to reveal the answers.

Slide 23:

A. What are my goals in using birth control?

GOAL: Stopping period.

HINT: Methods with continuous release of hormones (progesterone) tend to stop periods after 3 months. Hormonal methods that can be used continuously can stop periods.

Which methods can stop periods?







Have students guess the answer. Click to reveal the answers.

Remember: It is completely safe to stop periods. Hormonal methods make it so that the menstrual blood is not building up inside of the uterus.

Slide 24:

B. Are there potential side effects?

- Most methods are safe for most people
- People with certain health conditions may not be able to use estrogen be honest with your doctor.
- Some people are allergic to latex or the chemical in spermicides
- Some of the side effects can be viewed as positive such as lighter and more regular periods and decreased acne.

Which methods contain estrogen?







Suggested Script

Some methods have different potential side effects. Some potential side effects that may be seen as beneficial include menstrual regulation and decreased acne. Some potential side effects can be uncomfortable, and it is recommended to discuss these side effects with a health care provider. The hormone estrogen can possibly be dangerous for people with certain health problems.

Have students guess the answer. Click to reveal the answers.

Slide 25:



- An important question for all people:
 Some methods more female-controlled
 Some methods more male-controlled
- Some methods require partners to work closely together, some do not

Which methods require partners to work











Have students guess the answer. Click to reveal the answers.

Slide 26:

D. Do I want a method I can hide?

- · Some methods are more discrete than others.
- Sometimes, people may need to hide birth control from a parent, guardian, or partner.
- Trying to get someone pregnant when they do not want to be is a sign on an unhealthy/abusive relationship.

Which methods can be hidden?









Suggested Script:

Some methods are more or less discreet. Depending on an individual's situation or safety, they may need a method that is more easily hidden from their partner(s) or parent/guardian. If someone's partner is trying to start a pregnancy with them against their will, this is a sign of an unhealthy/abusive relationship, and there are resources to support someone in this situation

Slide 27:

E. Do I want a method that will provide STI protection?

- · Hormonal methods do not provide good
- Some people choose to use both a hormonal method and a method for STI protection.

Which methods provide STI protection?



Suggested Script:

Most birth control methods do not provide protection against STIs. People who are sexually active may choose to use both a hormonal birth control method and a barrier method to provide protection against unintended pregnancy and STIs.

NOTE: Both types of condoms are excellent at providing protection from HIV, chlamydia, and gonorrhea. Since it hangs over the outside of the vagina or anus, female condoms may provide added protection from STIs that are transmitted by touch, like herpes & HPV.

Slide 28:

F. How comfortable am I using this method?

Some methods require users to touch their genitals, to swallow a pill daily, get an injection, or get undressed for the method to be inserted into the uterus. People may be uncomfortable with some of these things.

Which methods require the user to touch genitals?



Have students guess the answer. Click to reveal the answers.

Slide 29:

F. How comfortable am I using this method?

Some methods require users to touch their genitals, to swallow a pill daily, get an injection, or get undressed for the method to be inserted into the uterus. People may be uncomfortable with some of these things.

Which methods can someone get without a physical exam or without getting undressed?



Have students guess the answer. Click to reveal the answers.

Slide 30:

G. What are my values and beliefs about birth control?

- People have different values and beliefs about birth control.
- Some religions and cultures have specific beliefs about birth control.
- Some people don't have penis-vagina sex frequently and would only like to use a method when they have PV sex.

Which methods can be used "as needed?"









Suggested Script:

People have different beliefs and values about birth control. Someone might want to think about their own personal or religious beliefs, or talk to a parent/guardian or trusted adult about it before choosing a method. Some people would prefer to be in control of their method – rather than rely on a partner. Some people don't have penis-vagina sex often and would prefer to only use a method as needed.

Homework: Which Methods Could I Consider?

Name:		
Period:	Date:	
	Choosing a Birth Control Method the following people could cons	d" information sheet to decide which sider.
that yet. Not only does i to college.	_	ving sex, but I am not sure that I am ready for ant anything to interfere with my ability to go
up with a guy at a party. about my hook-ups, I sti	, •	_
together. I want someth don't think I can remem	ing more effective, but I am going t	e use condoms but are about to move in to school and have a screwy work schedule so n't want to have kids until our mid-20s.
Jamel. I am currently loo we are hoping to start a hormones.	oking for work and Jamel has a good	been married for two years to my husband, d job. While we don't want children right now arrently on the pill, but am tired of taking
to college and med scho until I graduate from me	ol. I want a birth control method th	am older. This means that I will need to go nat I will not have to think about and will last

Teacher Key: Which Methods Could I Consider?

1. JOHN - age 15

My girlfriend, Crystal, is 17. We have been talking about having sex, but I am not sure that I am ready for that yet. Not only does it seem like a big step, but I don't want anything to interfere with my ability to go to college. METHOD(S): Abstinence, condoms, Crystal may want to have packet of EC just in case.

2. BERTA - age 22

I attend UC Berkeley. I have been with my girlfriend, Melissa, for two years. Every once in a while I hook up with a guy at a party. I don't want to depend on the guy for birth control. Also, while Melissa knows about my hook-ups, I still live with my parents and want something I can hide from them.

METHOD(S): External (male) or internal (female) condoms (important for STIs) – although can be difficult to hide, might purchase right before going to a party. Implant, IUC, shot, and ring can all be discreet from parents. Have EC just in case.

3. DENISE - age 19

I have been with my boyfriend, Paulo, since high school. We use condoms but are about to move in together. I want something more effective, but I am going to school and have a screwy work schedule so don't think I can remember to take a pill every day. We don't want to have kids until our mid-20s.

METHOD(S): IUC and Implant are both easy to "put in and forget" and are highly effective. The shot, ring and patch would require Denise to remember to do something, but less frequently than pill and can be up to 99.7% effective if used perfectly.

4. JANE - age 25

I just completed my Masters at San Francisco State. I have been married for two years to my husband, Jamel. I am currently looking for work and Jamel has a good job. While we don't want children right now, we are hoping to start a pregnancy in the next year. I am currently on the pill, but am tired of taking hormones.

METHOD(S): <u>Barrier methods (internal/external condom, diaphragm, cervical cap, sponge). Paragard (non-hormonal) IUC can also be used. Fertility awareness method can be used to prevent and then plan a pregnancy.</u>

5. KIANA - age 17

I am in high school, but I know I want to be a doctor when I am older. This means that I will need to go to college and med school. I want a birth control method that I will not have to think about and will last until I graduate from med school

METHOD(S): IUC - Paragard

Lesson 17: Teen Parenting & Awareness

OBJECTIVES

- 1. Students will learn about some of the choices parenting teens have to make in order to care for their baby and themselves.
- 2. Students will understand the realities of teen parenting from peer speakers.
- 3. Students will reflect on how being a teen parent could have an impact on their own lives.

AGENDA

5 minutes Do Now

45 minutes Presentation by T-RAPP staff & speakers

Homework Exploring Teen Pregnancy

MATERIALS

Vocabulary Reference List

Scrap Paper (Optional)

• Homework: Exploring Teen Pregnancy

CALIFORNIA HEALTH EDUCATION STANDARDS

- **4.1.G** Analyze how interpersonal communication affects relationships.
- **1.11.G** Evaluate the benefits to mother, father, and child when teenagers wait until adulthood to become parents.
- **2.1.G** Determine personal, family, school, and community factors that can help reduce the risk of engaging in sexual activity.
- **2.2.G** Evaluate how growth and development, relationships, and sexual behaviors are affected by internal and external influences.
- **5.4.G** Evaluate the risks and consequences associated with sexual activities, including HIV, other STDs, and pregnancy.
- **5.6.G** Use a decision-making process to evaluate the social, emotional, physical, and economic effects of teen pregnancy on the child, the teen parent, the family, and society.

BEFORE THE CLASS

For this lesson, contact the Teen Pregnancy and Parenting Program to schedule a presentation. Send requests to:

Rosaura Diaz, Program Director

415-695-8300 x589

rdiaz@felton.org (cc: trapp@felton.org)

Lesson 17: Teen Parenting & Awareness

DO NOW ACTIVITY 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question:

List three ways that becoming a teen parent could (or has) change your life.

If there is time, ask a few students to share their responses.

PRESENTATION FROM T-RAPP

45 minutes

Materials

Optional: Scrap paper for students to write questions

Activity

Introduce the T-RAPP staff and presenters. Remind students of the classroom rules on behavior expectations for having guest speakers. T-RAPP will present to the class. Support the T-RAPP presenters by assisting with classroom management.

The T-RAPP presenters will discuss the following:

- Choices teen parents must make when deciding who takes care of the child,
- Expenses that come with a baby and how difficult it is to find resources to take care of the baby and yourself, and
- Their personal stories of being teen parents and what kinds of experiences they have been through.

Teacher Tip:

Pass out scrap paper for students to write down questions as the speakers are talking. Collect the question papers at the end and have speakers answer the questions they are comfortable answering.

After the presentation there will be time for student questions.

HOMEWORK

Exploring Teen Pregnancy

Homework: Exploring Teen Pregnancy

Name	<u>. </u>
	d: Date:
classro	CtiOns: Answer all of the questions with one or two paragraphs each. Please use soom appropriate language and be thoughtful and respectful in your answers. Credit will igned based on how you put thought into your response.
1.	What are some things a teen could do if they are not ready to start a pregnancy?
2.	What are some reasons a teen might choose to become a parent? What are some reasons a teen might choose to not become a parent?
3.	How do you think parenting as a teen is similar and different to parenting as an adult?
4.	What support and/or advice would you give to a friend who confides in you about facing an unplanned pregnancy?

Lesson 18: Sexually Transmitted Infections (STIs)

OBJECTIVES

- 1. Students will be able to identify what "STI" stands for, name at least 3 STIs, and understand the differences among viral, bacterial, and other STIs.
- 2. Students will understand how STIs are transmitted and how to prevent STIs including abstinence, safer sex techniques and testing.
- 3. Students will be able to list two places to get tested and treated for STIs.
- 4. Students will become familiar with the variety of barrier methods that are available to reduce the risk of STIs.

AGENDA

3 illillutes	DO NOW
10 minutes	STIs: PowerPoint & Discussion (part 1)
10 minutes	Risk Spectrum
10 minutes	STIs: PowerPoint & Discussion (part 2)

15 minutes Small Group STI Awareness Poster Activity

Homework STI Research

MATERIALS

- Vocabulary Reference List
- STIs: PowerPoint Presentation
- Sexual Activity Cards
- High Risk, Low Risk, No Risk Signs
- Teacher Key: Risk Spectrum STIs: PowerPoint Slide Note
- Poster Paper & Markers
- Homework: STI Research
- Handout: A Teen's Guide to Sexually Transmitted Diseases & Other Infections

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.4.G** Identify why abstinence is the most effective method for the prevention of HIV, other STDs, and pregnancy.
- **1.7.G** Describe the short- and long-term effects of HIV, AIDS, and other STDs.
- **1.8.G** Analyze STD rates among teens.

- **1.12.G** Evaluate the safety and effectiveness (including success and failure rates) of FDA approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.
- **6.1.G** Evaluate how HIV, AIDS, other STDs, or pregnancy could impact life goals.
- **6.2.G** Identify short- and long-term goals related to abstinence and maintaining reproductive and sexual health, including the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention.

Lesson 18: STIs

DO NOW ACTIVITY 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- PowerPoint slides #1 2, or flipchart or whiteboard and markers

Activity

Project the PowerPoint or write on board and have students complete the following question. What are some ways that STIs can be passed from one person to another?

If there is time, ask a few students to share their responses.

STI DISCUSSION 10 minutes

Materials

- PowerPoint slides #3 8
- PowerPoint slide notes

Activity

Let students know that you will be reviewing information about STIs. The PowerPoint slides contain notes to assist you in presenting this material. Please refer to the notes in the slides for more information about the topics presented.

Suggested Script:

Today we will be learning about STIs. I want to remind you to be respectful as we talk about STIs today. Sometimes people think STIs don't affect teens but actually 2014 CDC data reports 1 in 4 sexually active females has an STI and 50% of people will get an STI by the time they are 25 years old. Today we will talk about STIs, what they are, how they are transmitted, and how they can be prevented.

RISK SPECTRUM 10 minutes

Materials

- Activity Cards
- High Risk, Low Risk, & No Risk signs
- Tape
- Teacher Key: Risk Spectrum

Activity

In this activity students will learn about which activities have a higher risk for STI transmission, which activities have a lower risk for STI transmission, and which activities have no risk for STI transmission. Put the three signs on the board/wall under the order of high, low, and no risk to

create a risk spectrum. Explain to students that different activities have different possible risk for STI transmission.

Pass out the activity cards and give students a moment to decide where on the risk spectrum they think the card belongs. Call students up in small groups to put their cards on the board. After all the cards are up, ask student to look at the board and see if there are any cards they think need to move to a different spot on the risk spectrum. Correct any misinformation as you debrief the activity. See the teacher handout for risk spectrum answers and talking points. Ask the students to look at the cards and determine which activities may actually protect someone from getting or transmitting an STI (learning about STIs, getting tested, and communicating about boundaries). Remind the students that if someone chooses to be abstinent, they can still engage in many of the activities listed on the board. Ask students which activities someone who is abstinent would definitely not engage in (oral, anal, and vaginal sex). Be sure to honor that there are different definitions of abstinence.

Suggested Script:

There is a wide variety of sexual activities that a person or couple may consider engaging in. Some of these activities have a high risk for STI transmission, some have a low risk for STI transmission, and some have no risk for STI transmission. 2014 CDC data reports 1 in 4 sexually active females has an STI and young people 15-24 acquire half of all new STIs. Each of you will get a card with a sexual activity written on it. You will then put the card up on the board/wall where you think it belongs under the appropriate sign. After all the cards are up, we will go over each one together as a group.

REDUCING RISK 10 minutes

Materials

- PowerPoint slides #9 17
- PowerPoint slide notes

Activity

Use the PowerPoint slides to review some risk reduction strategies. The PowerPoint slides contain notes to assist you in presenting this material. Please refer to the notes in the slides for more information about the topics presented.

Suggested Script:

We learned earlier that 1 in 4 sexually active teens will get an STI this year. One of the reasons that teens are likely to get STIs is that many teens don't have the tools they need to make educated and informed decisions about their reproductive health. Also, many teens don't get the information you are getting in this class. Or they do not have access to things like wellness centers or clinics for testing, information, and to safer sex supplies. Teens often don't know their status or their partner's status, and may not use barriers such as condoms or dental dams to reduce the risk of STI transmission. Some teens are in relationships with people who control their decisions about using protection.

There are many ways to reduce the risk of getting and passing on STIs. Let's review some of these harm reduction strategies.

SMALL GROUP STI AWARENESS POSTER ACTIVITY

15 minutes

Materials

- PowerPoint slide #18
- Poster paper
- Markers or colored pencils

Activity

In this activity students will be asked to create a poster to bring awareness to one of the risk reduction strategies for STIs and sexually associated infections. Break the class up into 8 groups and assign each group one of the risk reduction strategies. Give each group 10 muintutes to create their poster then hang the posters up around the room and have the whole class do a gallery walk around the class to view the different posters.

Debrief the activity:

How was this activity for you?

Which poster(s) do you think would be effective to change the behaviors of people in this school?

What did you and your group think about when creating your poster?

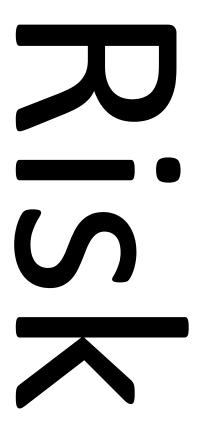
HOMEWORK

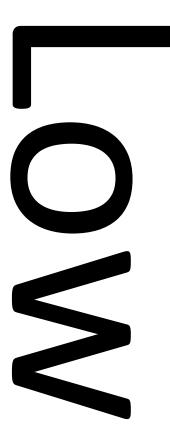
STI Research

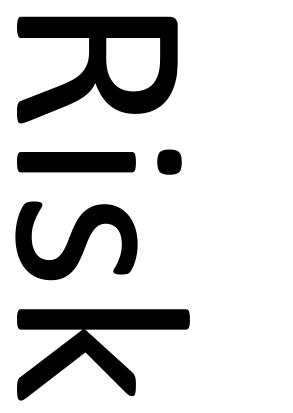
Handout: A Teen's Guide to Sexually Transmitted Diseases and Other Infections

Lesson 18: Vocabulary

- 1. **Abstain**: Choosing not to engage in an activity or set of activities. (Example: Someone could choose to abstain from oral, vaginal, and anal sex as a way to reduce the risk of STIs.)
- 2. **Asymptomatic**: When the body does not show symptoms of an infection or illness.
- 3. **Curable**: An infection or medical condition that can be put to an end.
- 4. **Dental dam**: A barrier that can be used during oral sex, on a vulva or anus, to reduce the risk of STIs.
- 5. **Harm reduction**: Ways to lessen the negative health consequences of practicing high-risk behaviors.
- 6. **Infection**: When the body is attacked by a disease.
- 7. **STI (Sexually Transmitted Infection)**: A disease that is passed from person to person through sexual contact.
- 8. **Symptom**: A physical sign showing that someone has an infection or illness.
- 9. **Transmission**: When an infection is passed from person to person.
- 10. **Treatable**: An infection or medical condition where symptoms can be reduced.
- 11. **Vaccine**: A medical shot (injection) given by a health care provider to protect against infections.







Teacher Key: Risk Spectrum

High Risk Activities

- Blacked out and can't remember (If someone is blacking out due to drug or alcohol use this is
 high risk because being under the influence changes how someone makes decisions. A person
 cannot consent to sex while under the influence. It is difficult to use safer sex supplies correctly
 while under the influence. The Wellness Center has counselors that can support someone who is
 having problems with drugs or alcohol)
- Anal sex without a condom
- Vaginal sex without a condom
- Oral sex without a barrier (condom or dental dam)

Low Risk Activities

- Anal sex with a condom
- Vaginal sex with a condom
- Oral sex with a barrier
- Hand sex on a penis (very low risk)
- Hand sex on a vulva/vagina (very low risk)

No Risk Activities

- Abstained from sex
- Body massage
- Dry humping with clothes on
- Held hands
- Hugged
- Hung out with friends
- Kissed
- *Learned about STIs
- Masturbation
- Met each other's friends and family
- Sent naked pics to each other (no risk for STI transmission, but not recommended)
- Shared food and drink
- Showered together
- Slept in the same bed
- Talked about future plans
- Texted until 2am
- Touched breasts
- *Talked about sexual boundaries
- Used a public toilet
- Went dancing
- Went for a walk
- Went in a hot tub
- *Went to a clinic to get tested for STIs

^{*}Indicates activities that can protect someone from STIs

Homework: STI Research

Name:	
Period:	Date:

Directions: Complete the table below using the STI handout and these websites: www.plannedparenthood.org and http://www.scarleteen.com.

	Chlamydia/ Gonorrhea	Herpes	HPV
What type of STI is this? (virus, bacteria, parasite, or sexually associated)			
Is there a cure?			
Is there vaccine?			
How is this STI transmitted?			
What are the symptoms of this STI?			
What could possibly happen if this STI is not treated?			
Where can someone go to get tested or treated?			
How can someone reduce the risk of getting or transmitting this STI?			

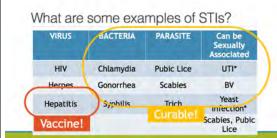
Lesson 18: STI Slide Notes

Slide 1: Slide 2: Have students complete the do now. If there is time, ask a few students to share their responses. Correct any misin-Do Now formation. What are some ways that STIs can be passed from one person to another? Slide 3: Ask whether anyone knows what the letters in STI stand for. **S**exually **T**ransmitted **I**nfection. Clarify these words: What does STI stand for? Sexually = through sexual activity. (sharing infected bodily Sexually fluids and skin-to-skin contact if one person has an infec-**Transmitted** Transmitted = passed to or received from someone Infection Infection = illness, sickness, disease, etc STI and STD refer to the same set of infections that are mainly spread through sex. The "D" in STD stand for disease. Suggested script: Some people refer to these as STIs or STDs. STI and STD refer to the same group of things – infections that can be spread through sexual contact. STIs can be spread from fluid-tofluid transmission – meaning infected bodily fluid from one person gets into the body of another person. The 'bodily fluids' we are talking about can include mucous membrane secretions, semen,, vaginal fluids, and blood. STIs can also be

spread from skin-to-skin contact with an area of a person's

body that has an infection.

