Family Life Curriculum

HUMAN GROWTH AND DEVELOPMENT
HUMAN SEXUALITY
7th & 8th GRADE

TUCSON UNIFIED SCHOOL DISTRICT

TUCSON UNIFIED SCHOOL DISTRICT

FAMILY LIFE CURRICULUM

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TABLE OF CONTENTS

Overview **4**
Philosophy **5**
Classroom Climate **6**
Parent Participation **6**
State Guidelines **7**
Grade Level Goal **8**
Curriculum Objectives **8**
The Question Box **10**
Pacing Guide **11**
Lessons **13**
Lesson References **64**
Glossary of Terms ..... Error! Bookmark not defined.
Glossary References ..... Error! Bookmark not defined.
Acknowledgements **84**

TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

Overview

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

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

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

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

TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

Philosophy

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

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

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

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

TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

Classroom Climate

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

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

Parent Participation

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

TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

State Guidelines

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

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

TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

Grade Level Goal

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

Curriculum Objectives

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

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

- Identify and understand risks of sexual activity, including abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections.

- Understand and describe advantages and disadvantages of different contraceptives.

- Discuss and understand the realities of teenage pregnancy and responsibilities of parenthood, including financial and legal responsibilities.

- Discuss conception and fetal development.

- Discuss and understand the roles media plays in society, including: social media; bullying and stereotyping.

- Discuss and understand personal safety concepts, including: consent; legal liabilities of sexual intercourse with a minor; sexual harassment and abuse; rape/sexual assault/sexual abuse; and how to report to a trusted adult.

- Discuss and understand the effects of substance use on decision-making and inhibitions.

The Question Box

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

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a "dumb" question.

2. All questions are valid except for personal questions about the teacher or other students.

3. Questions are anonymous, unless the student wants to be identified.

4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)

5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.

6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)

7. Teachers will answer questions simply and in a scientifically accurate manner.

Pacing Guide

Grade 7/8				
Week 1				
Day 1 **Lesson 1** **Personal Skills Development**	**Day 2** **Lesson 2** **Healthy Relationships**	**Day 3** **Lesson 3** **Media Influence**	**Day 4** **Lesson 4** **Puberty & Personal Hygiene**	**Day 5** **Lesson 5** **Human Reproductive Systems**
Health Standards S1C6PO1 S4C1PO2 S5C1PO1 S5C2PO1 **Lesson Objectives** **Students will be able to:** use problem-solving steps to make healthy decisions explore the impact of impaired decision-making on sexual behavior define and understand consent in healthy relationships	**Health Standards** S2C1PO1 S2C1PO2 S2C1PO3 S2C1PO4 S2C2PO2 S4C3PO1 **Lesson Objectives** **Students will be able to:** explain how values, self-esteem, and needs impact relationships determine behaviors that demonstrate healthy and toxic relationships develop self-esteem as a healthy and responsible approach to building relationships	**Health Standards** S2C1PO5 S2C1PO6 S2C2PO1 **Lesson Objectives** **Students will be able to:** understand the roles that media play in our lives and our society demonstrate how social media can influence positively and negatively	**Health Standards** S1C4PO1 S3C1PO1 S3C2PO1 S3C2PO3 S7C1PO1 **Lesson Objectives** **Students will be able to:** understand the physiological (physical and hormonal), emotional, and social changes that occur during puberty recognize the need to seek health information to prevent and avoid risks identify female reproductive system terminology to understand changes occurring during puberty understand how to attend to one's own personal hygiene at various life stages	**Health Standards** S4C1PO1 S4C1PO2 S7C1PO1 **Lesson Objectives** **Students will be able to:** identity each of the parts of the female and male reproductive systems using accurate medical terms explain the relationship between sexual activity and consent

Week 2				
Day 6 **Lesson 6** **Conception, Fetal Development, & Pregnancy**	**Day 7** **Lesson 7** **Contraception**	**Day 8** **Lesson 8** **Sexual Risk Avoidance & Sexually Transmitted Infections (STIs)**	**Day 9** **Lesson 9** **Personal Safety/ Sexual Harassment/ Sexual Abuse**	**Day 10** **Lesson 9 Cont.** **Personal Safety/ Sexual Harassment/ Sexual Abuse**
Health Standards S1C4PO1 S2C1PO1 S2C1PO2 S2C1PO4 S3C1PO1 **Lesson Objectives** **Students will be able to:** discuss how pregnancy occurs describe the development of the fertilized egg through pregnancy explain the physical changes that occur in the body from conception through birth	**Health Standards** S3C2PO1 S3C2PO2 S5C2PO1 S5C2PO3 **Lesson Objectives** **Students will be able to:** analyze choices about their family planning / birth control methods identify valid health information related to contraceptives, abstinence, and STIs	**Health Standards** S1C1PO1 S3C2PO3 S3C2PO4 S5C2PO3 **Lesson Objectives** **Students will be able to:** determine the cause and transmission of sexually transmitted infections (STIs) identify and describe the symptoms, treatment for, and prevention of common STIs explain the importance of seeking medical attention for any sign of a STIs	**Health Standards** S7C2PO1 S7C2PO2 S8C1PO2 S8C2PO1 **Lesson Objectives** **Students will be able to:** understand what constitutes sexual harassment and abuse identify reasons why victims/survivors do not speak out report and get help for sexual harassment and abuse	**Health Standards** S7C2PO1 S7C2PO2 S8C1PO2 S8C2PO1 **Lesson Objectives** **Students will be able to:** understand what constitutes sexual harassment and abuse identify reasons why victims/survivors do not speak out report and get help for sexual harassment and abuse

Lessons

Grade: 7/8 **Lesson: 1** ***7th taught separately*** ***8th taught together***	**Lesson Title/Focus:** Personal Skills Development	**Materials:** • Whiteboard/chart paper/projector • "The Question Box" • "Keeping Youth Drug Free" for reference

Health Standards:
S1C6PO 1. Describe the benefits of and barriers to practicing healthy behaviors
S4C1PO 2. Demonstrate refusal and negotiation skills that avoid or reduce health risks
S5C1PO 1. Identify circumstances that can help or hinder healthy decision making
S5C2PO 1. Determine when health- related situations require the application of a thoughtful decision-making process.

Lesson Objectives:
Students will be able to:
- use problem-solving steps to make healthy decisions.
- explore the impact of impaired decision-making on sexual behavior.
- define and understand consent in healthy relationships.

Academic Vocabulary:
- self-esteem
- self-awareness
- consent/ without consent
- assertiveness

Teacher Background:
1. The problem-solving approach will assist students in making healthy decisions.
2. Realize that self-awareness is an important factor in making responsible decisions, including:
    - developing self-esteem
    - utilizing responsible decision making to promote healthy relationships
    - promote good health
    - enable one to make choices that do not conflict with personal values
    - enable one to choose abstinence at any time
    - enable one to choose responsible sexual behavior
    - promote responsible parenthood
3. Protect one's health and the health of others.
4. Drugs, including alcohol, affect the brain's decision-making abilities.
    - Certain drugs can be given without the users consent to lower people's inhibitions, causing impaired judgement, impaired motor skills, and amnesia that can lead to sexual assault.
    - Improper use of prescription medication, including sharing, is also drug abuse.
    - Alcohol (beer, wine, liquor) is a potentially addictive and a powerful drug that can impair decision-making.
    - Mixing drugs can intensify the impairment and increase the risk of overdose.
5. Consent can be both implicit (perceived) and explicit (stated) and can be withdrawn at any time.

6. All people are empowered to say no to activities and situations that they don't want to participate in. Healthy boundaries mean accepting a no as a final answer.

