



Selected Lessons from Rights, Respect, Responsibility Tailored to Align with the California Healthy Youth Act

Middle School

- Lesson 1 Blue is for Boys, Pink is for Girls
- Lesson 2 Sexual Orientation, Behavior and Identity
- Lesson 3 Everybody's Got Body Parts
- Lesson 4 Reproduction Basics
- Lesson 5 STI Smarts
- Lesson 6 HIV & AIDS (Written exclusively for CA)
- Lesson 7 Birth Control Basics
- Lesson 8 What If?
- Lesson 9 Warning Signs
- Lesson 10 Making SMART Choices
- Lesson 11 Let's Talk about Sex

High School

- Lesson 1 Understanding Gender
- Lesson 2 Sexual Decision-Making
- Lesson 3 Rights Respect Responsibility
- Lesson 4 Planning and Protection
- Lesson 5 Getting Savvy about STI testing
- Lesson 6 HIV Now – Testing and Treatment (Written exclusively for CA)
- Lesson 7 Know Your Options
- Lesson 8 Using Condoms Effectively
- Lesson 9 What Are My Reproductive Rights
- Lesson 10 Is It Abuse If?
- Lesson 11 My Life, My Decisions

Blue Is for Boys, Pink Is for Girls ... or Are They?

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:

Students will be able to:

ID.8.INF.1 – Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity.

TARGET GRADE: Middle School – Lesson 1

TIME: 50 Minutes

MATERIALS NEEDED:

- *3Rs Teacher's Guide* (pages 14-15 and 23-24)
- Projector and screen
- Computer with PowerPoint
- PowerPoint: "Boys or Girls"
- White board and markers
- Blank sheets of paper (one per student)
- **Homework:** "Martin and Tia" (one per student)

ADVANCE PREPARATION FOR LESSON:

Review the section in the *3Rs Teacher's Guide* on "Using Ground Rules with this Curriculum" (pages 14-15). Establish ground rules, group agreements, or classroom norms with your students prior to instruction and refer to them as often as needed.

Read through the *3Rs Teacher's Guide* on teaching about gender, gender identity, and sexual orientation (pages 23-24).

LEARNING OBJECTIVES:

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

1. Name at least two stereotypes associated with why many people value the gender binary of "boys" and "girls."
[Knowledge]
2. Analyze at least two sources of gendered messages and expectations that exist within their culture. [Knowledge, Skill]
3. Describe at least one connection between gender expectations and discomfort around non-heterosexual orientations.
[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.

PROCEDURE:

STEP 1: Tell the students, "**We're going to be talking today about gender – how we understand our maleness, our femaleness or a combination of that – who we are and how we express that to others. Let's start with a quiz. I'm going to show you a series of pictures, and I'd like you to tell me whether, stereotypically, what you see is made for boys or girls. Now, notice I said 'stereotypically.'** So I'm asking you to think of which gender comes to your mind first when you see these."

On the white board, write the word "Boys" and underline it. About three

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feet to the right, write, "Girls" and underline it. As the students react to the PowerPoint, you will record their responses on this list.

Begin to show the PowerPoint "Boys or Girls?" At each slide, pause and ask the class whether they feel each of the images has to do more with boys or girls. As they assign a gender or genders to a particular image, record the name of the image under the appropriate header you wrote on the board (such as writing "truck" under "boys").

Once you have gone through Slide 9, ask the students to look at what's listed on the board. Ask, "**How did you know whether to name a particular thing as a 'girl' thing or a 'boy' thing?**" You will likely hear things like, "that's just the way things are," or "I know what I like and chose that way." (10 minutes)

STEP 2: Tell the class that you are going to ask them to come up with examples of messages they have received about gender so far in their lives. Explain that these messages don't necessarily need to be about their own gender, but they have to be about gender.

Provide an example from your own life growing up – or, if you do not wish to disclose, you may say, "**Sometimes, when there is more than one gender of child growing up in a family, they will be treated differently because of their parents' or caregivers' feelings about gender. For example, a boy in a family is allowed to stay out later with friends or have more independence than his sister, regardless of their ages. For this activity, using that case, I would write down 'it's more okay for boys to stay out late than it is for girls,' as well as 'parents/ caregivers' as the source of that message.**"

Break the class into pairs and distribute the blank paper. Then ask them to write down at least 5 messages as well as the source or sources of those messages. Tell them they have about 5 minutes in which to do this. (8 minutes)

STEP 3: After about 5 minutes, ask students to provide some of their responses. Write several of the messages on the board, and next to them, the source(s) of those messages. Ask other students whether they came up with similar messages and add check marks to show common experiences.

As students identify their sources of messages, feel free to ask whether other parts of the culture provide messages about gender, too. For example, if no one mentions religious institutions, ask whether they can think of any examples. If they can't, ask whether anyone is Catholic, and then whether women can be priests. If the media is not mentioned, ask what kinds of gender images they notice on TV, in movies, and in music videos.

Although each class may come up with different examples based on individual students' life experiences, some examples you may hear or probe for include but are not limited to:

MESSAGE

SOURCE(S)

-
- | | |
|--|--|
| • In male-female relationships, the guy should be the one to ask the girl out. | Parents, media |
| • Boys are supposed to be tough and not show emotion | Family, friends, media |
| • Boys are supposed to always want to have sex, and girls are supposed to not want to have sex and fight them off. | Family, culture, media, religious groups |

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(10 minutes)

STEP 4: Continue the PowerPoint to Slide 10. As you click through the slides, pausing briefly on each one, say, **"We talked earlier about certain things that people often associate with a particular gender. These pictures show some examples of people breaking those stereotypes. As you look at them, I'd like you to think about what your reaction is. How does seeing these make you feel?"**

Continue through Slides 11-18. After the last slide, ask the students for reactions. Be sure to notice any audible reactions you heard to the pictures; if there was a particularly strong reaction to any, return to that picture and ask about it.

Go back to the "Boys" and "Girls" list on the white board that you generated earlier in the lesson. Go through the "Boys" list one by one and ask whether each is something girls could do. Put a check mark by the ones the class feels girls can do as well.

Then go to the "Girls" list. Go through each one and ask whether each is something boys could do. Put a check mark by the ones the class feels boys can do as well.

Compare the two lists and ask the students what they notice. While every discussion will be different, more often than not, there will be more things on the boys list that are checked off as also being what girls can do than there will be things on the girls list that boys can do.

Notice this for the students, and ask them why. Ask, **"If a girl does any of the things on the boys list, what are the consequences for her?"** Most of these consequences identified will be positive – such as, "boys are funny – if girls are funny, they'll have more friends." Some may be negative – such as, "boys are smart – if girls are too smart, they won't get a boyfriend because boys don't want to be made to feel dumb."

Once you discuss the girls list, and ask, **"If a boy does any of the things on the girls list, what are the consequences for him?"** you will hear things like, "he'll be called a punk," "people might think he's gay," etc. After each reaction, ask, **"Why do you think that is? Why is it that people are impressed by a girl who's a good athlete, but wonder whether a boy who's a strong ballet dancer is gay?"**

Allow the students some time to wrestle with these concepts, both among themselves and with you. Say, **"We've been talking during class about messages people get on how they should act as boys and girls—but as many of you know, there are also people who don't identify as boys or girls, but rather as transgender or gender queer. This means that even if they were called a boy or a girl at birth and may have body parts that are typically associated with being a boy or a girl, on the inside, they feel differently. Continue the powerpoint through slides 19-21.**

Think, for a moment, about the experience of hearing these gendered messages and feeling like you were a different gender? If you felt on the inside like you were a girl, but everyone perceived you as a boy and pushed you to be really masculine; or you felt on the inside that you were a boy and people pushed you to be more feminine. Or if you felt like you were both boy and girl, or somewhere in between boy and girl. What do you think that would be like?" (20 minutes)

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Note to the Teacher: *If you have a student in class who is openly transgender, this could be a wonderful opportunity for that student to share first-hand experience of how they have been responding to gender messages. If you were to ask this student to speak to their experience, be sure to talk with them ahead of class, don't put them on the spot without asking for their permission first.*

STEP 5: Say, "We've talked about some really complicated issues today! Keep thinking about this stuff as you go through your own lives. The most important thing to keep in mind is that every person has a right to express their gender as it makes most sense to them. No one has the right to make fun of someone else for how they express their gender." Distribute the homework assignment "Martin and Tia" and ask them to complete and return it during the next class. (2 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The large group brainstorm and paired activity will achieve Learning Objectives 1 and 2. The discussion that follows, as well as the homework assignment will reinforce these and also address Learning Objective 3.

HOMEWORK:

Have students complete the "Martin and Tia" homework sheet, which provides two versions of the same story in which gender roles are flipped and asks students to react to them.

Martin and Tia
Homework (Lesson 8-1)

Name: _____ Date: _____

Instructions:

- Read the following story about Martin and Tia.
- There are two versions of the story. Please read both, and then respond to the questions at the end.

VERSION ONE:

Martin and Tia go to the same school. One of Tia’s friends tells her that she heard from her boyfriend’s best friend that Martin likes Tia. Tia likes Martin too, but she would never say anything. She asks her friend to tell her boyfriend to say something to Martin, and that if Martin asked her out she’d say yes.

Martin hears from his friend that Tia is interested in him. He finds her outside of school at the end of the day and asks her if she wants to hang out during the coming weekend, and Tia says yes. When he asks her what she wants to do, Tia says, “I don’t know, whatever you want.”

Martin picks out a movie he’s been wanting to see – the new Avengers movie. He texts Tia to meet him at the movie theater. When she gets there, he’s already bought the tickets, then holds the door open for her. Tia is really not interested in seeing the Avengers movie but goes along with it because Martin has already bought the tickets. He buys them both popcorn, and when they sit down in the theater and the lights go down, Martin puts his arm around Tia. Tia really wants Martin to kiss her, but she doesn’t say anything.

VERSION TWO:

Martin and Tia go to the same school. One of Martin’s friends tells him that he heard from his girlfriend’s best friend that Tia likes Martin. Martin likes Tia too, but he would never say anything. He asks his friend to tell his girlfriend to say something to Tia, and that if Tia asked him out he’d say yes.

Tia hears from her friend that Martin is interested in her. She finds him outside of school at the end of the day and asks him if he wants to hang out during the coming weekend, and Martin says yes. When she asks him what he wants to do, Martin says, “I don’t know, whatever you want.”

Tia picks out a movie she’s been wanting to see – a love story that all her friends have said will make her cry like a baby. She texts Martin to meet her at the movie theater. When he gets there, she’s already bought the tickets, then holds the door open for him. Martin is really not interested in seeing a romantic movie, but goes along with it because Tia has already bought the tickets. She buys them both popcorn, and when they sit down in the theater and the lights go down, Tia puts her arm around Martin. Martin really wants Tia to kiss him, but he doesn’t say anything.

QUESTIONS:

1. Which of the versions feels more familiar or realistic? _____

2. Could Version Two ever happen in a relationship between a guy and a girl? Why or why not?

3. If you were to create your own version of this story, how would you combine the two? What would you change or keep? Why would you make these changes?

Boys or Girls?

















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What If...?

















**Transgender or
Genderqueer
(Gender Identity)**

Gender Identity:

**A person's internal sense of
their gender.**

Gender Expression:

A person's outward presentation of their gender usually involving personal style, clothing, hairstyle and body language.

Sexual Orientation, Behavior and Identity: How I Feel, What I Do, and Who I Am

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:

Students will be able to:

ID.12.CC.2 – Distinguish between sexual orientation, sexual behavior and sexual identity.

TARGET GRADE:

Middle School – Lesson 2

TIME: 50 Minutes

MATERIALS NEEDED:

- Teacher's Resource: *Yellow Flag Language*
- Projector and screen
- Computer with PowerPoint
- PowerPoint: "*Understanding Sexual Orientation*"
- "*Yellow Flag Language*" chart on butcher paper, prepared as described
- Masking tape
- White board and marker
- "*Sexual Orientation: Myth or Fact?*" worksheet (one per student)
- "*Sexual Orientation: Myth or Fact?*" Answer Key (one per student)
- "Resources for Students about Gender Identity and Sexual Orientation" (one per student)
- **Homework:** "*Who Do I Know?*" (one per student)

ADVANCE PREPARATION FOR LESSON :

- Prepare and post a sheet of butcher paper with "Yellow Flag Language" on it and a drawing of a yellow flag next to the word "language" on the front board, over to the right side of the board so it isn't the main focus of the lesson. Fold the bottom up and tape it to the top so that students cannot see what is written on it when they come in.

LEARNING OBJECTIVES:

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

1. Name at least three different sexual orientations. [Knowledge]
2. Describe the three components of sexual orientation (orientation, behavior and identity) and how they are unique from and connected to each other. [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.

PROCEDURE:

STEP 1: Tell students that today's lesson is going to be about sexual orientation. Say, "**There's a lot of discussion in the media right now about sexual orientation – some of which is true, some of which isn't. Today's class is going to look at some of the language around sexual orientation and correct a lot of the misinformation that's out there.**"

Go to your "Yellow Flag Language" chart and take down the bottom half of the paper to reveal what is written there. Ask the class, "**When you see a yellow flag out in the world – like by a construction site – what does that tend to mean?**" Probe for the term or concept of "caution." Say, "**A lot of times people are taught certain language around sexual orientation that is outright offensive or wrong – and other times, there are words that are sometimes okay and sometimes not. So depending on who or where we are, we may need to exercise caution before using them.**"

Sexual Orientation, Behavior and Identity: How I Feel, What I Do and Who I Am

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As we go along, it's very possible that some of these words or phrases will come up. If I hear one – and if I use one, which I may do as I go through today's lesson – I'm going to walk over here and put that word or phrase up on the list. If you've used a word or phrase and you see me put it up, please know you've done nothing wrong – you've actually helped me teach!" (3 minutes)

STEP 2: Start the “*Understanding Sexual Orientation*” PowerPoint and with the Slide 1 visible, ask, “**Let's start with that term itself – what comes to mind when you hear ‘sexual orientation’?**” Possible answers you might hear include:

- Who you like
- Who you're attracted to
- Who you have sex with
- The first time you have sex
- Your sexual preference*

Write responses on the board. If any yellow flag language words (marked with an asterisk*) are shared, walk over to the “Yellow Flag Language” chart and record them there. Tell the class you'll come back to these terms later.

Go to Slide 2 and read the definition there. Say, “**Two things should stand out to you about this definition – what do you think they are?**” After eliciting a few responses, go to Slide 3 and point out the two key points about the definition: that people can be attracted to more than one sex or gender, and that it's about who you love – so you can know what your sexual orientation is even if you've never had sex or been in a relationship before. Explain that if you're in between relationships you don't stop being the orientation you are.

Ask, “**What names do we have for various categories of sexual orientation? For example, if someone is attracted only to people of a different sex, what might that person call themselves?**” (Probe for “heterosexual.” Chances are, you will hear “straight.” Be sure to say, “Straight – or heterosexual” as you put “straight” up on the yellow flag language list). Ask for other ideas, which may include:

- Straight*
- Gay
- Lesbian
- Homosexual*
- Bi or Bisexual
- Queer*
- Pansexual
- Asexual

***Note to the Teacher:** The last three may not come up at all, and it's up to you as to whether you wish to explain them to your students. Some classes will need very basic information, while others may know a bit more or be a bit more knowledgeable and/or mature and thus be able to discuss the last two or three terms.*

Sexual Orientation, Behavior and Identity: How I Feel, What I Do and Who I Am

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Once the list is up, go to Slide 4 and ask students what they think each term means. Probe for:

- **Heterosexual** – Someone who is only attracted to people of a different gender
- **Lesbian** or **gay** – Someone who is only attracted to someone of their same gender
- **Bisexual** – Someone who may be attracted to people of their own gender AND to people of a different gender.

Note to the Teacher: If you choose to describe “pansexual” or if a student has used that term, this would be the time to explain what it means – that bisexual technically means “two” and pansexual means “many.” So people who are attracted to more than two genders – including transgender individuals – may use the term “pansexual” rather than “bisexual.”

- **Queer*** – This term can be used in a number of positive ways: Someone may feel like the other categories are too restrictive and don’t describe them accurately, or someone may wish to take back the negative meaning of the word and use it as a positive way of describing who they are. (Students often struggle with this term due to its prior negative use.)
- **Asexual** – If this term comes up, you would define it as someone who does not have feelings of sexual attraction. An asexual person can still fall in love with and be in romantic relationships with other people, but these relationships do not include a sexual relationship.

Note to the Teacher: Some students will add in “transgender,” mostly because they have seen the acronym “LGBT.” Be sure to tell them that being transgender is not about sexual orientation or who we are attracted to, but it is about how we understand our gender. For instance, a transgender male also has a sexual orientation; he can identify as straight, gay, bisexual, queer, etc.

(12 minutes)

STEP 3: Go through Slides 5–8 to explain the concepts of Orientation, Behavior, and Identity. Then continue through Slides 9–16 to discuss the examples.

*Note to the Teacher: In the examples provided on the PowerPoint, students will be asked to describe how they think a student identifies based on the examples given. If you ask, “**How does this person identify?**” and a student says, “Confused!” it will be important to stop and talk about that so that all students feel safe and accepted. A helpful response might be, “**Actually, that person isn’t confused – someone who doesn’t feel the same way might be because it’s not them. But people feel the way they feel – it’s not anyone else’s right to label or judge others.**”*

Ask for reactions and questions from the students (there may be a lot!). Students may also be very quiet—this is a lot of information—and it may confuse or overwhelm others.
(10 minutes)

STEP 4: Say, “**There’s a lot of talk in the media about people of all different sexual orientations. Some of it is true, and a lot of it is incorrect. Let’s do an activity now to take a look at some accurate information about sexual orientation and identity.**”

Sexual Orientation, Behavior and Identity: How I Feel, What I Do and Who I Am

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Distribute the “*Sexual Orientation: Myth or Fact?*” worksheet to each person. Tell them they have about 5 minutes in which to complete it individually.

After about 5 minutes, call time and ask them to pair up with someone sitting nearby to compare their answers. If there are questions where their answers don’t match, ask them to circle them to discuss in the larger group. (7 minutes)

STEP 5: Using the “*Sexual Orientation: Myth or Fact?*” Answer Key, go through each question, asking different students to volunteer their answers. Have the class follow along and correct any they may have gotten incorrect. (13 minutes)

STEP 6: Say, “*Before we finish up, I want to come back to this Yellow Flag Language list here on the board.*” Go through each of the terms that are up there, supplementing as necessary from the Teacher’s Resource: *Yellow Flag Language*. Once you have gone through them all, ask if there are any other terms students have heard and if so, add them to the list and talk about why they should be used with caution.

Note to the Teacher: *Students may use derogatory terms here, such as “faggot” or “dyke” or “homo.” If any of these are used, be sure to explain that they are red flag words, not yellow flag words, and should never be used because they are offensive.*

Distribute the “Resources for Students about Gender Identity and Sexual Orientation” handout. Distribute and explain the “*Who Do I Know?*” homework assignment. Ask students to hand it in during the next class session. (5 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The content provision of the lesson is designed to be an interactive lecture. As such, the contributions of the class and responses to probing questions will be used by the teacher to ensure they have achieved Learning Objectives 1 and 2.

HOMEWORK:

“*Who Do I Know?*” homework sheet.

Note: The Orientation, Behavior, and Identity concept has been used by many sexuality educators over the years and is not an original concept to this curriculum. Original author of framing orientation in this way is unknown.

Teacher's Guide: *Yellow Flag Language*

The following is a guide to some of the terms relating to sexual orientation that belong on the yellow flag list and therefore should be used with caution. If some or none of these are used by the students in class, be sure to add them to the list yourself and explain them to the class.

YELLOW FLAG TERM	RECOMMENDED TERM	REASON(S)
Homosexual	Gay or Lesbian	<p>“Homosexual” was used as a mental health diagnosis until the early 1980s when it was no longer seen as a mental disorder by the American Psychological Association.</p> <p>Today, “homosexual” is often shortened to “homo,” which is used as an insult to people who are or are perceived to be gay (or to heterosexual people to mean they are stupid, like “that’s so gay”).</p> <p>Yet, it is also an accurate category of sexual orientation that some people still use. If someone identifies as “homosexual,” someone else can’t say “you can’t use that term.” It’s their right to use whatever term feels right to them.</p>
Straight	Heterosexual	<p>The opposite of “straight” is “bent” or “crooked.” This can imply that there is something wrong with someone who is not heterosexual.</p>
Sexual Preference	Sexual Orientation	<p>“Preference” is a term that’s used only about non-heterosexual orientations. It is intended to minimize those who are anything other than heterosexual by implying that their orientation is simply something they prefer rather than who they are.</p> <p>This is a “yellow flag” term because bisexual and pansexual people may say, “I am attracted to people of all genders, but I tend to prefer being in relationships with _____.” In this case, the use of the word “preference” is correct.</p>

Teacher's Guide: *Yellow Flag Language*

YELLOW FLAG TERM	RECOMMENDED TERM	REASON(S)
Choice	It depends on: Orientation Behavior Identity	<p>Implying that a person's orientation is a choice is offensive. Heterosexual people do not choose to be heterosexual, it's who they are. Similarly, lesbian, gay, bisexual and other people do not choose to be their orientation, they are who they are.</p> <p>People do not choose their orientation (their feelings of attraction). They DO, however, choose how, whether, and with whom they act on their feelings (behavior). They also choose what to call themselves (identity). This is why "choice" is a cautionary word and depends on how it is used.</p>
Sexual Lifestyle or Gay Lifestyle	Sexual Orientation	<p>"Lifestyle" refers to the manner in which a person lives their life. There is no such thing as one heterosexual lifestyle. Heterosexual people live very diverse lives. They have all different kinds of jobs. They are in short- and long-term relationships, they marry, they divorce, they have children, they travel, etc.</p> <p>Lesbian, gay, bisexual and other people also lead very diverse lives. They have all different kinds of jobs. They are in short- and long-term relationships, they marry, they divorce, they have children, they travel, etc.</p> <p>"Lifestyle" or "gay lifestyle" is a term used to make heterosexual people feel afraid of and disgusted by non-heterosexual people by creating stereotypes about how they live. When someone is depicted as different and less than human, it is easier to discriminate against them. Therefore, sexual orientation is always preferred over these terms.</p>
Queer	Queer, if...	<p>Many people who belong to social or power minority groups will sometimes use offensive terms among themselves in order to defuse the negative power of these words. Many lesbian, gay, bisexual and other people identify as "queer" and many do not. Some will call each other "fags" and "dykes," which we consider to be red flag words. This will be confusing to heterosexual people who don't understand why it is offensive when they do the same.</p> <p>As a general rule, it is best to use lesbian, gay, bisexual, and heterosexual. Do not use "queer" or any other term unless a person tells you that that is how they prefer to be identified.</p>

SEXUAL ORIENTATION: MYTH OR FACT?

Name _____ Date _____

Instructions: Decide whether each of the statements is a myth or a fact and circle the corresponding response.

1. You can tell whether someone is heterosexual, lesbian or gay, or bisexual by the way they look or act.

MYTH

FACT

2. Most people know what their sexual orientation is by the time they are 13 years old.

MYTH

FACT

3. The way parents raise their children determines whether a child is heterosexual, lesbian or gay, or bisexual.

MYTH

FACT

4. If you try really hard, you can change your sexual orientation—regardless of whether you are heterosexual, lesbian or gay, or bisexual.

MYTH

FACT

5. In a same-sex relationship, one person always plays a “male” or “butch” role, and the other always plays a “female” or “femme” role.

MYTH

FACT

6. The majority of people in the world with HIV or AIDS are gay men.

MYTH

FACT

7. With the 2015 U.S. Supreme Court Decision on marriage equality, lesbian, gay, and bisexual people now have all the same legal rights as heterosexual people.

MYTH

FACT

SEXUAL ORIENTATION: MYTH OR FACT?

Answer Key

1. You can tell whether someone is heterosexual, lesbian or gay, or bisexual by the way they look or act.

MYTH

The answer here is actually “not necessarily.” Sometimes a person will act in a way that fulfills stereotypes about a heterosexual, lesbian or gay, or bisexual person. But people act, speak, and dress in all different ways, regardless of their sexual orientation. They have many different kinds of families, jobs, and interests. So while someone may guess correctly that a person is a particular sexual orientation, they could guess the same about someone with similar characteristics and be completely wrong. When in doubt, ask—or better yet, wait for them to share with you who they are. We all have a right to decide when we want to share personal information about ourselves with others.

2. Most people know what their sexual orientation is by the time they are 13 years old.

MYTH

It's different for everyone. Some people know their sexual orientation from a very young age. Many children who do not end up identifying as heterosexual say they had a sense of being “different” growing up, but they didn't necessarily have the language to articulate it. Others are sure they are one orientation, and then they come to discover later that they are something different. Still others know very well what orientation they are but act in ways that will enable them to conceal it. This is particularly risky when it comes to safer sexual behaviors; for example, if someone were to get pregnant or get someone pregnant in order to hide that they are not heterosexual.

3. The way parents raise their children determines whether a child is heterosexual, lesbian or gay, or bisexual.

MYTH

The vast majority of lesbian, gay, bisexual, heterosexual, and other people were raised by heterosexual parents or caregivers. Similarly, there are lesbian, gay, bisexual, and other parents and caregivers who raise heterosexual children. A parent or caregiver does not determine a child's orientation by how they behave with their child, by their own orientation, or by the activities their children do at home or out in the world. (For example, playing with dolls does not “make” a boy gay—he may be and he may not be, but his orientation was already determined before he started playing with dolls.)

4. If you try really hard, you can change your sexual orientation—regardless of whether you are heterosexual, lesbian or gay, or bisexual.

MYTH

Nope. You can change your BEHAVIORS, you can change your IDENTITY—but you can't

change your ORIENTATION or how you feel. Feelings of attraction are discovered, not chosen. Sexual or attraction orientation isn't something a person can turn on and off like a light switch. We don't choose who we are attracted to. Sometimes we can discover new feelings of attraction—for example, always being attracted to one gender and then finding someone or others of a different gender attractive later in life. That is different from sitting down and trying to change the way you feel—or from going to therapy or to church to try to influence your feelings. That does not work and can end up doing real psychological or emotional harm.

5. In a same-sex relationship, one person always plays a “male” or “butch” role, and the other always plays a “female” or “femme” role.

MYTH

Like in question number one, this is also a “not necessarily” answer. Most societies are stuck in a binary gender perspective—meaning that there needs to be a man figure and a woman figure in a relationship for it to work. As a result, people will look to a stereotypically “masculine” person to fulfill the “male” role in a same-gender relationship and a “feminine” person to fulfill the “female” role. In some relationships people do express characteristics that may be judged by some to be either “masculine” or “feminine”, but gender doesn't necessarily determine this. For example, in a different-gender relationship, a female partner may support the family financially while her male partner is a stay-at-home dad and raises the children. In a lesbian or gay relationship, one partner may make more money and the other may stay home and raise children. It is circumstance that causes these decisions to be made, not the desire to “be like a man” or “be like a woman.”

6. The majority of people in the world with HIV or AIDS are gay men.

MYTH

Approximately 37 million people around the world are living with HIV or AIDS. Women and children make up about half of those cases, and men make up the rest. The vast majority of people living with HIV around the world are women who contracted HIV from a male partner. Also, keep in mind that many people have same-sex behaviors but do not identify as gay or lesbian.

7. With the 2015 U.S. Supreme Court Decision on marriage equality, lesbian, gay, and bisexual people now have all the same legal rights as heterosexual people.

MYTH

The U.S. Supreme Court decision granting the right for same-sex couples to marry throughout the United States only applies to the right to legally marry. In many states, lesbian, gay, and bisexual people can still be discriminated against in the workplace, in housing situations, and in medical settings. The right to marry was huge decision relating to equal rights, but there is much work left to do to eliminate prejudice and stigma for lesbian, gay, and bisexual people.

RESOURCES FOR STUDENTS ABOUT GENDER IDENTITY AND SEXUAL ORIENTATION

WEBSITES

thetrevorproject.org

genderspectrum.org

gsanetwork.org/ca

glsen.org

HOTLINES

1-866-488-7386 - Trevor Project

(510) 788-4412 - Gender Spectrum

(415) 552-4229 - GSA Network-CA

Who Do I Know?
Homework (Lesson 8-2)

Name: _____ Date: _____

Instructions: Please complete the questions below, using people in your own life or people you have seen in the media, whose sexual orientations you know and who represent more than one of the orientations we discussed in class (also listed below). What have you learned from these people about what it is like to be their sexual orientation?

1). Name: _____

How You Know Them: _____

Are they: Heterosexual Lesbian Gay Bisexual Queer

Other: _____

What is one thing you learned about being that orientation from this person?

1). Name: _____

How You Know Them: _____

Are they: Heterosexual Lesbian Gay Bisexual Queer

Other: _____

What is one thing you learned about being that orientation from this person?

1). Name: _____

How You Know Them: _____

Are they: Heterosexual Lesbian Gay Bisexual Queer

Other: _____

What is one thing you learned about being that orientation from this person?

Everybody's Got Body Parts

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:

Students will be able to:

AP.8.CC.1 – Students will be able to describe the male and female sexual and reproductive systems including body parts and their functions.

TARGET GRADE:

Middle School – Lesson 3

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with Internet and audio equipment
- White board and markers
- *“Female and Male Sexual and Reproductive Systems”* worksheets (enough for groups or 2-3 students)
- **Homework:** *“Female and Male Sexual and Reproductive Systems Crossword Puzzles”* (one per student)
- *“Female and Male Sexual and Reproductive Systems Crossword Puzzles”* Answer Keys

ADVANCE PREPARATION FOR LESSON:

- Go through the following websites and videos, which you will use to provide the answers to the activity in this lesson:
<http://kidshealth.org/en/teens/female-repro.html>
http://kidshealth.org/teen/sexual_health/guys/male_repro.html
<https://medlineplus.gov/ency/anatomyvideos/000121.htm>
- Make sure your computer is queued to these videos right before class.
- Prepare an anonymous question box, if you don't have one already.

LEARNING OBJECTIVES:

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

1. Name at least two parts of the female and male internal and external sexual and reproductive systems. [Knowledge]
2. Describe the function of at least two parts of the female and male internal and external sexual and reproductive systems. [Knowledge]
3. Demonstrate a basic understanding of the menstrual cycle and of where sperm is made and how it leaves the body. [Knowledge]
4. Demonstrate an understanding of body image and how changes in bodies' appearance and performance is a normal part of growing up. [Knowledge]

A NOTE ABOUT LANGUAGE:

You will notice that this lesson refers to “male” and “female” anatomy. We use these terms for clarity's sake to refer to biological sex or the sex a person was assigned at birth based on their anatomy (for example, a baby born with a vulva is likely to be called a “girl”). At the same time, however, it is important to avoid assuming that all of your students' gender identities will match their sexual anatomy. Referring to people with particular body parts (such as “a person with a vulva”) will create a more inclusive classroom than “female anatomy.”

Everybody's Got Body Parts

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

PROCEDURE:

STEP 1: Introduce the topic by explaining that students likely have learned a lot about their bodies over the years, but that now that they're older, we are going to focus a bit more on their sexual and reproductive body parts. (2 minutes)

STEP 2: Explain to the class that they are going to be put into small groups to complete two worksheets on the sexual and reproductive systems for people who were born with certain body parts and assigned "female" or "male" at birth. Tell them that the sheets have word banks at the bottom and that they need to make those words fit into the images provided. Have the students get into groups of 2 or 3, distribute one worksheet (printed front and back with Female and Male) per triad/pair, and tell them that they have 15 minutes in which to complete it. (15 minutes)

Note to the Teacher: You know your students best in terms of what will distract them or make them feel uncomfortable. If you were to choose to break them into same-sex pairs or triads, this would be one activity in which doing so can be helpful. Before doing so, however, please review our piece on the pros and cons of separating by gender in the Teacher Background.

STEP 3: Once the students have completed this activity, click on the link to the presentation, "The Female Reproductive System," at <http://kidshealth.org/en/teens/female-repro.html>. Click through Slides 1-6 and either read or ask a student to read the descriptions that are listed there. Tell the students to check their worksheets as you go along to make sure they have the answers correct. Once you have gone through all of the descriptions in Slides 1-6, pause and ask the students if they have any questions. Next, click through Slides 7-12 which is about the external female sexual and reproduction system. Like the internal system, the descriptions for each part should be read aloud, either by the teacher or different students. Once they have gone through all of them, ask whether there are any questions. Finally, scroll down to the "More on this Topic" section and click on "All About Menstruation". This part has a narrated explanation; so simply hit "play". At the end, ask whether there are any questions. (10 minutes)

STEP 4: Click on the link to "The Male Reproductive System," at http://kidshealth.org/teen/sexual_health/guys/male_repro.html. Click on Slides 1-11 and either read or ask a student to read the description that is listed there. Tell the students to check their worksheets as you go along to make sure they have the answers correct.

Note to the Teacher: The available online visuals did not include the Cowper's Gland. Please use the worksheet provided as a guide to indicate on the visual where the Cowper's Gland is located. Explain to the students that this is where pre-ejaculate is made, which is designed to both clean out and lubricate the inside of the urethra before the sperm-filled semen passes through it.

Next, go to <https://medlineplus.gov/ency/anatomyvideos/000121.htm> and click on the link to play the video about the path of the sperm. Ask whether the students have any questions. (10 minutes)

STEP 5: Ask students if they've noticed changes happening to their body, such as favorite clothes not fitting, body parts different shapes and sizes than they were before, or pores on their face seeming to come out of nowhere. Assures students that changes in their bodies' appearance and performance — even such minor details as the way they smell — are

Everybody's Got Body Parts

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

all perfectly normal parts of growing up. Say, **"You might become more aware of looks right around the time your bodies begin changing. This can make physical changes difficult to deal with emotionally. Adjusting to a changing body is about more than just looks, though. Lots of teens base their self-image on how their bodies feel and perform."**

Ask students, **"So what can you do to help yourself adjust physically and emotionally to the changes that you are going through?"** Write their suggestions on the white board. Look for the following suggestions and add any to the list on the board that are not addressed:

- Beware — don't compare! Comparing ourselves with others is problematic because everyone develops differently and at different times.
- Treat your body well. Making healthy choices about food and exercise is part of developing a mind and life of your own.
- Befriend your body. Get to know and love your new body.
- Walk tall — even if you're not! What people do notice is how you project your feelings about yourself.

