

4/5/6 F.L.A.S.H.



a curriculum in **FAMILY LIFE AND SEXUAL HEALTH** for grades 4, 5 and 6

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Illustrations by Powers, Stenson, Espinoza
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The County of King, by and for
Public Health - Seattle & King County, Family Planning Program

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To preview the **FLASH** curriculum online:

www.kingcounty.gov/health/flash/

FLASH lessons can be downloaded for free, online.

To order professionally-printed hard copies of **FLASH**:

Go to www.kingcounty.gov/health/flash and click on “Download the order form ...”

Hard copies are produced with labeled dividers, in 3-ring binders.

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Updates

Keep your **FLASH** binder current by subscribing to be notified of changes.

Go to www.kingcounty.gov/health/flash and click on the box that says, “Get FLASH email updates” in the upper right-hand corner of the screen.

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Overview of 4/5/6 FLASH

1	INTRODUCTION	Consideration for others; ground rules; slang vs. medical terms; defines "sexuality", and anonymous question boxes.
2	FAMILY	Defines family; differences and similarities among families; communication in families; the importance of family.
3	SELF-ESTEEM	Keys to feeling good about one's self; "I belong." "I can do things." "People appreciate me. "; and helping others feel the same.
4	SEX ROLES	Defines sex role; development of sex roles; and recognition of historical figures of both genders in various fields.
5	FRIENDSHIP	What makes someone a friend?; making friends; keeping friends and being a good friend.
6	DECISION-MAKING	Active vs. passive decisions; one model: Consider alternatives, consequences, feelings and beliefs.
7 & 8	SEXUAL EXPLOITATION (abuse)	Kinds of touch; defines exploitation; children's rights; recognizing exploitation; preventing it; reporting it; resources; and helping a friend.
9 & 10	PUBERTY	Defines puberty; changes and timing of puberty; bra and athletic supporter; hygiene products; and feelings/fears/ myths about puberty.
11 & 12	REPRODUCTIVE SYSTEM	Correct medical terms for locations and function of each part; ovulation; sperm production; fertilization.
13 & 14	PREGNANCY	Normal pregnancy; basic genetics; fetal development and twinning; the importance of prenatal care, good nutrition, and avoiding alcohol during pregnancy.
15, 16, 17 & 18	HIV/AIDS	Healthy concern vs. unhealthy fear; defines "communicable disease"; transmission: asymptomatic infection vs. symptomatic infection vs. AIDS; attitudes, decision-making, assertiveness.
19	REVIEW & RESOURCES	Review of key vocabulary; how to use the phone book to find community health and information resources.

Note:

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

Introduction

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

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

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

A word about **philosophy** . . .

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

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

The primary beliefs inherent in this curriculum supplement are these:

1. A person's unique qualities are to be celebrated.
2. Everyone is entitled to talk and be taken seriously.
3. Everyone is entitled to "pass" (not share personal beliefs, feelings, or information in class).
4. No one is entitled to treat another person simply as a means of selfish gratification; coercion and manipulation are wrong.
5. People have a responsibility to learn as much as possible about themselves and the people they care about. In order to meet this responsibility, they must have the opportunity to receive honest answers to honest questions.

Special Preparation: Before Beginning the Unit

Knowing Your State and Local Guidelines

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

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

Unless your district has already approved **4/5/6 F.L.A.S.H.**, contact your curriculum office at least a few weeks before you plan to begin a sexuality unit to find out its policies.

Planning a Sexuality "Unit"

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

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

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

Preparing Yourself

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

14 & Younger: The Sexual Behavior of Young Adolescents. Bill Albert, Sarah Brown, and Christine M. Flanigan, Editors; 2003; \$15; ISBN 15867104501; *The National Campaign to Prevent Teen Pregnancy*

Boy V. Girl? How Gender Shapes Who We Are, What We Want, and How We Get Along. George Abrahams, Ph.D., and Sheila Ahlbrand; 2002; \$14.95; ISBN 1575421046; *Free Spirit Publishing*

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

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

It's Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health. Robie H. Harris; 1996; \$10.99; ISBN 1564021599; Penguin Putnam Incorporated

What If Someone I Know Is Gay?: Answers to Questions about Gay and Lesbian People. Eric Marcus; 2000; \$4.99; ISBN 0843176113; Penguin Putnam Incorporated

The What's Happening to My Body? Book For Boys: A Growing Up Guide for Parents and Sons, New, Expanded Third Edition and What's Happening to My Body? Book For Girls: A Growing Up Guide for Parents and Daughters, New, Expanded Third Edition Lynda Madaras with Area Madaras; 2000; \$12.95 each; ISBN1557044430 and ISBN1557044449; Newmarket Press

You may also find that you want coursework to prepare you. We (Public Health – Seattle & King County) offer courses within King County for college credit. To arrange one for your district, or to attend individually, contact the Public Health Educator who serves your geographic area: <http://www.kingcounty.gov/health/flash> and click on “training for teachers”.

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

Preparing Your Administrator

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

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

Preparing Parents

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

Your role is two-fold. First, legally and morally, you must inform them that you're about to begin the unit. Your job is to offer them the options of pre-reviewing materials and/or of excusing their son or daughter. (In Washington State, parents are legally entitled to 30 days' notice before the HIV/AIDS lessons are taught.) Second, for those students who do partake of the unit, and

experience tells us this is about 99 percent of all students, you can use the unit to foster better communication at home. There are several ways to do this:

- Encourage your PTA to sponsor a free workshop for parents, to help them become better sexuality educators ... provided by your local health department. Within King county (WA), contact the Public Health Educator who serves your geographic area: <http://www.kingcounty.gov/health/flash> and click on “training for teachers”.
- Encourage your PTA to sponsor a workshop on puberty and communication for parents and their students TOGETHER...offered by Planned Parenthood (in Seattle, 206-328-7715; otherwise look in the local phone book).
- Provide **homework** assignments that encourage communication; but follow these guidelines:
 - a. Explain that the student can do the assignment with any adult in the family (a parent, grandparent, step parent).
 - b. Always offer an alternative assignment for students who may not be able to talk with an adult in the family.
 - c. Make sure assignments are clear, purposeful and related to the content of your in-class lessons.
 - d. Never ask students to report on the content of these conversations--only that they DID talk. To ask about a student's or family's beliefs or practices as to sex would be a violation of their privacy. We suggest that you use the form in Appendix B to follow up, if you want to give credit for this type of homework.

Preparing Your Materials

This curriculum is mostly self-contained. Except for the Puberty and HIV & AIDS lessons, you do not have to order A.V. materials, schedule guest speakers or organize field trips to utilize it. And even for those lessons, we haven't found great films to recommend.

Simply select any lesson plans you would like to use. For each lesson you decide to use, just look at the second page to see which transparencies or worksheets you will need to photocopy and/or if there are any other materials to assemble.

How to Use FLASH

Using Coed or Single-Gender Groups

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

Using Worksheets

Be creative. You can use them in any of a number of ways.

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

Using Speakers

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

Using Anonymous Question Boxes

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

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

Values Questions & Protocol

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

Examples of relatively **UNIVERSAL** values:

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

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

Examples of **CONTROVERSIAL** issues that have a wide range of values in the community:

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

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

However, just because it's inappropriate in a public school setting to teach **particular values** on controversial issues, that does **not** mean one can't teach **about** the issues. It just means that it must be done with respect for the diversity of opinion within your community. For example, you can discuss abortion - what it is, the fact that it is legal in this country, where abortions are performed, etc., but it is not appropriate to share your beliefs about whether or not abortion is a correct choice.

Because the very teaching of certain topics may be controversial in some communities, we have included sections called "Rationale" after the cover pages of some lessons (4, 7, 8, 17). These sections explain and document the relevance and vital importance of those sections of the curriculum to the lives of juniors and seniors in high school.

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

Values Question Protocol:

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

SAMPLE Q: I masturbate. Is that ok?

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

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

Values Question Protocol in more detail:

1. Read the question:

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

directly. But when you paraphrase it, make sure you are clear enough that the author of the question will recognize it as his or hers.

2. Legitimize the question:

"I am glad someone asked this one."

"That's an interesting question."

"People ask me this one every year."

"This one is really thoughtful (compassionate, imaginative, respectful)."

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

3. Identify it as a belief question:

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

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

4. Answer the factual part, if there is one:

Thus, for instance, if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands that -- values notwithstanding -- no physical harm results from masturbating:

"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that."

Even questions that are fact questions on their face may need a discussion of the underlying values, but always start by answering them:

"Can you get birth control without your boyfriend or husband's knowing? Yes, legally in our state, you can. Now let's talk about the different beliefs people might have about couple's communicating about birth control."

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

On sensitive issues such as sex and religion, it can be really unfair (and, in Washington State, illegal) to ask individual students their own beliefs. But it is very appropriate to generalize:

"Tell me some of the things you've heard that people believe about that."

Prompt the group with a stem sentence:

"Some people believe ____?"

"Um, hmm, and some people believe ____?"

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

believed it might express it and (2) to make sure that a complete range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

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

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

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

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

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

7. Check to see if you answered the question.

"Is that what you were asking?"

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

8. Leave the door open.

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

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

Other Difficult Questions

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

Slang Question Strategies

1. **Trust your professional judgment** and personal comfort as guides for which of these strategies to utilize in any given situation.
2. **Assume good intentions ... or act as if you do.** We've found that students work hard to live up to your expectations if you work to convey (even when you may be frankly, skeptical) a faith in their best intentions for asking a question. Use your tone to convey respect for the person who asked the question, even as you address the slang in it.
3. **Acknowledge that it may not have been written as a serious question.** When a question is just too off-the-wall to have been asked for any other reason than to have gotten a laugh or put you on the spot, it's okay to preface your reading it aloud with *"Maybe the person who wrote this wasn't serious about it, but I'm going to answer it anyway, in case they really did need an answer or in case someone else in the class does."*
4. **Read the question verbatim** if you can. The advantages of reading the question verbatim, if at all possible (given boundaries of one's own discretion and comfort) include:
 - a. Not confusing the author of the question
 - b. Communicating your respect for the students; your trust in their sincerity and maturity
 - c. Communicating that you are relatively unflappable and accepting
 - d. Diffusing the need to test
5. **Own your discomfort with the language and paraphrase it.** Rather than taking a punitive, or annoyed, or rule-based stance, try saying something like, *"I'm not comfortable reading this one the way it was written, but it may be an important question, so let me paraphrase it for you. The person used slang, but what I think they were asking was ..."*
6. **Identify the slang** as such (e.g., *"Cherry is a slang word."*).
7. **Distinguish between neutral and demeaning slang.** Not all slang is hurtful. *Period*, for example, is slang for menstruation, but it's just as respectful as its medical counterpart. In contrast, *faggot* is hurtful and the person asking the question probably knows it. Refer to the "Hurtful question strategies" below for ideas for managing slang when it is derogatory.
8. **Translate into medical/standard** language. Write the medical/standard or respectful/sensitive term on the board, to reinforce it.

9. **Answer the question.** If it's also a value question (for example, "Is it ok to *jack off*?"), use the value question protocol.
10. **Leave the door open.** Because slang and euphemisms can be ambiguous or can mean different things to one generation or culture than they mean to another, you may have misinterpreted what the student was asking. Acknowledge that and invite the author to drop another question in the box or to talk with you in private if you haven't answered what they meant to ask.

Example of a slang question:

Q: How does a dick get big?

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

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

Q: What if you're a boy and you really like boys, does that make you a faggot?

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

Hurtful Question Strategies

1. **If the underlying assumptions or premises of the question are derogatory or hurtful, say so.** Identify stereotypes. Help students recognize (and name) sexism, racism, etc. When students use the term "*Siamese twins*" I explain that blaming a birth anomaly on one country is racist. Siam is the country we now call "*Thailand*." And just because the most famous *conjoined* twins were Thai, it doesn't make it OK to name the problem after the country where they were born.
2. **Let the author off the hook** with "*The person may not have meant this as hurtful, but ...*" Not all hurt is intentional. It's always a good idea, when in doubt, to be generous in your assumptions. When students use the term "*Siamese twins*" I always note that that's probably what the person who wrote the question has **always** heard them called, but ..."

3. When demeaning slang is part of the question, **translate into "more respectful/sensitive"** language. Write the respectful/sensitive term on the board, to reinforce it. Tell them, not in an angry way but in a teaching sense, which language you want them to use from now on.
4. **Skip written questions altogether if a classmate is identified by name.** Naming a classmate in a question in order to humiliate them is not OK. Those are the only questions I will refuse to read aloud. See "Personal Question Strategies," below for more ideas about that.
5. **Answer the question.** I was once asked in a middle school whether African-American men are hornier than Caucasian men. First, I identified that as a stereotype. But then I made sure to answer the question in as straightforward a way as possible so there would be no mistaking my answer: *"No, African-American men are as diverse in their sexual desire as men of other racial identities. Some like a lot of sex; some don't want as much. And it changes at different times in each guy's life. For that matter, the same is true for women."*

Personal Question Strategies

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

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

Thus, options include:

1. **Decline to self-disclose and explain why.** But do it in a way that doesn't imply ill-will on the part of the student who asked the question. Simply model good boundaries: *"I'm not comfortable answering this one. It's a personal question."* Or *"I really like y'all, but you're my students, not my close friends. This question feels too personal for me to get into with you."*
2. **Paraphrase the question so that it isn't about you or anyone specific** in the class or elsewhere. So instead of reading verbatim a question that is clearly intended to embarrass a classmate, like, *"Is Johnny Jones [a classmate] going through puberty?"* you could say, *"This person wants to know how you could tell if someone is going through puberty."*
3. **Generalize.** Speak of what *people* do, instead of what *you* have done. Often a student asking personal question about you is simply looking for validation. It can be even more validating to say, *"This person asked whether I personally have had an abortion. I don't want to talk about my own personal history with you. You are my class. You're a great class, but I don't talk about this kind of thing with anyone but my closest friends. What I can say is that about 3 in 10 people who get pregnant as teens have abortions; the other 7 carry the pregnancy to term."*

Example of a personal question (that's also a value question):**Q: How old were you when you first had sex?**

A: I know a lot of kids wonder about decisions adults have made, but I'm not comfortable answering a personal question like this one except with my closest friends. Remember our ground rule about protecting privacy? I'm going to protect mine on this issue. But maybe this person is asking when people generally start having sex ... kind of 'What's normal?'. The answer is: it varies, of course, from one culture and one generation to the next. One recent national survey found that 46.8% -- less than half -- of high school students in the U.S. had ever had sexual intercourse. But the truth is, I hope you won't base **your** decisions on what other people have done. The decision about when to have sex for the first time is too important to base it on other people's choices. *[Then use the value question protocol ...]* Each person, each family and religious tradition and culture have really different beliefs about when it should happen. Some people believe a person shouldn't have sex until they are married. Others believe that if you're an adult and are done with school that it's OK. Some believe there are certain qualities in a relationship or certain kinds of maturity that ought to happen first, no matter how old you are. Because people have such different beliefs about this one, I hope you'll talk with your families and other trusted adults *[and with high school students add: and your closest friends and people you go out with]* to see what they believe.

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

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

1. **Be honest.** Don't just guess at the answer. Or if you can make an *educated* guess, do ... but be very clear that that's what you're doing.
2. **Ask if anyone in the class knows the answer.** Often someone will. And utilizing their knowledge is empowering to them as learners.
3. **Look it up in front of them.** The skill of accessing reliable health information is even more crucial than the answer itself.
4. **Promise to find out** and get back to them. If you do make this kind of promise, be sure to follow through. And when you do, **make sure to tell them how/where you found out.**
5. **Get a volunteer to research it and report back.** Provide some guidance about where the volunteer might go for a trustworthy answer, and consider offering extra credit.

An example of a question you might not know the answer to:**Q: What causes PMS?**

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

Strategies for the Question You Don't Understand

You have several options for these types of questions.

1. **Take responsibility for not understanding** (as opposed to blaming the author of the question). So say something like, "*This may be a very important question, but I'm not sure what the person is asking.*" instead of, "*Well, there are a lot of misspellings and mangled grammar here.*"
2. If it is asked verbally, **probe a little**. "*Can you say more about what you're asking?*"
3. Read it verbatim or write a word you don't recognize on the board. And **ask if anyone in the class knows what the person might have meant**.
4. If it's asked in writing, **guess at the author's intended question** and answer it. You may need to answer more than one possible question.
5. **Invite the author to drop another question in the question box**, rephrasing what the question meant.

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

Q: If you got zix do you fell sick?

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

Family

Grades 4-6, lesson #2

Time Needed

30-90 minutes

Student Learning Objectives

To be able to...

1. Recognize that there are different kinds of families.
2. Give examples of two purposes of families.
3. Recognize that all members of a family (including parents) have needs.
4. Name something he or she values about each member of his or her family.
5. List at least three behaviors that contribute to good listening.
6. Describe the feeling he or she has when someone listens to him or her or talks to him or her in a serious, personal way.

Agenda

1. Explain purpose of the lesson.
2. Define "family."
3. OPTIONAL: Show the documentary video *That's a Family* and discuss it.
4. Diagram families.
5. Use brainstorm to identify purpose and importance of families.
6. Use contrasting role-plays to identify "good listening behaviors" and to highlight their importance.
7. Use case study to point out that speaker and listener BOTH benefit from good communication.
8. Answer "Anonymous Question Box" questions about family.
9. Summarize the lesson.

This lesson was most recently edited June 6, 2013.
Alternate formats available upon request.

Materials Needed

Classroom Materials:

- OPTIONAL: Documentary film ***That's a Family*** (DVD or streamed live)
Available from New Day Films, as part of the Respect for All series from
GroundSpark: 888-367-9154 www.newday.com/films/Thats_a_Family.html

Student Materials: (for each student)

- One sheet of white or manila construction paper per student
- Several crayons or colored pencils per student

Activity

1. Explain that this lesson will help students understand what families are *for*, and how they (your students) *contribute* to their own families.

2. Define family.

A family is two or more people who love and take care of each other. Usually they are related and/or live together. Families come in all shapes, sizes and descriptions.

3. **OPTIONAL: Show the 35-minute documentary film *That's a Family* and discuss it.**

The film tells the stories, in their own words, of children in families with parents of different races or religions, divorced parents, a single parent, gay or lesbian parents, adoptive parents or grandparents as guardians. Each child discusses the configuration of their family, what's special about their family, what's challenging about their kind of family and what they want other children to understand about families like theirs. It comes with a wonderful *Discussion and Teaching Guide*.

- The film portrays children and families that are happy and highly functional at this point in time. Acknowledge that most families have times when things are not so happy and people aren't getting along so well.
- The film also does not introduce every *configuration* of family. Discuss which kinds of families were not portrayed (two-biological-parent families, foster families and group homes, couples without children, bigger and extended families living together).
- Invite people to comment on the ways their own families are similar to and different from the families in the film, thinking about, for instance, the ways they have fun together, the ways they change over time, the ways that different family members take care of one another.

4. **Diagram families.**

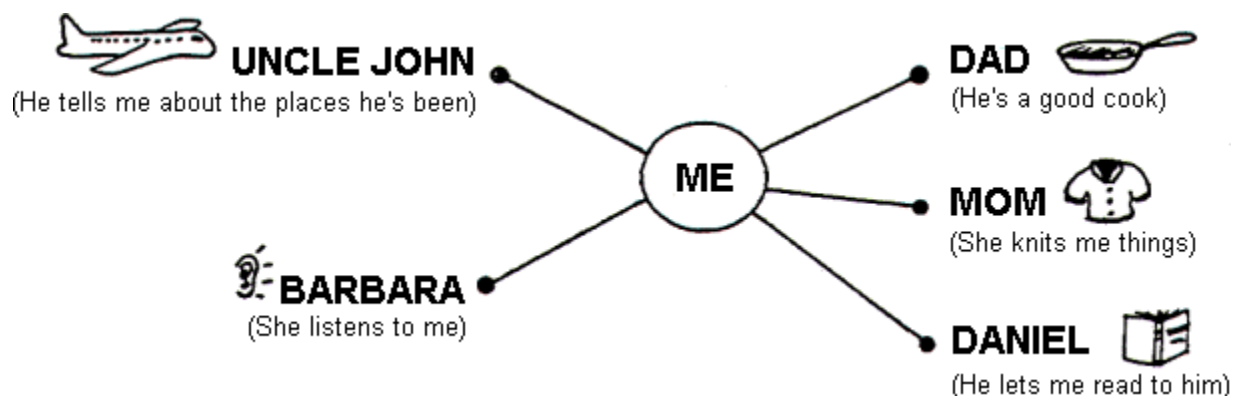
Have each student draw a small circle in the center of a sheet of construction paper. They should write the word "me" inside the circle. You can do the same on the blackboard, diagramming your own family. From the circle, draw one spoke for each member of your family. At the outside end of the spoke, write the person's name or nickname and draw a little picture of something special about that person. (It might be a soccer ball for the sister who is a "soccer-nut", or a smiling mouth for the brother with the wonderful laugh, or a hairbrush for the grandmother who lets you brush her hair and style it.)

Point out that each person will define "family" differently, in deciding who to include. Some will draw their parents and brothers and sisters. Some will draw all their blood relatives. Some will draw a single parent or two parents of the same or different genders. Some will include step-parents or grandparents or others who live with them. Some may draw two households if their parents live apart and some will draw foster families. Some may count a loved one serving in the military overseas or in a nursing home or a correctional facility.

They should include whomever THEY think of when they think of their family. Some will count pets as family. They get to decide who counts.

Allow fifteen (15) minutes.

Here's an example:



- a. Invite 3 or 4 volunteers to describe their diagrams to the class. Help each volunteer to articulate the characteristic he or she values about each family member.

5. Examine the purposes of families.

Explain that families meet two kinds of needs we have: physical needs and emotional needs. Make two columns on the blackboard and ask the students to brainstorm all the needs a family can meet. You may end up with something like this:

PHYSICAL NEEDS

shelter
food
clothes
medical care

EMOTIONAL NEEDS

to feel you belong
to feel appreciated
to feel useful
affection

to feel understood
to laugh, cry, etc.
to feel listened to
to feel needed and special

Make sure they realize that ALL family members have needs and that all help MEET one another's needs. Even the adults have needs. Even the elderly person and the infant help meet other people's needs. Even your students help meet some of the needs their families have.

6. Examine communication within families.

If one of the needs a family can meet is the need to feel listened to, how can a person listen well? How do you know if somebody's really listening to you? How do you feel? How do you know when they're not?

Choose your most dramatic student to role-play with you a conversation between a brother and sister. You play the older sibling. The younger sibling is upset over something that happened at school.

Play the scene twice. The first time you exhibit poor listening skills (allow yourself to be distracted/interrupted by the phone or the T.V., don't make eye contact, cross your arms and lean backwards, tell the other person they don't really feel upset, and change the subject). The second time, you exhibit good listening skills (allow no distractions, look the person in the eyes, uncross your arms and lean forward, check out whether you understand the person's feelings by asking, and nod). EACH time, ask your fellow role-player how they FELT in the scene.

After the second scene, ask the class to tell you exactly what they saw you do differently in the two scenes. Write the class's observations on the blackboard, entitling the list "Behaviors That Contribute to Good Listening."

7. Examine WHO BENEFITS from good communication.

Tell the class you want to share a Case Study with them and get their reactions to it. Read aloud:

"Leo and Kristen were both in sixth grade and they were best friends. One day Leo came to school grouchy. He wouldn't take his coat off. He hit someone who tripped over his foot by mistake. He didn't even sing during music, and he was usually the best singer in the class. Mrs. Smith, his teacher asked him what was wrong and he wouldn't tell her. The music teacher, Mr. Bailey, came out to talk with him during recess and he just pulled away. Finally, at lunch he told Kristen that his dog had been hit by a car and killed. He told her he couldn't tell anybody but Kristen because he was embarrassed that he might cry. As he said this, one tear slid down his cheek and Kristen offered him her sleeve to wipe it."

Ask the class how they think Leo felt. Ask them also how they think Kristen felt. The point is that both persons feel good: Leo, because she didn't laugh at his feelings, and Kristen, because Leo trusts her so much that he will talk to her when something is too personal and private to share with anyone else. He feels listened to and she feels needed and special.

8. Answer "Anonymous Question Box" questions about family.

Remember that your role is not to judge any one family's lifestyle but to help students appreciate similarities and differences and PURPOSES of families. For community resources to refer students (divorce, alcoholism, domestic violence) see Appendix F.

9. Summarize the lesson by asking the class to tell you what a family *is* and what it is *for*.

Related Activities For Integrated Learning

A. Reading

Have students do a specialized book report, not about the PLOT of a book, but about the *family* of the main character. Who is in the family? How does each one help meet the needs of the others? What is special about each one? Books that give examples of different kinds of families include: ***Heidi***, ***J.T.***, ***Now I Have a Step-parent and It's Kind of Confusing***, ***Tom Sawyer***, and ***The Little House on the Prairie***.