   Reference: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. (2017). Keeping Youth Drug Free "Drug Facts You Need to Know". Retrieved from https://store.samhsa.gov/product/Keeping-Youth-Drug-Free/sma17-3772

Anticipatory Set:

- At the beginning of the Family Life Curriculum, introduce "The Question Box". Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.
- Students select one of the options to respond to:
  - What does it mean to make a healthy decision? What is involved in this process?
  - Think about a time when you made a healthy decision. What helped you make this decision?
  - Reflect on a time when it was difficult to make a decision. What were some of the factors that made it difficult?

Direct Instruction:

- Discuss with the students the elements that go into making responsible decisions and solutions. (Think-Pair-Share)
- Share the steps in the problem-solving approach posted on whiteboard, chart paper, or projected.
  - Identify the problem.
  - Identify ways to deal with the problem.
  - Apply criteria for responsible decision making to each alternative.
  - What are the possible consequences of each alternative?
  - Make a responsible decision and act upon it.
  - Evaluate actions.
- Facilitate whole group discussion on strategies students use to solve problems.
- How might students understand assertiveness in their own lives? What are effective ways to say no/refuse/use assertiveness that students might encounter in their everyday lives?

Guided Practice:

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

Independent Practice:

- Assign small groups to work on specific, commonly misused drug. Share the effects of the drug on health. Discuss how self-esteem and self-awareness can make an impact to prevent drug use.

Closure:

- Reiterate the Question Box process.
- Students use an exit ticket to list three things learned from today's lesson.

Grade: 7/8 **Lesson: 2** ***taught together***	**Lesson Title/Focus:** Healthy Relationships	**Materials:** • Healthy vs Toxic Relationship Questionnaire • Defining Toxic Relationships Activity • Defining Toxic Relationships Activity Answer Key

Health Standards:
S2C1PO 1. Examine how the family influences the health of adolescents
S2C1PO 2. Describe the influence of culture on health beliefs, practices, and behaviors
S2C1PO 3. Analyze how peers influence healthy and unhealthy behavior
S2C1PO 4. Analyze how the school and community can affect personal health practices and behaviors
S2C2PO 2. Explain the influence of personal values and beliefs on individual health practices and behavior
S4C3PO 1. Identify ways to ask for assistance to enhance the health of self and others

Lesson Objectives:
Students will be able to:
- explain how values, self-esteem, and needs impact relationships.
- determine behaviors that demonstrate healthy and toxic relationships.
- develop self-esteem as a healthy and responsible approach to building relationships.

Academic Vocabulary:
- self-esteem
- core values
- toxic relationships

Teacher Background:
1. Adolescents with high self-esteem may be less likely to succumb to peer pressure, tobacco, alcohol, or other drugs.
2. Self-esteem comes from within, but often external factors create/reinforce/countermand one's self esteem. It is important for a person to know who they are internally and what values help define their life.
3. The family, as the basic unit of security, serves two essential functions:
    - The primary support system to which individuals turn in order to have their basic needs met.
    - Provide the essential mechanism by which a child develops the capability to survive and function as an adequate person in this world.

4. Personal values are reflections of our needs, desires, and what we care about most in life. Values are great cohesive forces for our identities and can be thought of as decision-making guidelines that help us connect to our true selves. Defining your values will help you figure out what to pursue and what to avoid.
    - Examples of core values: dependability, reliability, loyalty, commitment, open-mindedness, consistency, honesty, efficiency.

Anticipatory Set:
- As a class, students brainstorm personal strengths they admire in others (peers, family members, friends, teammates, etc.).
- With a partner, students discuss how these strengths contribute to a positive and healthy relationship.

- Share out with the class.

Direct Instruction:

- Facilitate brainstorm discussion on what students perceive as basic needs.
- List responses on the board for students to review to prioritize needs.
- Discussion questions: How does the family help meet these needs? How do friends meet these needs? How would dating in the future meet these needs?

Guided Practice:

- Introduce the importance of choosing friends who contribute to wellness.
- Ask how one would know if a friendship is healthy.
- Facilitate an Inside/Outside Circle for students to share responses. Answers might include: a healthy friendship emphasizes strong points, contributes to positive family relationships, and encourages one to put forth their best efforts in activities.
- Discuss the importance of being friends with members of different backgrounds including gender, race, ethnicity, experiences, religions, etc. to build relationship skills.

Independent Practice:

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

Closure:

- Whole group review on what a toxic relationship looks like.
- Exit ticket options:
    - Students list respectful and disrespectful ways to end a relationship/friendship if it is toxic.
    - Students list resources (peers, family, school staff, community organizations, etc.) who could support them if they needed help with a toxic relationship.

Healthy vs Toxic Relationship Questionnaire

Relationships, which include friendships, play an important role in everyone's life and they come in all different shapes and sizes. They also can serve different purposes in your life.
This exercise is to help you reflect on:

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

***Directions**: Read and respond to each statement.*
Think about one of your friends…

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

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

Defining Toxic Relationships

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

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

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

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

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

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

_____ This person is excessively critical of you and others.

_____ This person rarely follows through and is not dependable.

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

_____ This person is egocentric and only cares about themselves.

_____ This person likes to "one up" others and likes to compete all the time.

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

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

Defining Toxic Relationships DE

(Answer Key)

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

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

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

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

__**c**__ This person is excessively critical of you and others.

__**j**__ This person rarely follows through and is not dependable.

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

__**i**__ This person is egocentric and only cares about themselves.

__**g**__ This person likes to "one up" others and likes to compete all the time.

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

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

Grade: 7/8 **Lesson: 3** ***taught separately***	**Lesson Title/Focus:** Media Influence	**Materials:** • "Myth or Fact" Worksheet • "Myth or Fact" Answer Key

Health Standards:
S2C1PO 5. Analyze how messages from media influence health behaviors
S2C1PO 6. Analyze the influence of technology on personal and family health
S2C2PO 1. Explain how the perceptions of norms influence healthy and unhealthy behavior

Lesson Objectives:
Students will be able to:
- understand the roles that media play in our lives and our society.
- demonstrate how social media can influence positively and negatively.

Academic Vocabulary:
- perpetuate
- harassment
- cyber sexual harassment
- consent

Teacher Background:
1. Media may influence emotional consequences and impacts relationships.
2. While the internet can connect us across the world, it can also make us behave less personally
3. Media shapes views of healthy relationships.
4. Stereotypes can be perpetuated across all media, including social media, television, movies, games.
5. Negative impacts:
    - representations of types of relationships (false expectations)
    - expected sexual experiences
    - increased cyber sexual harassment and bullying (online gaming, social media, dating apps, sexting - online experiences)
    - can cause increased anxiety, stress and depression
6. There are laws that govern online/social media behavior. Everyone is expected to abide by them.

Anticipatory Set:
- Brainstorm examples of TV commercials, magazine ads, social media ads, and advertising jingles that pressure the consumer to buy a product.

Direct Instruction:
- Discuss anticipatory set brainstorm using questions:
    - What messages do they give about sex and sexual relationships?
    - Do they stereotype, give unhealthy messages, give incorrect messages?
- Review decision-making and problem-solving strategies from Lesson 1.
- Discuss pros and cons of different social media.
- Discuss how social media, media, and pornography shape views around consent.
- What are some examples of positive and negative representations of sexual relationships found in media (TV, movies, music, etc.)?

Guided Practice:

- Have students work through the following scenarios through writing, discussion or role plays:
    - Someone sent a screenshot of a compromising photo of a friend and it has begun to go viral at school. What do you do?
    - You are in a chat room in an online game. One player begins to harass another player by calling them inappropriate names and using abusive language. What would / should you do?
    - Your friend posted an inappropriate video or photo on social media. What would some of the social and emotional ramifications be?
    - You are at a party/sporting event. Someone is taking Snaps of someone and posting it without their knowledge. What would you do?