Slide 4:



Ask students the name some STIs that they have heard of before showing the names of the STIs on this power point slide.

Explain that there are different categories of infections: Viral = caused by a virus, these are treatable but not curable (symptoms can be managed, but the virus cannot be completely eliminated)

Bacterial = caused by a bacteria, treatable and curable Parasitic = caused by a parasite, treatable and curable. Can be transmitted through sexual or non-sexual contact.

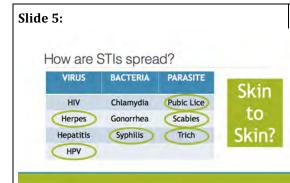
Other = can be caused by sexual contact but are not always caused by sexual contact. These are not transmitted from one person to another during sex; rather these could be caused as a result of having sexual contact.

After explaining each category, ask the students which group of STIs on the board belongs in that category. Click to have the categories appear.

Ask students which infections they think can be completely cured – which means the infection goes away. Click to reveal which STIs are curable. Let students know that the bacterial, parasitic, and sexually associated infections can be cured.

Ask students which infections have a vaccine — which means someone can get the vaccine (a shot or multiple shots) that will prevent someone from getting that infection if they come into contact with it. Click to reveal which STIs have a vaccine. Let students know that most people have received the Hepatitis vaccine, but students should talk to a parent/caregiver or doctor about the HPV and Hep A+B vaccine if they have not yet received it.

*not usually sexually associated but can be sexually associated



Remind students that STIs are spread through fluid exchange or skin-to-skin contact. Ask students which infections they think are spread through skin-to-skin contact. Click to reveal the answer.

Herpes (mouth-to-mouth, mouth-to-genital, or genital-to-genital contact, or hand to infected area)

HPV (mouth-to-genital or genital-to-genital contact)
Parasitic infections (skin-to-skin contact with where the infection is on the body, or sharing clothing, towels, sheets, or other items that could have the parasites on them)
Syphilis (mouth-to-mouth, mouth-to-genital, or genital-to-genital contact)

*for simplification please highlight that "genital" also includes the anus as the comprehensive term in anogenital

Slide 6:



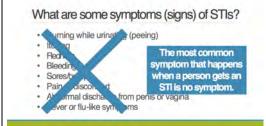
Ask students which infections they think are spread through the exchange of fluids (fluid to fluid contact). Click to reveal the answer.

The infections are transmitted though mucous membranes and/or fluids being shared being shared (semen, pre-cum, vaginal fluids, or blood):

- HIV
- Hepatitis
- Chlamydia
- Gonorrhea

Let students know that HIV will be discussed in detail on another day.

Slide 7:



STI Symptoms

Ask students to name common symptoms of STIs, then show the slide of possible STI symptoms.

Ask the students to look at the list and identify the most common STI symptom. Once some students have guessed, reveal that the most common symptom is "no symptom."

Suggested script:

Although we usually think of STIs as having many uncomfortable symptoms, STIs are very commonly asymptomatic—meaning that when someone has a bacterial or viral STI, the person usually will not have or notice any symptoms. This is why we call these STIs instead of STDs, because the I stands for 'infection' and the D stands for 'disease.' Medically, something is only called a disease if there are symptoms. Since the most common symptom of STIs is no symptom, we call them 'infections,' or STIs.

Slide 8:

What could happen if someone had an STI, but didn't know it?

- Can unknowingly pass it to someone else.
- Could be causing harm/problems internally even though there are no external symptoms – or more serious medical concerns if left untreated.
- Having one STI puts people at higher risk for contracting (getting) other STIs if they come in contact with them.
- Could cause fertility issues (make it more difficult to start a pregnancy) in the future.

Ask students, "What could happen if someone had an STI but didn't know it?" Brainstorm answers and then reveal answers on the slide.

- Can unknowingly pass it to someone else
- Could be causing harm/problems internally even though there are no external symptoms – or more serious medical concerns if left untreated
- Having one STI puts people at higher risk for contracting (getting) other STIs if they come in contact with them
- Could cause fertility issues (make it more difficult to start a pregnancy) in the future

Slide 9:

Reducing the Risk of STIs & Sexually Associated Infections

Suggested script:

We learned earlier that 2014 CDC data reports 1 in 4 sexually active females has an STI and young people 15-24 acquire half of all new STIs.. One of the reasons that teens are likely to get STIs is that many teens don't have the tools they need to make educated and informed decisions about their reproductive health. Also, many teens don't get the information you are getting in this class. Or they do not have access to things like wellness centers or clinics for testing, information, and to safer sex supplies. Teens often don't know their status or their partner's status, and may not use barriers such as condoms or dental dams to reduce the risk of STI transmission. Some teens are in relationships with people who control their decisions about using protection.

There are many ways to reduce the risk of getting and passing on STIs. Let's review some of these harm reduction strategies.

Slide 10:

Reducing the Risk of STIs & Sexually Associated Infections

- Abstinence = 100% effective
- Abstaining from anal sex, vaginal sex, oral sex, genitalto-genital contact, and from sharing needles.
- Abstinence is a choice people can make at any time, regardless of their prior sexual experience.
- Why might someone choose to abstain from or delay sexual activity?

Abstinence = 100% effective

STIs can be transmitted through oral, vaginal, and anal sex as well as genital-to-genital contact and sharing needles. Abstaining from these types of sex is a very effective way of reducing the risk of spreading STIs.

Brainstorm reasons why someone might choose abstinence with students. Suggested script: When we talked about birth control, we talked about how abstaining from sex that involves putting a penis into a vagina is the only 100% effective way to prevent a pregnancy. With STIs, in order to prevent them 100% someone must abstain from all the activities that put them at risk. Different people choose abstinence at different times of their lives for different reason. What are the reasons that someone might choose abstinence?

Religious/spiritual reasons, waiting for the right person/relationship, wanting to focus on a personal goal like finishing school, waiting to feel more comfortable/prepared, not wanting to risk STIs/pregnancy, not

	ready for sex, not interested in sex, etc
Slide 11: Reducing the Risk of STIs & Sexually Associated Infections • Abstinence = 100% effective • STI testing & treatment	 STI Testing and Treatment Knowing your status and the status of your partner(s) can greatly reduce the risk of STIs. STIs don't appear out of thin air—they can only be spread if a partner has one. If someone is sexually active, getting tested regularly can ensure that they know what their STI status is and receive treatment for positive test results. STI testing is recommended annually (once a year) but more frequent testing (usually every 3-6 months) for people with multiple partners or new partners. testing usually involves taking a urine sample and/or blood sample. There is no single test for all STIs and not all STIs can be tested for. Ask which tests are being done. Teens can get tested at local clinics and get more information about testing from the school wellness center.
Reducing the Risk of STIs & Sexually Associated Infections • Abstinence = 100% effective • STI testing & treatment • Vaccines	Vaccines Vaccines are available to protect against a few STIs. The HPV vaccine (Gardisil) protects against strains of HPV that can lead to certain types of cancer and genital warts. Vac- cines are also recommended for all people age 9-26. Vac- cines are also available for Hepatitis A and B. Talk to a par- ent/guardian or doctor about vaccines.

Slide 13:

Reducing the Risk of STIs & Sexually Associated Infections

- Abstinence = 100% effective
- STI testing & treatment
- Vaccines
- Communicate with partners(s) about protection and possible risk

Communicate with Partner(s) about Protection and Possible Risk

Talking about your status and your partner's status before engaging in sexual activities can help someone make informed decisions about their body and their health.

Slide 14:

Reducing the Risk of STIs & Sexually Associated Infections

- Abstinence = 100% effective
- STI testing & treatment
- Vaccines
- Communicate with partners(s) about protection and possible risk
- Barrier methods (condoms, dental dams, gloves)

Barrier Methods

Using barrier methods helps prevent the sharing of body fluids from one person's body to another. Barrier methods include external and internal condoms, dental dams, and gloves.

Remind students: Hormonal birth control methods (pill, patch, shot, implant, hormonal IUCs) do not prevent STI transmission. Someone using one of these methods might want to pair it with a barrier method to prevent both pregnancy and STIs.

Slide 15:

Reducing the Risk of STIs & Sexually Associated Infections

- Abstinence = 100% effective
- STI testing & treatment
- Vaccines
- · Communicate with partners(s) about protection and possible risk
- · Barrier methods (condoms, dental dams, gloves)
- · Washing hands

Washing Hands

It is a healthy idea to wash hands before and after touching your own body or someone else's body. This is especially important to avoid passing bodily fluids from one person to another if they are on the hands.

Slide 16:

Reducing the Risk of STIs & Sexually Associated Infections

- Abstinence = 100% effective
- STI testing & treatment
- Vaccines
- Communicate with partners(s) about protection and possible risk
- · Barrier methods (condoms, dental dams, gloves)
- Washing hands
- · Urinate (pee) before and after sex

Urinate (pee) Before and After Sex

This can help prevent UTIs. It will not prevent something like Chlamydia or HIV, but it is a healthy idea to urinate (pee) before and after any sexual contact because it can help clean the urethra of any bacteria that might have been pushed inside during sexual contact.

Douching is washing or flushing out the vaginal canal with soaps, harsh chemicals, or unnatural substances.

Slide 17:

Reducing the Risk of STIs & Sexually Associated Infections

- Abstinence = 100% effective
- STI testing & treatment
- Vaccines
- Communicate with partners(s) about protection and possible risk
- Barrier methods (condoms, dental dams, gloves)
- Washing hands
- Urinate (pee) before and after sex
- · Avoid shaving, waxing, or removing pubic hair

Avoid Shaving, Waxing, or Removing Pubic Hair

Pubic hair is on the genitals for a reason – it helps protect the body. Many people think they have to remove their pubic hair, but it is healthy to leave it on the genitals. Shaving and waxing can irritate the skin which can make it easier for infections to enter the body. If someone wants to remove their pubic hair, trimming carefully is less irritating than shaving or waxing.

Slide 18:

Reducing the Risk of STIs

- Abstinence = 100% effective
- STI testing & treatment
- Vaccines
- Communicate with partners(s) about protection and possible risk
- Barrier methods (condoms, dental dams, gloves)
- · Washing hands
- Urinate (pee) before and after sex
- Avoid shaving, waxing, or removing public hair
- Avoid sharing or using used equipment to inject substances into the body

Someone looking for support around STI risk prevention could go to a teen clinic or health center for counseling, testing, and treatment. All of these services are available to anyone 12 or older in California, and minors can access them confidentially (without their parent/guardian's permission/consent).

IDU- injection drug use can lead to HIV/Hep C if contaminated equipment is used for injection

Lesson 19: Safer Sex: Barriers & Lube

OBJECTIVES

- 1. Students will learn how to effectively use external (male) and internal (female) condoms.
- 2. Students have the opportunity to have hands on experience practicing following the steps to effectively using a condom (on a penis/pelvic model).
- 3. Students will learn about dental dams, gloves, and lubricant.
- 4. Students will understand where and how to obtain barriers and lube for safer sex.

AGENDA

5 minutes Do Now

15 minutes How to Use Condoms
 10 minutes Condom Relay Race
 10 minutes Gloves, Dams, & Lube
 10 minutes Barriers to Using Barriers

MATERIALS

- Birth Control & Barriers Kit
- Condoms, Dams, and Lube: PowerPoint slides
- Condoms, Dams, and Lube: PowerPoint slide notes
- Internal Condoms (at least one for demonstration)
- External Condoms (enough for each student plus a few extra)
- Dental Dams (a few for demonstration)

- Lube (at least 1 bottle)
- Vaseline (one tub) or Chap Stick/Lip Gloss
- Pelvic Model
- Penis Models (5 or more)
- Handout: Condom Instructions
- Homework: Barriers to Using Barriers
- Teacher Key: Barriers to Using Barriers

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.4.G** Identify why abstinence is the most effective method for the prevention of HIV, other STDs, and pregnancy
- **1.12.G** Evaluate the safety and effectiveness (including success and failure rates) of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.
- **7.1.G** Describe personal actions that can protect sexual and reproductive health (including one's ability to deliver a healthy baby in adulthood).
- **4.2.G** Use effective verbal and nonverbal communication skills to prevent sexual involvement, HIV, other STDs, and pregnancy.

Lesson 19: Safer Sex: Barriers & Lube

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- PowerPoint slides #1 2 or, flipchart or whiteboard and markers

Activity

Use the PowerPoint or write on board and have students complete the following questions:

What are some barriers that would prevent someone from using a condom?

What are some complaints people have about condoms?

HOW TO USE CONDOMS 15 minutes

Materials

- PowerPoint slides #3 34
- Handout: Condom Instructions
- Pelvic model
- · Penis model
- Condoms (internal and external)
- Lube

Activity

In this activity students will review information about condoms and the steps to using condoms. Pass out the Condom Instructions handout so that students can follow along on their paper as the PowerPoint slides are presented. Use the noted in the slides to guide the presentation. Demonstrate each step to using condoms in front of the classroom with the condoms and models.

Suggested Script:

External and internal condoms are not only a birth control method, they also reduce the risk of getting an STI. People of all ages can buy condoms in a drugstore or grocery store without a prescription. Youth, 12 years old and older, can also get them confidentially at many clinics and they are easy to carry. It is important to know how to use condoms correctly in order for them to be as effective as possible. That is why today, I will demonstrate how to use these methods correctly. Pay close attention, because for the next activity, you will be asked to demonstrate how to use an external condom.

I know not everyone in here is thinking about using condoms now, or can imagine using them in the future. Perhaps there are students in here that will never have the kind of sex that involves condoms. But is still important to have this information because you might need it one day for yourself or to educate a friend.

Topic	Slides
Internal Condoms	3 - 17
Information	3 – 4
How to Use	5 - 17
External Condoms	18 - 34
Information	18 - 20
How to Use	21 - 34

Teacher Tip:

You can make learning about the steps to using a condom by making this into a game! Print out or write each step to using a condom on strips of paper or cards. Mix up the steps and have students put the steps to using a condom in order. This can be done as a large group with volunteers in front of the class (each volunteer gets one step and they need to arrange themselves in order) or you can print out multiple sets and split the class into small groups and have the groups race to see which group can put the steps in the correct order the fastest.

CONDOM RELAY 10 minutes

Materials

- Handout: Condom Instructions
- Pelvic Models
- Condoms (one condom per student)

Activity

In this activity students will have an opportunity to practice putting a condom on a penis model. Let students know that while putting on a condom is simple, it is not always easy, and practicing how to put on a condom can make it easier for someone to be able to use a condom correctly in real life.

Suggested Script:

Feeling comfortable with a method of birth control can help increase how effective it is. Condoms are one of the most widely used methods of birth control and STI/HIV protection. We want to make sure you feel comfortable with the steps to putting on a condom, so we are all going to practice together. We invite you to participate at your comfort level. Not everyone in this class will use condoms in their lifetime, but almost all people might want to have this information at some point for themselves or to share with someone else.

Divide the class into 5 (or more) teams so each team has the same number of students (if possible). Provide each team with a penis model or, if a penis models are not available, bananas, zucchinis, or cucumbers can be used.

Explain the how the relay race will work:

- 1. The person who starts the relay will turn to their team member next to them who will be holding the penis model.
- 2. The first person demonstrates how to use a condom by putting the condom on the penis model and explaining the steps that they are taking.
- 3. When the first person finishes, the person holding the penis model it to the person next to them and repeats the demonstration.
- 4. This process is repeated until the last person in the team is reached and everyone has practiced putting a condom on the model.
- 5. While the first team to complete the relay wins, lead the

Teacher Tip:

If using different fruits/vegetables in place of penis models, remind students that just the like the "models" are different sizes and shapes, so are penises: This is normal.

class in clapping for each team as they finish.

Remind students that they can use their Condom Instructions Handout to help them remember how to put the condom on. Let the relay begin!

GLOVES, DAMS, & LUBE

10 minutes

Materials

- PowerPoint slides #35 38
- Gloves (enough for each student to have 1), Dental Dams, and Lube

Activity

In this activity students will learn about other barriers and lube. Use the PowerPoint slides and notes to guide the presentation. Pass around a dental dam for students to feel.

Topic	Slides
Gloves	35
Dental Dams	36 - 37
Lube	38

After the slides have been presented invite student to participate in some activities to learn about lube.

Oil vs. Water Based Lube

For this activity, invite two volunteers come up to the front. Have them each put on a pair of gloves. Blow two condoms into balloons and have one volunteer rub Vaseline on it and the other rub lube on the other balloon until it pops. Emphasize the importance of using a water-based lube, not oil-based.

Debrief the activity:

- How did the condom pop? (through exposure to oil based lube)
- What if someone uses an oil-based lube on a latex condom when having sex?
- What could people use besides oil based products?

Lubey Glove

For this activity, pass out one glove to each student and have students put the glove on their right hand. Have students pair up with someone next to them and using the hand with the glove on it, create a handshake. After students have created their handshake, ask them how it feels to shake hands with a glove on. Some possible answers may include: can't feel the other person's hand, the gloves get stuck together, not much sensation, or awkward. Now go around the class and put some lube into the gloved hand of each student. Once every student has lube in the hand, ask them how it

feels. Some possible answers may include: slippery, wet, smooth, or fun. Now, have the students do their handshake again. Ask them how it feels different as compared to the handshake without lube. Emphasize how the lube reduces friction and makes safer sex supplies, like condoms, dental dams, and gloves, feel more comfortable and be more effective.

Handout 10 minutes

Barriers to Using Barriers

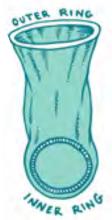
Handout: Condom Instructions

Internal (female) condoms

- 1. Talk to partner and get condoms
- 2. Check the expiration date & check package.
- 3. Open the condom tear with fingers, not teeth.
- 4. Take condom out of the package.
- 5. Use the inner ring to insert the condom into the vagina or anus. The outer ring will remain outside of the body.
- 6. Check in with partner give and get consent.
- 7. Add lube.
- 8. Have sex making sure the penis goes into the condom (followed by orgasm, ejaculation, or not)
- Twist the outer ring to create a seal and pull condom out of the body.
- 10. Throw the condom away in the trash.
- 11. Talk to partner and check in.

External (male) condoms

- 1. Talk to partner and get condoms
- 2. Check the expiration date & check for air bubble.
- 3. Open the condom tear with fingers, not teeth.
- 4. Take condom out of the package and see which way it unrolls.
- 5. Add 1-3 drops of lube inside the tip of the condom. Lube can also be added in the outside of the condom once it is on.
- 6. Pinch the tip (about an inch) and roll the condom all the way to the base of the penis.
- 7. Check in with partner give and get consent.
- 8. Have sex (followed by orgasm, ejaculation, or not)
- 9. After sex hold onto the base of the condom and pull out.
- 10. Take the condom off away from partner's body, tie condom in a knot and throw it in the trash.
- 11. Talk to partner and check in.









Handout: Barriers to Using Barriers

Name:	
Period:	Date:

Directions: Read the barriers to condom use below. Select 10 statements and write what someone could do to help with this concern and/or a convincing reason why they should use a barrier.

