

Lesson 1: Anatomy & Physiology (Part 1)

Puberty, Hygiene, & Male Bodies

OBJECTIVES

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

AGENDA

5 minutes	Do Now
45 minutes	Anatomy & Physiology (part 1): PowerPoint Presentation & Worksheet Completion
15-25 minutes (OPTIONAL)	Brown Bag Activity
Homework	Care for Down There: Male Bodies

MATERIALS

- Vocabulary Reference List
 - Anatomy & Physiology (part 1): PowerPoint Presentation
 - Anatomy & Physiology (part 1): PowerPoint Notes
 - Worksheet: Internal Male Anatomy
 - Worksheet: External Male Anatomy
 - Homework: Care for Down There: Male Bodies
- OPTIONAL ACTIVITY MATERIALS
- 4-8 bags filled with fruit, household objects, and office supplies.
 - 4-8 outlines of a torso on butcher paper

CALIFORNIA HEALTH EDUCATION STANDARDS

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

Lesson 1: Anatomy & Physiology (part 1)

DO NOW ACTIVITY

5 minutes

Materials

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

Activity

Write on board and have students complete the following questions.

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

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

POWERPOINT SLIDES

45 minutes

Materials

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

Activity

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

Suggested Script:

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

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

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

Human Variation

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

Suggested Script:

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

Puberty & Hygiene

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

Male Sexual Anatomy & Physiology

Explain to students that you will now be discussing sexual anatomy and physiology. Information about male bodies will be covered first, and then female bodies. Pass out the worksheets for internal and external male anatomy. Have students follow along by filling out the worksheets as you go through the presentation.

Teacher Tip:

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

Suggested Script:

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

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

OPTIONAL: BROWN BAG ACTIVITY

15-25 minutes

Materials

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

Activity

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

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

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

HOMEWORK

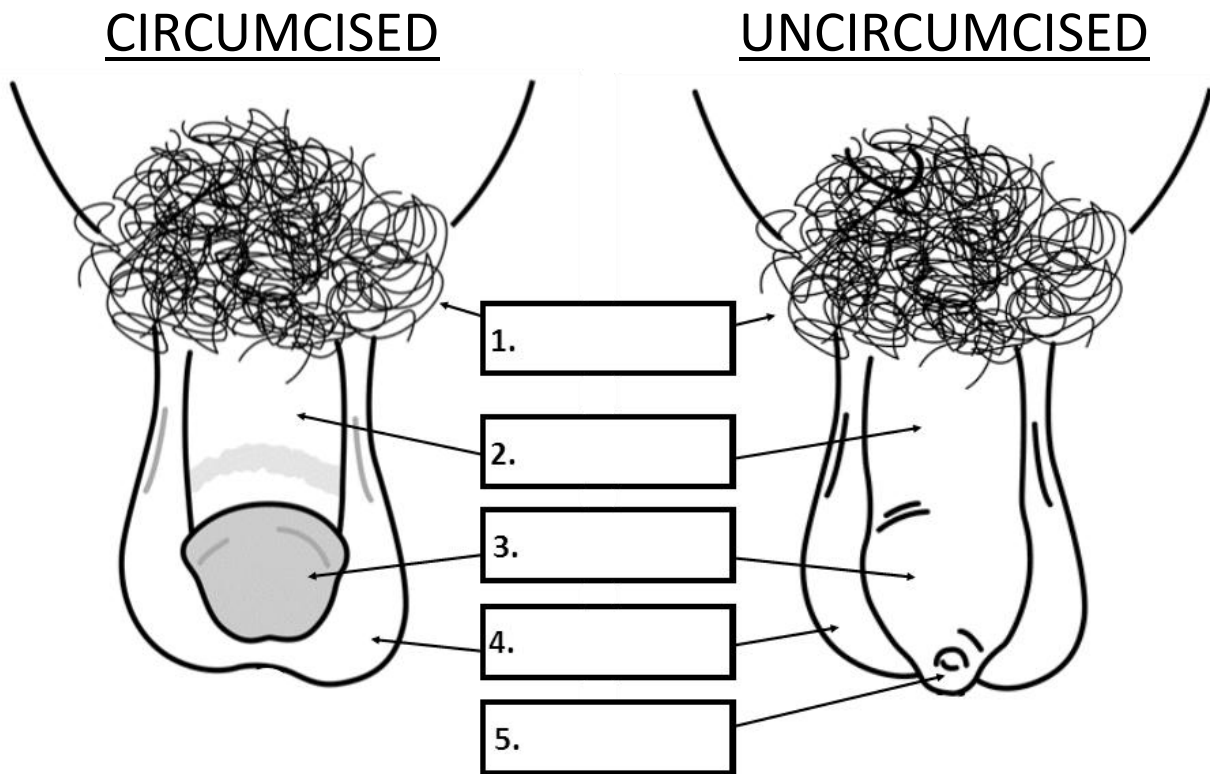
Care for Down There: Male Bodies

Lesson 1: Vocabulary

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

Worksheet: External Male Anatomy

Name: _____ Period: _____



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

A. Foreskin

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

B. Glans

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

C. Penis

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

D. Pubic Hair

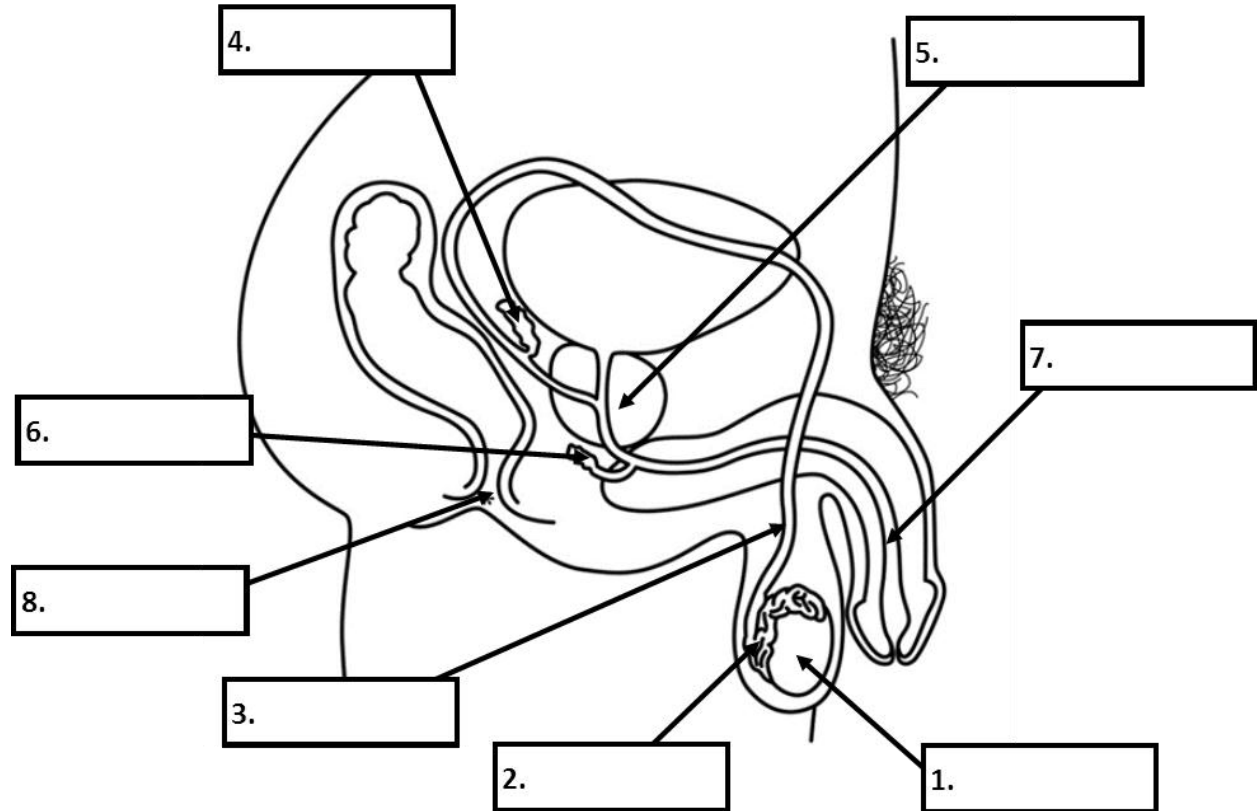
- Provides cushion against friction, helping protect the genitals from irritation

E. Scrotum

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

Worksheet: Internal Male Anatomy

Name: _____ Period: _____



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

A. Anus

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

B. Cowper’s Gland

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

C. Epididymis

- Work as “nurseries” that hold sperm while they mature

D. Testicle

- Produces sperm and the hormone testosterone

E. Seminal Vesicle

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

F. Prostate Gland

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

G. Urethra

- Tube through which urine and semen exit the body

H. Vas Deferens

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

Homework:

Care for Down There: Male Bodies

Name: _____

Period: _____ Date: _____

Directions: Answer the questions below using the information found on these websites:



- <http://www.plannedparenthood.org/health-info/men/testicular-cancer>
- <http://www.mayoclinic.org/diseases-conditions/prostate-cancer/basics/definition/con-20029597>
- http://kidshealth.org/teen/sexual_health/guides/testicular_injuries.html

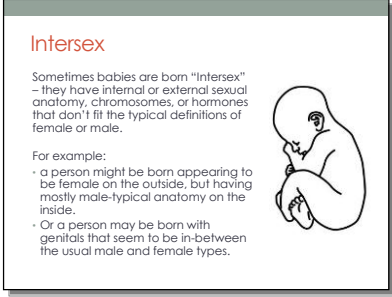
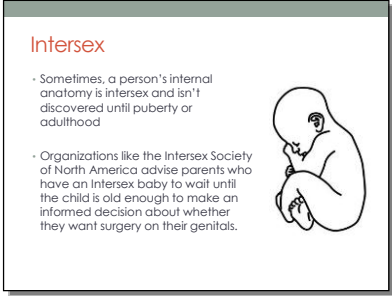
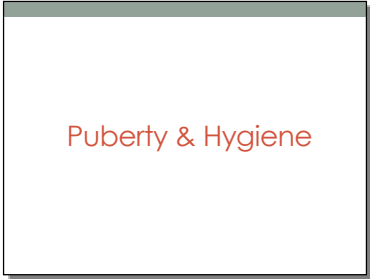
#1. What are three things a male-bodied person can do to take care of their body?

#2. What are two cancers that only affect male-bodied people? How are these detected?

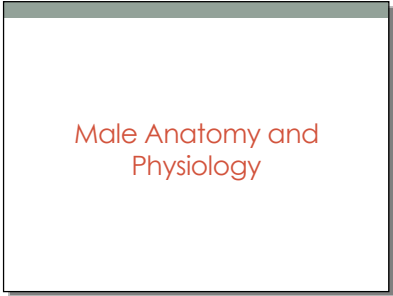
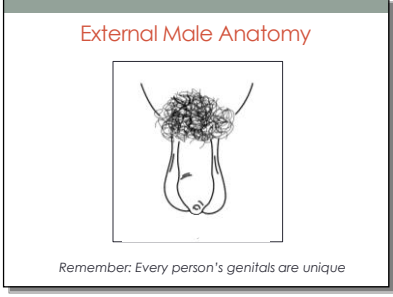

#3. What are some things male-bodied people can do to protect themselves from testicular injuries?


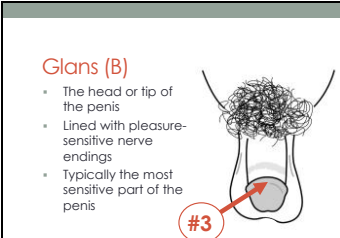
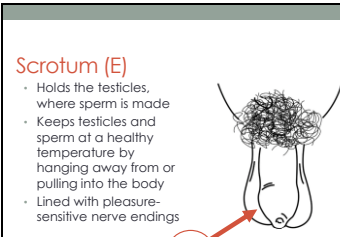
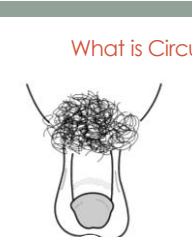
Lesson 1: Anatomy & Physiology Slide Notes

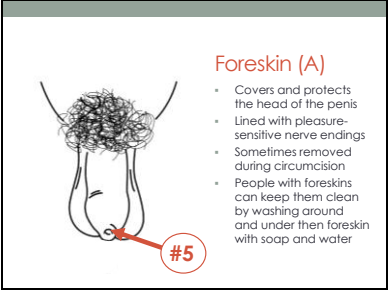
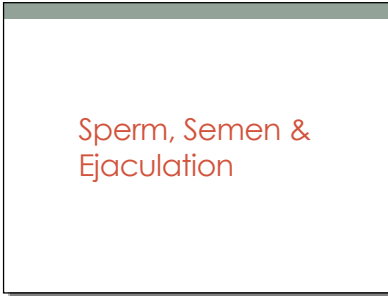
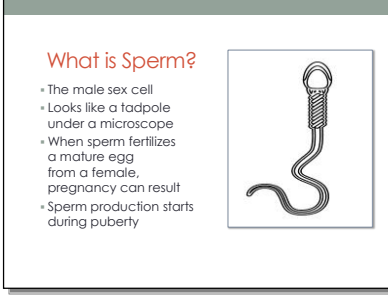
<p>Slide 1:</p> <div style="border: 1px solid gray; padding: 10px; text-align: center; margin: 10px;"> <h2 style="color: #a52a2a;">Male Anatomy & Physiology</h2> </div>	<p>This presentation has three parts: Human Variation (4 slides) Puberty and Hygiene (5 slides) Male Anatomy and Physiology (20 slides)</p>
<p>Slide 2:</p> <div style="border: 1px solid gray; padding: 10px; margin: 10px;"> <p style="text-align: center; color: #a52a2a;">DO NOW:</p> <ul style="list-style-type: none"> What are three changes that happen to all bodies during puberty? What are three changes that only happen to male bodies? What are three changes that only happen to male bodies? </div>	<p>Have students complete the do now.</p>
<p>Slide 3:</p> <div style="border: 1px solid gray; padding: 10px; text-align: center; margin: 10px;"> <h2 style="color: #a52a2a;">Human Variation</h2> </div>	<p>Explain to students that you will now be discussing how human develop male and female bodies. Suggested Script: <i>In our upcoming lessons, we're going to be talking about male and female bodies. Before we do that, though, let's review how sex is determined in human beings.</i></p>
<p>Slide 4:</p> <div style="border: 1px solid gray; padding: 10px; margin: 10px;"> <p style="color: #a52a2a;">Sex Determination</p> <ul style="list-style-type: none"> Humans have 46 chromosomes Half (23) are carried in biological mother's egg Half (23) are carried in biological father's sperm Sperm & egg each have one sex chromosome All eggs carry an "X" sex chromosome Sperm can either carry an "X" or a "Y" sex chromosome – this means the sperm determines the sex of the fetus <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  <p>Egg (X) + Sperm (X) = female fetus (XX)</p> </div> <div style="text-align: center;">  <p>Egg (X) + Sperm (Y) = male fetus (XY)</p> </div> </div> </div>	<p>Humans have 46 chromosomes. Our chromosomes carry our genetic material, what makes us who we are. The female's egg carries 23 chromosomes and the male's sperm carries 23 chromosomes. This means that we get half of our chromosomes from our biological mother, half from our biological father. Both sperm and egg carry one chromosome that determines sex (male or female). The sex chromosomes are called X and Y chromosomes. The egg always has an X chromosome. The sperm can have either an X or a Y chromosome. This means that the sperm determines the sex (male/female).</p>

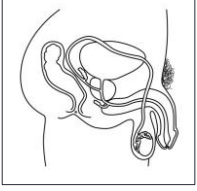
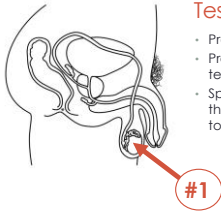
	<p>Usually an XX = female, and XY = male. Remember, sex is different than gender. Biological sex (male or female) depends on genetic make-up (usually XY or XX chromosomes), hormones, and genitals. Our sex is often assigned at birth. Gender is how we feel about ourselves, whether we identify as a man, woman, boy, girl, transgender, or some other identity. Gender is socially constructed and includes behaviors, attitudes, and attributes that a society considers appropriate for men and women.</p>
<p>Slide 5:</p> 	<p>TEACHER NOTE: Like gender, intersex is a socially constructed category. Depending on how they define intersex, researchers estimate that anywhere from 1 in 100 to 1 in 2000 people are born Intersex.</p> <p>To learn more about intersex people, visit the Intersex Society of North America at http://www.isna.org</p> <p>Short videos about intersex people: 2-part video produced by the news show 20/20:</p> <ul style="list-style-type: none"> • Part 1: www.youtube.com/watch?v=xv1yk2Va9qc • Part 2: www.youtube.com/watch?v=oHbBTEeayEU <p>Short video about a young British woman who considers herself 80% female & 20% male, but had surgery as an infant to make her appear male:</p> <ul style="list-style-type: none"> • http://www.youtube.com/watch?v=kLNL47KLLy8
<p>Slide 6:</p> 	
<p>Slide 7:</p> 	<p>Explain to students that you will now be reviewing puberty and what teens and adults need to do to keep themselves clean and healthy.</p>

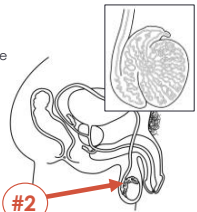
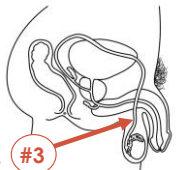
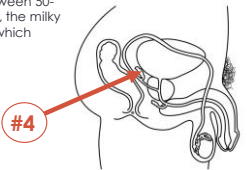
<p>Slide 8:</p> <div style="border: 1px solid black; padding: 5px;"> <p>CHANGES IN EMOTIONS & RELATIONSHIPS DURING PUBERTY</p> <ul style="list-style-type: none"> • New feelings regarding romantic relationships & sex • New opportunities for leadership at school and in the community • Changes in responsibilities • New pressures related to sexual activity • New rules about how to dress and behave • Changes in the amount of freedom allowed </div>			
<p>Slide 9:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Body Changes</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Male Bodies</p> <ul style="list-style-type: none"> • Voice deepens • Shoulders broaden • Sperm production begins • Ejaculation/"wet dreams" begin <p>Female Bodies</p> <ul style="list-style-type: none"> • Breasts grow • Hips widen • Begin ovulating • Begin menstruating ("having periods") </td> <td style="width: 50%; vertical-align: top;"> <p>All Bodies</p> <ul style="list-style-type: none"> • Height changes • Arms and legs grow longer • Oilier skin/acne • Different perspiration • Underarm hair • Pubic hair • Body Hair • Face lengthens • Genitals grow larger • More frequent erections (clitoris, penis) </td> </tr> </table> </div>	<p>Male Bodies</p> <ul style="list-style-type: none"> • Voice deepens • Shoulders broaden • Sperm production begins • Ejaculation/"wet dreams" begin <p>Female Bodies</p> <ul style="list-style-type: none"> • Breasts grow • Hips widen • Begin ovulating • Begin menstruating ("having periods") 	<p>All Bodies</p> <ul style="list-style-type: none"> • Height changes • Arms and legs grow longer • Oilier skin/acne • Different perspiration • Underarm hair • Pubic hair • Body Hair • Face lengthens • Genitals grow larger • More frequent erections (clitoris, penis) 	<p>If a student asks if it's possible for a person not to go through puberty:</p> <p>Experts recommend that parents consult a doctor if there are no signs of puberty at all in a girl by age 13 or a boy by age 15. Most often, it's simply a pattern of growth and development in a family. A person's parent, uncle, aunt, brothers, sisters, or cousins may have developed later than usual, too. In the rare cases where there is a problem, doctors can treat this by giving the person hormones to start puberty. Source: http://kidshealth.org/teen/sexual_health/changing_body/delayed_puberty.html#</p>
<p>Male Bodies</p> <ul style="list-style-type: none"> • Voice deepens • Shoulders broaden • Sperm production begins • Ejaculation/"wet dreams" begin <p>Female Bodies</p> <ul style="list-style-type: none"> • Breasts grow • Hips widen • Begin ovulating • Begin menstruating ("having periods") 	<p>All Bodies</p> <ul style="list-style-type: none"> • Height changes • Arms and legs grow longer • Oilier skin/acne • Different perspiration • Underarm hair • Pubic hair • Body Hair • Face lengthens • Genitals grow larger • More frequent erections (clitoris, penis) 		
<p>Slide 10:</p> <div style="border: 1px solid black; padding: 5px;"> <p>After puberty, most people have to pay more attention to hygiene.</p> <p>What is one thing you do regularly to stay clean?</p> </div>	<p>Ask students for some responses before showing the next slide.</p>		
<p>Slide 11:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Suggestions for Keeping It Clean</p> <ul style="list-style-type: none"> • Wash face twice a day with soap • Wash hair frequently • Take shower or bath daily • Consider using deodorant or antiperspirant • Brush and floss teeth twice a day • Wash genitals daily </div>	<p>Increased hormone levels stimulate the oil glands in the skin. These glands produce a substance that can block the pores and the result is blackheads and pimples. They also make hair oily.</p>		

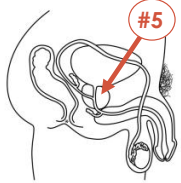
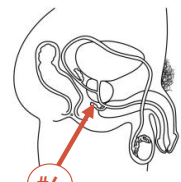
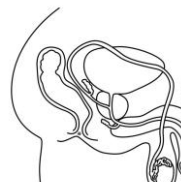
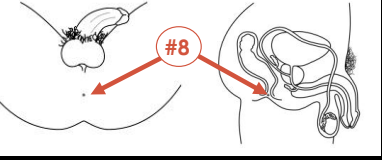
<p>Slide 12:</p>  <p>Male Anatomy and Physiology</p>	<p>Explain to students that you will now be discussing sexual anatomy and physiology. Information about male bodies will be covered first, and then female bodies.</p> <p>Suggested Script: <i>Knowledge is an important part of communication. If we are comfortable talking about our bodies, it can be easier to take care of our sexual health and communicate our desires and boundaries to potential partners.</i> <i>People use different types of language to talk about sex and sexual organs: slang, polite, childhood, medical. There is no right or wrong language, however, in class we will use medical terms because these terms are the most specific and this way we are all using the same terms so we can understand each other. We will first learn the terms for male bodies, and then we will learn the terms for female bodies.</i></p>
<p>Slide 13:</p>  <p>External Male Anatomy</p> <p>Remember: Every person's genitals are unique</p>	<p>Let student know that you will be reviewing the external parts of the male body. A picture will appear on the screen with an arrow pointing to a part of the body. Ask students to use their worksheet and follow along. Have students guess which part of the body for each slide before revealing the answer. Once the correct part has been identified, have students follow along by writing the name of the body part on their worksheet.</p> <p>For each slide the picture of the body part will appear with a number that corresponds to the box on the student worksheet. Ask students what part they think is shown. Click to reveal the answer. The letter of the body part from the student worksheet word bank will appear next to the name of the body part.</p>
<p>Slide 14:</p>  <p>Pubic Hair (D)</p> <ul style="list-style-type: none"> Provides cushion against friction, helping protect the genitals from irritation 	<p>There is no medically necessary reason to remove pubic hair. For people who don't like the look of pubic hair, they may find that cutting it short (carefully!) will create less risk of ingrown hairs or irritation than other methods of hair removal like shaving or waxing.</p> <p>Scientists are still researching the reasons for pubic hair, but many believe it plays a role in human attraction by retaining pheromones or scent signals.</p>

<p>Slide 15:</p>  <p>Penis (C)</p> <ul style="list-style-type: none"> • Tube through which urine and semen exit the body • Lined with pleasure-sensitive nerve endings • Made of spongy tissue that fills up with blood when sexually excited (similar to the female clitoris) 	<p>Fun fact: Although people sometimes talk about “boners” there is no actual bone in the penis</p>
<p>Slide 16:</p>  <p>Glans (B)</p> <ul style="list-style-type: none"> • The head or tip of the penis • Lined with pleasure-sensitive nerve endings • Typically the most sensitive part of the penis 	
<p>Slide 17:</p>  <p>Scrotum (E)</p> <ul style="list-style-type: none"> • Holds the testicles, where sperm is made • Keeps testicles and sperm at a healthy temperature by hanging away from or pulling into the body • Lined with pleasure-sensitive nerve endings 	<p>Fun facts: The scrotum moves closer or further away from the body to keep the testicles at the right temperature. If a person jumps into a freezing cold pool, the scrotum will tighten and pull the testicles closer to the body. When a person is in a hot shower, they may notice the scrotum will relax and the testicles will hang father away from the body. The body does this on it’s own.</p> <p>One side of the scrotum usually hangs a little lower than the other side. This is normal!</p>
<p>Slide 18:</p>  <p>What is Circumcision?</p> <ul style="list-style-type: none"> • A surgery in which the foreskin is cut from the penis, exposing the tip • Performed for religious or cultural reasons • Often done in infancy, but people can choose to be circumcised as an adult 	<p>Routinely performed on babies in the United States about 30 years ago. Today, circumcision is an elective procedure. Circumcision has become controversial in the U.S. Many groups claim that it is a form of mutilation similar to female circumcision. After evaluating numerous studies, the American Academy of Pediatrics recommended infant circumcision on the grounds that the health benefits of newborn male circumcision outweigh the risks. Identified benefits included prevention of the following: urinary tract infections, acquisition of HIV, transmission of some sexually transmitted infections (HPV), and penile cancer. The World Health Organization recommends circumcision be routine in countries where there is a high incidence of heterosexual HIV transmission.</p> <p>To learn more about the reasoning behind all of these stances, see:</p>