Independent Practice:

- Complete the "Myths or Facts" worksheet

Closure:

- De-brief as a whole group: review the answers to the "Myths or Facts" worksheet and answer any questions that arise.
- Review the Question Box process as needed.

MYTH OR FACT?

Consent, Online Dating and Other Media Influences

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

_____ MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES

_____ MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT

_____ IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS

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

_____ WHEN SEXTING, ONLY YOUR PARTNER WHO YOU SENT THE MESSAGE TO WILL SEE IT

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

MYTH OR FACT?

Answer Key

MYTH MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES

MYTH MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT

FACT IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS

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

MYTH WHEN SEXTING, ONLY YOUR PARTNER WILL SEE IT

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

Grade: 7/8 **Lesson: 4** ***taught separately***	**Lesson Title/Focus:** Puberty & Personal Hygiene	**Materials:** **(NOTE: NOT FOR INDIVIDUAL STUDENT HANDOUTS)** • White board/projector • Adolescent Physical Development Chart • Menstrual Cycle • Glencoe Health textbook charts, materials, and activities as needed • The Question Box

Health Standards:
S1C4PO1 Describe ways to reduce or prevent injuries and other adolescent health problem
S3C1PO1 Analyze the validity of health information, products, and services
S3C2PO1 Access valid health information from home, school, and community
S3C2PO3 Describe situations that may require professional health service
S7C1PO1 Explain the importance of assuming responsibility for personal health behaviors

Lesson Objectives:
Students will be able to:

- understand the physiological (physical and hormonal), emotional, and social changes that occur during puberty.
- recognize the need to seek health information to prevent and avoid risks.
- identify female reproductive system terminology to understand changes occurring during puberty.
- understand how to attend to one's own personal hygiene at various life stages.

Academic Vocabulary:

- puberty
- menstruation
- menstrual cycle
- ovulation
- gender
- sexuality
- hygiene

Teacher Background:
*Recommendation: Each numbered item should be shared on index cards, tents, or digitally for students during instruction.
1. Stages of puberty

- Puberty involves physiological (physical and hormonal), emotional and social changes over time.
- Each person's growth is different and individualized and can vary from average experiences.
- Sometimes, puberty can occur outside of the expected range. For example:
    - Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either

(see Adolescent Physical Development chart for first signs of puberty); for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy.

- During normal visits with your doctor, they may check to see what stage of puberty you are in to ensure a healthy process.

2. Physical development during puberty – see "Adolescent Physical Development" chart
3. Emotional development during puberty
   - In addition to the physical changes of puberty, psychological changes can also occur. These are triggered by the production of the sex hormones, such as estrogen and testosterone. Interest in sex increases. Mood swings are also common during puberty, however extreme mood swings, irritability and other changes may be signs of depression or other health conditions, and you should speak with your doctor.

4. Menstrual Cycle (see "The Menstrual Cycle" chart)
   - The four phases of the menstrual cycle: pre-ovulatory, ovulation, post-ovulatory, and the menstrual phase.
   - When cycles/periods first start, it is common for them to be irregular, and may take years for a regular cycle to develop.
   - Average bleeding throughout one menstrual cycle is about 1/3 cup; heavy bleeding may be if you are soaking a pad or tampon in 2 hours or less.
   - Determine if you have an unhealthy cycle to avoid other health risks. Some individuals experience severe pain during periods, heavy vaginal bleeding during periods, periods that are too frequent or too long apart, vaginal bleeding between periods, severe mood changes, headaches, abdominal cramps, or other symptoms during, before, or after periods, that may or may not be healthy.
   - Those concerned about their period/menstrual cycle should talk with their parents & doctor.

5. Personal Hygiene
   - As you enter puberty, your body will undergo physical changes that include increased sweat production, sweating in new parts of the body (e.g., underarms), hormone production and hair growth.
   - Sweat and hormone production changes the body odor. Washing more frequently with soap and water under the arms, groin and other areas that see more sweat will help keep body odor under control.
   - Some people choose to wear anti-perspirant ("anti-sweating") and/or deodorant (fragrance to mask body odor) under their arms. Approaches to body odor and perspiration can vary by culture and it's important to understand someone's choice to wear/not wear these as part of their own personal values.
   - As hormone production increases, body hair will begin to develop not only in the genitals (pubic hair) but also on the legs and arms, under the arms and on the face. Shaving the face or legs/underarms is common within our culture, but not all cultures feel the same about body hair.

Areas with more hair collect more sweat during perspiration and need to be washed with soap and water. 6. Medical Relationships/Support • As you grow closer to adulthood, it is helpful to have someone you trust and can talk to about your body's changes. (A parent/guardian, family member, family doctor, etc.)
Anticipatory Set: • Self-reflection: What are some changes you associate with puberty?
Direct Instruction: • Review the Question Box process. • Introduce and assess prior knowledge of lesson vocabulary. • Introduce and discuss the topics listed in the Teacher Background. • Discuss the physical changes that occur during puberty. Use the chart "Adolescent Physical Development." (Also see Glencoe Health textbook for reference) • Highlight some of the social and emotional changes that occur during puberty. • Share the Menstrual Cycle chart to review the process of ovulation in the female reproductive system.
Guided Practice: • Using a Venn diagram, review the Adolescent Physical Development Chart for similarities and differences in male and female development.
Independent Practice: • Quick write: Select a topic from today's lesson to create a fact sheet.
Closure: • Students will share facts with the class. • Reiterate the Question Box process.

Adolescent Physical Development Chart

Aspects of Development	Age when change usually begins	Description of the change	Aspect of Development	Age when change usually begins	Description of the change
Increase in height and weight	10-12	One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.	Increase in height and weight	12-13	One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.
Breast development	10-12	This stage begins with "budding," an enlargement of the nipple and surrounding area. A year or so later the breasts will begin to enlarge.	Genital development and ejaculation	11-13	Hormonal activity at the start of puberty stimulates the growth of the testicles. The skin of the scrotum darkens and the penis lengthens and broadens. The ejaculation of the seminal fluid usually occurs within two years of this genital development.
Growth of pubic hair Underarm hair	10-11 12-13	Pubic hair first grows as light, soft hair in the external genital area. The hair darkens and covers a larger area during the next few years. Underarm hair begins to grow approximately 1-2 years after pubic hair.	Growth of pubic, underarm and facial hair	11-15	The growth of pubic hair normally starts first and is followed a year or so later by facial hair. Heredity will affect the growth of body and facial hair.
Development of apocrine sweat glands	12-13	Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.	Development of apocrine sweat glands	13-15	Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.
Onset of menstruation (First Period)	11-14		Deepening of the voice	13-15	The voice box (larynx) begins to enlarge. An "Adam's Apple" may develop. The voice deepens about a year after the enlargement of the larynx.