Conclude the discussion by saying, **"If our bodies had owners' manuals, they'd tell us to keep them clean and provide them with fuel. But our bodies are human, too, and they do best when they're loved. Learning to accept and appreciate ourselves helps build resilience. People who are resilient are better able to deal with problems and bounce back from disappointment than people who are not. Resilient people usually make good decisions and choices. Accept and appreciate your body, no matter what it looks like right now, and — just like a good friend — it can do a lot for you in return!"** (8 minutes) (Adapted from TeensHealth Help! Is This My Body? <http://kidshealth.org/en/teens/help-body.html>)

STEP 6 Ask if there are any remaining questions. Distribute the "Female and Male Sexual and Reproductive Systems Crossword Puzzles" homework sheet and ask them to complete it before the next class session. (5 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT THE CONCLUSION OF THIS LESSON:

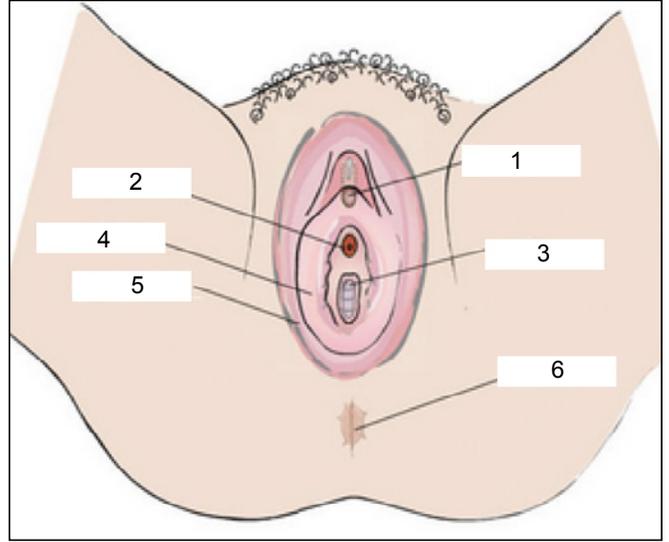
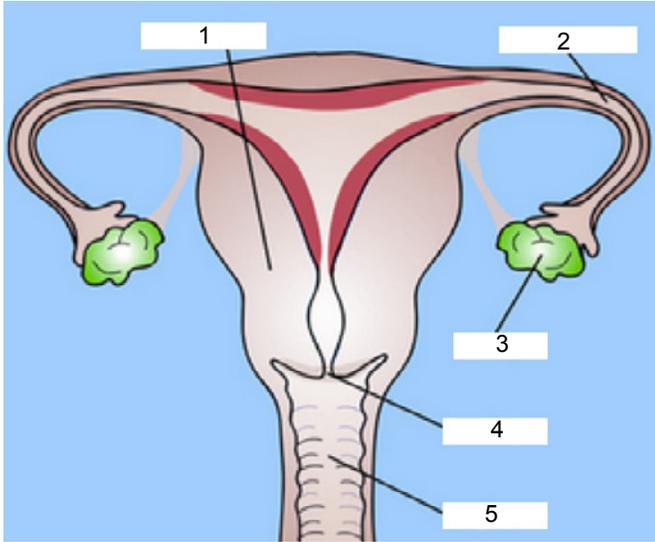
The homework assignment is designed to help the teacher determine whether the learning in class was retained by the students, thus achieving all Learning Objectives.

HOMework:

"Female and Male Sexual and Reproductive Systems Crossword Puzzles," to be completed by each student and handed in during the next class. See Answer Keys to correct the homework.

FEMALE SEXUAL AND REPRODUCTIVE SYSTEMS

Name: _____ Name: _____ Name: _____



(Images from www.kidshealth.org)

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

WORD BANK

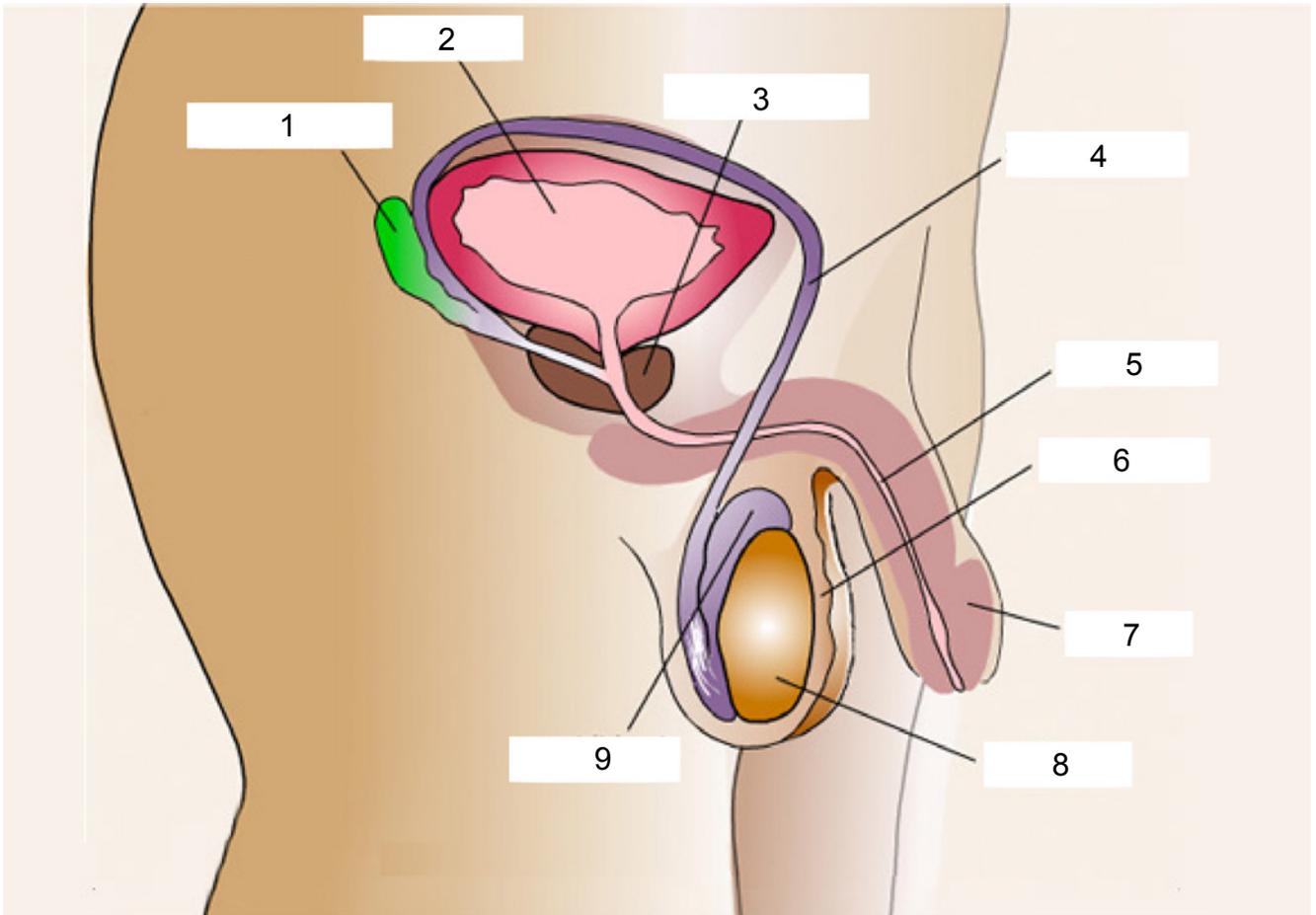
- Uterus
- Ovary
- Fallopian Tube
- Cervix
- Vagina

WORD BANK

- Vagina
- Clitoris
- Labia Majora
- Labia Minora
- Urethra
- Anus

MALE SEXUAL AND REPRODUCTIVE SYSTEMS

Name: _____ Name: _____ Name: _____



(Image from www.kidshealth.org)

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

WORD BANK

seminal vesicles

bladder

epididymis

testicle

penis

scrotum

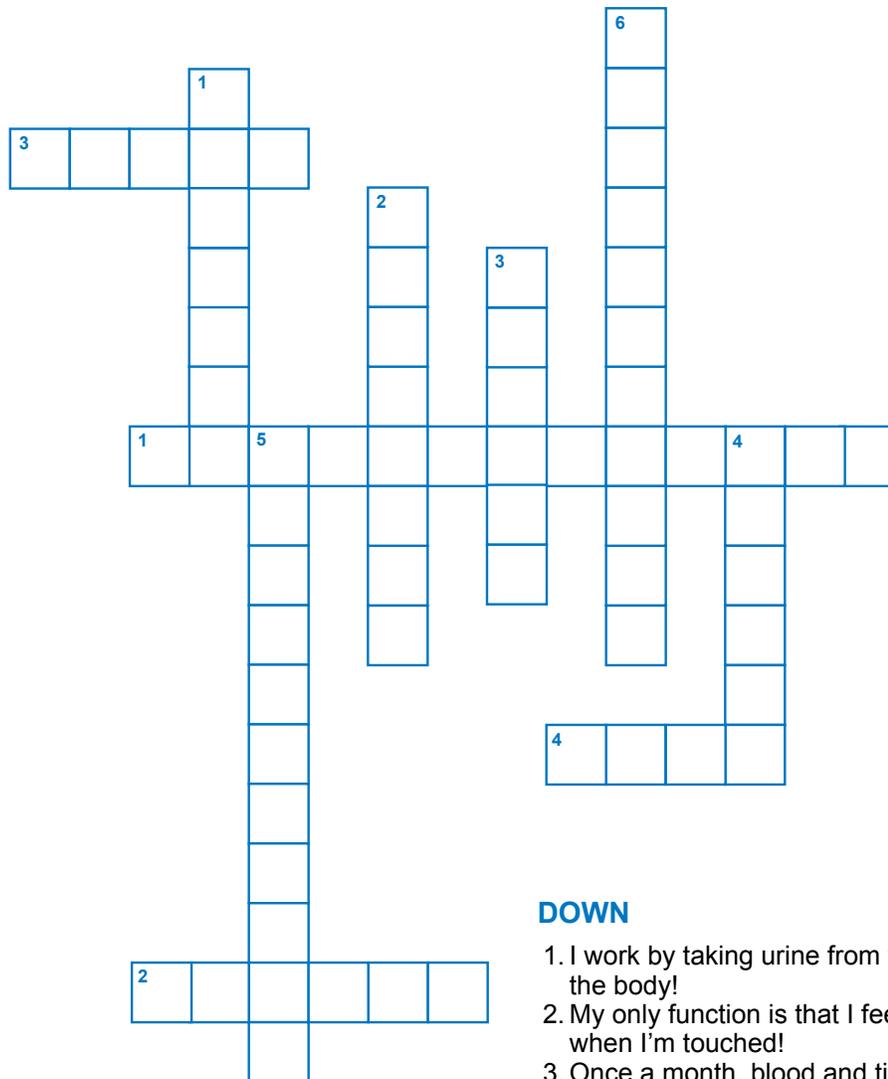
urethra

vas deferens

prostate gland

Female Sexual and Reproductive Systems Crossword Puzzle Homework (Lesson 8-3)

Name: _____ Date: _____



ACROSS

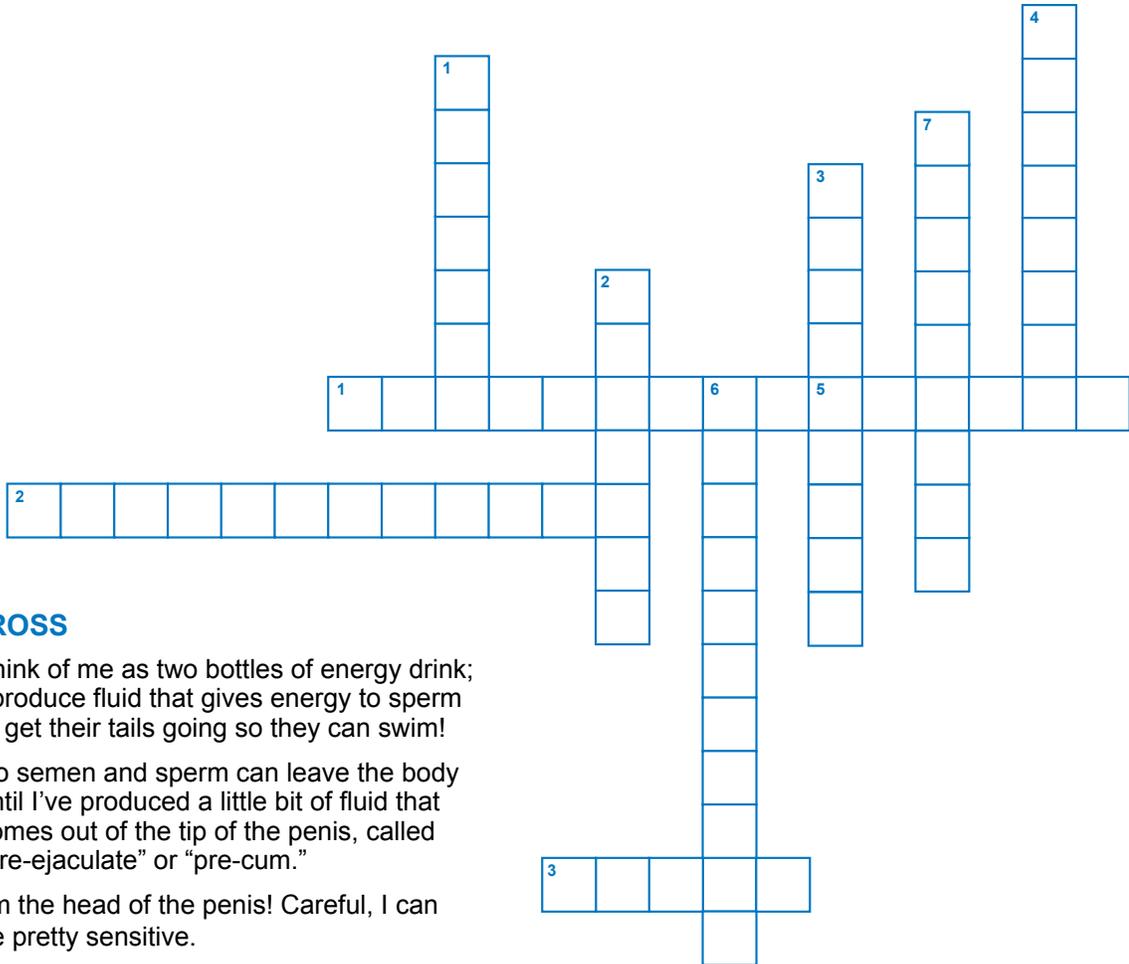
1. There are two of me - one on either side of the uterus, each connected to one of the ovaries. Eggs pass through me every month to get to the uterus!
2. I'm the opening to the uterus! When people with one of these get pap tests, the clinician takes cells from me to test them to make sure all is well!
3. I make eggs! (& no, I'm not a chicken!) There are two of me.
4. I'm the opening, just below the vaginal opening, through which poop leaves the body. I don't mind - I have an important job!

DOWN

1. I work by taking urine from the bladder out of the body!
2. My only function is that I feel very sensitive when I'm touched!
3. Once a month, blood and tissue from the uterus pass through me; and if a person's pregnant, this is how the baby usually comes out!
4. I'm shaped like a pear and fill up with blood and other nutrients once a month. If a person gets pregnant, the fetus grows inside me!
5. I'm the skin that covers the outside of the vulva to protect everything that's underneath me - the clitoris, the opening to the urethra, and the vaginal opening!
6. I'm the two small flaps of skin on either side of the opening to the vagina; I can come in a variety of shapes and sizes!

Male Sexual and Reproductive Systems Crossword Puzzle Homework (Lesson 8-3)

Name: _____ Date: _____



ACROSS

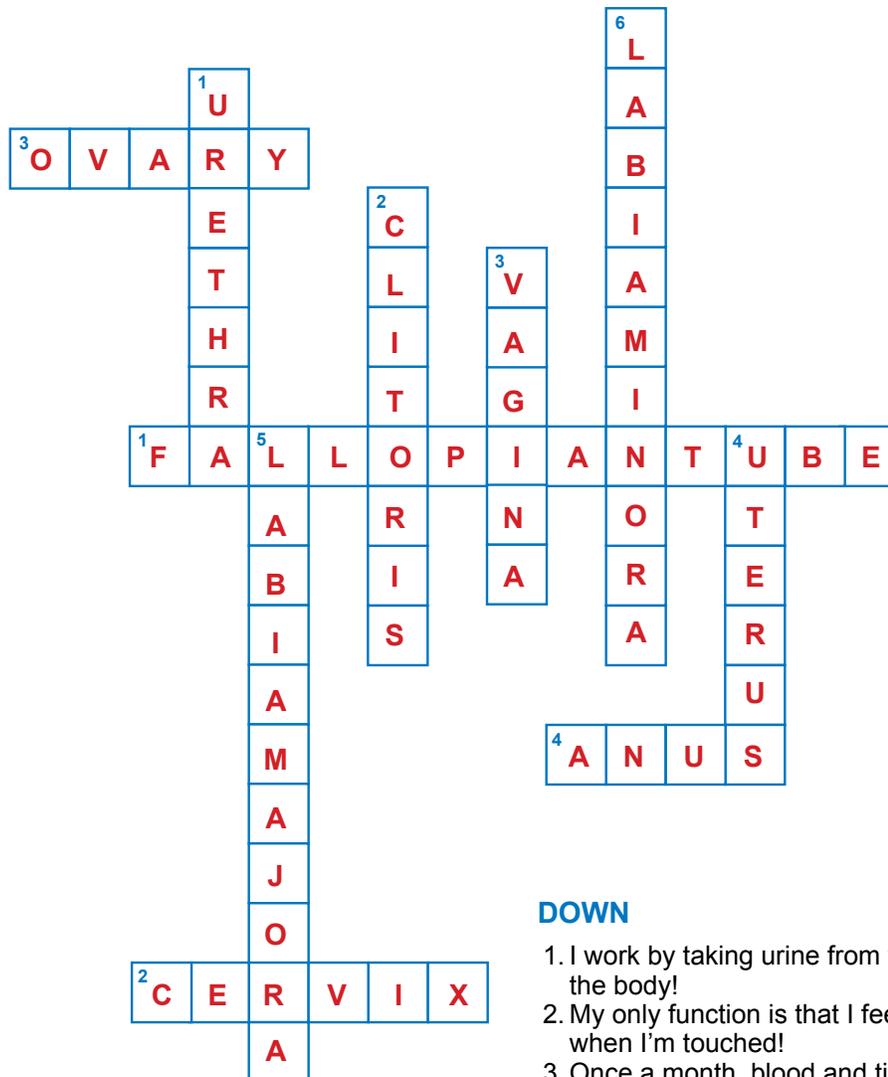
1. Think of me as two bottles of energy drink; I produce fluid that gives energy to sperm to get their tails going so they can swim!
2. No semen and sperm can leave the body until I've produced a little bit of fluid that comes out of the tip of the penis, called "pre-ejaculate" or "pre-cum."
3. I'm the head of the penis! Careful, I can be pretty sensitive.

DOWN

1. I look - and work - kind of like a sac! Inside, I have the testicles, which makes sperm. Since they have to be made at a temperature lower than 98.6 degrees, I hang outside the body behind the penis
2. When you gotta go to the bathroom, that's me letting you know! I collect urine until it's time for it to leave the body.
3. Urine leaves the body through me; sperm-filled semen leaves through me when someone ejaculates or has a wet dream. I'm busy!
4. Chestnuts roasting on an open fiiiire... Well, I'm about the size of a chesnut, but please don't roast me! I've got to produce some of the fluid that makes up semen!
5. I'm the longest part of the penis, between the body and the head! Sometimes, I fill up with blood and get hard or erect.
6. I'm like a big water slide - I go from the testes up into the body so I can carry sperm to where it mixes with semen before it leaves the body!
7. I hang out in the scrotum - literally! There are two of me, and we're like little factories, making testosterone and sperm. When do I get a vacation??

Female Sexual and Reproductive Systems Crossword Puzzle

ANSWER KEY



ACROSS

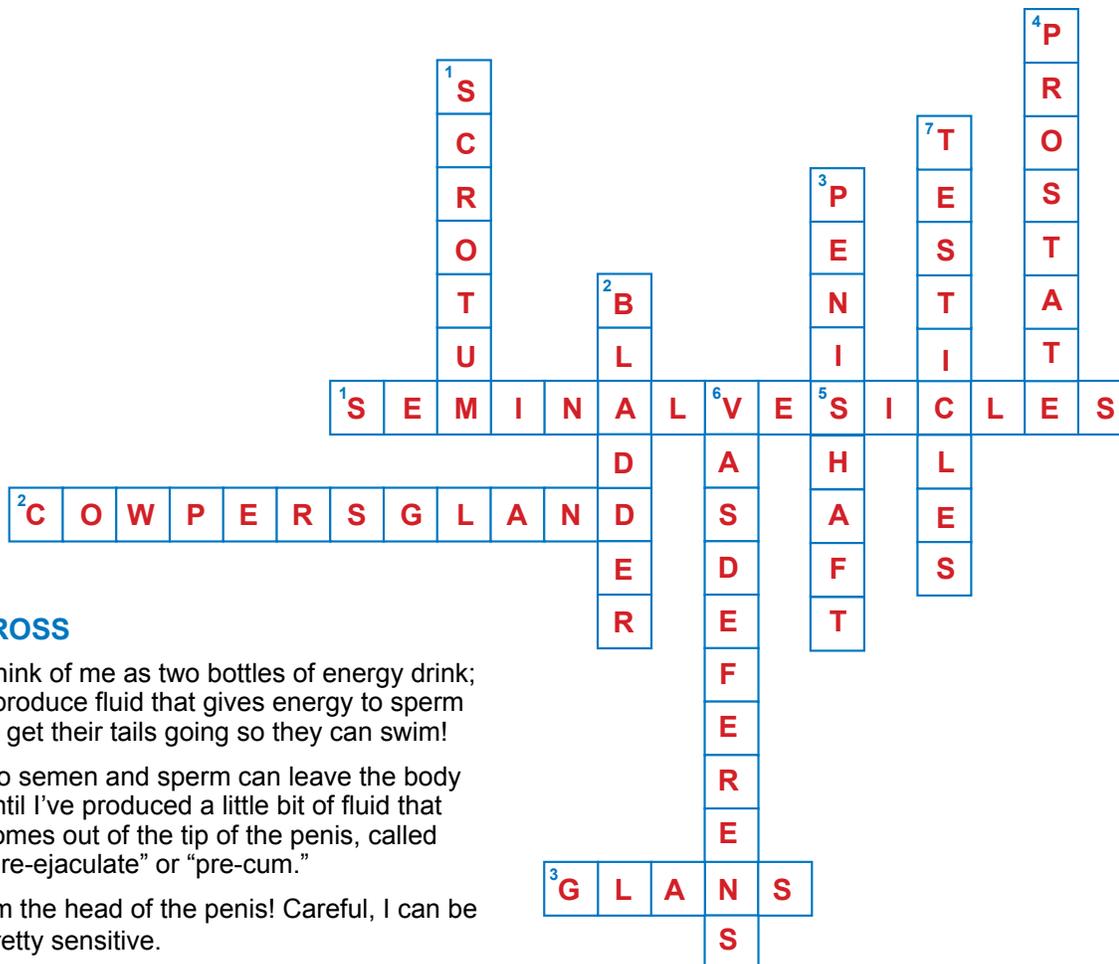
1. There are two of me - one on either side of the uterus, each connected to one of the ovaries. Eggs pass through me every month to get to the uterus!
2. I'm the opening to the uterus! When people with one of these get pap tests, the clinician takes cells from me to test them to make sure all is well!
3. I make eggs! (& no, I'm not a chicken!) There are two of me.
4. I'm the opening, just below the vaginal opening, through which poop leaves the body. I don't mind - I have an important job!

DOWN

1. I work by taking urine from the bladder out of the body!
2. My only function is that I feel very sensitive when I'm touched!
3. Once a month, blood and tissue from the uterus pass through me; and if a person's pregnant, this is how the baby usually comes out!
4. I'm shaped like a pear and fill up with blood and other nutrients once a month. If a person gets pregnant, the fetus grows inside me!
5. I'm the skin that covers the outside of the vulva to protect everything that's underneath me - the clitoris, the opening to the urethra, and the vaginal opening!
6. I'm the two small flaps of skin on either side of the opening to the vagina; I can come in a variety of shapes and sizes!

Male Sexual and Reproductive Systems Crossword Puzzle

ANSWER KEY



ACROSS

1. Think of me as two bottles of energy drink; I produce fluid that gives energy to sperm to get their tails going so they can swim!
2. No semen and sperm can leave the body until I've produced a little bit of fluid that comes out of the tip of the penis, called "pre-ejaculate" or "pre-cum."
3. I'm the head of the penis! Careful, I can be pretty sensitive.

DOWN

1. I look - and work - kind of like a sac! Inside, I have the testicles, which makes sperm. Since they have to be made at a temperature lower than 98.6 degrees, I hang outside the body behind the penis
2. When you gotta go to the bathroom, that's me letting you know! I collect urine until it's time for it to leave the body.
3. Urine leaves the body through me; sperm-filled semen leaves through me when someone ejaculates or has a wet dream. I'm busy!
4. Chestnuts roasting on an open fiiiire... Well, I'm about the size of a chesnut, but please don't roast me! I've got to produce some of the fluid that makes up semen!
5. I'm the longest part of the penis, between the body and the head! Sometimes, I fill up with blood and get hard or erect.
6. I'm like a big water slide - I go from the testes up into the body so I can carry sperm to where it mixes with semen before it leaves the body!
7. I hang out in the scrotum - literally! There are two of me, and we're like little factories, making testosterone and sperm. When do I get a vacation??

Reproduction Basics

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:

Students will be able to:

PR.8.CC.1 – Define sexual intercourse and its relationship to human reproduction.

TARGET GRADE:

Middle School - Lesson 4

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with PowerPoint
- PowerPoint: “Fertility and the Menstrual Cycle”
- “Human Reproduction Sample Definitions” Teacher Resource
- “SPERM” page (5 copies)
- “BIRTH CONTROL” page (one copy)
- 28-day Menstrual Cycle cards (one set)
- Three pieces of butcher paper
- Masking tape
- Markers (one per student)
- Two medium-sized bouncy balls (red, rubber balls typically used in P.E. class are perfect if you can borrow them or most dollar stores sell them)
- **Homework:** “Reproduction Myth vs. Fact” (one per student)
- “Reproduction Myth vs. Fact” Answer Key

ADVANCE PREPARATION FOR LESSON:

- Prepare the butcher paper with the following headers, one per sheet:
 1. **Sexual intercourse is when. . .**
 2. **A pregnancy can start when . . .**
 3. **A pregnancy can't start when . . .**
- Post the three pieces of butcher paper in different places on the wall with enough room between them so that a small group of students can gather and write on them. Tape the bottom edge of each sheet up over its top, folding it in half, so that students cannot see what's written on them until you are ready to do the activity.
- Make five copies of the “SPERM” page.
- Print one set of the 28-day Menstrual Cycle cards. Cut each sheet of paper in half to have a full set of 28 cards.
- Review the “Human Reproduction Sample Definitions” Teacher Resource. You should be familiar with the functioning of the reproductive system and human reproduction in order to lead the class activities and respond to students' questions. A review can also be found at <http://www.sexualityandu.ca/sexualhealth/all-about-puberty/sexual-reproduction>.

LEARNING OBJECTIVES:

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

1. Describe the process of human reproduction by identifying the correct order of the steps involved with conception. [Knowledge]
2. Define sexual intercourse. [Knowledge]

A NOTE ABOUT LANGUAGE:

The terms “boy” and “girl” are used intentionally in this lesson to make it accessible for middle school students, who are more concrete learners than older students. While we use terms “male” and “female” when referring to particular anatomy (the “male” or “female” reproductive systems, for example), it is important to remember that someone can have a penis even if they don't identify as a boy or a vulva even if they don't identify as a girl. More inclusive language such as “a person with a penis” or “a person with a vulva” can also be used if you are comfortable with these terms.

PROCEDURE:

STEP 1: Say, “Today we are going to discuss human reproduction. This is a topic that some of you might know a lot about and some

Reproduction Basics

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

of you might be learning about for the first time. Let's start by seeing what the class already knows about the topic of reproduction."

Point out the three pieces of butcher paper that you have hung around the room. Walk to the closest piece of paper and remove the tape revealing what is written on it. Explain to students that each piece of paper has a different sentence starter. They are to walk around and write down the first thing that comes to mind for each page. Explain that you are just looking to see what students have heard about these topics and that you expect all of their responses to be appropriate for school. Distribute the markers and tell them to be sure to write small enough to allow room for others to contribute as well. Invite students to stand up and move around to each paper, writing their responses. Tell students they have about five minutes total to write on each paper. Once they are done, tell them to return to their seats. Ask three students to help by each bringing one of the papers to post at the front of the room so the whole class can see them. (8 minutes)

STEP 2: Starting with the first piece of butcher paper, read the answers that students wrote, clarifying any misconceptions and confirming accurate information. If students have not written it, make sure to say, **"Vaginal sex, sometimes called sexual intercourse, is when an erect penis is inserted into a lubricated vagina. If this results in ejaculation, semen is released from the penis into the vagina. Semen contains hundreds of millions of sperm, so if an egg is present, a sperm and egg can unite. That's called 'fertilization.'** The fertilized egg then keeps going and, if it implants into the wall of the uterus, it becomes a pregnancy. If it doesn't, it results in a menstrual period. We'll talk more about this in a minute." Continue in this manner with the other two pieces of newsprint making sure to provide the appropriate information and/or definitions as needed.

Note to the Teacher: *If you need some help providing age-appropriate definitions, please use the "Human Reproduction Sample Definitions" Teacher Resource.* (10 minutes)

STEP 3: Next say, **"Now that you have some general definitions for key terms related to human reproduction, I want to make sure you understand the steps involved from start to finish."** Start the PowerPoint *"Fertility and the Menstrual Cycle"* and review each phase of the menstrual cycle by saying the following:

Slide 1 – "This is a female's uterus. You can see that it's in the abdomen next to the stomach. The uterus is where menstruation occurs."

Slide 2 – "The average menstrual cycle is generally about 28 days but varies from person to person, sometimes being much shorter or longer than 28 days. Someone can get their first period anywhere between 9 and 15 years old, and generally it will take the body a couple of years to figure out what will be a typical cycle."

Slide 3 – "Each month an ovary releases an egg, also called an ovum, into the fallopian tube. The trip down the fallopian tube usually takes a couple days."

Slide 4 – "While the ovum is on this journey, if it unites with sperm, the egg becomes fertilized and may implant in the lining of the uterus. Once a fertilized egg implants inside the uterus, a pregnancy has begun. If the pregnancy continues, typically 40 weeks later (approximately 9 months) a baby will be born. If a baby is born more than

Reproduction Basics

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three weeks before the baby is due (before the 37th week), the birth is considered 'premature' and sometimes the baby will need medical help to remain healthy."

Slide 5 – "If there are no sperm in the fallopian tube while the ovum is there, then the ovum dissolves and is reabsorbed by the body. The ovum is only able to unite with a sperm for a couple of days before it dissolves."

Slide 6 – "In order to prepare for a potential pregnancy, the lining of the uterus grows each month to create a good environment for a potential fetus."

Slide 7 – "If the egg does not unite with a sperm, hormones tell the body to prepare for menstruation, also called having a period."

Slide 8 – "Menstruation is when the body rids itself of the extra lining inside of the uterus because there was no fertilized ovum. About two tablespoons of blood and some tissue slowly leave the vagina during a menstrual period."
(10 minutes)

STEP 4: Say, "Since the average menstrual cycle is 28 days, I have 28 cards and each one represents one day of the cycle. I am going to hand out a card to each of you. Once you have your card, please tape them to the board in the correct order. Then we will look at the menstrual cycle again, this time starting with menstruation at Day 1." Distribute one card to each student and have them use the masking tape to post them on the white board.

Note to the Teacher: If you have more than 28 students in your class, have students pair up to work on one card together. If you have less than 28 students, give a few students two cards to work on. (5 minutes)

STEP 5: Say, "Now we can see an average 28-day menstrual cycle with Day 1 being the first day of the period. Next I'd like to show you when a person is most likely to become pregnant if sperm and an egg unite. Each of these two bouncy balls will represent one day when the egg is in the fallopian tube and able to unite with a sperm." Ask for two volunteers and give each one a bouncy ball. Have one student stand under Day 14 and the other student stand under Day 15. Say, "Now whenever the egg is traveling through the fallopian tube pregnancy can happen if there are sperm present. Remember from the PowerPoint that the egg or ovum is only viable (i.e., able to be fertilized) for about two days. So these two bouncy balls will represent when the egg is traveling and able to unite with a sperm." (5 minutes)

STEP 6: Next, ask for five volunteers and give each one copy of the "SPERM" page and say, "Sperm can live inside another person's body for up to five days. So let's see what happens if there is sperm in the uterus during different points of the menstrual cycle." Have each student with a sperm page stand under Days 24–28. Say, "You can see that sperm in the body during this time is not as likely to start a pregnancy because it's less likely there is an egg around."

Next, have the people holding the five "SPERM" pages move to stand under Days 11–15. Say, "You can see how if there is sperm present either BEFORE or DURING the same time when the egg—the bouncy balls in our case—are present, that is the time when a pregnancy is most likely to happen." Lastly, ask for one other volunteer and give them the

Reproduction Basics

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

“*BIRTH CONTROL*” page. Ask them to stand between the students holding the bouncy balls and the students with the “*SPERM*” pages and to physically block the two from meeting. Ask students, “**What is the birth control doing?**” Take some responses and make sure to tell students the following, “**Birth control, if used correctly and consistently, prevents the sperm and egg from uniting by either blocking the sperm or preventing an egg from leaving the ovary.**” (7 minutes)

STEP 7: Have the volunteers return the bouncy balls, “*SPERM*,” and “*BIRTH CONTROL*” pages to you and return to their seats. End by asking, “**What does this tell you about when pregnancy is most likely to happen?**” Take a few responses and clarify any lingering misconceptions. End the lesson by saying, “**Since this is just a typical menstrual cycle and we know that everyone is unique, if someone chooses to have vaginal sex but does not want to become pregnant or get their partner pregnant, it is most effective to either postpone vaginal sex or to use an effective form of birth control consistently and correctly.**” Distribute and explain the homework. (5 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The 28-day Menstrual Card activity will meet Learning Objective 1 and the stem sentence activity on the butcher paper and discussion will meet Learning Objective 2.