B. Social Studies

Have students report on families in different cultures, by doing library research and/or contacting cultural organizations.

C. Language Arts

Have students add "communication" to their glossaries.

Homework

Students' options:

- Take home their family diagrams to discuss with an adult member of the family*
- Diagram a family from a television show or a book they have already read, as if they were one of the characters.

*see "Preparing Parents" page 6-7

Self-Esteem

Grades 4-6, Lesson #3

Time Needed

25-35 minutes

Student Learning Objectives

To be able to...

1. Explain that everyone needs to feel:
 - "I belong"
 - "I can do things"
 - "People appreciate me."
2. Describe the feelings he or she has when he or she is left out of a group, fails at something, or does something that goes unnoticed.
3. Explain the value of differences and the difficulty of differences.
4. Make an affirming statement to him/herself.
5. Make an affirming statement to a classmate and to a family member.

Agenda

1. Explain the purpose of the lesson.
2. Define self-esteem and describe the origin.
3. Use riddles (Visual #1) to unscramble 3 key elements of self-esteem.
4. Identify situations that *damage* self-esteem.
5. Use "Self-Esteem Worksheet" to reinforce activity 3.
6. Identify situations that *build* self-esteem.
7. Answer "Anonymous Question Box" questions regarding self-esteem.
8. Use an esteem-building small group exercise.
9. Discuss the exercise to summarize the lesson.

This lesson was most recently edited June 29, 2012.

Materials Needed

Classroom Materials: (1 per class)

- *Self-Esteem Visuals #1 and #2* (contained in this lesson and also available online as PowerPoint slides: www.kingcounty.gov/health/FLASH)

Student Materials: (for each student)

- *Self-Esteem Worksheet* (same as *Visual #2*)
- pencils

Activity:

1. Explain that self-esteem means liking yourself.

And explain that people with lots of self-esteem (i.e., who like themselves) tend to make healthier decisions than people with only a little. They tend to make friends, and keep friends, more easily, etc. This lesson will give everybody some tips on how to boost their own--and others'-self esteem.

2. Describe the origin of self-esteem:

We're all born with an imaginary empty treasure chest. As people love, cuddle, brag about and play with us, it puts treasure in. As they criticize us, it takes treasure away. Sometimes when a lot of put-downs accumulate, the treasure chest locks. Locking protects us from hurts, but also prevents us from feeling the good feelings inside the treasure chest. Three keys can unlock those feelings.

3. Use riddles (Visual #1) to unscramble 3 key elements of self-esteem. Show the class the first (scrambled) key on Visual #1, but keep the others covered.**a. Read the class your CLUE FOR KEY NUMBER ONE:**

"Everybody needs to feel this way. You feel this way when someone chooses you to be on their team. You feel this way when your whole family gets together for Thanksgiving. You feel this way when everybody's going somewhere and they ask 'Aren't you coming?' You feel this way when you're home sick and somebody calls just to see if you're OK. You feel this way when somebody invites you to be in their club."

Ask if anyone knows what the first key to feeling good about yourself is...

ANSWER: **"I belong."**

Have the person who thinks he/she knows come up and write the answer on Visual #2.

b. Repeat the process for KEY NUMBER TWO:

"Everyone needs to feel this way, too. Jimmy is only three years old; he feels this way when he puts his clothes on all by himself. Kathie is seven; she feels this way when she rides her two-wheeler for the first time. Mick is eleven; he gets this feeling by building model airplanes. Denise is sixteen; she feels this way when she drives the car with her new driver's license. Damien is in a wheelchair; he feels this way with his new electric wheelchair that allows him to go places without being pushed. Grandpa Walt feels this way when he takes care of his great-grandbaby for the evening."

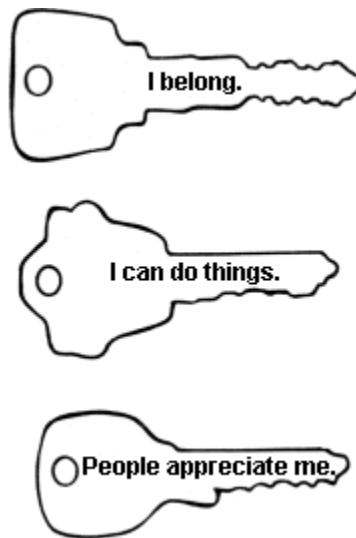
ANSWER: **"I can do things."**

c. CLUE FOR KEY NUMBER THREE:

"Everybody needs to feel this way, also. Mary is doing her chores when the phone rings. She asks her little brother, Jack, to answer the phone. He answers it and takes a message for Mary. She says, "Thanks, kid," and Jack feels this way. When her mother comes home she sees that Mary straightened up and she says, "The house looks great, honey." Mary feels this way. Mary's Mom opens a shopping bag and shows Mary the safety pins Mary's been asking for. Mary grins. "You remembered," she says, hugging her. Mom feels this way.

ANSWER: **"People appreciate me."**

d. You will end up with Visual #2 looking like this:



4. Identify situations that *damage* self-esteem.

Ask the class to think of examples of when a person might feel, "I DON'T belong."

How about examples of when they might feel, "I CAN'T do things"?

Now help them come up with examples of times when a person might feel, "Nobody appreciates me."

5. Use "Self-Esteem Worksheet" to reinforce activity 3.

Each student fills in his or her own copy of Visual #2.

6. Identify situations that *build* self-esteem.

Ask the class for examples of when a person might feel "I DO belong." Remembering those occasions can unlock your treasure chest when you feel like there's something wrong with you, because you're lonely. Have them list times they've felt "I CAN do things." Again, remembering is helpful when you feel like giving up. Have them list times they've felt "People DO appreciate me." And finally have them consider how to give other people self-esteem treasure.

7. Answer "Anonymous Question Box" questions about self-esteem.

For referral resources, see Appendix F.

8. OPTIONAL: Use an esteem-building small group exercise.

In groups of four to six, have each person go around the group saying one thing they like about each other person. Remind them of the ground rule, "No put-downs." This exercise will only work in a class that is experienced in small group work. It may work best later in the school year, after the class has built some rapport and a sense of community. As alternatives, see Related Activities A, B and C below.

9. Reiterate that a person's feelings about him/herself are influenced by three things:

- whether he/she feels belonging to a family or other group
- whether s/he feels competent--able to do something well
- whether s/he feels as if other people notice and are gladdened by his or her presence.

Related Activities For Integrated Learning

A. Social Studies

Students can make time lines of their lives, listing things they could do at age 5, now, and things they will be able to do at age 15, age 20, and age 25.

B. Art

Students can draw personal coats of arms showing: in one quadrant, one place they belong; in another, something they can do; in a third, something people appreciate about them; and in the fourth, one way they help to build OTHER people's self-esteem.

C. Bulletin Board

Take a snapshot of each student and make a display of them, with each child's name under his or her picture.

D. Art

Students can draw, paint, or construct self-esteem treasure chests.

Homework

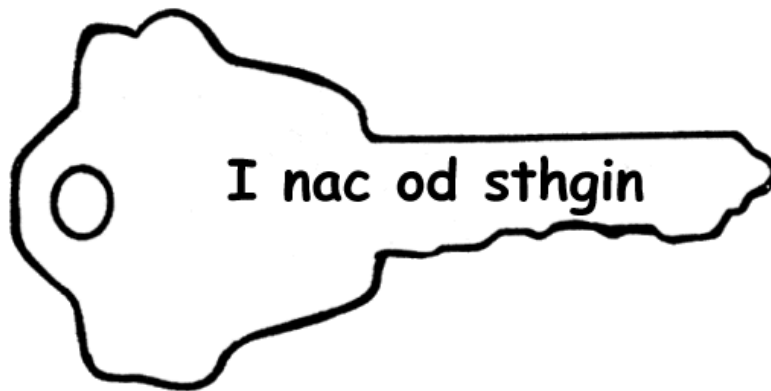
Students' options:

- Ask an adult in their family whether they felt popular when they were the student's age and whether that has ever changed.*
- Give someone (a friend, family member, teacher, or even a stranger) a gift of a piece of self-esteem treasure in one of three ways, through:
 - including that person (to give them a sense of belonging), or
 - complimenting the person on some skill (to give them a sense of being able to do things, or
 - thanking them for something (so they'll feel appreciated).

*see "Preparing Parents" page 6-7

Self-Esteem Visual 1

Keys To Feeling Good About Yourself

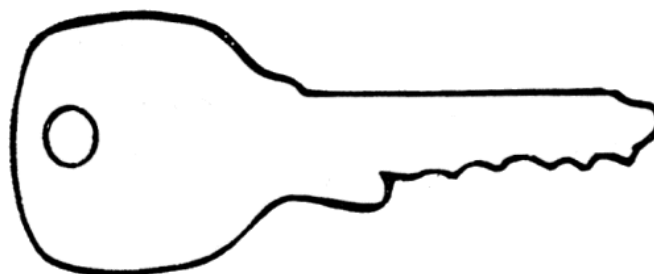
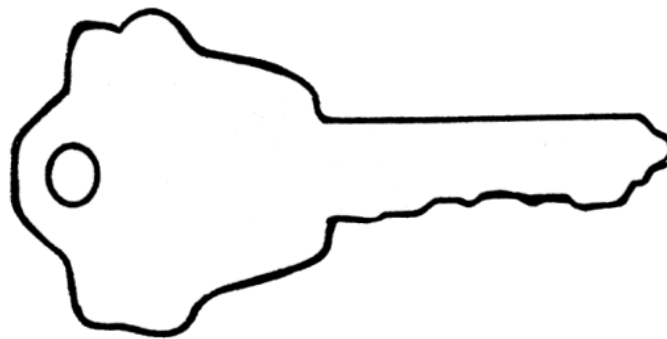
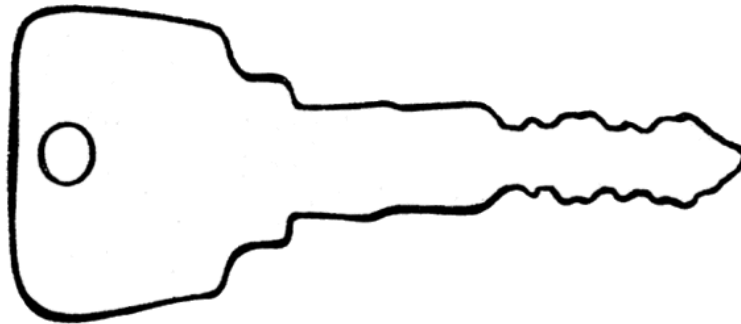


Self-Esteem Visual 2/Worksheet

NAME _____ DATE _____

Keys To Feeling Good About Yourself

DIRECTIONS: Unscramble the keys. Write the answer inside each key.



Gender Roles

Grades 4-6, Lesson #4

Time Needed

15-25 minutes, plus library time

Student Learning Objectives

To be able to...

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

Agenda

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

This lesson was most recently edited June 6, 2013.
Alternate formats available on request.

Materials Needed

Student Materials: (for each student)

- Gender Roles Worksheets #1 and #2

Activity

1. Define "gender roles" and explain the lesson's purpose.

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

2. Brainstorm gender-specific roles and behaviors in America today.

Have students brainstorm, while you write on the blackboard, advantages of being male; then, the advantages of being female in mainstream U.S. culture today. Your lists may end up looking something like this:

Men and Boys

Can box, wrestle without being teased
Can grow beards, mustaches

Can play pro hockey

Women and Girls

Can have babies
Can wear skirts and dresses without being teased
Can wear makeup without being teased
Can paint the bedroom pink without being teased

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

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

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

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

"Ronald's best friend, Mary, lives next door. Dad overheard a conversation between Ronald and Mary one day. Mary said, 'Let's play house.' Ronald said, 'OK, you be the mommy and I'll be the daddy.' Mary told him to go to work, so she could fix lunch"

for the baby, Ronald got angry. He yelled, 'Daddies fix lunch! I'm not playing with you anymore, Mary. You're stupid!'"

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

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

Ask the class:

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

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

5. Research historical figures (male and female) in the school library.

Assign students to find the name and story of one male and one female who have been each of the following professions (each student can look up one profession).

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

6. Summarize the lesson by discussing the library experience.

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

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

POC = Person of Color

F = Female

Authors

F,POC Ntozake Shange
 F Ruth Bell
 F,POC Ida Bell Wells-Barnett
 POC Langston Hughes
 POC Sherman Alexie
 F, POC Maya Angelou

Astronauts

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

Health and Science Pioneers

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

Artists

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

Leaders of Nations

F,POC Indira Gandhi
 F Golda Meir
 F,POC Sirimavo Bandoranaika
 F,POC Maria Estela M. de Peron
 POC Barack Obama

Musicians

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

Religious Leaders

F,POC Mother Teresa (Agnes Bojoxhiu)
 F Mary Baker Eddy
 F,POC Luisa Gonzalez
 F Elizabeth Ann Seton
 F Aimee Semple McPherson
 POC The Dalai Lama

Athletes

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

Human Rights and Civil Rights Leaders

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

Explorers

F,POC Sacajawea
 F Amelia Earhart
 F Harriet Chalmers Adams

Related Activities For Integrated Learning**A. Social Studies**

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

B. Music & Language Arts

Students may write a song or a poem about the ways they believe boys and girls are alike and different.

Homework

Students' options:

- Use Worksheet #1 with an adult in their families.*
- Complete Worksheet #2 by themselves.

*see "Preparing Parents", page 4-5

Gender Roles Worksheet 1

NAME _____ DATE _____

Directions

1. Find a watch or clock with a second hand, a stop watch, or a cell phone with a stopwatch.
2. Practice, with an adult, using the watch or stopwatch
3. Explain to the adult that you want him/her to fill out Section A, below, while you time him/her.
4. Explain that he/she should work as quickly as possible; skipping any he/she does not know. The people listed may be living or dead.

Section A, to be filled out by an adult.

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

1. Artist

2. Astronaut

3. Athlete

4. Author

5. Civil Rights Leader

6. Explorer

7. Health Pioneer or Scientist

8. Leader of a Nation

9. Musician

10. Religious Leader

(Time: _____ # Completed _____)

Section B, to be filled out by an adult.

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

1. Artist

2. Astronaut

3. Athlete

4. Author

5. Civil Rights Leader

6. Explorer

7. Health Pioneer or Scientist

8. Leader of a Nation

9. Musician

10. Religious Leader

(Time: _____ # Completed _____)

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

6. Adult's signature _____

Child's signature _____

Date: _____

Gender Roles Worksheet 2

NAME _____ DATE _____

Directions:

1. Watch television for 1 hour.
2. As you watch, list below the name of each character and the job he or she does
(Example: "Phil Dunphy, real estate agent.") If you cannot tell what the person does, write "No job?"

Show:

Male Character(s)

Female Character(s)

Show:

Male Character(s)

Female Character(s)

Show:

Male Character(s)

Female Character(s)

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

Friendship

Grades 4-6, Lesson #5

Time Needed

35-45 minutes

Student Learning Objectives

To be able to ...

1. Identify characteristics of a "good" friend and assess self.
2. List at least three opening statements to initiate conversations.
3. List at least 3 ways to maintain a friendship.

Agenda

1. Explain the reason for the lesson.
2. Read a case study about friendship (aloud or silently).
3. OPTIONAL: Use the case study to tie this lesson to decision-making.
4. Use a focused-writing exercise to help students identify what they value in a friend.
5. Discuss focused-writing exercise.
6. Discuss feelings of alone-ness and loneliness.
7. Discuss the risks and benefits involved in "initiating" a friendship.
8. Use a bulletin board exercise to identify skills in building and maintaining friendships.
9. Answer "Anonymous Question Box" questions regarding friendship.
10. Summarize the lesson.

Materials Needed

Classroom Materials:

- 2 empty bulletin boards
- Friendship Visual #1
- Overhead projector

Student Materials: (for each student)

- Construction paper
- Markers
- Tape
- OPTIONAL: one copy per student of "Terry's Story"

Activity

1. Explain the reason for the lesson.

Explain that, as people grow up, not only their bodies change. Their understanding of themselves changes and so do their friendships. That is what this lesson is about-- understanding yourself and friendship.

2. Read a case study about friendship (aloud or silently).

Read "Terry's Story" aloud to them (or copy it and have them read it silently or follow as someone reads aloud). If you read it aloud, show Terry's list of friends (Visual #3) on the overhead.

3. OPTIONAL: Use the case study to tie this lesson to decision-making.

Ask the class what they think of Terry's decision to help Gabriel. To tie this lesson in with decision-making, you can have the class brainstorm Terry's alternatives (choices) as you write them on the board. Then have them consider and discuss the possible positive and negative consequences ("good and bad things that could have happened") of each.

4. Use a focused-writing exercise to help students identify what they value in a friend.

Have the class number a paper 1 to 15 and list all their friends, similar to how Terry did.

- List at least eight.
- They may be people you don't see any more, but who used to be your friend (when you lived somewhere else).
- They don't have to be your age; some may be adults and some may be little kids you babysit for.
- They may be male or female (same sex as you or other sex).
- Some may be members of your family, but only if they really feel like friends.

Have them write, next to each name, what they like about that person...why the person is their "good friend". They may not have time to finish this in class. Some may have to finish as homework.

5. Discuss focused-writing exercise.

Remind them of the ground rules, especially their right to "pass" and their agreement not to put one another down. Explain that everybody's definition of friendship is different; that one person, for example, might choose a friend because that person had a good sense of humor, whereas another might not care at all about humor, but might really care that the person be someone they can talk seriously with. Explain that the point of the exercise is not for everyone to agree, but for each person to have a chance to think about what is important to him or her. Ask for volunteers to each share one reason they put one person on their list. Compare and contrast. Reflect back to the group characteristics many people list as important in a friend: trust, honesty, listening skill, sense of humor, helpfulness, etc. Point out that the things they value now in friends may be very different from things they looked for in friends as a kindergartener.

6. Discuss feelings of alone-ness and loneliness.

Discuss how it feels to be in a new school where you don't know anybody. Point out that, while a person may feel as if she or he is the only one with those feelings, it's not true.

7. Discuss the risks and benefits involved in "initiating" a friendship.

Discuss how it feels to initiate conversation or to phone someone you think you might like to become friends with. Discuss, too, how it feels to be on the receiving end--when someone else initiates.

8. Use a bulletin board exercise to identify skills in building and maintaining friendships.

- a. Have half the class write ideas and tape them on a bulletin board, re: "What you could say after you say hi!" or "How to start a conversation to make a friend." This can be done aloud as class discussion, instead.
- b. Have the other half of the class write ideas and tape them on a second bulletin board re: "If you want to keep a friend, it helps to ..." This one also can be done in discussion format.

9. Answer "Anonymous Question Box" questions about friendship.**10. Summarize these points:**

- People value different things in friends.
- Each of us is valuable as a friend for one reason or another.
- As we grow up we change in terms of what we want in our friendships.
- It is difficult to be the "new kid on the block".
- It can be scary to initiate a new friendship, but it's just as scary to other people as it is to ourselves.
- There are many ways to go about starting or keeping a friendship.
- People need friends.

Related Activities For Integrated Learning

A. Language Arts

Have students write a letter from Terry to Gabriel inviting him to the birthday party and explaining why. Alternately they could write a letter to a friend of their own about why they are friends.

B. Math

Have students create bar graphs showing the average number of male friends the boys in the class listed, the average number of male friends the girls listed, etc.

Homework

Students' options:

- Take home their "friend list" to discuss with an adult in their families. Ask the adult who is the adult's good friend and why.*
- Write a poem about friends.

*see "Preparing Parents" page 4-5

"Terry's Story"

I know a lot of different kids. In fact, for my 11th birthday party, I had 15 on my list to invite. When I showed it to my mom, she said, "Terry, I'm afraid you're going to have to cut that list in half."

"C'mon, Mom. You know you can't divide an uneven number by two. Besides," I told her, "this is no laughing matter. How am I supposed to choose who comes and who doesn't?"

She suggested that I write the main reason I picked each person beside his or her name. Then, I could decide which reasons seemed to be most important. That's what I ended up doing.

PEOPLE TO INVITE TO MY BIRTHDAY

1. Michael -- Lives next door.
2. Jennifer -- Michael's sister.
3. Heather -- She's new; I think I might like her.
4. Rocky -- Sits by me in school.
5. Terry -- We laugh at the same kinds of things.
6. Kevin -- Everyone thinks he's neat.
7. Troy -- Kevin's best friend.
8. David -- Hasn't ever called me a name.
9. Stefanie -- Been to her house.
10. James -- Kids treat him bad; I don't know why.
11. Kerry -- Acts like I'd like to act.
12. Lisa -- Made a science project together; took a month.
13. Shelly -- Asked me to her birthday party.
14. Jay -- Super sports star.
15. Gabriel -- My friend.

My mom just happened to be standing near me when I finished writing. She pointed to number 15. "Here, you've put down 'My friend.' Aren't they all your friends?" she asked.

"Kind of, but not like Gabriel," I told her. Then, so she'd see the difference, I had to remind her of the time when the principal called to discuss "a problem we're having with Terry at school."

It happened during the month that Gabriel was playground supervisor. The 7th and 8th graders take turns at this job. Well, Gabe had just moved here from Mexico and sometimes kids couldn't understand the way he talked. When it came to sports, though, that didn't seem to matter much. The job seemed to mean a lot to him.

Well, anyhow, I'm not a terrific athlete. Lots of times I'm one of the last to be picked for a team; and once in a while I end up "leftover." When that happened, I'd help Gabriel keep score and sort of be his assistant. Sometimes we'd stay a couple of minutes after the bell rang and he'd give me some pointers to improve my game. Then, I'd help him bring in the equipment that was left on the field and we'd get to talking about other things.

That's why I got back to my room late some days during the month that Gabriel was on duty. After so many times, Mrs. Sykes said that if it happened again she'd have to report me to the principal. I didn't plan to let that take place. But, a few days later, things got complicated.

It was one of those times that I wasn't in the game, so Gabe kept me busy. I was used to taking a few remarks when certain people saw us helping each other out. Things like, "Hey, Terry! You gettin' paid overtime for that?" when I was carrying equipment back to the storeroom, or stuff about my "private coach" since Gabriel had been working with me after the bell.

But that day kids were teasing even more than usual, and they left a lot of equipment lying around. I even saw a few kids throwing balls and gloves over the fence where they'd be hard to find in all those shrubs.

I thought of what a time Gabriel was going to have trying to explain why all those things were missing. See, even though everyone is supposed to bring back equipment, the supervisor is still responsible.

I didn't like any of my choices. I didn't want to be late again. But I couldn't walk off and leave Gabe. So that's why there was a phone call from Mr. Savage telling Mother I'd be home late. I had to pick up litter for a punishment after school.

But it wasn't so bad, 'cause see, real soon after I started picking up the trash Gabriel showed up and together we found spelling papers dated 1974 and wrappers from candy they don't even make anymore. Well, that's why he had to come to my party.

My mom said, "Aha! Maybe you're trying to say that you and Gabriel speak the same language." She was right. He's my friend because we help each other out.

Adapted from *The Person I Am: Self-Concept, Decision Making, Values and Career Options*, Marcia J. Smith and Judith M. Uriostengui, San Diego City Schools.

Friendship Visual 1

PEOPLE TO INVITE TO MY BIRTHDAY

1. Michael -- Lives next door.
2. Jennifer -- Michael's sister.
3. Heather -- She's new; I think I might like her.
4. Rocky -- Sits by me in school.
5. Terry -- We laugh at the same kinds of things.
6. Kevin -- Everyone thinks he's neat.
7. Troy -- Kevin's best friend.
8. David -- Hasn't ever called me a name.
9. Stefanie -- Been to her house.
10. James -- Kids treat him bad; I don't know why.
11. Kerry -- Acts like I'd like to act.
12. Lisa -- Made a science project together; took a month.
13. Shelly -- Asked me to her birthday party.
14. Jay -- Super sports star.
15. Gabriel -- My friend.

Decision-Making

Grades 4-6, lesson #6

Time Needed

50-60 minutes

Student Learning Objectives

To be able to ...

1. Identify two ways people can make decisions (actively or passively.)
2. List and demonstrate the steps in making a decision actively.
3. Recognize that, although feelings affect decisions, people CAN decide not to act on a feeling.