Chart sources:
U.S. Department of Health and Human Services, Office of Adolescent Health. (November 2018). Adolescent Development Explained. Washington, D.C: U.S. Government Printing Office. Retrieved from https://www.hhs.gov/ash/oah/sites/default/files/opa-adolescent-development-explained-download.pdf
McNeely, C. & Blanchard, J. (2009). The Teen Years Explained: A Guide to Healthy Adolescent Development. Center for Adolescent Health at John Hopkins Bloomberg School of Public Health. Baltimore, MD. Retrieved from https://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/_docs/TTYE-Guide.pdf

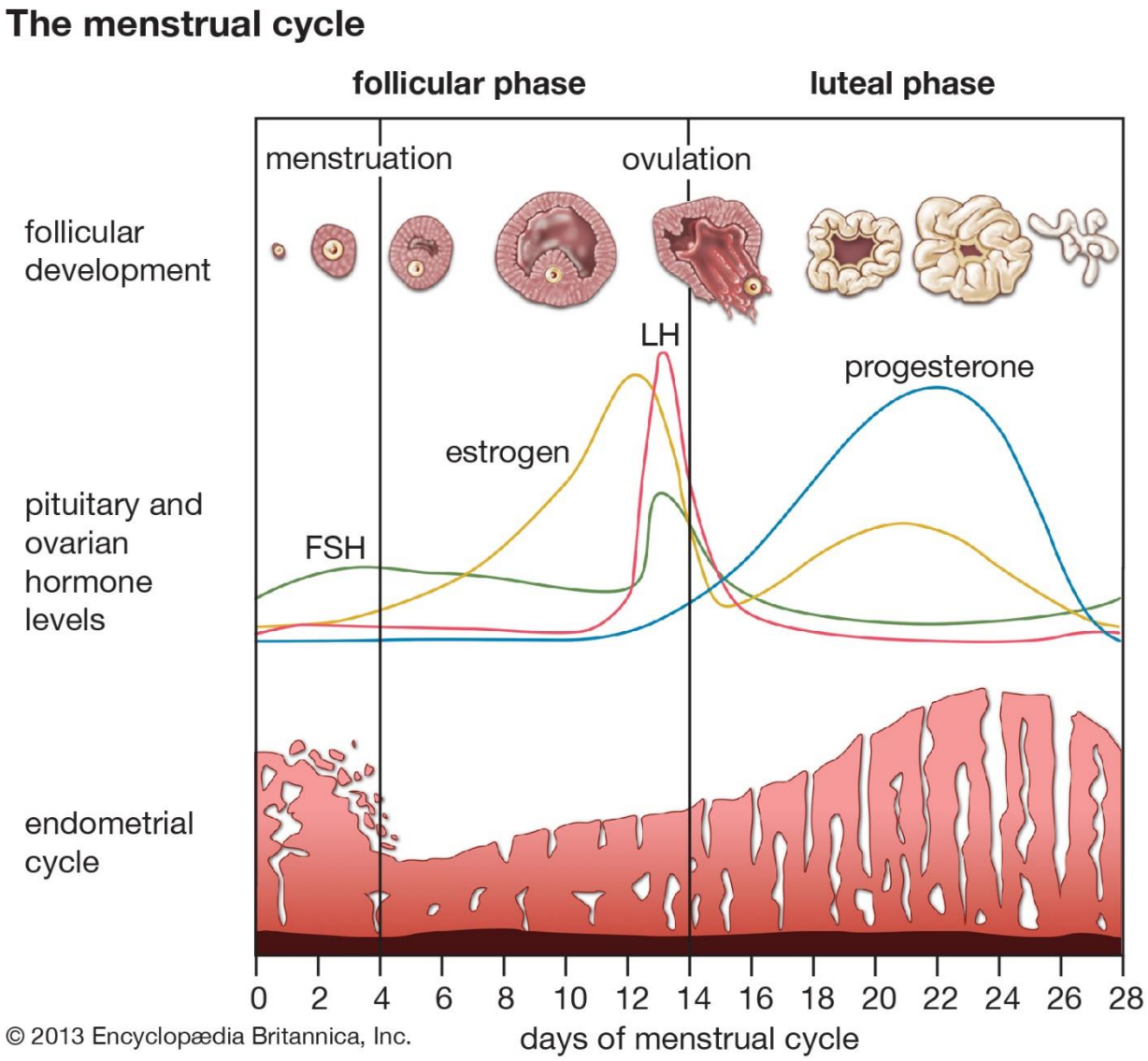


Image source: Encyclopedia Britannica, Inc. (2013). Retrieved from https://www.britannica.com/science/menstruation

Grade: 7/8 **Lesson: 5** ***taught separately***	**Lesson Title/Focus:** Human Reproductive Systems	**Materials:** • Male reproductive system • Female reproductive system • The Question Box

Health Standards:
S4C1PO1 Apply effective verbal and nonverbal communication skills to enhance health
S4C1PO2 Demonstrate refusal and negotiation skills that avoid or reduce health risks
S7C1PO1 Explain the importance of assuming responsibility for personal health behaviors

Lesson Objectives:
Students will be able to:

- identity each of the parts of the female and male reproductive systems using accurate medical terms.
- explain the relationship between sexual activity and consent.

Academic Vocabulary:

- consent/ without consent
- vagina
- fallopian tubes
- hymen
- uterus
- penis

Teacher Background:
1. Understanding the human reproductive systems
   - Male reproductive system: Reference- Glencoe Health textbook & TeensHealth website. Male Reproductive System. The Nemours Foundation. https://kidshealth.org/en/teens/male-repro.html
   - Female reproductive system: Reference- Glencoe Health textbook & GirlsHealth website. How the Female Reproductive System Works. Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services. https://www.girlshealth.gov/body/reproductive/system.html#inside
   - Process of sexual intercourse
     - Function of male and female reproductive organs.
2. Consent and issues around sexual activity
   - Consent by all partners is required before any sexual activity with another individual
   - What it is: Permission, agreement or willingness to do something with another person
   - What it is NOT: Someone under the influence of drugs or alcohol, who is asleep, who feels coerced or pressured, or someone with intellectual disabilities cannot give consent
3. Asserting personal boundaries. BE ASSERTIVE, SPEAK UP
4. Plan to avoid pregnancy and infections
5. Differences in terms
   - "Sexual intercourse" technically means penetration of the penis into the vagina, anus, or mouth
   - “Sex” is often understood to mean sexual activity, which includes many different sexual practices/behaviors. All sexual activity/intercourse/sex carries risk.

• "Sexual activity" encompasses more than physical acts; it impacts emotions as well.
Anticipatory Set: • In preparation for the lesson, students respond to: What function does the human reproductive system have in our bodies? • Whole class sharing
Direct Instruction: • Review the academic vocabulary with students • Present the topics listed in the Teacher Background section.
Guided Practice: • Explain the functions of the male and female reproductive systems and how sexual intercourse and fertilization occurs. • Review vocabulary for student understanding.
Independent Practice: • Label external and internal parts of the male and female reproductive systems on handouts.
Closure: • Closing discussion or exit ticket on new learning from the lesson. • The Question box process reiterated.