	<ul style="list-style-type: none"> • American Academy of Pediatrics http://pediatrics.aappublications.org/content/130/3/e756.full?sid=bd9574fb-4575-4d35-a46e-a63394e68331 • World Health Organization http://www.who.int/hiv/topics/malecircumcision/en/ • Doctors Opposing Circumcision: http://www.doctorsopposingcircumcision.org/ • To read various arguments, pro and con: http://en.wikipedia.org/wiki/Circumcision
<p>Slide 19:</p> 	
<p>Slide 20:</p> 	
<p>Slide 21:</p> 	

<p>Slide 22:</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">What is Semen?</p> <ul style="list-style-type: none"> • Semen is the fluid that comes out of the penis during ejaculation • Semen contains sperm and fluids from the seminal vesicle and prostate gland • Each healthy ejaculation contains between 200 to 500 million sperm. </div>	<p>Semen is usually white and/or clear in color.</p> <p>There are a lot of sperm in one ejaculation – between 200-500 million. For comparison, there are about 314 million people currently living in the United States.</p>
<p>Slide 23:</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">What is Ejaculation?</p> <ul style="list-style-type: none"> ▪ Ejaculation is when semen, usually about 1-2 teaspoons, comes out of an erect penis ▪ Most males have an orgasm at the same time that they ejaculate </div>	
<p>Slide 24:</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Internal Male Anatomy</p>  <p style="text-align: center; font-size: small;">Remember: Every person's body is unique</p> </div>	<p>Let student know that you will be reviewing the internal parts of the male body. A picture will appear on the screen with an arrow pointing to a part of the body. Ask students to use their worksheet and follow along. Have students guess which part of the body for each slide before revealing the answer. Once the correct part has been identified, have students follow along by writing the name of the body part on their worksheet.</p>
<p>Slide 25:</p> <div style="border: 1px solid black; padding: 5px;">  <p style="text-align: center;">Testicle (D)</p> <ul style="list-style-type: none"> • Produces sperm • Produces the hormone testosterone • Sperm need a lower-than-body temperature to be healthy </div>	<p>NOTE: TESTICULAR SELF EXAM (TSE) IS NO LONGER RECOMMENDED! However, it is still important to be aware of your body. Know what is normal for you so you can notice if any changes occur. If you are ever concerned with a change with your genitals, it is recommended to talk to a doctor, parent/guardian, or trusted adult.</p> <p>At one time, doctors recommended that young men (up to age 35) check their testicles regularly for changes to prevent testicular cancer. However, in 2004, the United States Preventive Services Task Force stopped recommending that men perform routine self-testicular exam. Rationale: The USPSTF found no new evidence that screening with clinical examination or testicular self-examination is effective in reducing mortality from testicular cancer. Even in the absence of screening, the current treatment interventions provide very</p>

	<p>favorable health outcomes. Given the low prevalence of testicular cancer, limited accuracy of screening tests, and no evidence for the incremental benefits of screening, the USPSTF concluded that the harms of screening exceed any potential benefits.</p> <p>For more information: http://www.uspreventiveservicestaskforce.org/3rduspstf/testicular/testicular.htm</p>
<p>Slide 26:</p> <div data-bbox="207 575 591 861"> <p>Epididymis (C)</p> <ul style="list-style-type: none"> • Work as "nurseries" that hold sperm while they mature • Each consists of one coil that, if stretched end to end, would be about 20 ft long  </div>	
<p>Slide 27:</p> <div data-bbox="207 936 591 1222"> <p>Vas Deferens (H)</p> <ul style="list-style-type: none"> • A long tube that carries sperm from the epididymis to the glands that make semen • For permanent birth control, the tube can be cut or blocked in a vasectomy • Males who've had a vasectomy still ejaculate semen, but it contains no sperm  </div>	
<p>Slide 28:</p> <div data-bbox="207 1310 591 1596"> <p>Seminal Vesicle (E)</p> <ul style="list-style-type: none"> • Produces between 50-70% of semen, the milky white fluid in which sperm swim  </div>	

<p>Slide 29:</p>  <p>Prostate Gland (F)</p> <ul style="list-style-type: none"> · Produces 30-50% of semen, the milky white in which sperm swim · Helps expel semen during ejaculation · Some males enjoy sexual stimulation of the prostate 	<p>A flap in the prostate closes off bladder during ejaculation so that there is NO urine when a male ejaculates</p> <p>In a healthy male, it would not be possible to urinate (pee) and ejaculate (cum) at the same time.</p>
<p>Slide 30:</p>  <p>Cowper's Gland (B)</p> <ul style="list-style-type: none"> · Produces pre-ejaculate ("pre-cum") · This clear fluid neutralizes traces of urine in the urethra, making it a safe place for sperm · The fluid from the Cowper's gland doesn't contain sperm, but it can carry sperm that was in the urethra from a previous ejaculation 	<p>It is possible that there can be sperm in pre-cum. This is one reason why, for some people, the withdrawal (pull-out) method does not work as a birth control method. Even if a person pulls out before ejaculation, there could still be sperm from pre-cum. Most males do not feel when they release pre-cum.</p>
<p>Slide 31:</p>  <p>Urethra (G)</p> <ul style="list-style-type: none"> · Tube through which urine and semen exit the body · The penis CANNOT release urine and semen at the same time! 	
<p>Slide 32:</p> <p>The Anus (A)</p> <ul style="list-style-type: none"> · Opening to the rectum, through which feces ("poop") exits the body · Lined with pleasure-sensitive nerve endings 	<p>If students ask about anal sex, you can acknowledge that some people enjoy anal sex. It's important to remember that anal sex is considered more risky for STI/HIV transmission than vaginal or oral sex, because the tissue in the rectum can tear or abrade easily. Using condoms and lubricant can reduce this risk.</p>

Male Anatomy & Physiology

DO NOW:

- What are three changes that happen to all bodies during puberty?
- What are three changes that only happen to male bodies?
- What are three changes that only happen to male bodies?

Human Variation

Sex Determination

- Humans have 46 chromosomes
 - Half (23) are carried in biological mother's egg
 - Half (23) are carried in biological father's sperm
 - Sperm & egg each have one sex chromosome
 - All eggs carry an "X" sex chromosome
 - Sperm can either carry an "X" or a "Y" sex chromosome – this means the sperm determines the sex of the fetus

 Egg (X) + Sperm (X) = female fetus (XX)

 Egg (X) + Sperm (Y) = male fetus (XY)

Intersex

Sometimes babies are born “Intersex” – they have internal or external sexual anatomy, chromosomes, or hormones that don’t fit the typical definitions of female or male.

For example:

- a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside.
- Or a person may be born with genitals that seem to be in-between the usual male and female types.



Intersex

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



Puberty & Hygiene

CHANGES IN EMOTIONS & RELATIONSHIPS DURING PUBERTY

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

Body Changes

Male Bodies

- Voice deepens
- Shoulders broaden
- Sperm production begins
- Ejaculation/"wet dreams" begin

Female Bodies

- Breasts grow
- Hips widen
- Begin ovulating
- Begin menstruating ("having periods")

All Bodies

- Height changes
- Arms and legs grow longer
- Oilier skin/acne
- Different perspiration
- Underarm hair
- Pubic hair
- Body Hair
- Face lengthens
- Genitals grow larger
- More frequent erections (clitoris, penis)

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

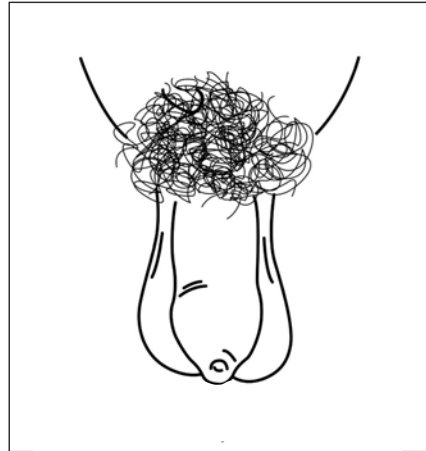
What is one thing you do regularly to stay clean?

Suggestions for Keeping It Clean

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

Male Anatomy and Physiology

External Male Anatomy



Remember: Every person's genitals are unique

#1

Pubic Hair (D)

- Provides cushion against friction, helping protect the genitals from irritation





Penis (C)

- Tube through which urine and semen exit the body
- Lined with pleasure-sensitive nerve endings
- Made of spongy tissue that fills up with blood when sexually excited (similar to the female clitoris)

Glans (B)

- The head or tip of the penis
- Lined with pleasure-sensitive nerve endings
- Typically the most sensitive part of the penis

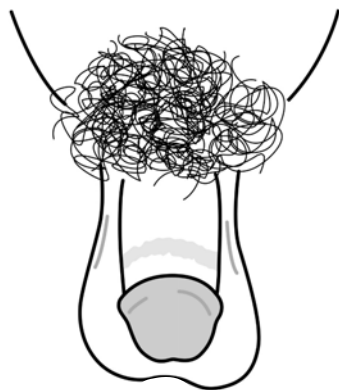


Scrotum (E)

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



What is Circumcision?



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



Foreskin (A)

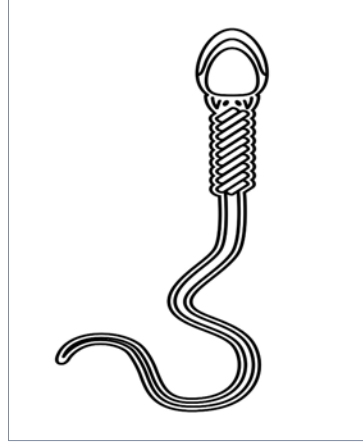
- Covers and protects the head of the penis
- Lined with pleasure-sensitive nerve endings
- Sometimes removed during circumcision
- People with foreskins can keep them clean by washing around and under then foreskin with soap and water

#5

Sperm, Semen & Ejaculation

What is Sperm?

- The male sex cell
- Looks like a tadpole under a microscope
- When sperm fertilizes a mature egg from a female, pregnancy can result
- Sperm production starts during puberty



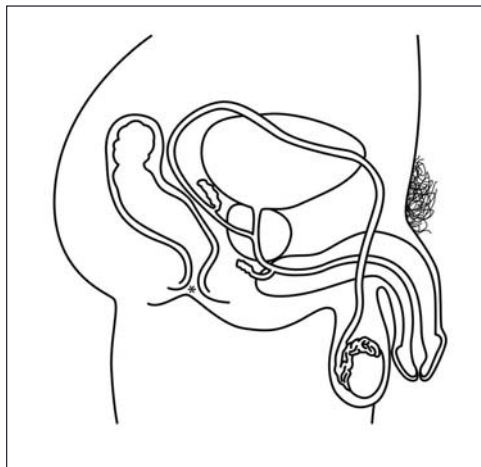
What is Semen?

- Semen is the fluid that comes out of the penis during ejaculation
- Semen contains sperm and fluids from the seminal vesicle and prostate gland
- Each healthy ejaculation contains between 200 to 500 million sperm.

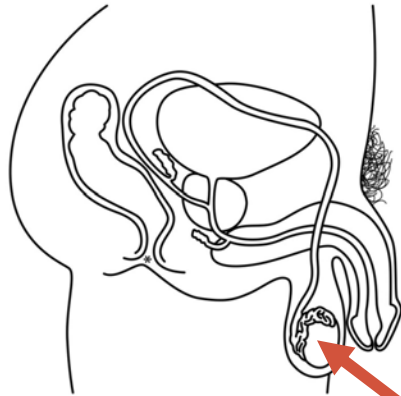
What is Ejaculation?

- Ejaculation is when semen, usually about 1-2 teaspoons, comes out of an erect penis
- Most males have an orgasm at the same time that they ejaculate

Internal Male Anatomy



Remember: Every person's body is unique



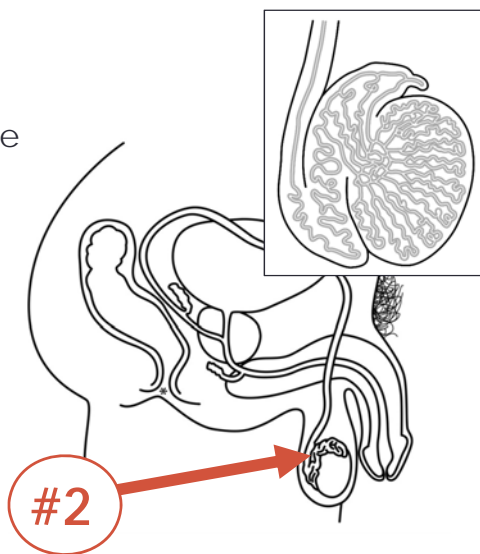
Testicle (F)

- Produces sperm
- Produces the hormone testosterone
- Sperm need a lower-than-body temperature to be healthy

#1

Epididymis (C)

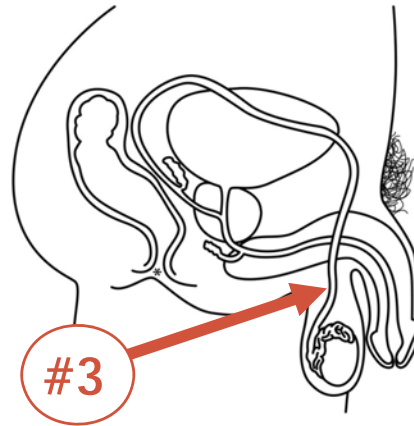
- Work as “nurseries” that hold sperm while they mature
- Each consists of one coil that, if stretched end to end, would be about 20 ft long



#2

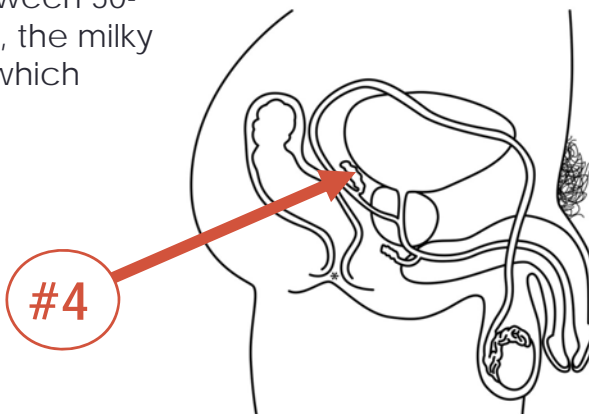
Vas Deferens (H)

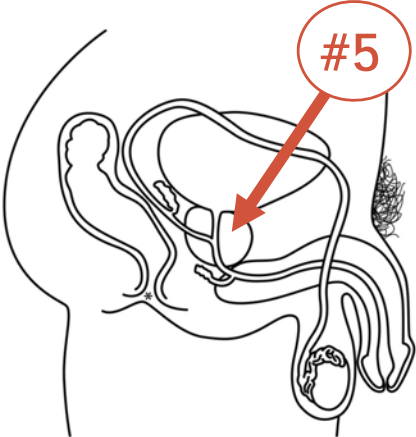
- A long tube that carries sperm from the epididymis to the glands that make semen
- For permanent birth control, the tube can be cut or blocked in a vasectomy
- Males who've had a vasectomy still ejaculate semen, but it contains no sperm



Seminal Vesicle (E)

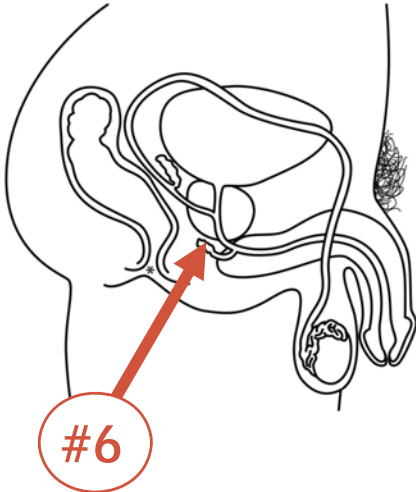
- Produces between 50-70% of semen, the milky white fluid in which sperm swim





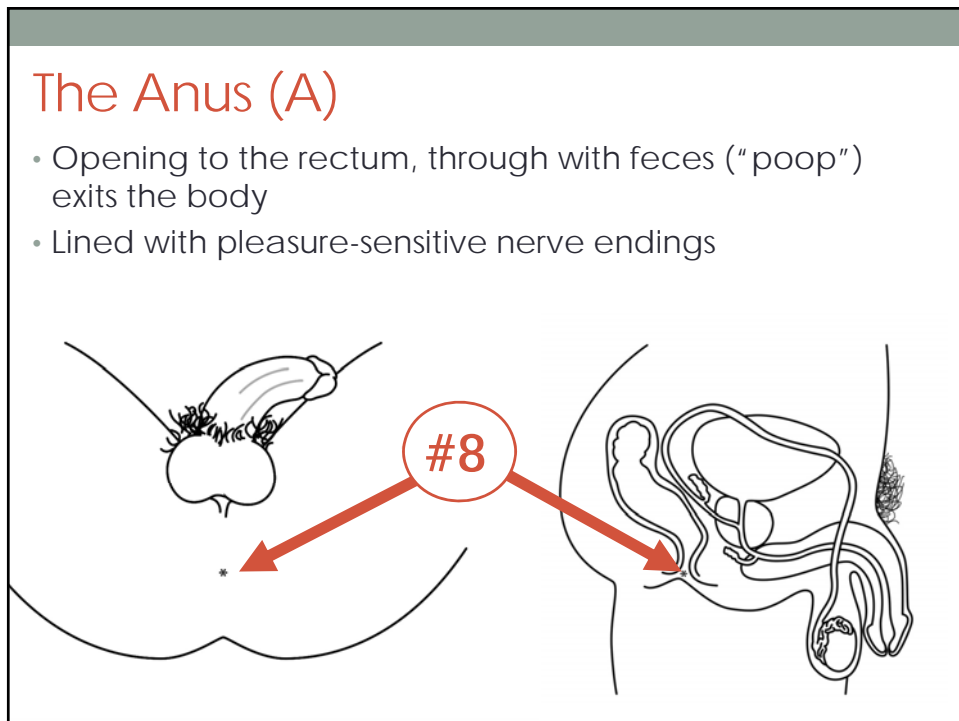
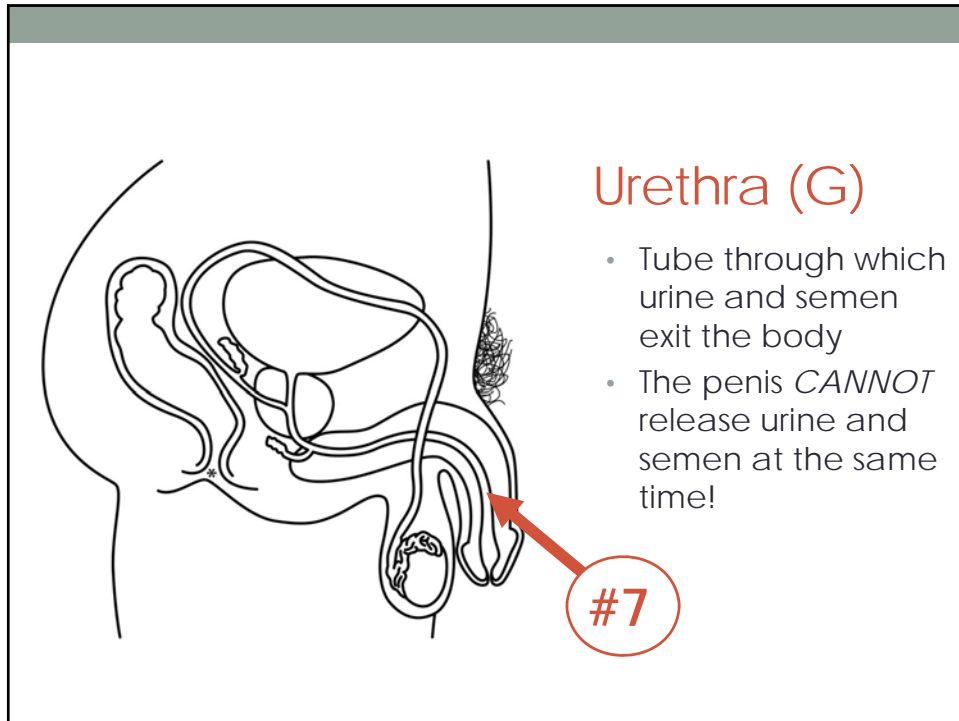
Prostate Gland (D)

- Produces 30-50% of semen, the milky white in which sperm swim
- Helps expel semen during ejaculation
- Some males enjoy sexual stimulation of the prostate



Cowper's Gland (B)

- Produces pre-ejaculate ("pre-cum")
- This clear fluid neutralizes traces of urine in the urethra, making it a safe place for sperm
- The fluid from the Cowper's gland doesn't contain sperm, but it can carry sperm that was in the urethra from a previous ejaculation



Lesson 2: Anatomy & Physiology (Part 2)

Female Bodies & Sexual Response

OBJECTIVES

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

AGENDA

5 minutes	Do Now
45 minutes	Anatomy & Physiology (part 2): PowerPoint Presentation & Worksheet Completion
15-25 minutes	(OPTIONAL) Brown Bag Activity
Homework	Care for Down There: Female Bodies

MATERIALS

- | | |
|---|--|
| <ul style="list-style-type: none"> • Vocabulary Reference List • Anatomy & Physiology: PowerPoint Presentation • Anatomy & Physiology: PowerPoint Slide Notes • Video: "Masturbation" (embedded in PowerPoint) • Video: "Different is Normal" (embedded in PowerPoint) • Worksheet: Internal Female Anatomy • Worksheet: External Female Anatomy • Homework: Care for Down There: Female Bodies | <h4>OPTIONAL ACTIVITY MATERIALS</h4> <ul style="list-style-type: none"> • 4-8 bags filled with fruit, household objects, and office supplies. • 4-8 outlines of a torso on butcher paper |
|---|--|

CALIFORNIA HEALTH EDUCATION STANDARDS

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

Lesson 2: Anatomy & Physiology (part 1)

DO NOW ACTIVITY

5 minutes

Materials

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

Activity

Write on board and have students complete the following question:

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

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

POWERPOINT SLIDES

45 minutes

Materials

- PowerPoint slides #3 – 46
- Worksheet: Internal Female Anatomy
- Worksheet: External Female Anatomy

Activity

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

Suggested Script:

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

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

Topic	Slides	Time
External Female Anatomy	3-14	10 min.
Internal Female Anatomy	15-24	10 min.
Masturbation	25-27	5 min.
Sexual Response	28-43	10 min.
Is that True?	37-44	7 min.
Am I Normal	45-46	3 min.

Female Sexual Anatomy and Physiology

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

Teacher Tip:

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

Masturbation

Show the Planned Parenthood YouTube video “Ask the Experts: Masturbation” (Embedded on slide 27 of the PowerPoint. It’s also available here: <http://www.youtube.com/watch?v=kr2QiIRJzBY>)

Sexual Response

Teacher Tip:

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

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

Am I Normal?