- 1. "Condoms are not comfortable."
- 2. "Condoms don't fit me My penis is too big for condoms."
- 3. "I don't have an STI/HIV so I don't need to use a condom."
- 4. "I trust my partner so I don't need to use condoms."
- 5. "I don't know how to use a condom."
- 6. "I don't know how to use a dental dam."
- 7. "You can't get STIs from oral sex on a female, so I don't have to use a dental dam."
- 8. "You can't get STIs from oral sex on a penis, so I don't have to use a condom."
- 9. "I don't want to "stop" to put on the condom."
- 10. "I am allergic to latex."
- 11. "It doesn't feel as good with a condom."
- 12. "I don't have money for condoms right now."
- 13. "I don't know where to get an internal condom."
- 14. "The store did not have any dental dams."
- 15. "I don't know what type of condom to buy."

Teacher Key: Barriers to Using Barriers

- **1.** "Condoms are not comfortable." Add some lube inside the condom and on the outside of the condom. This will make it feel better and work better. Try another brand or style.
- 2. "Condoms don't fit me My penis is too big for condoms." Most condoms will fit most penises. There are also extra-large condoms for people who need a larger size. You could also try an internal condom.
- 3. "I don't have an STI/HIV so I don't need to use a condom." Health centers cannot test for every STI. Even if someone got tested and came back negative, they might have not been tested for everything. Also, it can take a while for STIs/HIV to show up on a test. In addition to STI protection condoms also help prevent pregnancy.
- **4.** "I trust my partner so I don't need to use condoms." Even people in trusting, committed relationships can, and do, use condoms. If someone cares about themselves and their partner, one way to show it is to have safer sex.
- **5.** "I don't know how to use a condom." There are instructions in boxes of condoms and there are many online resources about how to use a condom. Someone could go to scarleteen.com, plannedparenthood.org, or other websites for more info. Healthcare providers can also educate someone on condom use.
- **6.** "I don't know how to use a dental dam." There may be instructions on the dental dam packaging and there are many online resources about how to use a condom. Someone could go to scarleteen.com, plannedparenthood.org, or other websites for more info. Healthcare providers can also educate someone on dental dam use.
- 7. "You can't get STIs from oral sex on a female, so I don't have to use a dental dam." It is possible to give or receive an STI during oral sex on a vulva or vagina. A dental dam will reduce the chance of STI transmission.
- **8.** "You can't get STIs from oral sex on a penis, so I don't have to use a condom." It is possible to give or receive an STI during oral sex on a penis. A condom will reduce the chance of STI transmission.
- **9.** "I don't want to "stop" to put on the condom." Many people successfully make putting on a condom part of sex they can have a partner help, or incorporate it into their play. Internal condoms can be put in hours in advance.
- **10.** "I am allergic to latex." There are non-latex condoms that protect against STIs, HIV, and pregnancy. They are usually available to teens for free at clinics and can be purchased at drugstores. The internal condom is also non-latex.

- 11. "It doesn't feel as good with a condom." Condoms may change the sensation of sex, but unprotected sex can transmit STIs and HIV. Using a condom will reduce the chance of STI/HIV transmission. Some people feel more comfortable having sex with a condom because they know they are being safe and do not have to worry about STIs/HIV and pregnancy. Adding lube inside of the condom (1-3 drops) before it is rolled on and on the outside of the condom once it is rolled on can make it feel better.
- **12.** "I don't have money for condoms right now." Teens can get them from their doctor or a clinic free and confidentially. Middle and high school students in SFUSD can get them for free from their school nurse, school social worker, or wellness center coordinator.
- **13.** "I don't know where to get an internal condom." Many pharmacies sell internal condoms. Teens can also get internal condoms from a health center or clinic.
- **14.** "The store did not have any dental dams." Teens can get dental dams from health centers or clinics. Or, it is possible to make a dental dam from a condom by cutting off the tip and cutting up the side.
- **15. "I don't know what type of condom to buy."** Try a few different kinds and see which one you like. Some people try on condoms to see which ones they like and which ones fit well, before they are with a partner.

Also worth mentioning to students: "I'm not going to have sex with you if you won't wear a condom" will suffice! It is not necessary to convince your potential partner of the facts if you don't feel like. "No" will do!

Barriers & Lube: PowerPoint Presentation Notes

Slide 1:



Slide 2:

Do Now

- What are some barriers that would prevent someone from using a condom?
- What are some complaints people have about condoms?

Have students complete the do now.

Slide 3:

The Internal (female) Condom: What some people like



- Condoms are safe, simple, and convenientUsed for vaginal or anal sex
- Protects from STIs
- Can be inserted up to 8 hours before sex Can be used with oil-based, silicone, and water-based lubricant (lube)
- It may provide extra protection from STIs that can be transmitted by touch, like heroes or HPV

Additional notes

- Don't have to wear something on the penis
- It is non-latex
- Can rub against the clitoris and increase pleasure
- Responsibility can be on the person wearing the condom
- They are easy to get can be purchased in drugstores and can get from healthcare provider
- Do not require a prescription
- Can be inserted by a partner as part of sex play
- Can be used by people who are allergic to latex
- Do not have an effect on a female's hormones
- Stays in place whether or not the penis remains erect (hard)
- can be used with all other birth control methods (except the external/male condom) to provide very effective pregnancy prevention and to reduce risk of sexually transmitted diseases

Slide 4:

The Internal (female) Condom: What some people don't like



- They may be unfamiliar to people they need to learn how to use them
 Can irritate some people – skin of vagina, penis or anus
- May change or reduce feeling during
- May slip inside vagina or anus

Slide 5:

Instructions: Internal Condom

1. Talk to partner and get condoms.



Talk to partner. Someone might want to talk with their partner about what type of sex they want to have, STI protection and most recent testing, what feels good, what boundaries they have, what type of condom they will use, possible sensitivities, etc.

Get Condoms: condoms are available at pharmacies, drug stores, corner stores, as well as from doctors, health centers, clinics, and the wellness center. Anyone, of any age, gender, sex, or sexual orientation is allowed to buy condoms.

Slide 6:

Instructions: Internal Condom

L. Talk to partner and get condoms

2. Check the expiration date.



Check the expiration date and check for air bubble. Expired condoms can break more easily. Don't use expired condoms. If you can't read the date, get a condom that has a legible date. Check the air bubble to make sure the package is intact. A package with a hole in it could mean there is a hole in the condom, which could lead to the condoms breaking or being less effective when used.

Slide 7:

Instructions: Internal Condom

Talk to partner and get condoms.

2. Check the expiration date & check for air bubble.



Check the expiration date and check for air bubble. Expired condoms can break more easily. Don't use expired condoms. If you can't read the date, get a condom that has a legible date. Check the air bubble to make sure the package is intact. A package with a hole in it could mean there is a hole in the condom, which could lead to the condoms breaking or being less effective when used.

Slide 8:

Instructions: Internal Condom

- 2. Check the expiration date & check for air bubble
- 3.Open the condom with fingers, not



Open the condom - tear with fingers, not teeth. Open by pushing the condom to the side of the package and tearing downwards along the serrated edge, being careful not to accidently tear the condom or make a hole in it. You have the most control with your hands, and teeth could damage the condom.

Slide 9:

Instructions: Internal Condom

- 2. Check the expiration date & check for air bubble
- 4. Take condom out of the package.



Take condom out of the package

Slide 10:

Instructions: Internal Condom

- 2 Check the expiration date & check for air hubble
- 3. Open the condom with fingers, not teeth.
- . Take condom out of the package
- 5. Use the inner ring to insert the condom into the vagina or anus. Ring can be removed if preferred. The outer ring will remain outside of the body.

Squeeze the inner ring and insert condom into vagina or anus. Hold the condom at the closed end by squeezing the inner ring between thumb and forefinger (although there's no wrong way to do it). Insert the closed end/ring into the vagina or anus. Push up and back until it feels comfortable and the outer ring sits on the outside of the body.

Slide 11:

Instructions: Internal Condom

- Talk to partner and get cond
- 2. Check the expiration date & check for air bubble
- 4. Take condom out of the package 5. Use the inner ring to insert the condom into the vagina or anus.
- 6. Check in with partner give & get
- consent.



Check in with partner - give and get consent. Take a moment to check in with yourself and your partner. Make sure everyone is ready and enthusiastic about the sexual activity they are about to engage in. Communicate with each other about what you want to do sexually and what you do not want to do sexually. If all people give enthusiastic consent, then move onto the next step. If one or more people do not give enthusiastic consent, stop.

Slide 12:

Instructions: Internal Condom

- Talk to partner and get condom:
- 2. Check the expiration date & check for air bubble
- 3. Open the condom with fingers, not teeth.
- 5. Use the inner ring to insert the condom into the vagina or anus.
- 6. Check in with partner give & get consent.
- 7.Add Lube.



Add lube: Lube can be added inside of the condom or on the penis.

Slide 13:

Instructions: Internal Condom

- 1. Talk to partner and get condoms.
- 2. Check the expiration date & check for air bubble
- Open the condom with fingers, not teeth.
- 4. Take condom out of the package.
- 5. Use the inner ring to insert the condom into the vagina or anus.
- 6. Check in with partner give & get consent
- 7. Add Lube.
- 8. Have sex making sure the penis goes into the condom (followed orgasm, ejaculation, or not).



Have sex – whatever was talked about and agreed on (consented to). Make sure the penis enters inside the open end of the condom, not on the outside of the condom. This way, everything that goes inside the body will stay inside the condom. Sex may end with an orgasm (climax of pleasure and spasms of pelvic muscles), ejaculation (release of sperm and semen from the penis), or not (even if orgasm and ejaculation do not occur – it is still important to follow the next steps)

Slide 14:

Instructions: Internal Condom

- Talk to partner and get condoms.
- Check the expiration date & check for air bubble
 Open the condom with fingers, not teeth.
- Open the condom with fingers, not:
 Take condom out of the package.
- 5. Use the inner ring to insert the condom into the vagina or anus.
- Check in with partner give & get consent.
- 7. Add Lube.
- 8. Have sex making sure the penis goes into the condon
- 9. After sex Twist the outer ring to create a seal and pull condom out.



Have sex – whatever was talked about and agreed on (consented to). Make sure the penis enters inside the open end of the condom, not on the outside of the condom. This way, everything that goes inside the body will stay inside the condom.

Slide 15:

Instructions: Internal Condom

- Talk to partner and get condoms
- Check the expiration date & check for air bubble.
- 3. Open the condom with fingers, not teeth.
- 4. Take condom out of the package
- 5. Use the inner ring to insert the condom into the vagina or anus.
- 6. Check in with partner give & get consent.
- Add Lube.
- Have sex making sure the penis goes into the condom.
- Twist the outer ring to create a seal and pull condom out.
- 10. Throw the condom in the trash



Throw it in the trash. Throw it in the trash, not the toilet. Internal condoms are designed to only be used once – never reuse condoms.

Slide 16:

Instructions: Internal Condom

- 1. Talk to partner and get condom
- 2. Check the expiration date & check for air bubble
- 3. Open the condom with fingers, not teeth.
- Take condom out of the package.
- 5. Use the inner ring to insert the condom into the vagina or anus.
- 6. Check in with partner give & get consent.
- 7. Add Lube.
- 8. Have sex making sure the penis goes into the condom.
- 9. Twist the outer ring to create a seal and pull condom out.
- 10. Throw the condom in the trash.





Talk to partner and check in. It can be helpful to check in with yourself and your partner again at this point. Someone might want to talk about how things went and make sure everyone feels comfortable.

Slide 17:

Instructions: Internal Condom

- Talk to partner and get condoms
- Check the expiration date & check for air bubble.
- Open the condom with fingers, not teeth
- 4. Take condom out of the package.
- 5. Use the inner ring to insert the condom into the vagina or anus.
- 6. Check in with partner give & get consen-
- 7. Add Lube.
- Have sex making sure the penis goes into the condom.
- Twist the outer ring to create a seal and pull condom out.
- 10. Throw the condom in the trash.
- 11. Talk to partner and check in.



Suggested script:

If someone follows all of these steps to using the internal condom, that condom can be up to 97% effective at preventing pregnancy and can significantly reduce the risk of STI/HIV transmission. Remember, never use an internal condom and an external (male) condom at the same time. While using a condom is simple, it is not always easy. This is why it is important to think about these things now, so you can become more comfortable with how to use safer sex supplies and how to talk to a partner about consent, boundaries, and safety. If someone forgets these steps, they can always refer to their handout or to the instructions on the package of the internal condom.

Slide 18:

The External (male) Condom:



- Made out of latex, polyurethane, polyisoprene, or sheep skin. The sheep skin condoms don't protect from STIs/HIV.
- Come in different textures, colors & sizes: Use one that fits & find a kind you like
- Most condoms are lubricated. Some come unlubricated. It is recommended to add extra lube even if the condom is lubricated.
- Use water based or silicone lubricants with latex condoms – never oil based.

External (male) condom

These can be used for oral, vaginal, or anal sex. They help to reduce the risk of STIs and are also 98% effective at preventing pregnancy.

Condom sizing – Condoms come in many shapes and sizes. A typical sized condom will work for almost all people. Some people need a smaller size and some people need a larger size. Note: A condom that is too large could slip off.

Non-latex condoms – Most condoms are made of latex, but for people with latex allergies or sensitivities, there are alternatives such as polyisoprene and polyurethane. They tend to be more expensive than latex condoms, but many clinics will provide them for free. Also, the internal condom is non-latex.

Flavored condoms – These are designed for oral sex. It is recommended to avoid using these for vaginal or anal sex because the sugars in the flavoring could irritate some people's genitals.

Slide 19:

The External (male) Condom: What some people like

- · condoms are safe, simple, and convenient can be used for oral, anal, and vaginal sex
- offers STI and pregnancy prevention
- are inexpensive and easy to get
- do not require a prescription
- can be used with all other birth control methods (except the internal condom) to provide very effective pregnancy prevention and to reduce risk of sexually transmitted

Additional Notes:

- are lightweight and disposable
- can help some people delay ejaculation (because it can change the sensation they are experiencing)
- may help some people stay erect longer
- can be put on as part of sex play
- many different styles lots of options

Slide 20:

The External (male) Condom: What some people don't like

- If not the right size or used incorrectly,
- Some people are allergic to latex, or
- Some people feel like condoms change the sensation of sex.
- Have to "stop" to put it on.

Additional Notes:

- are lightweight and disposable
- can help some people delay ejaculation (because it can change the sensation they are experiencing)
- may help some people stay erect longer
- can be put on as part of sex play
- many different styles lots of options

Slide 21:



These are the steps to using a condom. We will go through, step-by-step and review each one.

Slide 22:

Instructions: External Condom

1. Talk to partner and get condoms.

Talk to partner. Someone might want to talk with their partner about what type of sex they want to have, STI protection and most recent testing, what feels good, what boundaries they have, what type of condom they will use, possible sensitivities, etc.

Get Condoms: condoms are available at pharmacies, drug stores, corner stores, as well as from doctors, health centers, clinics, and the wellness center. Anyone, of any age, gender, sex, or sexual orientation is allowed to buy condoms.

Slide 23:

Instructions: External Condom

Talk to partner and get condom:

2. Check the expiration date.

Check the expiration date and check for air bubble. Expired condoms can break more easily. Don't use expired condoms. If you can't read the date, get a condom that has a legible date. Check the air bubble to make sure the package is intact. A package with a hole in it could mean there is a hole in the condom, which could lead to the condoms breaking or being less effective when used.

Slide 24:

Instructions: External Condom

- Talk to partner and get condoms
- 2. Check the expiration date & check for air bubble.

Check the expiration date and check for air bubble. Expired condoms can break more easily. Don't use expired condoms. If you can't read the date, get a condom that has a legible date. Check the air bubble to make sure the package is intact. A package with a hole in it could mean there is a hole in the condom, which could lead to the condoms breaking or being less effective when used.

Slide 25:

Instructions: External Condom

- Talk to partner and get condoms.
- Check the expiration date & check for air bubble.
- 3. Open the condom with fingers, not teeth

Open the condom – tear with fingers, not teeth. Open by pushing the condom to the side of the package and tearing downwards along the serrated edge, being careful not to accidently tear the condom or make a hole in it. You have the most control with your hands, and teeth could damage the condom.

Slide 26:

Instructions: External Condom

- L. Talk to partner and get condoms
- Check the expiration date & check for air bubble
- Open the condom with fingers, not teeth.
- 4. Check to see which way it unrolls.

Check to see which way it unrolls. The condom only rolls down one way. Figure out which way it rolls before putting it on; if you start putting the condom on upside down and then just flip it and try again, the condom will have been exposed to pre-cum, which can transmit STIs or start a pregnancy if it comes into contact with a partner's body.

Slide 27:

Instructions: External Condom

- Talk to partner and get condoms
- 2. Check the expiration date & check for air bubble
- 3. Open the condom with fingers, not teeth.
- 4 Check to see which way it unrolls
- 5.Add 1-3 drops of lube inside the tip of the condom.

Add 1-3 drops of lube inside the tip of the condom. Lube makes the condom work better and feel better—it increases sensation and makes it less likely to break. People can get lube from pharmacies and health centers. Water-based or silicone lube can safely be used with latex condoms. Add lube just before the condom is rolled on.

Slide 28:

Instructions: External Condom

- Talk to partner and get condoms
- Check the expiration date & check for air bubble.
- 3. Open the condom with fingers, not teeth.
- 4. Check to see which way it unrolls.
- Add 1-3 drops of lube inside the tip of the condom.
- Pinch the tip (about 1 inch) and roll the condom down, all the way to the base of the penis. Add more lube.



Pinch the tip and roll the condom on. Pinching the tip creates a space where the ejaculate can go and reduces the chance of the condom breaking from too much strain. Pinch about an inch. If someone is uncircumcised/intact, the foreskin may need to pulled back before rolling the condom on. Once all the way rolled on, smooth out any air bubbles while still pinching the

More lube can be added on top of the condom once it is rolled on. This will make sex more comfortable and safer.

Slide 29:

Instructions: External Condom

- Talk to partner and get condoms.
- Check the expiration date & check for air bubble.
 Open the condom with fingers, not teeth.
- Check to see which way it unrolls.
- 5. Add 1-3 drops of lube inside the tip of the condom.
- 5. Pinch the tip and roll all the way to the base of the penis. Add lube.
- 7. Check in with partner give & get consent.

Check in with partner – give and get consent. Take a moment to check in with yourself and your partner. Make sure everyone is ready and enthusiastic about the sexual activity they are about to engage in. Communicate with each other about what you want to do sexually and what you do not want to do sexually. If all people give enthusiastic consent, then move onto the next step. If one or more people do not give enthusiastic consent, stop.

Slide 30:

Instructions: External Condom

- . Talk to partner and get condoms
- . Check the expiration date & check for air bubble
- Open the condom with fingers, not tee
- 4. Check to see which way it unrolls.
- 5. Add 1-3 drops of lube inside the tip of the condom.
- 6. Pinch the tip and roll all the way to the base of the penis. Add lube
- 7. Check in with partner give & get consent.
- 8. Have sex (followed by orgasm, ejaculation, or not).

Have sex – whatever was talked about and agreed on (consented to).

Slide 31:

Instructions: External Condom

- Talk to partner and get condoms
- 2. Check the expiration date & check for air bubble
- 3. Open the condom with fingers, not teeth.
- 4. Check to see which way it unrolls
- 5. Add 1-3 drops of lube inside the tip of the condom
- 6. Pinch the tip and roll all the way to the base of the penis. Add lube.
- 7. Check in with partner give & get consent.
- 8. Have sex.
- 9.After sex Hold onto the base of the condom & pull out.

Hold onto the base of the condom & pull out. It is important to hold onto the base of the condom while pulling out so that it doesn't slip off. Hold the base and pull out immediately after ejaculation. Even if someone hasn't ejaculated, it is still important to hold onto the base when pulling out.