Female Reproductive System

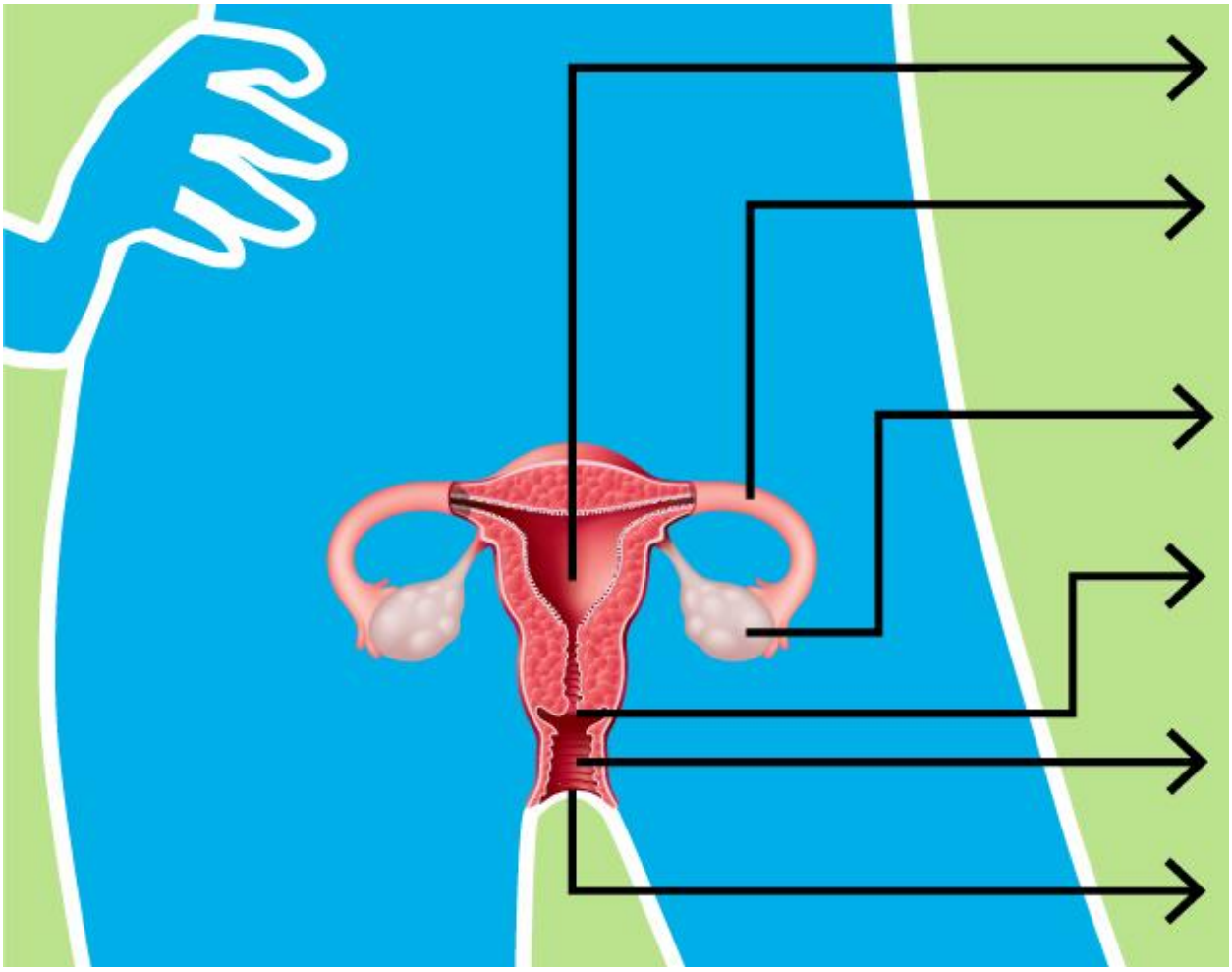


Image Source: GirlsHealth.gov. How the Female Reproductive System Works. Retrieved from https://www.girlshealth.gov/body/reproductive/system.html

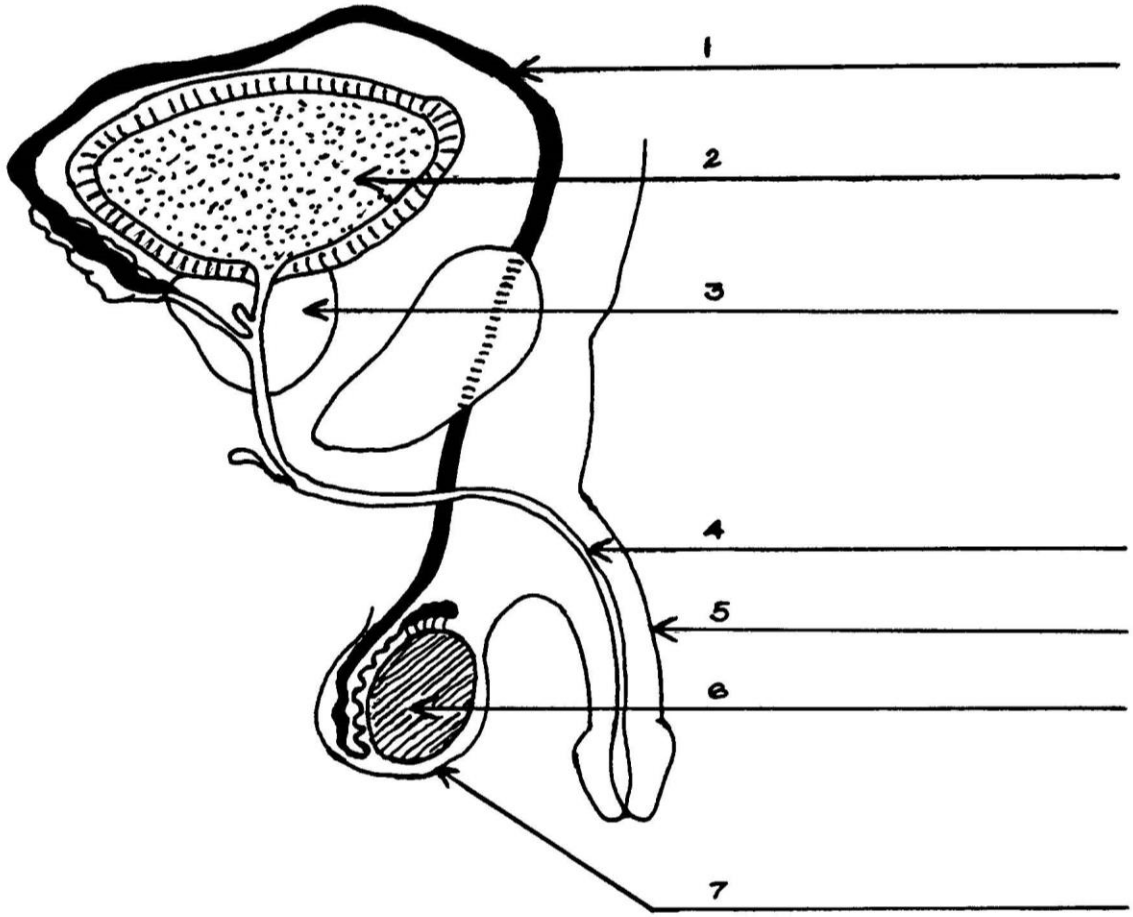
Label each part of the anatomy:

Uterus Fallopian tube Ovary Cervix Vagina Hymen

Draw a dotted line indicating the flow of blood during the menstruation cycle.

Draw the path of an egg to be fertilized with a solid line.

Male Reproductive System



Label the parts of the male anatomy.

urethra urinary bladder penis scrotum vas deferens

prostate gland testes (testicle)

Grade: 7/8 **Lesson: 6** ***taught separately***	**Lesson Title/Focus:** Conception, Fetal Development and Pregnancy	**Materials:** • Glencoe Health Textbook- Conception, Pregnancy/Fetal Development • Fetal Development Chart

Health Standards:
S1C4PO1 Describe ways to reduce or prevent injuries and other adolescent health problems
S2C1PO1 Examine how the family influences the health of adolescents
S2C1PO2 Describe the influence of culture on health beliefs, practices, and behaviors
S2C1PO4 Analyze how the school and community can affect personal health practices and behaviors
S3C1PO1 Analyze the validity of health information, products, and services

Lesson Objectives:
Students will be able to:

- discuss how pregnancy occurs.
- describe the development of the fertilized egg through pregnancy.
- explain the physical changes that occur in the body from conception through birth.

Academic Vocabulary:

- pregnancy
- pre-natal care
- fertilization
- conception

Teacher Background:
1. Conception, pregnancy, fetal development are biological parts to life.
2. Pregnancy before the body is fully developed and the mother is emotionally and mentally ready can be unhealthy for the mother and baby.
3. The stages of development from fertilization to birth are divided into weekly and monthly stages, from implantation to birth.
4. Pre-pregnancy and during pregnancy nutrition, stress and mood, lifestyle exposures (such as tobacco use, alcohol, caffeine, and other drugs), and other factors have significant impacts on the healthy growth and development of the fetus.
5. Personal, religious, cultural, familial and moral values affect decisions regarding pregnancy. Encourage students to talk to parents/guardians about this topic.
6. Review Fetal Development Chart

Anticipatory Set:

- Review academic vocabulary for lesson

Direct Instruction:

- Discuss the process of conception
- Discuss the development of a fertilized egg through pregnancy
- Discuss changes that occur in a female's body during pregnancy

Guided Practice: • Divide the class into groups for research. Assign each group one stage of development starting with the first week after fertilization and continuing for nine months. Assist students with research as needed. What happens to the woman/fetus at the particular stage?
Independent Practice: • Students create a group presentation based on their research regarding the stage of development assigned. Include the impact of the woman's health and behavior on the developing fetus using medically accurate terminology.
Closure: • Questions, reflection and feedback. Posters can also be displayed for a gallery walk so students can see their peers' work. • Reiterate the Question Box process.