HOMEWORK:

The homework is a short quiz intended for students to complete with a parent/caregiver in order to facilitate a conversation about reproduction.

Reproduction Myth vs. Fact
Homework (Middle School Lesson 4)

Name: _____ Date: _____

Instructions:

- With a parent or caregiver, talk through the following four statements.
- Together, decide whether you believe the statement is a MYTH or FACT and circle that answer.
- Then, watch the 3-minute Sex Myths Video to check your answers.

MYTH **FACT** **1. If two people have vaginal sex standing up, then pregnancy is not possible because the sperm will just fall out.**

MYTH **FACT** **2. If two people have sex in certain positions, then pregnancy is not possible because of gravity.**

MYTH **FACT** **3. If two people have vaginal sex in a swimming pool, pregnancy is not possible.**

MYTH **FACT** **4. If someone jumps up and down after unprotected vaginal sex, the sperm inside will get confused and be unable to reach an egg.**

Sex Myths Video – <http://pub.etr.org/sexmyths.html>

Human Reproduction Sample Definitions

Teacher Resource

The following are key terms for the explanation of human reproduction and a sample definition appropriate for use with 8th graders. It is important to review these definitions prior to teaching the lesson.

Please note: This is for your reference only and should not be distributed to students.

Vaginal Sex

Vaginal sex, sometimes called sexual intercourse, is when an erect penis is inserted into a lubricated vagina. If this results in ejaculation, semen is released from the penis. Semen contains hundreds of millions of sperm, only one of which is needed to cause a pregnancy. If the couple is not using a contraceptive method, like condoms or the pill, the sperm in the semen can join with an egg, if one is present. If the fertilized egg implants in a uterus, it creates a pregnancy.

Conception

The beginning of a pregnancy. A sperm and egg must first join and implant into the lining of the uterus to result in a pregnancy. A fertilized egg cannot survive without implantation.

Human Reproduction

Human reproduction is a cycle in which a sperm and egg join and then implant into the lining of the uterus. Typically after 40 weeks (approximately nine months) of growth, a baby is born.

Implantation

The process by which a fertilized egg attaches itself to the lining of the uterus. Once an egg is fertilized it doesn't always implant, but may leave the body with menstrual blood and tissue.

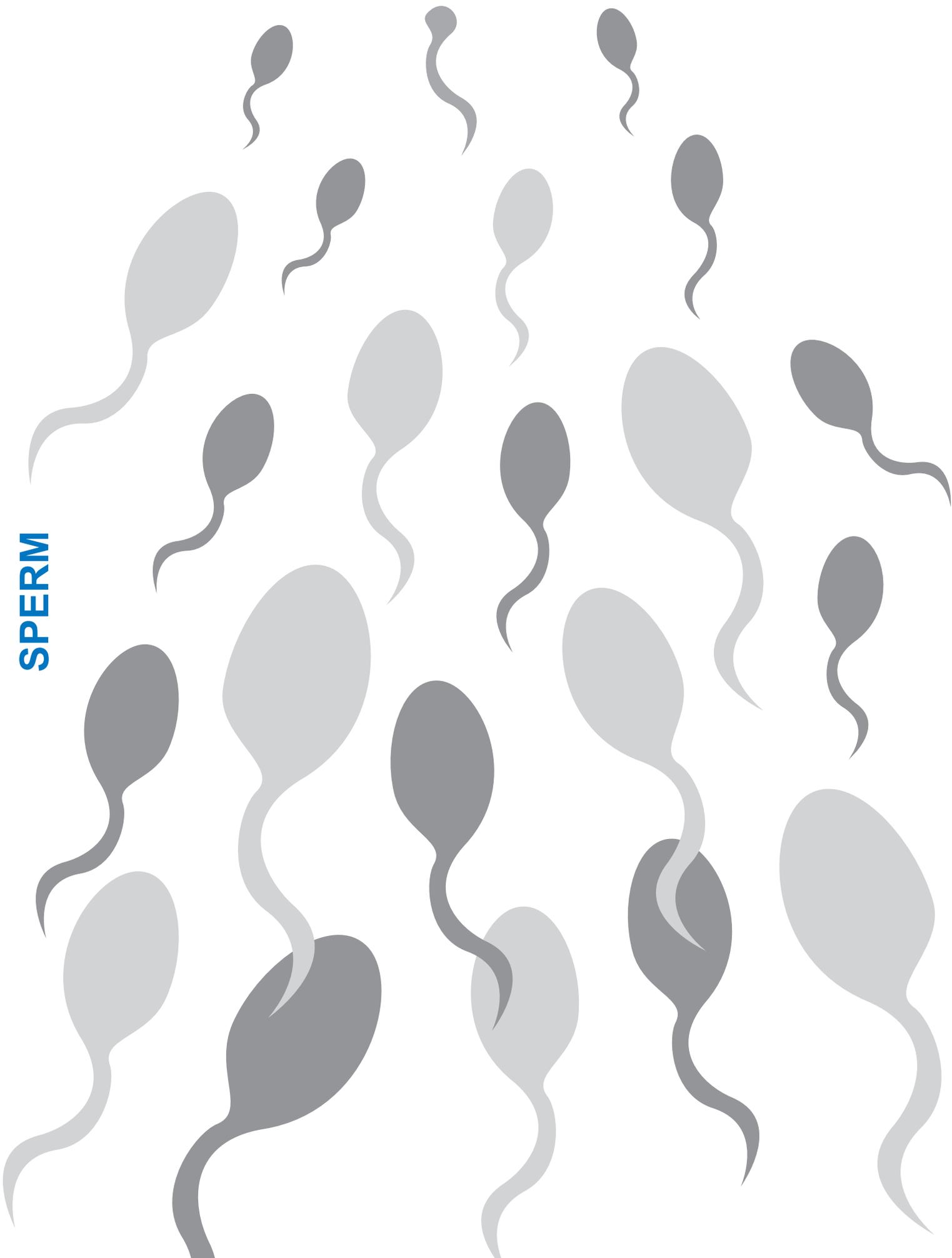
Fetus

The medically accurate name for the developing pregnancy prior to birth.

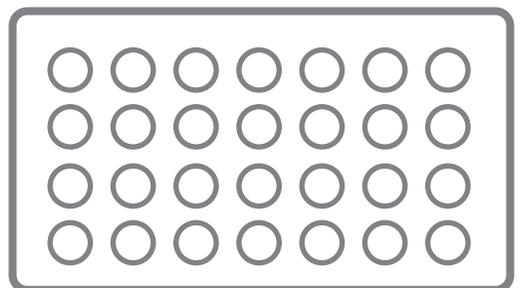
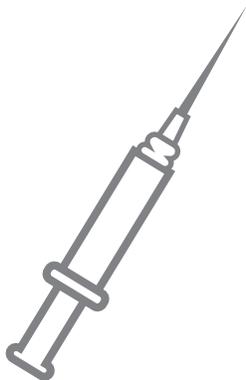
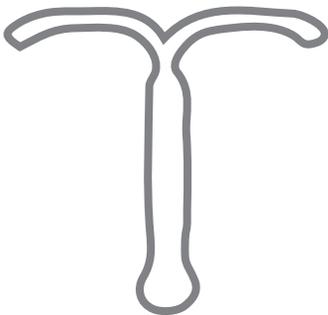
Pregnancy

Once a fertilized egg successfully implants in the lining of the uterus, a pregnancy has begun. Typically a pregnancy lasts for 40 weeks but can terminate for many reasons including spontaneously (called a miscarriage) or by choice or medical necessity (called an abortion).

SPERM

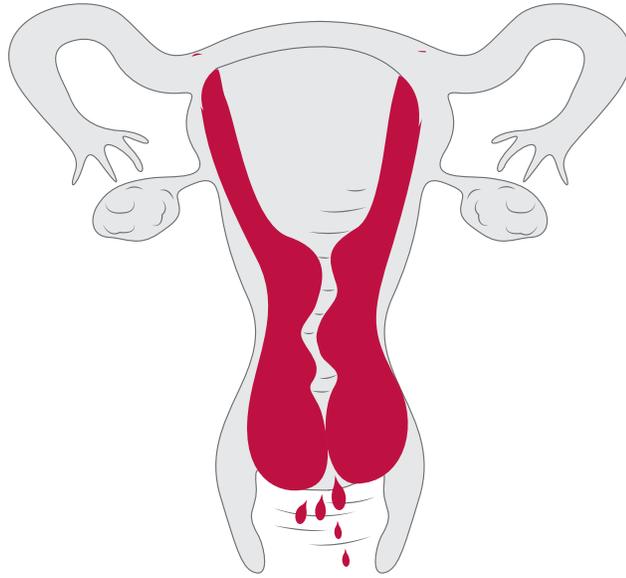


BIRTH CONTROL



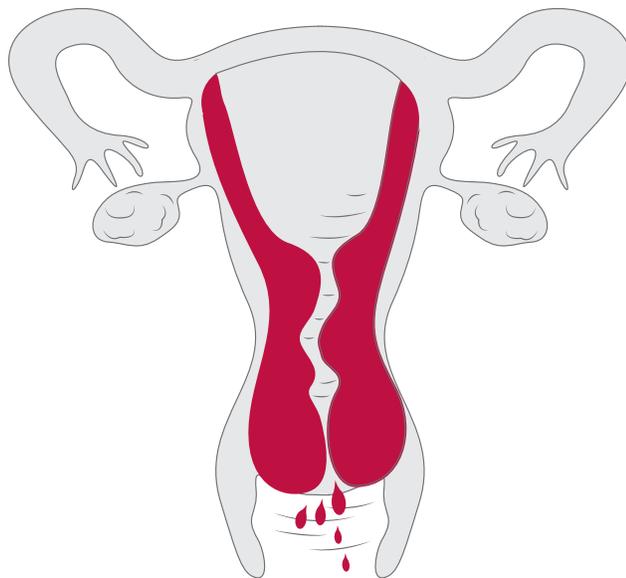
1

Menstrual period begins.



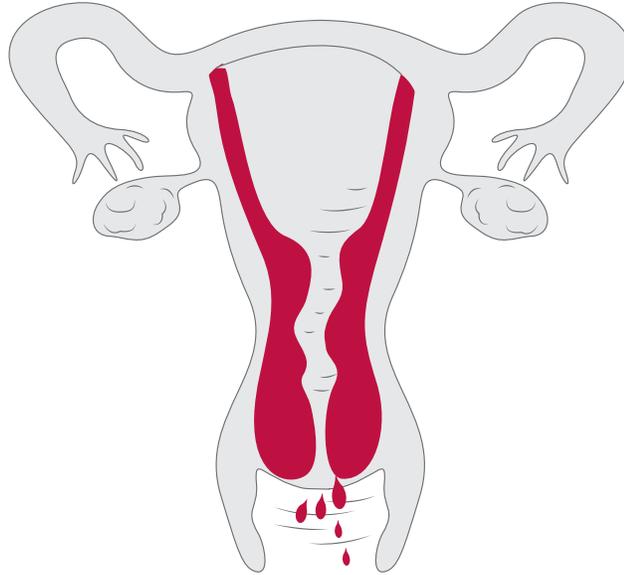
2

Menstrual period continues.



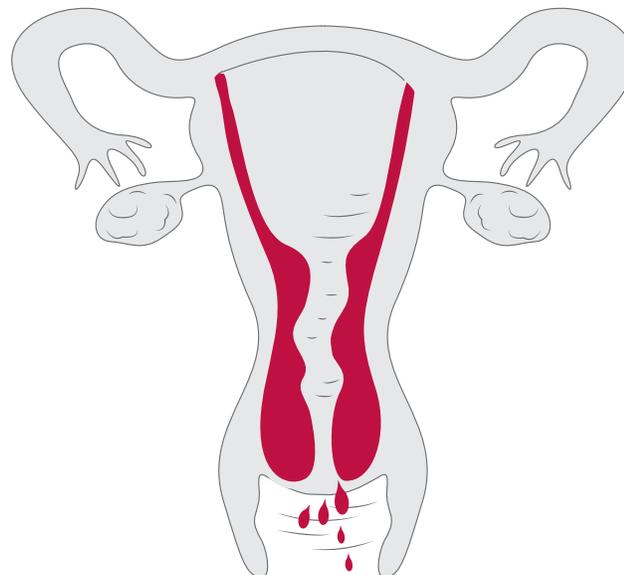
3

Menstrual period continues.



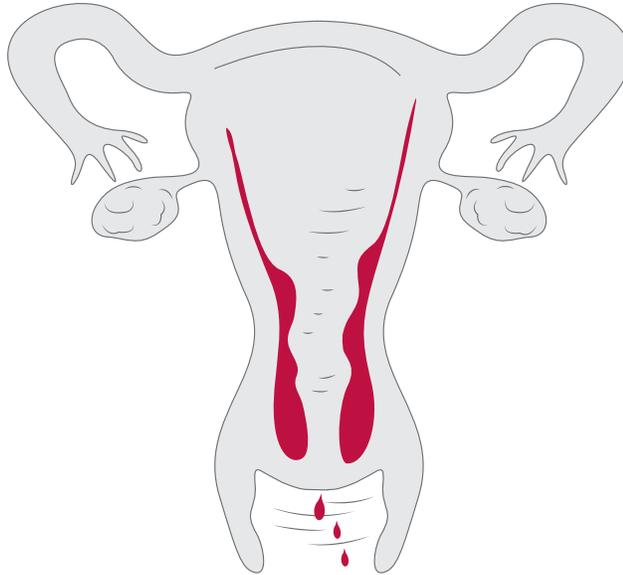
4

Menstrual period likely continues.



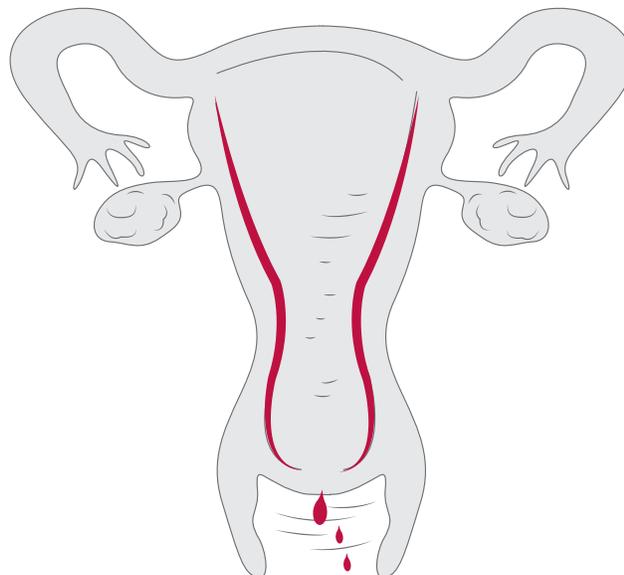
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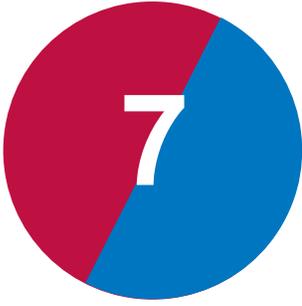
Menstrual period may continue/may be finishing.



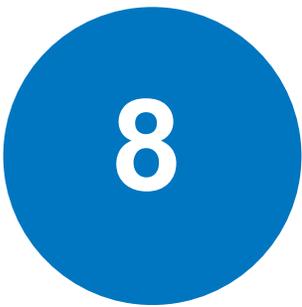
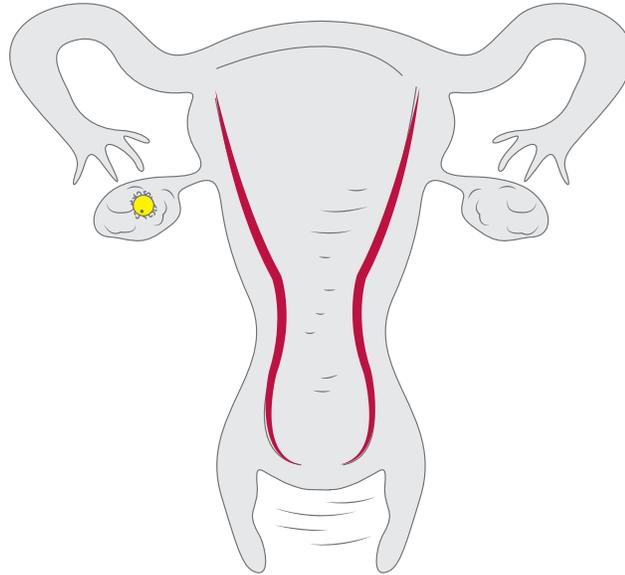
6

Menstrual period ending/ended and lining of uterus starting to grow again.

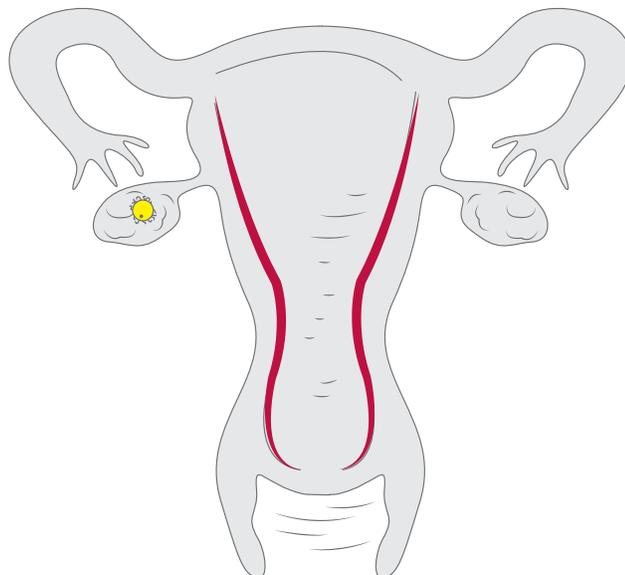




Menstrual period ending/ended and lining of uterus starting to grow again.

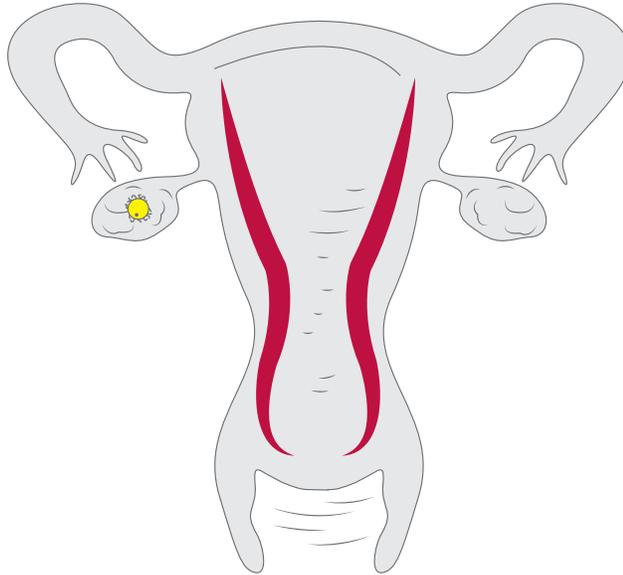


Lining of uterus continues to grow and one egg is preparing to be released.



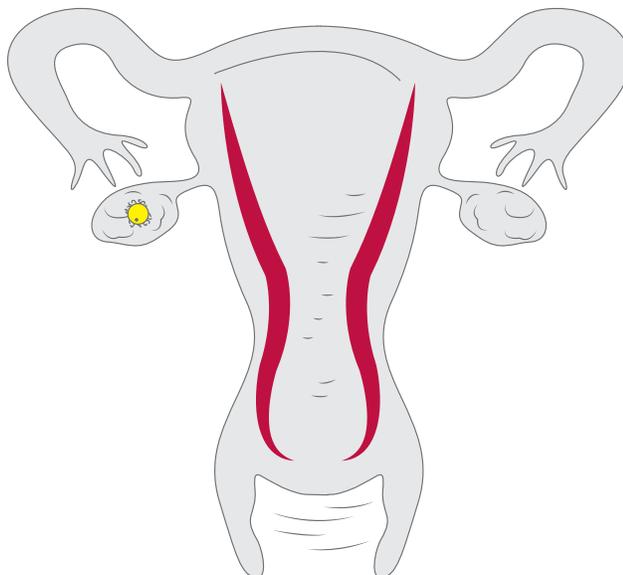
9

Lining of uterus continues to grow and one egg is preparing to be released.



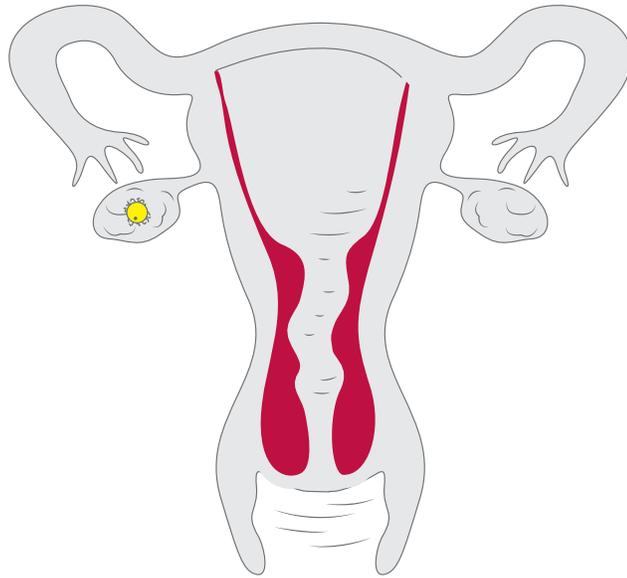
10

Lining of uterus continues to grow and one egg is preparing to be released.



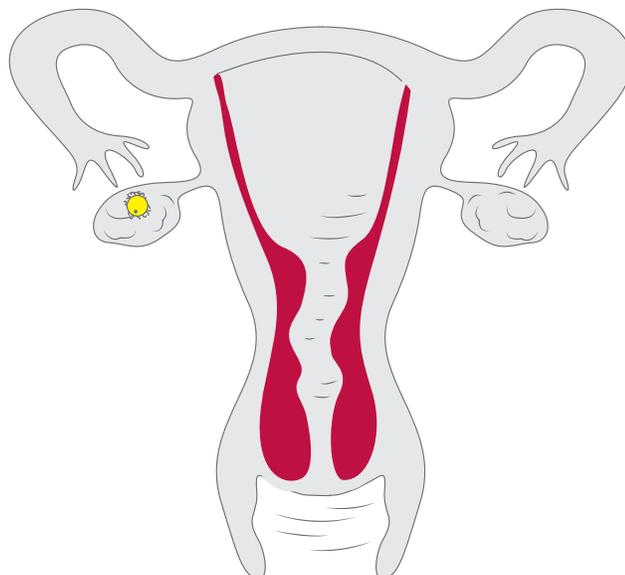
11

Lining of uterus continues to grow and one egg is preparing to be released.



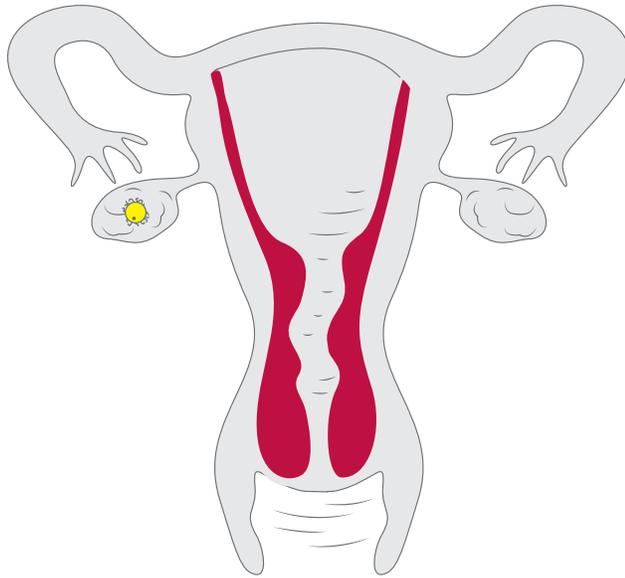
12

Lining of uterus continues to grow and one egg is preparing to be released.



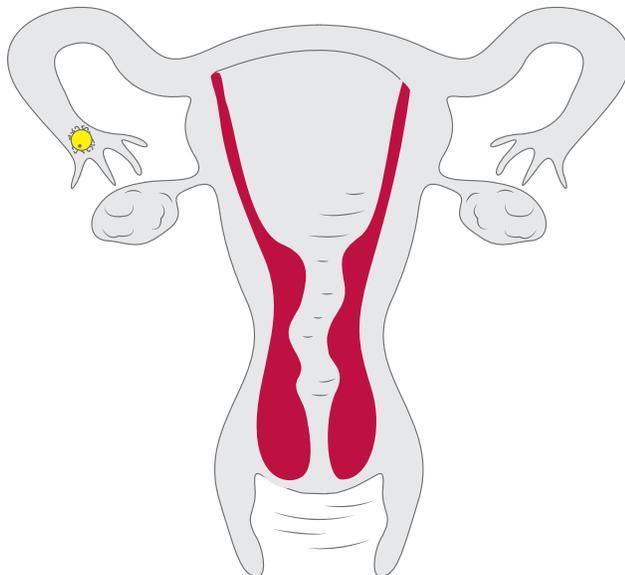
13

Lining of uterus continues to grow and one egg is preparing to be released.



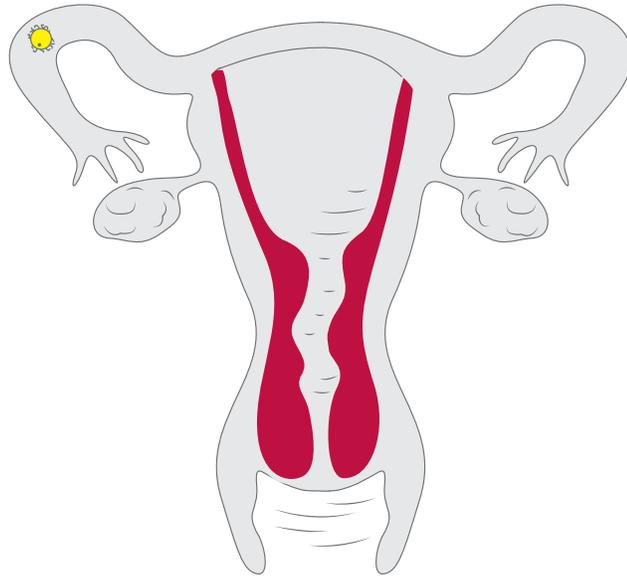
14

Ovulation is most likely to occur, meaning an egg is released from an ovary and starts to travel down a fallopian tube.



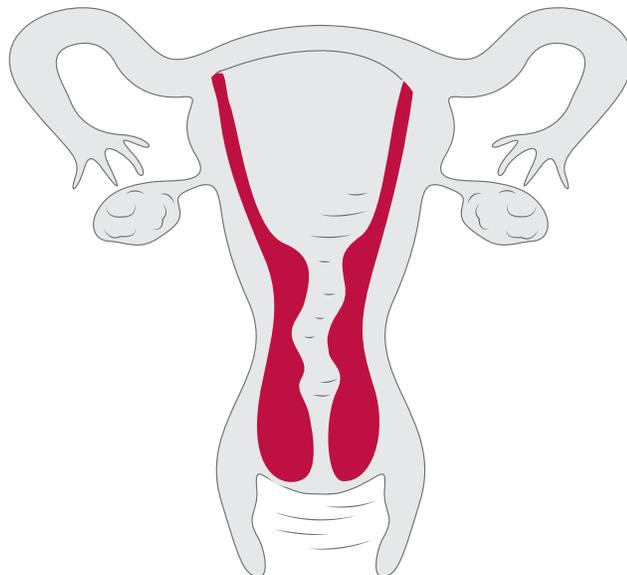
15

The egg, if it does not unite with a sperm by the end of Day 15, will dissolve and no longer be viable.



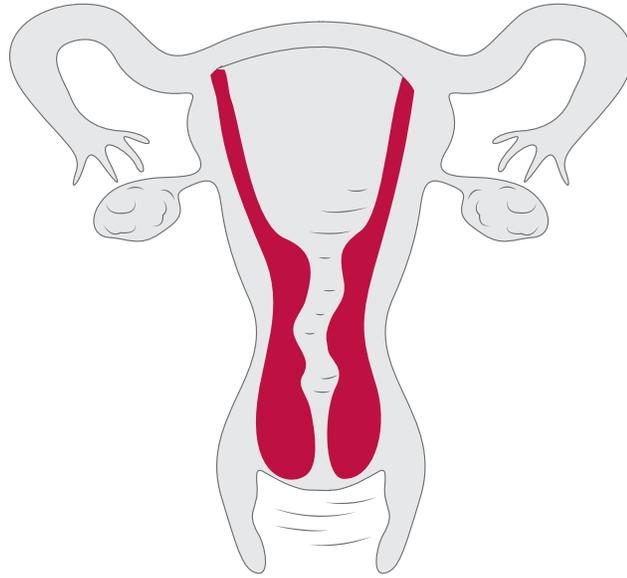
16

The egg has dissolved and will leave the body during the menstrual period.



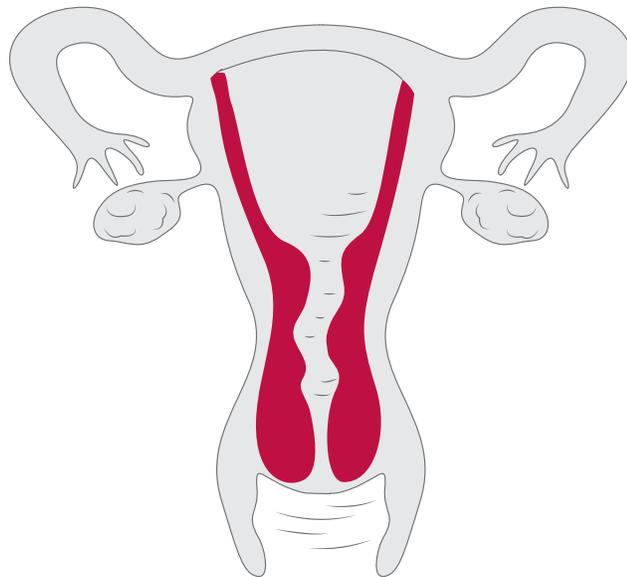
17

Lining of uterus continues to grow, just in case it's needed.



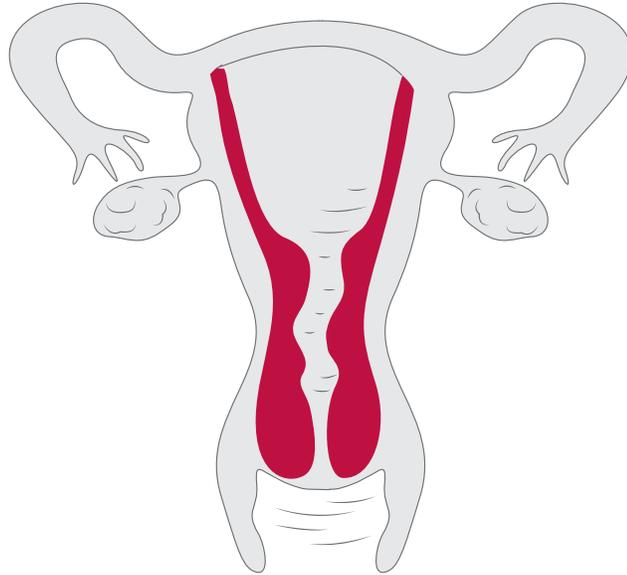
18

Lining of uterus continues to grow, just in case it's needed.



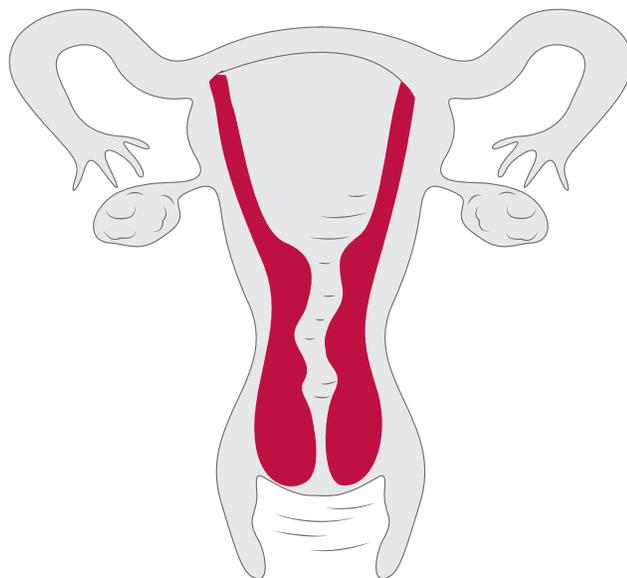
19

Lining of uterus continues to grow,
just in case it's needed.



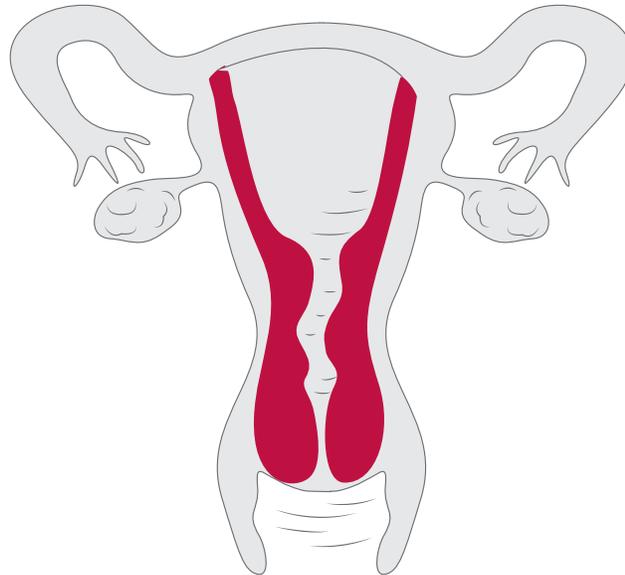
20

Lining of uterus continues to grow,
just in case it's needed.