Agenda

1. Explain the importance of decision-making in sexuality.
2. Explain ACTIVE vs. PASSIVE decisions.
3. Use brainstorm to show that students are already decision-makers.
4. Explain the 4 steps in making an ACTIVE decision.
5. Use blackboard to walk the class through one ACTIVE decision.
6. Use the *Decision-Making Worksheet* or easel paper as individual or small group exercise to help students practice the model on another decision.
7. Answer "Anonymous Question Box" questions regarding decision-making.
8. Summarize the lesson.

This lesson was most recently edited August, 2009.

Materials Needed

Classroom Materials:

- 5-10 sheets of butcher paper
- 5-10 felt-tip markers

-- OR --

Student Materials: (for each student)

- *Decision-Making Worksheet*

Activity

1. Introduce lesson by discussing what decision-making has to do with sexuality.

Examples of sexuality decisions we all face at some time in our lives include: Whom to choose as friends, how to act toward friends, whom to choose as a boyfriend or girlfriend and at what age, whether to "go with" anybody, whether and when to marry or have children, whether and when to go to the doctor about our private parts, whether to talk about sexuality with our families or friends, and even how to treat a person who likes us but whom we don't especially like.

2. Explain the difference between ACTIVE and PASSIVE decisions.

- a. ACTIVE decisions involve conscious thought (sometimes 30 seconds' worth, sometimes 5 year's worth). ACTIVE decisions involve a choice between at least two alternatives, where one can know or guess some of the consequences of each alternative. In making ACTIVE decisions, people consider their feelings (e.g. fear, anger, tenderness), their beliefs and their family's belief e.g. "friendship is important, but honesty is more important."), and the possible consequences, good and bad, of each alternative.
- b. Passive decisions are those where the person has a choice, but allows someone else, or time, or chance to decide. Having red hair is NOT a decision, because there is no choice. Having short hair because your hairdresser or barber chooses it is a PASSIVE decision. Having short hair because you prefer it is an ACTIVE decision.
- c. There is nothing inherently "good" or "bad" about ACTIVE vs. PASSIVE decision. In fact, if we consciously decided about every step we took, we'd be late getting where we were going!

3. Use brainstorm to show that students are already decision-makers.

- a. Help students brainstorm all the decisions they have made so far today. Your list may look something like this:
 - whether to get up
 - what to wear
 - whether to bathe
 - whether to eat breakfast
 - what to have for breakfast
 - whom to sit with on the bus, or whom to walk to school with
 - whether to bring lunch
- b. Help them identify which ones they made ACTIVELY, and which, PASSIVELY. For example, if someone in your family always cooks breakfast and you all eat together, you may not even think of it as a decision; you just do it. For you it's a PASSIVE decision. If, instead, you decide when you wake up each morning whether you're hungry and what to fix yourself, that's ACTIVE.

4. **Explain that people make ACTIVE DECISIONS in 4 steps** (sometimes carefully, even in writing; other times, quickly):
- List alternatives (people often forget this step!)
 - Consider the consequences, positive and negative, of each alternative
 - Consider feelings (your own and, if someone else is involved, theirs)
 - Consider beliefs (your own...but sometimes to decide what you believe it helps to find out what other people you trust believe--parents, clergy, a family friend)

5. **Use blackboard to walk the class through one ACTIVE decision: what to have for breakfast.**

Walk students through the four step process introduced in Activity #4, above.

- What are my alternatives? List a few on the blackboard under the heading "alternatives": skip breakfast; coffee and donut; eggs, grits, bacon, juice, toast, and milk; leftover tortilla with cheese.
- What are possible consequences of these alternatives? Make two columns to the right of "alternatives", entitled "consequences, good" and "consequences, bad". Help the class fill in the chart. You might end up with something like this:

Alternatives	Consequences	
	Good	Bad
1. Skip breakfast	On time to school Get to sleep a little longer	Feel cranky Get yelled at for not eating Do poorly on test
2. Coffee and donut	Quick energy Good taste	Even more tired when sugar/caffeine is gone Cavities
3. Eggs, grits, bacon, juice, toast milk	Do well on test Not hungry all morning	Late to school Gain weight
4. Tortilla, cheese	Don't waste leftovers Good nutrition	Sick to my stomach

- How do you feel this morning? Hungry? Sleepy? (If so, I might prefer to "sleep in" rather than to eat.) Scared about today's test? (If so, I may want to eat to get my brain in gear.)
- What do I believe about this issue? That breakfast is the most important meal? That being on time to school is more important than breakfast? That it's wrong to eat sugar? That you should always eat before a test?

6. Use the *Decision-Making Worksheet* or easel paper as individual or small group exercise to help students practice the model on another decision.

Choose one of the following, or your own:

- a. You see your friend shoplift; nobody else seems to have noticed.
- b. A guy or girl in your class asks you to "go [steady] with" them. Your parents have said you can't go steady until you're 15.
- c. Your old friend invites you to a party this Friday and you say "yes". Then a really cute boy or girl invites you to watch video movies with their family the SAME night.
- d. A friend invites you and some other kids to spend the night. You know that their bodies have all started to mature. Yours hasn't and you think you'll feel embarrassed changing clothes in front of them.
- e. Your older brother or sister has friends over to your house who are passing a bottle of wine. Someone passes it to you.

Break the class into groups of 3 to 5 students per group. All the groups can work on the same "problem situation." Have them use the DECISION WORKSHEET or butcher paper to:

- list alternatives (Make sure a group comes up with at least 4 alternatives before they begin weighing them.)
- consider consequences (they should think of at least one good consequence and one bad one for each alternative.)

Give the groups no more than 15 minutes. Then post or read aloud parts of each group's results, to make the point that **the more alternatives a person thinks of, and the more thoughtful s/he is about each one of them, the better the chances of a good decision**. Have them consider, aloud, how they might **feel** in the specific situation and what **beliefs** might affect the decision.

If your class is unfamiliar with small group work, or is particularly immature or rowdy, you may find it more productive to do this activity (#6) as an individual learning exercise. The "Decision Worksheet" can be filled out by each student and discussed.

7. Answer, or help the group to answer, "Anonymous Question Box" questions about decision-making.

8. Summarize by pointing out that your students

- are already decision-makers
- make some decisions ACTIVELY and others, PASSIVELY
- will face some big decisions in life about which they will feel better afterwards, if they make them in an ACTIVE way...maybe even on paper.

Related Activities For Integrated Learning:

A. Language Arts

If students are gradually generating glossaries, have them add "alternative," "consequence," "active decision," and "passive decision".

B. Language Arts

Students may write short stories, describing a problem situation, with alternative endings depending on the decision of the protagonist.

C. Social Studies

Repeat step 6 of this lesson plan, using a different problem situation.

Homework:

Students' options:

- Discuss with an adult in the family "the hardest decision you (the adult) has ever had to make." They can ask the adult what his/her feelings and beliefs were. They can ask what the alternatives were and how the adult reached a decision.*
- Watch T.V. for at least an hour, and describe a decision made by any character.

*see "Preparing Parents" page 6-7

NAME _____ DATE _____

ALTERNATIVES	CONSEQUENCES	
	+(GOOD)	-(BAD)

Sexual Exploitation, day 1

Grades 4-6, Lesson #7

Time Needed

35-45 minutes

Student Learning Objectives

To be able to ...

1. List 3 examples each of "safe or healthy or unfair touch," "unsafe or unhealthy or unfair touch" and "confusing touch."
2. Define sexual exploitation.
3. Distinguish between facts and myths about sex abuse, with 5 out of 6 correct.
4. Describe 3 ways to get out of an exploitive situation.

Agenda

1. Define "exploitation" and "sexual exploitation".
2. Explain purpose of lesson.
3. Use brainstorm to contrast safe/unsafe or healthy/unhealthy touch.
4. Define "private parts".
5. Discuss children's rights.
6. Explain how child sexual exploitation usually happens.
7. Use choral recitation to reinforce concept of rights.
8. Use case study to introduce ways of recognizing and getting out of exploitive situations.
9. Use oral true/false "quiz" to summarize lesson.

This lesson was most recently edited August, 2009.

Materials Needed

None

Activity

1. Define “exploitation” and “sexual exploitation”.

Start by defining **exploitation**: “one person using another person to make themselves feel good or to get something from the other person no matter how the other person feels”

Suggest this analogy: “If you offered to buy your first grade brother's bicycle for \$1.00, that would be exploiting or using him because you know it's worth a lot more money but he doesn't. You trick or pressure him into the sale and then you tell him to keep it a secret. That is exploitation.”

Explain that sometimes people trick or pressure a child into secret touching and that that is **sexual exploitation**. Write the term on the blackboard. Adults can also be sexually exploited and children can be exploited by other children, but when a child is sexually exploited by an adult or older child, there is a special name for it: “**sexual abuse**.”

2. Explain purpose of lesson.

Explain that today's lesson is intended to reduce the chances that anyone in the class will be exploited in the future and to help those who may have already been exploited to feel better about themselves. Brainstorm examples of touch. Give examples of when the touch could be safe/unsafe or fair/unfair. Conclude that only the person being touched can tell.

3. Use brainstorm to contrast safe/unsafe or healthy/unhealthy touch, with a third column for “confusing touch.”**4. Define “private parts.”**

If students introduce terms such as “molestation” and “rape,” record these on the blackboard, too. Whether they introduce the term “private parts” or not, define “private parts” as “the parts of the body covered by a bathing suit: the bottom, a boy's or man's penis and scrotum, a girls' or woman's labia and vagina, and girls' chests...even if they're too young to have breasts.”

5. Introduce the concept of rights.

- You have the right not to be touched on private parts. That's why they are called “private”. There may be exceptions like when a doctor is examining you or when parents change a baby's diapers. You can decide about this touching.
- You have the right not to have to look at other people's private parts or listen to talk about private behaviors.
- Exploitation is wrong; touch that is not exploitative (like a doctor's exam) is OK.

Give specific examples of sexual abuse, i.e., an older or stronger person wants you to look at or touch their genitals or to touch your genitals.

Exploitation is wrong **EVEN IF**

- the person is older and bigger
- the person has done or promises to do favors or buy gifts
- you liked the touch to begin with (like tickling) and changed your mind
- it took you a long time to get up the courage to tell or even to realize it wasn't fair
- the person is “in charge” (like a parent, a teacher, a babysitter, a bus driver, etc.)

5. Explain how child sexual exploitation usually happens, in particular that it:

- usually happens gradually (over months or years...the average duration is four years)
- usually is not violent (no weapon)
- usually involves tricks, threats or special treats
- usually involves someone the child knows--and maybe loves--not strangers (although the latter can be offenders, too); 85% are known to the child
- almost always involves a pact of secrecy
- may give children a warning feeling, in their guts...sometimes called an "UH-OH feeling"
- can involve boys as well as girls (1 out of 4 girls are sexually exploited by age 18, and at least 1 out of 6 boys--so if this were a class of 30 girls...7 or 8 would be abused by 18 and if this were a class of 30 boys...about 5 would be abused by 18)

6. Have the students repeat after you "in a big voice":

"I AM SPECIAL."

"I DESERVE GOOD TOUCH."

"MY BODY BELONGS TO ME."

7. Introduce the issues of prevention and reporting via the following case study:

"David and Maria were doing yard work for their neighbor, Mr. Simms, the way they had done every summer for years. This time, instead of bringing them their pay when they were done, he invited them into his house for lemonade. They figured it was OK, since they'd known him a long time. While he was handing them the cups of lemonade, he touched their hands longer than necessary and then he stroked Maria's hair while she drank ..."

Ask the class "How do you think David and Maria felt?" Students will say things like "scared," "angry," "embarrassed." Point out that they may also have felt "fine." NOT ALL TOUCH IS BAD TOUCH. But, in this case: You're right, that is how they felt.

"They looked at each other, and David moved closer to Maria. Then Mr. Simms offered them twice their usual pay if they would take off their clothes."

Ask the class, "What can the kids do?" As they respond, write their answers on the board. If students suggest violence, say, "It would be all right, if necessary, but it probably ISN'T necessary." In other words, it may be sufficient to:

- A. SAY NO, in a big voice (or "Cut it out." "Leave me alone.")
- B. LEAVE.
- C. BE RUDE. (After all, he's been rude and you are no longer obligated to consider his feelings).

"They did tell him to leave them alone. He did stop. And he handed them twice their usual salary anyway, saying 'Let's keep this just between us.' They were afraid to say no, so they did promise not to tell and they took the money and left"

quickly.”

Ask the class, “How do you think they felt now?” And “What do you think David and Maria should do?” Make sure the class decides that they should tell someone. There are two reasons: To protect themselves from continued abuse and (even if it's a one-time occurrence which they can avoid in the future) to protect other children...neighbors, their own younger brothers, sisters.

”They decided it was OK to break their promise. They told their parents. They thought they might get yelled at for going into Mr. Simms’ house to begin with; but their dad just said, “I’m glad you told us. It’s not your fault this happened and I’m sorry it happened to you.” And their mom called the police. She said ‘Mr. Simms may be nice in other ways, but he’s got a serious problem and we need help protecting you and other children from him.’ David and Maria were awfully glad they told.”

8. **Ask the class, aloud, to tell you whether each of the following statements you will read to them is TRUE or FALSE:**

- Sexual exploiters usually have guns or knives. (false)
- Kids are usually exploited by someone they know; not a stranger. (true)
- Only girls are sexually exploited. (false)
- Sometimes, if a child says “No!” the exploiter will stop. (true)
- Even if a child promises to keep the exploitation a secret, it's OK to tell. (true)
- Usually a child will be exploited only one time. (false, it's usually gradual and continuing.)

Explain that tomorrow's lesson will include what to do if the person you tell doesn't believe you, or doesn't know how to help you.

Sexual Exploitation, day 2

Grades 4-6, Lesson #8

Time Needed

25-35 minutes

Student Learning Objectives

To be able to ...

1. List 3 people a child could tell about having been sexually exploited.
2. Give 2 reasons it is important to report sexual exploitation.
3. Describe 3 ways to help a friend who tells you he/she has been exploited.

Agenda

1. Explain reasons for this lesson.
2. Use the *Sexual Exploitation Worksheet* to review lesson 7, and to introduce the **importance of**, and **ways to report** sexual exploitation.
3. Use the *Sexual Exploitation Transparency* to introduce the concepts that victims:
 - should be believed,
 - need considerate, caring friends, and
 - shouldn't be blamed.
4. Answer "Anonymous Question Box" questions regarding sexual exploitation.
5. Use drawing exercise to summarize the notion that young people have power in their self-esteem.

This lesson was most recently edited August, 2009.

Materials Needed

Classroom Materials:

- *Sexual Exploitation Transparency*
- Overhead projector

Student Materials: (for each student)

- *Sexual Exploitation Worksheet*
- Construction or drawing paper
- Crayons or colored pencils

Activity

1. Explain reasons for this lesson.

Explain that this lesson will review yesterday's lesson and help students consider further how they might help themselves or a friend if they *were* sexually exploited.

2. Use the *Sexual Exploitation Worksheet* to review lesson 7, and to introduce the importance of, and ways to report sexual exploitation.

- a. Individually, or in teams of 2-4 people, have students fill in items 1-6 on the worksheet as a refresher from yesterday's lesson.
- b. Discuss their worksheets aloud, suggesting that they are welcome to add or change answers as you all share.
- c. Explain re: item #5, that people tell friends more often than any other group. Ask the class, *"If it happened to your friend, suppose his or her uncle unzipped his pants while he was driving your friend to school. And suppose your friend told you. How do you think your friend is feeling? And how would he or she like you to respond?"*

3. Show the *Sexual Exploitation Transparency*.

- a. Discuss each item, asking students to describe in very concrete terms what each behavior might look and sound like.
 - **Listen** - means don't watch T.V. while your friend is talking; don't change the subject. Just lean forward and show you are listening by looking at him/her while s/he talks.
 - **Believe them** - people don't often lie about sexual exploitation. Say, "I believe you."
 - **Show you care** - means be serious; don't make jokes about your friend's feelings.
 - **Don't blame them** - it is NEVER the victim's fault, even if s/he took "stupid" risks like hitchhiking or going to a party without parents. It IS STILL the fault of the offender.
 - **Confidentiality** - DO help your friend to tell an adult who can help. Or tell the adult yourself if your friend "can't". But DON'T tell other classmates, because your friend's feelings are at stake. S/he trusted you.
- b. Have students finish the worksheet.

4. Respond to "Anonymous Question Box" and verbal questions re: sexual exploitation.

Remind students of your ground rule that nobody will share private information about someone else publicly. Self-disclosures may occur; see Appendix D for recommendations about recognizing and reporting sexual abuse.

5. Use drawing exercise to summarize the notion that young people have power in their self-esteem.

This activity will serve as a bridge back to Lesson 3 (Self-Esteem). Have students draw pictures of themselves and, acknowledging that the activity may feel corny, ask students to caption their self-portraits in one of these three ways:

"I AM SPECIAL."

"I DESERVE GOOD TOUCH."

"MY BODY BELONGS TO ME."

Related Activities For Integrated Learning

A. LANGUAGE ARTS

If students are gradually compiling glossaries have them add "exploit", "sexual abuse", and "confusing touch".

B. ART

Using only lines and colors, paint pictures of "How a child feels when someone exploits him or her" and "How it feels when you tell and someone believes and protects you."

Homework

Students' options:

- Discuss the Exploitation Worksheet with an adult in their families*
- Watch T.V. for one hour and make 2 lists: (1) All the ways people trick or threaten one another. (2) All the ways people are considerate of one another.

*see "Preparing Parents" page 6-7

Sexual Exploitation Worksheet

NAME _____ DATE _____

1. Touch is important. Sometimes it is fair and safe. Give three examples:

2. Some touch is obviously unfair or unsafe. It never feels OK. Give three examples:

3. Some kinds of touch are confusing. They might feel OK one minute and awful the next. They might not hurt, but they just don't feel quite right. They may give a person an "UH-OH" feeling. Give three examples:

4. What three things can people do if they get that "UH-OH" feeling?

5. Sometimes a young person is too confused or scared to do ANYTHING. Sometimes, he or she might try to do something and get exploited anyway. If that happened, name three people the young person could tell about it afterwards:

over

6. Why is it important to tell somebody even if you promised to keep it secret? Can you think of two reasons?

7. If your friend were sexually exploited and told you about it, name three ways you could be of help:

Sexual Exploitation Transparency

5 THINGS A FRIEND CAN DO

- 1. Listen.**
- 2. Believe them.**
- 3. Show you care.**
- 4. Don't blame them.**
- 5. Tell an adult, not
other classmates.**



Sexual Exploitation Worksheet - Answer Key

NAME _____ DATE _____

1. Touch is important. Sometimes it is fair and safe. Give three examples:

Brushing your friend's hair

Shaking hands

*The doctor giving you a check-up **

2. Some touch is obviously unfair or unsafe. It never feels OK. Give three examples:

Hitting

Hair-pulling

*Biting **

3. Some kinds of touch are confusing. They might feel OK one minute and awful the next. They might not hurt, but they just don't feel quite right. They may give a person an "UH-OH" feeling. Give three examples:

Tickling

Some kisses

*A grown-up or teen touching a child's thigh **

4. What three things can people do if they get that "UH-OH" feeling?

Say "no."

Be rude, if necessary.

Leave.

5. Sometimes a young person is too confused or scared to do ANYTHING. Sometimes, he or she might try to do something and get exploited anyway. If that happened, name three people the young person could tell about it afterwards:

A parent or guardian.

Child Protective Services.

A teacher or school nurse or counselor.

over

* NOTE: For questions 1-3, these are just examples. There are many good answers.

6. Why is it important to tell somebody even if you promised to keep it secret? Can you think of two reasons?

To protect yourself from continuing abuse

To prevent other children's being abused

7. If your friend were sexually exploited and told you about it, name three ways you could be of help:

Listen and don't blame them.

Believe them and show you care.

Help them tell a grown-up or tell a grown-up for them, but don't share their private information with other friends.

Puberty, day 1

Grades 4-6, Lesson #9

Time Needed

50-60 minutes

Student Learning Objectives

To be able to ...

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

Agenda

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

This lesson was most recently edited August, 2009.

Materials Needed

Classroom Materials:

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

Student Materials: (for each student)

- One copy per student of *Puberty Worksheet #1*

Activity

1. Explain reasons for this lesson.

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

2. To explain terms and concepts, you may want to kick off this lesson with an audio-visual tool.

That said, we have not found a puberty film produced in the last decade that we can recommend ... one that is inclusive and respectful (neither condescending nor reinforcing of gender stereotypes). If you find one, please contact us so that we (at Public Health – Seattle & King County) might preview it to recommend to other **FLASH** curriculum users: beth.reis@kingcounty.gov. And always make sure you have district approval and that you have previewed materials personally before using them in the classroom.

3. Or you may want, instead, especially if they had a session on puberty last year, to launch right in to more active student participation.

Ask for a volunteer or two to **define puberty**. Thank them and build on what they said, so you end up defining it as **a time when a person's body, feelings and relationships change from a child's into an adult's**.

Ask the class when that happens. **Be clear that knowing an average age is kind of useless, since most of us aren't "average." A range is more useful.** It is normal to start noticing changes, for a girl, any time between about age 8 or 9 and age 13.^{1,2,3} Guys, on average, start noticing changes a little later, between about ages 9 or 10 and 14.^{4,5} And puberty isn't an overnight process; it can take several years to complete. Longer in boys, on average, than girls. If someone gets to be 16 and still hasn't noticed any changes in their body, they might want to chat with a doctor. Remind people that puberty involves changes in not only your body but also your feelings and relationships. So your friend's body might start maturing first, but you may be maturing emotionally and socially sooner than your friend. And it isn't a race, anyway. The **pituitary gland**, in a person's brain, will trigger the changes of puberty whenever it is programmed to do so. Younger for one person; older for another.

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

¹ The American Association of Pediatrics. (2005). *Puberty Information for Boys and Girls - Public Education Brochure*. Retrieved June 15, 2009 from Teen Q & A Web site: <http://www.aap.org/family/puberty.htm>

² Steingraber, S. (2007). *The Falling Age of Puberty in U.S. Girls: What We Know, What We Need to Know*. Retrieved August 14, 2009 from Breast Cancer Fund Web site: http://www.breastcancerfund.org/site/c.kwKXLdPaE/b.3266509/k.27C1/Falling_Age_of_Puberty_Main_Page.htm

³ Family Practice Notebook. (before May 10, 2008). *Female Tanner Stage*. Retrieved August 14, 2009 from <http://www.fpnotebook.com/Endo/Exam/FmlTnrStg.htm>

⁴ The American Association of Pediatrics. *Puberty Information for Boys and Girls - Public Education Brochure*.

⁵ Family Practice Notebook. (before May 10, 2008). *Male Tanner Stage*. Retrieved August 14, 2009 from <http://www.fpnotebook.com/Endo/Exam/MITnrStg.htm>

- **height growth spurts (both)** – Explain that you grow most in your sleep.
- **shoulders broaden (boys)** – Explain that this is a skeletal change, not something he can speed up through strength-training, although strength-training is certainly OK.
- **hips widen (girls)** – Explain that the idea is for her pelvic bones to form sort of a bowl, in order to support a pregnancy if she ever decides to have a biological child.
- **breasts develop (girls and, to some extent, many boys)** – Explain that many boys do experience some breast development and that it usually disappears within six months or a year. It can be scary if he doesn't realize how common it is. If it doesn't disappear in a year's time, he might chat with his doctor about it. Girls can, of course, also expect that their breasts will develop, too. No matter what size or shape or color they end up (and there's quite a variety) and even if they are different from one another, they will almost always be sensitive to sexual touch and able to nourish a baby.
- **acne may begin (both)** – Explain that acne is caused by a combination of thicker skin than when you were younger and more oils, along with bacteria. Sometimes the new, thicker layer of skin blocks the pores or openings where the oils are supposed to flow, causing a pimple. If it gets infected it can become a blackhead. People should wash gently with mild soap a couple of times a day and after heavy exercise, but it will not prevent acne altogether. Scrubbing hard can actually make acne worse. And thinking that washing will *cure* acne, makes it sound like people who have it are dirty. That's neither true nor fair.
- **stress-related, malodorous perspiration begins (both)** – Explain that everyone sweats when they are hot, but that at puberty another group of sweat glands starts to produce sweat *also* when you feel stressed or upset. This kind of sweat in teens and adults can have a strong odor. Different cultures feel differently about it. Many people in the U.S. find it unpleasant. So people often bathe or shower more often after puberty. And many use deodorant or antiperspirant, too.
- **pubic and underarm hair develops (both)** – Explain that pubic hair grows around a person's genitals (around the labia or penis) and that pubic and underarm hair is often coarser and sometimes a different color than the hair on the person's head. You can explain, too, that, like the use of deodorant, shaving one's underarm hair is a culture-based, personal decision.
- **facial hair develops and body hair may thicken (boys and, to some extent, many girls)** – You can explain that the *amount* of hair a person gets on their face and body is genetic (inherited from a person's biological family). Explain that it isn't unusual for girls to notice new hair on the face or around the nipples and a girl might feel self-conscious if she didn't know it was common.
- **voice deepens (both, though more in boys)** – Explain that the depth of the voice is a matter of air passing the vocal chords. The vocal chords are like the strings of a stringed instrument. If anyone in the class plays a stringed instrument, ask them which strings make the lower notes. They say it is the thicker ones. Well, your vocal chords thicken during puberty, no matter what sex you are. On average a boy's will get thicker than a girl's as he matures, but that's just an average. The reason a guy may notice his voice cracking sometimes, is that the vocal chords don't always get thick evenly. There may be a time when one end of the vocal chord is thicker than another and as air pushes past, the pitch of his voice may change in mid-sentence.