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

OPTIONAL: BROWN BAG ACTIVITY

15-25 minutes

Materials

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

Activity

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

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

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

HOMEWORK

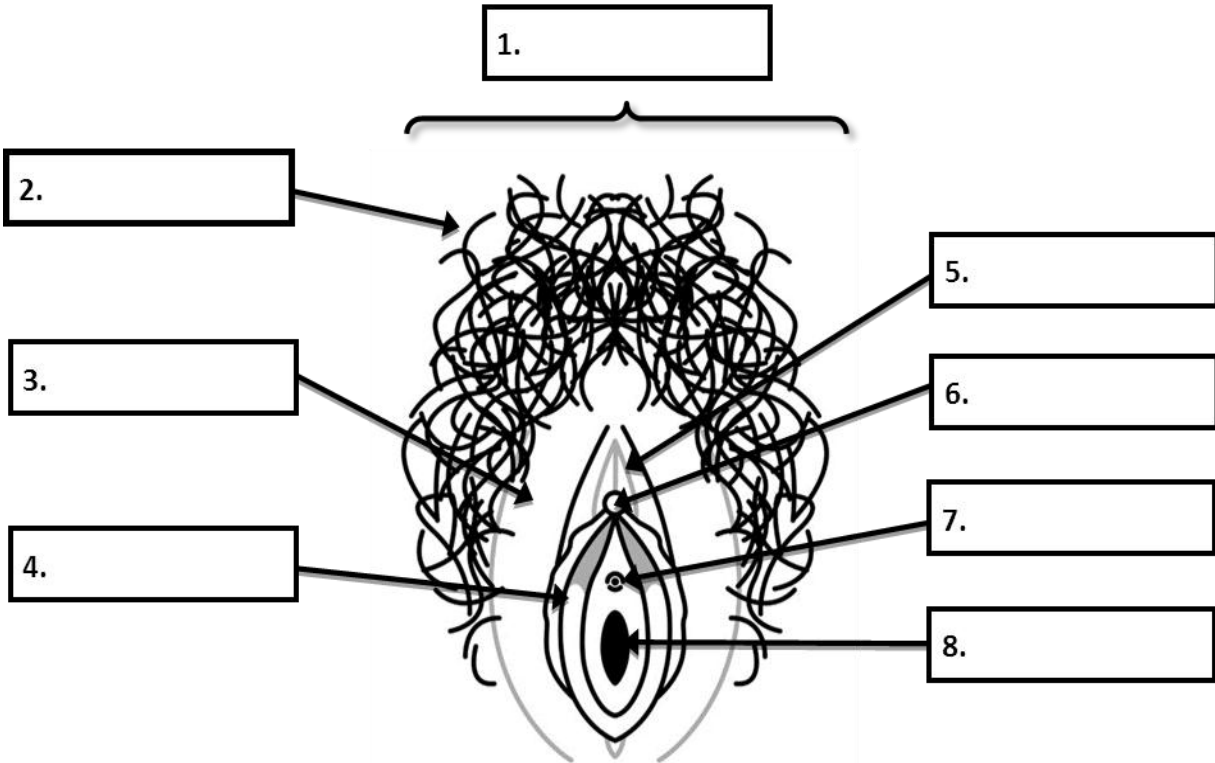
Care for Down There: Female Bodies

Lesson 2: Vocabulary

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

Worksheet: External Female Anatomy

Name: _____ Period: _____



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

A. Clitoral Hood

- Covers and protects the glans of the clitoris

B. Clitoris

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

C. Inner Labia

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

D. Mons

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

E. Outer Labia

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

F. Urethra

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

G. Vaginal Opening

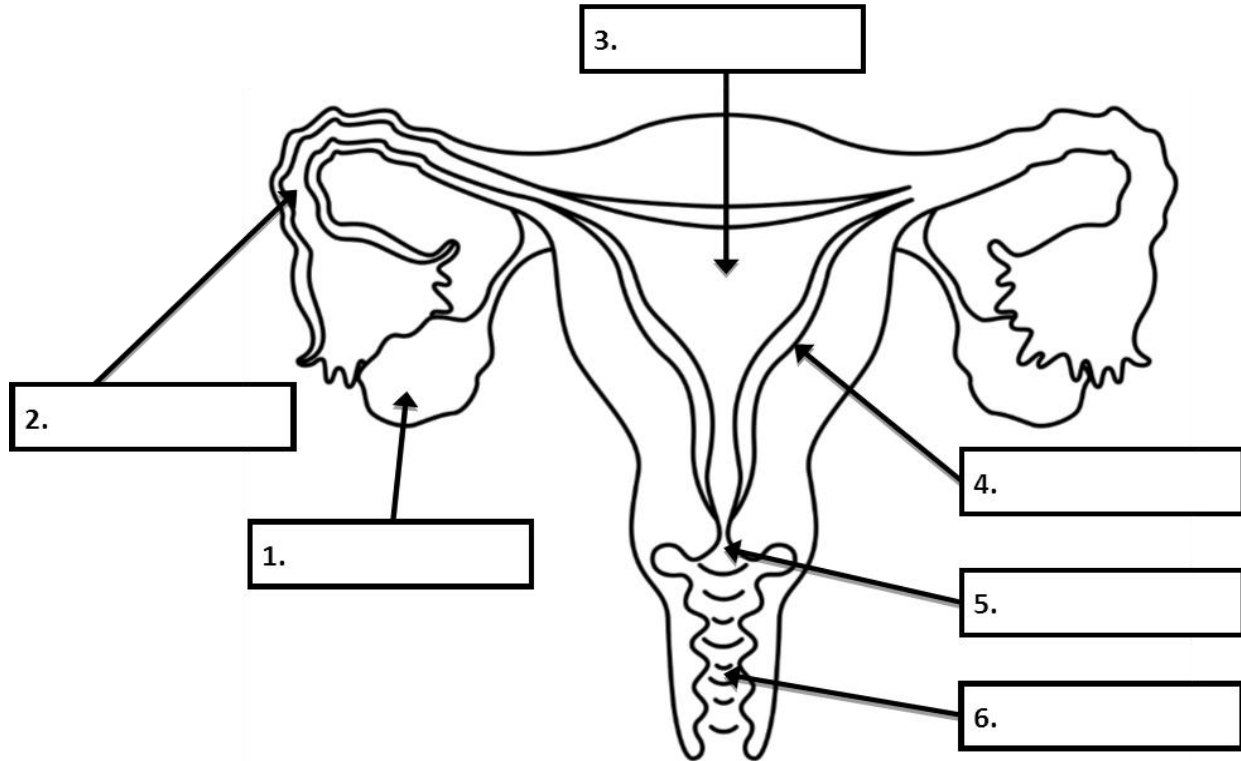
- This is the opening to the vaginal canal.

H. Vulva

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

Worksheet: Internal Female Anatomy

Name: _____ Period: _____



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

A. Cervix

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

B. Endometrium

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

C. Fallopian Tubes

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

D. Ovaries

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

E. Uterus

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

F. Vagina

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

Homework: Care for Down There: Female Bodies

Name: _____

Period: _____ Date: _____

Directions: Answer the questions below using the information found on these websites:

- <http://www.plannedparenthood.org/teens/my-body/female-anatomy-vulva-vagina-and-breasts>
- http://www.scarleteen.com/article/advice/out_out_damn_utl
- <http://www.plannedparenthood.org/health-info/womens-health/>
- http://kidshealth.org/parent/growth/growing/menstrual_problems.html#cat20015

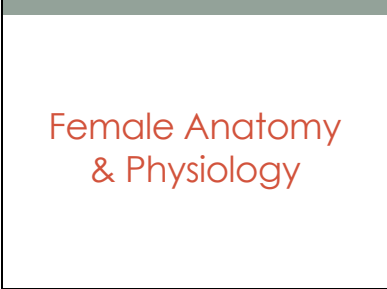
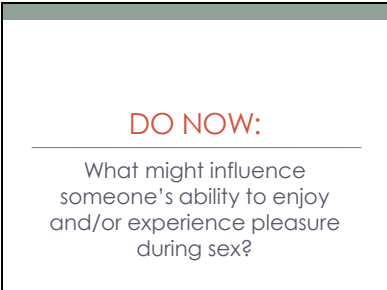
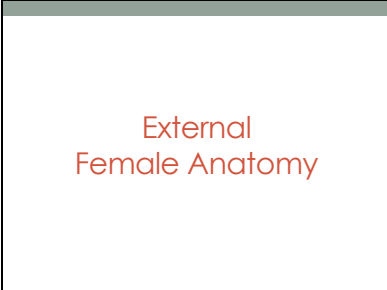
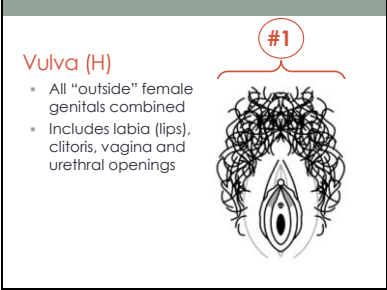
#1. What are three things a female-bodied person can do to take care of their body?

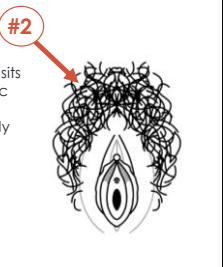
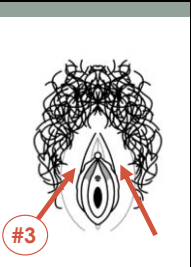
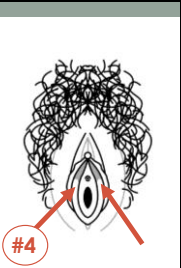
#2. What is a urinary tract infection (UTI)? What are some things a female-bodied person can do to avoid UTIs?

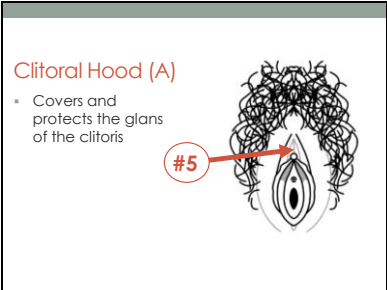
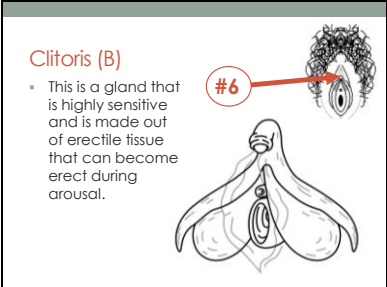
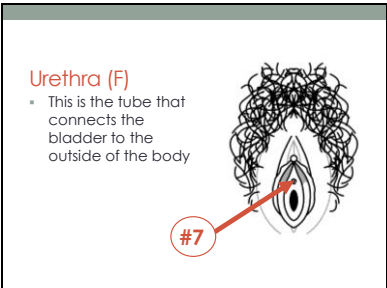
#3. What are two cancers that can affect female-bodied people? How are these detected?

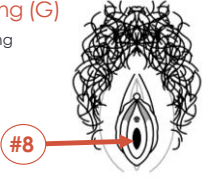
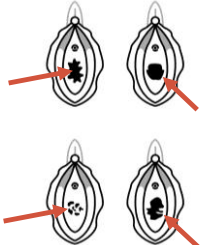
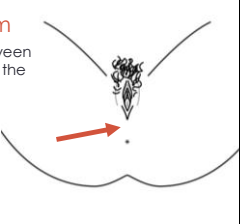
#4. What are some common questions people have about their periods and menstrual cycles?

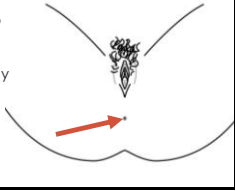
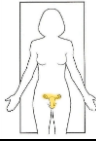
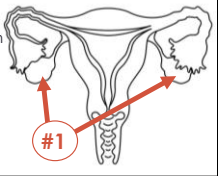
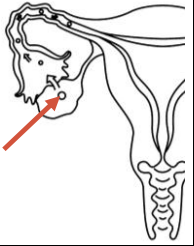
Lesson 2: Anatomy & Physiology Slide Notes

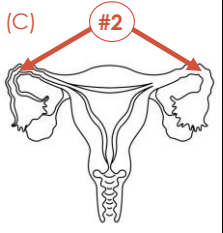
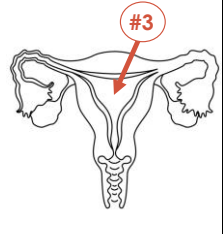
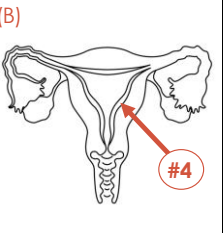
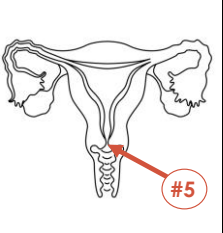
<p>Slide 1:</p>  <p>Female Anatomy & Physiology</p>	
<p>Slide 2:</p>  <p>DO NOW:</p> <p>What might influence someone's ability to enjoy and/or experience pleasure during sex?</p>	<p>Have students complete the do now question.</p>
<p>Slide 3:</p>  <p>External Female Anatomy</p>	<p>Let students know that you will be reviewing the external anatomy of the female body. Have students follow along by filling in the blanks on their worksheets.</p> <p>For each part, first ask students what the part is and then click to reveal the answer.</p>
<p>Slide 4:</p>  <p>Vulva (H)</p> <ul style="list-style-type: none"> All "outside" female genitals combined Includes labia (lips), clitoris, vagina and urethral openings 	<p>"Vulva" is the correct term for the external female genitals. Often people say "vagina," but that is not correct.</p>

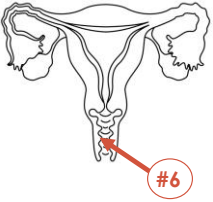
<p>Slide 5:</p>  <p>Mons (D)</p> <ul style="list-style-type: none"> ▪ Fatty tissue that sits above the pubic bone and helps protect the body 	<p>Definition</p> <ul style="list-style-type: none"> • The mons (or mons pubis) is the fatty tissues that covers the pubic bone <p>Function</p> <ul style="list-style-type: none"> • Helps protect the body (during sexual activity) • It splits to become the outer labia <p>Fun Facts:</p> <ul style="list-style-type: none"> • Hair usually grows on the mons during puberty <ul style="list-style-type: none"> • Some people choose to remove their pubic hair, but people do not have to remove it for medical reasons • People need to take care when removing hair from the mons as this skin is delicate • The mons tends to get larger during puberty
<p>Slide 6:</p>  <p>Outer Labia (E)</p> <ul style="list-style-type: none"> ▪ Outer folds of skin, fatty tissue, and nerve endings that cover and protect the vulva 	<p>Definition</p> <ul style="list-style-type: none"> • The outer labia are folds of skin and fatty tissue on the outside of the vulva. <p>Function</p> <ul style="list-style-type: none"> • These labia cover and protect the vulva and the openings to the body (urethral and vaginal) • Lined with nerve endings for sexual pleasure. <p>Fun Facts:</p> <ul style="list-style-type: none"> • Often called “lips” • Hair usually grows on the outer labia <ul style="list-style-type: none"> • Some people choose to remove their pubic hair, but people do not have to remove it for medical reasons • People need to take care when removing hair from the mons as this skin is delicate • The outer labia are not symmetrical – one side is usually larger or lightly different in shape than the other side. • The outer labia will change in appearance as a female develops during puberty – they may get bigger.
<p>Slide 7:</p>  <p>Inner Labia (C)</p> <ul style="list-style-type: none"> ▪ Inner folds of skin, spongy tissue, and nerve endings that cover and protect the openings to the vagina and urethra 	<p>Definition</p> <ul style="list-style-type: none"> • Inner folds of skin, spongy tissue, and nerve ending. <p>Function</p> <ul style="list-style-type: none"> • These labia cover and protect the vulva and the openings to the body (urethral and vaginal) • Lined with nerve endings for sexual pleasure. • Engorge with blood during and become erect when a female is aroused <p>Fun Facts:</p> <ul style="list-style-type: none"> • Often called “lips” • Hair usually does not grow on the inner labia • They tend to always be a little moist because they are a mucous membrane (like lips on the mouth)

	<ul style="list-style-type: none"> • Sometimes a white material can build up on the inner labia – this is a mixture of dead skin cells and natural oils. It is a healthy idea to wash this away. • The inner labia are not symmetrical – one side is usually larger or lightly different in shape than the other side. • The inner labia will change in appearance as a female develops during puberty – they may get bigger. • For some people the inner labia are bigger than the outer labia. For others the outer labia are bigger than the inner labia
<p>Slide 8:</p>  <p>Clitoral Hood (A)</p> <ul style="list-style-type: none"> • Covers and protects the glans of the clitoris 	<p>Definition</p> <ul style="list-style-type: none"> • The clitoral hood covers the clitoris and is formed by the inner labia coming together at the top of the vulva. <p>Function</p> <ul style="list-style-type: none"> • This helps to protect the clitoris <p>Fun Facts:</p> <ul style="list-style-type: none"> • It may be difficult to see the clitoris if it is fully covered by the clitoral hood • When a body his highly aroused and close to orgasm, the clitoris might pull back under the clitoral hood because it is so sensitive
<p>Slide 9:</p>  <p>Clitoris (B)</p> <ul style="list-style-type: none"> • This is a gland that is highly sensitive and is made out of erectile tissue that can become erect during arousal. 	<p>Only a tiny portion of the clitoris is visible from the outside. The clitoris is much larger than what can be seen on the outside. The clitoral legs extend into the body along the sides of the opening to the vagina. This slide shows the entire structure.</p>
<p>Slide 10:</p>  <p>Urethra (F)</p> <ul style="list-style-type: none"> • This is the tube that connects the bladder to the outside of the body 	<p>Definition</p> <ul style="list-style-type: none"> • This is the tube that connects the bladder to the outside of the body <p>Function</p> <ul style="list-style-type: none"> • This is where urine leaves the body <p>Fun Facts:</p> <ul style="list-style-type: none"> • The urethra is located below the clitoris and above the opening to the vagina • It can be difficult to see the urethral opening on some bodies • It is much smaller than the vaginal opening • Some females release a fluid during sexual activity, sometimes called “female ejaculation.” This fluid leaves through the urethra.

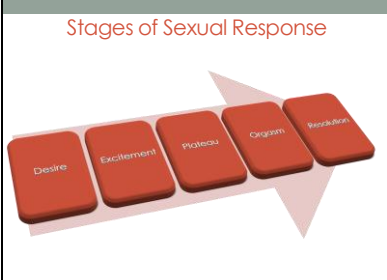

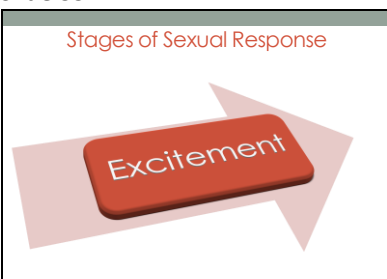
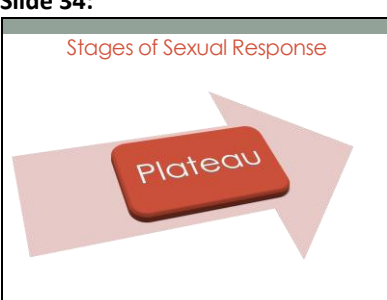
<p>Slide 11:</p> <div data-bbox="207 226 591 516"> <p>Vaginal Opening (G)</p> <ul style="list-style-type: none"> This is the opening to the vaginal canal.  </div>	<p>Definition</p> <ul style="list-style-type: none"> This is the opening to the vaginal canal located below the urethra <p>Function</p> <ul style="list-style-type: none"> This is a stretchy passage way into and out of the body. Allows things to go in for reproductive and sexual purposes – and allows things out (such as menstrual blood, vaginal discharge) <p>Fun Facts:</p> <ul style="list-style-type: none"> Designed to be stretchy – If someone chooses to become pregnant and have vaginal childbirth, this can stretch enough for the baby to come out through the vaginal opening This cannot get overstretched from someone having sex or using tampons This is surrounded by muscles that support this entire area
<p>Slide 12:</p> <div data-bbox="207 701 591 991"> <p>The Hymen</p> <ul style="list-style-type: none"> A thin layer of skin or pieces of skin that partially covers the opening to the vagina in some females  </div>	<p>Definition</p> <ul style="list-style-type: none"> A thin layer of skin or pieces of skin that partially covers the opening to the vagina in some females <p>Function</p> <ul style="list-style-type: none"> No known function <p>Fun Facts:</p> <ul style="list-style-type: none"> There are different types of hymen Some females are born with a hymen – but not all It is very rare to have a hymen that fully covers the entire vaginal opening The hymen may stretch if something (fingers, penis, dildo, speculum) is inserted into the vagina for the first time There may be a drop of blood if the hymen stretches a lot If someone does not bleed the first time they have sex it doesn't mean they are not a virgin.
<p>Slide 13:</p> <div data-bbox="207 1268 591 1558"> <p>The Perineum</p> <ul style="list-style-type: none"> The area between the vulva and the anus  </div>	<p>The perineum is rich in nerve endings and can be sensitive to pleasure</p>

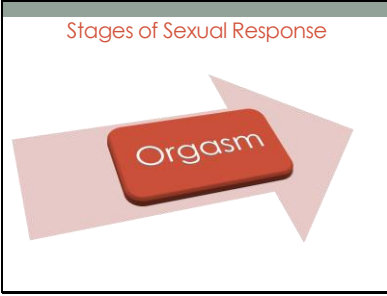

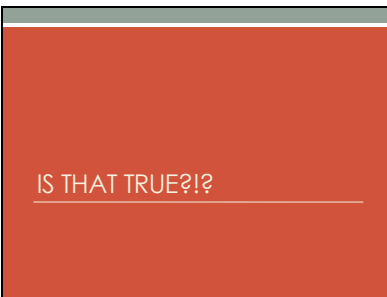
<p>Slide 14:</p> <div data-bbox="207 226 591 516"> <p>The Anus</p> <ul style="list-style-type: none"> The opening to the rectum where feces leaves the body  </div>	<p>Definition</p> <ul style="list-style-type: none"> Anus: The opening to the rectum. Feces leaves the body through the anus. This is part of the digestive system – not part of the reproductive system <p>Function</p> <ul style="list-style-type: none"> This opens and closes to allow the passage of feces. The anus and the area between the anus and the vulva, called the perineum, are rich in nerve endings and can be sensitive and can feel pleasurable. <p>Fun Facts:</p> <ul style="list-style-type: none"> There are two sets of muscles that surround the anus – one is voluntary (which means it can be controlled) and one is involuntary (which means the person cannot control it) During orgasm, the muscles in the anus spasm (contract and release) Since the anus is not part of the reproductive system, if someone chooses to have anal sex without a condom/protection, pregnancy would not be possible. However, infections can spread from unprotected anal sex if one of the partners has an infection.
<p>Slide 15:</p> <div data-bbox="207 894 591 1184"> <p>Internal Female Sexual & Reproductive Organs</p>  </div>	<p>Let students know that you will be reviewing the internal anatomy of the female body. Have students follow along by filling in the blanks on their worksheets.</p> <p>For each part, first ask students what the part is and then click to reveal the answer.</p>
<p>Slide 16:</p> <div data-bbox="207 1236 591 1526"> <p>Ovaries (D)</p> <ul style="list-style-type: none"> Produce the hormones estrogen and progesterone Contain eggs During puberty, start maturing and releasing eggs, usually one per month  </div>	
<p>Slide 17:</p> <div data-bbox="207 1585 591 1873"> <p>Eggs</p> <ul style="list-style-type: none"> The egg is the female sex cell. Eggs are stored in the ovaries.  </div>	<p>Definition</p> <ul style="list-style-type: none"> Female sex cell <p>Function</p> <ul style="list-style-type: none"> If an egg is fertilized by a sperm, it will begin to divide and this may result in a pregnancy <p>Fun Facts:</p> <ul style="list-style-type: none"> The eggs are stored in the ovaries Females do not make eggs like males make sperm – they are born with all of their eggs: about 500,000

	<ul style="list-style-type: none"> • During puberty, each month a few eggs will start to mature and then one will be released by the ovary and pulled into the fallopian tube • The egg always carries an X sex chromosome.
<p>Slide 18:</p> <p>Fallopian Tubes (C) #2</p> <ul style="list-style-type: none"> ▪ Passageway through which the egg reaches the uterus ▪ This is typically where perm and egg meet, which can lead to pregnancy. 	<p>Fun fact: Has “fingers” (fimbriae) that grab an egg after it is released from the ovaries</p>
<p>Slide 19:</p> <p>Uterus (E) #3</p> <ul style="list-style-type: none"> ▪ Contracts during both orgasm & childbirth ▪ Where a fetus can grow & develop during pregnancy 	<p>The uterus is the strongest muscle in the female body In a female who hasn't given birth, is about the size of a fist If a woman is having cramps during her period, this is usually what is cramping – it is contracting to shed its lining</p>
<p>Slide 20:</p> <p>Endometrium (B) #4</p> <ul style="list-style-type: none"> ▪ Lining of the uterus, made of blood and tissue ▪ Where a fertilized egg plants itself, signaling the start of pregnancy ▪ Nourishes and cushions a fetus as it grows 	
<p>Slide 21:</p> <p>Cervix (A) #5</p> <ul style="list-style-type: none"> ▪ Base of the uterus – joins the top of the vagina ▪ The cervical opening (os) is usually closed, but opens a little for sperm & menstrual blood ▪ The os opens to 10 cm during birth 	<p>The cervix can be felt at the back of the vagina – shaped a little like a nose</p>

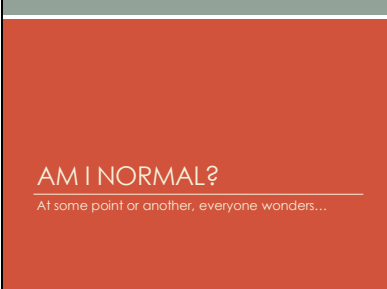

<p>Slide 22:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Vagina (F)</p> <ul style="list-style-type: none"> • Stretchy, muscular passage connecting vulva & uterus • Often becomes wet during sexual arousal, and may be penetrated as a part of sex • Can stretch to accommodate a baby during birth • Menstrual blood flows through here  </div>	<p>Has very few nerve endings</p> <p>A spongy tissue may be felt about 3 inches into the vagina on the upper side towards the belly. Called the G-spot, some people find it pleasurable and have orgasms when it is stimulated, other people do not</p> <p>TO TEACHERS: To learn more about the vagina, vaginal lubrication and the g-spot, see scarleteen.com at http://www.scarleteen.com/article/body/anatomy_pink_parts_female_sexual_anatomy</p>
<p>Slide 23:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Vaginal Discharge</p> <ul style="list-style-type: none"> • Vaginal discharge refers to secretions from the vagina • It helps keep the vagina clean and free of harmful bacteria, and maintains a healthy acid balance • This discharge varies greatly in scent, color and consistency depending on where a female is in the menstrual cycle • Because the vagina is "self-cleaning" there is no need for douching (washing the vagina out) or for using "feminine sprays" – in fact, these can be irritating and harmful </div>	
<p>Slide 24:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Vaginal Fluids</p> <ul style="list-style-type: none"> • When a female is sexually excited, the vagina will usually get wet • It can be painful or irritating if the vagina does not get wet enough before a finger, penis, or sex toy is inserted in the vagina • Lubricant can be added for extra comfort <p><i>About 1 in 10 females sometimes ejaculate (release a clear fluid through the urethra) during or before orgasm</i></p> </div>	
<p>Slide 25:</p> <div style="background-color: #c00000; color: white; padding: 20px; text-align: center;"> <p>MASTURBATION</p> </div>	