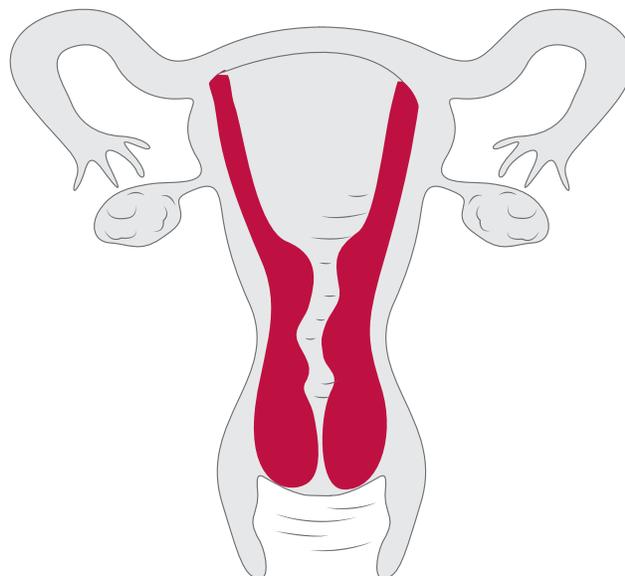
21

Lining of uterus continues to grow,
just in case it's needed.



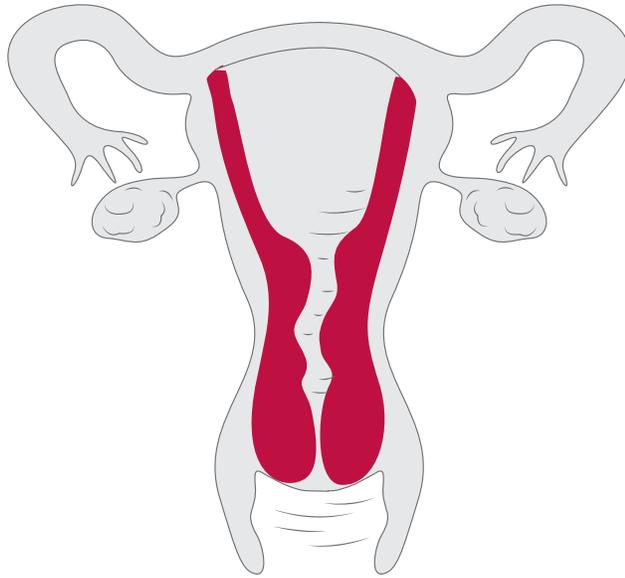
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Lining of uterus continues to grow,
just in case it's needed.



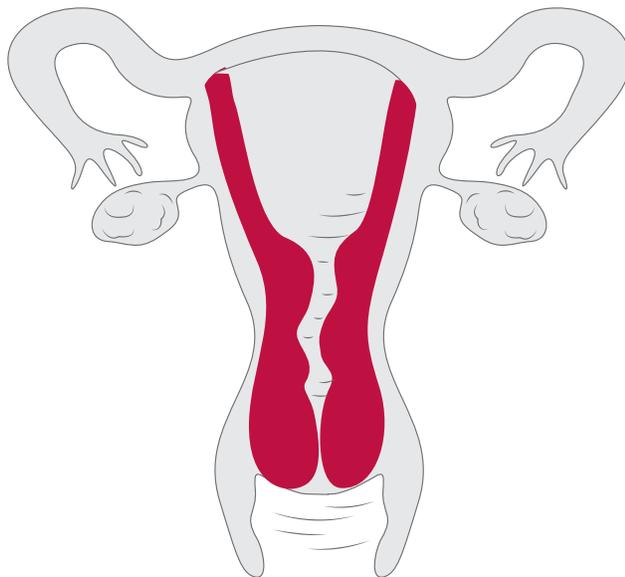
23

Lining of uterus continues to grow, just in case it's needed.



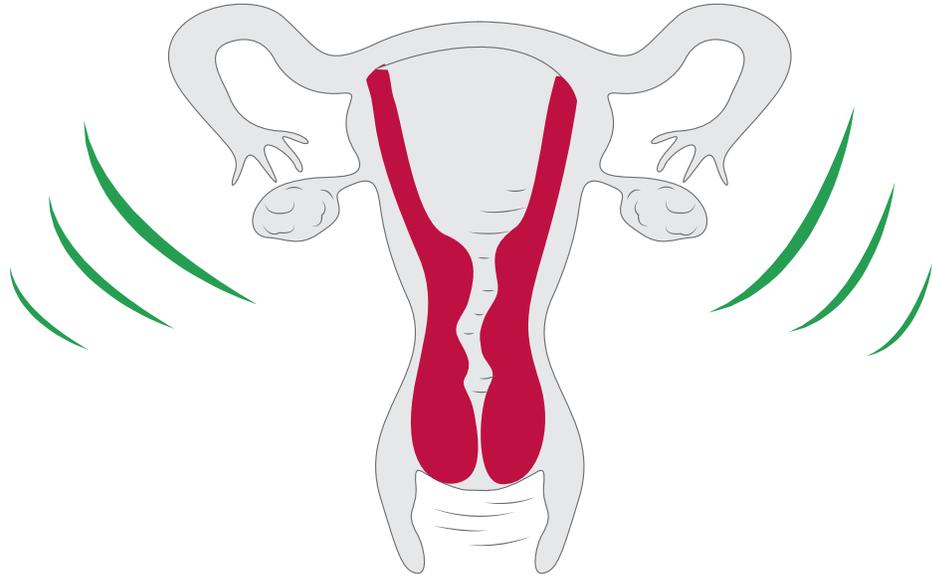
24

Lining of uterus continues to grow, just in case it's needed.



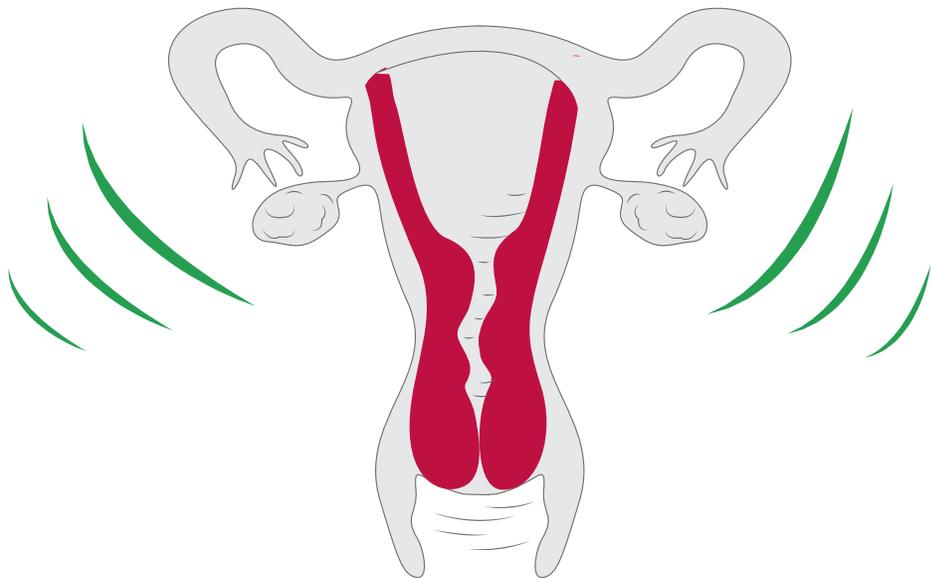
25

Lining of uterus continues to grow and hormones signal body to prepare for next menstrual period.



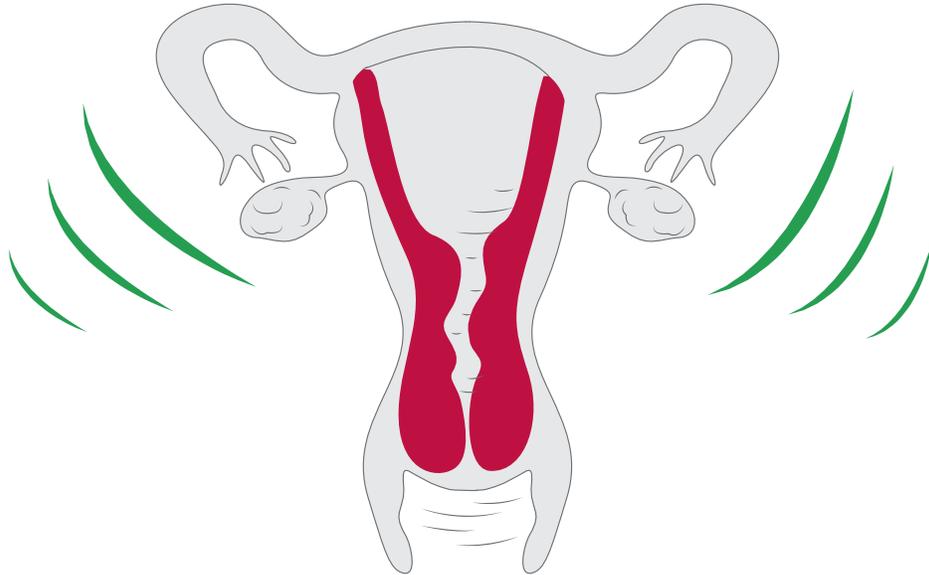
26

Lining of uterus continues to grow and hormones signal body to prepare for next menstrual period.



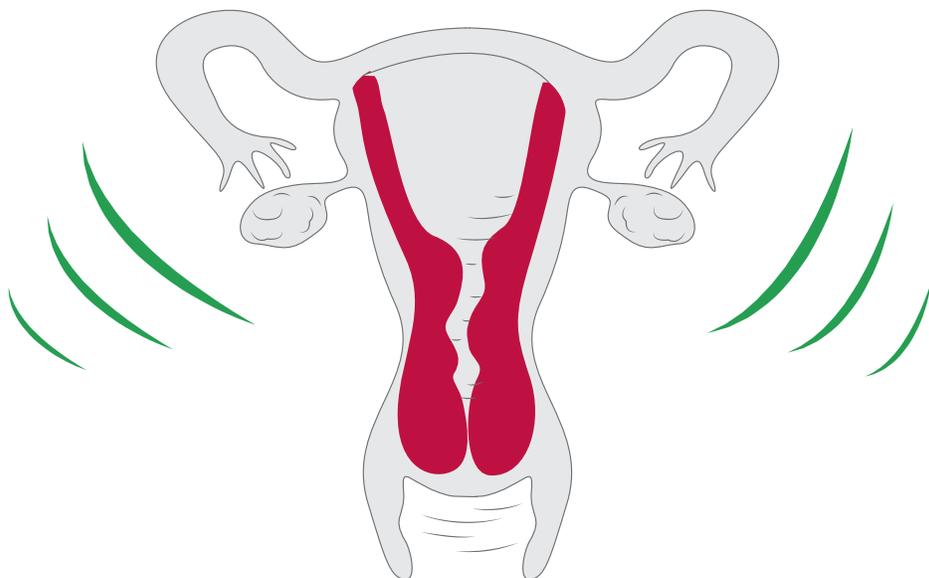
27

Lining of uterus continues to grow and hormones signal body to prepare for next menstrual period.



28

Lining of uterus continues to grow and hormones signal body to prepare for next menstrual period.



STI Smarts

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:

Students will be able to:

SH.12.CC.1 – Describe common symptoms of and treatments for STDs, including HIV.

SH.12.CC.2 – Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.

SH.12.AI.2 – Access medically-accurate prevention information about STDs, including HIV.

TARGET GRADE:

Middle School – Lesson 5

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with PowerPoint
- PowerPoint: “STI Smarts Gameboard”
- “STI Smarts Gameboard” Teacher’s Resource
- White board and markers
- Small inexpensive prizes, enough for students on the winning team (optional)
- A bag of chocolate miniatures or other small treat, enough for the remaining students so that everyone gets something in recognition of their hard work (optional)
- “STDs & HIV” brochures (one per student)
- “California Minor Consent Laws” cards (one per student)
- “Exit Slips” (one half-sheet per student)

ADVANCE PREPARATION FOR LESSON:

- Print out enough copies of the “Exit Slips” sheets and cut them in half so that each student will have one half-sheet.

LEARNING OBJECTIVES:

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

1. Name at least three facts about STI symptoms. [Knowledge]
2. Describe at least three facts about STI and HIV testing. [Knowledge]
3. Apply knowledge about STI symptoms and testing to hypothetical situations relating to safer sex. [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: Ask, “How many people have watched a trivia game show on TV, where people answer questions for points or for particular dollar amounts? Well, we’re going to do the same now—only our topic is sexually transmitted infections (STIs), and you’re playing for points, not money, sorry!” Explain to the class that they might have heard the term sexually transmitted diseases (STDs) and that essentially STIs and STDs are different terms for basically the same thing.

Divide the class into five groups.

Note to the Teacher: You may wish to break the students up intentionally to ensure a fair balance between students who may be stronger participators than others.

As students move into their groups, write “Group One,” “Group Two,” “Group Three,” “Group Four,” and “Group Five” in a vertical line on the white board with space between each and space to the right of the last group for keeping score.

STI Smarts

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Once students are in their groups, give them 2 minutes to select a name for their group. Tell them not to put too much thought into it, and if they don't come up with something in 2 minutes, you'll just call them by their group number. After 2 minutes, write each group name on the board beneath the group number. Once the groups are established, distribute the "STDs & HIV" brochures to each student so that they have a reference sheet to look at while they play the game. (3 minutes)

STEP 2: Project the "STI Smarts Gameboard" PowerPoint game on the screen.

Note to the Teacher: *The PowerPoint must be in Slide Show mode for the interactive links to work.*

Review the main points on Slide 1 "STI Overview" and ask students if they have any quick questions prior to starting the game. Remind the students that they have their "STDs & HIV" brochure to consult as they try to answer the questions. Say, "**Each team will select a category and have the option of answering a question. Each group needs to select a spokesperson who will speak for the group. Go ahead and do that now.**"

Say, "**If you look at the screen, you'll see there are six categories of questions. Let me explain what each means:**

1. **Which One Is Riskiest?** will provide a group of three behaviors. You need to decide which of the three behaviors puts a person at HIGHEST risk for an STI if done with an infected partner who already has an STI. While abstinence from sexual activity and avoiding injection drug use are the only certain ways to avoid contracting an STI, this information is important whenever a person does decide to have sex.
2. **Testing, Testing** is all about getting tested for STIs.
3. **Can I Be Cured?** Some STIs can be cured easily with medication. Others stay in our bodies but symptoms can be treated with medication. Still others stay in our bodies for a long time but are fought off naturally by our immune systems. This category will ask you whether the STI can be cured.
4. **What Should They Do?** describes a situation that a person or couple is experiencing, and you need to say what they should do in that situation to stay safe.
5. **I Don't Feel So Good...** is all about STI symptoms.
6. **Myth or Fact?** speaks for itself.

Explain that as the point value goes up, so does the difficulty of the question. Answer any questions from the students about the rules or the categories. Then randomly select one of the teams to go first and ask that team to get started by selecting their category. (6 minutes)

STEP 3: Conduct the activity, asking "why" on questions that merit further discussion (such as the "Which One Is Riskiest?" category.) Use the "STI Smarts Gameboard" Teacher's Resource to correct any misinformation and to explain an answer further. (35 minutes)

Note to the Teacher: *Make sure to include all of the information in the Teacher's Resource in the explanation of the correct answer. Keep score as you go along.*

STEP 4: Acknowledge the winning team(s). Review the last slide "STI Summary" and ask students if they have any questions. Give prizes to everyone if you have them (optional).

STI Smarts

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points towards grades, or another type of credit. Process the activity by asking the following questions:

- **What was it like to do that?**
- **What was [fun, hard, interesting, etc.] about it?**
- **Of all the information we went through, did anything surprise you?**

Explain that there is a lot of information out there about STIs, including how to avoid them and how to lower your risk of contracting them.

Explain that you are going to distribute a *California Minor Consent Laws* card to each student and that the card contains information on the legal rights of minors to access sexual health services. As students examine the card, say **“Any student of any age may legally and confidentially obtain condoms to protect themselves from STIs and HIV, and minors 12 years and older may confidentially get tested and treated for STIs and HIV. Students in California may also leave school during school hours to attend a sexual health care appointment. If a student wishes to pursue this option, please talk with the school nurse or counselor or other designated school staff member to arrange this appointment.”** Remind students to talk with a parent, caregiver, or trusted adult if possible if they need any of these services; however, if they need to seek care without telling their parent/guardian they are legally able to do so. Distribute a card to each student.

Tell them that for homework they are going to be given two websites to visit, one of which has information on it, and one of which is a video of a speaker. They will need to take a look at each website and determine which they think provides accurate, reliable, information and which does not and why.

Distribute *“The STI Information I Need”* homework sheet and answer any questions. Distribute the *“Exit Slips”* and collect them from students as they leave class. (6 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The PowerPoint game is designed to achieve Learning Objectives 1-3. The online homework assignment will accomplish Learning Objectives 4.

HOMEWORK:

Students will compare a medically accurate website that is written by and respectful of teens to a speaker who purports to want to help young people avoid STIs yet misleads and shames them around STIs and sexuality in general.

STI Smarts Gameboard

Teacher's Resource

WHICH ONE IS RISKIEST (IF DONE WITH A PARTNER WHO HAS AN STI)?

Tongue kissing, mutual masturbation, using a public toilet

Note to the Teacher: Be sure to clarify that “mutual masturbation” refers to two people touching each other’s genitals.

ANSWER: Tongue kissing

Although tongue kissing is very low risk for STIs than other intimate behaviors, it does carry a small risk for transmitting an STI via a small cut in the mouth if the STI can be transmitted via blood or if an STI lesion is present, such as a syphilis lesion. So tongue kissing is very low risk for transmitting an STI. Mutual masturbation is extremely low risk as well; the only risk is if sexual fluids from an infected partner get into the bloodstream of the other partner via a small cut on the finger or hand. And using a public toilet cannot transmit STIs.

Abstinence, mutual masturbation, dry sex

ANSWER: Dry sex

Abstinence, i.e., not having any kind of sexual contact with another person, carries zero risk for transmitting STIs. Mutual masturbation is extremely low risk for transmitting STIs. Dry sex, or when two people rub their genitals together, is very low risk—depending on how people do it. If they are completely clothed, there is zero risk. If they are naked, there is more risk. If they are just wearing underwear there can still be risk if the underwear moves around while they’re rubbing their genitals together and the skin on their genitals touches. Of these three behaviors, dry sex has a slightly higher risk.

Performing oral sex on another person, receiving oral sex from another person, having penis-vagina sex with a condom

ANSWER: Performing oral sex on another person (meaning mouth to genitals or anus)

Condoms offer extremely effective protection against most STIs. Having unprotected sex of any kind carries high risk for STIs. With oral sex, the person performing oral sex is at higher risk because their mouth is coming into contact with the other person’s genitals. People can reduce their STI risk further by using flavored condoms or other barriers like dental dams..

Sharing needles for injection drug use, having protected oral sex, mutual masturbation

ANSWER: Sharing needles for injection drug use

Sharing needles with someone who has an STI, if that STI is passed via blood such as HIV, is one of the riskiest behaviors of all. Oral sex using a latex barrier carries much lower risk, and mutual masturbation carries no risk.

Unprotected oral sex, penis-vagina sex with a condom, unprotected anal sex

ANSWER: Unprotected anal sex

Unprotected anal sex is the highest risk behavior for STIs, which could lead to the transmission of HIV, the virus that causes AIDS.

STI Smarts Gameboard

Teacher's Resource

TESTING, TESTING

TRUE OR FALSE: There is one type of test that can screen for the most common STIs.

ANSWER: FALSE! It's really important when you get tested for STIs to talk with a health care provider about which STIs, including HIV, you want to be tested for. Also, when you talk with a partner about being in a sexual relationship, you need to ask that person what they've been tested for, not just "have you been tested for STIs?" A lot of people believe there is one test for all STIs, but there are at least two different ways to test for HIV alone (blood or oral fluid), so being specific is important.

TRUE OR FALSE: Minors (age 18 and younger) must have a parent or guardian's consent to be tested for STIs/HIV.

ANSWER: FALSE! In California, if you are 12 years old or older, you do not need parental permission to get tested for STIs or HIV or get treatment if you test positive. You may even be released from school to attend an appointment for these services. Talk with a school nurse or counselor or other designated school staff to be released from school for this type of visit.

Name two types of places where people can go to get tested for STIs/HIV

ANSWER: Doctor's office, health clinic (like Planned Parenthood), or Health Department. Some school-based health centers will do STI testing, and several major pharmacy chains carry an at-home HIV testing kit. You can also locate local STI testing clinics online, such as at www.teensource.org/find-a-clinic. STI testing in CA is typically low- or no-cost for teens.

TRUE OR FALSE: If a person thinks they might have been exposed to an STI or HIV, they should get tested within 24 hours.

ANSWER: FALSE! Different STIs can be detected in tests after different periods of time after exposure to an infected partner. The most important thing is to not have sex again until you can get tested to avoid possibly transmitting an STI to another person. It's also a good reminder to use condoms or other latex barriers (such as dental dams) for every act of oral, anal, or vaginal sex! Time periods for HIV tests vary; a person can get an HIV test anywhere from 2-3 weeks to 3-6 months after possible exposure.

People with a cervix are tested for HPV when they get pap tests; how are people with a penis tested?

ANSWER: HPV stands for the Human Papillomavirus. It can cause genital warts or it can cause cancer of the cervix, vagina, penis, anus, rectum, or throat. Currently, there is no HPV test for a person with a penis—a person with a penis will only know if they have HPV if they notice visible warts or a sexual partner notifies them of possible exposure. However, an HPV vaccine exists for all sexes that prevents contraction of many of the most dangerous forms of HPV. Ask your doctor, clinician, or school nurse for more information about the HPV vaccine. The vaccine is recommended for 11-12 year olds of all genders, and people 12-years-old and older in California may consent to the vaccine themselves without notifying parents or guardians.

STI Smarts Gameboard

Teacher's Resource

CAN I BE CURED?

Chlamydia

ANSWER: Yes! Chlamydia is a very common STI, especially among teens, and often causes no symptoms. The only way to know for certain if someone has Chlamydia is to get tested! Chlamydia can be cured by taking antibiotics. If you are prescribed antibiotics, you must take them for the entire time that they are prescribed, which can be from 1-7 days, and have any sexual partners tested and treated too.

Syphilis

ANSWER: Yes! Syphilis often causes minor or undetectable symptoms in the early stages. The only way to know for certain if someone has Syphilis is to get tested! Syphilis is cured with penicillin. It's important to get treatment as early as possible, because if left undetected, syphilis can cause damage to the body that cannot be reversed.

HIV

ANSWER: No! HIV, the virus that causes AIDS, is a virus that stays in the body and cannot be cured. However, HIV can be treated with antiretroviral medication, which is a medication that is safe to use, allows people to live otherwise healthy lives, and makes it less likely for them to transmit HIV to others. There is also medicine that HIV- people can take to try to prevent getting HIV called PrEP, or pre-exposure prophylaxis, which when taken by someone who is at high risk for getting HIV, can safely reduce their risk. If someone thinks they might have been exposed to HIV, they should go to a doctor or emergency room immediately and ask for a medication called PEP, or post-exposure prophylaxis, which can greatly reduce their risk for contracting HIV. If someone has contracted HIV, they may not get symptoms for many years. The only way to know for certain if someone has HIV is to get tested!

Gonorrhea

ANSWER: Yes! It can be cured by taking antibiotics. If you are prescribed antibiotics, you must take them for the entire time they're prescribed, which can be for up to seven days. And remember, the only way to know for certain if someone has Gonorrhea is to get tested!

Genital Warts

ANSWER: No! Genital warts are caused by a virus called HPV. The visible warts can be treated or removed and medication can treat the virus to make the symptoms less over time. In some cases, the body will naturally fight off HPV (although generally not the strains that cause visible warts), but otherwise, it cannot be cured. The best way to prevent getting genital warts and the virus that causes them, is to get the HPV vaccine prior to any sexual contact with another person. The HPV vaccine is recommended for people of any gender ages 11-years-old and older. People 12-years-old and older in California may consent to the vaccine themselves without notifying parents or guardians.

STI Smarts Gameboard

Teacher's Resource

WHAT SHOULD THEY DO?

A person has never had sex before. Their partner has, but only once. Do they need to use condoms?

ANSWER: YES! If someone has had vaginal, oral, or anal sex with another person, or even genital-to-genital contact, they could have been exposed to an STI. The use of condoms or other latex barriers such as dental dams helps to decrease the risk of STI or HIV transmission.

A couple is making out and it looks like they may have sex. One partner takes out a condom and the other says, "I don't use those." What should the other partner do?

ANSWER: Stop making out and say clearly, "I do. We can't have sex without them." If the other person still refuses, you need to either say what you are or aren't willing to do that doesn't include oral, anal, or vaginal sex—or leave. Using protection, such as condoms, against STIs and HIV is one sign of being ready to have sex responsibly. Delaying sexual activity until both partners are ready to be safe and responsible is highly recommended.

A couple is about to have sex for the first time. They know they need to use condoms but don't want to be seen buying them in a store. Where are two other places they can go to get condoms?

ANSWER: A doctor's office; a local sexual and reproductive health clinic; the Department of Health; a pharmacy or grocery store; online condom availability program such as www.teensource.org/condoms/free; school-based health center; or ask a friend, family member, school nurse or counselor for advice.

A couple is having penis-vagina sex, and the condom slips off. They don't have any more condoms with them.

ANSWER: They need to stop what they're doing immediately. If they wish to continue to have sex, they need to get some additional condoms (this is why people having sex should always have extra condoms on hand!). They also should decide whether either or both of them should go get tested for STIs and HIV, or whether pregnancy could be a risk. All people are at some risk of contracting HIV when they have sex with another person, and it is much better to be safe and stop having sex until both people are tested and condoms can be used.

A person notices small red bumps on the outside of their genitals. They don't look like the gross pictures of STIs they've seen on the Internet so they think maybe it's a heat rash. They've had sex before and used condoms a few times. What THREE THINGS should they do?

ANSWER: (1) They need to get tested for STIs at a doctor's office or health clinic. (2) They need to tell any sexual partners so that they can get tested too. (3) They need to start using condoms every time they have any kind of sex moving forward.

STI Smarts Gameboard

Teacher's Resource

I DON'T FEEL SO GOOD...

TRUE OR FALSE: One way to tell if someone has an STI is to stick earwax inside their vagina. If doing this stings, they have an STI.

ANSWER: FALSE! There are lots of myths out there about how you can tell whether someone has an STI. The only way to know for sure is to get tested and this is particularly true for HIV. STIs are caused by bacteria, viruses, or parasite-type bugs that can only be tested by urine tests, blood tests, or a swab of a sore or fluid. If STIs are not detected or treated early, they can cause pain, infertility, some types of cancer, and in extreme cases, death.

Name three common symptoms of most STIs.

ANSWER: One of the most common symptoms of STIs is no symptoms at all. If symptoms are present, they can include: burning or itching in the genitals; burning during urination; small bumps or sores on or around the genitals, mouth or anus; discharge from a penis (that is not urine or semen); or discharge from a vagina (different from typical vaginal discharge that's part of its normal daily cleaning process, such as a change in color, odor, or amount, and is not urine).

A person was bitten by a mosquito and a few days later they don't feel very well. Could the mosquito have infected them with HIV?

ANSWER: No! Mosquitos cannot transmit HIV from one infected person to another person. HIV does survive inside of other animals and it cannot survive outside of a human except in a vial of glass or a syringe, where it is not exposed to the outside environment.

Two weeks after being infected with this virus, a person may experience a sudden, intense onset of severe flu-like symptoms. What might this person be infected with?

ANSWER: HIV. Symptoms related to HIV infection such as fever and nausea can appear suddenly and intensely, and go away just as suddenly. HIV attacks white blood cells that are a key part of our immune system. Once these white blood cells are attacked, they increase in numbers and try to decrease the amount of HIV in the blood. This is why a person recently infected with HIV might get a fever while the white blood cells are increasing, and then the fever goes away once the white blood cells start doing their job. And remember, HIV can only transmit from having sexual contact or sharing needles with someone who already has HIV.

What is the MOST common symptom of an STI?

ANSWER: No symptom at all! People often see pictures of genitals with bumps and sores on them and think that's what an STI looks like—but usually that's what an STI that hasn't been treated for a very long time might look like. Sometimes symptoms might appear soon after exposure to an STI, such as sores or discharge, but quite often there are no symptoms at all—and sometimes the symptoms are inside the body and you can't see them directly. Since you can't tell by looking at someone if they have an STI or HIV, it's best to use condoms and other latex barriers such as dental dams every time a person has oral, anal, or vaginal sex; and delay engaging in sexual activity altogether if both partners are not ready to take the steps needed to have sex responsibly and respectfully.

STI Smarts Gameboard

Teacher's Resource

MYTH OR FACT?

Basketball player Magic Johnson, previously diagnosed with HIV, no longer has this virus.

ANSWER: Myth! Magic Johnson received antiretroviral medication early on in his diagnosis, and he continues to stick with his medication and lead a healthy lifestyle. Because of this, the amount of HIV in his body is very, very small—so small that the virus does not show up on Magic's blood tests. This does not mean that he no longer has the virus—it means he is doing a great job of controlling the amount of virus in his body and he needs to keep doing what he's doing to always keep it this low. If he stopped taking his medication, it's very likely that the virus count would rise and he could possibly get sick and/or develop AIDS. With the availability of antiretroviral medication, HIV+ people have normal life expectancies. You cannot tell what someone with HIV looks like, or who may or may not transmit or contract the disease, so everyone should be treated with dignity and respect.

If a person injects drugs intravenously or gets a tattoo or piercing, avoiding sharing needles or using a sterilized needle greatly decreases the chance of HIV transmission.

ANSWER: Fact! HIV transmission is greatly reduced by avoiding needle sharing or using sterilized needles. Sharing needles is one the highest risk activities for HIV transmission, because this allows direct blood to blood contact. If someone's blood comes into contact with the blood of someone infected with HIV, there is a very high risk of contracting this virus. Even tattooing and piercing have this risk, so medically sterilized needles are a must!

If a person gets chlamydia, takes the entire course of antibiotics and is cured, they cannot get chlamydia again.

ANSWER: Myth! Antibiotics only cure that particular instance of infection. Someone can get chlamydia (or gonorrhea, or syphilis, or trichomoniasis, or pubic lice), take medication to cure it, and then get it again if they have unprotected sex with someone who has any of those infections. People having sex—oral, vaginal, or anal—should always protect themselves from STIs and HIV by using condoms or other latex barriers such as dental dams.

There is currently a vaccine available for two STIs.

ANSWER: Fact! One vaccine protects against several strains of HPV that can cause genital warts and cervical, vaginal, penile, anal, rectal, or throat cancer (the vaccine can be taken by someone of any gender, even if they do not have a cervix) and the other vaccine inoculates against Hepatitis B. In California, anyone 12 years old or older can consent to these vaccines without parent/guardian permission if they so choose.)

A baby born to an HIV+ person will always be HIV+.

ANSWER: Myth! Someone who is pregnant and has HIV can pass HIV onto their fetus during pregnancy or childbirth or to their baby during breastfeeding. But taking antiretroviral medications while pregnant can significantly reduce the risk of transmitting HIV to a fetus. In the U.S., if an HIV+ person who is pregnant and takes HIV medicines exactly as prescribed throughout pregnancy, labor, and delivery, and provides HIV medicines to her baby for 4-6 weeks after birth, the risk of transmitting HIV to the baby can be 1% or less (www.cdc.gov/hiv/group/gender/pregnantwomen)

Exit Slip – Before You Go...

Name: _____

What are two things you learned about STIs from today's class?

1.

2.



Exit Slip – Before You Go...

Name: _____

What are two things you learned about STIs from today's class?

1.

2.

HIV & AIDS

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

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

This lesson is from the Be Real, Be Ready Curriculum created by staff at San Francisco Unified School District.

More information can be found here: <https://sfusdhealtheducation.org/be-real-be-ready/>

We thank them for allowing us to re-print it for the CA-version.

NSES ALIGNMENT:

Students will be able to:

SH.8.CC.1 Define STDs, including HIV, and how they are and are not transmitted

SH.8.CC.3 Describe the signs, symptoms and potential impacts of STDs, including HIV

TARGET GRADE: Middle School
– Lesson 6

TIME: 50 Minutes

MATERIALS NEEDED:

- Vocabulary Reference List – one copy per teacher
- Projector and screen
- Computer
- HIV & AIDS: PowerPoint
- HIV & AIDS: PowerPoint Slide Notes – one copy per teacher
- Worksheet: *HIV & AIDS* – one copy per student
- Activity Cards: *Body Fluids and Body Openings Mismatch*
- Worksheet: *HIV/AIDS Mythbusters* – one copy per student
- *Teacher Key: HIV/AIDS Mythbusters* – one copy per student
- *Homework: HIV Hotline* – one copy per student

ADVANCE PREPARATION FOR LESSON:

Print enough copies of the Body Fluids and Body Openings Mismatch activity cards so that each student can have one card.

LEARNING OBJECTIVES:

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

1. Define the following terms: HIV, AIDS, and STI.
2. Distinguish between HIV and AIDS.
3. Understand the magnitude of HIV infection and the AIDS pandemic internationally, nationally, and locally.
4. Acknowledge that HIV infection and AIDS have an impact on a broad range of people including males and females of all ages.
5. Describe routes of HIV transmission.
6. Identify behaviors that can lead to HIV transmission.

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: Write on the board and have students answer the following question on a scrap of paper.

- What is one thing you've heard about HIV?

Ask a few students to read their answers. After a student has shared what they have heard, ask the class if that statement is true or false. Correct any misconceptions. (5 minutes)

STEP 2: Let students know that you will be reviewing information about HIV and AIDS.