- **genitals enlarge (both)** – This is more obvious for a boy, since he looks at his penis and scrotum every time he uses the bathroom. A girl is less likely to notice, but her vulva (labia and clitoris) get bigger at puberty, too.
- **erections happen more frequently (more noticeable in boys)** -- Explain that an erection is what you call it when the penis or the clitoris fills up with blood and gets harder and bigger. Everyone gets erections, even babies. In fact, ultrasounds show us that male fetuses in their mothers' uteruses are already getting erections. Presumably female fetuses do, too, but their clitorises would be too tiny to be visible in an ultrasound. Erection is perfectly healthy and it happens sometimes when you are thinking of something sexual or of someone you like, but it also can happen, especially at puberty, for no apparent reason. A guy may find it embarrassing when he has one in public, but he can just carry something in front of him if it does. And it may help to know that it happens at some point to almost all guys.
- **sperm production and ejaculation begin (boys)** – Explain that sperm are the microscopic cells from a man's body that can start a pregnancy, when they combine with a woman's egg cell. And ejaculation is what you call it when the sperm come out of his penis (in a fluid called "semen"). A man may ejaculate during sleep, masturbation, or sexual touch with a partner. Once he's able to ejaculate, he's able to help start a pregnancy. That's not to say he's ready to be a good dad yet, but it is biologically possible to make a baby.
- **nocturnal emissions begin (many boys)** – The slang term for nocturnal emission is "wet dream" (but it isn't offensive slang). Some boys – not all – will ejaculate during their sleep. They may or may not have been dreaming at all. The wet dream can be their body's response to the higher level of hormones in their bloodstream during a growth spurt. But guys should know that not everyone has nocturnal emissions and there's nothing to worry about whether they do or don't. Some guys find them very personal and will prefer to wash their own bedding when they have a wet dream.
- **ovulation and menstruation begin (girls)** -- – The slang term for ovulating is "releasing an egg;" the slang term for menstruating is "having a period" (neither of these are offensive slang). Explain that about once a month, starting at puberty, one or the other of a girl's ovaries will allow an egg or, in Latin, an "ovum" to mature and pop out. That's called ovulating. It usually travels into the nearest fallopian tube. If she has had sexual intercourse and there is sperm in that fallopian tube, it may fertilize the egg. The fertilized egg will travel the rest of the way down the tube and, in a week or so, it will nest, or "implant," in the uterus to begin growing into a baby. In the meantime, the uterus has developed a thick, blood-rich lining to be a good nest in case she did get pregnant. If that egg doesn't get fertilized, though, it will live for only about 24 hours and then dissolve and be reabsorbed by her body. The uterus will wait a couple of weeks, in case the egg did get fertilized, with support from her body's hormones. Then, after a couple of weeks, if no egg has implanted, the hormone level will drop and her uterus will, basically, give up on her being pregnant that month. The lining will come out in the form of blood and little pieces of tissue, through her vagina ... so that she can build up a fresh new lining the next month in case she gets pregnant. The shedding of the lining is called menstruating. A woman doesn't have muscles to control when her period comes out, the way you can control when urine comes out. It will just dribble out for 2 to 10 days. That's why she'd need a pad or a tampon to soak it up. If she doesn't have one handy when she happens to get her first period, a bunch of toilet paper will do briefly, until she can

get one. But many girls start carrying supplies in their backpacks or purses as they reach the age of 9 or 10, just in case.

- **crushes and attractions may begin (both)** – Explain that, although kindergartners can get crushes, too, they may feel more intense at puberty. It is the feeling of really wanting someone to like you. Of having your tummy feel funny when they walk in the room or when you hear their voice. Everybody will feel this eventually, but some people notice it at this age and others may not notice those kinds of feelings until middle school, high school or even later. A person may have crushes on people of their own sex, the other sex or both. It may or may not predict how they will feel when they're grown. That is, really liking someone of a different sex doesn't necessarily mean you will eventually figure out that you are heterosexual (straight). And, likewise, really liking someone of your own sex doesn't necessarily mean you will eventually figure out that you are gay or lesbian. It often takes time to figure out. There's no rush.
- **self-consciousness may increase (both)** – Explain that everybody goes through a time of worrying what other people think of them. Students with older brothers and sisters may have noticed that they may be spending longer in front of the mirror getting ready for school and that they may be getting really picky about their clothes. It's OK. Adults worry about what other people think, too. But it gets less painful as you mature. It may help to realize that other people may be so worried about how *they* look and what *you* think that they aren't noticing how you look as much as you think they are.
- **concern for others may grow (both)** – As you start focusing more on other people's feelings and needs, you may, in fact notice that you are less self-conscious.
- **sudden mood changes may begin (both)** – Explain that feeling happy one minute and in tears the next, sometimes for no apparent reason, isn't at all unusual at puberty. The hormones in your blood stream influence how you feel.
- **When might you want to see a doctor or counselor about it?** MedLine Plus says, "Being a teenager [and we'd add, "or a preteen"] is hard. You're under stress to be liked, do well in school, get along with your family and make big decisions. You can't avoid most of these pressures, and worrying about them is normal. But feeling very sad, hopeless or worthless could be warning signs of a mental health problem.

"Mental health problems are real, painful and sometimes severe. You might need help if you have the signs mentioned above, or if you

- Often feel very angry or very worried
- Feel grief for a long time after a loss or death
- Think your mind is controlled or out of control
- Use alcohol or drugs
- Exercise, diet and/or binge-eat obsessively
- Hurt other people or destroy property
- Do reckless things that could harm you or others

"Mental health problems can be treated. To find help, talk to your parents, school counselor or health care provider."⁶

⁶ MedLine, a service of the U.S. National Library of Medicine, and the National Institutes of Health. (2009). *Teen Mental Health*, retrieved August 14, 2009 from Teen Mental Health Web site: <http://www.nlm.nih.gov/medlineplus/teenmentalhealth.html>

- **friction with parents or guardians may grow (both)** – Explain that a preteen or teen and a parent or guardian probably both want the same thing in the long run ... for the teen to grow up and become more independent. But sometimes you feel like a little kid and want to get taken care of and other times you prefer to think for yourself. The adults in your life go through similar changes as you're going through puberty, sometimes wanting to make decisions for you because they're afraid you'll get hurt and other times ready to let you try your wings. If you aren't on the same page at the same time, there can be – and often are – some times of struggle. That doesn't mean you don't love each other. Most families get through it eventually.
- **freedom to make decisions grows (both)** – People's parents and guardians often trust them with more of their own choices, especially as they take on more responsibilities.
- **understanding of self may grow (both)** – Explain that means beginning to gain more of a sense of who you are and that, as this happens, a person gets more self-confident.

4. Use visual aids to introduce “products” for newly adolescent bodies.

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

A) What is each one for?

B) How does a person decide when to use these?

Be sure to mention that:

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

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

Answers:

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

Puberty Worksheet 1

NAME _____ DATE _____

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

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

Puberty, day 2

Grades 4-6, Lesson #10

Time Needed

40-50 minutes

Student Learning Objectives

To be able to ...

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

Agenda

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

This lesson was most recently edited May 20, 2013.

Materials Needed

Student Materials: (for each student)

- *Puberty Worksheet #2*
- OPTIONAL for family homework, pamphlets: The *Talk to Me!* interview guides are pairs of booklet sets (father/son, mother/daughter, father/daughter, mother/son) for students and parents/guardians or other trusted adults. They include age-appropriate questions to prompt open communication about sex, love and life. They cost \$4 per set (for one family) and bulk discounts are available. See details here: www.ppgnw.org/TalkToMe. For more information: education@ppgnw.org or call 206-328-7715.

Activity

1. Explain again the reasons you are doing these lessons on puberty.

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

2. Respond to "Anonymous Question Box" questions re: puberty (see lesson 1 for setting up an anonymous question box or boxes).

3. Use *Puberty Worksheet #2* to reinforce facts and debunk fears/myths re: puberty.

- a. Divide the class into 3 teams.
- b. Hand out *Puberty Worksheet #2* and give the teams 20 minutes to reach consensus (within each team) on each item. Encourage people to discuss the items they disagree on, to explain to one another why they believe as they do about an item.
- c. Have one spokesperson for each team write their team's responses on the blackboard and explain, one at a time, why they chose a particular answer. You can award 1 point for each correct answer and an extra ½ point to the team with the best explanation. The team with the most points "wins" although we would encourage you to award prizes, if you do that, to anyone who participated actively.

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

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

Related Activities For Integrated Learning

A. Language Arts

Add to glossary, the terms "endocrine system," "erection," "hormone," "menstrual period," "nocturnal emission," "ovum," "penis," "pituitary gland," "sperm," "uterus," and "vagina".

B. Social Studies

Students may do reports on puberty rites of various cultures.

C. Math

Have students find the average age among *these* girls and the average age among *these* boys of starting puberty ... of noticing the very first changes ... like, in girls, breast budding and, in boys, first pubic hair: (Do not use names of children in your class.)

Ann: 8yrs, 11 mo. (age 8.9)
Bob: 9 yrs, 11 mo. (age 9.9)
Cathy: 10 yrs, 6 mo. (age 10.5)
Diana: 11 yrs, 4 mo. (age 11.3)
Ed: 11 yrs, 5 mo. (age 11.4)
Gary: 12 yrs, 8 mo. (age 12.7)
Faye: 12 yrs, 11 mo. (age 12.9)
Henry: 14 yrs, 10 mo. (age 14.0)

(answer: these girls' range 8.9-12.9; mean = 10.9, these boys' range 9.9-14.0; mean= 12.0)^{1,2}

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

Homework

Students' options:

- Discuss with an adult in the family *Puberty Worksheets 1 and 2*³
- With an adult in the family, use *The "Talk-To-Me" books*, sets of 2 pamphlets with which parents and students interview one another. They allow children and the adults who love them an opportunity to practice communicating. They help people articulate their own and their family's, generation's and culture's beliefs and feelings about growing up, family life and sexual health.
- Write a letter to a 6 or 7-year-old, real or imaginary, about growing up.

¹ Family Practice Notebook. (before May 10, 2008). *Female Tanner Stage*. Retrieved August 14, 2009 from <http://www.fpnotebook.com/Endo/Exam/FmlTnrStg.htm>

² Family Practice Notebook. (before May 10, 2008). *Male Tanner Stage*. Retrieved August 14, 2009 from <http://www.fpnotebook.com/Endo/Exam/MITnrStg.htm>

³ see "Preparing Parents" pages 6-7

Puberty Worksheet 2

NAME _____ DATE _____

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

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

Puberty Worksheet 2 - Answer Key

NAME _____ DATE _____

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

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

Reproductive System, day 1

Grades 4-6, Lesson #11

Time Needed

50-75 minutes

Student Learning Objectives

To be able to ...

1. Identify the medical terms, locations, and functions of at least 7 of the structures in and near the male reproductive system.
2. Identify the medical terms, locations, and functions of at least 7 of the structures in and near the female reproductive system.

Agenda

1. Discuss purpose of lesson.
2. Use transparencies or your own drawing skills to describe names, purposes, and locations of male reproductive organs.
3. Use *Reproductive System Worksheet #1* as a large group exercise to reinforce Activity #2, above.
4. Repeat Activities #2 & 3, for female reproductive organs, using *Reproductive System Worksheet #2*.
5. Give class a preview of tomorrow's lesson.

This lesson was most recently edited August, 2009.

Materials Needed

Classroom Materials:

- OPTIONAL: *Reproductive System Transparency/Worksheets #1 – 2*, as 4 transparencies (if you prefer not to draw)
- OPTIONAL: Overhead projector

Student Materials: (for each student)

- *Reproductive System Worksheet #1* (2 sides, back-to-back)
- *Reproductive System Worksheet #2* (2 sides, back-to-back)

Activity

1. Explain, again, why you are doing this lesson and unit.

As you explained in Lesson 1, reiterate that you are doing this unit so that they will have correct information about things like bodies and growth; so that they will feel good about growing up; so that they'll feel more comfortable asking questions of their parents or doctors; so that they'll understand and appreciate themselves, their families and one another; and so that they will not be as likely to ever be sexually abused.

2. Describe names, purposes, and locations of male reproductive organs.

Use the transparencies or, better yet, draw so that you can introduce one part at a time and so that your drawing won't exactly duplicate the worksheets your students will be filling out later in the lesson.

Name and explain the functions of the parts of the male reproductive system. Here is scripting, to read in advance and paraphrase:

Let me describe how most people's bodies are made. But know that individual differences are pretty common.

Side view of the male: *This is a side view of the male reproductive system. On the outside he has two parts. Can anyone name them? That's right, 'penis' and 'scrotum.'* The job of the scrotum is to hold the "testicles" or "testes" at the proper temperature – lower than 98.6 degrees – for making sperm. The scrotum will move toward or away from the body to keep it at a lower temperature.

*Who knows the **testicles'** other job, besides producing sperm? They also make male hormones to give him a deeper voice, broader shoulders, and all the other characteristics of an adult male body.*

*Sperm are made in the testes and then move into the **epididymis** which is a long tube tightly coiled into the back of the scrotum. The sperm stay there for 2-3 months while they mature.*

*Then they travel up into his body through a tube called a **vas deferens**. He's got two, one leading from each epididymis. The sperm travel, through a vas deferens, past his **bladder** (where urine or "pee" is stored), and into the tube that will carry them out of his body, the **urethra**. The urethra is the tube that runs through his penis. In the male, the urethra has two jobs: urination (part of the urinary system), and ejaculation (part of reproductive system). On the way, the sperm gather fluids we call **semen**. These fluids come from three places: his **seminal vesicles** (two long skinny glands which contribute sugars to help nourish the sperm on their long journey), his **prostate gland** (the fluid from which is a lubricating liquid, allowing the sperm to swim freely, and his **Cowper's glands** (which mostly neutralize the acids that might still be in his urethra from the last time he urinated – "peed").*

*A man has two openings in his private parts, the urethra is one. The other opening from a man's private parts is his **anus**, where a bowel movement ("poop") comes out. Of course, even though the bladder and anus are nearby, they aren't actually PART of the reproductive system. They have nothing to do with making a baby.*

3. Hand out **Reproductive System Worksheet #1** and fill it in as a large group exercise:

Let's look at the side view first and see if you all can help me name the parts. Let's start with the outside parts ...#s 4 and 7. Can anybody tell me what they're called? That's right, #4 is the penis. Everybody fill that in on your worksheet. Check your spelling against the blackboard. And so forth

4. Repeat activities #2 and 3, above, describing the female reproductive system on the screen or whiteboard and reinforcing it using **Reproductive System Worksheet #2**.

Front view of the female: *OK, now let's look at the female reproductive system.*

*This opening to the outside of her body is called the **vagina**. That's where a penis would go if she had intercourse. And sperm would be released to travel up into her body in search of an egg.*

*Where do eggs and female hormones come from? Right. **Ovaries**. She has two of them and they sort of take turns ovulating, with one releasing an egg one month and, often, the other releasing one the next month. Her ovaries also make female hormones, so that her body will grow into an adult woman's.*

*When an egg leaves an ovary, it usually goes into the **fallopian tubes**. If an egg gets fertilized, that's where it will happen – in her tubes. Then it travels on down to the place it will grow for nine months.*

*What's that place called? Right. Her **uterus**. And this bottom part of the uterus, it's neck, is called the **cervix**. That's the place a doctor or nurse practitioner wipes cells from when they do a **Pap Test**. They are looking for changes in the cells of the cervix that might mean a cancer would develop. If they find that kind of changes, they can usually remove the cells that are in trouble long before they would become cancer.*

And after a baby has grown in the uterus (remember it isn't called her stomach) for nine months, it usually comes out through the vagina.

Side view: *Now she's facing to the side. A woman has three openings in her private parts. In the front, is the tube urine ("pee") comes out from. It's called the same thing we called it in the male: the **urethra**. And of course it is attached to the place where urine is stored: the **bladder**. In the middle is the opening her period comes out of, and where she has intercourse. What's it called? Right; the **vagina**. And then the third opening, besides the urethra and the vagina, is the opening a bowel movement comes out of. What did we call it in the male? Right: the **anus**.*

*Then, she has two folds of skin that protect the openings to the urethra and the vagina, called her **labia**. And in the front, where the labia meet, is the part with all the nerve endings that's usually the most sensitive to touch and that gets erect. What's it called? Right; the **clitoris**.*

Now what about the parts we already named on the front view? Let's identify those ...

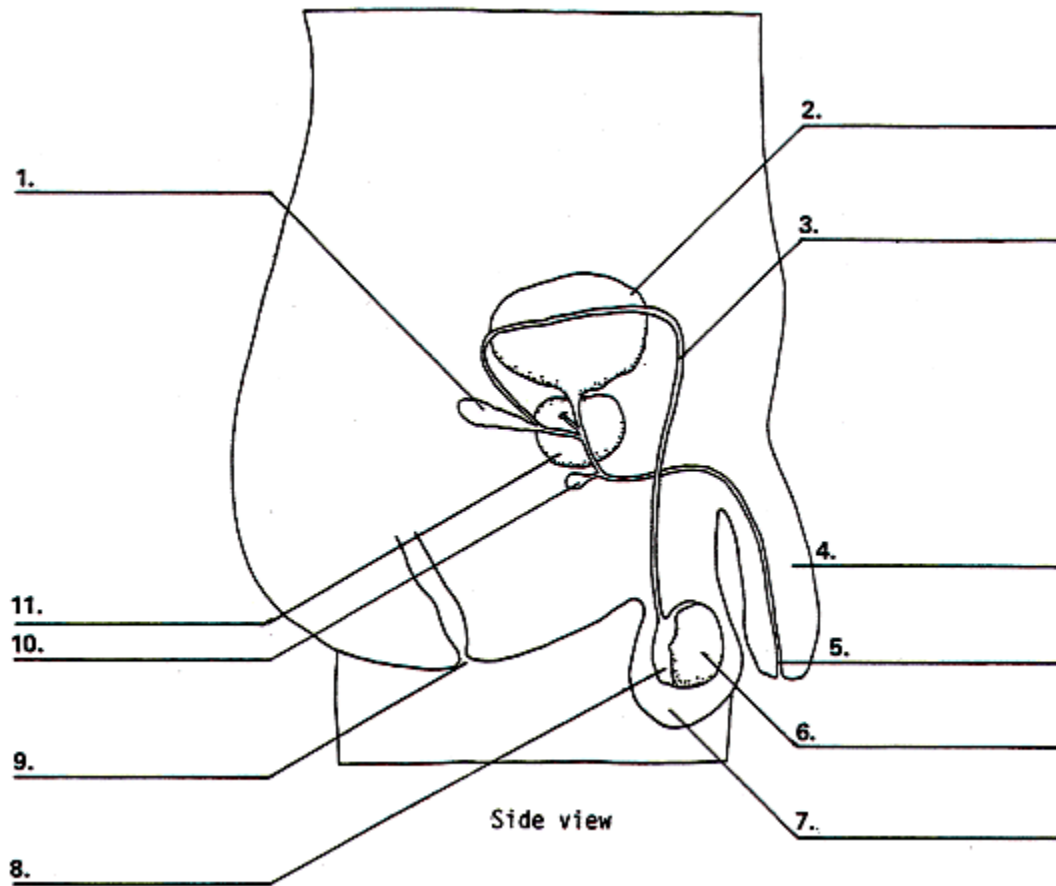
5. Give class a preview of tomorrow's lesson.

Tomorrow, you will:

- respond to "Anonymous Question Box" and oral questions re: male and female reproductive systems (see lesson 1 for how to establish an anonymous question process and to the overview section of this manual for tips on responding to them)
- discuss how the parts work, as opposed to simply their names

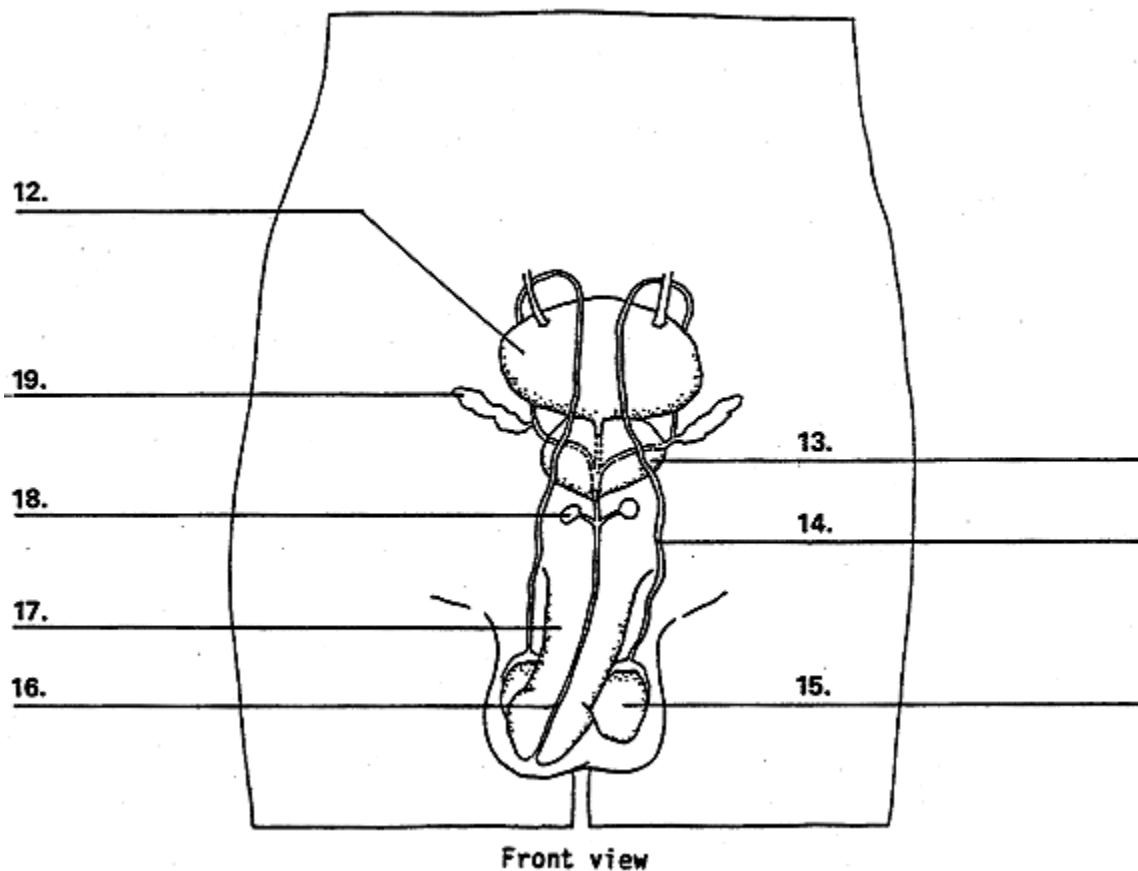
Reproductive System Transparency/Worksheet 1

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.