<p>Slide 26:</p> <div data-bbox="207 226 591 516" style="border: 1px solid black; padding: 5px;"> <p>About Masturbation</p> <ul style="list-style-type: none"> ▪ Masturbation is when someone touches themselves for pleasure ▪ Many people masturbate, some people don't – either way is normal & healthy ▪ All people can choose to masturbate ▪ People can use self-exploration and masturbation to get to know their bodies – this can help them to communicate to their partner what they like and don't like </div>	
<p>Slide 27:</p> <div data-bbox="207 571 591 861" style="border: 1px solid black; padding: 5px;"> <p>About Masturbation</p>  </div>	<p>Video embedded in this slide. Source: http://www.youtube.com/watch?v=kr2QiIRJzBY</p>
<p>Slide 28:</p> <div data-bbox="207 919 591 1209" style="border: 1px solid black; padding: 5px; background-color: #c0392b; color: white;"> <p>SEXUAL RESPONSE</p> <p>INVOLVES THE MIND, BODY, & EMOTIONS</p> </div>	<p>Suggested Script: <i>People chose to have sex or not have sex for many different reasons. One reason people might chose to have sex is for pleasure. Most people will have questions about pleasure and issues like orgasms and sexual arousal. This section will help us explore some of the answers to these common questions.</i></p>
<p>Slide 29:</p> <div data-bbox="207 1276 591 1566" style="border: 1px solid black; padding: 5px;"> <p>"Sex is mostly between your ears, not your legs. The largest, most important and most active sexual organ of the body isn't a penis or vagina, it's the brain."</p> <p>-Heather Corinna, Scarleteen.com</p> </div>	

<p>Slide 30:</p> <p>Sexual Response & Pleasure</p> <ul style="list-style-type: none"> • In addition to genitals, many body parts can provide physical pleasure – nipples, arms, back, buttocks, ears, feet, fingers, legs, neck. • People differ in what they find pleasurable • We all have the right to control our bodies, including when and if we will have sex 	
<p>Slide 31:</p> <p>Stages of Sexual Response</p> 	<ul style="list-style-type: none"> • Psychological and emotional factors can influence sexual response • More common for females to go back and forth between phases and to have resolution (satisfaction) without orgasm • Males have a refractory period = the time frame before being capable of another orgasm. This period increases with age.
<p>Slide 32:</p> <p>Stages of Sexual Response</p> 	<p>Desire can be influenced by many things. People desire sex and sexual contact for many different reasons. It's possible to experience desire and not act on feelings, only enjoy them.</p>
<p>Slide 33:</p> <p>Stages of Sexual Response</p> 	<p>Body changes that can occur in this stage include: Blood gathers in the genitals, enlarging the clitoris or penis (erection); The vagina becomes wetter and lengthens; the Cowper's Gland releases a clear fluid called pre-ejaculate or pre-cum that washes out the urethra.</p> <p>Males who experience an erection will not be harmed if they don't ejaculate. (While they may feel discomfort, there is no such thing as "blue balls".)</p>
<p>Slide 34:</p> <p>Stages of Sexual Response</p> 	<p>This phase is characterized primarily by the intensification of all of the changes begun during the excitement phase.</p>

<p>Slide 35:</p> 	<p>Can be gradual or fast. It begins with orgasm, a 3-10 second series of muscle contractions triggered by the brain, accompanying by a feeling of great pleasure or release.</p> <p>When a female has an orgasm, the uterus and vaginal muscles contract.</p> <p>When a male has an orgasm, the abdomen and penis muscles contract. Most males will ejaculate with orgasm (but these two things do not always happen at the same time for males).</p> <p>Between 10-69% of females also ejaculate a clear liquid during or before orgasm from ducts through and around the urethra. This may feel like peeing but the fluid is different from urine.</p> <p>Some females (and fewer males) experience several orgasms quickly in a row (multiple orgasms).</p>
<p>Slide 36:</p> 	<p>The body returns to resting levels of heart rate, blood pressure, breathing, and muscle contraction. Swelled and erect body parts return to normal and skin flushing disappears.</p> <p>This is marked by a general sense of well-being and enhanced intimacy and possibly by fatigue as well.</p>
<p>Slide 37:</p> 	<p>Go through the slides to test students on their knowledge about desire, arousal, and masturbation.</p> <p>Have students vote or share if they think the statement is true or false. Click to reveal the answer.</p> <p>There are 7 true/false questions.</p>
<p>Slide 38:</p> <p>You can tell by looking at someone's body if they want to have sex or not.</p> <p>FALSE</p>	<p>You can tell by looking at someone if they want to have sex or not.</p> <p>False – While some changes that happen during arousal are easy to see on the outside of the body (such as a penis becoming erect), the true indicator of whether someone wants to have sex or not is how they are feeling – not what their body is doing. Also, many arousal changes cannot be seen (such as the vagina lubricating). If someone wanted to know if their partner desired sex or not – the best way to find out is to ask.</p>

<p>Slide 39:</p> <p>If a someone gets an erection, it means they want to have sex; if someone's vagina lubricates, it means they want to have sex.</p> <p>FALSE</p>	<p>If someone gets an erection, it means they want to have sex; if someone's vagina lubricates, it means they want to have sex. False – Erections and lubrication can occur for no reason or for reasons not related to desire. For example, many males wake up with an erection in the morning. Teenage boys often get spontaneous erections that are not related to sexual desire or excitement.</p>
<p>Slide 40:</p> <p>Everyone's level of sexual desire changes over time and with different circumstances.</p> <p>TRUE</p>	<p>Everyone's level of sexual desire changes over time and with different circumstances. True – "Normal" levels of sexual desire vary widely and change. Sexual desire is affected by physical, emotional, and social factors. If someone's level of desire is causing them a problem, they can talk with a parent/guardian, trusted adult, or sexual health professional.</p>
<p>Slide 41:</p> <p>If someone desires sex, their body will become sexually excited and aroused.</p> <p>FALSE</p>	<p>If someone desires sex, they will become sexually aroused or excited. False – Sometimes people do desire sex but do not become sexually excited. This situation happens to most people at some point. It is not something to worry about.</p>
<p>Slide 42:</p> <p>People can "make love" and have orgasms without having sexual intercourse.</p> <p>TRUE</p>	<p>People can "make love" and have orgasms without having sexual intercourse. True – "Making love" can consist of many behaviors (caressing, kissing, massage, manual stimulation). People may reach orgasm from touching or rubbing themselves and/or each other without engaging in intercourse. People have sex in a variety of different ways.</p>

<p>Slide 43:</p> <p>If someone is aroused and then does not have sex (sometimes called "blue balls") it could cause serious problems for their body.</p> <p>FALSE</p>	<p>If someone is aroused and then does not have sex (sometimes called "blue balls") it could cause serious problems for their body. False– If the body becomes aroused and then the person does not have sex, orgasm, or ejaculate – that is fine. There may be some discomfort in the genitals when they go from being aroused to relaxed, but it is not causing any harm to the body.</p>
<p>Slide 44:</p> <p>Masturbating frequently is a problem.</p> <p>FALSE</p>	<p>Masturbating frequently is a problem. False – There is no problem with masturbating frequently. The only time masturbation can be considered a problem is if it gets in the way of other things the person should be doing or if the person is disturbing other people or otherwise causing harm to themselves.</p>
<p>Slide 45:</p> 	
<p>Slide 46:</p> <p>Everyone is different...</p> 	<p>Video embedded in this slide. "Different is Normal" from Planned Parenthood. Source: http://www.youtube.com/watch?v=t9tFk835vjo</p>

Female Anatomy & Physiology

DO NOW:

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

External Female Anatomy

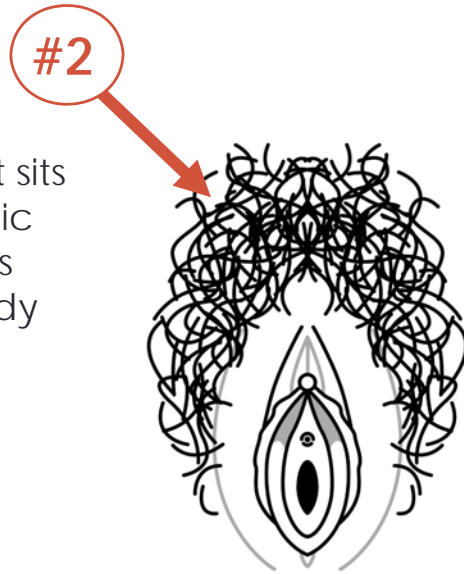
Vulva (H)

- All "outside" female genitals combined
- Includes labia (lips), clitoris, vagina and urethral openings



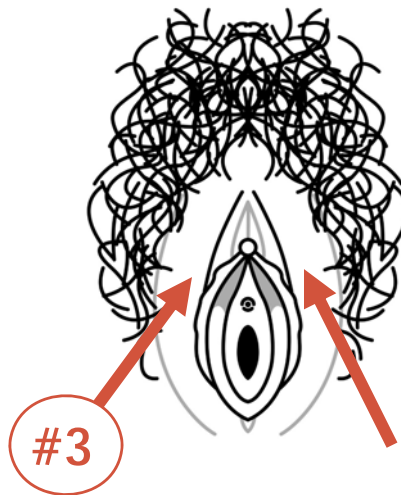
Mons (D)

- Fatty tissue that sits above the pubic bone and helps protect the body



Outer Labia (E)

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



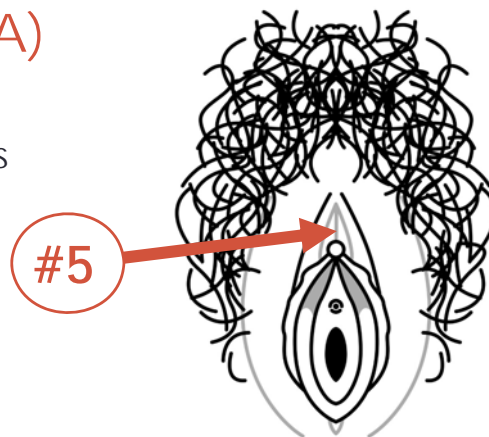
Inner Labia (C)

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



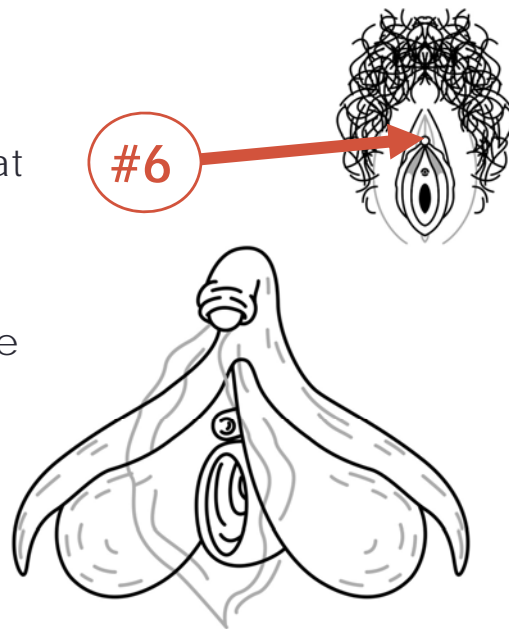
Clitoral Hood (A)

- Covers and protects the glans of the clitoris



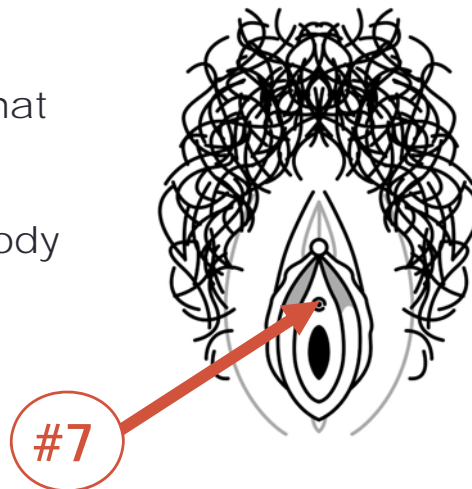
Clitoris (B)

- This is a gland that is highly sensitive and is made out of erectile tissue that can become erect during arousal.



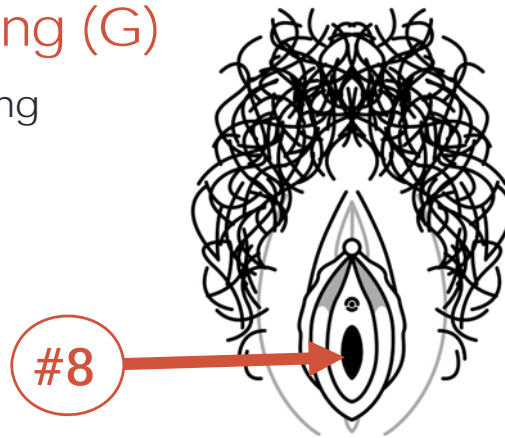
Urethra (F)

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



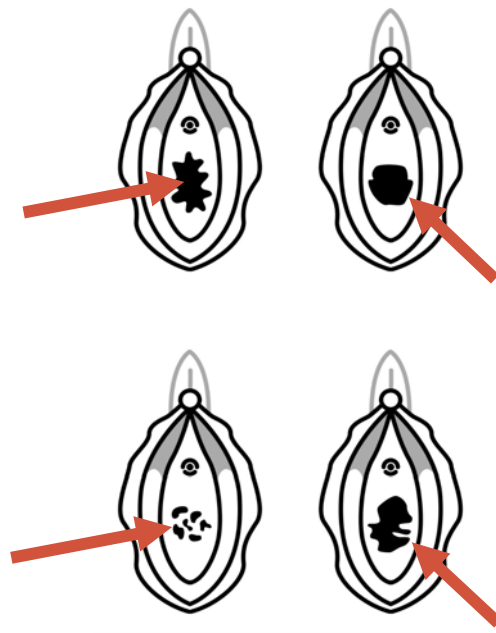
Vaginal Opening (G)

- This is the opening to the vaginal canal.



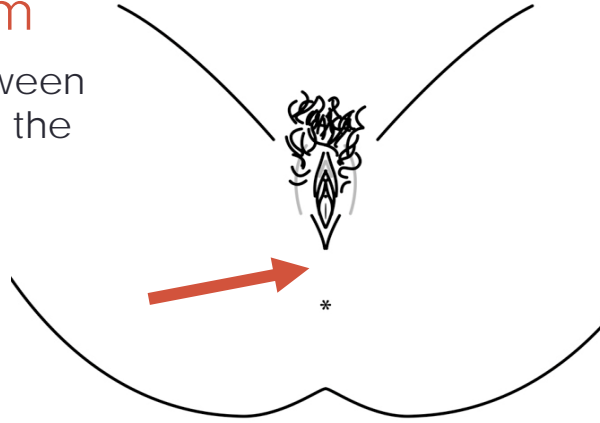
The Hymen

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



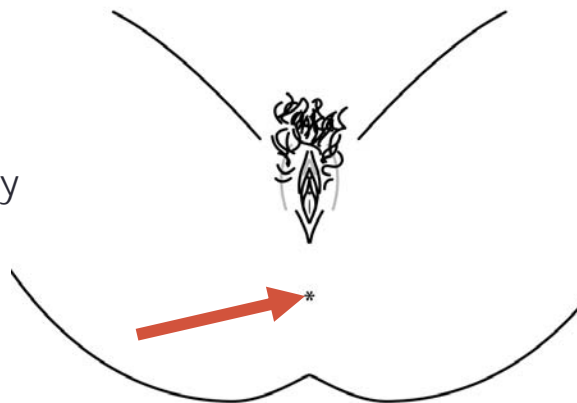
The Perineum

- The area between the vulva and the anus

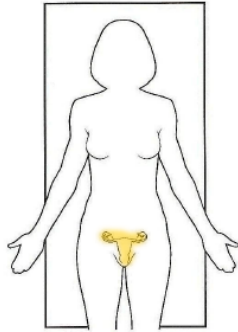


The Anus

- The opening to the rectum where feces leaves the body

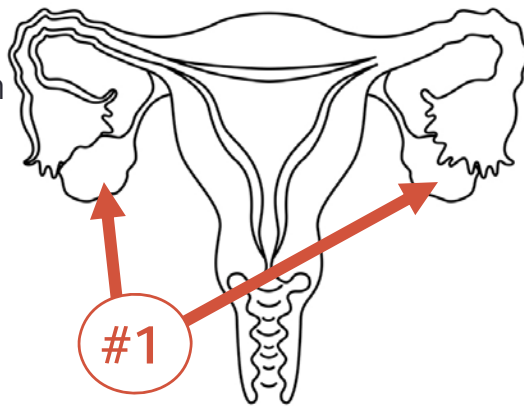


Internal Female Sexual & Reproductive Organs



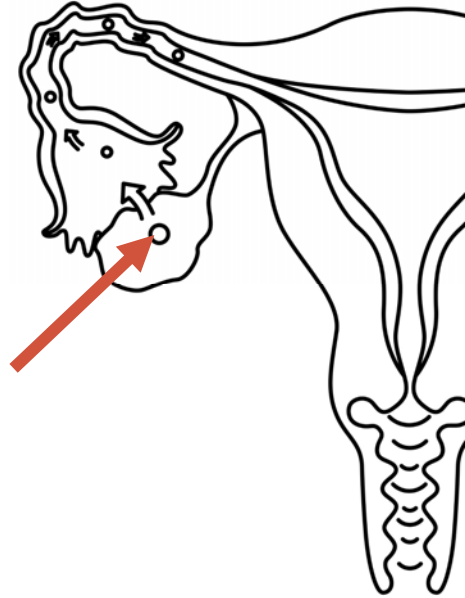
Ovaries (D)

- Produce the hormones estrogen and progesterone
- Contain eggs
- During puberty, start maturing and releasing eggs, usually one per month



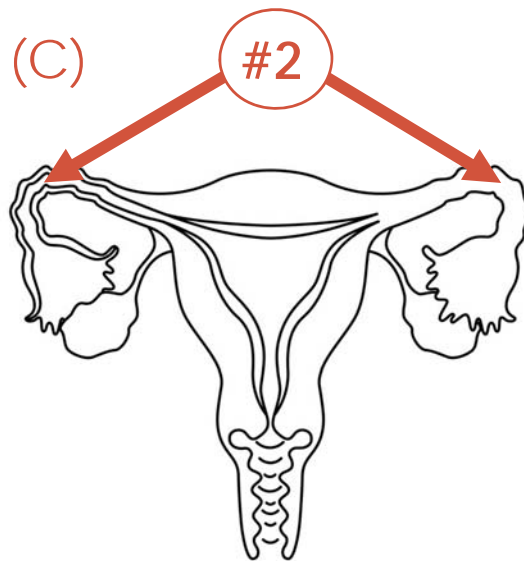
Eggs

- The egg is the female sex cell. Eggs are stored in the ovaries.



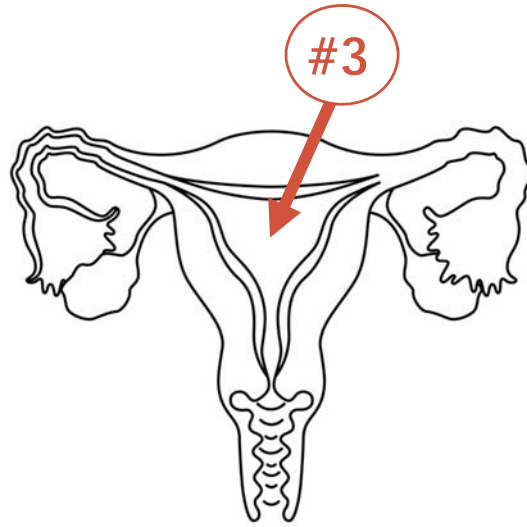
Fallopian Tubes (C)

- Passageway through which the egg reaches the uterus
- This is typically where sperm and egg meet, which can lead to pregnancy.



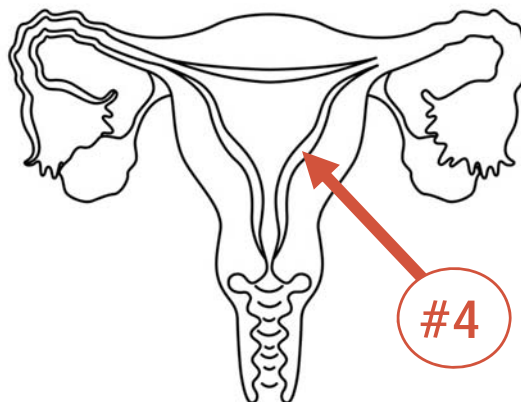
Uterus (E)

- Contracts during both orgasm & childbirth
- Where a fetus can grow & develop during pregnancy



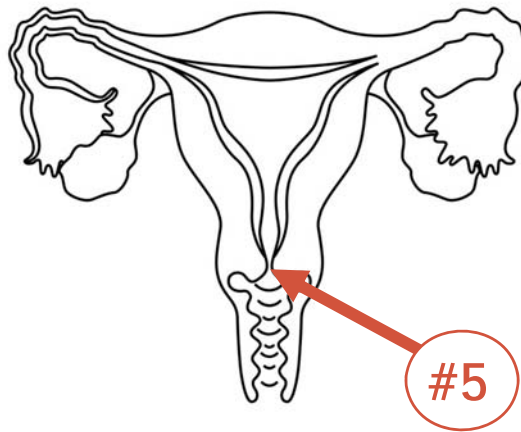
Endometrium (B)

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



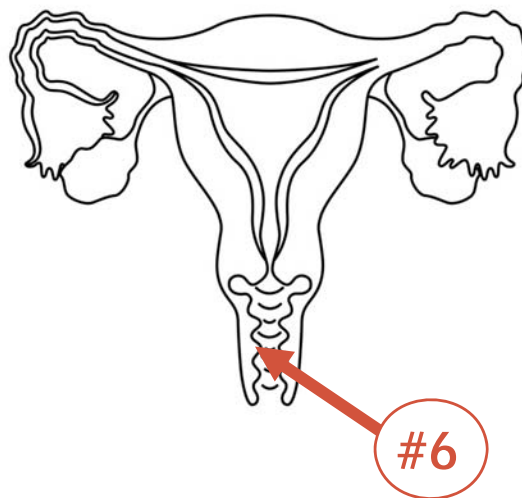
Cervix (A)

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



Vagina (F)

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



Vaginal Discharge

- Vaginal discharge refers to secretions from the vagina
- It helps keep the vagina clean and free of harmful bacteria, and maintains a healthy acid balance
- This discharge varies greatly in scent, color and consistency depending on where a female is in the menstrual cycle
- Because the vagina is “self-cleaning” there is no need for douching (washing the vagina out) or for using “feminine sprays” – in fact, these can be irritating and harmful

Vaginal Fluids

- When a female is sexually excited, the vagina will usually get wet
- It can be painful or irritating if the vagina does not get wet enough before a finger, penis, or sex toy is inserted in the vagina
- Lubricant can be added for extra comfort

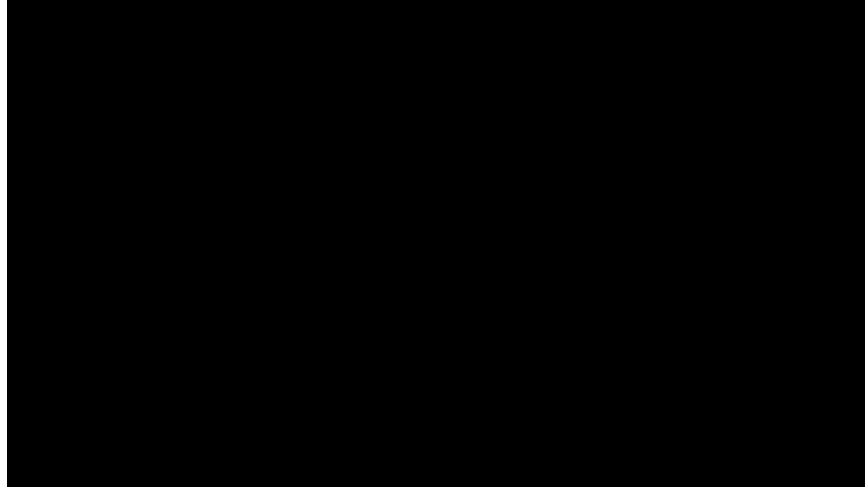
About 1 in 10 females sometimes ejaculate (release a clear fluid through the urethra) during or before orgasm

MASTURBATION

About Masturbation

- Masturbation is when someone touches themselves for pleasure
- Many people masturbate, some people don't – either way is normal & healthy
- All people can choose to masturbate
- People can use self-exploration and masturbation to get to know their bodies – this can help them to communicate to their partner what they like and don't like

About Masturbation



SEXUAL RESPONSE

INVOLVES THE MIND, BODY, & EMOTIONS

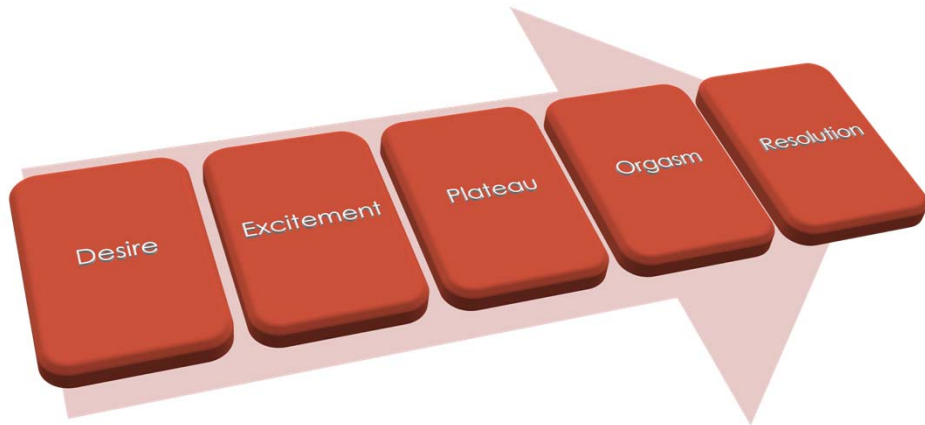
“Sex is mostly between your ears, not your legs.
The largest, most important and most active
sexual organ of the body isn't a penis or
vagina, it's the brain.”