Fetal Development Chart

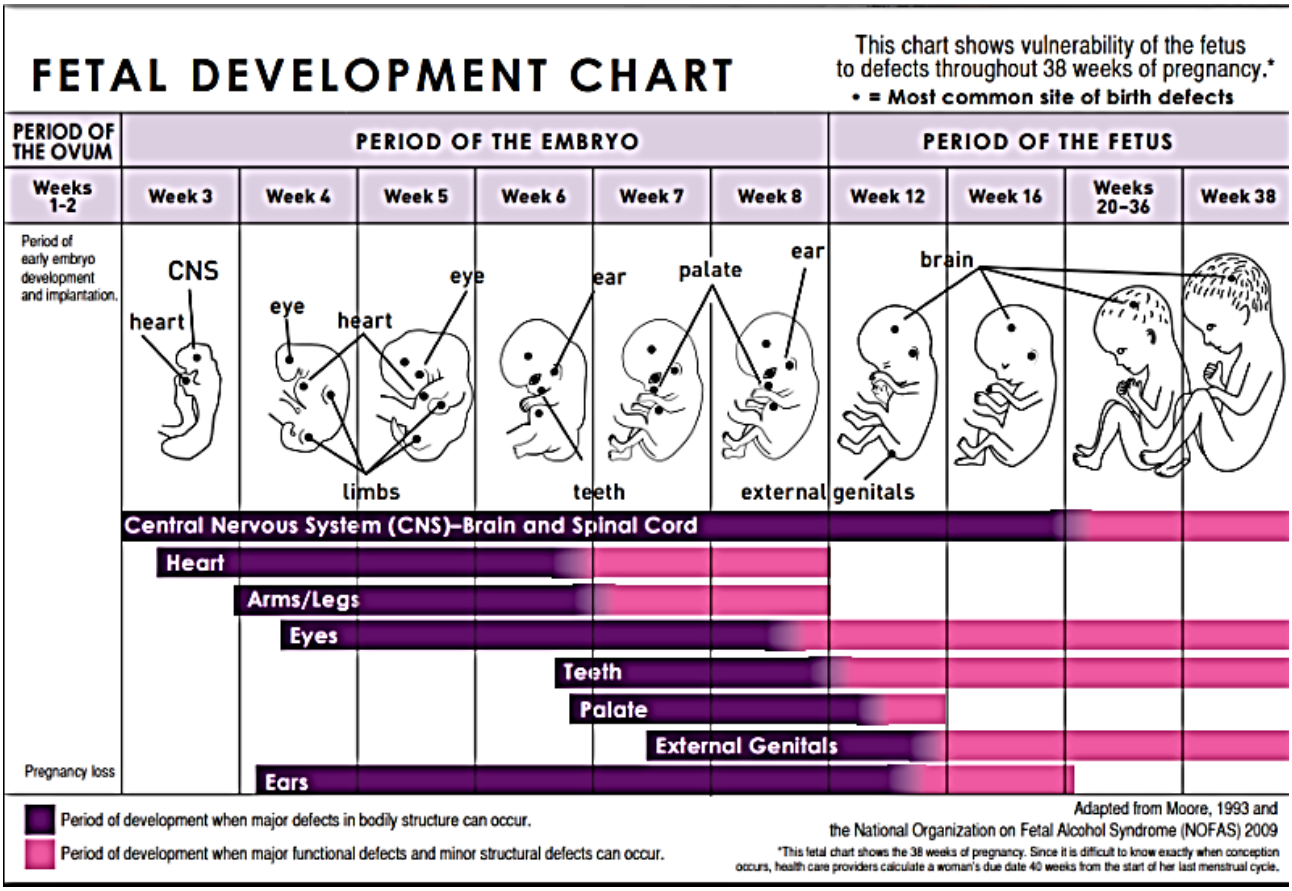


Image source: CDC FASD Brochure Retrieved from https://www.cdc.gov/ncbddd/fasd/documents/fasdbrochure_final.pdf

Grade: 7/8 **Lesson: 7** ***taught separately***	**Lesson Title/Focus:** Contraception	**Materials:** • Worksheet "Myth or Facts" • Worksheet "Myth or Facts" Answer Key • Birth Control Choices Teacher Information Sheets (not for use as student handout)

Health Standards:
S3C2PO1 Access valid health information from home, school, and community
S3C2PO2 Determine the accessibility of products that enhance health
S5C2PO1 Determine when health- related situations require the application of a thoughtful decision-making process
S5C2PO3 Distinguish between healthy and unhealthy alternatives to health-related issues or problems

Lesson Objectives:
Students will be able to:
- analyze choices about their family planning / birth control methods.
- identify valid health information related to contraceptives, abstinence, and STIs.

Academic Vocabulary:
- abstinence
- contraceptives
- STI (Sexually Transmitted Infection)

Teacher Background:
1. It is important to make decisions about sexual behavior before becoming involved in a relationship where there is a desire to express physical affection.
2. Choosing abstinence is never a wrong choice. Nobody owes anybody else an explanation or justification for choosing to avoid sexual activity.
3. Before someone starts exploring sexual activity, they should have a plan in place on how to avoid unintended pregnancy and how to lower chances for contracting an STI.
4. The contents of this lesson are meant to give students a chance to learn about contraceptives long before they need to make personal decisions about which contraception(s) are right for them.
5. The contents contained in this lesson address pregnancy and contraception, for more information on STIs, please see lesson 8.

Anticipatory Set:
- Assess understanding of academic vocabulary for lesson

Direct Instruction:
- Discuss abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections.
- Discuss methods of birth control and prevention of unintended pregnancies.

Guided Practice:

• Using the information in the "Contraception Choices" document discuss the effectiveness, side effects, timing and convenience of birth control methods. Also discuss access to birth control, such as which are over-the-counter and which are prescription items.
Independent Practice: • Complete the "Myth and Fact" worksheet.
Closure: • Review the answers and explanations for the "Myth and Fact" worksheet. • Reiterate the Question Box process.

MYTH OR FACT?

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

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

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

_____ ABSTINENCE IS THE MOST EFFECTIVE METHOD OF AVOIDING STI'S.

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

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

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

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

MYTH OR FACT?
Answer Key

MYTH THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY
A condom shouldn't be worn tightly because one needs to prevent the thin sheath of rubber from damage or breakage as well as to prevent sperm from entering the vagina. The tip of the condom must be positioned correctly to receive the sperm following ejaculation.

MYTH IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY
Pregnancy can still occur because prior to ejaculation there are sperm present in the pre-ejaculate ("pre-cum") fluid.

FACT ABSTINENCE IS THE MOST EFFECTIVE METHODS OF AVOIDING STI'S AND INFECTIONS
Abstinence IS the only 100% guaranteed effective method of avoiding STIs and infections.

MYTH DOUCHING OR PEEING AFTER SEX WILL WASH THE SPERM OUT OF THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE
Douching or peeing after sex will NOT protect one against pregnancy and STIs.
Douching can actually lead to vaginal infections and is not recommended.
Peeing after vaginal intercourse may help reduce the risk of bladder infections (UTIs) but NOT prevent pregnancy or STIs

MYTH BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING SEXUALLY TRANSMITTED INFECTIONS (STI'S)
Birth control pills will not prevent Sexually Transmitted Infections.