NOTE: #9 and #2 are not part of the reproductive system

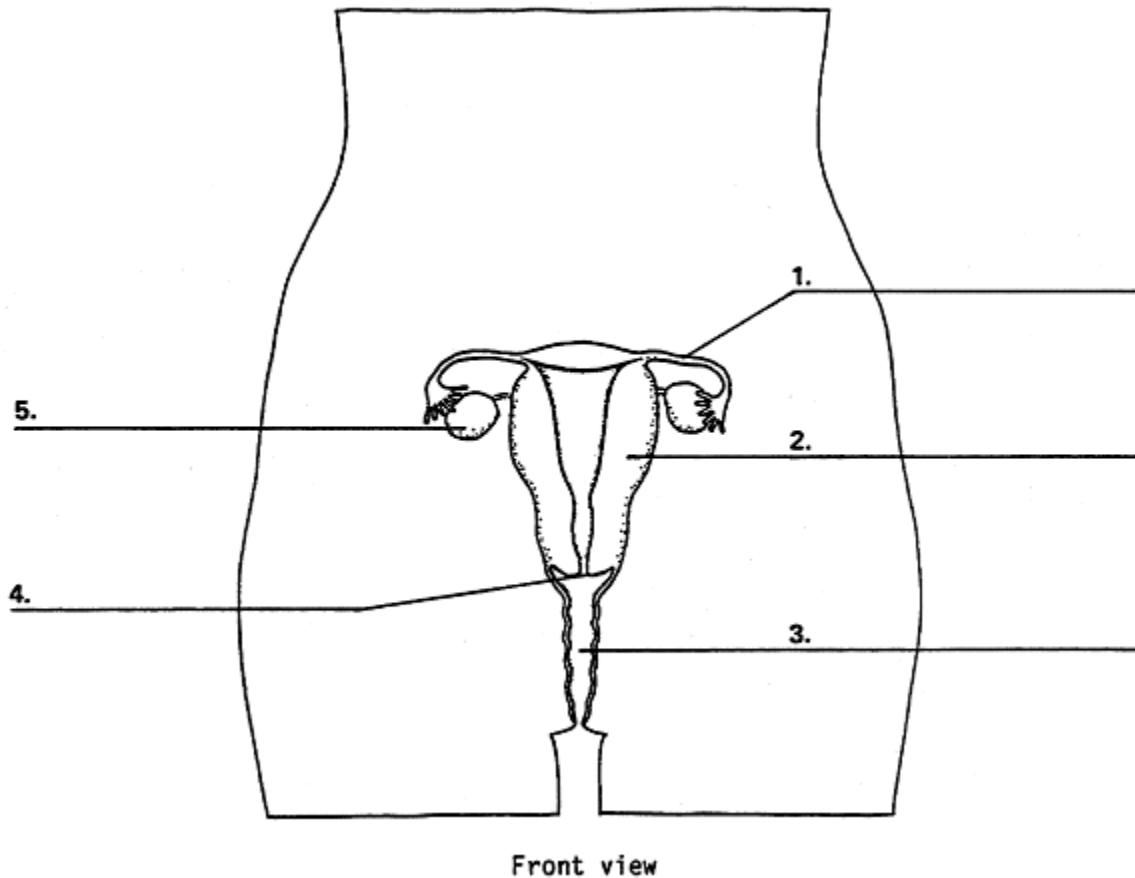
Reproductive System Transparency/Worksheet 1 continued...



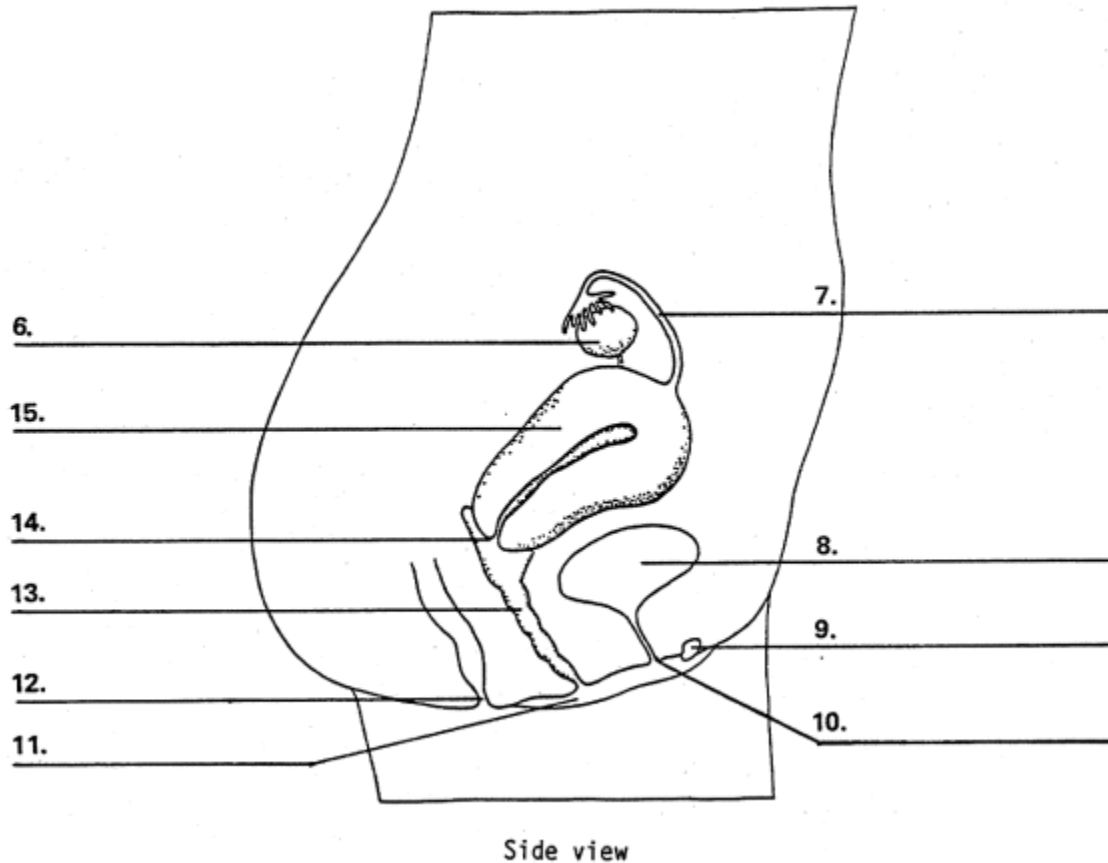
NOTE: #12 is not part of the reproductive system

Reproductive System Transparency/Worksheet 2

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.



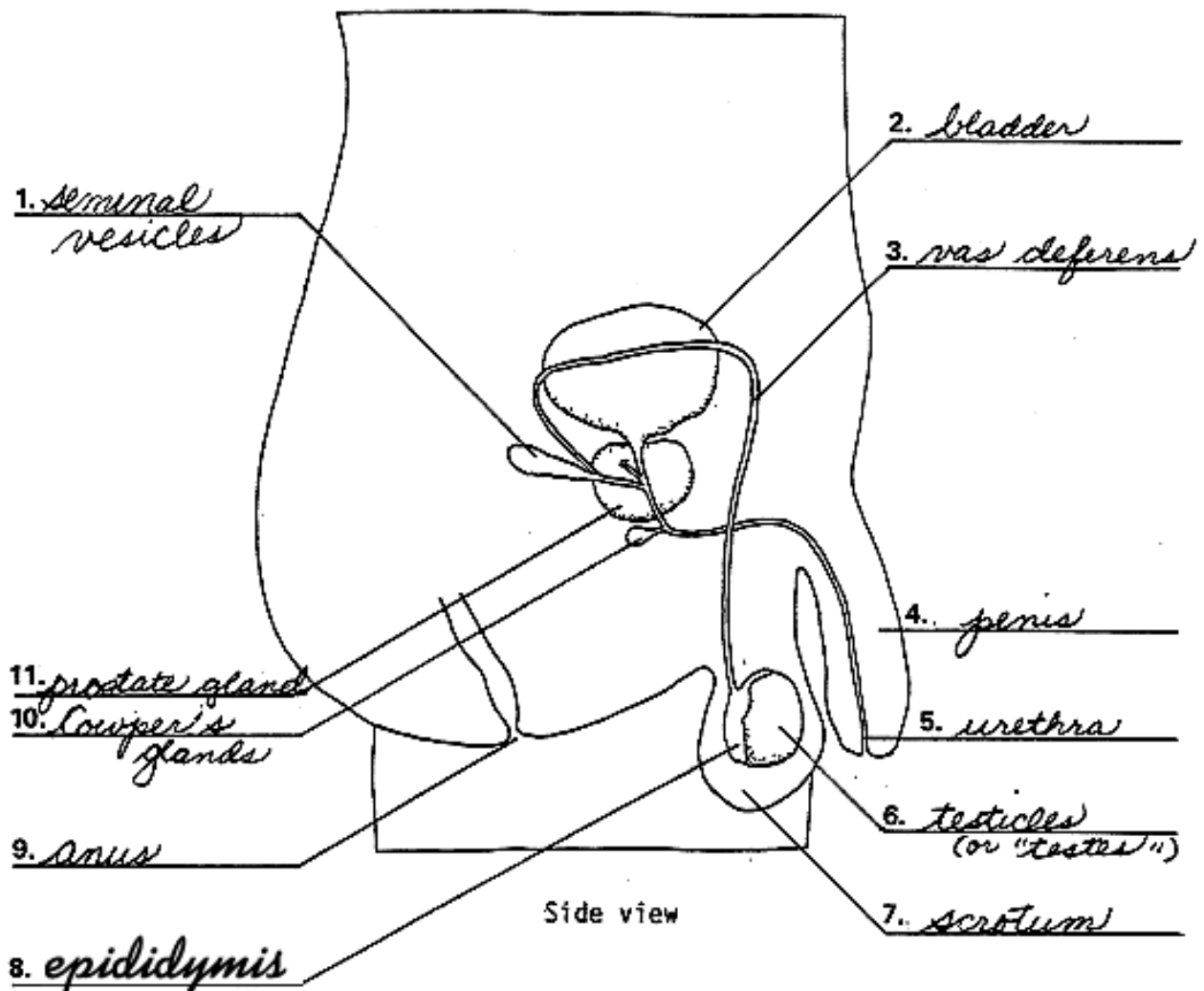
Reproductive System Transparency/Worksheet 2 continued...



NOTE: #8, 10, and 12 are not part of the reproductive system

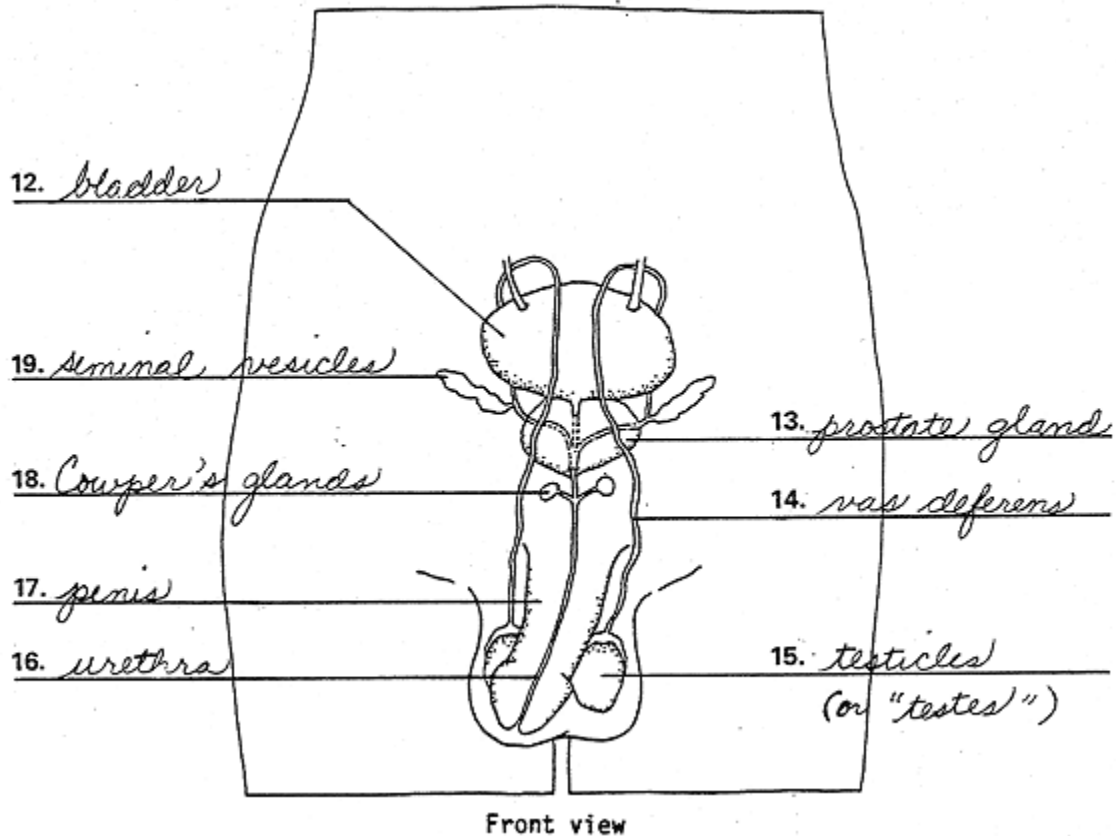
Reproductive System Transparency/Worksheet 1 – answer key

DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.



NOTE: #9 and #2 are not part of the reproductive system

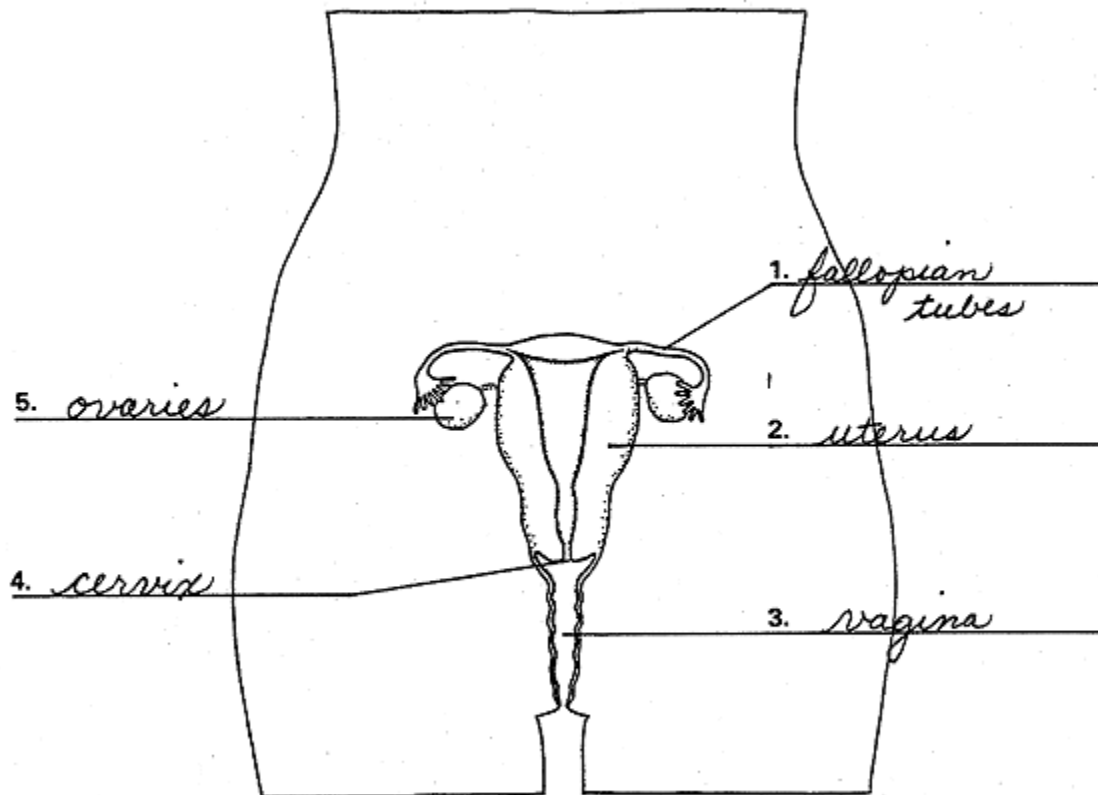
Reproductive System Transparency/Worksheet 1 continued... answer key



NOTE: #12 is not part of the reproductive system

Reproductive System Transparency/Worksheet 2 – answer key

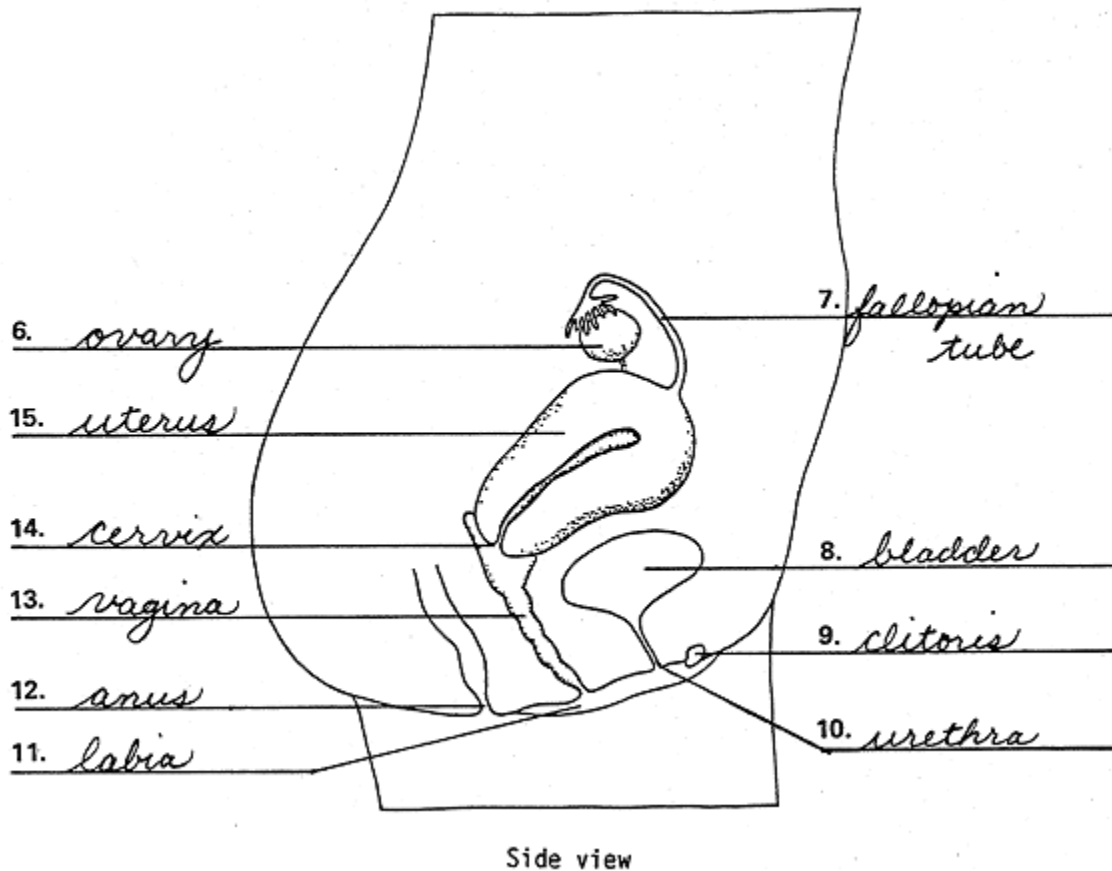
DIRECTIONS: Fill in the name of each body part. Some will be repeated. Use correct spelling and medical, not slang, words.



Front view

Reproductive System Transparency/Worksheet 2

continued... answer key



NOTE: #8, 10, and 12 are not part of the reproductive system

Reproductive System, day 2

Grades 4-6, Lesson #12

Time Needed

40-50 minutes

Student Learning Objectives

To be able to...

1. Distinguish reproductive system facts from myths.
2. Distinguish among definitions of: ovulation, ejaculation, intercourse, fertilization, implantation, conception, circumcision, genitals, and semen.
3. Explain the process of the menstrual cycle and sperm production/ejaculation.

Agenda

1. Explain lesson's purpose.
2. Use transparencies or your own drawing skills to explain the *processes* of the male and female reproductive systems and to answer "Anonymous Question Box" questions.
3. Use *Reproductive System Worksheets #3 and/or #4* to reinforce new terminology.
4. Use *Reproductive System Worksheet #5* as a large group exercise to reinforce understanding of the reproductive process.
5. Use *Reproductive System Worksheet #6* to further reinforce Activity #2, above.

This lesson was most recently edited August, 2009.

Materials Needed

Classroom Materials:

- OPTIONAL: *Reproductive System Transparency/Worksheets #1 – 2*, as 4 transparencies (if you prefer not to draw)
- OPTIONAL: Overhead projector

Student Materials: (for each student)

- Reproductive System Worksheets 3-6 (Which to use depends upon your class' skill level. Each requires slightly higher level thinking.)

Activity

1. Explain the lesson's purpose.

We are doing today's lesson so that people will understand their own bodies better and feel more confident asking questions and discussing bodies with their parents and doctors.

2. Explain the **processes (the physiology) of the male and female reproductive systems.**

Using the transparencies or your own blackboard drawings, respond to the remainder of the "Anonymous Question Box" questions about the reproductive system, especially those on PHYSIOLOGY. If no questions arise regarding the following terms, explain them anyway:

1. OVULATION
2. EJACULATION
3. INTERCOURSE
4. FERTILIZATION
5. IMPLANTATION

6. CONCEPTION
7. CIRCUMCISION
8. GENITALS
9. SEMEN
10. MENSTRUATION

Here is suggested language:

*The outside parts of the reproductive system are called your **genitals**. In other words, a guy's genitals are the penis and scrotum. A girl's genitals, also called her vulva, are the labia and clitoris.*

*Baby boys are born with a sleeve of skin on their penises called the foreskin. Sometimes the doctor removes the foreskin, in a procedure called **circumcision**. The penis is normal either way, whether it's been circumcised or not.*

***Ovulation** is the releasing of a mature egg (ovum) from an ovary. It happens every 20 to 40 days, more or less. And usually a woman doesn't know when it happens. A couple of weeks later is when she will menstruate. **Menstruation** is the lining of her uterus (the blood and tissue) coming out through the vagina, so that she can build up a fresh new lining the next month.*

***Intercourse** is the kind of sexual touch when the penis is in the vagina. It is sometimes called "vaginal intercourse" or "lovemaking" ... but "lovemaking" can mean different things to different people. **Ejaculation** is what you call it when **semen**, the fluid carrying sperm, comes out of the penis.*

*If he ejaculates during intercourse – or even if he ejaculates onto her labia, without ever putting the penis inside the vagina – sperm can swim up into her uterus and tubes in search of an egg to fertilize. **Fertilization** is what you call it when a sperm cell enters an egg. But there need to be millions of sperm to begin with because that way thousands will find their way into the fallopian tube and hundreds will find the egg and begin bumping into it, gradually wearing away the protein coat, allowing one to finally get inside.*

*After the egg is fertilized, it will take a week or so to finish traveling down the tube into the uterus, where it will nest. That's called **implantation**. The combination of fertilization and implantation is what we call **conception**, meaning a pregnancy has begun.*

3. Use **Reproductive System Worksheets #3 and/or #4** to reinforce new terminology.

Allow students 5 to 10 minutes to complete one or both worksheets individually. Have pairs discuss and correct one another's papers. Then, go over them aloud; having them read the items will give them additional practice pronouncing the terms.

4. Use *Reproductive System Worksheet #5* as a large group exercise to reinforce understanding of the reproductive process.

Again, students can work individually, then pair, and then walk through it together as a large group, if their skill levels will allow.

5. Use *Reproductive System Worksheet #6* to further reinforce activity #2, above.

The Worksheet will require students to practice what makes a coherent paragraph, while requiring that they think through the chronology of reproduction.

Related Activities for Integrated Learning

A. Language Arts

Add to Glossary the terms "cell," "cervix," "clitoris," "Cowper's gland," "ejaculate," "epididymis," "fallopian tube," "fertilize," "genitals," "labia," "ovary," "ovulate," "prostate gland," "scrotum," "semen," "seminal vesicle," "testes," "urethra," and "vas deferens".

B. Math

Students can figure out, if a hypothetical female ovulates, say from age 12 to 47, 13 times a year, how many eggs are released altogether. (Answer: 455 eggs). They can determine, if a hypothetical male produced 150 million sperm a day from age 15 until his death at age 75, how many would have been produced altogether. (Answer: 3,285,000,000,000 sperm in a lifetime or 54 billion, 750 million per year).

Homework

Students' options:

- Discuss Reproductive System Worksheets with an adult in the family*
- Call the Facts of Life Line (206-328-7711) or their family doctor or use the Internet to find answers to questions from the Question Box or to one of the following common questions:

What does it mean if one breast or testicle is larger than the other?

How does a person know when to get a checkup of the reproductive system?

What is the best way to treat pimples?

What if the penis or vagina is "too big" or "too small"?

Do all boys have wet dreams and do girls have something similar?

Do all girls menstruate and do boys have something similar?

IMPORTANT NOTES:

- ❖ If you assign questions from the Question Box for students to find answers to, **make sure to type them first**, so that a student cannot recognize another student's handwriting and violate their anonymity.

- ❖ If you allow students to do their research by **Internet**, we recommend they **start here**, to minimize the possibility of their finding commercial and otherwise inappropriate or unreliable sources: <http://www.metrokc.gov/health/famplan/studentlinks.htm>

*see "Preparing Parents" page 6-7

Reproductive System Worksheet 3

NAME _____ DATE _____

DIRECTIONS: Mark an "**M**" next to any part of a male's (a boy's or man's) body, an "**F**" next to any part of a female's (a girl's or woman's) body, or "**E**" if the part could belong to either a male or a female.