Slide 32:

Instructions: External Condom

- 1. Talk to partner and get condoms
- 2. Check the expiration date & check for air bubble
- 3. Open the condom with fingers, not teeth
- 4. Check to see which way it unrolls.
- 5. Add 1-3 drops of lube inside the tip of the condom.
- 6. Pinch the tip and roll all the way to the base of the penis. Add lube
- 7. Check in with partner give & get consent.
- 8. Have sex.
- 9. After sex hold onto the base of the condom and pull out.
- 10.Roll the condom off, tie the condom in a knot & throw the condom in the trash

Roll the condom off away from partner's body, tie it in a knot and throw it in the trash. Do this away from the partner so that in case ejaculate spills, it will be away from the partner's body. This can prevent pregnancy and the spread of STIs. Tying a knot keeps the ejaculate from spilling out. Throw it in the trash, not the toilet—it could clog the toilet and come back up.

Slide 33:

Instructions: External Condom

- Talk to partner and get condoms
- Check the expiration date & check for air bubble
- Open the condom with fingers, not teeth.
 Check to see which way it unrolls.
- Check to see which way it unrolls.
 Add 1-3 drops of lube inside the tip of the condom.
- Pinch the tip and roll all the way to the base of the penis. Add lube.
- 7. Check in with partner give & get consent.
- 8. Have sex.
- After sex hold onto the base of the condom and pull out.
 Throw the condom in the trash.
- 11. Talk to partner and check in.

Talk to partner and check in. It can be helpful to check in with yourself and your partner again at this point. Someone might want to talk about how things went and make sure everyone feels comfortable.

Slide 34:

Instructions: External Condom

- . Talk to partner and get condoms.
- Check the expiration date & check for air bubble.
- 3. Open the condom with fingers, not teeth.
- Add 1-3 drops of lube inside the tip of the condom
- 6. Pinch the tip and roll all the way to the base of the penis. Add lube.7. Check in with partner give & get consent.
- 7. Check in with
- After sex hold onto the base of the condom and pull out.
- 10. Throw the condom in the trash
- 11. Talk to partner and check in.

Suggested script

If someone follows all of these steps to using the external condom, that condom can be up to 98% effective at preventing pregnancy and can significantly reduce the risk of STI/HIV transmission. Remember, never use an internal condom and an external at the same time. While using a condom is simple, it is not always easy. This is why it is important to think about these things now, so you can become more comfortable with how to use safer sex supplies and how to talk to a partner about consent, boundaries, and safety. If someone forgets these steps, they can always refer to their handout or to the instructions on the package of the condom.

Slide 35:

Gloves for Safer Sex



Can be used if someone is going to touch another person's genitals or bodily fluid

Made out of latex or non-latex
 (nitrile)

Can be found in pharmacies.

Gloves

Can be used during manual/digital sex, when someone puts their hand or fingers on or in someone else's body. Gloves prevent fluids from swapping if someone has a cut on their hand or torn or broken cuticles. They are also helpful to make touch more comfortable if someone has long nails or rough hands. Non-latex gloves are available.

Slide 36:

Dental Dams for Safer Oral Sex



Can be used as a barrier between a person's mouth and their partner's genitals (vulva, vagina, anus). The person holds the dental dam between their mouth and their partner's genitals.

- · Reduces the risk for STI/HIV transmission
- Made out of latex or polyurethane (non-latex).

Dental dams

Can be used for oral sex on a vulva or anus (not on a penis). Dams prevent fluids from being swapped to prevent the spread of STIs. Plastic/Saran wrap can also be used as a dam, can be made into any size, and is readily available. Do not use plastic wrap that is microwave safe since it has microscopic holes that allow some STIs to pass through. To increase sensation, use a few drops of lube between someone's body and the dam. Most dental dams are latex, but non-latex dams are available. Plastic wrap is also non-latex.

Slide 37:

Dental Dams for Safer Oral Sex



Can be purchased at some pharmacies.

Available at some health centers and clinics.

Can make a condom into a

Slide 38:

Lube



- Three types of lube:
- Water-based
- Silicone
- Oil-based (not safe to use with latex condoms or dental dams)
 Available at pharmacies and health centers.
- Reduces friction makes sex safer and more comfortable.

Luhe

Water-based and silicone-based lubes are safe to use with all barrier methods. Oil-based lube should not be used with latex because it could break down the material. Lube makes condoms work better and feel better by reducing friction and increasing sensation. Lube can also be used with dams and gloves to increase comfort and sensation. Some vaginas produce less natural lubricant than do others (which is completely normal), so lube can be helpful to add to the vagina's natural lubricant. Also, when having anal sex, lube is very important for safety and comfort since the anus does not produce any natural lubricant like vaginas do.

Lesson 20: HIV & AIDS

OBJECTIVES

- 1. Students will be able to define the following terms: HIV, AIDS, and STI.
- 2. Students will be able to distinguish between HIV and AIDS.
- 3. Students will understand the magnitude of HIV infection and the AIDS pandemic internationally, nationally, and locally.
- 4. Students will acknowledge that HIV infection and AIDS have an impact on a broad range of people including males and females of all ages.
- 5. Students will be able to describe routes of HIV transmission.
- 6. Students will be able to identify behaviors that can lead to HIV transmission

A	G	CI	V	

5 minutes	Do Now
10 minutes	HIV/AIDS: PowerPoint Presentation (part 1)
10 minutes	HIV Transmission and Body Fluid Activity
10 minutes	HIV/AIDS: PowerPoint Presentation (part 2)
10 minutes	HIV/AIDS Myth Busters Activity
5 minutes	Prepare students to meet guest speakers who are living with HIV/AIDS
Homework	HIV Hotline or HIV: Think it through

MATERIALS

Vocabulary Reference List	Activity Cards: Body Fluids and Body
HIV & AIDS: PowerPoint Slides	Openings Mismatch
HIV & AIDS: PowerPoint Slide Notes	Worksheet: HIV/AIDS Mythbusters
Worksheet: HIV & AIDS	Teacher Key: HIV/AIDS Mythbusters
	Homework: HIV Hotline

CALIFORNIA HEALTH EDUCATION STANDARDS

- **1.4.G** Identify why abstinence is the most effective method for the prevention of HIV, other STDs, and pregnancy.
- **1.7.G** *Describe the short- and long-term effects of HIV, AIDS, and other STDs.*
- **1.12.G** Evaluate the safety and effectiveness (including success and failure rates) of FDA approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.
- **3.3.G** Compare the success and failure rates of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy.
- **5.4.G** Evaluate the risks and consequences associated with sexual activities, including HIV, other STDs, and pregnancy.
- **8.2.G** Advocate the respect for and the dignity of persons living with HIV or AIDS.

Lesson 20: HIV & AIDS

DO NOW ACTIVITY 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers
- PowerPoint slides #1 2

Activity

Write on board and have students complete the following questions.

What is one thing you've heard about HIV?

Ask a few students to read their answers. After the student has shared what they have hear, ask the student or the class if that statement is true or false. Correct any misconceptions.

POWERPOINT SLIDES: HIV/AIDS (part 1)

10 minutes

Materials

- PowerPoint slides #3 21
- Worksheet: HIV & AIDS

Activity

Let students know that you will be reviewing information about HIV and AIDS

The PowerPoint slides contain notes to assist you in presenting this material. Please refer to the notes in the slides for more information about the topics presented.

Suggested Script:

Today we will be learning about HIV and AIDS, we will cover what body systems are affected by the virus and disease. We will also learn about the human immune system and how it protects our bodies from bacteria and viruses.

Suggested Script:

HIV is an STI (sexually transmitted infection). It is the virus that can cause AIDS. If HIV is not kept under control, it can weaken a person's immune system making it more difficult for them to stay healthy. AIDS is the diagnosis someone would get if HIV has weakened the person's immune system so that it cannot fight off infection. Today, we have drugs and medication that help keep HIV under control so that someone who is HIV-positive (has HIV) can live a longer, healthier life than ever before. We will learn about HIV and AIDS, the implications of HIV and AIDS, how these affect the human body, how the HIV virus is transmitted, and how transmission can be prevented.

Have students follow along with the slides by taking notes on the HIV & AIDS worksheet.

The slides cover various topics. Here is the breakdown for topics and corresponding slide numbers.

Topic	
	Slides
Vocabulary	3-5
Implications of HIV	6-10
How HIV affects the body	11-15
HIV Transmission	16-21

HIV TRANSMISSION & BODY FLUIDS ACTIVITY

10 minutes

Materials

• Activity Cards: Body Fluids and Body Openings Mismatch

Activity

Review the fluids that transmit HIV: blood, semen, pre-cum, vaginal fluids, and breast milk.

Suggested Script:

It is important to remember how to avoid contact with HIV: by keeping infected blood, semen, vaginal fluids, or breast milk out of your own or another person's mouth, genitals, anus, or broken skin. By avoiding the activities that put people in contact with these fluids or by taking measures to avoid contact with these fluids during those activities we can reduce the chances of HIV infections occurring.

Lead the class in the Body Fluids and Body Openings Mismatch activity. Use this activity to check for understanding.

- Distribute copies of the Body Fluids and Body Openings cards to students. Ask students to make a body fluid/opening pair with someone else.
- Ask students to examine the match they have made between body opening and fluid, and discuss whether this match could transmit HIV.
- When the match could lead to HIV transmission, ask students to discuss how the risk of transmission could be reduced or eliminated (i.e. using barriers, knowing status, etc.)
- If time allows, have students make new matches and discuss each new match.

POWERPOINT SLIDES: HIV/AIDS (part 2)

10 minutes

Materials

• PowerPoint slides #23 – 29

Activity

Continue reviewing the PowerPoint slides. The PowerPoint slides contain notes to assist you in presenting this material. Please refer to the notes in the slides for more information about the topics presented.

The slides cover various topics. Here is the breakdown for topics and slide numbers.

Topic	Slides
How to reduce the risk	23 - 26
Testing & window period	27- 29

HIV & AIDS MYTHBUSTERS

10 minutes

Materials

Worksheet: HIV & AIDS MythbustersTeacher Key: HIV & AIDS Mythbusters

Activity

Suggested Script:

There are many contradictory messages out there about HIV—what it is, how it's spread, etc. This true/false activity will help to bring out some of these messages and allow the class to break some of the most common HIV myths.

Pass out the HIV/AIDS Mythbusters worksheet and give students a few minutes to fill it out.

After students complete the worksheet, go through each of the questions to discuss. Read each question out loud and ask a few students to share why they picked this answer. Provide correct information.

Teacher Tip:

If there is not enough time tocomplete this in class have studentscomplete it for homework.

PREPARE STUDENTS FOR HIV+ SPEAKER

5 minutes

Activity

Let students know that you will be having an HIV-positive speaker come to class and remind them of the classroom rules.

Suggested Script:

Next class, we will have guest speakers who are living with HIV. Let's remember our classroom rules for guest speakers and the importance of being respectful to guests. This speaker is giving us the unique opportunity to hear someone's true story about HIV and how they are affected by HIV. We need to all agree to keep what the speaker says confidential – this means you cannot share this person's story with anyone else. It would be ok to share how the speaker's story makes you feel, but it would be inappropriate and wrong to share any personal information about the speaker with anyone from outside of this class.

If an HIV-positive speaker is not available to come to the class, let students know that in the next class you will be watching a movie made by MTV about how HIV can affect people's lives.

HOMEWORK

HIV Hotline

HIV: Think it through (If you are completing the 15-lesson series and will not be doing lessons #21 or #22, have students watch the MTV film, Think HIV: This is Me, and complete the HIV: Think it through worksheet as homework found in lesson #22a)

Lesson 20: Vocabulary

- 1. AIDS (Acquired Immune Deficiency Syndrome): A combination of symptoms and/or illnesses caused by HIV. HIV weakens the immune system and can cause AIDS. When a person has AIDS, their body cannot fight off diseases. AIDS is a later stage of the HIV infection.
- 2. **Epidemic**: A widespread outbreak of an infectious disease.
- **3. HIV (Human Immunodeficiency Virus)**: An STI that attacks a person's immune system. This is the virus that causes AIDS. There are medications available to help a person with HIV live a healthier, longer life.
- **4. HIV Status:** The medical test results a person receives after being tested for HIV. If a person's HIV status is **positive (+),** they **do** have HIV. If a person's HIV status is **negative (-),** they **do not** have HIV.
- 5. **Immune system**: The network of cells, tissues, and organs in the body that work together to defend the body against infection.
- 6. **Pre-ejaculate (pre-cum)**: The clear fluid that comes out of the penis before ejaculation to clean out the urethra.
- 7. **Semen**: The fluid that comes out of the penis during ejaculation. It contains sperm and fluids from the seminal vesicle and prostate gland.
- 8. **STI (Sexually Transmitted Infection)**: An infection, or disease, which is passed from person to person through sexual contact.
- 9. **T-Cells**: A type of white blood cell that is an important part of the immune system. HIV attacks these cells, which causes damage to the immune system.
- 10. **Transmission**: When an infection is passed from person to person.
- 11. **Vaginal fluids**: The fluids that are naturally produced in the vagina.
- 12. **Window period**: The period of time an infection needs to be in someone's body before it can be detected by a medical test. After the body has been exposed to HIV, the window period for this virus is two weeks to six months.

Worksheet: HIV → AIDS

Na	me:	Date:	Period:
	reCtions: Follow along with the Po	werPoint slides to fill in	the answers below.
1.	What does HIV stand for?		
	H		
	I		
	ν		
2.	What does AIDS stand for?		
	1		
	D		
	\$		
3.	What does STI stand for?		
	Τ		
	1		

4.	what system in the body does HIV attack?	
5.	What 4 fluids can transmit HIV?	
	1	
	2	
	3	
	4	
6.	Name 3 ways HIV can be transmitted:	
	1	
	2	
	3	_

HIV Transmission & Body Fluid Activity Cards

Eye Ear

Vagina

Nose

Anus

Mouth

_

Vaginal Fluids

Semen

Blood

Tears

Breast milk

Sweat

Worksheet: HIV/AIDS Mythbusters

Name:	
	Date:
Direction a myth or a	ns: For each statement, write in the blank space whether you think the statement is a fact.
	1. Someone can get HIV from sharing swimming pools & hot tubs with HIV-positive people.
	2. Someone is very likely to get HIV from having a blood transfusion.
	3. Someone can get HIV from having oral sex.
	4. You can tell if someone has HIV or AIDS just by looking at them.
	5. If someone gets HIV, they will most likely die very soon from the infection.
	6. Only gay people get HIV.
	7. It is not possible to get HIV from insects that have bitten an infected person.
	8. The "window period" for HIV detection can be from 2 weeks to 6 months.
	9. HIV can be transmitted through sweat, tears, or spit.
	10. There is a cure for HIV.

What other myths have you heard of about HIV or AIDS?

TEACHER KEY: HIV/AIDS Mythbusters

Myth 1. Someone can get HIV from sharing swimming pools & hot tubs with infected people.

The chemical used in swimming pools and hot tubs would instantly kill any HIV, if the water hadn't killed it already. However, some people think that this means they don't need to use a condom if they are having sex in a pool or hot tub, which is not true. If sexual fluids meet inside the body (either vaginal or anal sex), they can transmit HIV, even in water.

- Myth
 2. Someone is very likely to get HIV from having a blood transfusion. It is highly unlikely. In the US, all donated blood has been tested for HIV since 1985. Today the American blood supply is extremely safe. Donors are asked if they have practiced behaviors that place them at increased risk for HIV. If they have, they are not allowed to donate blood.
- **Fact 3. Someone can get HIV from having oral sex.** Yes, it is possible for someone to become infected with HIV through oral sex. The exact degree of risk of transmitting HIV during oral sex is not clearly known. It is known that someone is less likely to contract (get) HIV from oral sex than from vaginal or anal sex. The risk of getting HIV during oral sex increases when there is a cut or opening of any kind inside the mouth. Cells in the mucous lining of the mouth may carry HIV into the lymph nodes or the bloodstream. Someone can get HIV by having oral sex on a vagina or a penis, which is why it is safer to use a latex barrier during oral sex (condom or dental dam). Keep in mind, it is possible to get other STIs through unprotected oral sex as well.
- **Myth 4. You can tell if someone has HIV or AIDS just by looking at them.** Most people don't show any external symptoms for about the first 8-10 years of having the virus. And even then, it is nearly impossible to tell whether someone has AIDS just by looking at them.
- Myth 5. If someone gets HIV, they will most likely die very soon from the infection. People are living with HIV longer today than ever before. Medications, treatment programs, and a better understanding of HIV allows people living with HIV to live longer and healthier lives.

Myth
6. Only gay people get HIV. Anyone can be susceptible to HIV/AIDS, regardless of their sexual orientation. Anyone who engages in behaviors that could transmit HIV is at risk. In fact, worldwide, HIV is spread most often through heterosexual (male-female) contact.

- **7.** It is not possible to get HIV from insects that have bitten an infected person.

 Mosquitoes, flies, ticks, fleas, bees or wasps do not transmit HIV. If a bloodsucking insect bites someone with HIV, the virus dies almost instantly in the insect's stomach as it digests the blood. HIV can live only in human cells.
- 8. The "window period" for HIV detection can be from 2 weeks to 6 months. The window period is the amount of time it takes for HIV to be detectable after someone has become infected. This can last from 2 weeks to 6 months after exposure, so it is important to know that getting tested right after a possible exposure (such as having unprotected sex or sharing needles) will not necessarily show whether someone has contracted HIV. If someone is concerned about a specific incident, they would need to go back and get tested 6 months after the incident and be sure to use protection in the meantime, so they don't unintentionally transmit it to someone else.
- Myth 9. HIV can be transmitted through sweat, tears, or spit. None of these fluids can transmit HIV. Casual contact with someone who is HIV-positive does not pose any risk of HIV transmission.

Myth 10. There is a cure for HIV. As of right now, there is no cure for HIV, but there are medical advancements that are bringing us closer to vaccines, medical prevention measures, and a cure. There are many medications and treatment available to manage someone's HIV infection – but these are not cures. Teacher's Note: Here is more information if students ask about recent stories in the news of people being cured of HIV.

- ☐ Timothy Brown, also known as "the Berlin Patient," was cured of HIV when he received a bone-marrow transplant from a donor who was genetically resistant to HIV. Brown, who was HIV-positive and had leukemia, received an experimental bone-marrow transplant to treat both conditions in 2009. The outcome was that there was no longer HIV in his body. While his story is an example of medical advancement toward a cure for HIV, this type of treatment is not a viable solution or cure for most people. Bone-marrow transplants are expensive, only a fraction of people have the gene mutation that makes them resistant to HIV, and only a fraction of those people are bone-marrow donors.
- □ Timothy Brown, also known as "the Berlin Patient," was cured of HIV when he received a bone-marrow transplant from a donor who was genetically resistant to HIV. Brown, who was HIV-positive and had leukemia, received an experimental bone-marrow transplant to treat both conditions in 2009. The outcome was that there was no longer HIV in his body. While his story is an example of medical advancement toward a cure for HIV, this type of treatment is not a viable solution or cure for most people. Bone-marrow transplants are expensive, only a fraction of people have the gene mutation that makes them resistant to HIV, and only a fraction of those people are bone-marrow donors.

Homework: HIV Hotline

Name:		
Period:	Date:	

Directions: Imagine you work on an HIV Hotline. Pick and answer three of the questions below from your callers. Circle the numbers of the callers you are answering. You may ask the person more questions if you need to. Write what you would ask them and your answer to their questions on the back of this page.

Caller #1: Female, age 19

"I just found out my girlfriend of three years has been sleeping with a guy. We don't use dental dams because we were only supposed to have sex with each other. Do I need an HIV test? What should I do?"

Caller #2: Male, age 18

"I am straight, but sometimes my guy friends and I, you know, play around. I have had anal sex with a few other guys and sometimes we use condoms, but sometimes we don't. Do I need an HIV test? What should I do?"

Caller #3: Female, age 17

"I've been going out with a man who's a lot older than me. We haven't gone all the way yet, but we have done a lot of touching and a little...um, oral sex. I just found out that he shoots drugs. Do I need an HIV test? What should I do?"

Caller #4: Male, age 18

"My girlfriend and I have an open relationship, and we always use condoms with other people. She finally told me a condom broke with this other guy a week ago, but we've already had unprotected sex. Do I need an HIV test? What should I do?"