-Heather Corinna, Scarleteen.com

Sexual Response & Pleasure

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

Stages of Sexual Response



Stages of Sexual Response



Stages of Sexual Response



Excitement

Stages of Sexual Response



Plateau

Stages of Sexual Response



Stages of Sexual Response



IS THAT TRUE?!?

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

FALSE

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

FALSE

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

TRUE

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

FALSE

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

TRUE

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

FALSE

Masturbating frequently is a problem.

FALSE

AM I NORMAL?

At some point or another, everyone wonders...

Everyone is different...



Lesson 3: Menstruation, Conception, Pregnancy, & Birth

OBJECTIVES

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

AGENDA

5 minutes	Do Now
35 minutes	Menstruation, Pregnancy, & Childbirth: PowerPoint Presentation & Optional Video
10 minutes	What Can Mai and Kai Do?
Homework	Talk to a Parent or Trusted Adult

MATERIALS

- Vocabulary Reference List
- Menstruation, Pregnancy, & Childbirth: PowerPoint Presentation
- Menstruation, Pregnancy, & Childbirth: PowerPoint Slide Notes
- Worksheet: What can Main & Kai Do?
- Handout: Pregnancy Options
- Homework: Talk to a Parent or Trusted Adult

CALIFORNIA HEALTH EDUCATION STANDARDS

1.2.G Explain how conception occurs, the stages of pregnancy, and the responsibilities of parenting

1.5.G Summarize fertilization, fetal development, and childbirth.

1.6.G Explain responsible parenting and prenatal care and parenting, including California's Safely Surrendered Baby Law.

7.1.G Describe personal actions that can protect sexual and reproductive health (including one's ability to deliver a healthy baby in adulthood).

Lesson 3: Menstruation, Conception, Pregnancy, & Birth

DO NOW

5 minutes

Materials

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

Activity

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

What type of family would you like to have?

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

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

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

Suggested Script:

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

Menstruation, Conception, Pregnancy, & Birth: PowerPoint Presentation

35 minutes

Materials

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

Activity

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

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

Menstruation & Conception

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

Suggested Script:

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

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

Pregnancy Options

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

Pass out the Pregnancy Options handout.

Suggested Script:

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

Pregnancy & Childbirth

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

Teacher Tip:

If time allows, cue up and show the 3rd chapter of PBS's 8-part film: *Life's Greatest Miracle*. This chapter shows the sperm's journey to the egg. It is available online at:

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

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

Impacts on Health

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

Teacher Tip:

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

Pass out the Preconception Health handout.

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

WHAT CAN MAI & KAI DO?**10 minutes****Materials**

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

Activity

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

HOMEWORK

Talk with a Parent, Caregiver, or Trusted Adult

Lesson 3: Vocabulary

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

Handout: Pregnancy Options

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

Option	Basic Information
Have an abortion	<p>Abortion Facts</p> <ul style="list-style-type: none"> • Abortion is safer than giving birth and will not harm someone’s ability to have children in the future. • In the U.S., abortion is legal up to 24 weeks into a pregnancy (calculated from the last menstrual period). In California, it is legal later if the pregnancy threatens the life or health of the mother. • The earlier someone has an abortion, the safer it is and the more choices they have. • In the U.S., about 1/3 of all females have an abortion by age 45 <p>What types of abortion are available?</p> <ul style="list-style-type: none"> • MEDICATION ABORTION: Also called the “Abortion Pill,” it’s available up to 9 weeks. Usually involves 1-2 visits and a follow-up exam. May take several days and involves bleeding and cramping. • IN-CLINIC ABORTION: There are a few types of in-clinic abortion. It is available up to 24 weeks into a pregnancy. Usually involves one visit to a health care provider and a follow up exam
Continue pregnancy & become a parent	<p>Important Points – If Someone Decides to Continue the Pregnancy</p> <ul style="list-style-type: none"> • The earlier someone receives prenatal care, the better their chances of having a safe birth and a healthy baby. • A pregnant teen has the right to stay in school • California provides a range of services to pregnant and parenting teens. • Information is available at http://www.pregnantyouth.info • Under California’s Safely Surrendered Baby Law (CA Health and Safety Code, section 1255.7) a parent can safely surrender a baby to a hospital ER or other designated site within 72 hours of birth. The parent(s) won’t be prosecuted or asked any questions.
Continue pregnancy & make an adoption plan	<p>Important Points – If Someone Selects Adoption</p> <ul style="list-style-type: none"> • Adoption can take place independently or through an agency and the biological mother has the right to select the adoptive parents. • In a closed adoption, the biological mother cannot have a relationship with the baby after adoption; in an open adoption, she can. • The biological father has the right to “claim” and raise the baby. • The biological parents have 90 days to change their minds about adoption.

Source: California Pregnant and Parenting Youth Guide

Handout: Preconception Health

PRE=BEFORE, CONCEPTION=PREGNANCY

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

TO DO TODAY:



Take a daily multi-vitamin with 400-800 mcg of folic acid. Folic acid is a B-vitamin that helps prevent serious birth defects of the brain and spine and may help males have healthier sperm. It also gives you better hair, skin and nails. See www.gofolic.org for more information.



Exercise regularly. Aim for at least 30 min. per day or 150 min. per week of activities like riding a bike or dancing.



Eat well-balanced and nutritious meals that include lots of fruits and vegetables, whole grains, protein and healthy fats like avocados and olive oil.



Avoid drugs, alcohol, and smoking. These can affect someone's overall health, including sperm quality and the health of a pregnancy.



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



BEFORE STARTING A PREGNANCY:

Avoid toxic substances & dangerous chemicals at home and, if possible, at work. They can harm eggs and sperm. Also, a growing fetus is more likely to be hurt by such chemicals than a teen or adult.



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



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

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



Limit caffeine before and during pregnancy to support becoming pregnant and maintaining a healthy pregnancy.

Worksheet: What Can Mai & Kai Do?

Name: _____ Period: _____ Date: _____

Directions: Read the situation below, and then complete the questions on the work sheet.

The Situation: Mai is 24. She has an AA degree and works as a dental office assistant. She is in her last semester of nursing school. Kai is 23, and works as a journeyman welder. In one more year, he will be able to get his license. Mai and Kai have been together since high school. They are planning to get married and start a family in one year, after Mai finds a job as a nurse and Kai gets his welding license.

Kai gets a lot of exercise on his job, and he also bikes to relieve stress. Mai works out at the gym 3 days per week and meditates every morning to relieve stress. While they both like McDonalds and KFC, they also eat a lot of fruit and vegetables. They go out drinking and clubbing with their friends every Friday. Mai regularly takes over-the-counter medicines for her allergies. Her mother has high blood pressure and diabetes. Kai has a brother with Downs Syndrome.

Questions:

1. What are Mai and Kai doing right now that can help them have a healthy pregnancy in the future?
2. What are some habits they might want to change before trying to start a pregnancy?
3. What might they want to talk to a health care provider about before trying to start a pregnancy?
4. What are some reasons Mai may want to get prenatal care as soon as possible if she becomes pregnant?
5. List 3 new responsibilities Mai and Kai will have if they become parents.

What can Mai & Kai Do? (Part 2)

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

Questions:

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

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

Name: _____

Period: _____ Date: _____

Purpose: *This is a chance to ask your parent, caregiver, or a trusted adult about their (and your family's and your religion's) beliefs and values about pregnancy and sexuality. It will also give you a chance to get to know one another a little better.*

Directions: *Find a quiet place where the two of you can talk privately. Set aside 10 minutes. During this time, please give full attention to one another ... no texting, watching TV, and so on. Ask each other the questions below and write down what each person says. Ask one another the following questions, with the understanding that:*

- You are each welcome to say, "That one is too private. Let's skip it."
- What you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it.
- It's OK to feel silly or awkward but it's important to try the homework anyway.
- We recommend that you take turns asking questions. When it is your turn to listen, really try to understand the other person's response.
- It's OK to disagree.

Questions:

1. What are your thoughts on a pregnant teen choosing abortion? Adoption? Parenting?

Student:

Adult:

2. What circumstances or factors would you encourage a teen to think about when making a decision about pregnancy and pregnancy options?

Student:

Adult:

3. What do you think are some qualities of a responsible parent?

Student:

Adult:

4. What could help somebody become a responsible parent?

Student:

Adult:

My student and I discussed this topic on _____(date):

Adult name: _____ Adult signature: _____

Menstruation. Pregnancy, & Birth: Slide Notes

Slide 1:

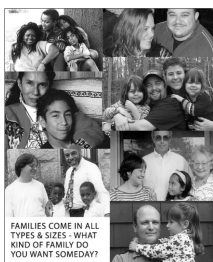
MENSTRUATION, PREGNANCY & CHILDBIRTH

LESSON 14

Suggested Script:

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

Slide 2:



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

Slide 3:

DO NOW:

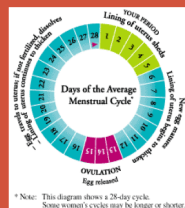
- What type of family would you like to have?
- Would you like to be:
Single? Partnered? Married?
In a committed relationship?
- Would you like to have children or not?
If yes, how many? At what age?

Have students complete the do now question.

Slide 4:

MENSTRUATION & CONCEPTION

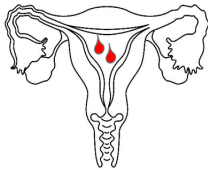
All About Periods...



* Note: This diagram shows a 28-day cycle. Some women's cycles may be longer or shorter.

Suggested Script:

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

	<p><i>irregular cycles; as teens get older their cycles tend to become more regular.</i></p>
<p>Slide 5:</p> <p>What is Menstruation?</p> <ul style="list-style-type: none"> • The shedding of the uterine lining through the vagina, commonly called "a period" • Periods may be irregular for 12-18 months after menarche (first period) 	<p>Menstruation is when the lining of the uterus sheds and comes out of the body through the vagina. Some people call this "a period." Someone will usually get their period once a month at roughly the same time every month, but it may take 12-18 months after the first period before it becomes regular. It is common and normal for teens to have irregular periods.</p>
<p>Slide 6:</p> <p>Facts about Menstruation</p> <ul style="list-style-type: none"> • Typical blood loss is 1 – 6 tablespoons • People can use pads, tampons, or menstrual cups to catch the blood • About 50% of females have cramps. There are many ways to relieve cramps, including staying hydrated, stretching, using a heating pad, doing minor exercise, and taking pain medication. 	<p>About 1-6 tablespoons of blood comes out over the 4-7 days that a person has a period. However, this blood is thicker and darker because it contains skin cells and tissue. There may be clumps of skin cells in the blood. This is normal.</p> <p>People can use different types of products to catch their menstrual blood. These include pads, tampons, and menstrual cups. It is recommended to avoid scented products because they can cause irritation. Someone could talk with a parent/guardian or trusted adult to figure out what products to use.</p> <p>About half of all females get period cramps. Using a heating pad or hot water bottle on the abdomen can help to relieve discomfort. Staying hydrated, doing mild exercise, eating healthy foods, and stretching can also help with cramps. If menstrual cramps are severe someone can take over the counter pain medication or talk to a healthcare provider.</p>

Optional Lesson 3: Menstruation, Conception, Pregnancy, & Birth

Slide 7:

What is the Female Sexual Cycle?

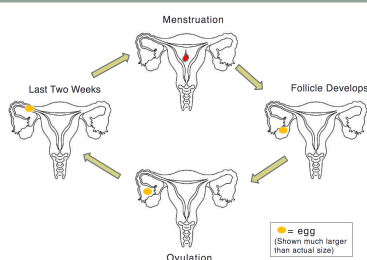
- **Menstrual Cycle** = how the body prepares itself each month to accommodate a growing pregnancy if it were to occur
- The time between when "periods" start
- Normal for a menstrual cycle to be between 21-35 days long
- Controlled by the hormones estrogen and progesterone

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

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

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

Slide 8:



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

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

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

If the egg is not fertilized:

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

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

Slide 9:

Menstrual Cycle

1. What hormones control menstruation?

Estrogen - Increases at beginning of cycle & controls ovulation
Progesterone - Increases around ovulation, helps to maintain pregnancy

2. When does ovulation happen?

Usually 2 weeks before bleeding begins, around the middle of the cycle.



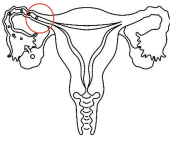

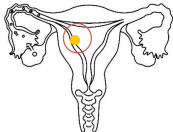
3. When can fertilization happen?

The egg is available to be fertilized in the fallopian tube for 24 hours after ovulation. Sperm can live & fertilize an egg for up to 5 days after ejaculation.

4. What happens if an egg is not fertilized?

The egg disintegrates. (breaks down) Estrogen and progesterone levels drop. The lining of the uterus (endometrium) sheds during menstruation.

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

<p>Slide 10:</p> <p>Keeping Track of Periods</p> <p>CHART</p>  <p>www.patient.co.uk/diagram/Menstrual-Diary.htm</p> <p>FREE PHONE APPS</p>  <p>iPeriod (Apple) Happy Period (Android)</p> <p>Period questions answered - ubykotex.com</p>	<p>People can use a chart, mark a calendar, or use a phone application like iPeriod or p tracker to keep track of the menstrual cycle. These apps are useful for tracking periods and for being in touch with one's body. They can also be used by someone who is trying to start a pregnancy. However, they are not accurate enough to track ovulation as a way to avoid pregnancy (as a birth control method).</p>
<p>Slide 11:</p> <p>FERTILIZATION</p> <ul style="list-style-type: none"> • Fertilization occurs in the fallopian tube (2 weeks before period would begin) • Over half of all fertilized eggs don't become a pregnancy • If it lives, within 12 hours the egg begins to divide & travels down the fallopian tube toward the uterus  	<p>When fertilization occurs – usually 14 days/2 weeks before the next period would begin. Where fertilization occurs – in the Fallopian tube. Over half of all fertilized eggs don't survive to become a pregnancy. If it lives, within 12 hours, the egg begins to divide – 2 cells become 4, 4 become 8, etc. as the egg travels down the tube.</p>
<p>Slide 12:</p> <p>IMPLANTATION When Pregnancy Begins</p> <ul style="list-style-type: none"> • Egg reaches uterus after 4-5 days & plants itself in the endometrium. This is called <i>implantation</i>. • Implantation is what most health care providers consider the beginning of pregnancy (conception) 	<p>By day 4 or 5 it reaches the uterus and “plants” itself in the endometrium (lining of the uterus). This is called implantation. This is what most health care providers consider conception, or the beginning of pregnancy.</p> <p>To help students better understand this process, consider showing the Nova video here: http://www.pbs.org/wgbh/nova/miracle/program_adv.html</p>
<p>Slide 13:</p> <p>PREGNANCY OPTIONS</p>	<p>Suggested Script:</p> <p><i>“In California, if a female becomes pregnant there are options available. We will learn about these options in this next section. Some people may have strong beliefs and ideas about these options. We are not here to discuss what is “right” or “wrong” – We are here to discuss the options that a person can legally access in CA if they become pregnant. If you would like to discuss your values and beliefs around these options, we can identify some places and people for you to talk to.”</i></p>

Slide 14:**Pregnancy Options**

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

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

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

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

Abortion

Abortion is choosing to end a pregnancy.

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

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

There are two main types of abortion.

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

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

Slide 15:**CA Safe Surrender Baby Law**

- Parent can legally surrender a baby within 72 hours of birth

- Baby must be dropped off at a "Safe Surrender" Site:
 - Hospital
 - Fire department
 - Police station

**California's Safe Surrender Baby Law**

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

Slide 16:**PREGNANCY & CHILDBIRTH**

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

Teacher Tip:

If time allows, cue up and show the 3rd chapter of PBS's 8-part film: *Life's Greatest Miracle*. This chapter shows the sperm's journey to the egg. It is available online at:

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

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

Slide 17:**Pregnancy Symptoms**

What are some physical signs of pregnancy?

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

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

Suggested Script

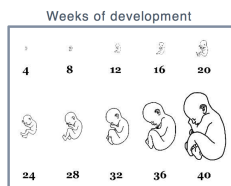
Not all females experience the same symptoms to the same degree. In fact, some females experience no symptoms at all early on in a pregnancy. Someone who has had unprotected penis-vagina sex and notices any of these symptoms may want to get a pregnancy test. Pregnancy tests are FREE at teen clinics and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

Slide 18:**STAGES OF PREGNANCY**

• EMBRYO – first 2 months

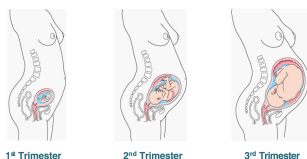
• FETUS – from month 3 through birth

• BABY – medically, only after birth



Slide 19:**STAGES OF PREGNANCY**

Pregnancy is divided into three 3-month periods called "trimesters"

**Slide 20:****First Trimester (months 1-3)**

- Many people don't know they are pregnant during 1st trimester
- Embryo/fetus needs enough folic acid (Vitamin B-9) for brain development
- Tobacco, alcohol, drugs, infections—including STIs, and unhealthy life choices are harmful embryo/fetus

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

During months 1 & 2

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

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

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

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

During month 3

The embryo becomes a fetus.

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

Fetus is about 2–3 inches long.

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

Fetus begins moving.

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

Optional Lesson 3: Menstruation, Conception, Pregnancy, & Birth

Slide 21:

First Trimester (months 1-3)

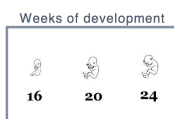
- Embryo from 5-11 weeks
 - Major organs
 - Neural tube
 - Beginnings of eyes, ears, lips
- Fetus at 12 weeks
 - Umbilical cord connects fetus to placenta
- By end of 3rd month
 - 2-3 inches long
 - Beginnings of sex organs
 - Begins to move



Slide 22:

Second Trimester (months 4-6)

- Organs continue to mature
- By end of 2nd Trimester:
 - 14 inches long
 - Cannot survive outside the uterus without a lot of special medical attention



Abortion is legal in CA up until 24 weeks for any reason & after 24 weeks to save life or health of the mother

SECOND TRIMESTER (months 4-6):

Organs continue to mature.

By the end of the sixth month, fetus is $\frac{3}{4}$ of its birth length -- about 14 inches long.

By end of 2nd trimester, fetus cannot survive outside the uterus without extraordinary medical attention, including periodic help with breathing.

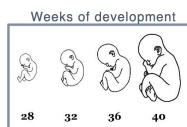
NOTE: Abortion can be legally accessed in CA up until 24 weeks (about 6 months, at the end of the second trimester). After 24 weeks, abortion is legal only if performed in order to save the life or health of the mother. This will be discussed more during the section on pregnancy options.

About 1 in 3 females will have an abortion at some point in their lives.

Slide 23:

Third Trimester (months 7-9)

- Brain & lungs mature
- Eyes open and close
- Sucks on thumb
- Responds to light
- Due date: 40 weeks from the first day of the last menstrual period
- Average birth weight: 7.6 pounds
- Average birth length: 20 inches



THIRD TRIMESTER (months 7-9):

Brain and lungs continue to mature.

Fetus begins to open and close its eyes, suck on its thumb and respond to light.

Due date: 40 weeks from the first day of the last menstrual period.

When born, the baby's weight will average 7.6 pounds. Under 5.5 pounds is described as "low birth weight" and being over 8.8 pounds as a "high birth weight." Being born very small or very large can mean more complications and health risks.

Average birth length is about 20 inches long from top of the head to bottom of the heel.

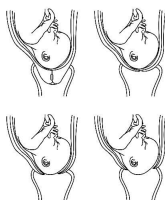
Slide 24:**Stages of Childbirth**

- **Early Labor:** Contractions begin & cervix dilates to 3cm.

- **Stage 1 Active Labor:** Contractions become stronger, longer, and closer together. Cervix becomes fully dilated to 10cm.

- **Stage 2 Delivering the baby**

- **Stage 3 Delivering the placenta**



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

There are 4 stages of vaginal birth:

Early Labor – This is when the cervix begins dilating.


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

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

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

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

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

<p>Slide 25:</p> <hr/> <p>Childbirth Options</p> <ul style="list-style-type: none"> • Type of birth: vaginal or cesarean birth • Setting: hospital, birthing center, home birth, water birth • Support: physician/doctor, midwife, doula, friends, family, partner(s) • Comfort measures: medicines, positions, massage, acupressure, etc. 	<p>There are many birthing options for someone to consider when giving birth.</p> <p>Type of birth: vaginal (baby is birthed through vaginal canal) or Cesarean birth (the baby is born through a surgical procedure in which a surgeon opens the uterus). The rates of Cesarean births are increasing in the US. In 2011, 32% of births were Cesarean births.</p> <p>Setting: hospital, birthing center, home birth, water birth.</p> <p>Support: physician/doctor, midwife, doula, friends/family/partner(s).</p> <p>Comfort measures: medications, massage, water birth, aromatherapy, acupressure, positions (such as standing, laying down, kneeling, leaning or swatting), etc.</p> <p>Explain to students that every person experiences childbirth differently. What students may have seen in movies or on TV does not accurately represent how all people experience childbirth.</p>
<p>Slide 26:</p> <hr/>  <p>IMPACTS ON HEALTH</p>	<p>Review with students how life choices can impact our health.</p>
<p>Slide 27:</p> <hr/> <p>WHAT IMPACTS HEALTH?</p> <ul style="list-style-type: none"> • What actions do people do to be healthy? • What are some of things that can have a negative impact on health? • Which of these things can interfere with a healthy pregnancy? 	<p>IMPACTS ON HEALTH</p> <p>Begin the discussion by brainstorming the following:</p> <p>What actions do people take to be healthy? Write down answers – might include eat healthy foods, exercise, etc.</p> <p>What are some of the things that can have a negative impact on health? Write down answers – might include taking drugs, eating junk food, etc.</p> <p>Which of these can help or interfere with a healthy pregnancy? Circle responses– explain that this is one of the reasons that it’s important for people who want to continue a pregnancy to get a special kind of health care called prenatal care.</p>

Slide 28:**Prenatal Care**

(Health care during pregnancy)

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

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

Prenatal Care:

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

Prenatal care also helps to protect the fetus' health. (About 150 years ago (1850), the infant death rate was 216.8 per 1,000 population for white babies and 340 per 1,000 population for black babies. In 2000, it was 5.7 per 1,000 population for white babies and 14.1 per 1,000 populations for black babies.) Health professionals recommend that someone who is pregnant gets prenatal care as early as possible, since the first trimester of pregnancy is so important to the fetus' development. Prenatal care involves regular check-ups with a health care provider, usually someone who specializes in women's health and/or pregnancy (i.e. gynecologist, obstetrician, or midwife). Usually, check-ups become more frequent later in pregnancy.

The health care provider partners with the biological mother to help her and the fetus by:

- Providing medical services.
- Making recommendations about how to maintain a healthy lifestyle while pregnant – taking vitamins, having a healthy diet, and exercising.
- Checking for and treating potential health problems early.
- Providing information and answering questions about pregnancy and birth.

Under current health care law, all insurance plans must provide free or low-cost prenatal care; in California, any person, regardless of immigration and/or documentation status or age, who is pregnant, has the right to free or low-cost prenatal care.

Slide 29:**Preconception Health**

(Health before pregnancy for all people)

- Healthy Life Choices
- Multivitamin with folic acid
 - Nutritious meals & exercise
 - Avoid drugs, alcohol & smoking
 - Manage stress
 - Healthy relationships
 - Avoid toxins / dangerous chemicals

Going back to our previous discussion about steps people take to improve their health, why do you think it is important for all people, regardless of sex or gender, to be healthy before pregnancy occurs?

The biological father's health can affect the health of his sperm. The biological mother's health can affect not only effect the health of her eggs but also the health of a growing embryo even before she knows that she is pregnant. Being healthy before pregnancy is called preconception health (pre=before, conception=pregnancy).

Slide 30:**Preconception Health***(Health before pregnancy for all people)*

- Before pregnancy, see health care provider
- Test for STIs (Family PACT covers these costs)
 - Vaccinations up-to-date
 - Get medical conditions (diabetes, high blood pressure) under control
 - Check to see if medications could harm pregnancy
 - Consider getting tested for genetic conditions

Pass out the Preconception Health Handout.

Point out that most of the recommended actions are the same for all people. Review the basics:

Maintain a healthy lifestyle:

Take a multi-vitamin with 400-800 micrograms of a B-vitamin called folic acid every day. Folic acid helps prevent serious birth defects of the brain and spine (neural tube defects), as well as other birth defects like cleft palate. New research shows that it may also help males have healthier sperm.

Eat balanced and nutritious meals, and exercise.

Avoid drugs, alcohol, and smoking. These can affect someone's overall health, including sperm quality and the health of a pregnancy.

Limiting caffeine before and during pregnancy can also support someone's ability to become pregnant and maintain a healthy pregnancy.

If possible, see a health care provider before starting a pregnancy. All of the following can affect the health of a fetus and/or biological mother. Some can also affect sperm health or cause early (pre-term) birth:

Test for sexually transmitted infections (STIs like Chlamydia, Gonorrhea and HIV). Anyone 12 or older can access these services confidentially. It's healthier to treat or cure STIs before pregnancy. STIs can be passed between sexual partners. If left untreated, STIs can be harmful to someone's health as well as the health of a growing pregnancy. Students will learn more about STIs in a later lesson.