So your choices are "**M**", "**F**", and "**E**".

- | | |
|-------------------------|---------------------------|
| _____ 1. Penis | _____ 10. Urethra |
| _____ 2. Scrotum | _____ 11. Seminal Vesicle |
| _____ 3. Cervix | _____ 12. Epididymis |
| _____ 4. Bladder | _____ 13. Ovary |
| _____ 5. Vagina | _____ 14. Prostate Gland |
| _____ 6. Testicle | _____ 15. Uterus |
| _____ 7. Fallopian Tube | _____ 16. Anus |
| _____ 8. Cowper's Gland | _____ 17. Vas Deferens |
| _____ 9. Labia | _____ 18. Clitoris |

Reproductive System Worksheet 4

NAME _____ DATE _____

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

- | | |
|-----------------------|---|
| a. circumcision | _____ 1. The penis or clitoris filling with blood and getting harder and larger |
| b. conception | _____ 2. The outside parts of the male's or female's reproductive system |
| c. ejaculation | _____ 3. Ejaculation during sleep (sometimes called "having a wet dream") |
| d. erection | _____ 4. The process of fertilization and implantation |
| e. fertilization | _____ 5. A cell from a woman's body that can start a pregnancy (sometimes called an "egg cell") |
| f. genitals | _____ 6. A cell from a man's body that can start a pregnancy |
| g. implantation | _____ 7. An operation to remove the foreskin from the penis |
| h. intercourse | _____ 8. The meeting of the sperm and ovum |
| i. menstruation | _____ 9. The penis being inside the vagina |
| j. nocturnal emission | _____ 10. The gland in the brain that triggers puberty |
| k. ovulation | _____ 11. A ripe ovum coming out of the ovary |
| l. ovum | _____ 12. Semen coming out of the penis |
| m. pituitary | _____ 13. The nesting of a fertilized egg in the wall of the uterus |
| n. puberty | _____ 14. The body beginning to change from a child's into an adult's |
| o. semen | _____ 15. The liquid that carries sperm |
| p. sperm | _____ 16. The lining of the uterus coming out through the vagina (sometimes called "having a period") |

Reproductive System Worksheet 5

NAME _____ DATE _____

DIRECTIONS: Fill in the blanks. Then look up each word to make sure you have spelled it correctly.

1. The outside parts of the male reproductive system are the penis and the _____.
2. The outside parts of the female reproductive system are the labia and the _____.
3. A female has three openings: the _____ in the front, the _____ in the middle (where the blood comes out during her period) and the anus in the back.
4. Sperm are made in the testicles. They are stored for 2-3 months in the _____ and then they travel through the _____ and the urethra, which leads out of the penis.
5. The semen is made up of sperm and liquids. The liquids are produced by the _____, the _____, and the _____.
6. In both males and females, urine is stored in the _____ and leaves the body through the urethra.
7. Both males and females have an opening where bowel movements come out. It is called the _____.

8. A baby grows for nine months in the _____.
9. The scrotum is the sac that holds the _____.
10. The parts of the body that protect the urethra and the vagina are called _____.
11. When an egg cell leaves the _____, it travels through the _____ on its way to the uterus.
12. The opening of the uterus into the vagina is called the _____.

Reproductive System Worksheet 6

NAME _____ DATE _____

DIRECTIONS: Below are two stories. The events are all out of order. Get a sheet of lined paper. Write "Reproductive System Worksheet #6" at the top. Then choose ONE of the two stories (A or B) and rewrite it. Begin with the title and your name. Find a topic sentence to begin your paragraph. Put the sentences in chronological order. Make sure the last sentence is a good concluding statement.

A) The Menstrual Cycle

It travels through the fallopian tube.

The ovary releases the ovum.

About two weeks later, since the lining of the uterus is not needed for a pregnancy, it comes out through the vagina.

It is incredible how the female body knows how to prepare for pregnancy!

If the egg doesn't meet a sperm, it dissolves.

While the ovum is developing, the lining of the uterus is getting thick and soft.

Another ovum starts to develop in one of the ovaries and the process begins again.

An ovum starts to develop.

B) I am produced in the testicles.

I go from the vas deferens to the urethra.

The Life of a Sperm Cell

I go through the cervix and the uterus and into the fallopian tubes, in search of an egg cell.

I develop for two or three months in the epididymis.

When the penis becomes erect, I leave the epididymis and travel up into the body through the vas deferens.

As I pass the prostate gland, the seminal vesicles, and the Cowper's glands, fluids are added so that I can live longer and swim more easily.

Without me, an egg cell couldn't begin the amazing process of reproduction.

The urethra carries me (along with about 200 million other sperm) out of the penis in a process called ejaculation.

If I can find the ovum before the other sperm do, I will be the winner: part of a fertilized egg!

MORE DIRECTIONS: After you have finished writing your story, reread it, checking off the sentences on this worksheet to make sure you have used them all. Then read the story aloud to a friend to see whether it makes sense.

Reproductive System Worksheet 3 – Answer Key

NAME _____ DATE _____

DIRECTIONS: Mark an "M" next to any part of a male's (a boy's or man's) body, an "F" next to any part of a female's (a girl's or woman's) body, or "E" if the part could belong to either a male or a female.

So your choices are "M", "F", and "E".

M 1. Penis

E 10. Urethra

M 2. Scrotum

M 11. Seminal Vesicle

F 3. Cervix

M 12. Epididymis

E 4. Bladder

F 13. Ovary

F 5. Vagina

M 14. Prostate Gland

M 6. Testicle

F 15. Uterus

F 7. Fallopian Tube

E 16. Anus

M 8. Cowper's Gland

M 17. Vas Deferens

F 9. Labia

F 18. Clitoris

Reproductive System Worksheet 4 – Answer Key

NAME _____ DATE _____

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

- | | | |
|-----------------------|----------|---|
| a. circumcision | <u>d</u> | 1. The penis or clitoris filling with blood and getting harder and larger |
| b. conception | <u>f</u> | 2. The outside parts of the male's or female's reproductive system |
| c. ejaculation | <u>J</u> | 3. Ejaculation during sleep (sometimes called "having a wet dream") |
| d. erection | <u>b</u> | 4. The process of fertilization and implantation |
| e. fertilization | <u>L</u> | 5. A cell from a woman's body that can start a pregnancy (sometimes called an "egg cell") |
| f. genitals | <u>p</u> | 6. A cell from a man's body that can start a pregnancy |
| g. implantation | <u>a</u> | 7. An operation to remove the foreskin from the penis |
| h. intercourse | <u>e</u> | 8. The meeting of the sperm and ovum |
| i. menstruation | <u>h</u> | 9. The penis being inside the vagina |
| j. nocturnal emission | <u>m</u> | 10. The gland in the brain that triggers puberty |
| k. ovulation | <u>k</u> | 11. A ripe ovum coming out of the ovary |
| l. ovum | <u>c</u> | 12. Semen coming out of the penis |
| m. pituitary | <u>G</u> | 13. The nesting of a fertilized egg in the wall of the uterus |
| n. puberty | <u>n</u> | 14. The body beginning to change from a child's into an adult's |
| o. semen | <u>o</u> | 15. The liquid that carries sperm |
| p. sperm | <u>i</u> | 16. The lining of the uterus coming out through the vagina (sometimes called "having a period") |

Reproductive System Worksheet 5 – Answer Key

NAME _____ DATE _____

DIRECTIONS: Fill in the blanks. Then look up each word to make sure you have spelled it correctly.

1. The outside parts of the male reproductive system are the penis and the scrotum.
2. The outside parts of the female reproductive system are the labia and the clitoris.
3. A female has three openings: the urethra in the front, the vagina in the middle (where the blood comes out during her period) and the anus in the back.
4. Sperm are made in the testicles. They are stored for 2-3 months in the epididymis and then they travel through the vas deferens and the urethra, which leads out of the penis.
5. The semen is made up of sperm and liquids. The liquids are produced by the seminal vesicles, the prostate gland, and the Cowper's glands.
6. In both males and females, urine is stored in the bladder and leaves the body through the urethra.
7. Both males and females have an opening where bowel movements come out. It is called the anus.

8. A baby grows for nine months in the uterus.
9. The scrotum is the sac that holds the testicles. *
10. The parts of the body that protect the urethra and the vagina are called labia.
11. When an egg cell leaves the ovary, it travels through the fallopian tubes on its way to the uterus.
12. The opening of the uterus into the vagina is called the cervix.

* Note that “**testes**” is also a correct response.

Reproductive System Worksheet 6 – Answer Key

NAME _____ DATE _____

DIRECTIONS: Below are two stories. The events are all out of order. Get a sheet of lined paper. Write "Reproductive System Worksheet #6" at the top. Then choose ONE of the two stories (A or B) and rewrite it. Begin with the title and your name. Find a topic sentence to begin your paragraph. Put the sentences in chronological order. Make sure the last sentence is a good concluding statement.

B) The Menstrual Cycle

It is incredible how the female body knows how to prepare for pregnancy! An ovum starts to develop. While the ovum is developing, the lining of the uterus is getting thick and soft. The ovary releases the ovum. It travels through the fallopian tube. If the egg doesn't meet a sperm, it dissolves. About two weeks later, since the lining of the uterus is not needed for a pregnancy, it comes out through the vagina. Another ovum starts to develop in one of the ovaries and the process begins again.

C) The Life of a Sperm Cell

Without me, an egg cell couldn't begin the amazing process of reproduction. I am produced in the testicles. I develop for two or three months in the epididymis. When the penis becomes erect, I leave the epididymis and travel up into the body through the vas deferens. I go from the vas deferens to the urethra. As I pass the prostate gland, the seminal vesicles, and the Cowper's glands, fluids are added so that I can live longer and swim more easily. The urethra carries me (along with about 200 million other sperm) out of the penis in a process called ejaculation. I go through the cervix and the uterus and into the fallopian tubes, in search of an egg cell. If I can find the ovum before the other sperm do, I will be the winner: part of a fertilized egg!

MORE DIRECTIONS: After you have finished writing your story, reread it, checking off the sentences on this worksheet to make sure you have used them all. Then read the story aloud to a friend to see whether it makes sense.

Pregnancy, day 1

Grades 4-6, Lesson #13

Time Needed

50-60 minutes

Student Learning Objectives

To be able to...

1. Distinguish among definitions of: Caesarian section, cell, chromosome, gene, navel, umbilical cord, fetus, embryo, placenta.
2. Recognize that vaginal birth is the most common type.
3. Explain the difference between fraternal and identical twins.

Agenda

1. Explain lesson's purpose.
2. Explain normal pregnancy and birth, defining 12 key terms.
3. Discuss how sperm determines the biological sex.
4. List pregnancy symptoms and discuss pregnancy tests.
5. Use rulers to help students visualize embryo/fetus size throughout pregnancy.
6. OPTIONAL: Use fetal models to reinforce #5, above.
7. Use *Pregnancy Worksheet #1* to reinforce new terminology from Activity #2, above.

This lesson was most recently edited August, 2009.

Materials Needed

Classroom Materials:

- OPTIONAL: *Pregnancy Transparency/Worksheet #1*, as a transparency (if you prefer not to draw)
- Nine rulers and nine pieces of chalk (or whiteboard markers)
- OPTIONAL: fetal models (See Activity #6, below)
Available from your district or your Educational Service District or the local chapter of the March of Dimes.
- OPTIONAL: a blank bulletin board entitled, "PREGNANCY"

Student Materials: (for each student)

- *Pregnancy Transparency/Worksheet #1* (as a worksheet)

Activity

1. Explain the lesson's purpose.

Explain that today's lesson will help students understand better how babies develop, from the time they are a sperm and an egg to the day they are born.

2. Answer "Anonymous Question Box" questions about pregnancy.

Use the *Transparency* or, better yet, draw so that you can introduce one part at a time and so that your drawing won't exactly duplicate the *Worksheet* your students will be filling out later in the lesson.

Hold back on questions concerning birth defects, prematurity and miscarriage; those will be answered tomorrow. If no questions address the following terms, explain them anyway:

CELL	FETUS	FRATERNAL TWINS
BREAST	CHROMOSOME	PLACENTA
IDENTICAL TWINS	GENE	UMBILICAL CORD
VAGINAL BIRTH	EMBRYO	NAVEL
CAESARIAN SECTION		

3. Explain how the baby's biological sex is determined.

Specifically, describe how sperm can have either male – Y -- or female – X -- chromosomes and only one sperm fertilizes an ovum.

4. Explain how a woman "knows she is pregnant" (symptoms, pregnancy test).

5. Use rulers to help students visualize embryo/fetus size throughout pregnancy.

Have 9 students volunteer to measure and mark on the blackboard or whiteboard, or on a special "Pregnancy" bulletin board the size of an embryo or fetus in each of the 9 months of pregnancy as follows:

4 weeks = 7 mm (0.3 inches)	21 weeks = 25 cm (10 inches)
8 weeks = 4 cm (1.6 inches)	25 weeks = 30 cm (12 inches)
12 weeks = 10 cm (4 inches)	29 weeks = 34 cm (14 inches)
16 weeks = 18 cm (7 inches)	36 weeks = 43 cm (17 inches)
	40 weeks = 51 cm (20 inches)

Point out that the ovum itself is the size of the period at the end of a sentence (have students look in a book and actually find a period). Point out that the sperm itself is microscopic.

6. OPTIONAL: Use fetal models to reinforce #5, above.

Pass around or display plastic models of an embryo and fetus at various stages of development.

7. Use *Pregnancy Worksheet #1* to reinforce new terminology from Activity #2, above.

Allow students 5 minutes to complete it, discuss it as a large group, and optionally, post several students' correct worksheets on a "Pregnancy" bulletin board.

Pregnancy Transparency/Worksheet 1

NAME _____ DATE _____

DIRECTIONS: Fill in the chart, using the following terms:

BREAST

CERVIX

FETUS

PLACENTA

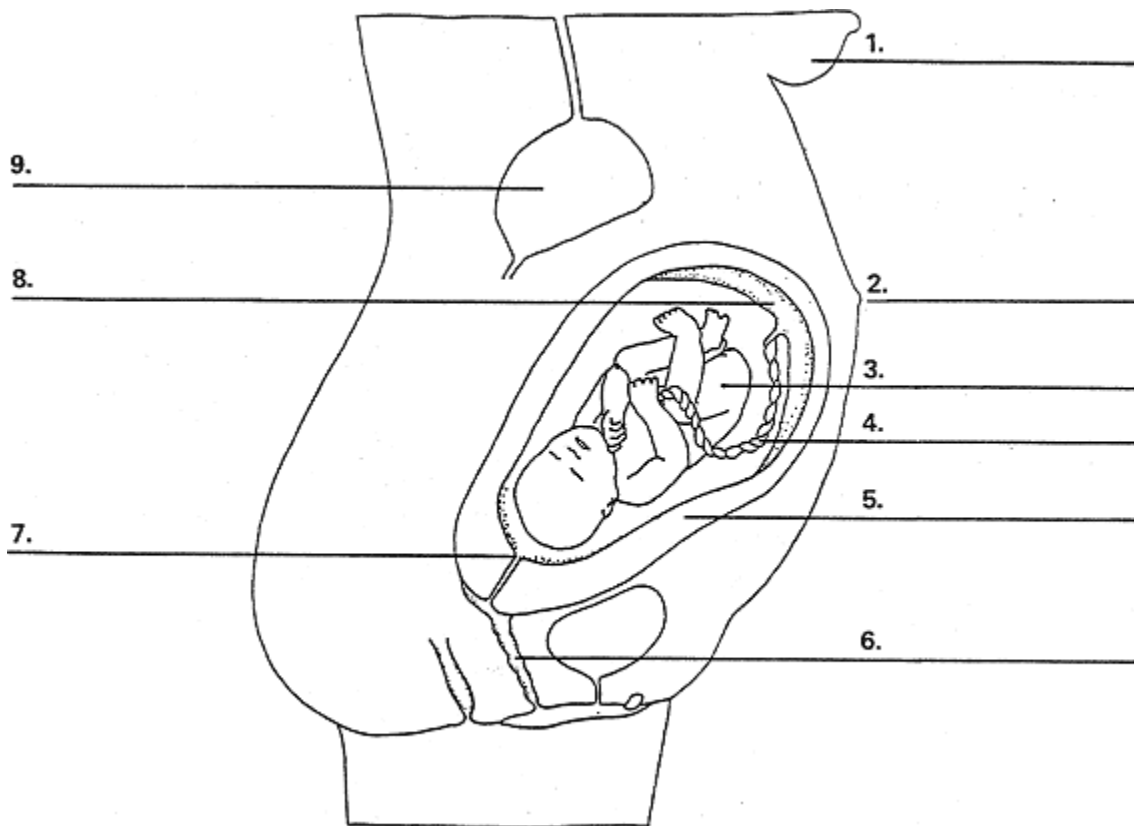
MOTHER'S NAVEL (clue: it is not connected to the baby)

UMBILICAL CORD

STOMACH (clue: this is not where a baby develops)

UTERUS (clue: this is also called the "womb")

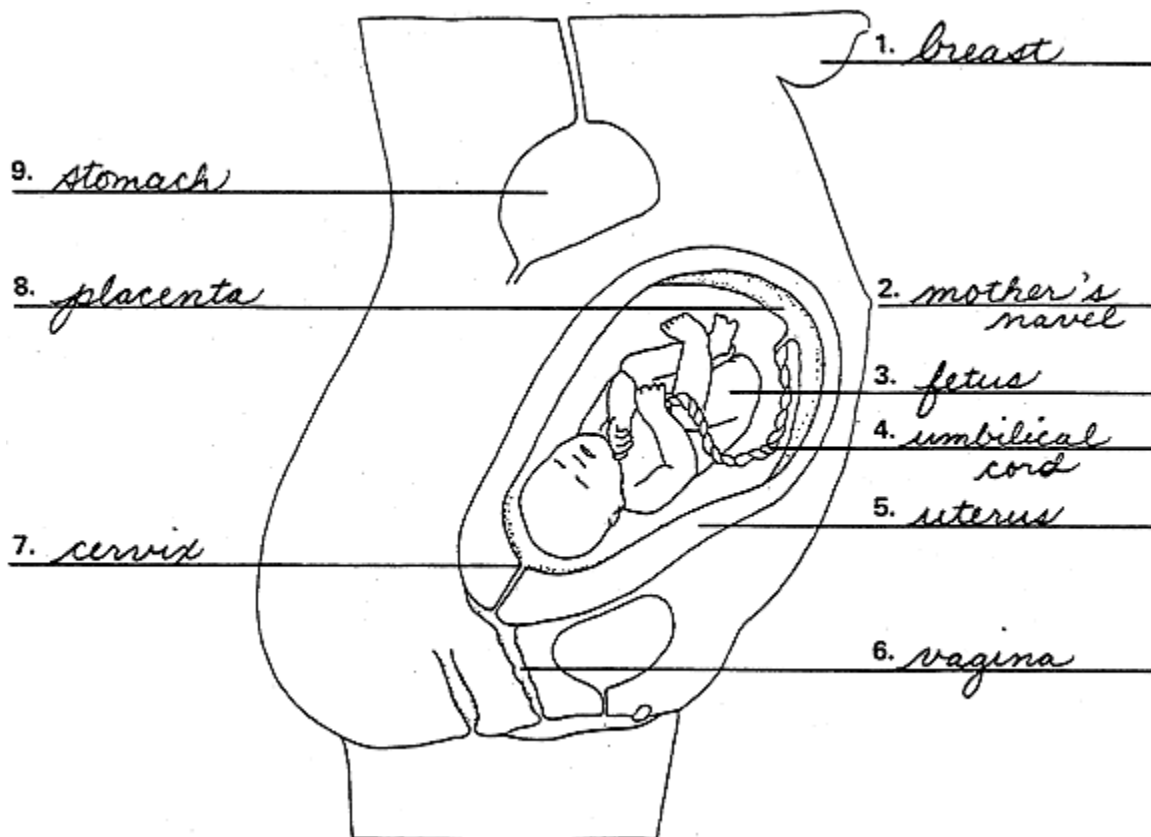
VAGINA (clue: this is also called the "birth canal")



Pregnancy Transparency/Worksheet 1 - Answer Key

NAME _____ DATE _____

DIRECTIONS: Fill in the chart, using the following terms:

BREAST
CERVIX
FETUS
PLACENTAMOTHER'S NAVEL (clue: it is not connected to the baby)
UMBILICAL CORD
STOMACH (clue: this is not where a baby develops)
UTERUS (clue: this is also called the "womb")
VAGINA (clue: this is also called the "birth canal")

Pregnancy, day 2

Grades 4-6, Lesson #14

Time Needed

40-50 minutes

Student Learning Objectives

To be able to...

1. Recognize the definitions of: miscarriage, prenatal care, premature birth, and birth defect.
2. Explain the importance of prenatal care.
3. List at least 3 health behaviors recommended for pregnant women.
4. List at least 3 causes of miscarriages or birth defect.

Agenda

1. Explain reasons for lesson.
2. Explain PRENATAL CARE and list causes of premature birth, birth defects, genetic conditions and miscarriages.
3. Use *Pregnancy Worksheet #2* as a small group exercise to reinforce Activity #2, above.
4. Use *Pregnancy Worksheet #3* as a large group exercise to summarize the lesson.

This lesson was most recently edited August, 2009.

Materials Needed

Student Materials: (for each student)

Pregnancy Worksheets #2 and #3

Activity

1. Explain the reasons for this lesson.

Explain that sometimes things "go wrong" in a pregnancy. There are ways we can reduce the chances of problems. This lesson will help everybody understand how we can make babies as healthy as possible.

2. Answer "Anonymous Question Box" questions about BIRTH DEFECTS, PREMATURE BIRTH, MISCARRIAGE and PRENATAL CARE.

Whether or not students raise the issues, be sure to define these new terms and to cover the following:

- Miscarriages and birth defects may be caused by
 - ...a chromosomal abnormality in the ovum or sperm
 - ...mother's consumption of drugs (including alcohol and tobacco)
 - ...father's consumption of drugs (including alcohol and tobacco)
 - ...mother's illness
 - ...radiation and environmental pollution
 - ...mother's age (the healthiest, safest time is in her 20s and early 30s)
 - ...father's age
 - ...birth trauma
 - ...unknown factors
- Some possible reasons for the higher rate of birth defects, miscarriages, premature birth, and low birth weight in babies born to teens are:
 - ...no prenatal care
 - ...late prenatal care
 - ...poor nutrition
 - ...consumption of alcohol, cigarettes and other drugs

3. Use *Pregnancy Worksheet #2* as a small group exercise to reinforce Activity #2, above.

Allow 10 minutes for teams of 2 or 3 students to cooperatively complete it. Discuss the worksheet as a large group, encouraging students to add to, or modify, the answers they've already written.

4. Use *Pregnancy Worksheet #3* as a large group exercise to summarize the lesson.

Have volunteers read aloud one sentence each, filling in the blank(s).

Related Activities For Integrated Learning

A. Language Arts

Students compiling glossaries can add "Caesarian Section," "chromosome," "embryo," "fetus," "fraternal twins," "identical twins," "gene," "implantation," "conception," "placenta," "prenatal care," and "umbilical cord."

B. Social Studies

Have students look up and report on one of the following people from whom we have learned about reproduction and pregnancy:

Gregor Mendel (scientist)
Fernand Lamaze (physician)
Patrick Steptoe (physician)

Lennart Nilsson (photographer)
Geraldine L. Flanagan (author)

Homework

Students' options:

- Ask an adult in your family to describe your (the student's) birth. [NOTE: If you offer this as an option, it's important to acknowledge aloud to the class that you realize that not everybody lives with, or is in contact with, their birth mother or anyone who was there when they were born. That is part of why there are alternate ways to earn the same credit.]
- Discuss Pregnancy Worksheets 1 and 2 with an adult. *
- Find out what a *midwife* is and what a *doula* is. Report back.

*see "Preparing Parents" page 4-5

Pregnancy Worksheet 2

NAME _____ DATE _____

DIRECTIONS: Use complete sentences to answer these questions. Watch your spelling, capitalization and punctuation.

1. Why do children often look like their parents?

2. What's the difference between fraternal and identical twins?

3. What is "prenatal care" and why is it important?

4. What kinds of things could cause a baby to be born with a disability?

Pregnancy Worksheet 3

NAME _____ DATE _____

DIRECTIONS: Put the following words in the blanks below. Some may be used more than once. Make a word plural if the sentence makes more sense that way.