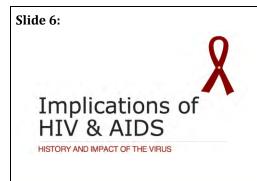
Caller #5: Male, age 17

"My boyfriend and I have been together for 9 months. We have only been with each other and we do not have sex with other people. I just learned that oral and anal sex can transmit HIV. Do I need an HIV test? What should I do?"

Lesson 20: HIV & AIDS Slide Notes

Slide 1:	
HIV & AIDS	
Slide 2: Do Now What is one thing you have heard about HIV?	
What is HIV? • Human • Immunodeficiency • Virus	Ask students what they think HIV stands for. Click to reveal the answers. Human = this is a disease in human beings, not in other animals Immunodeficiency What system is affected by this disease? The immune system What is the function of the immune system? To prevent infections by bacteria and viruses What does "deficiency" mean? Not enough of something What does "immune deficiency" mean? The immune system is not strong enough to combat other infections Virus = this is a microscopic living thing which causes infections Sum it up: HIV is a virus that attacks the immune system in humans, and makes the immune system weaker so it is more difficult to stay healthy and fight off other infections.

Slide 4: Ask students what they think AIDS stands for. Click to reveal the answers. What is AIDS? Acquired = from someplace else, not from inside Immune = able to fight off infection Acquired Deficiency = not enough of something Syndrome = a combination of signs and symptoms Immune characteristic of a particular disease Deficiency AIDS is: Another way of saying that someone's immune system is Syndrome very weak or that they are quite sick as a result of HIV infection. A combination of symptoms and/or specific illnesses caused by the inability of the immune system to fight off infections (which is caused by HIV). AIDS often occurs as a later stage of HIV infection, often occurring eight or more years after a person is infected with HIV. Depending on when someone is diagnosed, the medications they are on, and other factors, AIDS may not develop for quite a few years. Because AIDS is a syndrome, not an infection, people cannot transmit AIDS to each other. HIV is the virus that someone could get or give to another person. Over time, the virus can diminish or weaken the immune system and the person can develop AIDS. Slide 5: Review the important points about HIV and AIDS. **Suggested Script:** HIV vs. AIDS? HIV is an STI. It is the virus that can cause AIDS. If HIV is not kept HIV is an STI. under control with medication, it can weaken a person's immune system making it more difficult for them to stay healthy. AIDS is HIV is the virus that causes AIDS. the diagnosis someone would get if HIV has weakened the person's immune system so that it cannot fight off infection. HIV can be transmitted from one person to another. Today, we have drugs and medication that help keep HIV under control so that someone who is HIV-positive (has HIV) can live a AIDS cannot be transmitted. longer, healthier life than ever before.



Let students know that, compared to other infections, HIV has not been around for that long. Ask students: when did the US first report seeing patients with AIDS? The first reported case of AIDS in the US was in 1981.

About 30 years later 34 million people are now living with HIV. While HIV is still a serious virus, it has become a disease many people can live with, and there are many people in the world who have it. However, the ability to live a heathy life with HIV varies defending on the person, where they live, the healthcare they have access to, and more.

NOTE:

Origin of HIV: No one knows the exact origins of HIV but it is thought that it crossed over from Chimpanzees to Humans, somewhere in West Africa. One theory is that a hunter got cut while butchering a dead chimpanzee and the animal's blood got into the human's body where the virus was then able to adapt to a human host. (If students are especially interested in this topic, you can refer them to a Radiolab podcast discussing the origins of HIV. It is available for free download at http://www.radiolab.org/2011/nov/14/)

HIV and Gay Community: Some people think HIV only affects people who are gay. This is incorrect – HIV affects all people – no matter their sex, gender, or sexual orientation. Some people think that HIV only affects gay people because HIV was first identified in the US primarily in gay communities in LA, SF, and NYC.

Slide 7:

Which countries have the most people living with HIV?

HIV affects people all over the world.

- Which countries have the highest number of people living with HIV? South Africa, Nigeria, India, Ethiopia, Kenya, Mozambique, Tanzania, Uganda, Zimbabwe, and the United States of America
- How does the US compare with other regions of the world in terms of the numbers of people living with HIV? The US has a fairly high number of people living with HIV compared to other countries in North America and Europe.

Possible Discussion Questions

- Why do you think there are different rates of HIV around the world?
- ☐ What do you think might affect the rates of HIV?

Slide 8:



- People with HIV are living longer and healthier lives than ever before because we have more information about HIV and more effective medications and treatments. While there is medication available to help keep HIV-positive people healthy, there are still many people who don't have access to these medications, or who can't afford them, since they can be very expensive.
- UNDECTABLE VIRAL LOAD= a person who is HIV+ and maintaining access to care to control and suppress HIV in their bodies making them uninfectious to others
- There are also now medications to PREVENT HIV infection 1. before exposure (PrEP: Pre Exposure Prophylaxis) 2. after exposure (PEP: Post Exposure Prophylaxis)

EVERYONE Understanding HIV status:

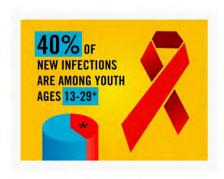
- 1. Status Unknown = Never Tested or Not tested since last possible exposure to HIV HIV Negative = No HIV detected
- on last test HIV Negative and on PrEP = No HIV detected on last test HIV Positive = HIV detected during last HIV test
- HIV Positive and Undetectable = HIV detected on last HIV test and treatment used daily to

Over 1 million people are living with HIV in the US. 1 out of every 5 of those people (20%) do not know they have HIV. HIV affects as many women as it does men. However, some groups are disproportionately affected (meaning they have higher rates of HIV than other groups). This includes youth (especially young females), LGBT people, African Americans, and Latinos.

Possible Discussion Questions

- Why do you think some groups are disproportionately affected by HIV?
- Why do you think so many people are unaware of their infection status?
- How can knowing your status prevent HIV transmission?

Slide 10:



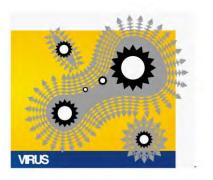
Every 9 ½ minutes someone in the US becomes infected with HIV. 40% of new infections in the US are among youth ages 13-

Slide 11:



Let students know that you will now review how HIV affects the body.

Slide 12:



HIV enters the body. (Later, we will talk more about the ways in which that can happen.)

HIV takes over cells in the body and starts to reproduce. The cells that HIV hijacks are called T-cells, which are an important part of the body's immune system.

Slide 13:

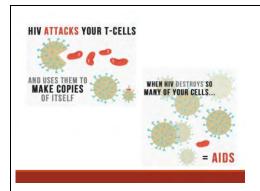


The body reacts by producing antibodies which try to fight HIV. The antibodies may cause the body to run a fever or experience flu-like symptoms during the first few days of HIV infection. The symptoms will go away, but the HIV is still in the body.

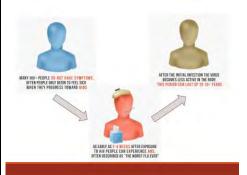
HIV destroys the T-cells that it takes over and prevents them from protecting the body from other diseases. This means that someone who has HIV will have fewer and fewer T-cells over time if they have no treatment.

Slide 14:

A person with a healthy body has about 600-1000 T-cells per mm3 of blood. A person will be considered to have AIDS if their T-cell count is 200 or below.



Slide 15:



Symptoms of HIV may not appear for years. However, a person can spread the virus to others whether or not they have symptoms. Symptomatic HIV may include diarrhea, headaches, weight loss, night sweats, fever, tiredness, and swollen lymph glands.

After a number of years without any treatment, AIDS-defining illnesses and infections may begin to occur. These illnesses can include various cancers and infections. These illnesses are often called 'opportunistic infections' because they take advantage of a person's weakened immune system.

Slide 16:



Transmission

HOW HIV CAN GET FROM ONE BODY INTO

Slide 17:



- BLOOD
- SEMEN (CUM)
- . FFE-EJACULATE (PRE-CUM)
- VAGINAL FLUIDS
- BREASTMILK

HIV can only be transmitted through these bodily fluids:

- oBlood
- oSemen (cum)
- oPre-seminal fluid (pre-cum/pre-ejaculate)
- ○Vaginal fluids
- \circ Breast milk

HIV cannot be transmitted through sweat, tears, spit, or urine.

Slide 18:



HIV CAN ENTER THE BODY THROUGH:

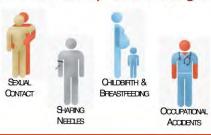
- LINING OF THE ANUS OR RECTUM
- LINING OF THE VAGINA AND/OR CERVIX
- OPENINGTOTHEPENIS
- MOUTH THAT HAS SORES OR BLEEDING GUMS
- CUTSORSORES

HIV can be transmitted when one of these fluids from someone who is living with HIV enters the body of another person. This can happen through their:

- oAnus or rectum
- ○Vagina and/or cervix
- Opening of the penis (urethral opening)
- oMouth with cuts or sores
- oCuts or sores on the skin

Slide 19:

HIV can be spread through:



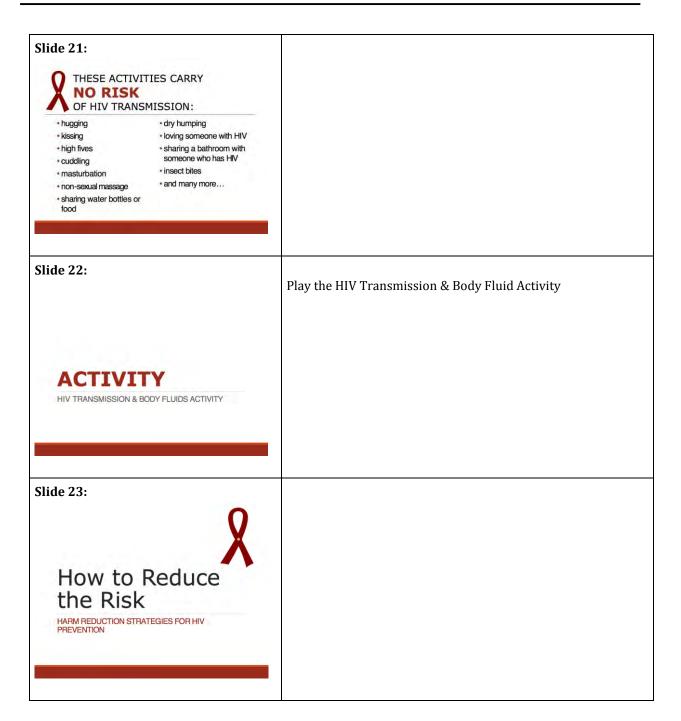
- HIV can be transmitted through sexual contact, injection drug use, from mother to child through childbirth and breastfeeding, and through occupational exposure (such as a health care provider getting an accidental needle stick). HIV is now rarely transmitted through blood or organ transplant. In the US, the risk of contracting HIV through blood or organ transplant is extremely low since the blood supply here is regularly tested for HIV.
- The most common ways that HIV is transmitted are through vaginal and anal sex, and sharing needles or injection equipment. In the US, pregnant mothers are screened for HIV and treated with medicine to reduce the risk of transmission to the baby during delivery and through breastfeeding.
- ☐ It is possible to transmit HIV through contaminated equipment used for piercings and tattoos. It is recommended to use single-use supplies for tattoos and piercings and avoid sharing needles and equipment.
- □ Someone CANNOT get HIV through kissing, non-sexual massage, masturbation, or 'dry humping' (rubbing against each other with clothes on).

Slide 20:



COMMON WAYS HIV IS TRANSMITTED:

- HAING SEX (ANAL, VAGINAL, OR ORAL) WITH SOMEONE WHO IS HIV+
- SHARING NEEDLES OR INJECTION EQUIPTMENT WITH A USER WHO IS HIV+
- HIV+FEMALES TO THEIR BABIES BEFORE OR DURING BIRTH, OR THROUGH BREASTFEEDING.



Slide 24:

Ways to Reduce the Risk of HIV



There are many ways to reduce the risk of HIV transmission. Here are a few:

- Using barrier methods Barrier methods prevent the sharing of bodily fluids. Preventing fluid contact can be done by using barrier methods such as condoms, internal condoms, dental dams, latex or nitrile gloves, or Saran/plastic wrap.
- •Knowing the status of sex partner(s) Before engaging in sexual activities, someone can ask their partner what their HIV status is. Remember, that 20% of people who are living with HIV, do not know that they have the virus. It is recommended that anyone who is sexually active or engaging in behaviors that could transmit HIV (including vaginal, anal, and oral sex, or sharing needles) get tested for HIV every 3-6 months to know what their status is.
- •Avoid sharing needles Blood can be shared if needles are shared for tattoos, piercings, or injection drug use. Always use "clean" needles. If you or someone you know is using injection drugs, please speak to a parent, guardian or trusted adult. The staff at the wellness center can help.
- PrEP Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill (brand name Truvada) every day. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%. PrEP is much less effective if it is not taken consistently. PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. But people who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months.

Slide 25:

What is PrEP?

- Short for "pre-exposure prophylaxis"
- HIV prevention strategy in which HIVnegative people at risk take an oral pill once a day before coming into contact with HIV to reduce their risk of HIV infection
- Can be taken by anyone, regardless of gender identity or sexual orientation, including some youth under 18
- · Most people can get it at little to no cost

Make sure all students understand what PrEP is and let them know that they can find out more at PleasePrepMe.org

Slide 26:

What is PEP?

- · Short for "post-exposure prophylaxis"
- HIV prevention option for someone who thinks they've been recently exposed to HIV
- Medicine must be started within 72 hours after exposure

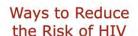
<u>www.cdc.gov</u> is another great resource for PrEP and PEP information

Slide 27:



Practice Universal Precautions – In school or other public places, if there is exposed blood, use a barrier between it and your skin like a rubber glove. Avoid touching someone else's blood directly.

Slide 28:





Get tested – An HIV test requires a finger stick, drawing blood, or an oral swab. Local teen clinics offer free HIV testing. Usually, someone can get the results by the end of the visit.

Slide 29:

Window period – HIV tests are not looking for the HIV, the virus that causes AIDS, they are looking for the body's response to the virus – antibodies. Since it can take a while for the body to make these antibodies, HIV tests will not be accurate immediately after exposure to HIV. There is a window period. The window period is 2 weeks to 6 months after exposure for an HIV test to accurately determine if someone has been exposed to HIV or not.

the window period It can take... 2 weeks to 6 months for a test to detect HIV after a person has been exposed to the virus. Slide 30: If someone had unprotected sex on January 1st when is the the window period earliest that an HIV test could detect HIV antibodies? Two If a person had unprotected sex on January 1st, (& may have been exposed to HIV) when is the earliest an HIV test could detect HIV? weeks later - January 15th When would this person be sure that a negative test result About 2 weeks later: January 15th is completely accurate if they were exposed to HIV on When would someone be sure that the HIV test accurately showed if they were exposed to HIV or not on January 1st? January 1st? About 6 months later - July 1st. Remind students that if someone has another potential About 6 months after exposure: July 1st exposure in between the tests, then that person will need *Remember: if someone has other possible exposures between January 1st and July 1st, the will need to retest. to re-test.

Lesson 21: Addressing Myths & Stereotypes Regarding People Living with HIV

OBJECTIVES

- 1. Students will be able to identify myths and stereotypes regarding people living with HIV.
- 2. Students will increase their understanding, respect, and compassion for people living with HIV.

AGENDA

5 minutes Do Now

30 minutes Guest Speaker

15 minutes Letter Writing Debrief Activity
Homework Accessing HIV Resources

MATERIALS

• Scratch Paper (for each student)

• Homework: Accessing HIV Resources

CALIFORNIA HEALTH EDUCATION STANDARDS

- **5.4.G** Evaluate the risks and consequences associated with sexual activities including HIV, other STIs, and pregnancy.
- **8.2.G** Advocate the respect for and dignity of people living with HIV or AIDS.

Lesson 21: Addressing Myths & Stereotypes Regarding People Living with HIV

BEFORE THE CLASS

For this lesson, contact the Huckleberry Youth Programs to schedule an HIV+ speaker to come to your class. Please contact them at least two weeks in advance to schedule the presentation.

Huckleberry Youth Programs

555 Cole Street San Francisco, CA 94117 Phone: 415-386-9398

Fax: 415-386-8212

workshops@huckleberryyouth.org

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question:

What is the difference between HIV and AIDS?

If there is time have students share their answers and correct any misinformation.

GUEST SPEAKER 30 minutes

Materials

Scratch paper for each student

Activity

Remind students of the classroom expectations for behavior, especially for when a speaker comes to class. Highlight the necessity to uphold confidentiality and respect for the guest speaker. Let students know they will have time to ask questions of the guest speaker at the end. If they do not want to forget their question, have them write it down on the scratch paper while the speaker is talking, rather than interrupting the speaker.

Teacher Tip:

Be sure to let the
speaker know when the
class ends. If it is helpful
you can give them 10 or
5 minute warnings
before their time is up.

Suggested Script:

Today we have a guest speaker joining us to share with us about their experience with HIV. Please be respectful while the presenter is speaking. Remember, this means no talking while the presenter is talking and be sure to give your full attention to the speaker. The speaker is taking time to share their experience with us so that we can learn from them. Not all students get this experience and we are grateful that we can have someone share such a valuable perspective on something we are learning about: HIV. Please also remember that everything shared today is confidential. That means while you are allowed to share what you learned, how you felt, and your experience today, you cannot share any personal information or names from the stories shared in class today. At the end of the presentation you will have time to ask questions.

Introduce the speaker to the class and have them share their story. Once the speaker is done sharing their story help facilitate a question and answer session. Tell the class that the speaker can refuse to answer any questions for any reason.

Teacher Tip:

Have the students ask questions out loud by raising their hands. Or you can collect their questions on slips of paper and give them to the presenter to have them select which questions they feel comfortable answering.

LETTER WRITING DEBRIEF ACTIVITY

15 minutes

Activity

After the speaker has finished the presentation and answered questions, debrief the experience by having students write a letter to the speaker thanking them for coming. Ask students to include at least two of the following points in their letters:

- Something they learned in the presentation
- Something they enjoyed about the presentation
- Something the presentation made them think about
- Something they would like to learn more about after the presentation

Teacher Tip:

If the speaker talks for longer
than the allotted time, you can
assign the letter writing
debrief activity as homework.

HOMEWORK

Accessing HIV Resources

Homework: Accessing HIV Resources

Name:		
	Date:	
	s below, you will explore an imagined experience: Getting teste questions to reflect in your imagined experience.	d
	d for HIV at a local clinic or health center. Describe your question below in full sentences.	
1. What? Describe the experi	nce. What would you observe, notice, and feel?	
•	ings and ideas. Analyze the experience. What would you think What would you like/dislike about the experience? How is this	
	happens after getting tested. What would you like to learn would you share with your peers about this? What will you do	

Lesson 22a (Extension or Alternative): HIV: This is Me Addressing Myths & Stereotypes Regarding People Living with HIV

OBJECTIVES

- 1. Students will be able to identify myths or stereotypes regarding people living with HIV.
- 2. Students will increase their understanding, respect, and compassion for people living with HIV.

AGENDA

5 minutes Do Now

5 minutes An Ordinary Life

35 minutes Think HIV: This is Me Video & Discussion

5 minutes HIV – Think it Through

Homework Accessing HIV Resources and/or HIV – Think it Through

MATERIALS

- Think HIV: This is Me DVD or Online Clips
- Projector (to show video)
- Handout: Think HIV: This is Me-Messages & Impacts

- Teacher Key: Think HIV: This is Me -Messages & Impacts
- Worksheet/Homework: HIV Think it Through
- Homework: Accessing HIV Resources

CALIFORNIA HEALTH EDUCATION STANDARDS

- **5.4.G** Evaluate the risks and consequences associated with sexual activities including HIV, other STIs, and pregnancy.
- **8.2.G** Advocate the respect for and dignity of people living with HIV or AIDS.