Say, "Today we will be learning about HIV and AIDS. We will cover

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what body systems are impacted by the virus and disease. We will also learn about the human immune system and how it protects our bodies from bacteria and viruses.”

Say, “HIV is an STI (sexually transmitted infection). It is the virus that can cause AIDS. If HIV is not kept under control, it can weaken a person’s immune system making it more difficult for them to stay healthy. AIDS is the diagnosis someone would get if HIV has weakened the person’s immune system so that it cannot fight off infection. Today, we have drugs and medication that help keep HIV under control so that someone who is living with HIV can live a longer, healthier life than ever before. We will learn about HIV and AIDS, the implications of HIV and AIDS, how these impact the human body, how the HIV virus is transmitted, and how transmission can be prevented.”

Distribute the HIV & AIDS worksheet and have students follow along with the slides by taking notes on it.

Note to the Teacher: 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. Review the PowerPoint slides through Slide 21 in preparation for the next section. (10 Minutes)

STEP 3: Review the fluids that transmit HIV: blood, semen, pre-cum, vaginal fluids, and breast milk. Say, “**It is important to remember how to avoid contact with HIV: by keeping infected blood, semen, vaginal fluids, or breast milk out of your own or another person’s mouth, genitals, anus, or broken skin. By avoiding the activities that put people in contact with these fluids or by taking measures to avoid contact with these fluids during those activities we can reduce the chances of HIV infections occurring.**”

Distribute the Body Fluids and Body Openings activity cards, one card per student. Explain that students should make a body fluid/opening pair with someone else. Explain that then, the students will examine the match they have made between body opening and fluid, and discuss whether this match could transmit HIV. Explain that when the match could lead to HIV transmission, the students should discuss how the risk of transmission could be reduced or eliminated (i.e. using barriers, knowing status, etc.) If time allows, have students make new matches and discuss each new match. Use this activity to check their understanding of HIV transmission. (10 minutes)

STEP 4: Continue reviewing the PowerPoint covering Slides 22-29. (10 Minutes)

STEP 5: Say, “**There are many contradictory messages out there about HIV—what it is, how it's spread, etc. This true/false activity will help to bring out some of these messages and allow students to dispel some of the most common HIV myths.**”

Distribute the HIV/AIDS Mythbusters worksheets and give students a few minutes to complete.

After students complete the worksheet, go through each of the questions to discuss. Read each question out loud and ask a few students to share why they picked myth or fact. Provide correct information.

Note to the Teacher: If there is not enough time to complete this in class have students complete it for homework. (10 Minutes)

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RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT THE CONCLUSION OF THIS LESSON:

Completing the HIV & AIDS worksheet will assess learning objectives one and two will viewing the PowerPoint presentation will accomplish learning objective three and four. The Mismatch activity and Mythbusters worksheet will assess learning objectives five and six.

HOMEWORK:

Distribute and explain the directions for the HIV Hotline homework activity.

Vocabulary Reference List

HIV & AIDS

1. **AIDS (Acquired Immune Deficiency Syndrome):** A combination of symptoms and/or illnesses caused by HIV. HIV weakens the immune system and can cause AIDS. When a person has AIDS, their body cannot fight off diseases. AIDS is a later stage of the HIV infection.
2. **Epidemic:** A widespread outbreak of an infectious disease.
3. **HIV (Human Immunodeficiency Virus):** An STI that attacks a person's immune system. This is the virus that causes AIDS. There are medications available to help a person with HIV live a healthier, longer life.
4. **HIV Status:** The medical test results a person receives after being tested for HIV. If a person's HIV status is positive (+), they do have HIV. If a person's HIV status is negative (-), they do not have HIV.
5. **Immune system:** The network of cells, tissues, and organs in the body that work together to defend the body against infection.
6. **Pre-ejaculate (pre-cum):** The clear fluid that comes out of the penis before ejaculation to clean out the urethra.
7. **Semen:** The fluid that comes out of the penis during ejaculation. It contains sperm and fluids from the seminal vesicle and prostate gland.
8. **STI (Sexually Transmitted Infection):** An infection, or disease, which is passed from a person who has the infection to another person through sexual contact.
9. **T-Cells:** A type of white blood cell that is an important part of the immune system. HIV attacks these cells, which causes damage to the immune system.
10. **Transmission:** When an infection is passed from person to person.
11. **Vaginal fluids:** The fluids that are naturally produced in the vagina.
12. **Window period:** The period of time an infection needs to be in someone's body before it can be detected by a medical test. After the body has been exposed to HIV, the window period for this virus is two weeks to six months.

Worksheet: HIV & AIDS

NAME: _____ DATE: _____

DIRECTIONS:

Follow along with the PowerPoint slides to fill in the answers below.

1. What does HIV stand for?

H _____

I _____

V _____

2. What does AIDS stand for?

A _____

I _____

D _____

S _____

3. What does STI stand for?

S _____

T _____

I _____

4. What system in the body does HIV attack? _____

5. What 4 fluids can transmit HIV?

1. _____

2. _____

3. _____

4. _____

6. Name 3 ways HIV can be transmitted:

1. _____

2. _____

3. _____

HIV Transmission & Body Fluid Activity Cards



Eye

Ear

Vagina

Nose

Anus

Mouth



**Vaginal
Fluids**

**Semen or
Pre-Cum**

Blood

Tears

**Breast
Milk**

Sweat

Worksheet: HIV/AIDS Mythbusters

NAME: _____ DATE: _____

DIRECTIONS:

For each statement, write in the blank space whether you think the statement is a myth or a fact.

_____ 1. Someone can get HIV from sharing swimming pools & hot tubs with people living with HIV.

_____ 2. Someone is very likely to get HIV from having a blood transfusion.

_____ 3. Someone can get HIV from having oral sex.

_____ 4. You can tell if someone has HIV or AIDS just by their appearance.

_____ 5. If someone gets HIV, they will most likely die very soon from the infection.

_____ 6. Only gay people get HIV.

_____ 7. It is not possible to get HIV from insects that have bitten an infected person.

_____ 8. The “window period” for HIV detection can be from 2 weeks to 6 months.

_____ 9. HIV can be transmitted through sweat, tears, and spit.

_____ 10. There is a cure for HIV.

What other myths have you heard of about HIV or AIDS?

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Teacher Key: HIV/AIDS Mythbusters

- Myth 1. Someone can get HIV from sharing swimming pools & hot tubs with people living with HIV.**
If there was blood, semen, vaginal fluids or breast milk in a pool or hot tub the chemical used in swimming pools and hot tubs would instantly kill the virus HIV. However, some people think that this means they don't need to use a condom if they are having sex in a pool or hot tub, which is not true. If sexual fluids meet inside the body (either vaginal or anal sex), they can transmit HIV, even in water.
- Myth 2. Someone is very likely to get HIV from having a blood transfusion.**
It is highly unlikely. In the US, all donated blood has been tested for HIV since 1985. Today the American blood supply is extremely safe. Donors are asked if they have practiced behaviors that place them at increased risk for HIV. If they have, they are not allowed to donate blood.
- Fact 3. Someone can get HIV from having oral sex.**
Yes, it is possible for someone to become infected with HIV through oral sex. The exact degree of risk of transmitting HIV during oral sex is not clearly known. It is known that someone is less likely to contract (get) HIV from oral sex than from vaginal or anal sex. The risk of getting HIV during oral sex increases when there is a cut or opening of any kind inside the mouth. Cells in the mucous lining of the mouth may carry HIV into the lymph nodes or the bloodstream. Someone can get HIV by having oral sex on a vagina or a penis, which is why it is safer to use a latex barrier during oral sex (condom or dental dam). Keep in mind, it is possible to get other STIs through unprotected oral sex as well.
- Myth 4. You can tell if someone has HIV or AIDS just by their appearance.**
Most people don't show any external symptoms for about the first 8-10 years of having the virus. And even then, it is nearly impossible to tell whether someone has AIDS just by looking at them.
- Myth 5. If someone gets HIV, they will most likely die very soon from the infection.**
People are living with HIV longer today than ever before. Medications, treatment programs, and a better understanding of HIV allows people living with HIV to live longer and healthier lives.
- Myth 6. Only gay people get HIV.**
Anyone can be susceptible to HIV/AIDS, regardless of their sexual orientation. Anyone who engages in behaviors that could transmit HIV is at risk. In fact, worldwide, HIV is spread most often through heterosexual (male-female) contact.
- Fact 7. It is not possible to get HIV from insects that have bitten an infected person.**
Mosquitoes, flies, ticks, fleas, bees or wasps do not transmit HIV. If a bloodsucking insect bites someone with HIV, the virus dies almost instantly in the insect's stomach as it digests the blood. HIV can live only in human cells.

HIV & AIDS

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- Fact** **8. The “window period” for HIV detection can be from 2 weeks to 6 months.**
The window period is the amount of time it takes for HIV to be detectable after someone has become infected. This can last from 2 weeks to 6 months after exposure, so it is important to know that getting tested right after a possible exposure (such as having unprotected sex or sharing needles) will not necessarily show whether someone has contracted HIV. If someone is concerned about a specific incident, they would need to go back and get tested 6 months after the incident and be sure to use protection in the meantime, so they don't unintentionally transmit it to someone else.
- Myth** **9. HIV can be transmitted through sweat, tears, and spit.**
None of these fluids can transmit HIV. Casual contact with someone who is living with HIV does not pose any risk of HIV transmission.
- Myth** **10. There is a cure for HIV.**
As of right now, there is no cure for HIV, but there are medical advancements that are bringing us closer to vaccines, medical prevention measures, and a cure. There are many medications and treatment available to manage someone's HIV infection – but these are not cures.

Teacher's Note: Here is more information if students ask about recent stories in the news of people being cured of HIV.

- + *Timothy Brown, also known as “the Berlin Patient,” was cured of HIV when he received a bone-marrow transplant from a donor who was genetically resistant to HIV. Brown, who was HIV-positive and had leukemia, received an experimental bone-marrow transplant to treat both conditions in 2009. The outcome was that there was no longer HIV in his body. While his story is an example of medical advancement toward a cure for HIV, this type of treatment is not a viable solution or cure for most people. Bone-marrow transplants are expensive, only a fraction of people have the gene mutation that makes them resistant to HIV, and only a fraction of those people are bone-marrow donors.*

Homework: HIV Hotline

NAME: _____ DATE: _____

DIRECTIONS:

Imagine you work on an HIV Hotline. Pick and answer three of the questions below from your callers. Circle the numbers of the callers you are answering. You may ask the person more questions if you need to. Write what you would ask them and your answer to their questions on the back of this page.

Caller #1: Female, age 19

"I just found out my girlfriend of three years has been sleeping with a guy. We don't use dental dams because we were only supposed to have sex with each other. Do I need an HIV test? What should I do?"

Caller #2: Male, age 18

"I am straight, but sometimes my guy friends and I, you know, play around. I have had anal sex with a few other guys and sometimes we use condoms, but sometimes we don't. Do I need an HIV test? What should I do?"

Caller #3: Female, age 17

"I've been going out with a man who's a lot older than me. We haven't gone all the way yet, but we have done a lot of touching and a little...um, oral sex. I just found out that he shoots drugs. Do I need an HIV test? What should I do?"

Caller #4: Male, age 18

"My girlfriend and I have an open relationship, and we always use condoms with other people. She finally told me a condom broke with this other guy a week ago, but we've already had unprotected sex. Do I need an HIV test? What should I do?"

Caller #5: Male, age 17

"My boyfriend and I have been together for 9 months. We have only been with each other and we do not have sex with other people. I just learned that oral and anal sex can transmit HIV. Do I need an HIV test? What should I do?"

HIV & AIDS

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HIV & AIDS Slide Notes

<p>HIV & AIDS</p>	<p>SLIDE 1</p>
<p>Do Now</p> <p>What is one thing you have heard about HIV?</p>	<p>SLIDE 2</p>
<p>What is HIV?</p> <ul style="list-style-type: none">• Human• Immunodeficiency• Virus	<p>SLIDE 3</p> <p>Ask students what they think HIV stands for. Click to reveal the answers.</p> <ul style="list-style-type: none"><input type="checkbox"/> Human = this is a disease in human beings, not in other animals<input type="checkbox"/> Immunodeficiency<ul style="list-style-type: none">• What system is affected by this disease? The immune system• What is the function of the immune system? To prevent infections by bacteria and viruses• What does “deficiency” mean? Not enough of something• What does “immune deficiency” mean? The immune system is not strong enough to combat other infections<input type="checkbox"/> Virus = this is a microscopic living thing which causes infections <p>Sum it up: HIV is a virus that attacks the immune system in humans, and makes the immune system weaker so it is more difficult to stay healthy and fight off other infections.</p>

<p style="text-align: center;">What is AIDS?</p> <hr/> <ul style="list-style-type: none"> • Acquired • Immune • Deficiency • Syndrome 	<p>SLIDE 4</p> <p>Ask students what they think AIDS stands for. Click to reveal the answers.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acquired = from someplace else, not from inside <input type="checkbox"/> Immune = able to fight off infection <input type="checkbox"/> Deficiency = not enough of something <input type="checkbox"/> Syndrome = a combination of signs and symptoms characteristic of a particular disease <p>AIDS is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Another way of saying that someone’s immune system is very weak or that they are quite sick as a result of HIV infection. <input type="checkbox"/> A combination of symptoms and/or specific illnesses caused by the inability of the immune system to fight off infections (which is caused by HIV). <input type="checkbox"/> AIDS often occurs as a later stage of HIV infection, often occurring eight or more years after a person is infected with HIV. Depending on when someone is diagnosed, the medications they are on, and other factors, AIDS may not develop for quite a few years. <input type="checkbox"/> Because AIDS is a syndrome, not an infection, people cannot transmit AIDS to each other. HIV is the virus that someone could get or give to another person. Over time, the virus can diminish or weaken the immune system and the person can develop AIDS.
<p style="text-align: center;">HIV vs. AIDS?</p> <hr/> <ul style="list-style-type: none"> • HIV is a preventable viral STI. • HIV is the virus that <u>can cause AIDS if left untreated.</u> • HIV can be transmitted from one person to another through specific activities. • AIDS cannot be transmitted and can be prevented. 	<p>SLIDE 5</p> <p>Review the important points about HIV and AIDS.</p> <p>Suggested Script:</p> <p><i>HIV is an STI. It is the virus that can cause AIDS. If HIV is not kept under control with medication, it can weaken a person’s immune system making it more difficult for them to stay healthy. AIDS is the diagnosis someone would get if HIV has weakened the person’s immune system so that it cannot fight off infection. Today, we have drugs and medication that help keep HIV under control so that someone who is HIV-positive (has HIV) can live a longer, healthier life than ever before.</i></p>



Implications of HIV & AIDS

HISTORY AND IMPACT OF THE VIRUS

SLIDE 6

Let students know that, compared to other infections, HIV has not been around for that long. Ask students: when did the US first report seeing patients with AIDS? The first reported case of AIDS in the US was in 1981.

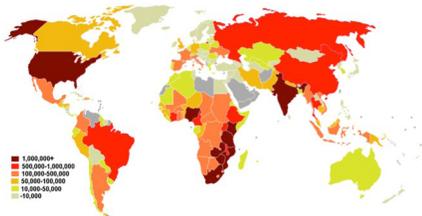
About 30 years later 34 million people are now living with HIV. While HIV is still a serious virus, it has become a disease many people can live with, and there are many people in the world who have it. However, the ability to live a healthy life with HIV varies depending on the person, where they live, the healthcare they have access to, and more.

NOTE:

Origin of HIV: No one knows the exact origins of HIV but it is thought that it crossed over from Chimpanzees to Humans, somewhere in West Africa. One theory is that a hunter got cut while butchering a dead chimpanzee and the animal's blood got into the human's body where the virus was then able to adapt to a human host. (If students are especially interested in this topic, you can refer them to a Radiolab podcast discussing the origins of HIV. It is available for free download at <http://www.radiolab.org/2011/nov/14/>)

HIV and Gay Community: Some people think HIV only affects people who are gay. This is incorrect – HIV affects all people – no matter their sex, gender, or sexual orientation. Some people think that HIV only affects gay people because HIV was first identified in the US primarily in gay communities in LA, SF, and NYC.

Which countries have the most people living with HIV?



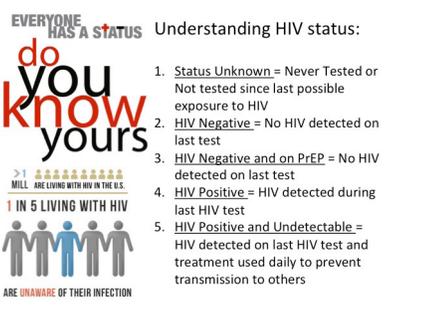
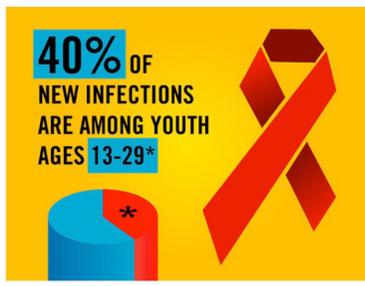
SLIDE 7

HIV affects people all over the world.

- Which countries have the highest number of people living with HIV? South Africa, Nigeria, India, Ethiopia, Kenya, Mozambique, Tanzania, Uganda, Zimbabwe, and the United States of America
- How does the US compare with other regions of the world in terms of the numbers of people living with HIV? The US has a fairly high number of people living with HIV compared to other countries in North America and Europe.

Possible Discussion Questions

- Why do you think there are different rates of HIV around the world?
- What do you think might affect the rates of HIV?

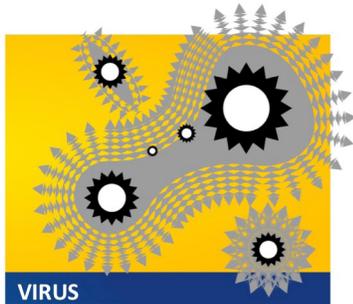
 <p>HIV IS DIFFERENT NOW.</p> <p>PREVENT There are now more ways you can prevent HIV, using condoms, injecting safety and HIV medications including PrEP and PEP.</p> <p>TEST There are more options available to test for HIV, traditional blood tests or rapid testing, choose the option that works best for you.</p> <p>TREAT You can start HIV treatment early and live a long, healthy life.</p> <p>END. H.I.V.</p> <p>ENDING HIV IS POSSIBLE:</p> <ol style="list-style-type: none"> 1. PREVENT NEW INFECTIONS 2. SUPPORT FOLKS LIVING WITH HIV BECAUSE TREATMENT = PREVENTION AND AN UNDETECTABLE VIRAL LOAD = UNINFECTIOUS <p>ANTIRETROVIRAL THERAPY</p>	<p>SLIDE 8</p> <p>People with HIV are living longer and healthier lives than ever before because we have more information about HIV and more effective medications and treatments. While there is medication available to help keep HIV-positive people healthy, there are still many people who don't have access to these medications, or who can't afford them, since they can be very expensive.</p> <ul style="list-style-type: none"> □ UNDETECTABLE VIRAL LOAD= a person who is HIV+ and maintaining access to care to control and suppress HIV in their bodies making them uninfected to others □ There are also now medications to PREVENT HIV infection 1. before exposure (PrEP: Pre Exposure Prophylaxis) 2. after exposure (PEP: Post Exposure Prophylaxis)
 <p>EVERYONE HAS A STATUS</p> <p>do you know yours?</p> <p>Understanding HIV status:</p> <ol style="list-style-type: none"> 1. Status Unknown = Never Tested or Not tested since last possible exposure to HIV 2. HIV Negative = No HIV detected on last test 3. HIV Negative and on PrEP = No HIV detected on last test 4. HIV Positive = HIV detected during last HIV test 5. HIV Positive and Undetectable = HIV detected on last HIV test and treatment used daily to prevent transmission to others <p>>1 MILL ARE LIVING WITH HIV IN THE U.S.</p> <p>1 IN 5 LIVING WITH HIV ARE UNAWARE OF THEIR INFECTION</p>	<p>SLIDE 9</p> <p>Over 1 million people are living with HIV in the US. 1 out of every 5 of those people (20%) do not know they have HIV. HIV affects as many women as it does men. However, some groups are disproportionately affected (meaning they have higher rates of HIV than other groups). This includes youth (especially young females), LGBT people, African Americans, and Latinos.</p> <p>Possible Discussion Questions</p> <ul style="list-style-type: none"> • Why do you think some groups are disproportionately affected by HIV? • Why do you think so many people are unaware of their infection status? • How can knowing your status prevent HIV transmission?
 <p>40% OF NEW INFECTIONS ARE AMONG YOUTH AGES 13-29*</p>	<p>SLIDE 10</p> <p>Every 9 ½ minutes someone in the US becomes infected with HIV. 40% of new infections in the US are among youth ages 13-29</p>



How HIV Affects the Body

SLIDE 11

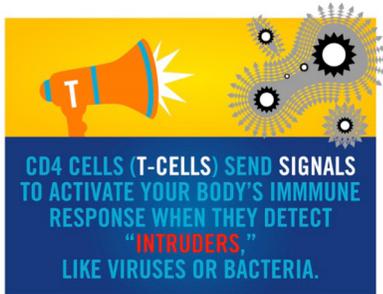
Let students know that you will now review how HIV affects the body.



SLIDE 12

HIV enters the body. (Later, we will talk more about the ways in which that can happen.)

HIV takes over cells in the body and starts to reproduce. The cells that HIV hijacks are called T-cells, which are an important part of the body's immune system.

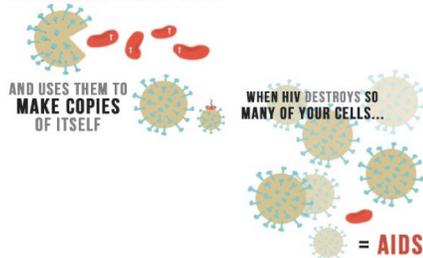


SLIDE 13

The body reacts by producing antibodies which try to fight HIV. The antibodies may cause the body to run a fever or experience flu-like symptoms during the first few days of HIV infection. The symptoms will go away, but the HIV is still in the body.

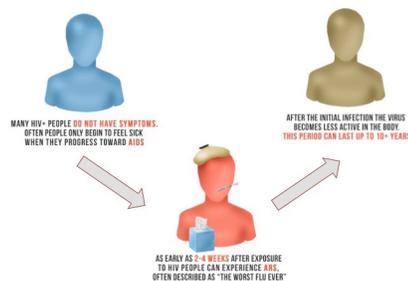
HIV destroys the T-cells that it takes over and prevents them from protecting the body from other diseases. This means that someone who has HIV will have fewer and fewer T-cells over time if they have no treatment.

HIV ATTACKS YOUR T-CELLS



SLIDE 14

A person with a healthy body has about 600-1000 T-cells per mm³ of blood. A person will be considered to have AIDS if their T-cell count is 200 or below.



SLIDE 15

Symptoms of HIV may not appear for years. However, a person can spread the virus to others whether or not they have symptoms. Symptomatic HIV may include diarrhea, headaches, weight loss, night sweats, fever, tiredness, and swollen lymph glands.

After a number of years without any treatment, AIDS-defining illnesses and infections may begin to occur. These illnesses can include various cancers and infections. These illnesses are often called 'opportunistic infections' because they take advantage of a person's weakened immune system.



Transmission

HOW HIV CAN GET FROM ONE BODY INTO ANOTHER

SLIDE 16



FLUIDS OF TRANSMISSION:

- BLOOD
- SEMEN (CUM)
- PRE-EJACULATE (PRE-CUM)
- VAGINAL & RECTAL FLUIDS
- BREASTMILK

SLIDE 17

HIV can only be transmitted through these bodily fluids:

- Blood
- Semen (cum)
- Pre-seminal fluid (pre-cum/pre-ejaculate)
- Vaginal fluids
- Breast milk

HIV cannot be transmitted through sweat, tears, spit, or urine.



HIV CAN ENTER THE BODY THROUGH:

- LINING OF THE ANUS OR RECTUM
- LINING OF THE VAGINA AND/OR CERVIX
- OPENING TO THE PENIS
- MOUTH THAT HAS SORES OR BLEEDING GUMS
- CUTS OR SORES

SLIDE 18

HIV can be transmitted when one of these fluids from someone who is living with HIV enters the body of another person. This can happen through their:

- Anus or rectum
- Vagina and/or cervix
- Opening of the penis (urethral opening)
- Mouth with cuts or sores
- Cuts or sores on the skin

HIV can be spread through:



SEXUAL CONTACT



SHARING NEEDLES



CHILDBIRTH & BREASTFEEDING



OCCUPATIONAL ACCIDENTS

SLIDE 19

HIV can be transmitted through sexual contact, injection drug use, from mother to child through childbirth and breastfeeding, and through occupational exposure (such as a health care provider getting an accidental needle stick). HIV is now rarely transmitted through blood or organ transplant. In the US, the risk of contracting HIV through blood or organ transplant is extremely low since the blood supply here is regularly tested for HIV.

The most common ways that HIV is transmitted are through vaginal and anal sex, and sharing needles or injection equipment. In the US, pregnant mothers are screened for HIV and treated with medicine to reduce the risk of transmission to the baby during delivery and through breastfeeding.

It is possible to transmit HIV through contaminated equipment used for piercings and tattoos. It is recommended to use single-use supplies for tattoos and piercings and avoid sharing needles and equipment.

Someone CANNOT get HIV through kissing, non-sexual massage, masturbation, or 'dry humping' (rubbing against each other with clothes on).



COMMON WAYS HIV IS TRANSMITTED:

- HAVING SEX (ANAL, VAGINAL, OR ORAL) WITH SOMEONE WHO IS HIV+
- SHARING NEEDLES OR INJECTION EQUIPMENT WITH A USER WHO IS HIV+
- HIV+ FEMALES TO THEIR BABIES BEFORE OR DURING BIRTH, OR THROUGH BREASTFEEDING.

SLIDE 20



THESE ACTIVITIES CARRY
NO RISK
OF HIV TRANSMISSION:

- hugging
- kissing
- high fives
- cuddling
- masturbation
- non-sexual massage
- sharing water bottles or food
- dry humping
- loving someone with HIV
- sharing a bathroom with someone who has HIV
- insect bites
- and many more...

SLIDE 21

ACTIVITY

HIV TRANSMISSION & BODY FLUIDS ACTIVITY

SLIDE 22

Play the HIV Transmission & Body Fluid Activity



How to Reduce
the transmission

HARM REDUCTION STRATEGIES FOR HIV PREVENTION

SLIDE 23

Ways to Reduce the Risk of HIV



- Use barrier methods
- Know the status of sex partner(s)
- Avoid sharing needles
- PrEP
- PEP

SLIDE 24

There are many ways to reduce the risk of HIV transmission. Here are a few:

- **Using barrier methods** – Barrier methods prevent the sharing of bodily fluids. Preventing fluid contact can be done by using barrier methods such as condoms, internal condoms, dental dams, latex or nitrile gloves, or Saran/plastic wrap.
- **Knowing the status of sex partner(s)** – Before engaging in sexual activities, someone can ask their partner what their HIV status is. Remember, that 20% of people who are living with HIV, do not know that they have the virus. It is recommended that anyone who is sexually active or engaging in behaviors that could transmit HIV (including vaginal, anal, and oral sex, or sharing needles) get tested for HIV every 3-6 months to know what their status is.
- **Avoid sharing needles** – Blood can be shared if needles are shared for tattoos, piercings, or injection drug use. Always use “clean” needles. If you or someone you know is using injection drugs, please speak to a parent, guardian or trusted adult. The staff at the wellness center can help.
- **PrEP** - Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill (brand name Truvada) every day. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%. PrEP is much less effective if it is not taken consistently. PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. But people who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months.

What is PrEP?

- Short for “pre-exposure prophylaxis”
- HIV prevention strategy in which HIV-negative people at risk take an oral pill once a day *before* coming into contact with HIV to reduce their risk of HIV infection
- Can be taken by anyone, regardless of gender identity or sexual orientation, including some youth under 18
- Most people can get it at little to no cost



SLIDE 25

Make sure all students understand what PrEP is and let them know that they can find out more at PleasePrepMe.org

What is PEP?

- Short for “post-exposure prophylaxis”
- HIV prevention option for someone who thinks they’ve been recently exposed to HIV
- Medicine must be started within 72 hours after exposure

SLIDE 26

www.cdc.gov is another great resource for PrEP and PEP information



Practice Universal Precautions

SLIDE 27

Practice Universal Precautions – In school or other public places, if there is exposed blood, use a barrier between it and your skin like a rubber glove. Avoid touching someone else’s blood directly.

Ways to Reduce the Risk of HIV



TESTING OPTIONS:

- MOUTH SWAB
- URINE
- BLOOD SAMPLE

SLIDE 28

Get tested – An HIV test requires a finger stick, drawing blood, or an oral swab. Local teen clinics offer free HIV testing. Usually, someone can get the results by the end of the visit.

the window period

It can take...

2 weeks to 6 months

for a test to detect HIV after a person has been exposed to the virus.

SLIDE 29

Window period – HIV tests are not looking for the HIV, the virus that causes AIDS, they are looking for the body’s response to the virus – antibodies. Since it can take a while for the body to make these antibodies, HIV tests will not be accurate immediately after exposure to HIV. There is a window period. The window period is 2 weeks to 6 months after exposure for an HIV test to accurately determine if someone has been exposed to HIV or not.

the window period

If a person had unprotected sex on January 1st, (& may have been exposed to HIV) when is the earliest an HIV test could detect HIV?

About 2 weeks later: January 15th

When would someone be sure that the HIV test accurately showed if they were exposed to HIV or not on January 1st?

About 6 months after exposure: July 1st

**Remember: if someone has other possible exposures between January 1st and July 1st, they will need to retest.*

SLIDE 30

- If someone had unprotected sex on January 1st when is the earliest that an HIV test could detect HIV antibodies? Two weeks later – January 15th
- When would this person be sure that a negative test result is completely accurate if they were exposed to HIV on January 1st? About 6 months later – July 1st.
- Remind students that if someone has another potential exposure in between the tests, then that person will need to re-test.

HIV & AIDS

Do Now

What is one thing you have heard
about HIV?

What is HIV?

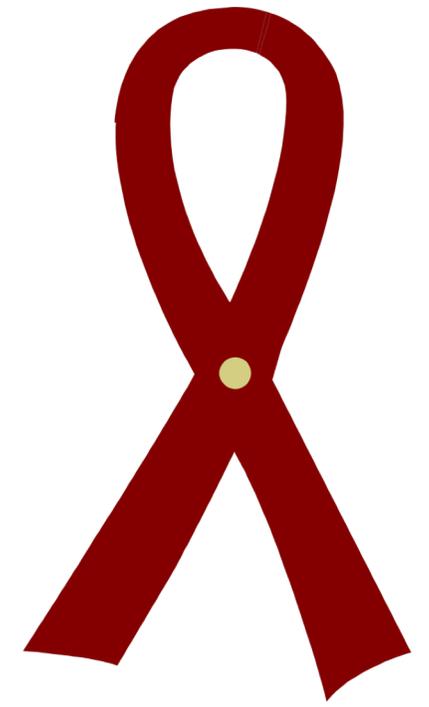
- Human
- Immunodeficiency
- Virus

What is AIDS?

- Acquired
- Immune
- Deficiency
- Syndrome

HIV vs. AIDS?

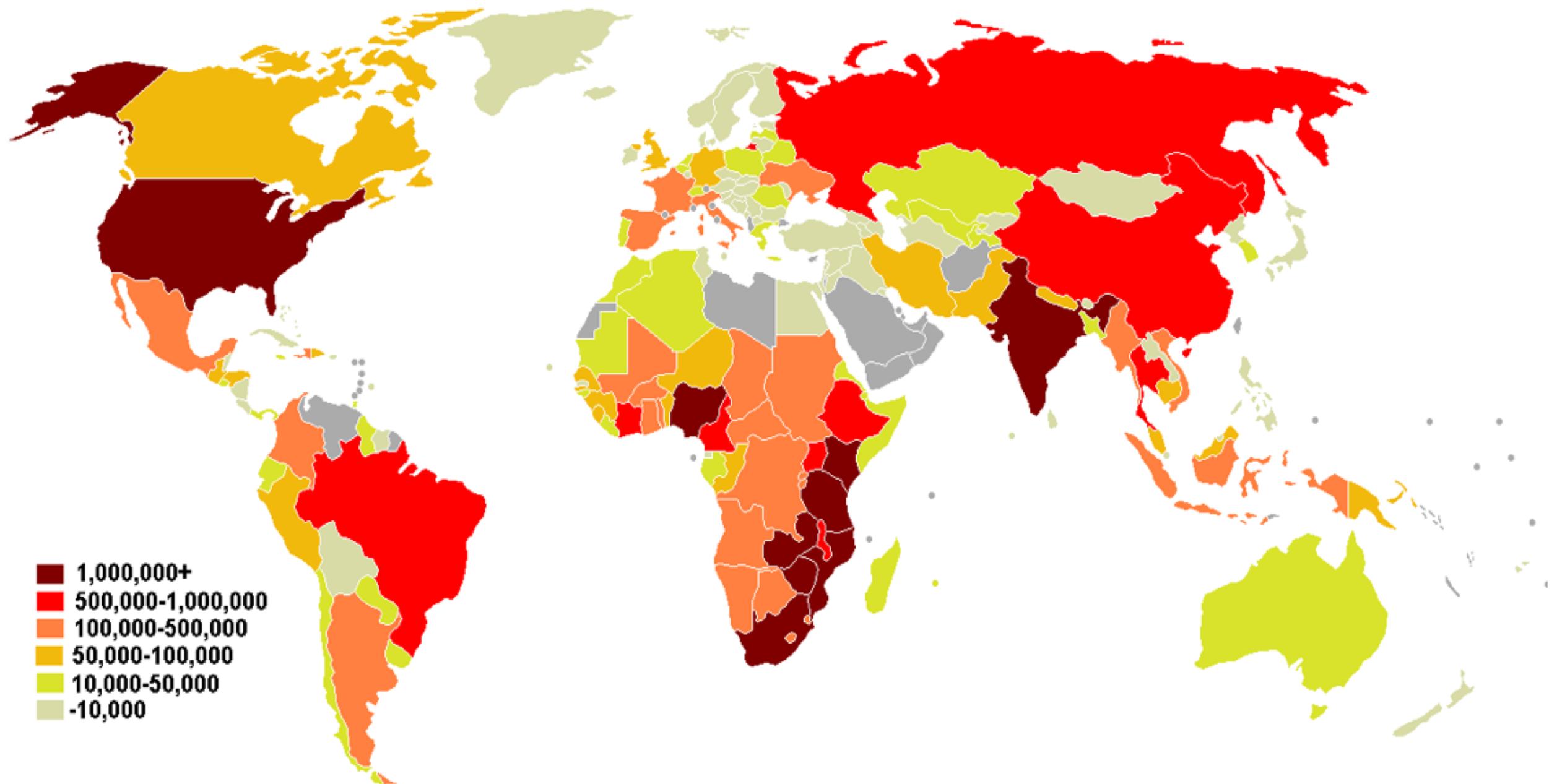
- HIV is a preventable viral STI.
- HIV is the **virus** that can cause AIDS if left untreated.
- HIV can be transmitted from one person to another through specific activities.
- AIDS cannot be transmitted and can be prevented.