ALCOHOL	DIET	GENE	PRENATAL
CELL	DRUG	IDENTICAL	SICK
CAESAREAN	EMBRYO	MISCARRIAGE	UMBILICAL
CHROMOSOME	FETUS	NAVEL	VAGINA
CIGARETTE	FRATERNAL	PLACENTA	

The body is made up of _____. Each one contains 46 _____ which determine a lot about how the person looks and how fast he or she grows. The person's mother and father each contributed 23 of these _____ (made up of many separate _____). That's why people often look like other members of their families.

Let's look at how it all begins. Two special _____ (the sperm and the ovum) combine to make one fertilized egg. The fertilized egg travels down the fallopian tube dividing into a ball of _____. This ball nests in the uterus. Inside this special ball is the developing _____. After it grows for about ten weeks, it may be called, instead, a _____.

Once in a while, a fertilized egg will divide into a ball with TWO _____ inside. They have exactly the same _____, so they will grow to look exactly alike. They're called _____ twins. Other times, the ovary may release two separate egg cells at once. If two sperm meet these two eggs, we have _____ twins. They won't look exactly alike. In fact they MAY even be one boy and one girl, because their _____ are different.

While it is growing in the uterus, the _____ gets food and oxygen through its _____ cord. This cord is connected to the _____, a special part which grew from the original ball of cells to feed the developing _____.

After about nine months a baby is ready to be born. Usually, the uterus will contract and push the baby out through the _____. Sometimes this isn't possible, so the doctor has to operate to remove the baby directly from the uterus. We call this special kind of birth a _____ section.

Once the baby is born it can eat through its mouth and breathe through its nose. It no longer needs the _____ cord so the doctor cuts and ties it, forming a "belly button" or _____. This cutting doesn't hurt. It's like cutting your finger nails.

Why do some babies die before they are ready to be born? We call that a _____. Why are other babies born too soon or born with handicaps? There can be many reasons. There might have been something wrong with the parents' _____. The mother might have been _____. Sometimes we do not know why. We do know this: In order to help make herself and the baby as healthy as possible, a pregnant woman should not drink _____, smoke _____, or use any other _____ without asking her doctor. She should eat a balanced _____ and see a doctor regularly for _____ care.

LET'S HEAR IT FOR STRONG, HEALTHY BABIES!

Pregnancy Worksheet 2 - answer key

NAME _____ DATE _____

DIRECTIONS: Use complete sentences to answer these questions. Watch your spelling, capitalization and punctuation.

1. Why do children often look like their parents?

*They have some of the parents' genes. **

*They have some of the parents' chromosomes. **

2. What's the difference between fraternal and identical twins?

Fraternal twins come from two different eggs and two different sperm. They look different from one another. Identical twins look alike because they come from one sperm and one ovum.

3. What is "prenatal care" and why is it important?

Prenatal care means going to the doctor very often when you are pregnant. It's important because the doctor can help the mother and baby to be as healthy as possible.

4. What kinds of things could cause a baby to be born with a disability?

Causes could include the mother being sick while she's pregnant, something wrong with the mother's or father's genes, or the mother not eating healthy foods or drinking alcohol, smoking or using other drugs. Sometimes the baby is harmed during birth.

NOTE: Different wording is fine. These are simply examples.

Pregnancy Worksheet 3 – answer key

NAME _____ DATE _____

DIRECTIONS: Put the following words in the blanks below. Some may be used more than once. Make a word plural if the sentence makes more sense that way.

The body is made up of cells. Each one contains 46 chromosomes which determine a lot about how the person looks and how fast he or she grows. The person's mother and father each contributed 23 of these chromosomes (made up of many separate genes). That's why people often look like other members of their families.

Let's look at how it all begins. Two special cells (the sperm and the ovum) combine to make one fertilized egg. The fertilized egg travels down the fallopian tube dividing into a ball of cells. This ball nests in the uterus. Inside this special ball is the developing embryo. After it grows for about ten weeks, it may be called, instead, a fetus.

Once in a while, a fertilized egg will divide into a ball with TWO embryos inside. They have exactly the same genes, so they will grow to look exactly alike. They're called identical twins. Other times, the ovary may release two separate egg cells at once. If two sperm meet these two eggs, we have fraternal twins. They won't look exactly alike. In fact they MAY even be one boy and one girl, because their genes are different.

While it is growing in the uterus, the fetus gets food and oxygen through its umbilical cord. This cord is connected to the placenta, a special part which grew from the original ball of cells to feed the developing fetus.

After about nine months a baby is ready to be born. Usually, the uterus will contract and push the baby out through the vagina. Sometimes this isn't possible, so the doctor has to operate to remove the baby directly from the uterus. We call this special kind of birth a Caesarian section.

Once the baby is born it can eat through its mouth and breathe through its nose. It no longer needs the umbilical cord so the doctor cuts and ties it, forming a "belly button" or navel. This cutting doesn't hurt. It's like cutting your finger nails.

Why do some babies die before they are ready to be born? We call that a miscarriage. Why are other babies born too soon or born with handicaps? There can be many reasons. There might have been something wrong with the parents' chromosomes.* The mother might have been sick. Sometimes we do not know why. We do know this: In order to help make herself and the baby as healthy as possible, a pregnant woman should not drink alcohol, smoke cigarettes, or use any other drugs without asking her doctor. She should eat a balanced diet and see a doctor regularly for prenatal care.

LET'S HEAR IT FOR STRONG, HEALTHY BABIES!

* “genes” is also an acceptable response.

HIV & AIDS, year 1, day 1

Grade 4 or 5, Lesson #15

Time Needed

45-60 minutes

Student Learning Objectives

To be able to:...

1. Distinguish between healthy concern and unhealthy fear.
2. Understand that HIV is hard to catch, affects few children and is preventable.
3. Distinguish between illnesses caused by germs and those caused by other factors (i.e., genes, chemicals).
4. Define "communicable disease" and give examples.
5. Discuss ways in which HIV is and is not passed.

Agenda

1. Discuss with class possible reasons why HIV & AIDS are very important topics in the media.
2. Discuss the difference between healthy concern and unhealthy fear.
3. Emphasize:
 - Children your age rarely have HIV.
 - HIV is very hard to get.
 - HIV is preventable.
4. Distinguish between non-communicable and communicable disease.
5. Describe the transmission modes for HIV, and emphasize that casual contact cannot pass the disease.
6. Take questions from the class.
7. Use the Crossword Worksheet to review concepts.

This lesson was most recently edited on July 123, 2013.
Alternative formats available upon request.

Materials Needed

Student Materials: (for each student)

- *Crossword Puzzle Worksheet*

Activities

1. Discuss with class possible reasons why HIV & AIDS are very important topics in the media.

I know that most of you have heard about HIV and AIDS. It seems that news about HIV and AIDS is often on T.V., in the papers, in magazines. There are many other serious diseases in our world, like cancer and heart disease. Why do you think people are talking and writing a lot about HIV?

Possible responses: People die from it. There is no cure. People are scared of it. Younger people get it.

Be clear with students that it's not as common as many less-talked-about illnesses (like heart disease, cancer, etc.)

HIV and AIDS are very serious. There is no cure for it yet, and it can be fatal. It is out of control in many countries in the world, so it is a global problem. It is killing people in their 20's, 30's and 40's, the time when they would normally be working at their jobs, enjoying their loved ones and doing things to make our world a better place to live. In some parts of the world, HIV is spreading very fast. The number of people who have the disease grows every year even though, compared to many other diseases, it is still fairly rare in the U.S. All this makes many people very concerned. Many other people are scared.

It is good to be concerned. When people are concerned, they are able to help. Some concerned people are looking for a cure for people sick with HIV. Other concerned people are searching for a vaccine, a medicine to give to healthy people (like you) to protect against this disease. Other concerned people volunteer their time, helping people with AIDS to live their lives as comfortably and joyfully as possible. Other concerned people learn how to be more careful with their own health.

2. Discuss the difference between healthy concern and unhealthy fear.

So concerned people can accomplish things. Usually, scared people cannot. What happens to most of us when we get scared?

Possible responses: We freeze. We can't think clearly. It's hard to decide what to do. We run away from things. We hide. We get angry.

Often, people are frightened of things that they don't understand, things that seem strange and unfamiliar. That's what has happened with HIV and AIDS. At first, we didn't know much about the disease. Now we do, but some grown-ups still worry a lot about it. People worry about how they can catch it. People worry because they want themselves and their family and friends to stay well. Some people are scared because there have been a lot of rumors going around about HIV. Rumors make people confused.

3. Emphasize why students should be concerned rather than fearful.

One of the most important things I want you to learn today is that you definitely don't have to be scared about HIV and AIDS. Here are some reasons why:

- *We know a lot about HIV. We don't have a cure, but we know what causes it.*
- *We know that even though HIV is making many adults very sick, it generally does not affect children your age, at least not in wealthy countries like the United States.*
- *We know that HIV is very, very hard to get. You can't get it by just being close to someone who has it - even by giving them a hug.*
- *We know that HIV is preventable. When you know how people can and cannot catch it, you'll know how to keep yourself safe.*

4. Introduce and distinguish between communicable and non-communicable diseases.

HIV is a tiny germ called a virus. Germs that pass sicknesses around are small micro-organisms which are invisible to us. Many sicknesses are caused by germs, but many are not. Let's first take a look at other things (besides germs) that could cause an illness. Who can think of something?

Use chalkboard or transparency to record their answers into these categories of things that cause illness:

GENES - from the mother or father. (Genes are the little chemical plans within sperm and egg cells ... plans for a new human being ... their hair color, the shape of their ears, etc.)

MALNUTRITION - not having enough good food to eat, not enough of a particular vitamin or mineral

CHEMICALS - certain drugs, like alcohol, tobacco. Sometimes people are exposed to other chemicals at their workplace.

RADIATION from too many x-rays, or from a nuclear power plant (Japan)

If a person became ill from one of these situations, could they pass the sickness on to another person?

ANSWER: In most cases, No. These kinds of illnesses would affect only the particular people exposed, except in the case of pregnancy.

But we know that there are many, many sicknesses that can be passed from person to person. They are called COMMUNICABLE or CONTAGIOUS DISEASES. What do we mean when we talk about communication?

ANSWER: A person makes contact with another person. They indicate an interest in the other person. They may talk to, touch, look at, and/or smell the other person.

So, with communicable diseases, people play a part in passing the disease around from one to another. Some diseases can be spread through direct contact - that means things like kissing or touching - or through indirect contact - like breathing in the germ mist from a person's sneeze or cough.

Indirect contact might also be touching things that have been used by an infected person like their toothbrush or food or silverware.

There are several types of these tiny organisms. Let's look at some of them:

bacteria fungi viruses parasite protozoa

Think about some communicable diseases that you know about, illnesses that we could catch from each other. I'll write them on the board next to the kind of germ that brings it into our body. Who can tell us one?

<u>Germ</u>		<u>Illnesses</u>
Bacteria	-	pneumonia, strep throat
Viruses	-	cold, flu, measles, chicken pox, HIV, mumps, pneumonia
Protozoa	-	"camper's diarrhea", malaria
Fungi	-	athlete's foot, ringworm, thrush, "diaper rash"
Parasites	-	tapeworm, fleas, head lice, ticks

Some of these same germs can be found in water when it is polluted by garbage or sewage (when toilets drain into lakes and rivers that people drink from). In the U.S., drinking water goes through a special treatment process to make it safe, but many countries in the world, those that are poor, frequently have contaminated (unsafe, unclear) drinking water. Some germs can also contaminate food, and disease can spread that way. This could happen if food is not refrigerated or cooked well. What's another way that disease can be spread that we haven't mentioned? Yes. By insects. They can carry certain germs. An insect could land in sewage and then on food. If someone ate that food, they might become sick.

O.K. we've looked at non-communicable diseases (which people don't pass to each other) and communicable diseases, those which we can give to another person. We said that HIV falls into which group? Correct, it's communicable. And which type of germ spreads HIV? Right, a virus.

5. Describe the transmission modes for HIV.

HIV is different from most of the other communicable diseases because it is very, very hard to catch. It does not pass through the air. We can't get it from being in the same room with an infected person. We can't get it by touching or hugging. We can't get it by sharing pencils or hairbrushes or even food. We can't get it from an infected person coughing or sneezing on us or by drinking from the person's cup.

HIV is generally passed in three ways. It can be passed when someone has sex with an infected person; when someone shares needles with an infected person to shoot up drugs; and from an infected woman to her baby during pregnancy, at birth or if she breastfeeds her baby.

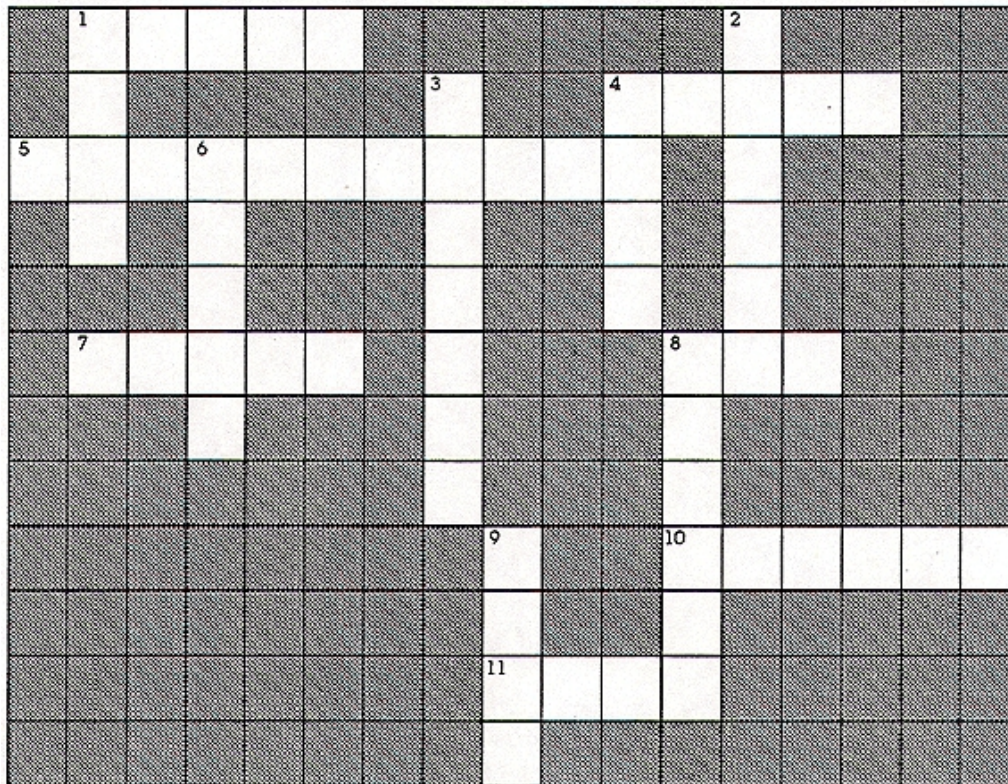
- *Now that we can treat pregnant women who have HIV, fewer babies catch it from their mothers. We can't cure the mothers, but we can cut down the chances of the baby becoming infected.*
- *Some children in the U.S. used to catch HIV during blood transfusions, when they were in the hospital for a surgery or because they needed help with another illness. This happened because, until 1985, we had no test to make sure that blood (in the blood banks) was safe. Now we do have blood tests, so the chance of a person getting HIV from a transfusion is very, very small.*
- *And most people your age don't have sex or shoot drugs. Those are things adults might do.*

	¹ C	A	T	C	H					² S							
	U					³ V			⁴ G	E	N	E	S				
⁵ P	R	E	⁶ V	E	N	T	A	B	L	E		E					
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HIV/AIDS Crossword Puzzle Worksheet

NAME _____

DATE _____



ACROSS

1. A communicable disease is one you can _____.
4. Babies can be born with illnesses they get from their parents' _____, but HIV isn't one of those.
5. Unlike many diseases, HIV is _____?
7. People can get HIV if they shoot _____.
8. HIV can pass when two people have _____.
10. When people don't know the facts they often spread _____.
11. Some germs can be spread indirectly through eating contaminated (unclean) _____, but HIV can't be spread that way.

DOWN

1. Unfortunately, there is no _____ for HIV.
2. Many kinds of airborne illnesses can be passed by a _____, but HIV cannot.
3. A _____ protects healthy people from a particular disease.
4. Any communicable disease is caused by a _____.
6. HIV is a germ called a _____.
8. People who don't learn the facts about things are often _____.
9. Now that you know the facts about HIV, you can be _____.

HIV & AIDS, year 1, day 2

Grade 4 or 5, Lesson #16

Time Needed

45-60 minutes

Student Learning Objectives

To be able to...

1. Explain the role of the white blood cell in the body's defense against infection.
2. Understand the ability of the HIV to “outwit” and damage the immune system.
3. List 2 ways HIV is transmitted and 2 ways that it is not.
4. Express confidence that HIV is primarily an adult disease caused by adult behaviors.

Agenda

1. Use the *AIDS Factsheet* to review the concepts from yesterday's lesson.
2. Use a video, followed by discussion, to reinforce the learning.
3. Answer students' questions, oral and written, about HIV & AIDS.
4. Have students draw their own versions of the battle between the HIV and the immune system.
5. Assign homework.

This lesson was most recently edited February, 2010.

Materials Needed

Classroom Materials:

- video or DVD, if possible

NOTE: To find a current audio-visual tool check out these links:

<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/teacherlinks.aspx>

Also, audio-visual resources already approved for medical accuracy in Washington State Schools may be accessed here:

http://www.k12.wa.us/HIVSexualhealth/pubdocs/VideoList_08-09.doc

Student Materials: (for each student)

- *AIDS: Facts for Elementary Students* (2 sides, back-to-back)
- *Family Homework Exercise: HIV/AIDS and Us*
- drawing paper
- crayons (or colored pens, markers, etc.)

Activities

1. Use the *AIDS Factsheet* to review the concepts from yesterday's lesson.

Have students volunteer to take turns reading it aloud.

2. Use a video, followed by discussion, to reinforce the learning.

Introduce it by explaining that even most adults have a hard time really understanding communicable diseases and the way the immune system works. Once they see this video, your students will be able to explain the immune system ... even to their parents.

Show a video. Try to ensure that all materials...

- > provide accurate information about transmission and prevention,
- > foster compassion and hope,
- > instill appropriate concern,
- > and dispel fear and blame.

Before starting the video you may want to suggest specific things for the class to watch for such as facts about HIV, the feelings of the people in the video, what people in the video learned that may have changed their feelings.

After you show the video, lead a discussion of it. Depending upon the contents of the video you happen to use, these questions may be *among* those you feel are appropriate (each is followed by possible responses):

"How does the body normally protect us from illness?"

- > The first defense is the skin, represented in the movie by the fence.
- > Once germs get into the body, we fight them with white blood cells.
- > The leaders of the immune system are white cells called "T-cells" in the film; they recognize enemies (germs) and direct other cells to fight them off.

"How is HIV different from most germs?"

- > The HIV can disguise itself by hiding inside a T-cell. Inside, it multiplies, making more and more new viruses.
- > In the meantime, it cripples the T-cell's ability to identify invading germs. If it can't identify them, it can't direct other white blood cells to reject them.

"How do people get the HIV, the virus that causes AIDS, inside their bodies?"

- > by "shooting up" drugs with IV needles, needles that have been used by someone who has HIV
- > by having sexual intercourse with someone who is infected with the virus

"Why don't kids your age need to worry about catching HIV?"

- > It's caused by adult behaviors.
- > It isn't easy to catch, like a cold.
- > Unless they have sex or shoot drugs, children can only get it from their mothers before they are born or during breast feeding (or during blood transfusions before 1985, when we didn't have a test to be sure blood was safe).

"How did ____ feel about ____?"***"By the end of the movie, he'd changed his mind. He wasn't worried any more. Why?"******"Tell me a few things we all do -- daily -- that we know we don't have to worry about. "***

- > shaking hands
- > hugging
- > sharing books, pens, drinking fountains
- > playing sports
- > dancing
- > eating in cafeterias and restaurants
- > swimming in pools and lakes
- > being bitten by mosquitoes
- > riding on busses, elevators

Answer students' questions, oral and written, about HIV/AIDS.

If there are questions for which you don't know the answers, be honest about it. Then you (or a student) can call an expert to find out the answer. Call your local Public Health Department (in King County, WA, the HIV/AIDS Program, 206-296-4649) or the toll-free HIV/AIDS Hotline: in Washington State (1-800-272-AIDS), or anywhere in the United States (1-800-CDC-INFO [800-232-4636], 1-888-232-6348 TTY, 24 Hours/Day or E-mail: cdcinfo@cdc.gov).

3. If there are questions for which you can't think of a tasteful, sensitive answer, talk them over with a colleague or, again, contact an expert.

We recommend that you look for answers at the Sex Etc. web site, a program of Rutgers University. Go to: http://www.sexetc.org/page/ask_experts/

For value-laden questions (as opposed to factual ones), see pages 7-11 and, especially, make sure you refer to parents or guardians and clergy:

“... and since people have such differing beliefs about this, I would really recommend that you talk it over with your families. If you belong to a church, synagogue, mosque, or temple, find out what they believe, too.”

4. Hand out drawing paper and crayons (or colored pencils, marking pens, etc.). Give students five or ten minutes to draw their own versions of the battle between HIV and the immune system. You can display thoughtful work on a bulletin board.

Homework

Students' options:

- Complete *Family Homework Exercise: HIV and Us* with an adult in your family. ¹
- Using the *HIV/AIDS Factsheet* as a model, design a factsheet for third graders. Make sure you explain that they don't have to worry about HIV at their age because it's hard to catch.

¹ See “Preparing Parents”, page 6-7

AIDS: FACTS FOR ELEMENTARY AGED STUDENTS

AIDS is caused by HIV, a virus that enters the blood stream.

Acquired: A person must do something very specific to get the virus into their body. (See "The Risky Behaviors.")

Immune: The virus attacks the white blood cells in the immune system.

Deficiency: The white blood cells become too few or too weak to fight infection.

Syndrome: The virus can cause certain symptoms or illnesses in a person.

There are three ways people get HIV, the virus that causes AIDS:

1. Blood-to-blood contact.

This happens when people share needles to shoot up (inject) drugs. Some **blood** always stays in the needle.

2. Sexual intercourse.

The AIDS virus can live in **semen** and **vaginal fluids**. It can get into a person's body if they have sex with an infected person.

3. Mother to baby.

The virus can pass from the woman's blood to the unborn baby during pregnancy. After the baby is born, the virus can pass during breastfeeding.

The Risky Behaviors

- Using drugs
- Sexual intercourse

The Safe Behaviors

- Hugging
- Shaking hands
- Playing with pets
- Sharing food and dishes
- Sports
- Sitting next to someone at school

- Dancing
- Using public toilets

You will have some important decisions to make as you get older.

Make choices that keep you healthy.

- Never use drugs.
- Wait until you are older to have sexual intercourse.

Things to remember:

- You cannot tell by looking if a person has HIV.
- There is no cure or vaccine for HIV.
- You cannot get HIV from casual, daily contact.
- HIV is preventable.

If you have questions call the number below. (No names asked.)

United States HIV/AIDS Hotline:
1-800-342-AIDS

Family Homework Exercise: HIV/AIDS & Us

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL. Like all family homework, this is for two of you ... the student and an adult in your family (parent, step-parent, aunt, uncle, etc.)

DIRECTIONS

1. Each of you, name a couple of people you love over the age of 28.
2. Now choose one of these people to think about together. Fill his or her name in the blanks in the story below.
3. Read and discuss the story together:

***What if**, back in 1983, _____ was in a car accident? He or she was so badly hurt, the doctor had to do a blood transfusion. If it had been after the Spring of 1985, the blood would have been tested, but in 1983 there was no test. Last week, _____ went to the doctor for a regular check-up and the doctor wanted to do an HIV test.*

_____ said, "OK. " If it turns out that _____ does have HIV, the virus that causes AIDS, what will our family do?

NOTE: Turn in a Family Homework Confirmation Slip by _____ if you want credit.

HIV & AIDS, year 2, day 1

Grade 5 or 6, Lesson #17

Time Needed

45-60 minutes

Student Learning Objectives

To be able to...

1. Explain that HIV is a blood-borne virus which attacks to the body's immune system.
2. Distinguish between:
 - (a) Being infected with HIV
 - (b) Being diagnosed with AIDS
3. Explain that the disease is transmitted only via blood, semen, vaginal fluid and breast milk.
4. Understand that, under certain circumstances, anyone can contract the disease.
5. Explain that the disease is not transmitted through casual contact.
6. Understand the concept of risk behavior and know which behaviors are safe and which are not.