Lesson 22a (Extension or Alternative): Think HIV: This is Me Addressing Myths & Stereotypes Regarding People Living with HIV This lesson can be used an alternative in case an HIV-positive speaker cannot present to the class (lesson #21) or it can be used as an extension lesson.

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question:

What is the difference between HIV and AIDS?

If there is time, have students share their answers. Correct any misinformation.

AN ORDINARY LIFE 5 minutes

Materials

Flipchart or whiteboard and markers

Activity

In this activity students will explore their assumptions about what impact HIV might have on a fictional person of their choosing, and to set up a framework for identifying impacts on the characters' lives in the video.

Inform group members that they are going to look at how aspects of a person's life can be impacted by a life-changing event.

Solicit a favorite movie or TV show from the group and have them identify a character that they would like to use as a case study for the next activity. Ask "what do we know about this person?"

Write on the whiteboard or on the flipchart the following four categories: Family and Friends, Career Goals and Education, Self/Health, and Romantic Relationships

Brainstorm information on the character's life for each of the categories; do not record the results on the poster paper. Solicit at least a few examples for each category, having participants create details for categories that may not be represented in the character's experiences.

EXAMPLE: Homer Simpson: Has a family (a wife and 3 children), works a full time job, is not very healthy (over weight, drinks alcohol a lot), and is not well educated.

Pose the question: "What would be the impacts on this character if they discovered that they were HIV positive?" Brainstorm and record on the whiteboard or flipchart paper a few impacts for each of the categories.

EXAMPLE: Homer Simpson: He is already in poor health and being HIV+ could be more challenging because of his poor health. He may have passed it to his family depending on when he was infected. He will need to tell his family about his status. He will need to do better at work to make sure he has steady income and benefits so he can access healthcare as needed. He may want to stop drinking.

Let students know that during the film they are about to see, they will be doing a similar activity. They will be asked to record the message they hear in the film and the impacts they see on the charters lives.

THINK HIV: THIS IS ME – INTRODUCTION & SEGMENTS 1 AND 2

35 minutes

Materials

- DVD or online clips and projector/screen
- Worksheet: Think HIV: This is Me Messages & Impacts

Activity

In this segment students will be viewing the film, Think HIV: This is Me, available at: http://www.mtv.com/videos/news/102501/what-if-i-told-you-i-had-hiv.jhtml#id=1538811

- Introduction (1:16)
- Segment 1: What if I told you I had HIV? (5:28)
- Segment 2: Don't classify me (2:38)
- Segment 3: Latasha gets tested: This is real (2:23)
- Segment 4: HIV Negative Stay that way (3:50)
- Segment 5: Daylight Hope for the future (5:13)

In this section students will identify various life impacts from the personal experiences of a variety of individuals who are living with HIV. Inform students that they will be viewing a series of segments from a film made by young people about HIV/AIDS. Note that all the people in the program are speaking from personal experiences and that their interviews were self-recorded.

Pass out the Think HIV: This is Me – Messages & Impacts worksheet and have the students record examples of the messages and impacts from the film.

Show the introduction and segments 1 and 2 of the video, pausing between segments for a brief discussion and to brainstorm the messages and life impacts illustrated in the preceding segment.

Some discussion questions may include:

- How does having HIV impact the lives of people in the film?
- Was there anything you saw in the video that was different than what you expected?

- How does the list of impacts you saw in the video differ from the list we made in the Ordinary Life activity?
- How were people treated differently in the video when others realized they were HIV positive? Do you think how they were treated was "right"?
- How did being treated differently make the people in the film feel?

Show the segments 3, 4, and 5 of the video and have students continue to record messages and impacts on their worksheet. Note that these segments also have some perspectives from people who are HIV negative and affected by the virus in some way. Pause between segments for a brief discussion and to brainstorm the messages and life impacts illustrated in the preceding segment.

Some sample discussion questions from these segments may include:

- How does HIV impact the lives of the people in the film?
- Was there anything you saw in the video that surprised you?
- How might the stigma around HIV/AIDS, affect how someone talks about HIV/AIDS?
 Whether they get tested? Whether and to whom they reveal their status?
- Why do you think that people would treat people with HIV like this? What is it about HIV that causes people to be treated differently as compared with other illnesses?

HIV – THINK IT THROUGH

5 minutes

Materials

• Worksheet: HIV – Think it Through

Activity

This activity is designed to encourage students to consider how HIV/AIDS may impact one's life and how the stigma surrounding HIV/AIDS can perpetuate the epidemic.

Distribute HIV – Think it Through worksheet. Read each question in succession, and give the group a minute or two to think over their responses. After everyone has had a chance to think for a moment, ask for a few volunteers willing to share their responses. Remind the group that there are no "right answers" to these questions, and that each person will likely have a different perspective on them.

Debrief: Discuss how hearing about the personal experiences of people directly affected by HIV in the program can broaden understanding about HIV/AIDS and its impacts AND how the stigma around HIV/AIDS may perpetuate the spread of HIV.

Have students complete the handout for homework by writing their response to each question.

HOMEWORK

HIV – Think it Through Accessing HIV Resources

Think HIV: This is Me - Messages & Impacts

Name:		
Period:	Date:	
	h the video, fill in the boxes with the message rom watching) and the impacts you see that	
Introduction		
Messages	Impacts	
Segment 1: What if I told	you I had HIV?	
Messages	Impacts	
Segment 2: Don't classify	me	
Messages	Impacts	

Lesson 22a (Extension or Alternativ	e): Addressina Mytl	hs & Stereotypes R	eaardina People	e Livina with HIV

6

Messages Impacts

Segment 4: HIV negative - stay that way

Messages Impacts

Segment 5: Daylight - Hope for the new future

Messages Impacts

Think HIV: This is Me - Messages & Impacts — Teacher Key

SEGMENT 1

Messages:

- "HIV was not supposed to happen to me"
- Some people don't understand
- History of illnesses due to being positive
- Dealing with the hand we are dealt
- Some people do not want sympathy
- People living with HIV are no different than anyone else
- Some people do not have any information about HIV
- Disclosing status can change the way people treat you
- HIV affects people everyday
- Accepting status is a process and can take a long time

Impacts:

- Not being understood
- General stress around dealing with status
- Physical illness
- People feeling sorry for people with HIV
- Feeling different
- People not wanting to date/have sex

SEGMENT 2

Messages:

- Some people try to hide their status
- People talking about her status
- Some people do not feel safe in school
- People want to classify you based on how you got "it" – drugs, sex, men having sex with men, women having sex with women.
- Knowing someone who is HIV+ can make a big difference

Impacts:

- Feeling "dirty", judged, unsafe
- Want acceptance
- Afraid people will tell others about my status
- People don't want to deal with HIV. It is easier to ignore it.
- Fear of disclosure
- Assumptions/judgment about personal behaviors
- Educating others by being open
- Beating up self/blaming self

SEGMENT 3

Messages:

- You can't tell if someone is HIV+
- Can't tell by how someone looks, get tested
- How to get tested blood sample does not equal HIV test.

 There are different ways to test for HIV (rapid test can be done with oral swab or drop of blood from finger)

Impacts:

- Harming self
- Anger towards others
- Blaming others

SEGMENT 4

Messages:

- Some people feel comfortable telling others about status
- Important to educate others
- Take responsibility for self and health
- Disclosing status can change how people treat you – going from dating to friend
- Fear that will not be able to find special someone that could deal with status
- Some people have a difficult time practicing safer sex/using condoms.
- Some people know that they have HIV and still have unsafe sex
- Lack of knowledge can lead to unsafe or unhealthy decisions.
- People need to learn to respect themselves and protect themselves
- One "risky" decision can lead to HIV.
- Not all people are honest about the sex they are having outside of a relationship.

Impacts:

- Finding strength and pride
- Being clear about boundaries
- Committed to protect others
- Fear of being alone
- Fear being rejected for being positive
- Being judged "not good enough"
- Feeling responsible to protect others
- Having additional issues and stresses because of status

SEGMENT 5

Messages:

- Life can be "out of control" when HIV+
- HIV+ folks have to deal with the effects of the drugs, including nausea and fatigue
- Concerns about how HIV medications are marketed, showing images of healthy/fit people, but not talking about how people are still getting sick.
- If we don't talk about HIV it will spread.
- HIV is infecting so many people in the US, but it is a global problem.
- It is 100% preventable.
- There are medications available to make it safer for HIV+ females to have a baby.
- Need to know and communicate your boundaries about sex and safety

Impacts:

- · Issues around having children
- Being left by a partner
- Complicated life

Worksheet: HIV - Think it Through

Na	me:
Pe	riod: Date:
cai	irections: Answer all of the questions in complete sentences. The MTV film, HIV: This is Me n be found at: http://www.mtv.com/videos/news/102501/what-if-i-told-you-i-had-v.jhtml#id=1538811 . There are 5 clips in the film.
1.	What might keep someone living with HIV/AIDS from revealing their HIV status (telling someone they are HIV+)?
2.	What are some reasons people might be reluctant (unwilling or hesitant) to get tested for HIV?
3.	How might you react to a friend telling you they are HIV positive? Do you think it would change your relationship? If so, why? Why not?
4.	How might the fear of being treated differently for being HIV positive increase the chances of someone spreading HIV to other people?
5.	In what ways will watching the video, "Think HIV: This is Me" and learning about people who are personally affected by HIV influence the way people think about HIV in the future?

Homework: Accessing HIV Resources

Name:		
	Date:	
three main questions Imagine you are get	to reflect in your imagined e	clinic or health center. Describe your
1. What? Describe t	he experience. What would y	ou observe, notice, and feel?
•	erience? What would you like	lyze the experience. What would you think e/dislike about the experience? How is this
	• • • • •	ing tested. What would you like to learn vith your peers about this? What will you do

differently after getting tested?

Lesson 22b (Extension or Alternative): HIV: I'm Positive Addressing Myths & Stereotypes Regarding People Living with

OBJECTIVES

- 1. Students will be able to identify myths or stereotypes regarding people living with HIV.
- 2. Students will increase their understanding, respect, and compassion for people living with HIV.

AGENDA

5 minutes Do Now

45 minutes I'm Positive Video & Discussion

Homework HIV - Think it Through

MATERIALS

- I'm Positive DVD or Online Clips
- Projector (to show video)
- Worksheet: Messages & Impacts

- Homework: Accessing HIV Resources
- Homework: HIV Think it Through

CALIFORNIA HEALTH EDUCATION STANDARDS

- **5.4.G** Evaluate the risks and consequences associated with sexual activities including HIV, other STIs, and pregnancy.
- **8.2.G** Advocate the respect for and dignity of people living with HIV or AIDS.

Lesson 22b (extension or alternative): HIV: I'm Positive
Addressing Myths and Stereotypes Regarding People Living with
This lesson can be used an alternative in case an HIV-positive speaker cannot present to the
class (lesson #21) or it can be used as an extension lesson.

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or Whiteboard and markers

Activity

Write on board and have students complete the following question:

Write three things you remember from the last lesson on HIV and AIDS.

If there is time have a few students share their responses. Correct any misinformation.

I'M POSITIVE: VIDEO & DISCUSSION

45 minutes

Materials

- DVD or online clips and projector/screen
- Worksheet: Messages & Impacts

Activity

In this segment students will be viewing the MTV film, "I'm Positive" available at: http://www.mtv.com/episodes/4shqw9/im-positive-i-m-positive-ep-special

Inform students that they will be viewing a film made by young people about HIV/AIDS. You might note that all the people in the film are speaking from personal experiences and that their interviews were self-recorded.

Pass out the Messages & Impacts worksheet and have the students record examples of life impacts and messages in the appropriate categories. Show the video, pausing between segments for a brief discussion and to brainstorm the messages and life impacts illustrated in the preceding segment.

Some sample discussion questions include:

- How does having HIV impact the lives of the people in the movie?
- Was there anything you saw in the video that was different than what you expected?

After showing the video, some further discussion questions may include the following:

• How were people treated differently in the video when others realized they were HIV positive? Do you think how they were treated was "right"?

- How did being treated differently make the people in the program feel?
- How does HIV impact the lives of the people in the segments?
- Was there anything you saw in the video that surprised you?
- How might the stigma around HIV/AIDS, affect how someone talks about HIV/AIDS? Whether they get tested? Whether and to whom they reveal status?
- Why do you think that people would treat people with HIV like this? What is it about HIV that causes people to be treated differently as compared with other illnesses?

HOMEWORK

HIV – Think it Through Accessing HIV Resources Name:____

Worksheet: I'm Positive - Messages & Impacts

Category	Messages & Impacts
Friends & Family	
Career Goals & Education	
Self-Esteem & Health	
Romantic Relationships	
Other	

Homework: Accessing HIV Resources

Name:		
Period:	Date:	
three main questions Imagine you are geti	to reflect in your imagine	cal clinic or health center. Describe your
1. What? Describe th	ne experience. What woul	ld you observe, notice, and feel?
•	erience? What would you	Analyze the experience. What would you thir I like/dislike about the experience? How is th

3. Now what? Consider what happens after getting tested. What would you like to learn more about? What information would you share with your peers about this? What will you do

differently after getting tested?

Worksheet: HIV - Think it Through

	riod: Date:
Di	irections: Answer all of the questions in complete sentences.
1.	What might keep someone living with HIV/AIDS from revealing their HIV status (telling someone they are HIV+)?
2.	What are some reasons people might be reluctant (unwilling or hesitant) to get tested for HIV?
3.	How might you react to a friend telling you they are HIV positive? Do you think it would change your relationship? If so, why? Why not?
4.	How might the fear of being treated differently for being HIV positive increase the chance of someone spreading HIV to other people?
5.	In what ways will watching the video, "I'm Positive" and learning about people who are personally affected by HIV influence the way people think about HIV in the future?

Lesson 23: Online Sexual Health Resources

OBJECTIVES

- 1. Students will become familiar with high-quality, accurate, age-appropriate online resources for sexual health information.
- 2. Students will practice empathy and understanding.
- 3. Students will practice searching for and finding answers to health questions online.
- 4. Students will think critically about the quality of online health information.

AGENDA

5 minutes Do Now

30 minutes Sexual Health Online Research

10 minutes Debrief & Discussion

Homework Who to Talk to

MATERIALS

• Handout: Sexual Health Questions

 Worksheet: Using Online Resources to Answer Sexual Health Questions • Homework: Who to Talk to

CALIFORNIA HEALTH EDUCATION STANDARDS

- **2.5.G** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **3.1.G** Analyze the validity of health information, products, and services related to reproductive and sexual health.
- **3.2.G** Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.

Lesson 23: Online Sexual Health Resources

BEFORE THE CLASS

This lesson requires that each student has a computer with internet access. Contact your school computer lab or library to request the use of computers for this lesson.

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following question:

Why might someone go online to find answers to questions about sexual health rather than talk to a friend or an adult?

If there is time, ask a few students to share their responses.

SEXUAL HEALTH ONLINE RESEARCH

30 minutes

Materials

- Handout: Sexual Health Questions
- Worksheet: Using Online Resources to Answer Sexual Health Questions
- One computer with internet access for each student

Activity

This activity will give students an opportunity to research the answers to questions about sex. Set the stage for the online research activity the students are about to do.

Suggested script

While there are many places to access high-quality health information online, there is also a lot of misleading information. Today you will be exploring some websites that are reliable resources for fact-based, judgment-free information about health and sexuality. All of these sites are accessible from any SFUSD computer.

Each student needs a computer with internet access. Distribute Sexual Health Research Worksheets to each student. Give each student a sexual health question to research.

Circulate around the room and help students as they explore the websites. Assist students as they work to answer their question and complete the worksheet.

Teacher Tip:

If there are not enough
computers, have students
work in pairs or small
groups to complete the
assignment.

DEBRIEF & DISCUSSION 10 minutes

Activity

Debrief the sexual health online research activity. Ask a few students to share the question they researched and the answer they write to the question. After a few students have shared their answers debrief the activity.

Some possible debrief questions are:

- How was this activity for you?
- Who found a website they like? What website and why?
- Could you picture yourself returning to any of these websites for information in the future?

HOMEWORK

Who to Talk to

Handout: Sexual Health Questions

Directions: Select one of the following sexual health questions to research.

- 1. How does someone figure out their sexual orientation?
- 2. Is it illegal for a freshman to date a senior?
- 3. Can a male ever run out of sperm?
- 4. Is it normal to masturbate?
- 5. When during a female's lifespan does the menstrual cycle usually stop?
- 6. When does puberty usually end for males and females?
- 7. What's the average penis size with and without an erection?
- 8. Is it normal for females to have hair around their nipples?
- 9. What are the risks of oral sex? Is it dangerous to swallow semen?
- 10. Why do some females have one breast that's bigger than the other? Is that normal?
- 11. Can someone get pregnant from pre-cum?
- 12. What happens to sperm after it goes in the vagina?
- 13. Does HIV only spread through sex, or is it possible to transmit it other ways?
- 14. Is it safe to have sex during your period?
- 15. How much can a male ejaculate?
- 16. Can HIV kill you? If so, how long does it take?
- 17. How can you tell if a female has an orgasm?
- 18. Is it possible to masturbate too much?
- 19. Does sex hurt the first time?
- 20. What if a female misses a period but knows she isn't pregnant? Is that normal?
- 21. Why do girls bleed when having sex the first time?
- 22. How long does labor usually last?
- 23. How far into pregnancy can someone get an abortion?
- 24. How do you know if you're ready for sex?
- 25. What is the hymen?
- 26. How does the implant work? Can you feel it?
- 27. Do female condoms work as well as male condoms?
- 28. Why do people use lubricants?
- 29. Is it dangerous to take the birth control pill for a long time?
- 30. Does shaving pubic hair always make red bumps? What can stop them?
- 31. Is it normal to have labia that are longer on one side?
- 32. What is the clitoris and where is it?

Worksheet: Online Sexual Health Research

Na	ıme:					
Period:						
	Directions: Using the online resources, answer the sexual health question you have selected and, in the process, evaluate the resources.					
W			?			
Ch		vebsites from this list:				
	☐ www.plannedpar	enthood.org	☐ www.iwannaknow.org/teens			
	☐ www.scarleteen.	com	☐ www.goaskalice.columbia.edu	I		
	□ www.sexetc.org		☐ www.teensource.org			
	□ www.kidshealth.	org/teen				
1.	Website #1:					
a. What kind of information does this site have about the topic/question you are resea		ching?				
b.	Quote three key sent	ences from this site abo	out the topic/question you are researching	g:		
	1					
	2.					
	۷.					
	3					

2.	Website #2:
	What kind of information does this site have about the topic/question you are researching?
b.	Quote three key sentences from this site about the topic/question you are researching:
	1
	2
	3
c.	Write a paragraph that summarizes how you think this site answers the question.
	Website #3:
а.	What kind of information does this site have about the topic/question you are researching?
b.	Quote three key sentences from this site about the topic/question you are researching:
	1
	2
	3

c. Write a paragraph that summarizes how you think this site answers the question.

4. After reviewing all three websites, please write a paragraph that explains how YOU would answer the question.

5. Final evaluation: Write two paragraphs explaining what you found at each of the sites you reviewed. Answer the following questions in your response: What were the strong points and weak points of the sites? Which sites would you recommend to a friend who needed some information? Which ones were visually interesting to look at (colors, pictures, layout, etc.)? Which ones were easy to use or difficult to use?

Homework: Who to talk to

Na	me:				
Pe	riod:				
inf	rections: For each question ormation. You may circle mod why you would not choose	re th	nan one. Then, explain why	-	•
1.	If I had a question about pu	ıber	ty and developing bodies	woul	d
b. c.	talk to a parent/caregiver talk to a friend talk to a doctor	e.	talk to someone at the Wellness Center	g.	other:
VV	hy did you choose this perso	ii/ Pi	ace to get information abo	out yo	ui question:
2.	If I had a question about ma	akin	g the decision to have sex	or no	t I would
	talk to a parent/caregiver				
	talk to a friend talk to a doctor		talk to someone at the Wellness Center	g.	other:
	hy did you choose this perso			out yo	ur question?
	If I had a question about se				
	talk to a parent/caregiver		•	-	look for information online
	talk to a friend talk to a doctor		talk to someone at the Wellness Center	g.	other:
	hv did vou choose this perso			out vo	ur question?