Make sure vaccinations are up-to-date. Certain diseases, like flu, chickenpox and measles can affect the health of a fetus.

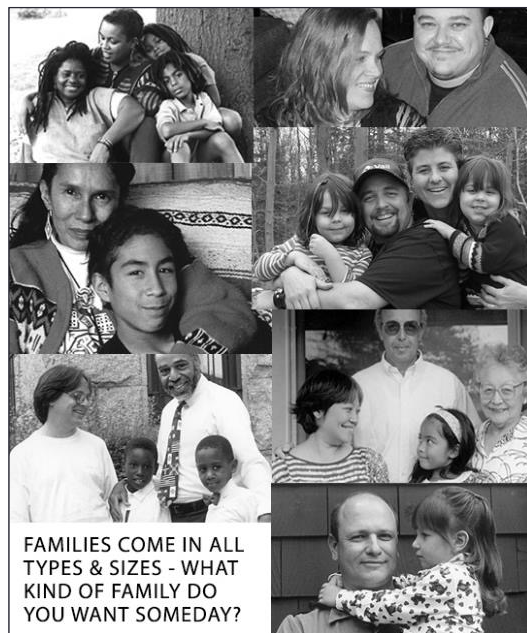
Make sure that medical conditions are under control, including asthma, diabetes, depression, high blood pressure, thyroid disease, and epilepsy.

Check to see if any medicines, over-the-counter drugs, or herbal and dietary supplements could be harmful to a growing pregnancy.

People can choose to get tested for genetic conditions that could be inherited

<p>Slide 31:</p> <hr/> <p>What are the benefits of preconception health for someone who is not actively planning a pregnancy?</p> <ul style="list-style-type: none"> • Better health right now • Forming healthy habits • Prepared for pregnancy (50% of pregnancies unplanned) 	<p>Ask students to brainstorm answers to this question. Click to reveal the answers.</p> <p>What are the benefits of practicing these habits, even if one isn't planning a pregnancy?</p> <p>Many of these actions help ALL individuals stay healthy. These are things people can do to form healthy habits</p> <p>50% of all pregnancies are unplanned and one of the most important times for sperm and embryo health is BEFORE fertilization. This is the reason that preconception health is recommended for anyone who is having sex that could result in a pregnancy.</p>
<p>Slide 32:</p> <hr/> <p>Why would it be healthy to avoid toxic substances and dangerous chemicals in the home or work environment?</p> <ul style="list-style-type: none"> • A growing fetus is even more likely to be hurt by toxins than a teenager or fully grown adult. 	<p>Ask students to brainstorm answers to this question. Click to reveal the answers.</p>
<p>Slide 33:</p> <hr/> <p>Why would it be healthy to create and establish healthy, supportive relationships?</p> <ul style="list-style-type: none"> • Stress can have a negative effect on sperm production, a female's ability to become pregnant, and a growing fetus. On the other hand, a positive relationship can support the health of a pregnant female and a fetus. 	<p>Ask students to brainstorm answers to this question. Click to reveal the answers.</p> <p>After completing all of the slides, explain that peer educators from the Teenage Pregnancy and Parenting Program will be coming to class and they will share their experiences with being a teen parent. They will share more about preconception health, pregnancy, prenatal care, childbirth, and parenting.</p>

MENSTRUATION, PREGNANCY & CHILDBIRTH

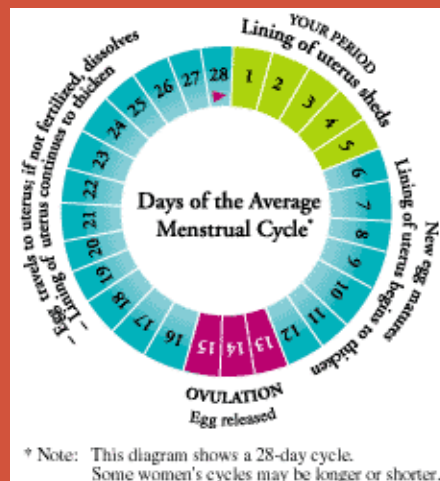


DO NOW:

- What type of family would you like to have?
- Would you like to be:
Single? Partnered? Married?
In a committed relationship?
- Would you like to have children or not?
If yes, how many? At what age?

MENSTRUATION & CONCEPTION

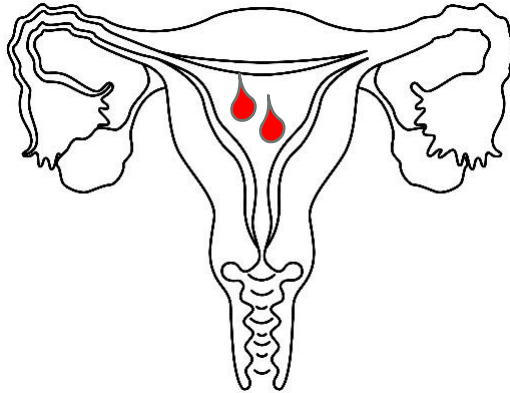
All About Periods...



What is Menstruation?

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

✦Periods may be irregular for 12-18 months after menarche (first period)

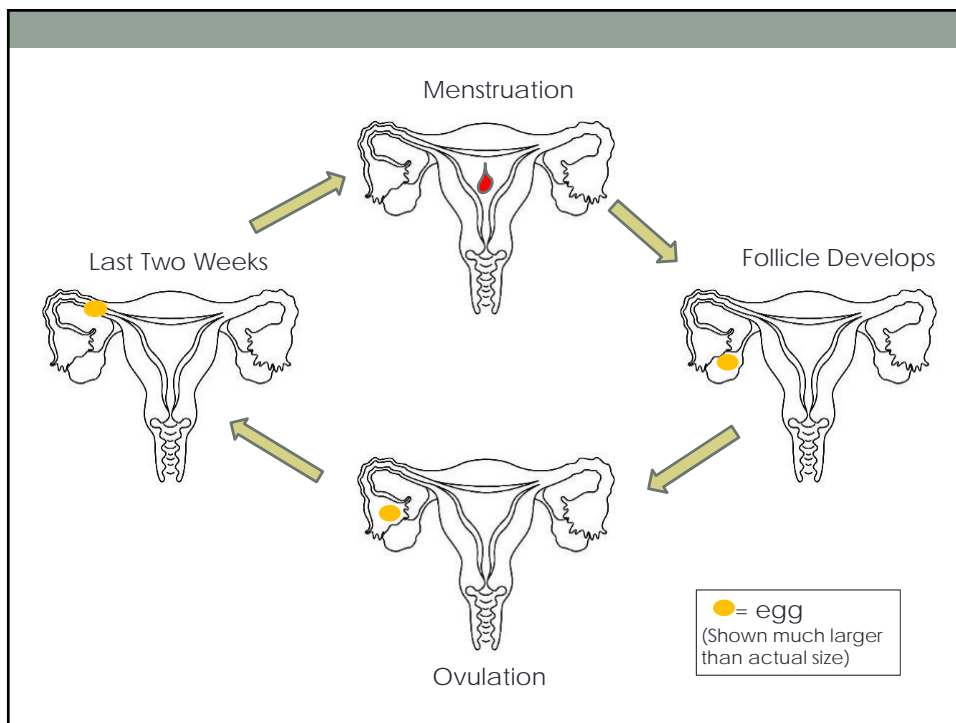


Facts about Menstruation

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

What is the Female Sexual Cycle?

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



Menstrual Cycle

1. What hormones control menstruation?

Estrogen - Increases at beginning of cycle & controls ovulation

Progesterone - Increases around ovulation, helps to maintain pregnancy

2. When does ovulation happen?

Usually 2 weeks *before* bleeding begins, around the middle of the cycle.

3. When can fertilization happen?

The egg is available to be fertilized in the fallopian tube for 24 hours after ovulation. Sperm can live & fertilize an egg for up to 5 days after ejaculation.

4. What happens if an egg is not fertilized?

The egg disintegrates. (breaks down) Estrogen and progesterone levels drop. The lining of the uterus (endometrium) sheds during menstruation.

Keeping Track of Periods

CHART

MENSTRUAL DIARY

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Day																																
Period start																																
Period end																																
Day																																
Period start																																
Period end																																
Day																																
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General Use
 *** Heavy: such as soaking tampons, large clots, long periods (more than 7 days)
 ** Moderate: requires changes to tampons every 4-6 hours
 * Light: no more than 3-4 tampons per day or 2-3 days
 0 Spotting: only light brown or pink

Pain
 *** Severe: requires painkillers
 ** Moderate: requires painkillers
 * Mild: does not require painkillers

FREE PHONE APPS



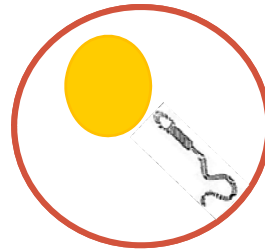
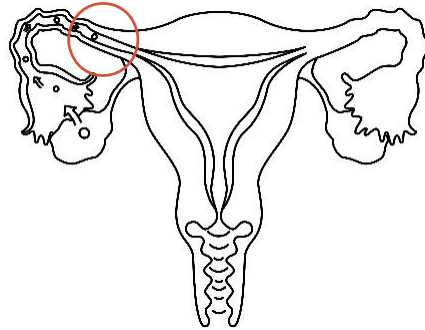
iPeriod (Apple)
 Happy Period
 (Android)

www.patient.co.uk/diagram/Menstrual-Diary.htm

Period questions answered - ubykotex.com

FERTILIZATION

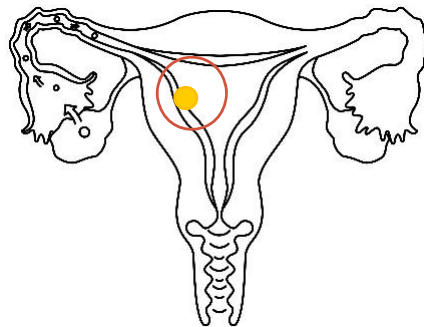
- Fertilization occurs in the fallopian tube (*2 weeks before period would begin*)
- Over half of all fertilized eggs don't become a pregnancy
- If it lives, within 12 hours the egg begins to divide & travels down the fallopian tube toward the uterus



IMPLANTATION

When Pregnancy Begins

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



PREGNANCY OPTIONS

Pregnancy Options

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

CA Safe Surrender Baby Law

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



PREGNANCY & CHILDBIRTH

Pregnancy Symptoms

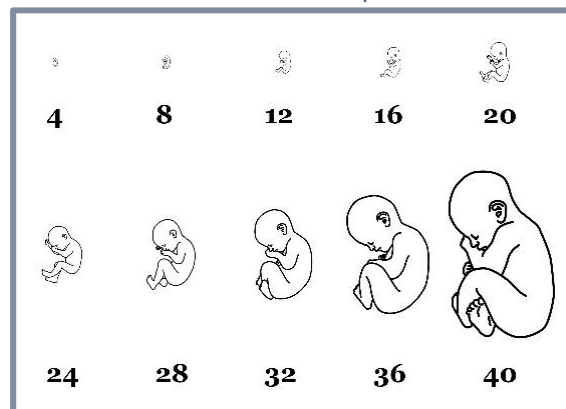
What are some physical signs of pregnancy?

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

STAGES OF PREGNANCY

- EMBRYO – first 2 months
- FETUS – from month 3 through birth
- BABY – medically, only after birth

Weeks of development



STAGES OF PREGNANCY

Pregnancy is divided into three 3-month periods called "trimesters"



1st Trimester



2nd Trimester



3rd Trimester

First Trimester (months 1-3)



- Many people don't know they are pregnant during 1st trimester
- Embryo/fetus needs enough folic acid (Vitamin B-9) for brain development
- Tobacco, alcohol, drugs, infections- including STIs, and unhealthy life choices are harmful embryo/fetus

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

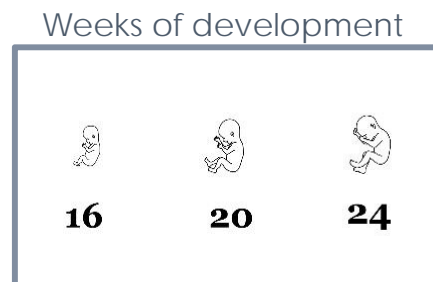
First Trimester (months 1-3)

- Embryo from 5-11 weeks
 - Major organs
 - Neural tube
 - Beginnings of eyes, ears, lips
- Fetus at 12 weeks
 - Umbilical cord connects fetus to placenta
- By end of 3rd month
 - 2-3 inches long
 - Beginnings of sex organs
 - Begins to move



Second Trimester (months 4-6)

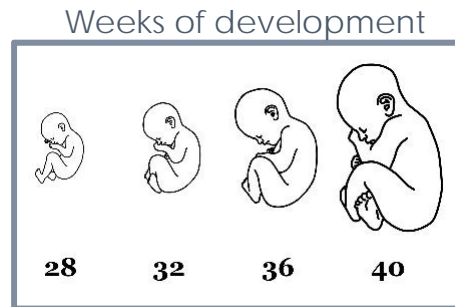
- Organs continue to mature
- By end of 2nd Trimester:
 - 14 inches long
 - Cannot survive outside the uterus without a lot of special medical attention



Abortion is legal in CA up until 24 weeks for any reason & after 24 weeks to save life or health of the mother

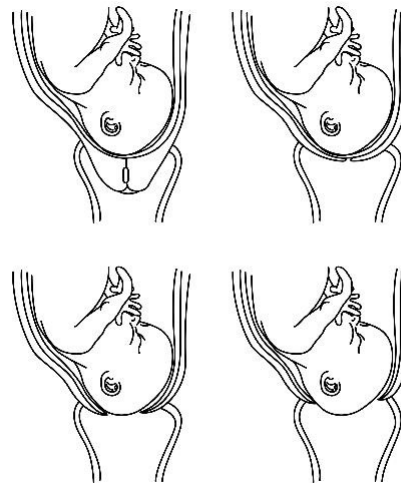
Third Trimester (months 7-9)

- Brain & lungs mature
- Eyes open and close
- Sucks on thumb
- Responds to light
- Due date: 40 weeks from the first day of the last menstrual period
- Average birth weight: 7.6 pounds
- Average birth length: 20 inches



Stages of Childbirth

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



Childbirth Options

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

IMPACTS ON HEALTH

WHAT IMPACTS HEALTH?

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

Prenatal Care

(Health care during pregnancy)

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

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

Preconception Health

(Health before pregnancy for all people)

Healthy Life Choices

- Multivitamin with folic acid
- Nutritious meals & exercise
- Avoid drugs, alcohol & smoking
- Manage stress
- Healthy relationships
- Avoid toxins / dangerous chemicals

Preconception Health

(Health before pregnancy for all people)

Before pregnancy, see health care provider

- Test for STIs (Family PACT covers these costs)
- Vaccinations up-to-date
- Get medical conditions (diabetes, high blood pressure) under control
- Check to see if medications could harm pregnancy
- Consider getting tested for genetic conditions

What are the benefits of preconception health for someone who is not actively planning a pregnancy?

- × Better health right now
- × Forming healthy habits
- × Prepared for pregnancy (50% of pregnancies unplanned)

Why would it be healthy to avoid toxic substances and dangerous chemicals in the home or work environment?

- A growing fetus is even more likely to be hurt by toxins than a teenager or fully grown adult.

Why would it be healthy to create and establish healthy, supportive relationships?

- Stress can have a negative effect on sperm production, a female's ability to become pregnant, and a growing fetus. On the other hand, a positive relationship can support the health of a pregnant female and a fetus.



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- www.todayis4tomorrow.tumblr.com
- Text "TODAY" to 61827 for resources, a clinic locator, & weekly tips on:
 - Healthy living
 - Safer sex
 - Job seeking
 - Mental health
 - More...

We All Have Rights

*A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum
Fostering responsibility by respecting young people's rights to honest sexuality education.*

NSES ALIGNMENT:

By the end of 12th grade, students will be able to:

PR.12.CC.3 – Identify the laws related to reproductive and sexual health care services, i.e., contraception, pregnancy options, safe surrender policies, prenatal care.

SH.12.CC.3 – Describe the laws related to sexual health care services, including STD and HIV testing and treatment.

TARGET GRADE:

High School – Optional Lesson 4

TIME: 50 Minutes

MATERIALS NEEDED:

- Quiz: “What Are My Rights?” – one per student
- “Teacher’s Guide: What Are My Rights?” – one copy
- Homework: “Can I or Can’t I?” – one per student
- One sheet of flipchart paper with the heading, “Parking Lot” written on it
- At least one flipchart marker
- White board and markers
- Worksheet: “Who Did the Right Thing?” – one per student
- Extra pencils in case students don’t have their own
- Masking tape

ADVANCE PREPARATION FOR LESSON:

- Take the Teacher’s Guide – What Are My Rights? and go to the websites as indicated in order to fill in the correct information about the laws in your state and resources in your area.
- Take a sheet of newsprint paper and write, “Parking Lot” at the top in large letters. Post it at the front of the room but over to the side so that you can access it easily but not have it be the main focus during the lesson.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Describe at least three laws in their state relating to minors’ rights and sexual and reproductive health. [Knowledge]
2. Identify at least one belief they have relating to sexual and reproductive decision-making. [Knowledge, Affect]
3. Apply their knowledge and self-reflection to accessing reliable, accurate information about sexuality- and reproductive health-related laws. [Knowledge, Skill]

A NOTE ABOUT LANGUAGE:

Language is really important and we’ve intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun “they” instead of “her” or “him”, using gender neutral names in scenarios and role-plays and referring to “someone with a vulva” vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom, and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say, “When it comes to sexuality, there are some situations in which, as teens you have rights – even though you’re under the age of 18. There are also, however, some issues in which your parents/ caregivers need to legally be involved. Today’s class will start by taking a look at some of the legal rights you have relating to sexual and reproductive health.”

Tell students that, because this is such a complex topic, there may be some questions or issues that come up that you will need to get some

Using Technology Respectfully and Responsibly

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

more information about before responding to them. Point out the “parking lot” newsprint sheet that you posted before they came in. Explain that if something is raised that you need a bit more research to answer, you or someone in the class can put it up on the parking lot and you’ll find the information and share it during the next class.

Distribute the “What Are My Rights?” quiz, but ask them not to put their names on it. Tell them that it is designed to get a sense of what they do and don’t know coming into this class. Tell them they have about 5 minutes in which to complete the quiz, and that if they don’t know the answer, they can simply guess. (7 minutes)

STEP 2: Go through the responses using the Teacher’s Guide: What Are My Rights? Answer any questions students may have, writing any questions to which you don’t know the answers up on the Parking Lot.

Note to the Teacher: Depending on your school’s policy on handheld device use during class, you may also wish to ask students to find some of the answers by searching for them online right then. (12 minutes)

Note to the Teacher: Many of the laws relating to sexual and reproductive health and rights relate to abortion, and can be sensitive to discuss, especially given different religious and personal values and beliefs in the classroom. If these start to come up during the discussion of the quiz, reassure students that they will have the opportunity to talk about them more in the activity that follows.

STEP 3: Tell the students they are now going to take some of these facts and consider them when they are used in a real-life situation.

Distribute the worksheet, “Who Did the Right Thing?” Ask for students to volunteer to read each of the paragraphs aloud, alternating students per each paragraph. Once the story has been read, instruct the students to decide which of the characters they think did the right thing in this situation. (7 minutes)

STEP 4: Once everyone has recorded their ratings, divide the class into groups of 4. Once they have gotten into groups of 4, instruct them to discuss who they think did the right thing, and to try and reach agreement on the ratings. Explain to students that they can change their vote at anytime, but that they should only do so if they truly agree. Tell the class they will have about 8 minutes in which to do this. (9 minutes)

STEP 5: After about 8 minutes, stop the small group discussions. Ask, “How many groups were able to agree on their rating?” Go around the room and ask the groups to state who they felt was the most just. List the names of the characters on the board who are ranked as most just, along with a checkmark next to them to indicate additional rankings.

Ask students to explain why they rated the characters as they did.

Note to the Teacher: Your job during this part of the activity is to make sure students disagree respectfully, and that everyone who wishes to speak gets to speak. You also are to play the role of devil’s advocate, using the facts from the quiz as relevant, or simply by posing hypothetical, “what if?” questions. (For example, “What if Victor wasn’t opposed to using birth control, would you change his rating then?”)
(13 minutes)

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A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

STEP 6: Say, “As in many situations, there is agreement on some things and disagreement on others. Because people have very strong values and beliefs around lots of things relating to sexuality – not just about decisions relating to a pregnancy – it’s really important to know the information you need to make the right decisions for you.

A really challenging thing we need to figure out is the difference between having rights and doing what’s right. When we are in relationships, we need to think about what both of our rights are, and what our responsibilities are to each other as well as to ourselves. For example, Stephanie has the right to go on birth control without telling Victor – it is her body, and she wants to protect it herself. Does it mean that it’s right for her to not share her decision with Victor? That’s part of what we were just discussing – and again, what we need to think about both now and in the future.

In the end, communication in relationships is so important so that both people’s needs and rights are recognized, considered and respected.”

Explain and distribute the homework, and close class (2 minutes).

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The quiz and homework assignment will both achieve the first learning objective. The in-class worksheet and group work will achieve the second learning objective. The homework assignment will achieve the third learning objective.

HOMEWORK:

A list of questions relating to their legal rights in their state, reinforcing the range of choices they have relating to their sexual and reproductive health.

Note: *The format of “Who Did the Right Thing” has been used in other curricula and programs over the years. The content of the activity in this lesson, however, is an original version for this curriculum.*

Worksheet: Who Did the Right Thing?

INSTRUCTIONS: Read the following scenario. Think about the role each person played in the situation and decide who you think did the right thing. Once you have decided your rating, indicate it below by placing a check mark in the appropriate space.

.....

Stephanie is in the 10th grade. She has been in a relationship with Victor since the beginning of the school year, and they have been having sex almost since the beginning, and while they've both really been enjoying it, Stephanie's really worried about getting pregnant since they have not been using birth control.

Victor's religion does not believe in birth control, and he won't use condoms because he says sex doesn't feel as good when he uses them. He thinks if Stephanie ends up getting pregnant it would be fine – he has other friends who have babies, and they like having a kid.

Both Stephanie and Victor had previous sex partners before they became a couple, but neither has ever been tested for STDs. When Stephanie suggests to Victor they get tested, he accuses her of saying he's dirty – and anyway, he says, "If you end up with an STD I'll know you cheated on me, because I know I don't have one."

Stephanie goes to her best friend, Alex, who is constantly telling Stephanie to break up with Victor. Alex tells her that Victor is a jerk and that she needs to choose – her relationship with Victor or her friendship with Alex. She chooses Victor – partly because she's so mad that Alex would make her choose between them.

Stephanie decides to go on birth control without telling Victor. She goes to her family doctor, who she's been seeing since she was a child, and asks for a prescription for birth control pills. Her doctor stares at her for a few minutes then says, "I thought you were a good girl." Shaking his head, he writes the prescription for the pill, which she has filled. The pharmacist says, "Be sure to start these on the Sunday after you start your next period." Stephanie says, "I have really irregular periods – I didn't even have one last month." The pharmacist suggests Stephanie take a home pregnancy test just to be safe, which she does when she gets home – and finds out she's pregnant.

Stephanie is desperate to talk with Alex about this, but he's not speaking to her. She does not want to have a baby – she's planning to go to college, and she thinks this will have a real impact on whether she can do this. She doesn't want to place the baby for adoption and besides she knows that if she continues the pregnancy, Victor will never let her place the baby for adoption. And how can she live knowing she has a child who's being raised without her?

Stephanie decides the best decision for her is having an abortion. She does not feel like she can tell Victor, because he will definitely be against it. So she looks online and finds a clinic near her called "LifeSupport." When she gets there, the person who works there shows her pictures of babies and asks her why she doesn't want to keep the baby – she tells Stephanie she is old enough to have one, and she is lucky to have a partner who would support her. She tells Stephanie that she is not, however, old enough to get an abortion in their state without parental consent, and that if she tries to, she can be arrested and put in jail until the baby's born. And then she'll never see the baby again.

Stephanie leaves the clinic confused and really upset. Victor keeps texting her to see what's going on, but she doesn't answer. When she gets home, her mother and Victor are waiting for her in the living room. Stephanie sees the pregnancy test she took on the table and realizes she didn't hide it well enough in the garbage. It's really awkward and her Mom looks at the pregnancy test and then at Stephanie and says, "We need to talk."

.....

Who in the story do you think did the right thing?

_____ Stephanie _____ Victor _____ Family doctor

_____ Alex _____ LifeSupport staff

Quiz: What Are My Rights?