MYTH A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS TAKING THE PILL
A woman may need to take birth control pills for the full cycle before it can help prevent pregnancy.

MYTH HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER AND MAY CAUSE ME TO BE INFERTILE.
Hormonal birth control pills, patches, Depo shot, arm implant, IUD, and other forms of hormonal birth will NOT increase the risk of cancer and will NOT cause infertility. However, there can be risks involved with taking medication. Certain methods of birth control may not be appropriate for you. Talk to you doctor about the risks and benefits of each method.

Your Birth Control Choices

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

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

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Grade: 7/8 **Lesson: 8** ***taught separately***	**Lesson Title/Focus:** Sexual Risk Avoidance and Sexually Transmitted Infections (STIs)	**Materials:** • **Teacher resource:** STI Information Pages • Worksheet "Causes and Transmission of Sexually Transmitted Infection Study Guide" • Worksheet "Vocabulary Activity"

Health Standards:
S1C1PO1 Analyze the relationship between healthy behaviors and personal health
S3C2PO3 Describe situations that may require professional health services
S3C2PO4 Locate valid and reliable health products and services
S5C2PO3 Distinguish between healthy and unhealthy alternatives to health-related issues or problems

Lesson Objectives:
Students will be able to:

- determine the cause and transmission of sexually transmitted infections (STIs)
- identify and describe the symptoms and treatment for, and prevention of common STIs
- explain the importance of seeking medical attention for any sign of a STIs

Academic Vocabulary:

- sexually transmitted infections (STIs)
- AIDS (taught separately in Health Education Curriculum under communicable diseases)
- chlamydia
- gonorrhea
- hepatitis
- herpes
- HPV
- pelvic inflammatory disease (PID)
- pediculosis (pubic lice)
- syphilis
- trichomoniasis
- bacterial vaginosis
- vaginitis

Teacher Background:

1. STIs are diseases that are passed from person to person during sexual contact. Most STIs can only be transmitted through intimate sexual contact, but there are a few exceptions. Students must be aware of the causes, signs, symptoms, treatment and complications of STIs, and when to seek medical care.
2. All sexual partners of anyone treated for an STI must be tested and / or treated.
3. Many people with an STI may not have any symptoms at all, but can still transmit the infection to another person or have symptoms in the future themselves. Teens (or adolescents) who are sexually active should be tested for STIs regularly even if they don't have symptoms.
4. Abstinence is the only 100% effective way to prevent STI transmission.

5. Using a condom or other barrier method consistently and correctly reduces the risk of STI transmission.
6. For individuals at higher risk for HIV transmission, seek information on medication to help lower your risk of acquiring HIV.
7. The HPV vaccine can help prevent the highest risk of HPV and greatly reduce the risk of cervical cancer.

Anticipatory Set:

- Students create a T-chart, listing everything they already know about STIs on the left and everything they want to know on the right.
- Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.

Direct Instruction:

- Use the Teacher Resource: STI Information Pages to present this information to your students.

Guided Practice:

- Invite speaker from Pima County Health Department to discuss STIs as covered in this curriculum.
    - Students prepare questions ahead of time.
    - Review questions before giving them to the speaker. If time allows, have speaker talk a few minutes on careers in public health.

Independent Practice:

- Students complete the "Causes and Transmission of Sexually Transmitted Infections Vocabulary and Study Guide."
- Students complete the "Vocabulary Activity" worksheet.

Closure:

- Students pick one STI and write a paragraph about what they have learned.
- Reiterate the Question Box process.

<table>
<tr><td colspan="2">AIDS (Acquired Immune Deficiency Syndrome)
caused by the Human Immunodeficiency Virus</td><td>Cause: virus</td></tr>
<tr><td colspan="3">How is it contracted?
It is spread through contact with someone who has the HIV virus by:
• Sharing needles
• Mother to unborn child
• Breast milk (low risk)
• Blood to blood contact
• Sexual contact (most commonly anal or vaginal)</td></tr>
<tr><td colspan="3">Symptoms:
Acute HIV (weeks to months after transmission)
• Flu-like feelings that do not go away
• General rash
AIDS
• Unexplained weight loss
• Long-term otherwise unexplained diarrhea
• Frequent and recurrent infections
• Infections in the mouth
• Unusual changes to the skin</td></tr>
<tr><td colspan="2">Treatment:
• No cure
• Medication suppresses HIV to slow the progressions of the infection</td><td>If not treated:
• It can be spread to sexual partners and anyone who has blood to blood contact
• AIDS can be deadly
• Mothers can pass the virus on to their unborn children</td></tr>
<tr><td colspan="2">Medicines:
• HAART may be used so that HIV is no longer detectable in the blood</td><td>Prevention:
• Medication (pre-exposure prophylaxis or PReP) may be used in those with higher risk of acquiring HIV to help prevent HIV</td></tr>
</table>

<table>
<tr><td colspan="2">CHLAMYDIA (the most common STI)
It is the primary cause of Pelvic Inflammatory Disease (PID)</td><td>Cause: bacterium (Chlamydia Trachomatis)</td></tr>
<tr><td colspan="3">How is it contracted?
Spread during sexual intercourse, oral sex or anal sex with someone who has chlamydia</td></tr>
<tr><td colspan="3">Symptoms:
Symptoms usually begin 7-21 days after having sex with an infected person
Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection
Discharge (usually white/watery/pus) from the vagina or penis
Burning pain during urination or sex
Throat pain (similar to strep throat)
Anal/rectal pain or discharge</td></tr>
<tr><td colspan="2">Diagnosis:
Testing of the urine or a special swab of the source area
Treatment:
Oral antibiotics
Treatment should always be for both the infected individual and their partner(s) to prevent reinfection</td><td>If not treated:
Can be passed on to sexual partners
Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility</td></tr>
</table>

<table>
<tr><td>GONORRHEA</td><td>Cause: bacterium
(Neisseria gonorrhea, more commonly called gonococcus)</td></tr>
<tr><td colspan="2">How is it contracted?
Spread during sexual intercourse, oral sex or anal sex with someone who has gonorrhea</td></tr>
<tr><td colspan="2">Symptoms:
Symptoms usually begin 2-5 days after having sex with an infected person
Discharge (usually white/yellow/pus) from the vagina or penis
Burning pain during urination or sex
Throat pain (similar to strep throat)
Anal/rectal pain or discharge
Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection</td></tr>
<tr><td colspan="2">Diagnosed by: Testing the urine or a special swab of the source area</td></tr>
<tr><td>Treatment:
Antibiotics (usually injection)
Treatment should always be for both the infected individual and their partner(s) to prevent reinfection</td><td>If not treated:
Can be passed on to sexual partners
Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility
Can cause more serious complications by spreading throughout the body</td></tr>
</table>