Agenda

1. Explain the lesson's purpose.
2. Explain the characteristics of HIV and AIDS.
3. Describe how HIV is transmitted and who can get the infection.
4. List ways one cannot contract it.
5. Re-emphasize risk behaviors: Injection drug use and sexual intercourse.
6. Define the acronym AIDS.
7. Question and answer period.
8. Use the *HIV/AIDS Terminology Worksheet*.

This lesson was most recently edited December, 2009.

Materials Needed

Classroom Materials:

- SYRINGE (without a needle) and a CONDOM, if appropriate ¹

Student Materials: (for each student)

- *HIV/AIDS Terminology Worksheet*

¹ Many students in urban areas have seen IV needles and condoms in parks, on the street, on the playground. Seeing the teacher display them helps motivate discussion and clear up confusion.

Activities

1. Explain the lesson's purpose.

The good news about HIV/AIDS is that even though we can't cure people of the infection after they catch it, we can prevent people from getting it in the first place. It is a very hard disease to catch, and people have to do some very specific things in order to get it.

It's important that you have good, factual information about HIV and AIDS. After today, you'll be able to tell facts from rumors and gossip. You'll be smart about HIV/AIDS, and most important, you'll know how to protect yourself and help your friends and families too.

HIV/AIDS is a fairly new disease. As far as we know, it's been around for less than fifty years. It was named in America in 1981. That's when doctors started noticing that patients had strange symptoms. They started to investigate. We don't know for certain when HIV started or where it came from.

I said we don't have a cure for people with HIV. Unfortunately, we don't have a vaccine either.

- *Who can tell us what vaccines are? (shots to protect us)*
- *Good, you've all had some vaccines when you were young to protect you against certain illnesses. What are you protected against? (polio, measles, mumps)*

Scientists around the world are working to make a vaccine against HIV, but they tell us that even if they're lucky enough to find one, it's going to be at least five or ten years until we can give it to people, because vaccines must go through long periods of testing to prove they work correctly.

That's why it's very important to listen carefully today. I want you to be safe. Today we will talk about what HIV/AIDS is: how you can get it and how you cannot. Afterwards, we'll have time for questions and discussion.

2. Explain the characteristics of HIV and AIDS.

AIDS is caused by a virus called HIV. HIV is a tiny germ that enters the body through the blood stream. The virus attacks the immune system, the system that normally fights off diseases. You might have noticed when you were sick with a bad cold or flu, that areas in your neck become swollen. These are some of your lymph nodes. Inside, white blood cells were working to fight off infection.

Viruses need to get inside our cells in order to live. When a person gets HIV, the virus invades a white blood cell, which is the leader and organizer of the immune system. Inside the white cell, the virus multiplies and multiplies until the white cell can't hold any more virus. It bursts open and releases more new virus into the bloodstream to travel around looking for more white cells to invade. Over time, there aren't enough white blood cells left to protect the body. The immune system can't work properly; it can't do its job of protecting the body against infection. Patients may have to be hospitalized because they can't fight off illnesses that a healthy body could fight easily. Instead they become sicker.

Most people look and feel perfectly healthy when they first get HIV, and most don't even know it's in their body. We could not tell by looking at them if they were infected. The virus is inside their cells, and for the moment, their immune system continues to work fairly normally. Even though they seem completely healthy, they could still pass the disease on to other people during certain behaviors which we'll talk about in a moment. The virus will be in their body as long as they live. There is absolutely no way that they can get rid of it.

Over time (sometimes a very long time), a person with HIV will start becoming ill. There are lots of possible symptoms. These symptoms can be similar to those we have when we are sick with the flu, but they last much longer and are more severe. So people might have a fever that lasts for weeks or a cough or diarrhea. They may lose a lot of weight or they may have night sweats. (This is when a person wakes up, and even on a freezing cold night, their whole body is soaked with sweat and so are their sheets and blanket.) If a person has these kinds of symptoms for more than a couple of weeks, they would need to see a doctor. Only a blood test can tell if their symptoms are caused by HIV.

A person doesn't have AIDS until they get very sick from HIV. A person must have lost most of the white blood cells called "T-cells" or get a specific type of illness for a doctor to diagnose them with AIDS. Often there is a particular type of pneumonia or cancer. While there are new medications that have helped people live longer and longer with HIV, no one has been able to fully recover. HIV is still considered a terminal disease. That means that, eventually, the person will die.*

** The actual T-cell count has to have dropped below 200 cells per cubic milliliter of blood, but it isn't necessary that your 4-6th grade students know that much detail.*

3. Describe how the disease is transmitted and who is vulnerable.

HIV is very hard to get. We can't get it the same way we do other illnesses like colds and flu.

What do you do if you have a friend with a bad cold, and they're sneezing and coughing around you? (That's right! You try to keep away from them.)

How do cold germs travel? (Good! Through the air. Cold viruses are airborne. Luckily for all of us, HIV does not travel through the air).

How does it pass? (Right. HIV is bloodborne. It has to get inside a person's bloodstream.)

HIV can only be passed from one person to another when people exchange certain fluids in their body. There are only four fluids known to have a strong enough concentration of the virus to pass it from an infected person to another person. These fluids are blood, semen from a man, vaginal fluid from a woman, and breast milk. Semen and vaginal fluids are our sexual liquids.

These fluids can be passed only when people are doing very particular, very intimate behaviors. We're going to talk about two behaviors which pass the virus. These are called risk behaviors.

What do we mean when we talk about taking a risk? (Right. It means taking a chance. Sometimes people are very lucky when they take a chance, but other times they have no

luck at all. Nothing works out the way they planned. So during these risky behaviors people are taking a chance of getting HIV.)

*The first risk behavior is shooting up with injection drugs. (Display syringe if you have one. *) Injection drugs are drugs people inject (or shoot) into their bodies. When people shoot up drugs, they often do it with a few other people. When a person puts a drug into his/her vein with a needle, she/he also pulls some of their blood up into the syringe. That blood will be in the syringe as long as the needle is used, even if there's such a small amount you cannot see it. As it is passed from one person's body to the next person's body, each person can be putting infected blood directly into their own bloodstream.*

(When appropriate) *Many students (particularly in cities) have reported finding used drug needles lying around: sometimes at a park, or under bushes, or on the street. If you find any used needles, leave them alone and do not touch them at all. If there's an adult around, tell them about it. Do not handle them ever. Let an adult throw them away.*

There are situations in which all of us see exactly the same type of needles. Where?

Yes. In hospitals, and doctors' and dentists' offices. If you need to get a shot from a doctor or nurse, or if you donate blood to help a friend, you will never have to worry about catching HIV. When a doctor or nurse uses a needle and syringe, it is always 100% sterile. There are absolutely no germs. The key is, the needle is used only one time to give your medicine, and then it's disposed of in a safe manner. People can only become ill when needles are shared. You already know that illegal drugs like marijuana, cocaine, and heroin are bad for people. They're bad for kids, for teenagers, for adults. You know that these drugs do terrible things to peoples' bodies and to their minds. Most people who shoot injection drugs probably never really planned to do it. Somehow, they got started, and then they couldn't stop - because they became addicted. What does it mean to have an addiction? (Discuss)

People who use alcohol or drugs are at greater risk to try injection drugs. They may start like this: Sometimes a person may be drinking alcohol or using another drug like marijuana at a party. Somebody in the room takes out a needle and asks if they want to shoot up. Since they are drunk or stoned, they can't think very clearly. They say "Sure," and they shoot up for the first time. That's why drugs are dangerous.

When we can't think clearly, we sometimes make choices that make us very unhappy later.

Who can remind us of the four fluids we mentioned that can pass the virus? (Good. Infected blood, infected breast milk, infected semen, and infected vaginal fluids.)

*The last two are our sexual fluids. They can only be shared between two people when they are having sexual intercourse. ** If one person is infected with HIV, the other person can become infected during sex. Sex is especially risky because no one can tell by looking at*

* Many students in urban areas have seen syringes and needles in parks, on the street, on the playground. Seeing the teacher display the needle can motivate discussion and clear up confusion.

** In this 5th/6th grade lesson, we use the term "sexual intercourse" as an umbrella expression to represent all three risky sexual behaviors: oral, anal and vaginal intercourse. These will be spelled out in later grades. That's not to say that you can't define them simply if students ask about them. The curriculum, however, begins with this more basic information.

someone whether that person has the virus and because most people who have it don't realize they have it.

The only 100% safe way to protect yourself from HIV is not to use injection drugs at all ever and to practice sexual abstinence.

Does anyone know that abstinence is? (Yes. Abstinence means a decision to delay sex.)

Sexual intercourse, when two people are older and love each other very much, is an important part of most people's lives. It's a way to show strong affection, and it's also the way to make babies. It's very private and personal and special. Decisions about sex are very complicated.

They are really adult decisions. When young people try to make sexual decisions, things often don't go right. Sex is worth waiting for until you're an adult.

(When appropriate: Display condom. ^{*}) *Many students (particularly in cities) have reported finding used condoms lying around: sometimes at a park, or under bushes, or on the street. Condoms are something people may use, when they have sex, to cut down the chances of pregnancy or HIV (or other diseases). If you find any used condoms, leave them alone and do not touch them at all. If there's an adult around, tell them about it. Do not handle them ever. Let an adult throw them away.*

Another way that the virus is passed is during pregnancy. If a woman is pregnant (and remember, she may not know she is infected), she can give the virus to the baby during the pregnancy or birth. Many babies are born with HIV around the world. Here in the U.S., we have medicine that can protect most of these babies, but in many places there isn't enough money to pay for these medicines. It's a very sad situation. If they don't get medical treatment, most of these babies don't live very long; they are too sick. Even with medicine, people born with HIV die much younger.

In past years, some people became infected during blood transfusions. (They needed other people's blood to keep them healthy.) Before 1985, there was no test to screen blood to make certain it was safe. Some people got the virus during their transfusion. Now, we do have a test to check all blood, so the chance of getting HIV from a transfusion is very, very small.

So, who can get HIV?

It's important to know that anyone who participates in a risky behavior can get HIV. The virus does not discriminate. It can infect males or females, babies, kids, teenagers, or adults. It can infect people from any racial or ethnic group. The virus does not depend on certain kinds of people; it depends on certain kinds of behaviors. It's not who you are but what you do.

4. List ways in which the virus is *not* transmitted.

HIV is a hard disease to catch. It is passed mainly through risk behaviors.

^{*} Many students in urban areas have seen condoms in parks, on the street, on the playground. Seeing the teacher display the needle can motivate discussion and clear up confusion.

HIV is not an airborne virus like colds and flu.

- *We can't get it through coughs and sneezes.*
- *We can't get it by touching things like doorknobs, or pencils or kickballs.*
- *You don't get HIV through any of the regular daily things you do: riding next to someone on a school bus, or shaking hands, or hugging.*
- *Not by using someone's comb or make-up or wearing their clothes.*
- *Not by sharing a can of pop or a pizza or playing sports.*
- *Not by slow dancing.*
- *Not from swimming pools or from mosquitoes.*

There have been lots of studies done of people who live with and care for people with HIV and AIDS. Not one single person has ever gotten HIV from living in the same home or going to school with someone with HIV.

As time goes on, many people in this class may know someone with HIV or AIDS. Now you know that you won't have to be afraid; you don't have to keep away from the person. People with HIV/AIDS can still be friends, relatives, and neighbors - just like they've always been.

- 5. Reemphasize risk behaviors, by asking the class to tell you, again, how the virus *is* usually transmitted: sharing injection needles, having sex with someone who has the virus.**

- 6. Write the acronym "AIDS" on the blackboard like so:**

A
I
D
S

Let's take a look at what the letters stand for?

- *Does anyone know what the A stands for?*
ACQUIRED - AIDS is a disease a person gets by participating in a particular behavior. (Only babies whose mothers are infected can be born with it.)
- *What does the I stand for?*
IMMUNE – The virus attacks the person's immune system.
- *What about the D?*
DEFICIENCY – The white blood cells are too few or too weak, so the immune system can't protect the person against illness.
- *What about the S?*
SYNDROME – The cycle of the disease is from the time of infection...a group of symptoms.

- 7. Respond to students' written and oral questions.**

If there are questions for which you don't know the answers, be honest about it. Then you (or a student) can call an expert to find out the answer. Call a toll-free HIV/AIDS Hotline: in Washington State (1-800-272-AIDS), or anywhere in the United States (1-800-CDC-INFO [800-232-4636], 1-888-232-6348 TTY, 24 Hours/Day or E-mail: cdcinfo@cdc.gov).

If there are questions for which you can't think of a tasteful, sensitive answer, talk them over with a colleague.

For value-laden questions (as opposed to factual ones), see pages 7-11 and, especially, make sure you refer to parents or guardians and clergy:

“... and since people have such differing beliefs about this, I would really recommend that you talk it over with your families. If you belong to a church, synagogue, mosque, or temple, find out what they believe, too.”

8. Use the *HIV/AIDS Terminology Worksheet*.

Allow students 5 minutes to fill it in, individually. With help from volunteers, review the answers aloud.

HIVAIDS Terminology Worksheet Answer Key

1. HIV
2. immune
3. white blood
4. blood semen vaginal fluids breast milk
5. shooting injection drugs sexual intercourse
6. healthy
7. prevented (it is also acceptable if someone answers “treated”)
8. touching hugging shaking hands sharing food or dishes riding a bus together
sharing pens and pencils
9. Acquired Immune Deficiency Syndrome
10. abstinence
11. pregnancy (or birth)

HIV/AIDS Terminology Worksheet

NAME _____ DATE _____

DIRECTIONS: Fill in the blanks.

1. A virus called _____ causes AIDS.
2. HIV attacks the body's _____ system.
3. The virus invades _____ cells.
4. AIDS is transmitted through three body fluids: _____,
_____, and _____.
5. Two risk behaviors are _____ and _____.
6. People who are infected with HIV, can still look and feel _____.
7. HIV can't be cured, but it can be _____.
8. Four casual (everyday) behaviors which do **not** pass the virus are:
_____, _____,
_____, _____.
9. AIDS stands for _____
_____.
10. When a person decides not to have sexual intercourse, that is called
_____.
11. Most children who have HIV, got the virus during _____.

Selected Reliable Resources

General

Advocates for Youth (for youth, parents, and professionals): www.advocatesforyouth.org

Alan Guttmacher Institute (a nonprofit organization focused on sexual and reproductive health research, policy analysis and public education): www.guttmacher.org

Centers for Disease Control and Prevention (the CDC): www.cdc.gov/sexualhealth

Gay, Lesbian, Bisexual, Transgender Health (from Public Health – Seattle & King County): www.kingcounty.gov/health/glb

Go Ask Alice (a service of Columbia University *for college students and adults*): <http://goaskalice.columbia.edu/>

HIV/STD resources (from Public Health – Seattle & King County): www.kingcounty.gov/health/std

My Sistahs (sex education by and for young women of color): www.mysistahs.org

Planned Parenthood Federation of America: <http://www.plannedparenthood.org/>, 1-800-230-PLAN

Safe Schools Coalition (lesbian, gay, bisexual & transgender resources): www.safeschoolscoalition.org, crisis: 1-877-SAFE-SAFE (1-877-723-3723), non-crisis: 206-451-SAFE (7233)

Sexuality Information and Education Council of the United States (also known as SIECUS): www.siecus.org

Sex Etc. (from Answer, at Rutgers University, sex education by teens for teens): www.sexetc.org

Student Background on Sexual Health: On the FLASH web page, www.kingcounty.gov/health/FLASH, scroll down, click on “students”

Teacher Background on Sexual Health: On the FLASH web page (above) scroll down, click on “teachers” and then, on the right, “external links for teachers”

Youth Resource (a project of Advocates for Youth – helpful especially for gay, lesbian, bisexual, transgender, and questioning youth): www.youthresource.org

King County, WA

Community Health Centers in King County:

www.kingcounty.gov/healthservices/health/locations/community.aspx

Teen Clinics (Public Health Family Planning Clinics with special teen drop in hours): www.teenclinic.com

Washington State

Teen Link (a confidential, anonymous, nonjudgmental hotline staffed by teens – a project of the Crisis Clinic of King County): www.866teenlink.org or call 1-866-TEENLINK or, outside Washington State, 1-877-968-8454 to be connected to the teen hotline closest to you.

Washington Information Network (aka 2-1-1): www.win211.org or call 2-1-1

This appendix was most recently edited March, 2012.

Appendix G: Teachers' Glossary

for grades 4-6

Alternative = option, one of the possibilities between which you might choose

Anus = the opening in the body from which a person defecates or makes a bowel movement (poops)

Cervix = the narrow opening of the uterus into the vagina, through which the period flows and which can expand to allow a baby to be born

Circumcision = a surgical procedure to remove the foreskin of the penis

Clitoris = the sensitive organ in a woman's body that gets erect when she feels sexual feelings, a little bump at the front of the labia

Consequence = result, effect, outcome

Considerate = kind, thoughtful about other people's rights and feelings

Ejaculation = semen coming out of the penis

Erection = the penis or clitoris filling with blood and getting larger

Exploitation = one person using another to get something they want, without regard for that person's feelings

Fallopian Tube = the passageway between the ovaries and the uterus (a woman has two of these)

Fertilization = the combining of a sperm cell and an egg cell

Genitals = the outside parts of a person's reproductive system (a man's or boy's penis and scrotum and a girl's or woman's labia and clitoris)

Implantation = a fertilized egg nesting in the uterus to start growing for 9 months

Labia = the folds of skin on the outside of the body that protect the openings to a girl's or woman's urethra and vagina

Menstruation = having a period

Nocturnal Emission = semen coming out of the penis during sleep

Ovary = the organ where (1) egg cells are stored and (2) female hormones are produced (a woman has two of these)

Ovulation = the release of a mature egg cell from an ovary

This appendix was most recently reviewed September 28, 2012

Ovum = the “egg” cell from a woman that can start a pregnancy (when combined with a cell from a man)

Penis = the sensitive organ in a man’s body that gets erect when he feels sexual feelings, and through which the urethra passes

Pituitary = a gland in the brain that helps trigger the beginning of puberty

Privacy = not being seen, freedom to decide what others will see or know about you

Prostate Gland = the organ in a man’s body that makes most of the semen

Puberty = a child’s body and feelings and relationships beginning to change into those of an adult

Scrotum = the sac that holds the testicles and keeps them at the perfect temperature to make sperm

Self-Esteem = confidence and self-respect, liking yourself, feeling as if you belong, knowing that you have skills and talents, feeling appreciated

Semen = the liquid that carries sperm cells

Sexual Intercourse = several kinds of sexual touch may be called “intercourse” (all of which are pleasurable for some people and all of which can pass infections) ... but the term *commonly* means the kind of sex when the penis is in the vagina (the kind that can lead to pregnancy)

Sexuality = a part of a human being that includes their sex; some of their behavior; how they feel about their body and their gender; whether they know how to love, trust, and communicate; their ability to make babies and more

Sperm = the cell from a man that can start a pregnancy (when combined with a cell from a woman)

Testicle = the organ where (1) sperm cells are stored and (2) male hormones are produced (a man has two of these)

Urethra = the tube, running through the penis, through which urine and semen flow -- also the tube in a *woman’s* body that carries urine (the front of her three openings)

Uterus = the organ in a woman’s body where a baby grows for nine months before being born; also the organ from which a girl’s or woman’s period flows

Vagina = the passageway from the uterus to the outside of a girl’s or woman’s body, through which a baby is born

Vas Deferens = a tube leading from the epididymis up into a man’s body, through which sperm cells travel (a man has two of these)

Recognizing and Reporting Sexual Abuse and Assault

At least one in five girls and one in ten boys will be sexually abused at some point in their childhood.¹ People ages 15 to 24 report rape and sexual assault at far higher rates than any other age group.² If you suspect a student in your classroom has been or is being sexually abused, sexually exploited or injured (by anyone, not just a caregiver) you are required to report it. It is important to also remember that you likely always have students who are currently experiencing sexual abuse or assault, or who have in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. You do not have to know for certain that a student has been abused to make a report and to offer the student support.

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

1. The student tells you (possibly following a lesson on sexual exploitation or sexual assault).
2. The student acts differently from usual, in troubled ways . . .
 - Regressing to younger behaviors
 - Clinging to you or another staff person
 - Cranky, hostile or depressed
 - Sleeping in class, or lacking energy
 - Development of minor ailments (headaches, stomach aches, no appetite)
 - Reluctant to leave school at end of day
 - Dressing provocatively or wearing many layers of clothing even during hot weather

These behaviors can signal other stresses, but it never hurts to ask if you can help with a problem.

3. One student confides that another student was exploited.

What to do if a student confides in you or if you have reasonable cause to believe a student has been assaulted

1. Believe that student and say, “I believe you.”
2. Tell the student that it’s not their fault and say, “I care about you and I’m glad you told me.”
3. Speak privately with the student and maintain the student’s confidentiality within the school, except if you feel the need to enlist the help of one other adult support person (your principal, school nurse, or whomever you trust the most).
4. Report the abuse. In all 50 states, the law requires professional school personnel to report the suspected abuse to either the police or to a child protection agency.³ It is not sufficient to turn the case over to your principal or anyone else, even if this is what your school protocol

advises. You are required by law to report it yourself or make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for certain that abuse has occurred to be obligated to report. All you need is *reasonable cause to believe* it has occurred; it is the job of the child protection agency to investigate, not yours.

5. Offer the student as much control as possible over the timing and manner of reporting. If he wishes, for example, he could make the report himself while you sat at his side for support.
6. If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help.⁴

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

1. If you recognize the handwriting, ask that student if you can talk privately. Do not pressure the student, but explain that you care and that if there is anything the student wants help with, you can help. If the student denies writing the question, say that you care and want to help if the student ever does need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you aren't sure who wrote it.
2. If you don't recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

¹ Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as Victims of Violence: A National Survey. *Pediatrics*, 94, 413-420.

² U.S. Department of Justice. (1997, July). *Age Patterns of Victims of Serious Violent Crime*. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/apvsvc.pdf>.

³ Find state laws here: www.childwelfare.gov/systemwide/laws_policies/statutes/mandall.pdf.

⁴ To find your local sexual assault center, visit: www.nsvrc.org/organizations.

Laws Relevant to a Sexual Health Unit

Legal Requirements of Sexual Health Education

State laws regarding sexual health education vary. Some states require sexual health education while others do not. In some states, HIV and STD prevention education is required, but nothing more. Other states require that all sexual health education delivered must be comprehensive and medically accurate. State may also have specific requirements, such as that sexual health education must be taught at certain grades, or that certain topics are required or prohibited.

Look up sexual health education laws for your state here:

www.guttmacher.org/statecenter/spibs/spib_SE.pdf

Providing Health Care for Minors

Individual states have laws about what, if any, health care minors can consent to on their own. Different ages may apply to different services, such as accessing contraceptive care, STD services, prenatal care, adoption, abortion, medical care for a child, and mental health care. When discussing with a student any kind of health care for which the student can legally consent, it is very important to remember to protect that student's privacy. Disclosing a student's health information even to other teachers or school employees is a violation of privacy and possibly illegal. See what the minor consent laws are in your state:

www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

Sexual Exploitation & Assault Laws

Sexual Assault and Abuse Laws

Sexual assault and abuse laws define sex crimes, including those committed against minors.

Look up your state laws here: www.rainn.org/public-policy/laws-in-your-state

Statutory Rape and Age of Consent

Each state has laws criminalizing sex between individuals with certain age differences. The younger people in these situations may or may not have given verbal consent for the sexual activity that took place. They are incapable of legally giving consent because of their age. These age differences vary from state to state. If statutory laws were not covered on the page provided above for sexual assault and abuse laws, find additional information here:

<http://aspe.hhs.gov/hsp/08/SR/StateLaws/index.shtml>

Help, advice and information

State sexual violence coalitions can answer questions about state laws, and can provide help, support, advice or professional consultation. They can also connect you with local sexual assault centers. Find your state coalition here: www.nsvrc.org/organizations

Safe Surrender of Infants

Many states have enacted Safe Surrender laws in order to protect the health of infants who would otherwise be abandoned. Laws may specify who can leave an infant at a Safe Haven location, and which locations may serve as Safe Havens. Look up your state's law here:

www.nationalsafehavenalliance.org/states/

Laws Affecting Lesbian, Gay, Bisexual & Transgender Students and Those with LGBT Parents

Laws affecting LGBT students and students with LGBT parents are changing rapidly in the United States. Relevant laws include those related to discrimination, health care coverage, marriage, adoption and hate crimes. See state laws that affect LGBT individuals:

www.hrc.org/state_maps

Age of Marriage

Age of marriage varies from state to state, as do the ages at which young people need parents' permission to marry. See state laws regarding age of marriage here:

www.law.cornell.edu/wex/table_marriage