Implications of HIV & AIDS

HISTORY AND IMPACT OF THE VIRUS

Which countries have the most people living with HIV?



HIV IS DIFFERENT NOW.

PREVENT

There are now more ways you can prevent HIV: using condoms, injecting safely and HIV medications including PEP and PrEP.

TEST

There are more options available to test for HIV: traditional blood tests or rapid testing, choose the option that works best for you.

TREAT

You can start HIV treatment early and live a long healthy life.

**E.N.D.
H.I.V.**

ENDING HIV IS POSSIBLE:

1. PREVENT NEW INFECTIONS
2. SUPPORT FOLKS LIVING WITH HIV BECAUSE TREATMENT = PREVENTION AND AN UNDETECTABLE VIRAL LOAD = UNINFECTIOUS

PrEP

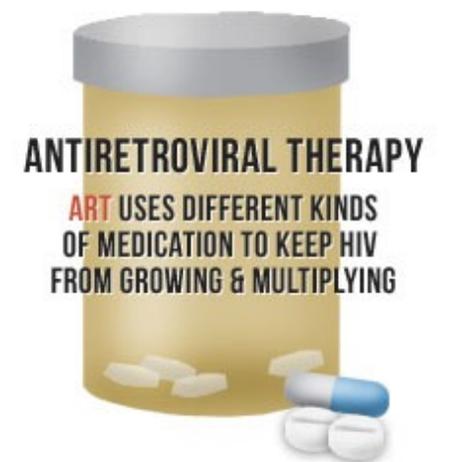
Protect yourself from HIV every day

PrEP is a daily pill that can protect HIV-negative people if taken every day.

PEP

Prevent HIV after exposure

PEP is an emergency medicine that can stop HIV infection if taken right after being exposed.

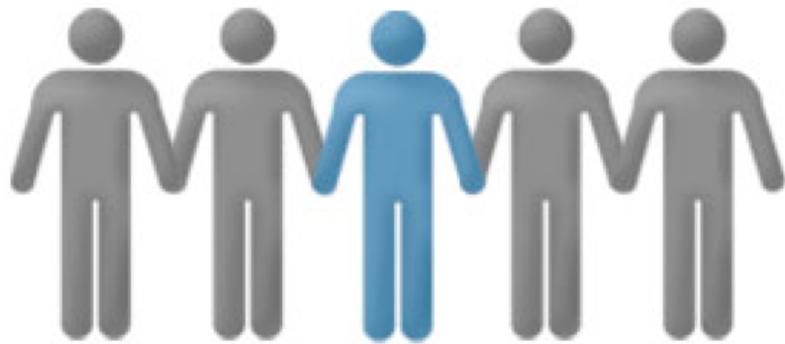


EVERYONE
HAS A STATUS

do
you
know
yours

>1 MILL ARE LIVING WITH HIV IN THE U.S.

1 IN 5 LIVING WITH HIV

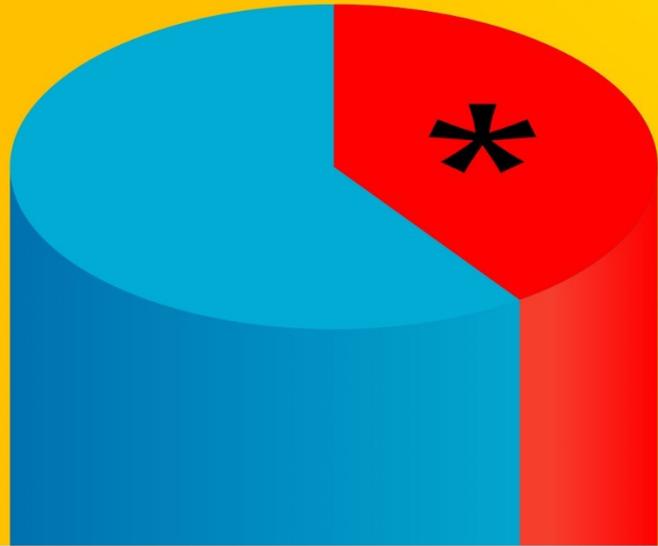


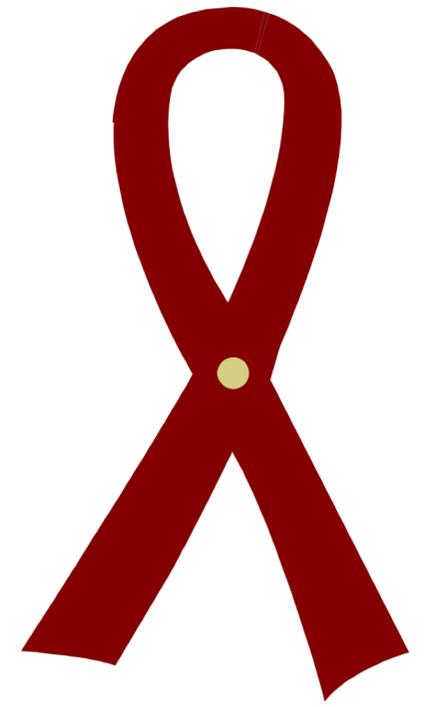
ARE UNAWARE OF THEIR INFECTION

Understanding HIV status:

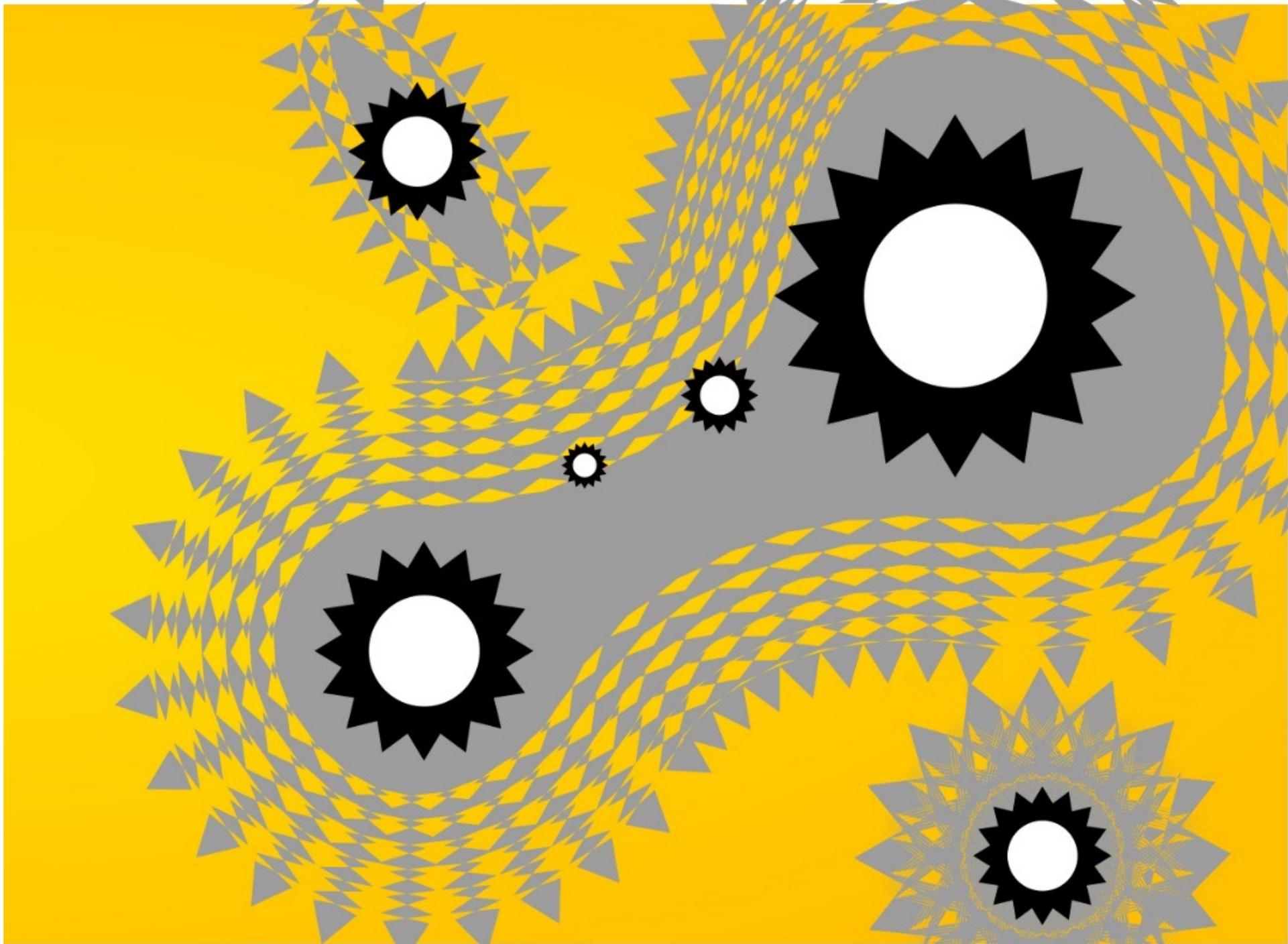
1. Status Unknown = Never Tested or Not tested since last possible exposure to HIV
2. HIV Negative = No HIV detected on last test
3. HIV Negative and on PrEP = No HIV detected on last test
4. HIV Positive = HIV detected during last HIV test
5. HIV Positive and Undetectable = HIV detected on last HIV test and treatment used daily to prevent transmission to others

40% OF
NEW INFECTIONS
ARE AMONG YOUTH
AGES 13-29*

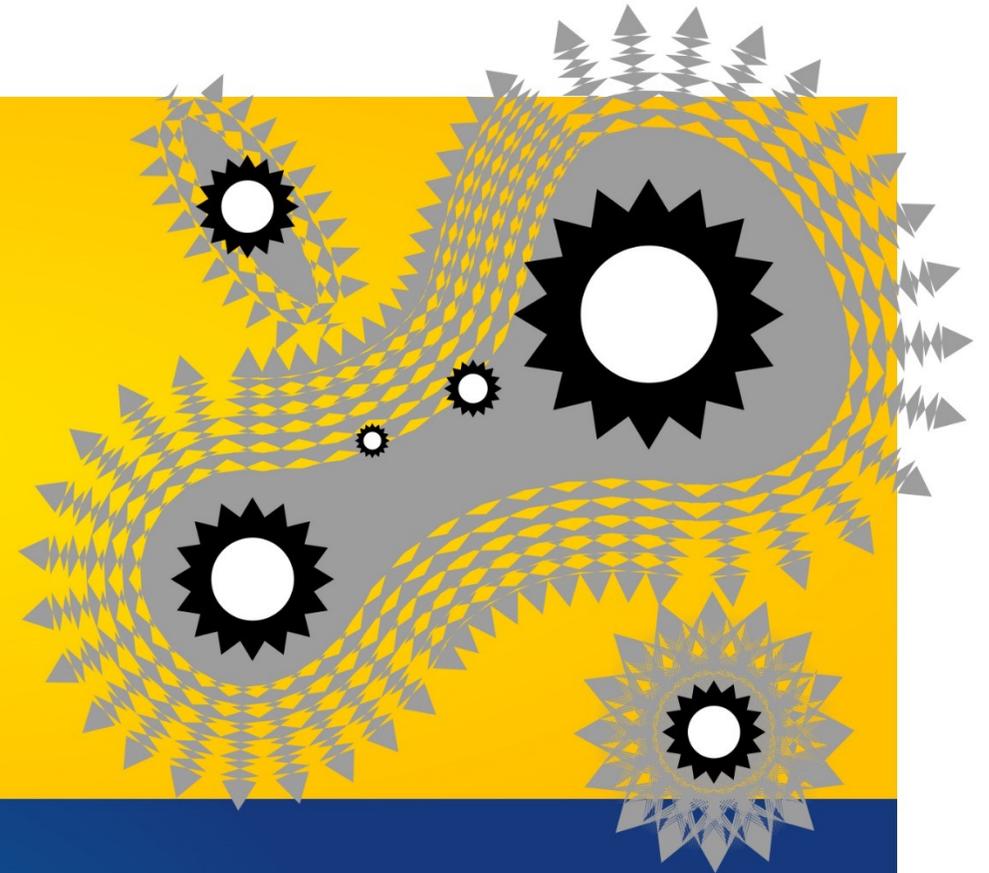




How HIV Affects the Body

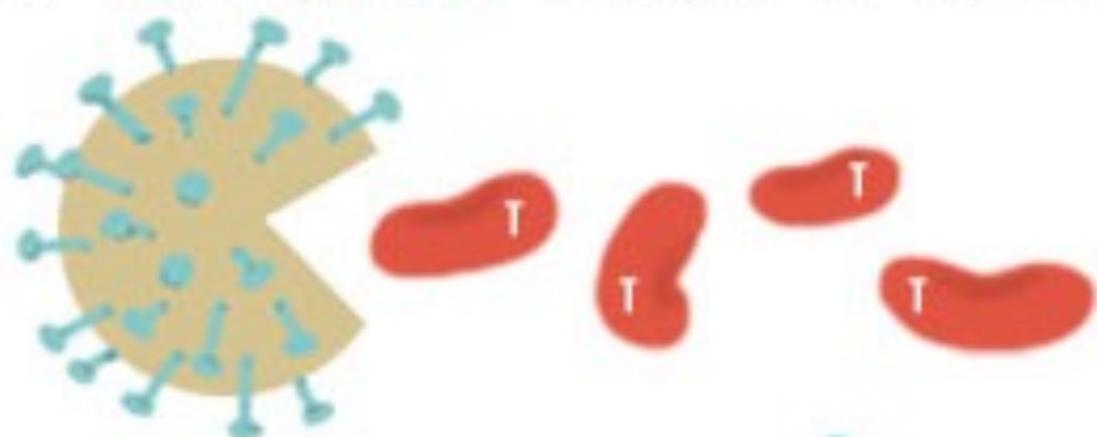


VIRUS

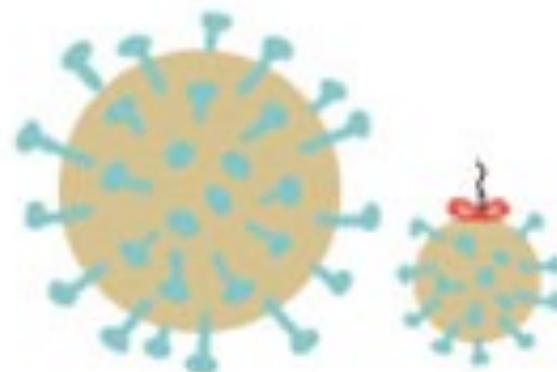


**CD4 CELLS (T-CELLS) SEND SIGNALS
TO ACTIVATE YOUR BODY'S IMMUNE
RESPONSE WHEN THEY DETECT
“INTRUDERS,”
LIKE VIRUSES OR BACTERIA.**

HIV **ATTACKS** YOUR T-CELLS



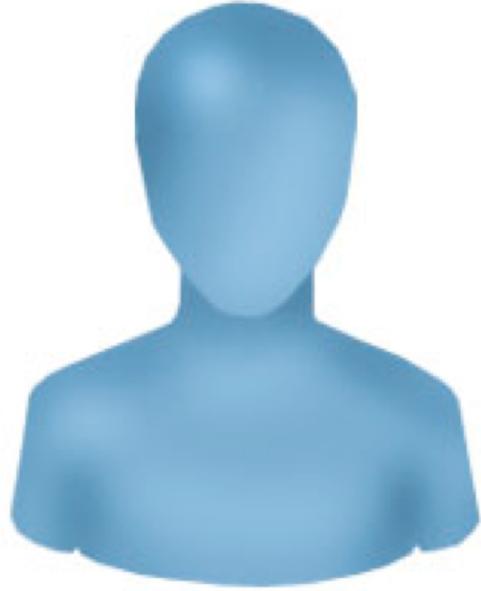
AND USES THEM TO
MAKE COPIES
OF ITSELF



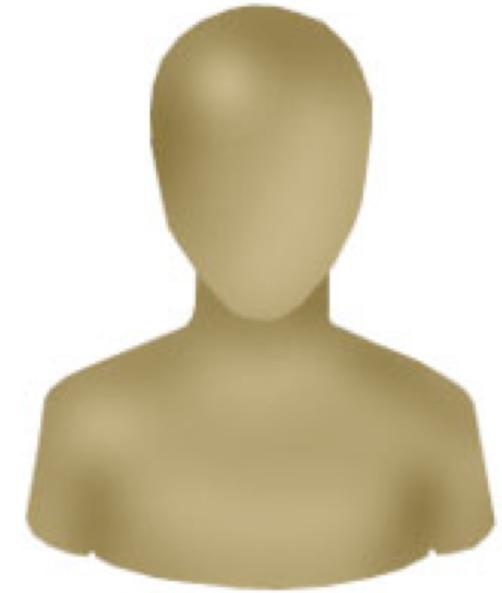
WHEN HIV DESTROYS SO
MANY OF YOUR CELLS...



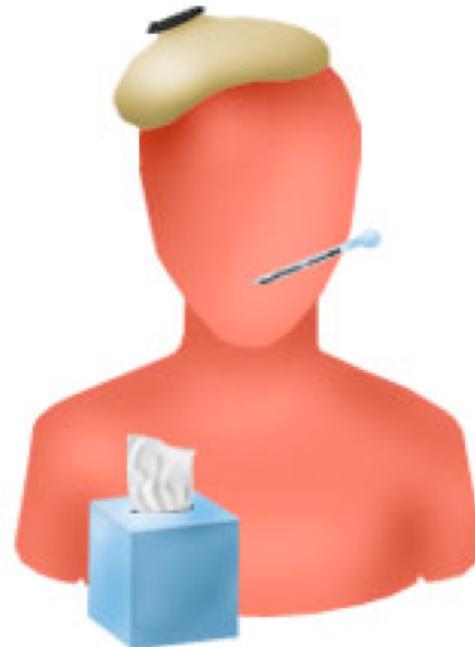
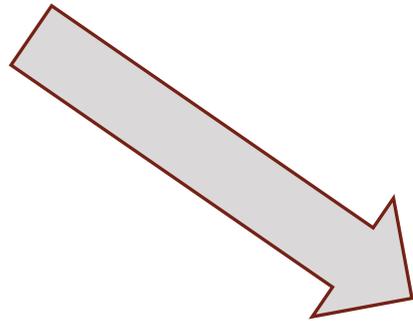
= AIDS



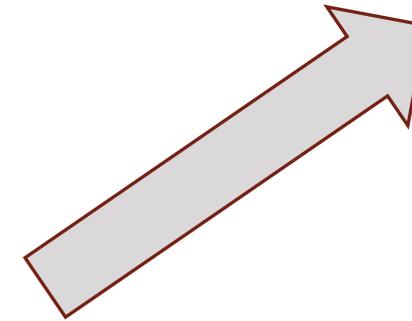
MANY HIV+ PEOPLE **DO NOT HAVE SYMPTOMS.**
OFTEN PEOPLE ONLY BEGIN TO FEEL SICK
WHEN THEY PROGRESS TOWARD **AIDS**



AFTER THE INITIAL INFECTION THE VIRUS
BECOMES LESS ACTIVE IN THE BODY.
THIS PERIOD CAN LAST UP TO 10+ YEARS



AS EARLY AS **2-4 WEEKS** AFTER EXPOSURE
TO HIV PEOPLE CAN EXPERIENCE **ARS,**
OFTEN DESCRIBED AS "THE WORST FLU EVER"





Transmission

HOW HIV CAN GET FROM ONE BODY INTO ANOTHER



FLUIDS OF TRANSMISSION:

BLOOD

SEMEN (CUM)

PRE-EJACULATE (PRE-CUM)

VAGINAL & RECTAL FLUIDS

BREASTMILK



HIV CAN ENTER THE BODY THROUGH:

LINING OF THE ANUS OR RECTUM

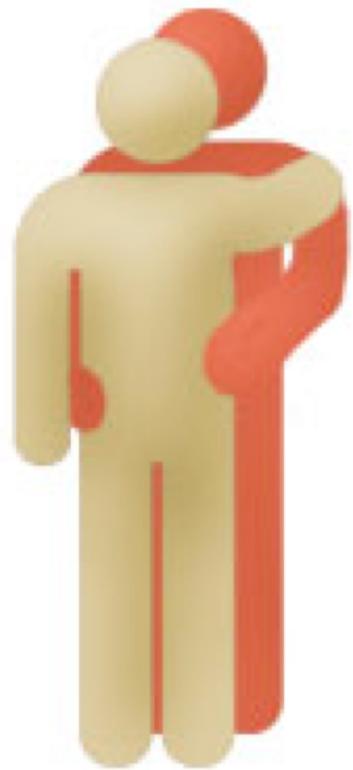
LINING OF THE VAGINA AND/OR CERVIX

OPENING TO THE PENIS

MOUTH THAT HAS SORES OR BLEEDING GUMS

CUTS OR SORES

HIV can be spread through:



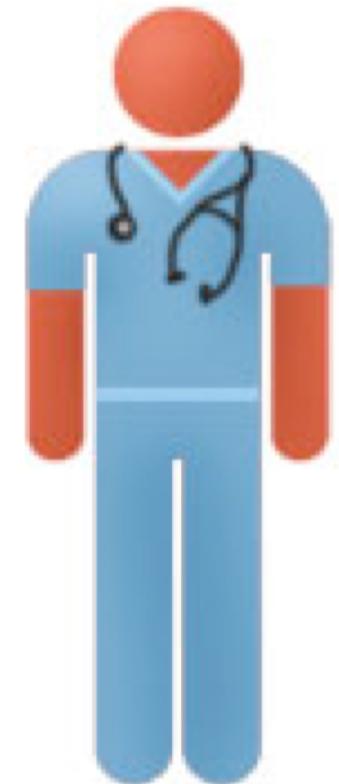
SEXUAL
CONTACT



SHARING
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CHILDBIRTH &
BREASTFEEDING



OCCUPATIONAL
ACCIDENTS



COMMON WAYS HIV IS TRANSMITTED:

HAING SEX (ANAL, VAGINAL, OR ORAL) WITH SOMEONE WHO IS HIV+

SHARING NEEDLES OR INJECTION EQUIPTMENT WITH A USER WHO IS HIV+

HIV+ FEMALES TO THEIR BABIES BEFORE OR DURING BIRTH, OR THROUGH BREASTFEEDING.

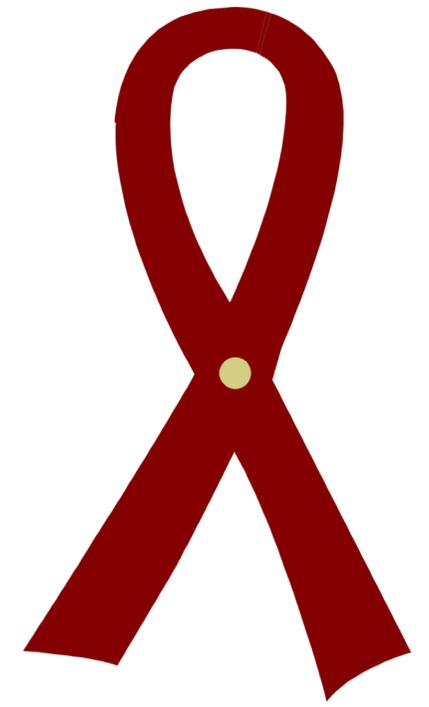


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- kissing
- high fives
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- non-sexual massage
- sharing water bottles or food
- dry humping
- loving someone with HIV
- sharing a bathroom with someone who has HIV
- insect bites
- and many more...

ACTIVITY

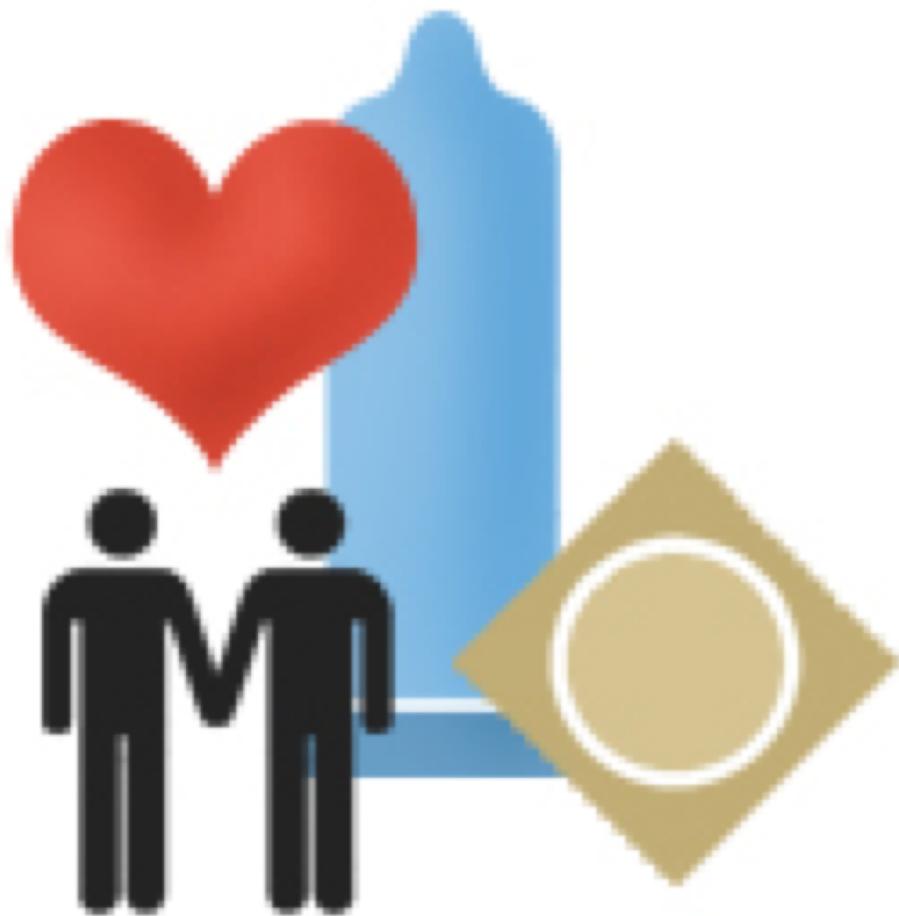
HIV TRANSMISSION & BODY FLUIDS ACTIVITY



How to Reduce the transmission

HARM REDUCTION STRATEGIES FOR HIV PREVENTION

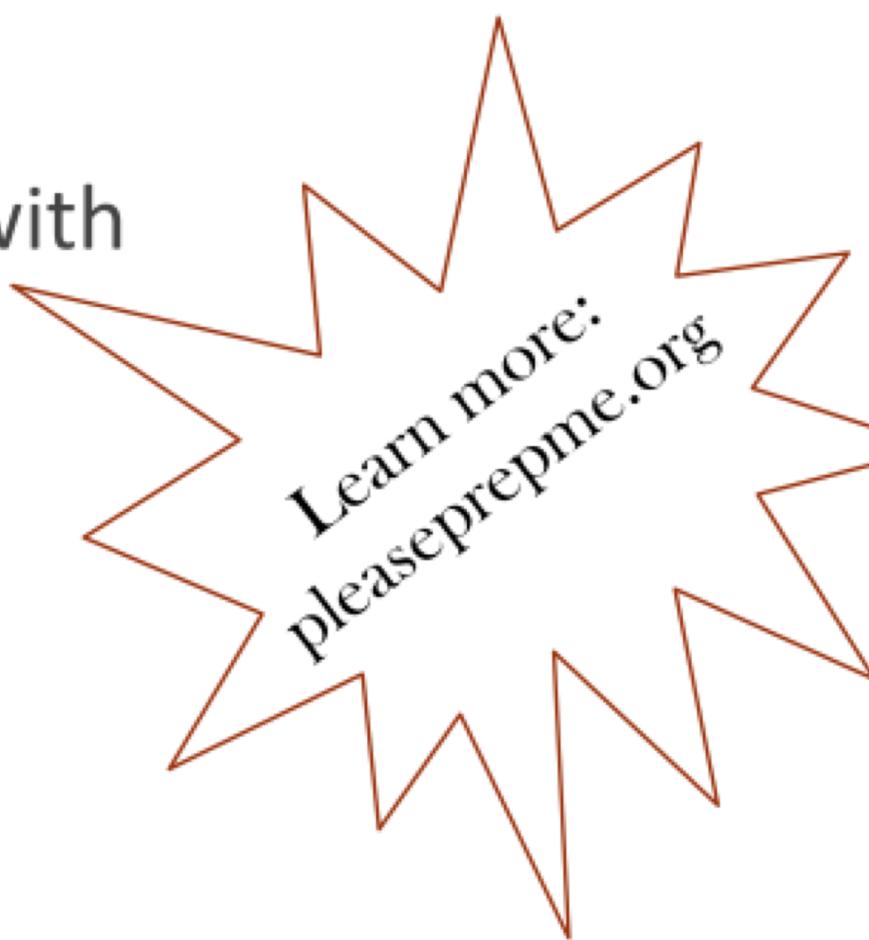
Ways to Reduce the Risk of HIV



- Use barrier methods
- Know the status of sex partner(s)
- Avoid sharing needles
- PrEP
- PEP

What is PrEP?

- Short for “pre-exposure prophylaxis”
- HIV prevention strategy in which HIV-negative people at risk take an oral pill once a day *before* coming into contact with HIV to reduce their risk of HIV infection
- Can be taken by anyone, regardless of gender identity or sexual orientation, including some youth under 18
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Learn more:
pleaseprepme.org

What is PEP?

- Short for “post-exposure prophylaxis”
- HIV prevention option for someone who thinks they’ve been recently exposed to HIV
- Medicine must be started within 72 hours after exposure



Practice Universal Precautions



Ways to Reduce the Risk of HIV

IF YOU ENGAGE IN
RISKY BEHAVIOR



GET TESTED

TESTING OPTIONS:



MOUTH SWAB



URINE



BLOOD SAMPLE

the window period

It can take...

2 weeks to 6 months

for a test to detect HIV after a person has been exposed to the virus.

the window period

If a person had unprotected sex on January 1st,
(& may have been exposed to HIV)
when is the earliest an HIV test could detect HIV?

About 2 weeks later: January 15th

When would someone be sure that the HIV test accurately showed if they
were exposed to HIV or not on January 1st?

About 6 months after exposure: July 1st

**Remember: if someone has other possible exposures between January 1st
and July 1st, they will need to retest.*

Birth Control Basics

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:

Students will be able to:

PR.8.CC.3 - Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.

PR.8.CC.4 - Define emergency contraception and its use.

PR.8.AI.2 - Identify medically-accurate information about emergency contraception.

TARGET GRADE:

Middle School – Lesson 7

TIME: 50 Minutes

MATERIALS NEEDED:

- One set of the *Birth Control Category* pages
- One set of the *Birth Control Method* pages, printed double-sided (for use by students)
- One set of the *Birth Control Method* pages, with two additional sets of the “Dual Use” pages, printed double-sided (for use by teacher)
- Butcher paper
- Masking tape
- White board and markers
- Contraceptive Kit to show students examples of each birth control method and to perform the external condom demonstration
- “Teaching Correct External Condom Use” Teacher’s Resource
- Index cards (one per student)

ADVANCE PREPARATION FOR LESSON:

- Tape a sheet of butcher paper in the front of the room.
- Print one set of the three *Birth Control Category* pages:
 - **Protects Right Now**
 - **Protects for a Month** (Short-Acting Methods)
 - **Protects for a Few Years** (Long-Acting Methods)
- Print two sets of the nine *Birth Control Methods*, copied double-sided so that the method is on one side and the three explanatory statements are on the other. Print two additional sets of the “Dual Use” pages for the teacher’s use:
 - **Abstinence**
 - **External Condoms**
 - **Internal Condoms**
 - **Other Barrier Methods**
 - **Pills/Patch/Ring**
 - **IUDs/Shot/Implant**
 - **Withdrawal**
 - **Emergency Contraception**
 - **Dual Use**

LEARNING OBJECTIVES:

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

1. Describe the impact of correct and consistent use of a birth control method on how effective it is at preventing pregnancy. [Knowledge]
2. Correctly recall that there is generally a gap between when a person may start to have vaginal sex and when they may wish to get pregnant, which makes using effective birth control important. [Knowledge]
3. State correctly what emergency contraception is. [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.

Birth Control Basics

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

PROCEDURE:

STEP 1: Introduce the topic by explaining that birth control, sometimes called contraception, is a way to prevent a pregnancy if a different sex couple (i.e., someone with a vulva and someone with a penis) has vaginal sex. There are many different kinds of birth control that work by preventing the sperm and egg from joining if they are used consistently and correctly. This means the method is used every time the way it was intended. All birth control methods discussed here are FDA-approved, effective, and safe for young adults to use. (2 minutes)

STEP 2: On the left end of the white board, draw a horizontal line running all the way to the other end of the board. Insert ages 14-22 evenly spaced on the line.

Note to the Teacher: You're creating a timeline. On the left end write the typical age of your 8th graders, likely 13 or 14 and on the right 22, which is the age students typically graduate from college. See page 3 of this Lesson Plan for an example.