1. If a teen becomes pregnant, who has the right decide what the outcome of the pregnancy will be?
 - a. Only the pregnant teen
 - b. The pregnant teen and their parents
 - c. The pregnant teen's partner
 - d. The pregnant teen and their partner
2. Up until when in a pregnancy does someone have the right to have a legal abortion?
 - a. It is only legal in the first trimester (up until 12 weeks)
 - b. It is legal anytime during the pregnancy
 - c. It is legal in the first trimester, and in some states, into the second trimester
 - d. It is legal only during the first 7 weeks
3. Do teens have the right to get birth control from a clinic without parental permission or notification?
 - a. No
 - b. Yes
 - c. It depends on the teen's age
 - d. It depends how the clinic is funded
4. Do teens have the right to buy external or internal condoms at a store no matter their age?
 - a. No
 - b. Yes
 - c. It depends on the teen's age
 - d. It depends on a state's law and the type of contraception
5. If someone gives birth to a baby, but realizes that they don't want to be a parent and knows they don't have family help to take care of the baby, what choices do they have?
 - a. They can bring the baby to a hospital or police station or other "safe house" without getting into trouble
 - b. They can bring the baby to a hospital, but have to do so anonymously so they don't get in trouble
 - c. They must remain the baby's parent and keep it
 - d. They must find another family themselves who will adopt the baby
6. Can a transgender minor begin taking hormones without a parent's permission?
 - a. Yes – as long as they are 13 or older
 - b. No
 - c. Yes – as long as they can pay for it themselves
 - d. They can if it's testosterone, but not if it's estrogen
7. If someone over the age of 17 has sex with a person who is under the age of 17, is it against the law?
 - a. No
 - b. Only if it is their first time having sex, depending on the state they live in
 - c. Yes
 - d. It depends on the age of the younger, and on the state they live in
8. Does a teen have the right to get tested for STDs at a clinic without their parents' permission or consent?
 - a. Yes
 - b. Only if they are being tested for a viral infections, like HIV or HPV
 - c. Only if they have already had an STD
 - d. No

Teacher's Guide: What Are My Rights?

1. If a teen becomes pregnant, who has the right to decide what the outcome of the pregnancy will be?

a. The pregnant teen

Although a pregnant teen (or person of any age!) may find it useful to speak with their partner (if they are in a relationship) or a parent, caregiver or other trusted adult about their decision, in the end it is that person's legal decision about what to do.

In some cases, however, the decision they make may require parental consent or notification. For example, in our state, a teen who chooses to have an abortion must [have parental consent, notify one or both parents – fill in the information relating to your state from http://www.guttmacher.org/statecenter/spibs/spib_PIMA.pdf]. In most cases, states that require parental consent or notification also have alternate legal procedures in place for teens. For example, a teen can go to a judge to have permission granted to have the abortion. This is called “judicial bypass.”

2. Up until when in a pregnancy does someone have the right to have a legal abortion?

a. It is legal in the first trimester, and in some states, into the second trimester

Nationwide, abortion is legal through the first 12 weeks or first trimester of pregnancy. Different states, however, have different laws about when after that abortion can no longer be done – or when it can be done but requires a second physician to be involved in the procedure. This often depends on what's called “fetal viability,” or when a fetus could survive on its own outside of the uterus. In our state, the law says that [fill in the law information from http://www.guttmacher.org/statecenter/spibs/spib_PLTA.pdf].

3. Do teens have the right to get birth control from a clinic without parent permission or notification?

a. It depends how the clinic is funded

Most states have laws that permit minors (people under the age of 18) to obtain contraceptive methods without parental consent or notification. A few states, however, don't specify contraceptive methods but just refer to access to healthcare in general. Generally speaking, most clinics who provide contraception receive funding from the federal government under something called “Title X” (that's Roman numeral ten, not an “x”), but most private doctors do not receive Title X funding. If a clinic receives Title X funding they must provide contraception without a parent/ caregiver's consent. It's always a good idea to ask, when making an appointment or when you arrive at the clinic, what their policy is about parental consent.

In addition, methods that are designed to be permanent – like vasectomy and tubal ligation (sterilization) are not available in the US for people under the age of 18. This is considered the legal age at which a person can consent to have any kind of surgical procedure, and these methods would fall under that category.

4. Do teens have the right to buy external or internal condoms at a store no matter their age?

b. Yes

Some adults may disagree with the idea of young people having sex, rather than being impressed by how responsible they are being by knowing they need to use condoms of some kind to protect against STDs and/or pregnancy. If a store owner were to say, “No, you're too young” to someone under the age of 18, that person needs to clearly, but respectfully, inform that person that they have a legal right to purchase condoms – there is no minimum age requirement.

5. If someone gives birth to a baby, but realizes that they don't want to be a parent and knows they don't have family help to take care of the baby, what choices do they have?

a. They can bring the baby to a hospital or police station or other “safe house” without getting into trouble

All 50 states have what are called “safe haven” or “safe surrender” laws that allows someone who has given birth but cannot care for the baby the opportunity to bring the baby to a designated place without being arrested for child abandonment. Each state and area will have designated a different place – and will have a maximum age for the baby, after which time the law no longer applies. In our state, the law is [look up and provide the law for your state from <https://www.childwelfare.gov/pubpdfs/safehaven.pdf>]

6. Can a transgender minor begin taking hormones without a parent's permission?

b. No

A parent or caregiver must consent to a transgender minor - a person under 18 -beginning hormones that will help that young person transition from the sex they were assigned at birth to their true gender identity. One of the reasons for this is that the hormones are expensive, as is the pre-care and therapy that many young people will have in preparation for taking hormones.

Some trans young people, however, do not live with their parents or caregivers – or were kicked out of their homes because they are trans. These young people may end up accessing hormones on the street – which is a very risky practice, both in terms of the quality of hormone and the potential for sharing needles. Some health clinics serving trans youth will try to intervene in order to serve the young person and keep them safe – but, again, it is expensive to do so and cannot be expected at all youth health centers, clinics or doctors' offices.

7. If someone has sex with a person who is under the age of 17, is it against the law?

d. It depends on the age of the younger person, and on the state they live in

Most, but not all, states in the U.S. have an “age of consent” law. That's the age at which the law says a young person is legally able to consent to have sex with another person. The age of consent ranges from 16 to 18. In some states it is illegal for two people under the age of consent to have sex, even if they were both the same age. Other states allow sex between two people if the older of the two is within a certain age range. For example, in Alabama, the age of consent is 16; the allowable age span relating to that is 2 years. So if a 17-year-old and a 15-year-old had sex, it would not be seen as against the law. But if a 17-year-old and a 14-year-old had sex, the older person would have committed statutory rape. “Statutory” means “legal” – so there does not have to be a physical assault or force involved for it to be rape under this law.

8. Does a teen have the right to get tested for STDs at a clinic without their parents' permission or consent?

a. Yes

A teenager should always ask the clinic's policy on consenting to a service and confidentiality of test results. The only thing a teen needs to keep in mind is that if they plan to pay for their tests using their parents' or caregivers' health insurance, the parent(s) or caregiver(s) will know that the test has been done. Many clinics will offer low-cost or free testing to teens and will make sure the services done are completely confidential.

Homework: Can I, Or Can't I?

Name: _____ Date: _____

INSTRUCTIONS: At the bottom of this sheet are several websites at which you can access the answers to the questions listed on this sheet. Please use those sites to complete this assignment in the space provided.

1. Do I need to get my parents' permission to get birth control at a clinic?
2. If I/my partner want to have an abortion, but live in a state where I/they can't get one, what are the options?
3. If I/my partner wants to have a baby, can someone's parents/caregivers force them to get an abortion or place the baby for adoption?
4. Are there any sexual behaviors that are illegal for me to do at my age?
5. If I /my partner is a young parent, can we make medical decisions for our own child?

SOURCES:

http://www.guttmacher.org/statecenter/spibs/spib_PLTA.pdf
http://www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf
http://www.guttmacher.org/statecenter/spibs/spib_MRP.pdf
<http://www.legalmatch.com/law-library/article/abortion-rights-of-minors.html>
<http://www.legalmatch.com/law-library/article/statutory-rape-the-age-of-consent.html>

Let Me Tell You

*A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum
Fostering responsibility by respecting young people's rights to honest sexuality education.*

NSES ALIGNMENT:

By the end of 12th grade, students will be able to:

SH.12.IC.1 – Demonstrate skills to communicate with a partner about STD and HIV prevention and testing.

SH.12.INF.1 – Analyze factors that may influence condom use and other safer sex decisions.

TARGET GRADE:

High School – Optional Lesson 5

TIME: 50 Minutes

MATERIALS NEEDED:

- White board and markers
- Communication signs prepared as described
- Masking tape
- STD Communication Scenarios, prepared as described

ADVANCE PREPARATION FOR LESSON:

- Print out the communication signs 1-6. Photocopy signs 1, 2 & 3 onto paper of one color, and signs 4, 5 & 6 onto paper of a different color. You will need to make a second copy of each sign on white paper.
- Post signs 1, 2 & 3 around the room, one on each of the side walls and one on the back wall as space allows. Post one set of signs 4, 5 & 6 around the room similarly, but away from the first set. Keep the second copy of the signs aside for use in class.
- Tear off at least 6 two-inch pieces of masking tape and attach loosely to the white board for use during the activities.
- Each of the four STD Communication Scenarios contains two parts, a role for Partner One and a role for Partner Two. Print out enough copies of the STD Communication Scenarios so that each pair of students will get one scenario. Cut each scenario in half and either clip them together with a paper clip or put each scenario into an envelope so each student pair will have a scenario containing both a Partner One and Partner Two role.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Explain the impact of having a communication style that is similar to or different from a partner on the ability to communicate about important topics. [Knowledge]
2. Demonstrate how to communicate with a partner about STD risk and protecting their own and their partner's sexual health. [Knowledge, Skill]
3. Demonstrate an understanding of where and how to be tested for STDs both in person and at home. [Knowledge, Skill]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun "they" instead of "her" or "him", using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and

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classroom, and should make adjustments accordingly.

PROCEDURE:

STEP 1: Say to the students, “All of us in this room are unique individuals, yet we will often find we have some things in common. We’re going to start today’s class by looking at what we do and don’t have in common in social situations.”

Say, “I’m going to ask you to think about how you feel about talking – specifically talking, not texting – when you’re with a group of friends. I’ve placed three [say color of signs] signs around the room. One reads, ‘I’m the one who does most of the talking,’ another reads, ‘I like to do some of the talking, but it’s a balance,’ a third reads, ‘I prefer to sit back and listen to everyone else talking but don’t talk much myself.’ Please think about which of these signs applies to you, then go up and stand beneath that sign. If you think you could fit under more than one sign depending on the circumstance, please go stand under the sign that reflects what first came to your mind.” Give students a minute to decide and stand under their sign.

Say, “I’m going to give you a minute to talk among yourselves about why you chose to stand where you are standing. Then we’ll have a chance to talk as a larger class about it.”

Note to the Teacher: If you have only one student standing beneath a particular sign, be sure to go over to make sure they have someone to talk with.

After about a minute, stop the student conversations. Say, “Look around the room – what do you notice about our class based on how many people are standing beneath which sign?” (Possible responses may include, we have a lot of talkers in class, we have a lot of people in class who don’t like to talk, etc.)

Starting with the group that has the smallest number of students standing in it, ask for a few students to explain why they chose to stand where they did. Repeat back or paraphrase what students share. Move to the second and third groups and do the same.

Say, “Now, I’m going to ask you to think about being in a romantic relationship with someone – whether it’s someone you’re with currently, or someone in the future if you aren’t in a relationship now. Around the room you’ll see signs that are [say the color of the second set of signs]. Thinking about when you’re one-on-one with a partner, I’m going to ask you to think about how you talk with them or imagine you would talk with them about something important. The first sign reads, ‘I like to be the one to bring things up and do most of the talking.’ The second sign reads, ‘I like it when it’s a balance where we both talk back and forth.’ The third reads, ‘I don’t bring stuff up. If they have something to talk about, they can bring it up.’”

Ask students again to think about how they are, one-on-one with a partner or how they think they’d be with a future partner, and ask them to move to that sign. Ask them to, again, talk among themselves about why they chose to stand where they did. If there is only one student standing beneath a particular sign, be sure to walk over and stand with that student so they have someone to talk with.

After about a minute, ask the students to stop their conversations. Again ask for a few people from each group to contribute why they chose to stand where they did.

Process, using the following questions:

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- Look around the room again. What do you notice about how many people stood where?
- Was there much difference from the first set?
- Why do you think that is?

Ask three students to volunteer to take down the second set of signs and bring them to you and have everyone sit down. (15 minutes)

STEP 2: As students are returning to their seats, post the duplicate sets of signs on the board in two columns next to each other:

I like to be the one to bring things up and do most of the talking

I like it when it's a balance where we both talk back and forth

I don't bring stuff up. If they have something to talk about, they can bring it up

I like to be the one to bring things up and do most of the talking

I like it when it's a balance where we both talk back and forth

I don't bring stuff up. If they have something to talk about, they can bring it up

Say, "Take a look at the styles up here. What do you think happens in a relationship when there are two people who both like to bring things up and do most of the talking?" Probe for, "they may talk over each other and not listen."

Ask, "What about when both people feel there should be a balance?" Probe for, "they probably will have really good conversations – as long as they both are honest and proactively bring this up when they need to."

Ask, "What happens when neither person feels like they want to bring things up?" Probe for, "They probably don't talk a lot, it's probably really hard for them to have serious conversations."

Say, "A lot of times, we will be drawn toward people who are similar to us in a variety of ways – similar likes and dislikes, similar ways of communicating, like what you see here. But many times, we end up with people who are really different from us. This can have an impact on how we communicate with each other.

For example [switch card two with card three in the right-hand column], what do you think would happen between two people when one never wants to talk about anything, and the other does best when there's an equal exchange?" Probe for, "it may get frustrating for them – the one who likes to bring things up and hear from the other person can get impatient, and the other one who doesn't like to talk may feel pressured."

Say, "Regardless of how we communicate and how our partner communicates, we need to be able to do this. And it's not just talking about, 'How was your day?' There are lots of really important things relating to your sexual relationship that you need to figure out how to communicate about so you have a positive, healthy relationship. We're going to look at how

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to do that now.” (10 minutes)

STEP 3: Divide the class into pairs. Once they are settled, say, “For the purposes of this activity, I’m going to ask you to pretend you are in a romantic and sexual relationship. Please remember our groundrules about respect; this is a totally hypothetical situation that’s for the purposes of our class discussion only.

Note to the Teacher: It can help to have your class groundrules posted in a visible place for this lesson for easy reference. Also, this activity can bring up discomfort for some students, which may appear as reinforcing stereotypical gender roles within the activity and/or homophobic comments at times if two males are paired together. It can help to anticipate these reactions so you can be ready to intervene when necessary.

I’m going to come around the room and give each of you one half of the same scenario and ask you to talk about the issue that’s listed. Please do not show your role to your partner, because your roles are slightly different. Communicate as you typically would, you don’t have to play a role when it comes to that, just be yourselves.

I’m going to give you a few minutes to work to reach the goal listed there. You will have about 5 minutes in which to do this.”

Answer any questions, and have them get started. (8 minutes)

STEP 4: After about 5 minutes, ask the pairs to stop. Process using the following questions:

- What was it like to do that?
- What was [fill in students’ responses] about it?
- How many pairs reached the goal of the assignment? How many didn’t?
- For those who reached the goal, please describe the scenario you had and explain why you think you were able to reach the goal.
- For those who were not able to reach the goal on your assignment, please describe the scenario you had and why you think you weren’t able to.
- In what way did the fact that it was about discussing STDs make it easier or harder to have these conversations or reach your assigned goal? Why?
- What do you think would have been different about the scenarios if you were having these conversations by text instead of in person? What does that tell you about texting vs. in-person conversations about tough topics?

Ask, “What does doing this tell you about communicating with a partner about STDs and sexuality in general?” Probe for:

- It takes work!
- It takes more time than you think – it’s more than a quick, “Hey, we should use condoms” “Okay!”
- Our communication styles have an impact on our relationships – and the better and more clearly we communicate in our relationships – no matter what that looks like – the better they will be.

Explain the homework assignment and close the class. (17 minutes)

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RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The forced choice activity at the beginning of the lesson will fulfill the first learning objective. The paired communication scenarios will achieve the second learning objective. The homework assignment will achieve the third learning objective.

HOMEWORK:

Students will find one place where they can get tested in person for STDs and HIV and explain the process.

(Note to the Teacher: Once you have collected the homework, you may wish to combine the responses and create a resource for your students to take home as a resource so they know the full spectrum of options for STD testing and treatment in your community.)

Scenario A

PARTNER ONE

You and partner two haven't yet had sex, but have been talking about it. You and your partner each have had one partner before and have used condoms. You need to talk about what you're going to do sexually and what steps you're going to take to avoid STDs (and pregnancy, if that's an issue).

Your goal: Reach agreement on what you plan to do to reduce your STD risk when you do have sex.

Scenario A

PARTNER TWO

You and partner one haven't yet had sex, but have been talking about it. Your partner has only had one partner before – and although you told them that you'd only had one partner before, you actually have had four others. You just didn't want to tell them because you were worried they wouldn't want to be with you. You've never been tested for STDs but feel fine.

Your goal: Reach agreement on what you plan to do to reduce your STD risk when you do have sex.

Scenario B

PARTNER ONE

You just met partner two at a party, and you are totally into each other. You are in a room away from the rest of the party and have been making out and are pretty sure you two are going to have some kind of sex. You've had oral sex before, but no other kind of sex. You definitely don't want to get an STD and you don't think you've had one.

Your goal: Reach agreement on what you plan to do to reduce your STD risk in that moment.

Scenario B

PARTNER TWO

You just met partner one at a party, and you are totally into each other. You are in a room away from the rest of the party and have been making out and are pretty sure you two are going to have some kind of sex. You've had sex before, but don't like using condoms because it doesn't feel the same. You had chlamydia last year, took medicine to clear it up, and don't think STDs are a big deal. You do, however, definitely want to have sex right now with this person!

Your goal: Reach agreement on what you plan to do so you both feel okay about doing whatever you decide to do sexually and about their concerns about STDs.

Scenario C

PARTNER ONE

You and partner two have been in a relationship for about four months. You have had several different kinds of sex and have used condoms most of the time. When they went away with their family for a long weekend, you had sex with someone else and didn't use condoms. You really care about your partner – this other person means nothing to you, it just happened. But you don't know anything about the other person's STD status.

Your goal: Tell your partner about what happened and figure out what you should do about figuring out your STD risk and protecting both of you moving forward.

Scenario C

PARTNER TWO

You and partner one have been in a relationship for about four months. You have had several different kinds of sex and have used condoms most of the time. You are monogamous – meaning, you only have sex with each other, no one else. Neither of you has ever had an STD – but you've also never talked about it. You think it's time for you two to stop using condoms altogether so you can really feel close to each other all the time. You really want to be with your partner, no matter what, and are committed to being in it together.

Your goal: Talk with your partner about what you think should happen in the relationship, and figure out what you should do about figuring out your STD risk and protecting both of you moving forward, especially if you plan to stop using condoms.

Scenario D

PARTNER ONE

You have been on the pill for a few months because you had some issues with acne. You and partner two have been together for a while and been having sex and using condoms. Partner two is really worried and always wants to use two methods. You would prefer to stop using condoms since you are a faithful pill taker, so what's the risk?

Your goal: Stay in the relationship, but maybe stop using condoms...

Scenario D

PARTNER TWO

You and partner one have been together for a while and have been having sex. You always use a condom with your partner although you know they are taking the pill too. You know someone who had gonorrhea and even though it cleared up really quickly once they took some medicine, it freaked you out. You really, really like partner one and don't want to mess things up but also want to make sure to keep doing everything you can to protect both of you.

Your goal: Stay in the relationship, no matter the cost.

Homework

STI Testing: What Are My Options?

Name: _____ Date: _____

INSTRUCTIONS: Please find one place in your community that does STI testing, and describe the process below. **NOTE: *You do NOT need to actually get tested, you just need to find out what someone needs to do in order to get tested.***

Name of testing site: _____

Address: _____

How far is the clinic from home? What about from school? What are directions to get there from both? _____

What are the days of the week and hours the clinic is open? _____

How much does it cost? _____

Do they take insurance? Yes No

Who would you bring with you to get tested? Why? _____

If you were to test positive (meaning, you had an STD), who would you go to for support? What would you want/need from them? _____

**I'm the one who
does most of the
talking**

**I like to do some
of the talking, but
it's a balance**

**I sit back and
listen to everyone
else but don't talk
much myself**

**I like to be the one
to bring things
up and do most
of the talking**

**I like it when it's
a balance where
we both talk
back and forth**

**I don't bring stuff
up. If they have
something to talk
about, they can
bring it up**

Using Technology Respectfully and Responsibly

*A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum
Fostering responsibility by respecting young people's rights to honest sexuality education.*

NSES ALIGNMENT:

By the end of 12th grade, students will be able to:

HR.12.CC.4 – Evaluate the potentially positive and negative roles of technology and social media in relationships.

HR.12.SM.2 – Describe strategies to use social media safely, legally and respectfully.

TARGET GRADE:

High School – Optional Lesson 6

TIME: 50 Minutes

MATERIALS NEEDED:

- Desktop or laptop computer with PowerPoint on it and the video described above and website queued up
- LCD projector and screen
- PowerPoint: “U.S. Sexting Laws”
- Worksheet: “Sexting Scenarios” – one per every three students
- Extra pencils in case students don't have their own
- Homework: “Spreading the Word” – one per student

ADVANCE PREPARATION FOR LESSON:

- Either download this video or ask your IT person at school to unblock this site for you to use in class: <https://www.youtube.com/watch?v=bhMXI31xf0U>.
- Sexting is a particularly sensitive topic within sexuality education. You may wish to show this lesson and the video to your Supervisor or Building Principal to ensure they support its use.
- Go to http://mobilemediaguard.com/state_main.html (U.S. Sexting Laws) and look up your state's laws on sexting. Be sure to ask your IT person at school to unblock this site for you to use in class.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Define what sexting is. Describe two disadvantages and two reasons why someone may sext. [Knowledge]
2. Identify at least two connections between child pornography and sexting laws. [Knowledge]
3. Describe at least two facts relating to sexting laws in their state. [Knowledge]
4. Explain at least two options for people involved in sexting situations. [Knowledge]

A NOTE ABOUT LANGUAGE:

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PROCEDURE:

STEP 1: Start class by saying, “We're going to be talking today about

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how we use technology with friends, partners and even people we don't really know. Let's start by looking at this brief video, which we'll discuss together afterwards." (1 minute)

STEP 2: Show the video and stop it at 4:13 when the narrator starts to talk about having a larger discussion about consent. Process by asking the following questions:

- What do you think about sexting?
- Using both the video and some of your own thoughts, why do you think some people might sext?
- What are some of the potentially negative things about sexting?

Say, "Laws regarding sexting are different in every state – but one thing they have in common is that a naked photo of someone under the age of 18 is considered child pornography, and child pornography is illegal. But what does that mean when someone has taken their own picture and send it to someone else? What happens if the person who sent it consented, and the person who received it consented, and they didn't share it with anyone else? Is it okay then?" (8 minutes)

STEP 3: Go through the PowerPoint, "U.S. Sexting Laws." After you have completed slide 4, "The Law Takes This Really Seriously," say, "Let's take a look at the laws in our state." Put up the U.S. Sexting Laws website at http://mobilemediaguard.com/state_main.html and click on your state. Go through what you find there. Ask students what they think of what you just shared. (8 minutes)

STEP 4: After students share their reactions, say, "Once you reach the age of 18, you are legally considered an adult and can decide for yourself what you think is right for yourself regarding sexting. If you are under 18, sexting is illegal."

Divide the class into groups of three. Distribute the scenarios relating to sexting and ask them to discuss together what they would do and then write their ideas down on the worksheet. Tell them they have about ten minutes in which to work.

Note to the Teacher: If your students would respond to movement, an alternate is to copy two sets of the scenarios so you have six total and post one set on each side of the room. Then divide your class into six groups and have three groups rotate through the scenarios on one side of the room while the other three groups do the same on the opposite side of the room. (12 minutes)

STEP 5: After about 10 minutes, ask students to stop. Have a volunteer read the first scenario aloud, and then ask that group to share what they came up with. Ask other groups whether they had anything different or anything to add. Have a different volunteer read the next scenario and then share from their group what they came up with. Again, ask other groups whether they had anything different or anything to add. Continue in this way until all three scenarios have been discussed. (15 minutes)

STEP 6: Return to the PowerPoint, moving to the last two slides, titled, "What Can You Do?" Read through the points on these slides.

Say, "This isn't easy to talk about, and you may still have questions. Please remember you can always talk with me – or, you may wish to continue this conversation at home with a parent or caregiver or any other trusted adult you feel you could speak with about this

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topic.”

Describe the homework assignment and close the class. (6 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Watching and discussing the video will achieve the first learning objective. Going through the PowerPoint and website information will achieve the second and third learning objectives. Completing the scenario worksheets will achieve the fourth learning objective.

HOMEWORK:

Have students tell four other students about what they learned in class today and complete the “Spreading the Word” worksheet.

Worksheet: Sexting Scenarios

SCENARIO ONE

Another student at school has started asking your friends about you. You think they're kind of cute and might be interested in something with them, but you're not quite sure. Somehow, they get your cell number and text you, "Hey." You're not expecting that, so you text back, "Who is this?" The answer you get is, "It's me," followed by a naked picture of them.

What should you do?

SCENARIO TWO

You're in a relationship with someone, and you're really into each other. Part of your relationship is to send sexy texts back and forth, talking about how attracted you are to each other. One day, your partner texts, "How about sending me something I can look at and think of you?" You don't see anything wrong with it, especially since things are so good between you. You send a naked pic with the text, "Just 4 you, k?" They text back how much they love it. The next day, three different people tell you how hot they thought your picture was.

What should you do?

SCENARIO THREE

You and your partner have been together for 3 months. You like each other's friends, you like spending time together, you're really in sync with what you do and don't like sexually. You have sexted each other a few times, both texts and sexy photos. Neither of you has shared your pictures with anyone else, and promised you never would. As the school year goes on, you meet someone you click with instantly. You're instantly hooked, and feel you need to be the one to tell your partner that it's over. Unfortunately, they find out from someone else and freak out. They go to their Instagram account, and start posting the naked photos they have of you online.