4.	If I had a question about ST	ΓIs o	r HIV I would		
	talk to a parent/caregiver		•	-	look for information online
	talk to a friend			g.	other:
	talk to a doctor		Wellness Center		
W	hy did you choose this perso	n/p	lace to get information abo	out yo	ur question?
5.	If I had a question about if	my I	relationship was health or	unhea	althy I would
a.	talk to a parent/caregiver	d.	talk to a partner	f.	look for information online
					other:
	talk to a doctor		Wellness Center		
W	hy did you choose this perso	n/p	lace to get information ab	out yo	ur question?
6.	If I had a question about bi	irth (control I would		
a.	talk to a parent/caregiver	d.	talk to a partner	f.	look for information online
	talk to a friend		•	-	
	talk to a doctor			,	
	hy did you choose this perso			out yo	ur question?
	. ,	•	U	•	•
7 .	If I had a question about sa	afer :	sex I would		
a.	talk to a parent/caregiver	d.	talk to a partner	f.	look for information online
b.	talk to a friend		talk to someone at the	,	other:
c.			Wellness Center		
٠.					

Why did you choose this person/place to get information about your question?

Lesson 24: Sexual Decision Making

OBJECTIVES

- 1. Students will be able to articulate their personal sexual limits and expectations.
- 2. Students will be able to describe ways to reduce the risk of pregnancy and STI transmission.
- 3. Students will reflect on what they learned in the sexual health class.

AGE	NDA
-----	-----

5 minutes Do Now

15 minutes Decision Making about Sexual Activity

10 minutes Finding the Right Words

10 minutes Closing Activity

10 minutes Post-Test

Homework Sexual Decision Making

Sexual Health Education Class Reflection

MATERIALS

- □ Activity Posters
 □ Worksheet: Finding the Right Words
 □ Class Reflection
- ☐ Homework: Sexual Decision Making

CALIFORNIA HEALTH EDUCATION STANDARDS

- **2.3.G** Assess the discrepancies between actual and perceived social norms related to sexual activity among teenagers.
- **2.5.G** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **4.2.G** Use effective verbal and nonverbal communication skills to prevent sexual involvement, HIV, other STDs, and pregnancy.
- **5.1.G** Use a decision-making process to evaluation the physical, emotional, and social benefits of abstinence, monogamy, and the avoidance of multiple sex partners.
- **5.2.5** *Use a decision-making process to examine barriers to making healthy decision about relationships and sexual health.*

Lesson 24: Sexual Decision Making

DO NOW 5 minutes

Materials

- Every student needs a notebook, journal, or paper and a pen
- Flipchart or whiteboard and markers

Activity

Write on board and have students complete the following questions.

What does having sex mean to you?

How do you think someone knows if they are ready for sex?

If there is time, have a few students share their answers.

DECISION MAKING ABOUT SEXUAL ACTIVITY

15 minutes

Materials

- Activity Posters
- Handout: How Comfortable Are You?

Activity

Transition from the Do Now activity by gathering student opinions, and explain that people have lots of different ideas about what "having sex" means, and that there are lots of different ways to have sex. Explain that the only person who can truly decide if they are ready for sex is themselves. Explain what consenting to sex means and the limits of consent. Consenting to sex means all deciding to engage in a sexual activity and giving permission for that to happen. Consenting to sex doesn't mean that you are consenting to have sex other times; that you are consenting to other sexual activities aside from what was discussed and agreed upon; that you cannot change your mind. People can change their minds about sex and that is ok.

Suggested Script:

In this activity you will think about what sexual activities you would be comfortable with doing and which ones you would be uncomfortable with doing. Understanding feeling about sexual activities can help people set boundaries and know their limits. This can help a person decide what activities they want to consent to or do not want to consent to doing. Most people have some sexual activities that they like and are comfortable doing and others that they don't care for. For example, one person might really like kissing with tongue, and another person might think that is disgusting. Knowing these areas of comfort and discomfort can help with setting boundaries.

Let students know that in this activity they will reflect on what sexual activities they would or would not be comfortable doing. Remind students that knowing their own boundaries is helpful when deciding what sexual activities to consent to, if any.

Suggested Script:

Having sex can mean different things to different people, and someone's definition of having sex may change over time. No matter what having sex means to someone, the only person who can truly decide if they are ready to have sex is themselves. Consenting to sex, meaning making the decision to engage in a particular sexual activity and communicating that desire to a partner, can be a big decision the first time or any time. Please remember that if someone consents to a sexual activity it means they are consenting to just that activity, that one time, and then can change their mind at any time. For example, if someone consents to making out, this doesn't mean they are consenting to having sex. It also means that are consenting to making out right now, and does not mean they are consenting to making out again tomorrow. Also, any person involved can change their mind at any time, for any reason, and stop the activity.

Put the 1-10 "COMFORT LEVELS" Posters around the room. Pass out the "How Comfortable Are You?" sheets and have students complete them individually and anonymously. Have each student mark the poster with the thoughts, feelings, phrases they associate with each "comfort level". They do not share individual comfort levels by activity just how that comfort levels are identified or experienced. This is so that the activity is anonymous.

Teacher Tip: When the "How Comfortable Are You" papers are distributed make sure to emphasize confidentiality and mutual respect.

example: comfort level one might have things like: no way, scared, nervous, uncomfortable, unsafe, not interested. While comfort level ten might have things like: excited, ready, safe, consensual, fun, happy

Debrief this activity. Once students are done with this task, point out differences and commonalities in the way we experience different levels of comfort. Lead a discussion about how to communicate comfort levels to partners/peers. Explore challenges/concerns to communicating comfort levels to partners/peers. Point out that some activities carry much more risk for pregnancy and STI prevention than other activities, and that just because someone wants to do one sexual activity doesn't mean they want to do ALL sexual activities. Highlight for students that they each experience different and similar thoughts, feelings, emotions regarding specific behavior and the importance of recognizing ones own comfort levels. Highlight the importance of practicing communication and exploring ones own comfort levels.

Some questions to debrief the activity:

What surprised you about this activity?
How do you think gender roles influenced or affected how people responded?
How can we support each other in identifying and communicating our comfort levels to
partners/peers?

FINDING THE RIGHT WORDS

10 minutes

Materials

Worksheet: Finding the Right Words

Activity

In this activity, students will explore how to communicate their sexual limits.

Distribute the "Finding the Right Words" worksheet. Ask students to write down the words they think each character could say in these situations. Have students share their answers with a partner, and then ask at least one student to share their answers for each of the scenarios.

Some questions to ask to solicit more ideas are:

- ☐ How do you think drinking or drugs may affect conversations like this?
- ☐ When and where do you think would be a good place to have conversations like these with a partner?
- ☐ Who could someone talk to if they needed help communicating their boundaries with a partner?
- ☐ What could someone do if they were not sure of their boundaries? Who could they talk to?

Teacher tip

Another option for this activity is to have students role-play these scenarios.

Assign one scenario to each group and have them prepare a short dialog to role-play the scenario. Be sure to encourage healthy communication strategies. If there is time, have multiple groups present the same scenario to highlight that there are many different ways to communicate about boundaries.

Close this activity by reminding students that there are many ways to communicate about boundaries and sexual activities. It is important to know how to say way you do not want to do as well as know how to communicate what you do want to do with a sexual partner

HOMEWORK

Sexual Decision Making

Worksheet: Finding the Right Words

Name:_____

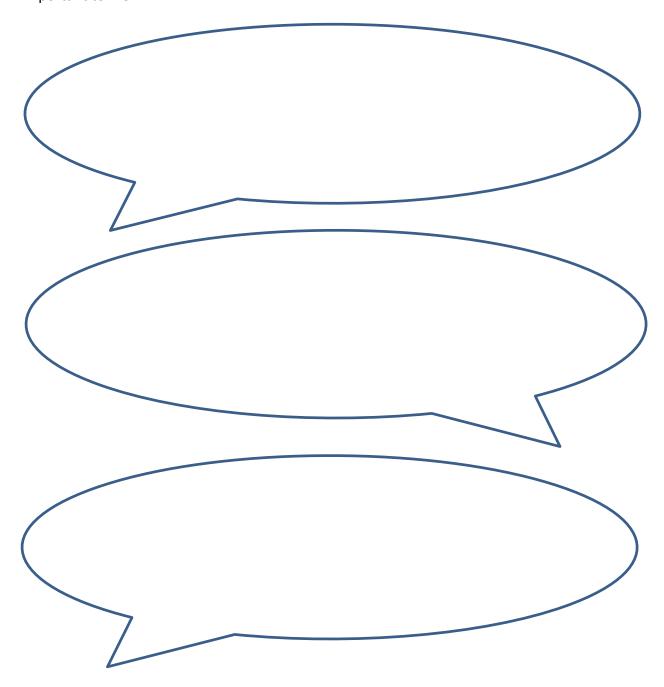
Pe	riod:	Date:
COI		scenarios below, write out how the couple could oundaries and desires. Remember to use healthy lear.
1.	_	e. Emma feels like she's ready to have oral sex, but she e, and she wants to use latex barriers. What words could she
2.		e each other, but Bryant has decided that he doesn't want to ging and kissing, until high school is over. What words could
3.		ting for a year, and they both feel ready to have ws she'll only feel comfortable if they use condoms. What

Na	nme:	
	riod: Date:	
	ireCtions: Think about all of the sexual health classes in this unit and answer each questic th a 1-paragraph answer.	'n
1.	What were some of the most important and/or interesting things you learned in the sexu health classes?	а
2.	What did you like about the sexual health classes?	
3.	What did you not like about the sexual health classes?	
4.	What will you do, or do differently, because of the sexual health classes?	

Homework: Sexual Decision Making

Name:	
Period:	Date:

Directions: Complete this statement in complete sentences and explain your reasons: When I think about becoming sexual with another person, these three things are very important to me:



Lesson 24

Homework: Conflict Resolution

Na	Name:	
Pe	Period:	Date:
vie an	riews) with someone. This could	you experienced a conflict (a difference of opinions, beliefs, or be with a partner, friend, family member, teacher, coach, or Answer the following questions to explain how you did or
1.	. What was the conflict? What believe, and why did this crea	did you think or believe, what did the other person think or ate conflict?
2.	. How did this make you feel? I	How do you think the other person felt?
3.	What did you or could you say	y or do to resolve this conflict in a healthy manner?

Lesson 25: Human Trafficking

OBJECTIVES

- 1. Students will understand the definition of human trafficking, sex trafficking and labor trafficking
- 2. Students will explore personal values and norms regarding boundaries, emotional needs, basic needs, psychological needs, and identity.
- 3. Students will be able to explore situations that are defined as human trafficking

AGENDA

5 minutes	Do now
5 minutes	Review Group Agreements
10 minutes	Raise Your Hand Activity
10 minutes	What is Human Trafficking? /Facts about Human Trafficking
15 minutes	Human Trafficking Scenarios
10 minutes	Closing Activity
Homework	Human Trafficking

MATERIALS

- Flipchart or white board
- Markers
- Class Agreements
- List of questions for Raise Your Hand Activity
- Power Point presentation or printed slides
- Vocabulary sheet
- True/False homework handout

CALIFORNIA HEALTH EDUCATION STANDARDS

- **4.1.G** Analyze how interpersonal communication affects relationships.
- **5.3.G** Use a decision-making process to analyze when it is necessary to seek help with or leave an unhealthy situation.
- **8.1.G** Encourage and support safe, respectful, and responsible relationship.

DO NOW 5 minutes

Activity

Write these questions on the board (or start the PowerPoint presentation that accompanies this lesson) and have students complete the following questions:

- 1. What are a person's basic needs?
- 2. How does a person get those needs met?

Ask a few students to share their responses. Address and normalize that human basic needs are food, water, safety, housing, love, connection, vulnerability, intimacy, and acceptance. All humans have needs and that doesn't make you 'needy'. We must make safe spaces for each of us to explore how we go about getting our basic needs met.

REVIEW GROUP AGREEMENTS

5 minutes

Review group agreements established during *Be Real. Be Ready.* lesson 1. Emphasize that today's lesson requires students to practice a high level of respect, and that this may be a sensitive topic to discuss for some of them.

RAISE YOUR HAND ACTIVITY

10 minutes

Read some of the following statements to the students in your class. Ask students to raise their hands when they hear a statement they agree with. This activity will allow you the set the tone for today's lesson and also to explore values and norms. Values/norms that are especially important to discuss in regards to human trafficking include: boundaries, emotional needs, basic needs, psychological needs, and identity. Questions that focus on these values are marked with an asterisk (*).

- 1. *Do you know youth that go to hang out at the mall?
- 2. *Do you know someone that is dreaming of being a model or singer?
- 3. *You know someone who has an older friend?
- 4. You know someone who feels good about themselves when they receive compliments about their body?
- 5. *You know someone who wants to be loved?
- 6. *You know someone who has been in an unhealthy relationship?
- 7. You know someone who feels happier when they have a boyfriend/girlfriend?

Teacher Tip:

Pick 5-10 questions and keep the pace moving – don't let the activity get boring

- 8. *You know someone who has a hard time identifying unhealthy relationships?
- 9. You know someone who needs to work hard to get their basic needs met?
- 10. *You know someone who doesn't have a lot of people who give love to them in their life?
- 11. You know someone who has seen difficult things growing up?
- 12. You know someone who hasn't had a safe place to stay at night?
- 13. *You know someone who has to take care of themselves?
- 14. You know someone who sometimes does things they don't want to do because of peer pressure?
- 15. *You know someone who has been taken advantage of?
- 16. You know someone who feels complete because of a partner?
- 17. You know someone who doesn't have anyone to go to for help or support?
- 18. *Do you know someone that has met someone through social media, like Facebook or Instagram?
- 19. You know someone who has been abused?

Debrief

Tell students to keep those incidents in mind over the next two days, as we learn about human trafficking and sex trafficking. Traffickers often prey on the young people's vulnerabilities to take advantage of them.

WHAT IS HUMAN TRAFFICKING?

10 minutes

Materials

• PowerPoint slides #3 – 14

Activity

Teach about Human Trafficking by showing and discussing the PowerPoint slides. Human trafficking involves someone using force, fraud, or coercion to benefit from things another person does. There are two types of **human trafficking**: sex trafficking and labor trafficking. **Human trafficking is the overall word used to describe both**.

HUMAN TRAFFICKING SCENARIOS

15 minutes

Materials

• PowerPoint slides #17 – 20

Activity

Show students the first scenario and read it out loud. Have students answer the questions at the bottom of each slide. Alternatively, print the slides and have students discuss them in small groups. These scenarios are designed to help students explore power and practice risk assessment. Emphasize that even if some examples seem like they involved choice, these are minors, so it is exploitation and abuse. (See vocabulary list, word #3).

Labor trafficking

Lyla is 16 years old and was born in El Salvador. She came to the United States when she was 11 with her father, and her mother is still in El Salvador. She and her father do not have documents. It was very hard for him to find a job. He finally found work as a dishwasher in a restaurant, where he works "under the table."

Lyla's father works 12 hours a day and is only paid \$5 an hour. The person who owns the restaurant often doesn't even pay her father the full amount he is owed. The owner has threatened to call law enforcement and tell them Lyla's father is not documented if he complains or tries to tell anyone. Her father feels like there is nowhere for him to go and that he must keep working to support himself and Lyla.

- 1. Who has power?
- 2. How are they exerting power?
- 3. What makes this person vulnerable?

Sex trafficking

Ashley is almost 14 and has just started high school in San Francisco, where she was born and raised. She comes from a low-income family and sometimes doesn't have enough money for the things she wants. Her friends tell her they know a way to make money. They have been spending time with an older guy who arranges for them to have sex with his friends in exchange for money.

Ashley's friends say this is a good way to make money, even though the guy collects the payment and keeps a lot of it. Although she could use the money, something about the situation doesn't feel right, so Ashley says she's not interested.

One night, she is out with her friends and they are all using drugs. Ashley ends up at the house of someone she doesn't know. The older guy is there and tells Ashley that she can make some money if she has sex with his friends. Ashley feels pressured with all of her friends there, and could use some extra money. She ends up having sex with the older guy's friends in exchange for money.

- 1. Who has power?
- 2. How are they exerting power?
- 3. What makes this person vulnerable?

Labor trafficking

Rebecca, 17, has just moved from Ukraine to the United States to live with a relative. Once she arrives, it turns out that there are eight people living in the one bedroom house where she was expecting to stay. It's too crowded and she does not feel welcome.

She responds to an ad on the Internet for a nannying job several hours away. She would be able to live there and get paid. Once she arrives at the house, the mother of the children sets up a lot of rules for her. She is not allowed to leave the house unless she is dropping the children off at school. She is barely allowed to eat and begins to lose weight. The mother of the children keeps saying she'll pay Rebecca later, but it never happens. Rebecca cannot speak English and does not have anyone to communicate with about her situation.

- 1. Who has power?
- 2. How are they exerting power?
- 3. What makes this person vulnerable?

Sex trafficking

Brian is 15 and in 10th grade. After he comes out as gay to his family, they kick him out of their house. He is then homeless and living on the street.

One day, an older guy approaches him and says that he looks like he needs some help. Brian is tired, hungry and has no money. He says that he will do anything. The older guy says that he can help him find people to have sex with in exchange for money, food and somewhere to stay. Brian goes ahead with it.

- 1. Who has power?
- 2. How are they exerting power?
- 3. What makes this person vulnerable?

CLOSING 5 minutes

Discussion:

How did it feel to learn about this topic?

Were you surprised by the information, or were you already aware of human trafficking?

Did today change the way you think about the issue? How so?

Alternatively, students could fill out an exit slip answering the same questions.

HOMEWORK

Homework:

True / False sheet, 10 questions and a reflection question.

Lesson 25: Vocabulary

- 1. **Human trafficking** involves someone using force, fraud, or coercion to benefit from things another person does. Human trafficking, both labor and sex trafficking, happens to adults and children both internationally and right here in the United States.
- 2. Sex trafficking involves someone using force, fraud, or coercion to make another person exchange sex for anything of value. Some people refer to exploiters as pimps, a word we are trying not to use because it does not quite describe the whole picture of sex trafficking. It's also the same with people who have been sex trafficked, who some people refer to as prostitutes or "ho's." Instead, we are calling them a victim, survivor, or exploited person. These words imply choice and don't describe the whole picture of sex trafficking.
- 3. **CSEC, or the commercial sexual exploitation of children,** involves the sex trafficking of youth under the age of 18. Even if someone says they are doing it on their own, if they are under 18, it still counts as exploitation and CSEC, as this is a young person being purchased by adults. Usually the young person is exchanging sex for necessities (such as a place to sleep, food, safety, etc) needed to survive.
- 4. **Labor trafficking** involves someone using force, fraud or coercion to make another person work on their behalf. People who are being labor trafficked by a trafficker are often made to work for little or no money.
- 5. **Force** involves using physical restraint or serious physical harm to make someone do something.
- 6. **Fraud** involves using false promises to make someone do something.
- 7. **Coercion** involves using the threat of harm to make someone do something. This involves the belief that failure to do something would result in serious harm against someone, either self or someone else).
- 8. **Sexual Harassment** happens when someone bullies or threatens another person in a sexual way. Examples include:
 - Threatening to show other people sexual photos
 - Unwanted sex advances, including words, texts, or touching

People who have been sexually harassed often feel uncomfortable or bad about themselves. It's important to remember that they didn't do anything wrong.

9. **Abuse** happens when someone hurts another person physically (being hit or beaten up), sexually (sexual assault), or emotionally (teasing, making someone else feel bad, or bullying). It involves someone using their power to abuse another person.