Explain to students that this lesson will look at their future through the end of middle school, over the summer, and into high school. Ask students to raise their hands if they think they may want to have children or become parents someday. Acknowledge that some might and some might not and either is fine. Also, some might want to have a child within the structure of a marriage or committed relationship, and some might want to have a child on their own; explain that in all these ways having a child constitutes creating a family.

Ask students what someone would need to do in order to be ready to have a child. As students brainstorm responses, write them on the piece of butcher paper. Students will likely suggest things like have money, have a job, have a place to live, be married or in a committed relationship, etc. Ask students, **“Based on all the things on this list, what is the best age to have children, knowing that people’s personal experiences can vary a lot?”** (As students call out answers, write them under the timeline with a tick mark indicating where they fall. Students might give answers ranging from late teen years to early adulthood.) Summarize by saying, **“Okay, now that we know what someone who wants children has to do to get ready by ages** (insert ages they gave you), **let’s look at what they can do to reach those goals.”** (5 minutes)

STEP 3: Draw a stick figure above the timeline all the way to the left side above age 13 or 14. Introduce the stick figure you have drawn by stating they are currently an 8th grader like your students. Say, **“This stick figure wants to have children someday, but not any time soon. They are trying to decide if they should have vaginal sex (i.e., penis-vagina sex) or not. Let’s imagine that they wait until they are older—maybe 18 before they have vaginal sex.”** Draw a stick figure above age 18 on the timeline.

Say, **“And this person also agrees with what we’ve brainstormed they need to do in order to be the best parent they can be. So maybe they want to wait until they are out of high school for a couple years before they have children. Generally, someone is done with high school at age 18, so a couple years later they would be 20.”** Draw a stick figure above age 20 on the timeline. Say, **“So once this 8th grader has been out of high school a couple years, have they done everything on this list we created?”** Point to the list on the butcher paper.

Note to the Teacher: Generally the answer is “no” but allow students to respond authentically since some may be children of young parents.

Say, **“Let’s say this person wants to wait a few more years after high school to have children, maybe until they have graduated from college, and perhaps when they are**

Birth Control Basics

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

married or in a committed relationship, so around 22 years-old.” Draw a stick figure above age 22 on the timeline.

Say, “Now let’s do some simple math. If this stick figure decides to have vaginal sex while they are age 18 but doesn’t want to have children until at least age 22, how many years do they need to protect themselves from starting a pregnancy?”

Note to the Teacher: The answer should be 4 years.

Say, “We know the most effective way for this stick figure to absolutely make sure that they don’t start a pregnancy is by delaying having vaginal sex until they are older. So let’s imagine that our stick figure is able to do that. Maybe they show their affection for people they are dating in other ways, but they do not have vaginal sex until age 18.

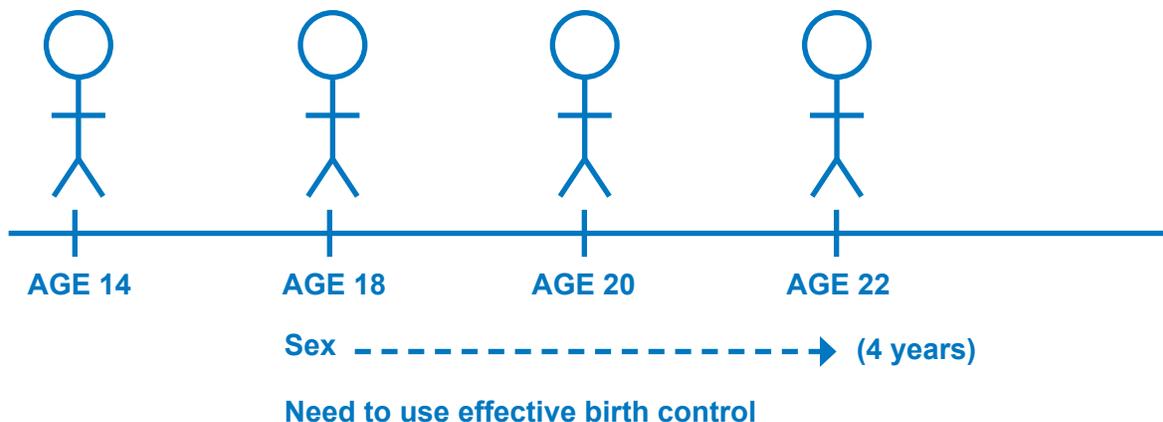
Note to the Teacher: Write the word “sex” under age 18 on your timeline.

Now, between age 18, when they decide to have vaginal sex, until age 22, when they think they want to have children, how many years will they need to use birth control to prevent starting a pregnancy?”

Note to the Teacher: Draw an arrow under the timeline from age 18 to 22 and the words ‘need to use effective birth control’.

Say “So this stick figure, if they decide to have vaginal sex at age 18, will need to use effective birth control during that time period to make sure they don’t start a pregnancy until they want to. And keep in mind that we’re only talking about pregnancy today, but they will also need to protect themselves from STIs too.”
(5 minutes)

Note to the Teacher: At the end, your timeline should look something like this.



STEP 4: Explain by saying, “There are many methods of birth control available to people who want to wait to have children until later in life or who may never want to have children.” Introduce the three categories and tape each *Birth Control Category* page to the board to form three columns. Say, “All of these methods work a little differently but some protect right now, some protect for a short time like one month, and some protect for a long-time, sometimes for several years.” Explain that all of these methods are available in California to any person of any age without parental consent or notification if the person does not want them to know, and they can be released from school to an

Birth Control Basics

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

appointment at a sexual health clinic by arranging this absence with the school nurse or counselor.

Review the following methods of birth control one at a time by showing the *Birth Control Method* page with the name of the method on it, reading aloud the information about the method below, show the example of the birth control method from the Contraceptive Kit, and then tape the method card in the correct column with the name of the method facing outward (see page 6 of this Lesson Plan for an example of the board.)

Abstinence – Abstaining from (i.e., “not having”) vaginal sex is the only 100% effective way to prevent pregnancy when done consistently and correctly. It is the method used by most 8th graders. Ask students what “when done consistently and correctly” means. Affirm or correct their statements until you feel satisfied that they understand that abstinence only works when people use it *every* time. This means a penis not going inside another person’s vagina. Tell them that most people are not abstinent forever but choosing to delay having sex until someone is older can be a very healthy choice.” [Place under “Protects Right Now.”]

Note to the Teacher: *You and your students may be familiar with the terms “male” or “female” condom; however, we are using “external” and “internal” to reflect how these methods are used with body parts rather than assigning a gender to them.*

External Condoms – Sometimes called “male condoms” and are worn on a penis. In California, any person of any age can buy them at the store and they are very effective at preventing pregnancy when used *consistently* (meaning every time a couple has vaginal sex) and *correctly*. They also have the added bonus of protecting against most STIs. Condoms are much more effective when used with spermicide, which has chemicals that stop sperm from moving so they can’t get to an egg. Perform the external condom demonstration by reviewing the “*Teaching Correct External Condom Use*” Teacher’s Resource. [Place under “Protects Right Now.”]

Internal Condoms – Sometimes called “female condoms” and are placed inside a person’s vagina for pregnancy and STI/HIV prevention or inside the anus for STI/HIV prevention. Internal condoms are very effective at preventing pregnancy when used *consistently* (meaning every time a couple has vaginal sex) and *correctly*, and adding spermicide increases its effectiveness. Internal condoms are now available by prescription only and a clinician or pharmacist will have more details. [Place under “Protects Right Now.”]

Other Barrier Methods – The diaphragm, cervical cap, and sponge are other methods that are inserted inside the vagina and cover the cervix. They act as a barrier and stop sperm from joining an egg. These methods are very effective at preventing pregnancy when used *consistently* (meaning every time a couple has vaginal sex) and *correctly*. These methods are much more effective when used with a spermicide, which has chemicals that stop sperm from moving so they can’t get to an egg. [Place under “Protects Right Now.”]

Pills/Patch/Ring – These methods all contain hormones that are very effective at preventing pregnancy. The pill needs to be taken once a day at the same time every day. A pack of pills lasts one month and then the next pack is started. The patch and the ring work for a month at a time and then have to be replaced. The patch is replaced once a week and the ring is replaced once a month. These are called short-acting methods and they are available at a sexual health clinic. [Place under “Protects for a Month.”]

IUDs/Shot/Implant – These methods contain hormones that are very effective at preventing pregnancy for anywhere between a few months (3 months for the shot) and many years (up to 10 for some IUDs). These are called long-acting methods and they are available

Birth Control Basics

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Dual Use – This method is when people who have vaginal sex want to get the most effective protection by using a condom in addition to another method (such as a condom and the pill, a condom and an IUD, etc.). This doubles their protection and helps protect them against both unintended pregnancy and STIs. But this does not apply to using two condoms at the same time, which should never be done, since that can cause the latex of the condoms to break. [Place under all three categories.] (15 minutes)

Withdrawal – Often called “pulling out,” this method is when a penis is removed from a vagina *before* sperm are ejaculated. While it is not nearly as effective as other methods for preventing pregnancy, it is definitely better than not using any protection; however, since the unprotected penis and vagina and surrounding skin will come into contact, it does not offer any protection at all against STI and HIV transmission. [Place under “Protects Right Now.”]

Emergency Contraception – Often called “Plan B,” this medicine is taken *after* unprotected vaginal sex to prevent pregnancy. The sooner it is taken after vaginal sex, the more effective it is. This is not the same thing as terminating a pregnancy, or “abortion.” If a person is already pregnant, EC will have no effect on the pregnancy. [Place under “Protects Right Now.”]

(See next page for completed chart.)

Birth Control Basics

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

at a sexual health clinics, and the contraceptive shot can actually be administered by a pharmacist at a local pharmacy such as Walgreens. [Place under “Protects for a Few Years.”]

Protects Right Now	Protects for a Month (Short-Acting Methods)	Protects for a Few Years (Long-Acting Methods)
Abstinence	Pills/Patch/Ring	IUDs/Shot/Implant
External Condoms	Dual Use	Dual Use
Internal Condoms		
Other Barrier Methods		
Withdrawal		
Emergency Contraception		
Dual Use		

Note to the Teacher: At the end of this activity, your board should look like this.

STEP 5: Tell students that there is one additional birth control method that is not listed on the chart because this method is permanent and not reversible. Tubal ligation (sometimes called “getting your tubes tied”) is a safe and effective surgical procedure that permanently prevents pregnancy by closing or blocking the fallopian tubes. So even though an egg leaves an ovary into a fallopian tube once a month during ovulation, the tubes are blocked so a sperm can’t get to an egg and cause a pregnancy. A tubal ligation will not protect against STI or HIV transmission, and a person needs to be 18 years old or have the consent of their parent or legal guardian in order to receive this procedure.

Explain that the next activity will help students learn a bit more about the benefits of the various methods and how well they work when they are used correctly and consistently. Explain that the class will be playing a game called “Which One is Not True.” Select nine student volunteers and have them come to the front of the room.

Birth Control Basics

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

Note to the Teacher: *Select students who you think would not be too embarrassed to participate and can handle the following activity maturely.*

Give each of the volunteers one of the nine “*Birth Control Method*” pages (printed double-sided with the three statements on the back). Have them quietly review the three statements on the back of the card and prepare to read them aloud to the class.

While volunteers are preparing, explain to the rest of the class that each of these students will represent one of the birth control methods that are on the board. The students will share three statements about each method but only two will be true and one will be a lie. The class needs to decide which statement is the lie and be able to explain why it’s a lie.

Once the volunteers are ready, have them say which birth control method they are representing and read aloud the three statements. Ask the class to guess which statement is the lie and explain why it’s a lie, adding in accurate information as needed and correcting any misinformation that might come up. Continue playing until all nine methods have been shared. Once done, thank the volunteers and have students return to their seats.

Note to the Teacher: *You can turn this activity into a game with teams and points if you think your students will respond well to this and you have the time. (20 minutes)*

STEP 6: Close this activity by returning to the stick figures on the board. Say, “**Now that you know more about birth control, what methods do you think would be effective for this person if they were to have vaginal sex right now? What about when they are in high school?**” Take some ideas and make sure to reinforce that delaying vaginal sex is the most effective way to prevent pregnancy, and if anyone chooses to have vaginal sex and they are not ready for a possible pregnancy, that using two methods together (i.e., “dual use”) can be very effective.

Remind students that any person of any age in California may access birth control, including condoms, without parent or guardian consent or notification if they wish. Let them know that they have the right to be released from school confidentially to attend an appointment for birth control or STI/HIV testing or treatment. Students should talk with a school nurse, school counselor, or other designated staff member to be released from school for this type of appointment. Remind students to refer to their *California Minor Consent Laws* card for more details.

Assign the homework and close the lesson. (3 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The stick figure timeline discussion will accomplish Learning Objective 2, and the Two Truths and a Lie activity will accomplish Learning Objectives 1 and 3.

HOMEWORK:

Pass out the index cards to students. Have them write something on the index cards that they have heard about condoms or another birth control method and weren’t sure if it was true or false. Have them take the cards home to talk with a parent, caregiver, or other trusted adult about whether their statement is true or not and why.

**Protects
Right Now**

Protects for a Month (Short-Acting Methods)

Protects for a Few Years

(Long-Acting Methods)

Abstinence

Statement 1 – Abstinence, if used consistently and correctly, is 100% effective at preventing pregnancy.

Statement 2 – Abstinence can help by delaying the possible consequences of sex, such as pregnancy or STI transmission.

Statement 3 – Abstinence never fails.

STATEMENT 3 IS NOT TRUE – The intention of being sexually abstinent can fail if, for example, a person is under the influence of drugs or alcohol and does not stay abstinent.

External Condoms



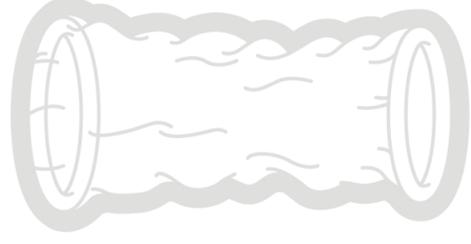
Statement 1 – Condoms can help make sex last longer.

Statement 2 – Condoms provide protection, so using two condoms at once is better.

Statement 3 – External condoms, if used *consistently* and *correctly*, are 98% effective at preventing pregnancy.

STATEMENT 2 IS NOT TRUE – Using two condoms at once can cause the condoms to slip off or break from friction. Instead use two different methods: condoms and a hormonal method for added protection.

Internal Condoms



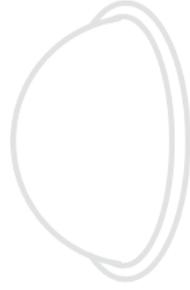
Statement 1 – Internal condoms protect against many STIs and HIV when inserted into the vagina or anus before any sexual contact and are 95% effective at preventing pregnancy if used *consistently* and *correctly*.

Statement 2 – Using spermicide with an internal condom increases protection against pregnancy; but using spermicide alone is only 72% effective at preventing pregnancy.

Statement 3 – Internal condoms can be purchased over-the-counter next to the external condoms.

STATEMENT 3 IS NOT TRUE – Internal condoms are now available by prescription only; however, they are covered by insurance so will be either no- or low-cost.

Other Barrier Methods



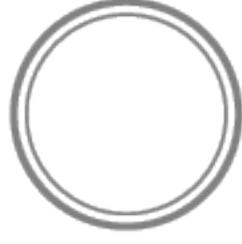
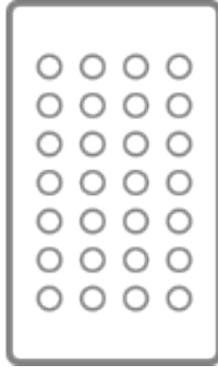
Statement 1 – Using spermicide, which kills or immobilizes sperm, does not increase the effectiveness of barrier methods.

Statement 2 – The diaphragm, cervical cap, and sponge prevent pregnancy by covering the cervix and acting as a barrier so that sperm cannot meet an egg.

Statement 3 – These barrier methods, if used *consistently and correctly*, are 91-94% effective at preventing pregnancy.

STATEMENT 1 IS NOT TRUE – Using spermicide with all barrier methods, including condoms, greatly **INCREASES** protection from pregnancy. Spermicide does not provide any protection against HIV or STIs.

Pills/Patch/Ring



Statement 1 – The pill, patch, and ring can help reduce menstrual cramps and make menstrual periods shorter.

Statement 2 – The pill, patch, and ring, if used *consistently* and *correctly*, are each 99% effective at preventing pregnancy.

Statement 3 – The pill, patch, and ring, if used consistently and correctly, are also effective at preventing STIs.

STATEMENT 3 IS NOT TRUE – The pill, patch, and ring **ONLY** provide protection from pregnancy but do not provide any protection against STIs. Using a condom along with one of these methods will help increase protection against both pregnancy and STIs.

IUDs/Shot /Implant



Statement 1 – You can get the IUD and implant at pharmacies like CVS, Rite Aid, or Walgreens.

Statement 2 – Many people who use the IUD, shot, or implant experience much shorter and lighter menstrual periods.

Statement 3 – The IUD, shot, and implant, if used *consistently and correctly*, are 99% effective at preventing pregnancy.

STATEMENT 1 IS NOT TRUE – The IUD and implant require that a person go to a health care provider like a doctor’s office or health clinic; however, the shot can actually be administered by a pharmacist at any licensed pharmacy.

Withdrawal

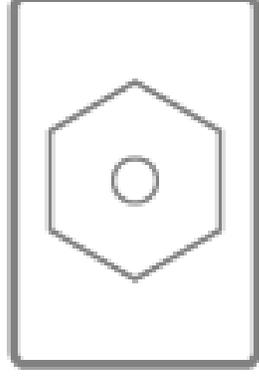
Statement 1 – Withdrawal, or “pulling out,” prevents most STIs.

Statement 2 – Withdrawal is more effective at preventing pregnancy than doing nothing if someone has unprotected sex.

Statement 3 – Pre-ejaculatory fluid, or “pre-cum,” which comes out of a penis when it is erect, may contain some sperm. Withdrawal cannot prevent this “pre-cum” from getting inside a vagina.

STATEMENT 1 IS NOT TRUE – Since withdrawal does not prevent skin-to-skin touching or fluid exchange, if one person is infected with an STI it can still be passed to their partner even if they used withdrawal perfectly.

Emergency Contraception



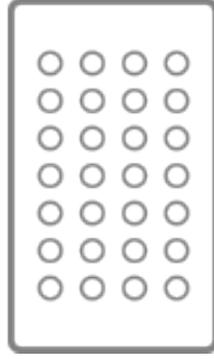
Statement 1 – Anyone of any age and gender can buy emergency contraception from a drugstore like CVS, Rite Aid, or Target.

Statement 2 – The sooner after unprotected vaginal sex a person takes emergency contraception (EC), the more effective it is. Most types of EC must be taken within five days after unprotected sex.

Statement 3 – Emergency contraception works by forming a barrier in the fallopian tube which prevents sperm from passing through.

STATEMENT 3 IS NOT TRUE – Emergency contraception works mostly by telling the ovaries to not release any eggs and sometimes by preventing the egg from being fertilized.

Dual Use



+



Statement 1 – Dual use generally means using a condom in addition to another method of birth control for STI and pregnancy prevention.

Statement 2 – A person would need to get a doctor’s permission before practicing dual use with their partner.

Statement 3 – A person of any age and gender is legally allowed to buy condoms at a drugstore like CVS, Rite Aid, or Target.

STATEMENT 2 IS NOT TRUE – Dual use is something two people can decide on their own if they want to increase their protection.

Teaching Correct External Condom Use

Teacher's Resource

The consistent and correct use of condoms during sexual intercourse can reduce the risk of pregnancy and sexually transmitted infection. To provide protection, however, condoms must be used from start to finish with each act of intercourse and be used properly.

Listed below are the steps for correct external condom use:

- STEP 1. **Have condoms available if you think sex might happen. Always store the condom in a cool, dry place and check the expiration date on the package.**
[Model checking the expiration date.]
- STEP 2. **Use a new latex condom for each new act of anal, vaginal, or oral intercourse. Put the condom on as soon as the penis is erect and before any contact with the vagina, anus, or mouth.**
[Open the condom package with your hands.]
- STEP 3. **Hold the tip of the condom and unroll it to the base of the penis.**
[Unroll the demonstration condom over the wooden penis model provided. You may also demonstrate rolling the condom on the wrong way and having to throw it away due to the pre-ejaculate fluid and start over with a new condom.]
- STEP 4. **Always leave a half-inch at the tip of the condom for the ejaculate (i.e., semen) and squeeze the tip to make sure that no air is trapped in the condom.**
[Demonstrate leaving a ½" at the top of the condom and squeezing the air out.]
- STEP 5. **Use only water-based lubricants, like K-Y Jelly, which are sold near condoms in a store. Never use oil-based lubricants like petroleum jelly, baby oil, mineral oil, or lotion as they can cause the material of the condom to disintegrate.**
- STEP 6. **Immediately after ejaculation, withdraw the penis from the partner, holding the condom firmly at the base of the penis to avoid it slipping off or spilling.**
[Model holding onto the condom at the base of the wooden model.]
- STEP 7. **Remove the condom from the penis, carefully so as not to spill any of the contents on the partner, and throw it away in the trash.**
[Carefully remove the condom from the wooden model, wrap it a tissue or its original packaging, and throw it away in your classroom's trash can.]

TEACHING TIP

Many educators prefer to use the passive voice rather than the active voice when discussing condom use (e.g., "Condoms should be used each and every time a person has intercourse") because it is less likely to be interpreted as an endorsement or encouragement of teen sexual activity. Please use the provided wooden condom demonstration model to conduct the condom demonstration.

What If...?

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:

Students will be able to:

PR.12.CC.4 – Describe the signs of pregnancy.

PR.12.INF.2 – Analyze internal and external influences on decisions about pregnancy options.

PR.12.INF.3 – Analyze factors that influence decisions about whether and when to become a parent.

PR.12.AI.3 – Access medically-accurate information about pregnancy and pregnancy options.

PR.12.AI.4 – Access medically accurate information about prenatal care services.

PR.12.CC.5 – Describe prenatal practices that can contribute to or threaten a healthy pregnancy.

TARGET GRADE:

Middle School – Lesson 8

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with Internet access and audio equipment
- White board and markers
- “*Why Would Someone Choose?*” worksheets (one per each group of 3 students)
- **Homework:** “*Pregnancy Website Hunt*” (one per student)

ADVANCE PREPARATION FOR LESSON:

- Log into your Google account using your district ID and password so that you have access to the following videos:
<https://www.youtube.com/watch?v=XUcNmU-ucCY>
<https://www.youtube.com/watch?t=2&v=8gBboJIHuhw>
- Have the videos queued up and ready to go for the start of class.

LEARNING OBJECTIVES:

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

1. Name at least two symptoms of pregnancy. [Knowledge]
2. Explain the three choices a person has when they learn that they are pregnant. [Knowledge]
3. Describe at least two reasons why a person might or might not choose each of the options. [Knowledge]
4. Define “prenatal care.” [Knowledge]
5. Access medically accurate information about pregnancy options, including prenatal care. [Knowledge; Skills]

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: Once students are settled, start the video, <https://www.youtube.com/watch?v=XUcNmU-ucCY>. Play the video until 1:30 when Emily texts, “I’m seriously stressed.”

Say to the class, “**Today’s lesson is about pregnancy, how someone knows whether they’re pregnant or whether their partner is pregnant, and once they do know, what their choices are.**” (4 minutes)

What If...?

*A Lesson Plan from Rights, Respect,
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STEP 2: Say, “Let’s start with the idea of getting tested for pregnancy. It was smart that Emily did this. Sometimes, people get tested because they realize they didn’t use any protection when they had vaginal sex, or because the condom slipped off or broke, or because someone forgot to take a pill, and so on. And sometimes, sadly, people will get tested because they were sexually assaulted and need to know whether the assault resulted in a pregnancy.

Other times, people think they have not done anything that might have caused a pregnancy. Abstinence is the only 100% effective method of preventing pregnancy, and if someone was not abstinent and was engaged in some kind of sexual activity, they might have put themselves or their partner at risk for pregnancy. People might not realize that there was any risk involved in what they did with their partner, until a person starts experiencing symptoms. What have you heard are some early symptoms that might tell someone they are pregnant?”

Record responses on the white board with a marker, probing for the following:

- Nausea or throwing up for seemingly no reason, especially in the morning
- Urinating/peeing more frequently
- Sensitive or painful breasts
- Fatigue
- Dizziness
- Abdominal cramping
- Missing a period or a very light period when that’s not typical for that person

Say, “The problem with these symptoms is that all, except for the last one, can also be signs that a period is coming. That’s why people too often ignore these symptoms, possibly forgetting that they had unprotected sex and might need to think about whether a pregnancy was possible.”

Say, “There’s a lot of information available about pregnancy symptoms and testing. But there are three main points you need to know: [Write summaries of each on the board.]

1. A pregnancy test is the only way to know for sure if someone is pregnant. It’s common to miss periods, particularly during the teen years, and it’s possible to be pregnant and still have some spotting—which can look like a light period. Pregnancy testing is important—you just need to know when to take the test! Most home pregnancy tests say they are accurate around 3-4 days before the next period is supposed to happen (because if someone is pregnant, they won’t get their period).
2. There are more options than you think! A home pregnancy test is one—you can get them at many stores. And you don’t have to be the one who might be pregnant—if you think your partner, friend, or sibling might be pregnant, anyone of any age and gender can buy a test. Tests are also available at a doctor’s office, a health clinic, or the pharmacy chains that have clinics, such as CVS or Rite Aid.
3. Most importantly, there is no minimum age for getting a pregnancy test. As long as you can pay for it, you have the right to purchase one at a store or get one from a clinic or doctor’s office. If you need help purchasing a test, a local health clinic like often provides pregnancy tests for no or low cost to young adults.” (6 minutes)

What If...?

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

STEP 3: Say, “In the video we just saw, Emily finds out she’s pregnant and they both just kind of assume she’s going to have the baby and they’re going to become parents.” Write “Become a Young Parent” on the white board. Say, “Many people do make this choice, regardless of whether they’re teens or adults. There are also two other choices someone who is pregnant has the right to consider—what are they?” Probe for and write on the board, “Place a Baby for Adoption” and “End a Pregnancy,” i.e., have an abortion.”

Break the students into groups of three, and ask each group to decide who in the group will be the writer. Go around the room and randomly assign the “*Why Would Someone Choose?*” worksheets, making sure there are equal numbers of each of the three worksheets distributed to the groups. Explain that each group will have one of the three options listed on the board. In their groups they’re going to be asked to complete their worksheets by listing the reasons why a teenager might choose to do this option, and why they might not. Tell them they will have about 5 minutes in which to come up with their two lists. (9 minutes)

Note to the Teacher: While the students are working, erase the board and set up three new columns to record the next set of responses, one for each option.

STEP 4: After about 5 minutes, stop the groups. Ask the writer from one of the “Become a Young Parent” groups, the “Place a Baby for Adoption” groups, and the “End a Pregnancy” groups to come to the board and write what they recorded on their sheets. Once they have finished writing, go through each list and ask the remaining groups what they would add from their lists that hasn’t already been mentioned.

Say, “Each of these options has reasons why someone would want to do it, and reasons why someone would not want to do it. In the end, it is every pregnant person’s right to choose what they do about their pregnancy. In California, all of these options are legally available to people of any age. Another thing that each option has in common is the need to decide as early in the pregnancy as possible. That’s because if a person chooses to become a parent or place the baby for adoption, they need to start what’s called prenatal care as soon as possible. ‘Pre’ means before and ‘natal’ means ‘birth,’ so this is all the things that the person does to take care of themselves and the fetus as it grows inside the uterus. Does anyone know some of the things they should do?”

Write any ideas on the board, probing for take certain vitamins, go to the doctor/clinician regularly for checkups, get a lot of sleep, exercise, etc. Then ask, “To keep healthy, what are some of the things a person who is pregnant should NOT do?” Write any ideas on the board, probing for “smoking, drinking alcohol, eating certain foods, exercising obsessively, etc.”

Say, “The earlier a pregnant person starts doing these healthy things and avoiding these unhealthy things, the healthier they and the fetus should be throughout the pregnancy. Now, if they choose not to continue the pregnancy and have an abortion, they also need to do that as early in the pregnancy as possible. Minors in California have the right to obtain an abortion without notifying their parents or any other adult if they do not wish to.” (17 minutes)

What If...?

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STEP 5: Say, “I want to show you another video about a topic we tend to hear less about, adoption. This is one young person’s experience of placing their baby for adoption and the couple who adopted the baby.”

Show the video, which should have been queued up to <https://www.youtube.com/watch?t=2&v=8gBboJIHuhw>. Process using the following questions:

- **What are your reactions to the video?**
- **What did you think of the relationship between Callie and Kristen and Brian?**
- **What, if anything, would you change about the relationship between them and baby Leo?**

Say, “They said in the video that this was an example of an ‘open’ adoption. That means when the birth parent or parents have some kind of contact with the adoptive parent or parents and baby. What that looks like, however, is different in every case. This was a particularly open open adoption! One thing to keep in mind, though, has to do with their discussion near the end about what they’d do if they disagreed on something. Do you remember what Brian said? He said, ‘In the end, they’re Leo’s parents and the decision’s up to them.’ This is important to keep in mind—because someone who places a baby for adoption may still be the child’s biological parent—but they’re not their child’s legal parent. That means all the rights and responsibilities relating to the care and future of the child is up to the adoptive parents to make, even if they disagree.” (12 minutes)

Explain to students that California has another option for new parents if they do not want to keep the baby and have not planned to go through a formal adoption process. The Safely Surrendered Baby Law allows a parent or legal guardian of a newborn baby to legally surrender the baby within the first 72 hours of birth to a person at a designated “safe surrender site” such as a hospital or fire department. This law was created due to the increasing number of newborn infant deaths due to abandonment in unsafe locations and is intended to protect the well-being on an infant without punishing the parent/guardian. More information can be found at www.babysafe.ca.gov.

STEP 6: Introduce the homework assignment, which is a website hunt for students to find specific information about pregnancy online. Answer any questions and distribute the “Pregnancy Website Hunt” homework sheet. (2 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

The in-class activities and videos will achieve Learning Objectives 1-3. The homework assignment will fulfill Learning Objectives 4 and 5.

HOMework:

Students will be asked to complete the “Pregnancy Website Hunt” in which they are assigned several websites and given questions about pregnancy to which they must find the answers to on those sites.

Why Would Someone Choose to Become A Young Parent?

Instructions: In the space below, please list as many reasons why you think a teenager who discovers they are pregnant might choose to become a young parent, and why you think they might choose not to.

Reasons a Teen Might Choose to Become a Young Parent	Reasons a Teen Might Choose NOT to Become a Young Parent

Why Would Someone Choose to Place A Baby for Adoption?

Instructions: In the space below, please list as many reasons why you think a teenager who discovers they are pregnant might choose to place a baby for adoption, and why you think they might choose not to.

Reasons a Teen Might Choose to Place a Baby for Adoption	Reasons a Teen Might Choose NOT to Place a Baby for Adoption

Why Would Someone Choose to End A Pregnancy?

Instructions: In the space below, please list as many reasons why you think a teenager who discovers they are pregnant might choose to have an abortion, and why you think they might choose not to.

**Reasons a Teen Might
Choose to Have an Abortion**

**Reasons a Teen Might Choose
NOT to Have an Abortion**

Pregnancy Website Hunt!

Homework (Lesson 8-7)

Name: _____ Date: _____

Instructions: Answer the questions below, using any of the following three websites. Be sure to include the link to where you found the information!

- <http://www.plannedparenthood.org/teens>
- <http://www.plannedparenthood.org/learn/pregnancy/prenatal-care>
- <http://sexetc.org>

1. How does a person take a pregnancy test?

Link where I found this information:

2. What are some suggestions for how a young person or couple should tell their parent(s) or caregiver(s) about the pregnancy?

Link where I found this information:

3. What tends to happen during a prenatal care visit?

Link where I found this information:

4. One new thing I learned about pregnancy is:

Link where I found this information:

Warning Signs: Understanding Sexual Abuse and Assault

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:

Students will be able to:

PS.8.CC.1 – Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.

PS.8.CC.2 – Discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence and why they are wrong.

PS.8.AI.1 – Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused or assaulted.

SH.8.INF.1 – Analyze the impact of alcohol and other drugs on safer sexual decision-making and sexual behaviors.

TARGET GRADE:

Middle School – Lesson 9

TIME: 50 Minutes

MATERIALS NEEDED:

- Projector and screen
- Computer with Internet access and audio equipment
- White board and markers
- Butcher paper and masking tape (if pre-writing the chart as described on page 4)
- **Homework:** “*Taking Action: Making Sexual Abuse and Assault STOP*” (one per student)

ADVANCE PREPARATION FOR LESSON:

- Access the following videos and have them queued and ready to show to students:
 - “*RAPE: Get the Facts*” (rape and sexual assault):
www.hrmvideo.com/catalog/rape-get-the-facts
 - “*The Signs*” (relationship abuse):
www.youtube.com/watch?v=He1pu4VwKdM&t=8s
- Inform the school counselor that you will be addressing this topic in class and invite them to sit in in case a student discloses any current or past abuse or is triggered by what is discussed. If the counselor is not available, you may wish to follow up with them after the class as needed to let them know whether you observed anything in any of the students that would make you feel concerned and merit follow-up.
- If a student appears to be particularly distressed during the lesson, please send that student to see the school counselor immediately.