What should you do?

Homework: Spreading the Word

Name: _____ Date: _____

INSTRUCTIONS: Lots of students don't know the information we went over in class today. Your job is to find four different people your age between now and next class and share two things about sexting you remember from class with them. Then complete the table below and hand it in next class.

	First name of student you spoke with	Date of conversation	What two things did you share with them from class?	How much of this was new to them?
1				
2				
3				
4				

U.S. Sexting Laws

(From http://mobilemediaguard.com/state_main.html).



Did You Know...?

- **Possessing a sexually explicit image of someone under 18 is a crime – even if the person who receives it is under 18, too.**
- **Sending a sexually explicit image of a minor to someone else is a crime – even if the picture is of yourself.**
- **Taking a picture of a minor doing something sexual with another person, asking or tricking a minor into sending a sexually explicit image is a crime.**



This Means...

- A teen who takes a naked picture of themselves and sends it to another teen, has technically committed 3 felony crimes: promoting, distributing and possessing child pornography.
- A teen who receives a sexually explicit image (even if it was not requested) can be charged with possession. If they send the picture to anyone else they can be charged with distributing child pornography if caught.

The Law Takes This Really Seriously!

- If one of the teens is 18 (17 in some states) that teen is legally considered an adult. That means they can be charged as an adult.
- If convicted, the person will most likely be charged with a felony. Some states then require the teen to register as a sex offender.

What Can You Do?

- **Don't sext. Not sexting is the only 100% sure way to avoid possibly being accused of wrongdoing.**
- **If someone texts you a naked picture of themselves, delete it.**
- **If someone texts you a naked picture of themselves or someone else, do NOT forward it on to other people, just delete it. Tell a trusted adult what happened.**

What Can You Do?

- **Don't ask or pressure someone else to send you naked pictures of themselves.**
- **Download an app to your phone that will enable you to recall a text you're having second thoughts about sending. These include, "On Second Thought," where you have up to 60 seconds to recall a text, and "TigerText" and "Strings," which allow you to erase a message once it has gone out.**
- **Do not mistakenly believe that if you use SnapChat the laws aren't an issue! Photos shared on SnapChat can be saved, so the same laws still apply.**

Our Space, Safe Space

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Fostering responsibility by respecting young people's rights to honest sexuality education.*

NSES ALIGNMENT:

By the end of 12th grade, students will be able to:

ID.12.SM.1 – Explain how to promote safety, respect, awareness and acceptance.

ID.12.ADV.1 – Advocate for school policies and programs that promote dignity and respect for all.

PS.12.ADV.1 – Advocate for safe environments that encourage dignified and respectful treatment of everyone.

TARGET GRADE:

High School – Optional Lesson 7

TIME: 50 Minutes

MATERIALS NEEDED:

- Desktop or laptop computer with PowerPoint loaded onto it
- LCD projector and screen
- PowerPoint: “Advocating for Change at School”
- White board and markers
- Extra pencils in case students do not have their own

ADVANCE PREPARATION FOR LESSON:

- Locate and review your current district policy relating to LGBTQ people, as well as any school-specific information relating to safe spaces.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Identify at least two things their school does well around LGBTQ inclusion, and at least two things they could improve upon. [Knowledge]
2. Demonstrate an understanding of what advocacy and lobbying are, and how they can be used to make change at school. [Knowledge]
3. Demonstrate how to make a persuasive argument for policy change. [Knowledge, Skill]

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PROCEDURE:

STEP 1: Explain that today’s class is going to look at your school’s environment around equality and inclusion, honing in on how the school is doing around making sure people of all sexual orientations and gender identities are respected.

Begin the PowerPoint, going through slides 1 – 3, which define advocacy and lobbying.

Go to the next slide with the pictures of the puppy and kitten on it. Make four groups of about equal size with two being “dog” groups and two being “cat” groups. Say, “I’d like you to pretend that our school is looking to change its mascot. The school has narrowed their selection down to two options, either a dog or a cat. The members of the two

Our Space, Safe Space

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groups that were assigned ‘dog’ need to make a strong case for why a dog should be the school mascot. The other two groups need to make a strong case for why a cat should be the school mascot. All groups will be presenting their argument to me and I will make the final decision.”

Say, “Before you start working, there are a few things about me you need to know as you make your case:

- I am allergic to cats, but have always wanted one
- I currently have a dog, and students often see me at the park with my dog

Note to the Teacher: *Even if these statements about you are not true, please either use them as written, or add in your own statements about how you feel about cats and dogs.*

I’m going to give you about five minutes to talk in your small groups and come up with several key points that you think would make a strong case for a cat or dog being the mascot.” Answer any questions, and ask them to get started. (10 minutes)

STEP 2: After about 5 minutes, call time. Say, “Okay, I’d like you to pretend I’m the principal of our school. You need to convince me that your animal is the best choice for our school. Please select one person from your group to be the representative who will make a one-minute appeal to me about their group’s animal. Once I have heard all the arguments, I will make a decision.

Remember, you **ONLY** have one minute... so you want to be as persuasive as you can be to get me to choose your animal. Maybe make some notes about your key points? How would you use what I told you about how I feel about cats and dogs? Good luck!”

Choose one group at random to go, and ask the representative from that group to make their case. When that person has gone, please ask a representative from the second group that had the same animal to add in anything the first group did not say. As they are speaking, write key points on the whiteboard from their arguments. Do the same with the second animal.

Consider what was presented, and then, as the principal, make your decision. Go through the bullet points and explain why. Say, “It’s not that the other group did not make a good case for their animal, but here is why I went with this one.” (6 minutes)

STEP 3: Process by asking the following questions:

- What was it like to do that? What was [fill in class responses] about it?
- What was it like to come up with your pitch? What was [fill in responses] about it?
- How did you decide what information to use to convince me? What else would have been useful to know about me in making your arguments?
- How did your own thoughts and feelings about and experiences with your group’s animal affect the experience?
- How did you decide who in your group would present on behalf of everyone? (If a group selected more than one person, ask about that person as well.)

Say, “What you just did was lobbying. You had an issue, you got some information about the person whose decision you were trying to influence (in this case, I gave it to you, but this

Our Space, Safe Space

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

was just a sample activity!), you gave compelling reasons for why I should support your cause, and I made a decision.” (6 minutes)

STEP 4: Go to the next slide in the PowerPoint, titled, “Why Do We Lobby?” Go through it and the next slide, stopping on the following slide, titled, “The Issue & The Ask.”

Say, “Because this class is part of sex ed, we’re obviously not going to try to put something together for the Principal about the school mascot, or the type of food in the cafeteria, or whether people should be required to take certain courses. We’re going to look specifically at the school environment around being a safe, welcome space for students and family members of all sexual orientations and gender identities.”

Ask, “Generally speaking, what do you think our school does well around this topic?” Give an example you know about your own school. Record student responses on the board beneath a header titled, “We Do These Well.” After you have generated that list, write a header to the right of the first header titled, “We Could Improve on These.” As you are writing, ask students what they think your school could do better on. Record their responses beneath the second header.

Note to the Teacher: These lists will vary based on the school you are in, but sample efforts that students may say their school could improve on include:

- We don’t have a GSA
- There are no all-gender bathroom signs
- There are celebrations for different historical months and weeks, but nothing for LGBTQ people (pride)
- There is a lesson in Social Studies on historical LGBT people
- The policy around the prom and other school events only allows different-sex couples to attend together
- There is a dress code, which requires people to wear a particular uniform even though they identify as a different gender
- There is a lot of homophobic language in the hallway (e.g., “you’re so gay” and more)

Once you have put together the two lists, focus on the ones that students said they feel the school could improve upon. Discuss, as a class, which one of these things they think is most important – as well as realistic – and focus in on only that one. Then say, “Okay – let’s see what we can do about it.” (10 minutes)

STEP 5: Divide the class into groups of three. Say, “Please work in your groups to come up with what you think are persuasive arguments for making this change at school. I will give you about five minutes to come up with what you think are the strongest arguments you could present to the Principal. I’m looking for quality of argument, not necessarily quantity.” After about five minutes, ask students to stop their discussions. (6 minutes)

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STEP 6: Say, “I’m going to start recording people’s arguments up on the board. Please take notes on what goes up on the board, as it will be part of your homework assignments.” Ask for a volunteer to go first, instructing the other students to cross off anything on what they came up with that has already been stated to avoid repetition.

Once everyone has gone, go through the list and ask whether anyone would make any suggestions to make any of the arguments stronger. Once you have done that, say, “Okay, so we decided on the one thing we’d want to change, and we’ve come up with some strong arguments. Now, let’s look at what we do next if we can lobby the Principal to make this change happen.” (8 minutes)

STEP 7: Return to the PowerPoint and go through the next few slides, through “What Should You Do If the Principal is Indecisive?”. Say, “I don’t know whether we can actually get a meeting with the Principal about this – but the homework assignment is going to assume that we can. So if we can, we need to be prepared!”

Say, “Each of your groups of three will be assigned one thing to research and bring back to our next class, which can be used to make a strong case to the Principal.” Go to the next slide that reads, “Homework” and go through the bullet points.

Note to the Teacher: You may wish to instead write these bullet points on the board depending on what is discussed during class.

Assign one of the bullet points to each of the groups, repeating them as needed based on the number of students/groups in the class. Once the students have written down what their assignment is, go to the last slide and ask them to copy down the websites that appear there to use in their research.

Note to the Teacher: If your school has an electronic communications system for students, be sure to post the PowerPoint there or email students so they can have it to refer back to as they do the homework assignment.

Answer any questions from the day or about the homework assignment. (6 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

In-class discussion and brainstorming will achieve the first learning objective. The PowerPoint presentation and mascot activity will achieve the second, third and fourth learning objectives. The homework assignment will reinforce all of the content learned in the session, and support achieving the third learning objective.

HOMEWORK:

Assignment is on the last two slides of PowerPoint and involves group projects and research.

This lesson was based on a concept and PowerPoint created by Diana Thu-Thao Rhodes.

Advocating for Change at School

(based on a presentation by Diana Thu-Thao Rhodes,
Director of Public Policy, Advocates for Youth)



What is advocacy?

- **Supporting and believing in an issue and trying to get others to support and believe in the same issue**



What is lobbying?

- A form of advocacy
- Conducting activities aimed at influencing decision-makers



Which animal will be the School Mascot?



Why do we lobby?

- To show the personal faces affected by the school's policies or lack thereof.
- To help show how much students care about their school.
- To influence:
 - Policy decisions
 - School climate



You already lobby all the time!

- Asking your parent(s)/caregiver(s) for permission to do something
- We list the arguments for our position, point out the problems with the other side's arguments, and then enlist the help of those who have different types of power.
- We use what we know in the situation to try to get our way.
- Lobbying the Principal isn't much different!



The Issue & The Ask

Lobbying the Principal

- 1. Introduce yourself and who you represent**
- 2. Thank the Principal for the meeting**
- 3. State your position clearly, specifically what is wrong and why you think that**
- 4. Make a specific ask (“We would like...”)**
- 5. Provide Informational materials and ask if you can count on their support**
- 6. Thank the Principal again and then go back and meet with your group to decide how you might need to follow up**

What should you do if the Principal...

Agrees with you?

- Thank them for their support
- Ask for a timeline for the change to happen
- Ask them to take a larger role by publicizing this change to the entire school

What should you do if the Principal...

Disagrees with your position?

- Determine the reasoning for their opposition (concern about parents' reactions, the proposed change would cost money that wasn't budgeted, personal/political values, the school board, etc.)
- Remain calm, do not become angry
- Thank the Principal for meeting with you

What should you do if the Principal...

Is indecisive?

- Present your case clearly
- Ask about the Principal's own viewpoint
- Ask about specific questions the Principal has and/or who they'd like to hear from to get more information about the issue
- Keep in touch



Homework

- Info on the impact of GSAs on all students
- Info on school safety issues for LGBTQ students
- Examples of schools that have made positive changes in their schools and the impact of doing that
- Stories of opposition to making this type of change that was then overcome, and how
- List of 3 to 5 organizations that support schools in making these changes
- Fact sheets about this issue



Websites That Can Help

(the rest you'll have to Google 😊)

- <http://www.glsen.org>
- <http://www.safeschoolscoalition.org>
- <http://www.tolerance.org/lgbt-best-practices>
- <http://www.apa.org/pi/lgbt/programs/safe-supportive/default.aspx>

How Do You See Me?

A Lesson Plan from *Rights, Respect, Responsibility: A K-12 Curriculum*
Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

By the end of 12th grade, students will be able to:

PD.12.INF.1 – Analyze how friends, family, media, society and culture can influence self concept and body image.

TARGET GRADE:

High School – Optional Lesson 8

TIME: 50 Minutes

MATERIALS NEEDED:

- Flipchart sheets prepared as indicated
- Flipchart markers, one per student
- Making tape
- Whiteboard and markers
- Pens or pencils in case students do not have their own
- Extra sheets of 8 ½ x 11 paper in case students do not have a notebook with them

ADVANCE PREPARATION FOR LESSON:

Note to the Teacher: This lesson can yield very rich, at times intense, discussions. This is part of the activity, and can be quite powerful. Try to tolerate the intensity of the discussions as they come up, while paying attention to the students who may be quieter during the activity.

- Prepare sheets of flipchart paper with one of the following headings on each:
 - Blonde-haired, blue-eyed cheerleader
 - Teen dressed in tight, revealing clothing
 - Teen dressed in traditional Muslim clothing
 - Teen wearing baggy clothes, earrings, sunglasses
 - Captain of the basketball team
 - Overweight teen with multiple piercings and tattoos
 - Quiet teen with plain clothing who is a really good student
- Before students arrive, post the flipchart sheets around the room with the bottom half of each folded in half taped up over the headers so they are not revealed.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Describe at least two preconceived notions about particular categories of students. [Knowledge, Affect]
2. Explain at least two connections between negative self-image and sexual decision-making. [Knowledge]
3. Write at least one positive, affirming message for students who may be feeling poorly about who they are. [Skill, Affect]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun "they" instead of "her" or "him", using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom, and should make adjustments accordingly.

How Do You See Me?

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

PROCEDURE:

STEP 1: Say: “Try to picture your day today thus far. You got to school by walking, or maybe you took a train or a bus or got a ride from someone. You passed all sorts of people on your way, some of whom you didn’t know, some of whom you did. Try to picture the people you passed this morning. Try to picture the students you saw when you first got to school. How were they dressed? What did they look like? If you can remember, how did you react in your head when you saw them?”

It’s natural to make assumptions about people based on what we see. Sometimes our assumptions will be accurate and sometimes they won’t be. Sometimes assumptions help us learn things about other people, and sometimes they sell those people short.”

Go over to one of the flipchart sheets and say, “Around the room are descriptions of different students that may be at school.” Take down the folded up half of the sheet to reveal one of the categories. Say, “Each student will get a marker. I’m going to ask you to think about the student described on each sheet. What do you think other people say about each of these students? Think of an example or two. Then use a marker and write those down on the flipchart sheet. Just be sure to write small as other students will need to add their own ideas after yours.”

Say, “Some of the things you might imagine people would say about each of these students may not be particularly respectful – for the purposes of this activity, I’m going to ask you to write it anyway, even though we have groundrules about only using respectful language in class.”

Tell students that the only groundrule they do have for this lesson is that they may not speak while they go around the room and write the characteristics. Answer any questions, then ask students to come up and get a marker. As they do that, walk over to the remaining flipchart sheets and unfold them, revealing the headers on each sheet. As students get started, remind them that they need to do the activity in silence.

***Note to the Teacher:** Depending upon what’s generated on the lists, some students may react audibly – they might laugh, or say something, or gasp. Gently remind them when that happens to try to stay quiet as they do the work.*

Give students about 5 minutes in which to move around the room and complete their brainstorming. (9 minutes)

STEP 2: After about 5 minutes, ask students to stop where they are, return their markers to you and return to their seats. Going around the room, ask for volunteers to read what is on each sheet. Once you have gone through all the sheets, ask, “What was it like to do that? To create the lists, and then hear them read aloud. What was [add in student responses] about it?”

***Note to the Teacher:** Responses to the activity can range from apathy to sympathy to empathy at actually being represented on the sheets.*

Ask, “What do you notice about what is up on the lists?”

***Note to the Teacher:** Go around the room and reflect on the sheets; a good deal of discussion will happen at this point. Once it has come to a lull, move to the next question.*

How Do You See Me?

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Say, “Please don’t answer this next question aloud, just think about it in your own heads. But look around the room again at the headings. As you re-read them, ask yourself, what gender did you assume each of these people to be? How did you come to that assumption? What about race or ethnicity, what did you assume? Why?” (17 minutes)

STEP 3: Ask, “Where do we get these messages from – the idea that a person who is described in this way [indicate a header] is thought to be this way [indicated the brainstormed list]?” Probe for: The media, family, other friends, etc.

Ask, “Do you think there is pressure to fit into any of these categories? Which, and why? Why not?”

Ask, “When you read the lists, what do you see that has anything to do with sexuality?” After a few responses, ask, “How could these have an impact on a person’s sexual decision-making?” (A person who doesn’t feel good about themselves or their appearance may have sex before they want to or with someone they shouldn’t in order to feel better; someone who does not feel important may be so grateful to have someone interested in them they might not practice safer sex, someone who has such an inflated sense of their own importance that they feel entitled to sex, etc.)

Ask, “If someone were here right now who represented someone on one of these sheets, how do you think they would feel reading all these?” (Responses will depend on what is generated on each list, but there tends to be more negative reactions than positive). (9 minutes)

STEP 4: Ask students to take out a sheet of paper and something to write with. Say, “I’d like you to imagine these students are in the room right now. What would you want to say to them? You may wish to just keep one or two of them in mind. Don’t put your name on the paper, but write down what you’d say. What would you want to hear if any of these were you? I’ll give you about three minutes to write something down.”

After about 3 minutes, collect what the students wrote, mix them up, and then redistribute them to the class. Go around the room and ask each student to read aloud what is on their sheet, not disclosing whether they coincidentally received their own. (7 minutes)

STEP 5: Once everyone has gone, ask students, “What did you hear conveyed in the sentiments shared? What are we hoping to communicate to students who are made to feel a certain way because of how they look or what they do?” [Answers will depend on individual student responses].

Say, “By the time students are your age, they’ve gotten a lot of messages about how they are supposed to look and behave; about what they’re supposed to be interested in, and whether and how to express themselves. Some of these messages are positive and empowering, and will serve you all well throughout your lives. Others, however, are limiting and will make you question yourself.

Try to remember, always, that you have the right to express yourselves in ways that resonate with who you are –no one else has the right to judge you for how you present yourself or whether or how you choose to be in a relationship. No matter your appearance, your grades, your gender, your sexual orientation, your body size, etc. you are ALL worthy of love. Each of you is special for exactly who you are.”

How Do You See Me?

*A Lesson Plan from Rights, Respect,
Responsibility: A K-12 Curriculum*

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

This lesson is primarily an affective lesson; as a result the lesson as a whole fulfills all of the learning objectives. Teachers will have to assess impact during the class session.

HOMEWORK:

None.

This lesson is based on an activity attributed to Konnie McCaffree, PhD.

Getting Savvy about STI Testing

*A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum
Fostering responsibility by respecting young people's rights to honest sexuality education.*

NSES ALIGNMENT:

By the end of 12th grade, students will be able to:

SH.12.SM.1 – Analyze individual responsibility about testing for and informing partners about STDs and HIV status.

SH.12.ADV.1 – Advocate for sexually active youth to get STD/HIV testing and treatment.

TARGET GRADE:

High School – Optional Lesson 9

TIME: 50 Minutes

MATERIALS NEEDED:

- Desktop or Laptop Computer with internet access
- LCD projector and screen
- Speakers to project sound from videos
- White board and markers
- Extra pencils in case students don't have their own
- Copies of "Worksheet: Getting Savvy about STD Testing" – one per each group of three students

ADVANCE PREPARATION FOR LESSON:

- Ask the IT person at your school to make sure you can access the website, <https://www.youtube.com/watch?v=89Cqx18fFb8>. Go to the website ahead of time and preview the STD Zombie public service ad from Get Tested Omaha.
- Ask the IT person at your school to make sure you can access the website, <https://gettested.cdc.gov/> and preview it to make sure when you enter your zip code, some STD testing options come up. Your students will need to locate those testing options during this lesson.
- Ask the IT person at your school to make sure you can access the website, <https://vimeo.com/43631114> and either stream it from the web or download and save it to your desktop. It is important to preview the five minute video so you can lead a discussion about it with your students.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. List at least two reasons why a person might choose to get tested for STDs, and at least two reasons why they might choose not to. [Knowledge]
2. Identify at least two resources for STD testing in their own community. [Knowledge]
3. Describe the rights young people have regarding STD testing including confidentiality and the quality of care they should receive from the provider. [Knowledge]

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun "they" instead of "her" or "him", using gender neutral names in scenarios and role-plays and referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom, and should make adjustments accordingly.

Getting Savvy about STI Testing

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

PROCEDURE:

STEP 1: Tell the students that you will be talking today about STDs, specifically the importance of getting tested. Play the STD Zombie video. When the clip is over, ask students, “Okay, so this is intended to be funny, but it also brings up an important point – the zombie really wanted to eat the person, but didn’t because they hadn’t been tested. What did you think of that?” (5 minutes)

STEP 2: Say, “STD testing can be complicated. There are reasons why people choose to get tested, and reasons why people choose not to.” As you are speaking, write on the board, “Why people get tested” and to the right of that “Why people DON’T get tested,” with a decent space between the two. Underline both.

Ask, “What are some of the reasons why someone might choose to get tested?” Write these on the board beneath the first heading, probing for:

- Because they had unprotected sex with someone and are now thinking they should get tested.
- Because they thought they and their partner were in a monogamous relationship (only having sex with each other) and found out later that their partner was having sex with other people.
- Because they started to experience some symptoms and didn’t know if that meant they had an STD.
- Because they were sexually assaulted and need to know whether it resulted in an STD of some kind.
- Because they’re excited about starting a new relationship and want to show their partner that they care about them.

Ask, “If there are all these reasons why people would want to get tested, why do you think anyone would choose not to?” Record these answers in the next column, probing for:

- Because they don’t want to know (discuss why people might not want to know)
 - Because they are worried about the actual test itself being painful or uncomfortable.
 - Because they’re scared of doctors’/clinicians’ offices (or needles)
 - Because they’re worried that if they have an STD they’ll never be able to have sex again.
 - Because they’re nervous their parents will find out.
 - Because they don’t have transportation to get to the clinic
 - Because they don’t have insurance or think they can’t afford to get tested.
- (10 minutes)

STEP 3: Tell students to get into small groups with two or three people they are seated near. Give each small group a copy of the worksheet “Getting Savvy about STD Testing” and have each person in the group write their name at the top. Explain by saying, “Each group will be assigned one of the reasons people may have for not wanting to get tested for STDs. Their task is two-fold. First they are to come up with at least two things someone could say in response to encourage them to get tested. They should write these responses down on their group’s worksheet. Then, part two is to go to the following website on your phone or the class computer.

Getting Savvy about STI Testing Lesson

Plan from *Rights, Respect, Responsibility: A K-12 Curriculum*

Note to the Teacher: Write the website on the board while you are talking - <https://gettested.cdc.gov/>

Then write down two possible locations nearby where a teen could get tested for STDs. They should also write the name and location of the two STD testing sites on their group's worksheet." Go through each of the bullets on the list that's generated for why people might not want to get tested and assign one to each of the small groups.

Note to the Teacher: The number of small groups and number of reasons will differ for each class. It's okay if more than one group is working on the same reason as this will just generate a wider variety of responses.

Give students 10 minutes to complete their two-part task. (5 minutes)

STEP 4: After ten minutes has passed, gather students' attention and have them stop working. Have each small group share their reason, one of their responses and one of the community resources they found for STD testing. Continue until you have heard from each small group. Process the activity by asking the following questions and when discussion is done collect worksheets from each group.

- What was it like to do that?
- What was [insert responses] about it?
- What did you notice about the responses groups created? Did anything surprise you?
- What does this tell you about how you might support a friend who is nervous or hesitant to get tested for STDs? (20 minutes)

STEP 5: Say, "Knowing you should get tested for STDs and actually going to see a health care provider can be two different things. People have real concerns about what will happen during the test, how they will be treated by the staff and if their visit will be kept confidential. This next video will address some of those concerns." Play the following five minute video called Let's Talk about Sexual Health - <https://vimeo.com/43631114>. Once the video is over, process by asking students the following questions:

- What do you think of what you saw in the video?
- Did anything surprise you?
- Did you learn any new information from the video? If so, what was it?

Close the lesson by reminding students that the only way for someone to know whether they have an STD is to get tested, and that there are places in the community (insert the specific names and locations from the students' research) where teens can be tested. (10 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The first and second learning objectives will be accomplished during the group brainstorm and resulting small group activity. The third learning objective will be accomplished during the final video and subsequent discussion.

HOMEWORK:

None.

Worksheet: Getting Savvy about STI Testing

NAMES OF GROUP MEMBERS:

1) _____ 2) _____

3) _____ 4) _____

INSTRUCTIONS: Write the reason someone might not want to get tested for STIs you were assigned below. Then create two responses that will address their concern about being tested. Then go to the assigned website and find two STI testing locations that are nearby.

A) Reason why someone might not want to get tested for STIs we were assigned:

Response 1

Response 2

B) Two local STI Testing sites found on this website - <https://gettested.cdc.gov/> are:

1) _____

2) _____