- 10. **An ally** is someone who stands up for another person when they see that an abuse of power, which may include trafficking or harassment, is happening. An ally can intervene in a lot of different ways. For example, if they hear someone use a racist word, they can stand up and talk to the person and let them know that it isn't right to do it. Allies can also stand up by doing things for the community as a whole like signing a petition or attending an event, like a rally, for someone or a group of people who are being harassed or abused.
- 11. **Consent** is the act of saying yes or agreeing to do something. True consent involves saying yes free of any pressure from peers or a personal situation, like not having money or food.
- 12. **Exploitation** is when someone actively seeks to benefit or profit from someone else's actions, exerting power and control over them. When someone is being exploited, they may or may not recognize it, especially if it's coming from someone they know or care about.
- 13. **Stigma** is the result of when judgments are made about someone or something in a negative way. Stigma means that it becomes harder to talk about something because it is perceived as a shameful or wrong topic, even when in reality, it's not those things.
- 14. **Victim Shaming** happens when something bad happens to someone, and people blame that person. People can sometimes misunderstand a situation and say or do negative things to a person who has experienced something difficult, like sexual assault.
- 15. **Exploiters/Traffickers/Pimps** are people who benefit from someone else's work or actions. Traffickers can exploit other people in two forms, through sex or labor trafficking. In sex trafficking, pimps/traffickers benefit, by exerting power and control, from selling the sexual acts of others for money or anything else of value. In labor trafficking, traffickers sell other people's work.
- 16. **Purchasers/Consumers/'Johns'/Tricks** are people who purchase sex from other people.
- 17. **Survivors/Victims** are the people who are being sex or labor trafficked. Someone is taking advantage of them by using power and control (often through lies, force, or pressure). We call them survivors and victims' because youth cannot be "prostitutes" and we are shifting the blame from them to the traffickers who are taking advantage of them.
- 18. **Bystanders** are people who have knowledge of a situation in which someone is using power and control over someone else. They are observing the situation going on. Bystanders have the responsibility and the capacity to do something when they see a negative situation unfolding.
- 19. **The Life** is a term used to describe the experiences of those involved in prostitution.

Homework: Human Trafficking

Nai	ne:	
Per	riod: Date:	
4 <i>n</i>	swer the following questions by circling True or False:	
1.	Sex trafficking mainly happens overseas to young girls.	True / False
2.	Most youth who engage in sex work make a lot of money.	True / False
3.	Sex work is something a teenager can legally decide to do.	True / False
4.	Pimps are men in expensive clothing who protect those who work for them.	True / False
5.	Employers who hire people – even teenagers – are expected to follow regulations about keeping a safe workplace, giving works breaks, and paying a minimum wage.	True / False
5.	It is possible for a person who has experienced sexual exploitation to go on to have happy, healthy relationships.	True / False
7.	The exploitation of young people for profit is a form of abuse.	True / False
3.	It is illegal for adults to take, sell or trade sexual images of people under 18.	True / False
9.	Trafficking is only exploitative if victims are chained up or beaten.	True / False
10.	California law now protects sex trafficking victims by preventing people under 18 from facing criminal charges for prostitution.	True /False

Reflection Question:

Was there information presented today that surprised you or changed the way you think about human trafficking? Why or why not?

Lesson 25: Human Trafficking Slide Notes

Slide 1: HUMAN TRAFFICKING Slide 2: Have students complete the do now question. Do Now: What are people's basic needs? How does a person get those needs met? Slide 3: Explains the lesson objectives Human Trafficking Today you will: · Learn about different types of human trafficking Discover the scope of human trafficking in the United States Explore situations that are defined as human trafficking Slide 4: Despite a term that seems to connote movement, at the heart of the phenomenon of trafficking in persons are the many forms of What Is Human Trafficking? enslavement, not the activities involved in international Human trafficking involves someone using force, fraud, or coercion to benefit from things another person does. There are two types of human trafficking, sex trafficking and labor trafficking. Human trafficking is the overall word used to describe both. transportation.

Slide 5: **Labor Trafficking** Labor trafficking involves someone using force, fraud or coercion to make another person work on their behalf. People who are being labor trafficked are often made to work for low or no money. Slide 6: Check for understanding: Ask a student to explain the difference between labor and sex trafficking Sex Trafficking Sex trafficking involves someone using force, fraud, or coercion to make another person exchange sex for anything of value (money, safety, a place to sleep, food, etc.) The term Commercial Sexual Exploitation of Children applies to any minor (under 18) who is involved in commercial sex acts - regardless of whether force, fraud or coercion can be Slide 7: Check for understanding: Ask a student to give you an example of force What Are Force, Fraud and Coercion? **FORCE**: Force involves using physical restraint or serious physical harm to make someone do something. *Examples*: Beatings Kidnapping Physically overpowering / hurting someone Denial of food / water / medical care · Forced use of drugs Slide 8: Check for understanding: Ask a student to give you an example of fraud. What Are Force, Fraud and Coercion? FRAUD: Fraud involves using false promises to make someone do something. Examples of things people may make false promises about: Wages Working conditions Type of work Immigration status Jobs as a model, dancer, music video star, or actor

Slide 9:

What Are Force, Fraud and Coercion?

COERCION: When someone uses the threat of harm to make someone do something. Examples:

- The threat of harm to make someone do something.
- · Use of blackmail
- Taking someone's passport
 Watching where someone goes
 Being controlling and possessive
- · Requiring someone to pay off debts

Check for understanding: Ask a student to give you an example of coercion. Make sure students understand how coercion contrasts with authentic consent.

Slide 10:



Most high school students are familiar with slavery. Explaining that human trafficking is modern-day slavery may help them understand it more clearly.

Slide 11:

Facts about Human Trafficking

Human Trafficking growing criminal enterprise.



Teacher Tip:

This activity can be shown as a Power Point presentation or as walking gallery around the room.

For more information go to https://polarisproject.org/facts

This shows the scope of the issue, normalizing vulnerability and highlighting victimization.

Slide 12:

Facts about Human Trafficking

Human trafficking is estimated to be a \$32 billion-a-year



Slide 13: Facts about Human Trafficking The International Labor Organization estimates that there are 21 million victims of human trafficking globally. 26% of them are children. 55% are women and girls Slide 14: Facts about Human Trafficking In 2015, **1 out of 5** endangered runaways reported to the National Center for Missing and Exploited Children were estimated to be child sex trafficking victims. Slide 15: Facts about Human Trafficking The San Francisco Bay Area has been identified by the U.S. Department of Justice as a top hub for the sex trafficking of minors. **Slide 16: SCENARIOS**

Slide 17:

Labor trafficking

Lyla is 16 years old and was born in El Salvador. She came to the United States when she was 11 with her father, and her mother is still in El Salvador. She and her father do not have documents. It was very hard for him to find a job. He finally found work as a dishwasher in a restaurant, where he works "under the table."

Lyla's father works 12 hours a day and is only paid \$5 an hour. The person who owns the restaurant often doesn't even pay her father the full amount he is owed. The owner has threatened to call law enforcement and tell them Lyla's father is not documented if he complains or tries to go to anyone. Her father feels like there is nowhere for him to go and that he must keep working to support himself and Lyla.

Discuss:

- Who has power?
- How are they exerting power?
- What makes this person vulnerable?

Slide 18:

Sex trafficking

Ashley is almost 14 and has just started high school in San Francisco, where she was born and raised. She comes from a low-income family and sometimes doesn't have enough money for the things she wants. Her friends tell her they know a way to make money. They have been spending time with an older guy who arranges for them to have sex with his friends in exchange for money.

Ashley's friends say this is a good way to make money, even though the guy collects the payment and keeps a lot of it. Although she could use the money, something about the situation doesn't feel right, so Ashley says she's not interested.

One night, she is out with her friends and they are all using drugs. Ashley ends up at the house of someone she doesn't know. The older guy is there tells Ashley that he can make some money if she has see with his friends. Ashley feels pressured with all of her friends there, and could use some extra money. She ends up having sex with the older guy's friends in exchange for money.

Discuss:

- Who has power?
- How are they exerting power?
- What makes this person vulnerable?

Slide 19:

Labor trafficking

Rebecca, 17, has just moved from Ukraine to the United States to live with a relative. Once she arrives, it turns out that there are eight people living in the one bedroom house where she was expecting to stay. It's too crowded and she does not feel welcome.

She responds to an ad on the Internet for a nannying job several hours away. She would be able to live there and get paid. Once she arrives at the house, the mother of the children sets up a lot of rules for her. She is not allowed to leave the house unless she is dropping the children off at school. She is barely allowed to eat and begins to lose weight. The mother of the children keeps saying she'll pay Rebecca later, but it never happens. Rebecca cannot speak English and does not have anyone to communicate with about her situation.

Discuss:

- Who has power?
- How are they exerting power?
- What makes this person vulnerable?

Slide 20:

Sex traffickin

Brian is 15 and in $10^{\rm th}$ grade. After he comes out as gay to his family, they kick him out of their house. He is then homeless and living on the street.

One day, an older guy approaches him and says that he looks like he needs some help. Brain is tried, hungry and has no money. He says that he will do anything. The older guy says that he can help him find people to have sex with in exchange for money, food and somewhere to stay. Brian goes a thead with I was

Discuss:

- Who has power?
- How are they exerting power?
- What makes this person vulnerable?

Lesson 26: Sex Trafficking

OBJECTIVES

- 1. Students will be able to separate myths from facts in regards to human trafficking.
- 2. Students will understand how human trafficking affects the people involved and others in the community.
- 3. Students will understand how to be an ally and support other students.

AGEND A	ļ
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5 minutes	Do Now
15 Minutes	Review "True/False" homework
10 Minutes	"America's Daughters" Video Clip
15 Minutes	Optional: Language Activity (do only if time allows)
5 Minutes	Call to Action
15 Minutes	Group Activity - Resisting Trafficking
5 Minutes	Closure
15 Minutes	MANDATORY: Post Survey
Homework	Sex Trafficking Prevention

MATERIALS

- Flipchart or Whiteboard
- True / False homework answers

CALIFORNIA HEALTH EDUCATION STANDARDS

- **2.3.G** Evaluate how growth and development, relationships, and sexual behaviors are affected by internal and external influences. .
- **5.3.M** Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation.
- **5.5.S** Support others in making positive and healthful choices about sexual behaviors.
- **7.4.M** Practice personal boundaries in a variety of situations.

DO NOW 5 minutes

Activity

Write on the board and have students compete the following questions:

1. What does the word "pimp" mean to you?

2. Can you think of an example from the media (music, television, videos, magazines, social media, movies) where this idea is glorified?

Ask a few students to share their responses. Explain to them that although "pimp" is sometimes used in other ways, its original meaning relates to sex trafficking. **Pimps** are people who benefit from someone else's work or actions – also known as traffickers. Traffickers can exploited other people in two forms, through sex or labor trafficking. In sex trafficking, pimps/traffickers benefit, by exerting power and control, from other people exchanging sex for money or anything else of value. In labor trafficking, traffickers benefit, by exerting power and control, from other people's work.

REVIEW TRUE/FALSE HOMEWORK

15 minutes

Ask students to take out homework from the previous day. Quickly review each question.

1. Sex trafficking mainly happens overseas to young girls.

False. The truth is, commercial sexual exploitation and sex trafficking occur every day in the United States. Its victims - both male and female - live in cities and small towns across America.

2. Most youth who engage in sex work make a lot of money.

False. Most teens are tricked or forced into sex trafficking. They are told they will make money, but their exploiters usually keep most or all of the money.

3. Sex work is something a teenager can legally decide to do.

False. Teens of all gender identities can be deceived, manipulated, forced or coerced into sex work. Although some teens do choose to engage in sex work, the law says they cannot legally consent to do so. In California, current law says that minors will not be prosecuted for doing sex work, but instead connected to support services.

4. Pimps are men in expensive clothing who protect those who work for them.

False. The truth is, pimps are exploiters and abusers who can be any gender. They often use threats and violence involved in recruiting and maintaining a youth in "the life."

5. Employers who hire people – even teenagers – are expected to follow regulations about keeping a safe workplace, giving works breaks, and paying a minimum wage.

True. These worker protection laws cover all workers, and employers who don't follow them can be subject to penalties and fines.

6. It is possible for a person who has experienced sexual exploitation to go on to have happy, healthy relationships.

True. Youth can and do get out of "the life." It can take several tries and often takes the support of a lot of people. It isn't easy, but a better life can be built no matter how bad it has been or how long it has gone on for.

7. The exploitation of young people for profit is a form of abuse.

True. The commercial sexual exploitation of children and the Sex Trafficking of minors is on the continuum of sexual abuse. A person who has been abused is not responsible for the abuse.

8. It is illegal for adults to take, sell, or trade sexual images of people under 18.

True. Videos or pictures of people under 18 are called "child pornography." People found guilty of making, selling, or possessing child pornography can face long prison sentences.

9. Trafficking is only exploitative if victims are chained up or beaten.

False. Threats, fear, coercion and manipulation are often enough to wield tremendous control over a young person. The 'chains' are often internalized.

10. California law now protects sex trafficking victims by preventing people under 18 from facing criminal charges for prostitution.

True. California law now make the crimes of "solicitation" and "loitering with intent to commit prostitution" inapplicable to children younger than 18. It also allows law enforcement to take sexually exploited children into temporary custody if leaving them unattended would pose an immediate threat to their health or safety.

Optional: If you wish, you can collect the homework after students have reviewed it.

"AMERICA'S DAUGHTERS" VIDEO CLIP

10 minutes

Show the 4-minute video "America's Daughters": https://polarisproject.org/resources/americas-daughters-video

Suggested Script to Introduce Video:

We're now going to watch a short video featuring a poem written by a young woman who is a survivor of sex trafficking. As you watch the video, think about these questions:

- How do the experiences she had as a child affect her life as a teenager?
- What are the messages about love in this video?

Debrief:

After the video, discuss the questions that were posed at the beginning:

- How do the experiences she had as a child affect her life as a teenager?
- What are the messages about love in this video?

Point out the idea of a cycle of abuse: this idea states that abused children are more likely to have abusive relationships later in life as this experience may be normalized for them, what they have come to expect, or what they feel they deserve. Also, for children who have experienced abuse by a caregiver, a toxic association can be made between love and abuse.

Ask: What do they think we could do to interrupt this cycle?

OPTIONAL: LANGUAGE ACTIVITY (Do only if time allows)

15 minutes

IMPORTANT: Please do not do this activity unless you have enough time to debrief it. Otherwise it may reinforce stereotypical beliefs.

Read the following words out loud and have students decide if the words or phrases are Positive / Negative / or Neutral

Ideas for doing this activity:

- 1. Post three signs in the room, reading "Positive," "Negative," and "Neutral." After you read each word aloud, have students silently walk to where they think that word belongs.
- 2. Have students work in groups of three or five and decide if the word is Positive / Negative / or Neutral.
- 3. Pass out a worksheet and have students circle the best description for the word.

Is the following word or phrase Positive, Negative, or Neutral?

- 1. Ho
- 2. Teen Prostitute
- 3. Sex-trafficked young person
- 4. Healthy relationships
- 5. Pimp
- 6. Player
- 7. Exploiter
- 8. Trafficker
- 9. "The Life" (a term used to be describes the experience of people engaged in prostitution and exploitation
- 10. Victim
- 11. Survivor
- *12. Ally*
- 13. Judgment
- 14. Freedom

DISCUSSION:

What are the differences between the positive/negative/neutral terms? How do the words and language we use shape how we see the issue? How do the words we choose reinforce limiting gender roles or normalize violence? For example, is it different to say 'a sex trafficked youth' than a 'teen prostitute'? Explore how the word prostitute implies consent. It also frames this is an individual experience when in reality this is a large-scale systemic problem.

CALL TO ACTION 5 Minutes

Distribute the "What You Can Do" information sheet. Highlight some of the information on the sheet:

What we can you do to prevent Human Trafficking?

- We can educate ourselves about Human Trafficking and how it affects our community.
- We can find opportunities to educate and empower our community members because we
 know that the health and wellbeing of one affects the health and wellbeing of the
 community as a whole.
- We can act as allies to those who have experienced any type of violation of their human rights.
- We can practice non-judgment and instead create opportunities for folks to seek help safety.

How can we support one another to pursue relationships that are positive and uplifting?

- Be aware of how exploitation happens so you can avoid it yourself
- Use the right language and teach others to use the right language as well
- Understand that sex trafficking is on the continuum of sexual abuse
- Organize a human trafficking group on your campus
- In whatever you do, be an ally of equality and freedom for all

What should I do if know someone who is being exploited?

- Don't judge this is a young person in need of help
- Be someone they can talk to; provide support
- Tell an adult
- Refer the person to services or The Human Trafficking Hotline 1 (888) 373-7888

GROUP ACTIVITY - RESISTING TRAFFICKING

15 Minutes

Count students into small groups. Assign each group to answer these questions (printed on the worksheet):

1. Knowing what we know now what is one word or phrase that has been used to stigmatize or shame folks who have experienced abuse or exploitation?

- 2. How can the language we use affect a person's decision to have open and honest conversations about their behavior?
- 3. How can we make it safer for people to reach out for help?
- 4. If you or someone you know were experiencing abuse or exploitation what could you do?

When groups are done answering the questions, ask some of them to share their answers with the class.

CLOSURE/HOMEWORK

5 mins

Ask students to share what they have learned about human trafficking Assign students to complete the "Sex Trafficking Prevention" homework page.

POST-SURVEY 15 mins

Have each student complete a post test. Remind the students that the post test is anonymous and that it is not being graded. Let them know that the post tests help to see if the lessons are effective and what improvements can be made. If you are using the paper version, please send the completed post-tests to School Health Programs.

Worksheet: Positive, Negative or Neutral?

Name:	
Period:	Date:

Is the following word or phrase Positive, Negative, or Neutral? Circle your answer.

1. Ho	Positive	Negative	Neutral
2. Teen Prostitute	Positive	Negative	Neutral
3. Sex trafficked young person	Positive	Negative	Neutral
4. Healthy relationships	Positive	Negative	Neutral
5. Pimp	Positive	Negative	Neutral
6. Player	Positive	Negative	Neutral
7. Exploiter	Positive	Negative	Neutral
8. Trafficker	Positive	Negative	Neutral
9. "The Life" (a term used to be describes the experience of people engaged in prostitution and exploitation)	Positive	Negative	Neutral
10. Victim	Positive	Negative	Neutral
11. Survivor	Positive	Negative	Neutral
12. Ally	Positive	Negative	Neutral
13. Judgment	Positive	Negative	Neutral
14. Freedom	Positive	Negative	Neutral

What Can We Do to Help?

What we can you do to prevent Human Trafficking?

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Resisting Trafficking

Names of Group Members:	
Period:	Date:
1.	What are some words or phrases that have been used to stigmatize or shame folks who have experienced abuse or exploitation?
2.	How can the language we use affect a person's decision to have open and honest conversations about their behavior?
3.	How can we make it safer for people to reach out for help?
4.	If you or someone you know were experiencing abuse or exploitation what could you do?

Homework: Sex Trafficking Prevention

Name: _	
Period:	Date:
Directio	ons: Read the scenario and answer the following questions
sh up ole	arly, who is 15, recently met a guy on Facebook. He began messaging her, saying e was pretty. They messaged a lot for a few weeks and then he asked her to meet o with him. One day, he picked her up from school. Carly was surprised to see how d he was, but she'd been developing feelings for him and decided it was ok. Soon, e tells her they are dating.
as ge th kn	or another few weeks, things go well. But soon, he starts texting her all the time, king her where she is. Sometimes, he gets really mad at her. Every time after he ets mad though, he apologizes and gets her clothes or jewelry. One day, he says at he's out of money because he's been spending all of it on her. He says that he lows about a way they can make money together: he can arrange for her to have a with people and then they can get money from it.
1.	Who has power?
2.	How are they exerting power?
3.	What makes this person vulnerable?
4.	How can you support Carly?