LEARNING OBJECTIVES:

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

1. Name at least two different types of sexual assault. [Knowledge]
2. List at least one example of each of the following: mutual consent, unfair manipulation, threats and aggression. [Knowledge]
3. Describe at least two possible impacts of a sexual assault or abusive relationship on the person who was assaulted. [Knowledge]
4. Demonstrate an understanding of how to report a sexual assault or abusive relationship. [Knowledge, Skill]
5. Demonstrate an understanding of the warning signs of sexual harassment and sex trafficking. [Knowledge]

Note to the Teacher: *It is a good idea to let students know during the previous class that you will be addressing this topic the next time you meet with them. This gives those who may be survivors of abuse or trauma, who may wish to miss this class session, the opportunity to avoid being triggered and re-traumatized. The student will need to provide a written and sign note by a parent/guardian to excuse from this lesson.*

Warning Signs: Understanding Sexual Abuse and Assault

*A Lesson Plan from Rights, Respect,
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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: Explain to the students that you are going to be talking about particularly intense topics today—sexual abuse, assault, harassment, and trafficking. Refer to your classroom's Group Agreements or Ground Rules. Ask students to be particularly sensitive and respectful during this class session. (2 minutes)

STEP 2: Say, **“Talking about sexual abuse, assault, harassment, and trafficking can sometimes be clear and straightforward. For example, you may know already that rape and sexual assault are when someone is forced to do something sexual they don't want to do. Let's take a quick look at some basic information about sexual assault.”**

Play the video clip, *“RAPE: Get the Facts”* (www.hrmvideo.com/catalog/rape-get-the-facts). Stop the video at 2:00 after McPherson says, “It's a men's issue.”

Ask the students, **“What facts stood out to you about this clip?”** Probe for the following:

- That sexual abuse and assault happens so often in the US
- That it happens so often to people when they're really young
- That most people know the person who assaulted them
- That it happens to boys and men, too
- That it happens to people of all races and ethnicities and other backgrounds

Ask, **“What do you think one of the women interviewed meant when she said, ‘rape is about power and control, it's not about sex?’”** As you ask this, be writing the phrase, “rape is about power and control, it's not about sex” on the white board.

Probe for:

- People who rape aren't concerned about what the other person wants—it's all about “conquering” the other person and getting them to do what they want them to do.
- Even though the overpowering is done through a sexual behavior, the overpowering of the other person is the turn-on, it's not the sex act. People of all ages, body types, and appearances are raped or sexually assaulted. It's not about physical attractiveness, it's about someone deciding that another person is vulnerable in some way and taking complete control away from that person.

Say, **“The social worker talking about boys and men who are sexually assaulted said, ‘For a boy or man to report a sexual assault really takes a lot.’ Why do you think it may feel more difficult for boys and men to report sexual assault?”** Probe for:

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- Because if a heterosexual guy is assaulted by another guy, he may be worried that other people will think he is or “will become” gay because of what happened. [Be sure to tell them this is not the case.]
- If the guy who was assaulted actually is gay, he may feel that it is unsafe to report it to someone else because he might be worried they’ll discriminate against him, further victimize him, or simply not care.
- If the rapist is female, he may feel like no one will believe him or won’t understand why he could not overpower her or otherwise get away.

Say, “**Don McPherson, the last person who spoke in the clip, talked about how people often think of rape and sexual assault as women’s issues, since the majority of people who report being assaulted are women. What do you think he meant when he said that rape is a men’s issue?**” Probe for:

- Even though anyone of any gender can assault a person of any gender, the vast majority of rapes and sexual assaults in the world are committed by men. So in addition to helping people who are survivors of rape and sexual assault, we need to focus on trying to keep boys and men from ever believing they have a right to force someone else to do something sexual. (15 minutes)

STEP 3: Say, “**I mentioned before that when someone forces someone to do something they don’t want to do, it’s pretty clear cut that it’s sexual assault. But what happens when it’s unclear? What about when someone tells you sexual jokes over and over even after you tell that person to stop? What if someone teases someone else for being “gay”? When anyone is on the receiving end of something sexual like this—such as sexual notes, jokes, innuendos, texts, comments, or gestures—or if any of these are about someone’s sexual orientation, than these are incidences of Sexual Harassment and are illegal in California public schools.**”

Explain the upcoming activity to the students by telling them, “**We’re going to do an activity now where we look at what’s okay and not okay when it comes to sexual touch and behaviors. How we can be clear about what we want to do and don’t want to do? And how we can be sure to recognize whether the other person is really giving their consent—meaning, actively saying “YES”—and that you are sure they want to be kissed, or touched by you, or talked to in that manner.**” (3 minutes)

STEP 4: Either have the following written on the white board with the video screen covering it or have it pre-written on butcher paper and post it on the board at this point:

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Say, “I’m going to start at the far right, because as I said, rape and sexual assault are the most easily recognizable examples of sexual touch that are never okay and are illegal.”

Rape/Sexual Assault – When someone forces another person to perform a sex act, such as vaginal, oral, or anal sex. This includes when someone uses an object to penetrate another person, even a finger. Rape and sexual assault can be perpetrated by a stranger, but most often is committed by someone the victim already knows. Even if people are already in a romantic relationship and one person tells the other person to STOP or does not actively say YES to a sex act, if one partner still forces the other partner to have sex, then this is still considered rape or sexual assault.

Trafficking – Sex trafficking is a form of modern-day slavery. This crime occurs when a trafficker uses force, fraud, or coercion to control another person for the purpose of engaging in sex acts against his/her will in exchange for money or other goods. The obvious form of sex trafficking is when someone is forced to be a “sex slave” and is sold repeatedly for sex, often several times a day. Not so obvious is when the person who trafficks is the victim’s friend or more often a boyfriend, and the victim has sex with other people to please their partner, because they are in fear of being injured by their partner, or is seeking a lifestyle that the partner promises them. In any form that it takes, sex trafficking—someone forcing someone else to have sex with others—is a crime and is illegal.

Aggression/Harassment – Some examples are when walks by someone and pinches them or touches a sexual body part, where the act is over before the person could have even given their consent. This is a type of assault, even if it may have been intended as a joke or as teasing. Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature such as sexual notes, texts, or unwanted texts. If the recipient tells someone to stop this type of harassment even once, and it continues, then it is defined as sexual harassment. Both sexual aggression (if it is physical) and sexual harassment are illegal.

Threats – Refers to when someone tells the other person that if they don’t do something sexual with them, there will be consequences. For example:

- ‘If you don’t have sex with me, I’ll go out and find someone who will.’
- ‘If you don’t have sex with me, I’ll just tell people you did anyway.’
- ‘If you don’t do this, I’ll forward those sexy pictures you texted me to everyone you know.’”

Unfair Pressure – When someone uses what they know is important to the other person to get that person to do what they want. It’s not restricted to sexual things, but we’re going to keep focused on that. For example:

- When someone says, ‘I love you’ to someone even if they don’t love them because they think saying that will get that person to do something sexual with them.

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- When someone keeps pressuring the other person because they think that person will eventually give in just to make the pressure stop.

Mutual Consent – This is essential in any relationship. It's when both people actively say what they want, and both people agree to any behavior that they are going to do together. When we are talking about doing something sexual in nature, partners need to ask each other if they want to do it. Do they both want the same thing? Never assume that just because someone doesn't verbally say "no" it means that they are ok with it, always ask and wait to hear an empathic "YES." If someone can tell that their partner doesn't feel right about doing something, they need to back off and consider something else. Likewise, if someone doesn't feel right about doing something, they need to speak up and say it.

Say, **"That was a lot to go through! What's your reaction to seeing and hearing all of this? Do you have any questions?"** (15 minutes)

STEP 5: After answering any questions or facilitating comments from the class, say, **"Remember the part in the last video when it said that in most cases sexual assaults are committed by someone who knows the person they assault? This can, unfortunately, also be a family member. When it's committed by a family member it's called 'incest.' And sometimes, it can be a partner, girlfriend, boyfriend, or spouse who is abusive, whether physically or not. For the next part of class, we're going to take a look at some of the abuse that can happen in those types of relationships."**

Show the video clip, *"The Signs"* (<https://www.youtube.com/watch?v=He1pu4VwKdM&t=8s>).

Process by asking the following questions:

- **"How do you think Amanda is feeling when Nick first asked her out?"**
- **"What was the first sign that there was something off about the relationship?"**
- **"How did Nick respond after their first argument? Do you think this was a healthy way to respond or not?"**
- **"Where would you put the different interactions between them on the chart?"**
[Write these up on the chart on the white board or butcher paper.]
- **"When the relationship started moving from Mutual Consent to the right of the chart, what impact(s) did it have on Amanda? What about on her best friend, Ashley?"** (12 minutes)

STEP 6: Say, **"We often hear the term 'dating or domestic violence,' when abusive relationships may not be physically abusive at all. The point here—and the theme that runs throughout these videos and all the information we have been discussing during this class—is 'power and control.' And while you may hear 'power and control' and think that's something you'd want, it's not something that should be a part of a healthy relationship. So even if you're the one doing the manipulating and controlling, your relationship isn't healthy. And keep in mind, some of the behaviors we've been talking about are also illegal.**

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Someone who is being abused or assaulted needs to speak up—tell a trusted adult at home or at school—if they can so that others can help make the abuse stop and so that it won't happen to someone else."

Say, **"The first step in making it stop is to know how. So the homework for this class will be to visit some websites and answer some questions."** As you distribute the homework assignments, say, **"This is a very intense topic we've discussed. The school counselor knows we were going to talk about this today. If you have more questions and you want to talk about this more, you can speak with the school counselor—and of course, you can always come to me to talk."** (3 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

This lesson is very affective and discussion-based; as such, the teacher will need to assess understanding of the material during the discussions as part of student participation. It is also important to keep in mind that if students have had any personal experience with sexual abuse or assault, they may participate less, which does not necessarily mean they are not understanding the material. The homework assignment will give students the opportunity to demonstrate their understanding of some of the class content while also achieving Learning Objective 5.

HOMework:

Students will be given the *"Taking Action: Make Sexual Abuse and Assault STOP"* homework sheet listing several age-appropriate websites that list facts and information about sexual abuse, assault, trafficking, and harassment and how to report these incidents. Students are asked to visit at least one site and respond to several questions about it.

Note to the Teacher: Be sure to return these homework sheets to the students after you've reviewed them so that they can keep the website information.

Note: Consent chart adapted from an activity in the curriculum "Sexual Violence in Teenage Lives: A Prevention Curriculum."

**Taking Action: Make Sexual Abuse and Assault STOP
Homework (Lesson 8-8)**

Name: _____ Date: _____

Please choose one of the following websites and respond to the questions listed below about that site:

- Break the Cycle: www.breakthecycle.org
- Love is Respect: www.loveisrespect.org
- Rape, Abuse & Incest National Network (RAINN): www.rainn.org

Which site did you visit? _____

1. Name two facts about sexual abuse or assault from the site that you visited that you didn't know already:

a. _____

b. _____

2. What is this site's phone hotline or text line for talking with someone about a sexual abuse or assault incident?

3. If you knew someone who had been sexually abused or assaulted, would you refer them to this site? Why or why not?

Investigate Sex Trafficking: Visit the website "*Be the Jam – Stop Human Trafficking*" www.bethejam.org/tactics. What are three (3) tactics that traffickers often use to lure their victims into having sex with other people in exchange for money or other goods?

Investigate Sexual Harassment: Visit the RAINN website on "*Sexual Harassment*" www.rainn.org/articles/sexual-harassment. What are three (3) things you learned about sexual harassment after reading this page?

What are two (2) things you can do if you think that you or someone you know is a victim of sex trafficking or sexual harassment?

Making SMART Choices

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:

Students will be able to:

PD.8.DM.1 – Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make.

PR.8.DM.1 – Apply a decision-making model to various sexual health decisions.

TARGET GRADE:

Middle School – Lesson 10

TIME: 50 Minutes

MATERIALS NEEDED:

- White board and markers
- “The Making SMART Choices Model” Teacher’s Resource
- “The Making SMART Choices Model” worksheet (one per student)
- “Making SMART Choices Scenarios #1-3” worksheets (one scenario per group of 3 students)
- **Homework:** “Everything’s Different, Nothing’s Changed,” which includes a Student Questionnaire, Parent/Caregiver Questionnaire, and Student Reflection (one per student)

LEARNING OBJECTIVES:

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

1. Demonstrate an understanding of using a decision-making model to determine whether they want to be in a sexual relationship. [Knowledge, Skill]
2. Demonstrate their understanding of how to apply the SMART decision-making model to real-life situations. [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: Sometimes, just launching into a story can get your students’ attention. Walk to the front of the room and begin the class by saying the following:

“Let’s say you were in the lunch area here at school and you saw two students who clearly didn’t like each other. They start out giving each other mean looks as they get their food and go to sit down; then one makes a rude comment a little too loudly about the other. That student gets up, walks over to the first student and asks, also loudly, ‘are you talking to ME?’ The first student stands up and says, ‘Sure am. What are you going to do about it?’”

On the white board write, “What can you do?” Ask the students, **“What are ALL the different things you can POSSIBLY do in this situation? Don’t worry if they sound unrealistic or might not be what YOU would do. Just tell me what all the possible options are here.”**

Record the responses on the white board. Possible responses may include:

- Leave the cafeteria.
- Run and get an adult.

Making SMART Choices

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- Stand between the students and tell them to calm down.
- Jump up and chant, “Fight! Fight! Fight!”
- Join in with the student you agree with and stand next to that person.
- Try to calm everyone down by making a joke, like, “Hey, you’re being so loud, I can’t concentrate on my tater tots over here!”
- Grab your phone and start filming.

Note to the Teacher: *Contribute any of the responses listed above if the class does not come up with them and ask whether they feel they should be added to the list.*

Explain to the students, “**Clearly, there are things people need to think about before making a decision. We are now going to talk about a model that can guide us in making difficult decisions. And we’re also going to be talking about how we can use this model to decide about whether to be in a sexual relationship with another person.**” (7 minutes)

STEP 2: Distribute “*The Making SMART Choices Model*” worksheet to students. Write each letter of “SMART” and the bolded explanatory phrase on the white board as you read the explanations in the Teacher’s Resource to the students. Answer any questions the students may have about these steps.

Say, “**We’re now going to put the SMART Choices Model into practice. Let’s take the scenario we just talked about. Just to remind you, the scene is this: You are in the lunch area here at school and you see two students who clearly don’t like each other. They start out giving each other mean looks as they get their food and go to sit down; then one makes a rude comment a little too loudly about the other. That student gets up, walks over to the first student and asks, also loudly, ‘are you talking to ME?’ The first student stands up and says, ‘Sure am. What are you going to do about it?’**”

Let’s go through the model together. First, we need to SLOW DOWN for a minute because this is a big decision to make. Second, you want to MAKE A LIST OF ALL YOUR POSSIBLE OPTIONS—which we did at the beginning of class. Now comes the fun part: ANALYZING YOUR OPTIONS, OR CHOICES.”

Ask the class to review the list of options on the board and help you to delete the options that are less realistic or are not allowed because you’re in school. Work with the students to get down to one, and circle it on the board.

Say, “**We analyzed our options, and with the one that I circled, we REACHED A DECISION, which is the next letter—or step—in the model. The last step or letter, T, comes after you’ve already made your decision. You need to THINK ABOUT AND EVALUATE whether this was a good decision for you, or whether you feel that this maybe wasn’t the best decision for you, and determine what, if anything, you might want to do differently.**” (15 minutes)

STEP 3: Tell the students that they are now going to practice using the model themselves, but this time they’re going to look at a situation that has to do with sex. Break students into groups of three. Provide each triad with one scenario, each of which includes a person who wishes to wait to have sex and is faced with the decision to either wait or have sex.

Making SMART Choices

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Note to the Teacher: *More than one triad will have the same scenario. The number of students in the class will determine how many copies of each scenario is necessary.*

Instruct the students to walk through the Making SMART Choices Model as if they were the character in their scenario. They will need to make the decision for the character based on the SMART process. Tell them they will have about 10 minutes in which to do this work. Walk around the room while they are working to see whether there are any questions and to provide guidance. (13 minutes)

STEP 4: Ask for a few groups to volunteer their responses. After each group presents their ideas, ask for the rest of the class to give feedback on what they thought was particularly effective and what, if anything, they'd propose changing. (10 minutes)

STEP 5: Ask, **"Do you think it's any easier for people your age to make decisions about sex and sexuality than it was for your parents/caregivers?"** After a few responses, explain that they have a homework assignment where they are going to ask a parent/caregiver about their experiences growing up. Distribute the homework assignment, go through it briefly, and ask them to bring only the Student Reflection (the last page with the three questions on it) back to their next class to hand in. (5 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Teacher observation during the full-class discussion will be combined with the small group worksheet done to determine whether the Learning Objectives have been met.

HOMEWORK:

"Everything's Different, Nothing's Changed" homework sheets that the student and a parent/caregiver are to complete and then discuss together. The student is then to complete the Student Reflection to be handed in during the next class.

The Making SMART Choices Model

Name: _____ Date: _____

Adapted with permission from a lesson in Goldfarb, E. and Schroeder, E. (2004), Making SMART Choices about Sex: A Curriculum for Young People. Rochester, NY: Metrix Marketing.

Whenever we have a decision to make, we need to think before we act if we want to make a SMART decision. But how do we go about doing this? In this model, each letter in the word “SMART” stands for one step toward making smart decisions.

S – SLOW DOWN

You have the right to take as much time as you need to make a good decision that is right for you.

M – MAKE A LIST OF YOUR OPTIONS

Looking at every possible choice will help you know that you’ve really thought everything through.

A – ANALYZE YOUR CHOICES

Be honest with yourself and think about the pros and cons of each option. Make sure to weigh your options because not all will have equal value.

R – REACH A DECISION

Pick the best choice and consider what will help you STICK to your decision.

T – THINK AND EVALUATE

Depending on the choice you make, you may need to check in from time to time and see how things are going.

The Making SMART Choices Model Teacher's Resource

Whenever we have a decision to make, we need to think before we act if we want to make a SMART decision. But how do we go about doing this? In this model, each letter in the word "SMART" stands for one step toward making smart decisions.

S – SLOW DOWN

The LEAST effective way to make a decision is in the moment, before thinking about it first! You need to look at all the things that are going on: Who might be involved? Who's definitely not? You have the right to take as much time as you need to make sure you are making a good decision.

M – MAKE A LIST OF YOUR OPTIONS

Looking at every possible choice you can make—even the silly ones or irresponsible choices— will help you know that you've really thought everything through. Talk about your options with people in your life who you know well and trust. And once you've made up your complete list of options, you're ready for the next step.

A – ANALYZE YOUR CHOICES

This means thinking about the pros and cons of each option, weighing your options (i.e., comparing them to each other to see which you think is best), and being honest with yourself. If your choice will lead to healthy behaviors, is consistent with your values, and will help you meet your future goals, it's the SMART choice for YOU. Once you've figured this out, you're ready for the next step.

R – REACH A DECISION

After analyzing all of your choices, pick the one that is the right decision for you. Think about your decision and make sure it feels like a healthy, smart choice for you. Now that you've made a SMART decision, you need to think about what you'll need to do in order to STICK to it. For example, if your decision is about waiting to have sex, who in your life can support you with this decision?

T – THINK AND EVALUATE

Depending on the choice you make, you may need to check in with yourself from time to time to see how things are going and look at what may need to change in order for you to stick with the decision you've made. Thinking about how you made your decision in the first place—even going through the beginning part of the SMART model again—can help you stay true to what YOU think is best, not what you think your friends, or your partner, or your peers might want you to do.

From Goldfarb, E. and Schroeder, E. (2004), Making SMART Choices about Sex: A Curriculum for Young People. Rochester, NY: Metrix Marketing.

Everything's Different, Nothing's Changed
STUDENT QUESTIONNAIRE
Homework (Lesson 8-10)

Name: _____ Date: _____

Instructions:

- Please answer the questions on this sheet using your own personal beliefs and ideas.
- Have your parent/caregiver fill out the other questionnaire.
- When you are both done, share your responses to the questions with each other.
- Note where you and your parent/caregiver agree and disagree. Also, notice what surprises you as you discuss your answers.
- After the interview, complete the Student Reflection page.

How do you think the pressures to have sex are DIFFERENT today from when your parent(s)/caregiver(s) were your age?

In what ways do you think the pressures to have sex are THE SAME for teens today as they were for your parent(s)/caregiver(s) when they were growing up?

What are three things that people your age need or want most from your parent(s)/caregiver(s) when it comes to making healthy sexual decisions?

1.

2.

3.

Everything's Different, Nothing's Changed
PARENT/CAREGIVER QUESTIONNAIRE

3. What is one thing you learned from doing this activity?

Instructions:

- Answer the questions on this sheet using your own personal beliefs and ideas.
- Your child will fill out their sheet with the same questions.
- When you are both done, share your responses to the questions with each other.
- Note where you and your child agree and disagree. Also, notice what surprises you as you discuss your answers with your child.
- Be sure to talk about how it felt to be pressured when you were your child's age.

When you were young, how did people your age make decisions about sex? Do you think the pressures to have sex are DIFFERENT today from when you were your child's age? Were these pressures different depending upon your gender?

In what ways do you think the pressures to have sex are THE SAME for teens today as they were for you when you were growing up?

What are three suggestions you could make that you think would help your child make healthy sexual decisions?

1.

2.

3.

Making SMART Choices Scenario #1

Your boyfriend or girlfriend invites you and two other couples over on a night when their parents are out. You are all in one main room together and each couple is kissing. At some point you hear someone say, "I think we all need some more privacy," and soon both of the other couples disappear. Your boyfriend or girlfriend looks at you and says, "Now that we're alone, maybe we can finally take things to the next level."

Adapted with permission from a lesson in Goldfarb, E. and Schroeder, E. (2004), Making SMART Choices about Sex: A Curriculum for Young People. Rochester, NY: Metrix Marketing.

Making SMART Choices Scenario #2

You are out with your boyfriend or girlfriend and your conversation moves to the topic of sex. Neither of you has ever had any kind of sex before and this is the first time you are talking about it. Your boyfriend or girlfriend says, "I really want to know what it feels like, don't you? What if we do it just once just to see what it feels like, and then we don't have to do it again if we don't want to?"

Adapted with permission from a lesson in Goldfarb, E. and Schroeder, E. (2004), Making SMART Choices about Sex: A Curriculum for Young People. Rochester, NY: Metrix Marketing.

Making SMART Choices Scenario #3

You and your boyfriend or girlfriend have been together for six months. No one else you know has ever lasted that long in a relationship. You are in love and feel you were meant to be together. You agreed a few months ago that you were both too young to have sex and decided, together, to wait. In a few days there's a Valentine's Day dance at school and you plan to go together. That night, your boyfriend or girlfriend says, "Let's skip the dance. I know a place where we can go and be alone together."

Adapted with permission from a lesson in Goldfarb, E. and Schroeder, E. (2004), Making SMART Choices about Sex: A Curriculum for Young People. Rochester, NY: Metrix Marketing.

Everything's Different, Nothing's Changed
STUDENT REFLECTION
Homework (Lesson 8-10)

Name: _____ Date: _____

From Goldfarb, E. and Schroeder, E. (2004), Making SMART Choices about Sex: A Curriculum for Young People. Rochester, NY: Metrix Marketing.

1. What, if anything, surprised you and your parent/caregiver about doing this assignment?

Me:

My parent/caregiver:

2. Were there more similarities in what you and your parent/caregiver wrote, or more differences? Provide at least two examples.

Let's Talk about Sex

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:

Students will be able to:

SH.8.IC.1 – Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.

PR.8.IC.2 – Demonstrate the use of effective communication and negotiation skills about the use of contraception including abstinence and condoms.

TARGET GRADE:

Middle School – Lesson 11

TIME: 50 Minutes

MATERIALS NEEDED:

- White board and markers
- *Assertive Communication #1-5* worksheets (one per group of three students)
- **Homework:** *“Talking by Text: What Do You Mean?”* (one per student)

LEARNING OBJECTIVES:

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

1. Describe three different types of communication people use. [Knowledge]
2. Demonstrate how to effectively use assertive communication in relationships. [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: Ask the students, “**How many of you have mastered the skill of reading people's minds?**” The students will likely look confused, and a few might raise their hands, realizing you are joking. Say, “**Exactly. We can't read each others' minds so if we want to have good relationships with people, we need to learn how to communicate with them effectively. That includes family relationships, friendships, romantic relationships, and committed relationships such as marriage. Today, we're going to be focusing on communicating about sex and sexuality.**”

Ask, “**What can sometimes make communicating about sex difficult?**” Some possible responses might include:

- “I'm too embarrassed to talk about it.”
- “I don't want to upset the other person by bringing something up.”
- “I'm nervous if I bring something up they'll break up with me.”
- “It's too much work.”
- “I don't want to pry, and I don't want them asking me things that might be none of their business.”

Let's Talk about Sex

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

Say, **"While these are certainly all reasons why people are often unable to communicate in a relationship, no relationship can last without communication. When it comes to communicating about sexual behaviors or intimate relationships, there's also more at stake because you're talking about avoiding STIs and/or pregnancy."**
(5 minutes)

STEP 2: Explain that HOW we express ourselves is just as important as WHAT we are trying to communicate. Say, **"We can communicate aggressively, passively, or assertively."** As you say this, write the words Aggressive, Passive, and Assertive on the white board. Explain the terms:

Being **AGGRESSIVE** is when someone tries to get what they want by bullying the other person into it.

Being **PASSIVE** is when a person is timid or unclear in expressing their needs—or when they won't speak up about what THEY want but just go along with what the other person wants.

Being **ASSERTIVE** is when we say what we want or mean without being hurtful to the other person.

Ask, **"What if someone asked you out and you weren't interested in that person. If you were PASSIVE, how might you react?"**

Possible responses might include:

- "I'd probably say yes even though I didn't want to."
- "I'd say, 'Let me think about it—can I text you later?' and then never text them."

Ask, **"Why isn't that an effective way of responding?"**

Possible responses might include:

- "Because you'd end up doing something you don't want to do."
- "Because it's not fair to the other person."

Ask, **"How would you respond to the same question if you were AGGRESSIVE?"**

Possible responses might include:

- "Go out with you? Are you kidding? Loser!"
- "Um... no."

Ask, **"Why isn't that an effective way of responding?"**

Possible responses might include:

- "Because it's rude, and can make the other person feel bad"
- "Because it becomes all about what I want and relationships should be about what both people want."

Ask, **"How would you respond to the same question if you were ASSERTIVE?"**

Let's Talk about Sex

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

Possible responses might include:

- "I'm actually interested in someone else, but thanks."
- "I really like you as a friend, just not as more than that."

Ask, "**Why is this an effective way of responding?**"

Possible responses might include:

- "Because both people's needs count"
- "Because the person said what they meant, but didn't offend the other person"

***Note to the Teacher:** It's possible that some students will insist that aggressive communication is the way to go, looking only at the result, which is getting what they want. If this happens, try to facilitate a discussion about this. Ask "If you can get what you want without hurting the other person, might it make more sense to do it that way? Why or why not?" You can also talk about situations where it can be appropriate to speak in a more aggressive tone, reinforcing the previous lesson about sexual assault and bullying prevention.*

Say, "**So, it's easy to define terms. What we are going to do now is practice actually communicating with a partner about sex.**" (8 minutes)

STEP 3: Break the class up into small groups of three (no more than four) per group. Ask them to decide who in the group is going to be the writer. Hold up one of the "Assertive Communication" worksheets and say, "**I am going to give each group a sheet that has a statement made by a person to their romantic partner that has something to do with sex or sexuality. This person's name is 'Partner A.' You are 'Partner B.' Your job is to respond to Partner A in an ASSERTIVE (not aggressive, not passive) way. Partner B wants to stay in the relationship with Partner A.**"

When you get your sheets, talk among yourselves about what an effective, assertive response would be that refuses the behavior. Once you have decided on a response, write it on the second line, marked Partner B. You only have about two minutes, so you need to work quickly. PLEASE DO NOT MOVE ON TO THE NEXT LINE! Once everyone has written their first response, I will give you further instructions. Please keep in mind that this activity needs to follow school rules—no violent dialogue, no swear words, nothing inappropriate."

Answer any questions about the instructions, and then distribute the sheets, instructing students to wait until all the sheets have been distributed. Tell students to get started, and remind them that they only have two minutes in which to come up with a response for Partner B. Walk around as they work, answering questions and reminding them not to move on. As you walk around, check some of the language to be sure they are on task and not writing anything silly or inappropriate.

After two minutes, have everyone stop writing. Ask each group to pass their sheet clockwise to the group next to them. Say, "**Now that you've been Partner B, you're going to become Partner A. Read through the original type-written line and what the group before you came up with as an assertive response for Partner B. Then, as a group,**

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come up with a new response for Partner A just beneath the last response from Partner B. Keep in mind that Partner A may really want to have sex or is strongly considering it. Once you've come up with what you feel is an effective response, write it down. You only have two more minutes for this. Please do NOT go beyond Partner A."

After a few minutes, stop the students and again ask them to pass their sheet clockwise to the group next to them. There, they will become Partner B again and have to come up with a response to Partner A that again assertively refuses the behavior. Continue the activity until all the sheets have been filled. Allow a little more time for each round so that students can read through the previous lines before writing their responses. Remind the students as necessary that their responses should be assertive, rather than passive or aggressive. Once the sheets have been filled, have them pass their sheets one more time. Then give the groups one minute to read their completed sheets within their small groups. (18 minutes)

STEP 4: Ask each group to select two volunteers who will come to the front of the room to read their dialogues. After each group has read their sheet, be sure to have the class applaud for each. Take a moment to ask the class how realistic a discussion they thought this was and whether Partner B remained assertive throughout.

After all the groups have read their dialogues, process by asking the following questions:

- **"What was it like to do that?"**
- **"Was there anything that surprised you in what you heard?"**
- **"What did you think of the ways in which Partner A and Partner B communicated?
What are some specific examples you heard?"**
- **"What were some of the things you heard Partner B say that you really liked or thought would be particularly effective?"**

Note to the Teacher: In most cases, the two people students select to read their group's dialogue at the front of the room will be a boy and a girl—with the boy being Partner A. If this happens, point it out to the students:

- **"What did you notice about the pairs that came up to the front of the room?"**

Ask the students whether anyone else assumed the partners were each a particular gender and why. Ask if they think it is realistic for a girl to put pressure on someone to have sex or for a boy to want to refuse it. Ask what they think these scenarios would look like in a same-sex relationship—what would they have expected had Partners A and B been two guys or two girls?

Note to the Teacher: It is likely that two students of the same sex will come to the front of the room from time to time. If there are two boys, for example, one of them may act the way he perceives a girl would act so that there is a male and a female partner, even though the worksheets do not indicate any genders. This may produce

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some laughter from the class. If this were to happen, it would be important to point out the laughter and ask the class, "Did the acting portray an accurate picture of how a girl talks or acts?" Ask the class what they think the actors are trying to convey. In most cases, they will admit that they were trying to show a gay couple. If that is the case ask, "What can happen when we stereotype people in this way?" and process responses. Please don't be punitive! This can be a great opportunity for discussion if you show them you are open to exploring this, rather than acting as if someone is in trouble. (This scenario may also happen with two girls, one acting stereotypically like a boy, but this is less likely to cause a stir). (15 minutes)

STEP 5: Summarize the lesson by making the following points:

- Being in a relationship does not mean that a person has to give up who they are and their own needs.
- In a healthy relationship, both people should be able to express themselves openly and be able to listen to, appreciate, and accept the other person's needs.
- Compromise is a part of every relationship. This means that both partners give in at times. But if one person is giving in more often than the other, it is an unequal and unhealthy relationship.
- It is important to stick to what you believe in and the decisions you make, even if they're different from what people around you are saying.
- These negotiation skills can help people form strong friendships and healthy, committed relationships such as marriage.
- No one should do anything sexual in a relationship that they do not feel 100% ready to do.

Explain that a lot of times people communicate more by text than in person, so the homework assignment will be to look at some examples of people texting each other and students are to evaluate how effective they think they are. Distribute the homework sheets and ask them to complete them and bring them to the next class. (4 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Going through the types of communication will achieve Learning Objective 1. The "Assertive Communication" worksheets are designed to achieve Learning Objective 2.

HOMEWORK:

Students should complete the "Talking by Text: What Do You Mean?" homework sheet to apply the skills they learned in class about assertive communication to communicating via text message.

ASSERTIVE COMMUNICATION #1

Instructions: Partner A really wants something from Partner B. Partner B, however, doesn't want to do what Partner A wants to do. Work with your group to come up with an assertive next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do NOT complete the entire form.**

Partner A: **"I saw Sam and Kayla earlier. They said they've decided to have sex. I know you and I said we'd wait, but if they're going to do it, wouldn't it be okay for us to?"**

Partner B

Partner A

Partner B

Partner A

Partner B

ASSERTIVE COMMUNICATION #2

Instructions: Partner A really wants something from Partner B. Partner B, however, doesn't want to do what Partner A wants to do. Work with your group to come up with an assertive next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do NOT complete the entire form.**

Partner A: **“Why don't we just have oral sex? You can't get STIs from it.”**

Partner B

Partner A

Partner B

Partner A

Partner B

ASSERTIVE COMMUNICATION #3

Instructions: Partner A really wants something from Partner B. Partner B, however, doesn't want to do what Partner A wants to do. Work with your group to come up with an assertive next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do NOT complete the entire form.**

Partner A: "It's our first time having sex, we don't need to use condoms."

Partner B

Partner A

Partner B

Partner A

Partner B

ASSERTIVE COMMUNICATION #4

Instructions: Partner A really wants something from Partner B. Partner B, however, doesn't want to do what Partner A wants to do. Work with your group to come up with an assertive next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do NOT complete the entire form.**

Partner A: **"If you're not willing to hav sex with me, then I'll just go find someone else who will."**

Partner B

Partner A

Partner B

Partner A

Partner B

ASSERTIVE COMMUNICATION #5

Instructions: Partner A really wants something from Partner B. Partner B, however, doesn't want to do what Partner A wants to do. Work with your group to come up with an assertive next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do NOT complete the entire form.**

Partner A: "I don't want to use condoms when we have sex. It's like you're saying I'm dirty or something!"

Partner B

Partner A

Partner B

Partner A

Partner B

Talking by Text: What Do You Mean?
Homework (Lesson 8-8)

Name: _____ Date: _____

Instructions: The following are examples of texts between two people. In the space provided, explain what you think Person Two means by their responses. What could they have texted that would have been clearer and easier to understand their meaning?

1. Person One: "Liked hanging w you last night"

Person Two: "Thx"

2. Person One: "Hey, I was just thinking about you!"

Person Two: "K"

3. Person One: "Are you mad at me?"

Person Two: "???"

4. Person One: "Wanna hang out later?"

Person Two: 