<table>
<tr><th>HEPATITIS A (HAV)</th><th>HEPATITIS B (HBV)</th><th>HEPATITIS C (HCV)</th></tr>
<tr><td colspan="3">Cause: virus</td></tr>
<tr><td>How is it contracted?
Oral contact with fecal matter (poop) through:
Unsafely prepared food
Poor hand washing
Oral-rectal sexual contact</td><td>How is it contracted?
Spread in semen and blood
Sexual contact
Mothers to unborn children
Transfusions (rare)
Organ transplants (rare)</td><td>How is it contracted?
Spread through blood
Sexual contact (less common than HBV)
Sharing needles for intravenous drug use
Mothers to unborn children
Transfusions (rare)
Organ transplants (rare)</td></tr>
<tr><td colspan="3">Symptoms:
May be invisible during its most contagious phase
Extreme fatigue, headache, fever, hives
Lack of appetite, nausea, vomiting, tenderness in the right upper abdomen
May progress to dark urine, clay-colored stool, yellowing of the skin and whites of the eyes (jaundice)</td></tr>
<tr><td>Treatment:
No treatment
Often clears in 4-8 weeks, but sometimes does not
Prevention:
series of vaccinations</td><td>Treatment:
Can sometimes be treated with medication
Unlikely to clear spontaneously
Prevention:
series of vaccinations</td><td>Treatment:
medications can cure the virus
Unlikely to clear spontaneously
Prevention:
no vaccination to prevent infection</td></tr>
<tr><td colspan="3">If not treated:
HAV, HBV, and HCV are all contagious
Can lead to severe or even permanent liver damage
Some people remain infected and contagious for the rest of their lives</td></tr>
</table>

<table>
<tr><td>HERPES</td><td>Cause: virus</td></tr>
<tr><td colspan="2">How is it contracted?
Spread during contact with an open sore/blister – can be from oral/vaginal/anal sexual intercourse or general contact.
Highest risk of transmission is during the active phase when a sore or blister is present, but it can be spread at other times too</td></tr>
<tr><td colspan="2">Symptoms:
Symptoms show up 2-21 (average 6) days after having sex with an infected person
Initial breakout can be accompanied by flu-like feelings, run-down body, swollen glands, fever and chills, muscle ache, nausea
Blisters that last 1-3 weeks, often break and become open sores
Itching or burning before the blisters appear, followed by small, painful blisters on the sex organs, buttocks, or mouth (cold sores)
Blisters go away, but herpes virus remains in the body
Blisters reoccur
Possible triggers for breakouts include emotional stress, poor diet, menstruation, sunburn, friction from tight clothing and vigorous sexual intercourse
Some people have no symptoms</td></tr>
<tr><td>Treatment:
There is no cure
Treatment can help symptoms
Acyclovir is a prescription drug used to treat the pain of the blisters, but does not prevent a breakout, cure the infection, or prevent infecting another person</td><td>If not treated:
Can be spread to sexual partners
A mother with an active herpes breakout may deliver early or miscarry. If the baby contracts herpes during delivery, they may suffer severe illness or death. Is there is an active breakout in the mother, she will usually deliver cesarean section.</td></tr>
</table>

HUMAN PAPILLOMA VIRUS (HPV), GENITAL WARTS, CERVICAL/PENILE/ANAL CANCER	**Cause:** virus

Information:

- Over 100 strains of HPV exist. Different strains cause warts on the hands and feet, but these strains are not STIs. Other strains only infect human genital organs and some of these strains can lead to cancer.

How is it contracted?

- Almost always spread through genital contact or during oral, anal, or vaginal sex with someone who has HPV
- Being exposed to HPV leads to a greater than 50% chance of contracting the virus

Symptoms:

- Usually appear within three months but can begin anywhere from six weeks to eight months after exposure
- Genital warts are white or gray in color, appear in clusters and may be described as "cauliflower-like". Sometimes they are the same color as the person's skin tone
- Sometimes there are no symptoms

Prevention:

- The HPV strains that are most likely to lead to cancer can be prevented by a vaccine
- Cervical cancer can be prevented if women get regular screening (called a Pap smear) starting at age 21 and every 3-5 years after.

Treatment:	**If not treated:**
• Cannot be cured without medication • Warts can be removed by a doctor using freezing, medication, or surgical methods, but they can regrow • Penile and anal cancer are treated by removing cancerous cells	• Can be spread to another person • Can lead to cervical, penile, or anal cancer

PELVIC INFLAMMATORY DISEASE (PID)	**Cause:** bacteria

How is it contracted?

- Spread during sexual intercourse
- Usually caused by an infection such as chlamydia that moves into the uterus (in women)

Symptoms:

- Occurs in both men and women
- Pelvic pain, chills, fever, irregular menstrual periods (women), lower back pain (women), pain and swelling of scrotum (men)

Treatment:	**If not treated:**
• Usually antibiotics based on the specific infection	• Scar tissue in the fallopian tubes resulting in dangerous tubal pregnancy later in life • Sterility • Scar tissue in vas deferens • May move into the abdomen and blood stream, causing an even more serious infection

PEDICULOSIS PUBIS (pubic lice, crabs, lice)	**Cause:** parasite

Information:

- Crab-like parasites that live in the pubic hair and feed on tiny human blood vessels.
- They attach to the hair follicles and deposit their eggs near the base of the hair shaft.
- They reproduce quickly and cannot be washed off.
- The louse is a tiny white organism that looks like a crab. It has claws that enable it to attach itself to the hairs of the genitals, chest, armpits or scalp.
- Once secured to the hairs, the louse inserts its mouthpiece into the skin and feeds on blood. During feeding, it injects saliva into the skin which causes irritation and severe itching

How is it contracted?

- Spread by intimate physical contact with infected person
- Could get from infected bedding, clothing or towels, hairbrush (as eggs can live up to 6 days)

Symptoms:

- Symptoms usually show up 25-30 days after exposure
- Small bumps at the base of the hair
- Intense itching in pubic area
- Bloodstains may be noticed on underwear

Diagnosis:

- usually diagnosed by sight

Treatment:

- special shampoos such as K-Well, A-200, and Cuprex, are available from the pharmacy without a prescription

If not treated:

- Can be spread to sexual partner(s)
- Continued symptoms

SYPHILIS	**Cause:** bacterium (treponema pallidum)
How is it contracted? • Spread during sexual intercourse, oral sex or anal sex with someone who has syphilis	
Symptoms: Primary syphilis – usually detected as a painless sore on the penis or vagina 1. Incubation period is from 10 days to three months 2. Symptoms show up 1-2 weeks after having sex 3. A painless, reddish-brown sore (chancre) on the mouth or sex organs (penis, vagina, or cervix) 4. Sore goes away, but syphilis remains Secondary syphilis 1. Symptoms show up within 10 weeks after primary stage 2. An itchless, painless rash anywhere on the body caused by the infection as they enter the bloodstream on their way to the vital organs 3. Flu-like symptoms 4. Rash and flu-like symptoms go away within 2-6 weeks, but syphilis remains Late syphilis is the final stage, during which the infection is reactivated, often years later, which can cause brain / neurologic symptoms and even death	
Treatment: • Antibiotics, injection	**If not treated:** • Syphilis can be spread to sexual partners • Infected mothers can spread it to their babies during childbirth or a stillbirth may occur • Complications as described above • Syphilis can be serious, even deadly, if left untreated. • Modern health care and screening methods almost always detect the disease before it progresses far enough to be fatal.

BACTERIAL VAGINOSIS (BC) **(**Not an STI, but may be confused for an STI, and has similar symptoms)	**Cause:** bacteria
How is it contracted? • Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis due to change in bacterial level • Spread during sexual intercourse, oral sex or anal sex. Men can carry vaginitis	
Symptoms: • Some women have no symptoms • Itching, burning, or pain in the vagina • More discharge (creamy white, white, yellow, watery, or blood tinged) from the vagina than normal • Discharge smells and or looks different (sometimes has a fishy odor)	
Diagnosis: • Usually diagnosed by a smear of vaginal or cervical discharge or by a culture **Treatment:** (depends on the type) May include: • antibiotic suppositories • sulfa creams • Flagyl • antibacterial douche.	**If not treated:** • Can be spread to sexual partners • Uncomfortable symptoms will continue • Men can get infections in the prostate gland and urethra
VAGINITIS (yeast infection) (Is NOT a sexually transmitted infection. It is a common vaginal infection that is especially frequent in women who are pregnant, diabetic, on antibiotics or birth control pills.)	**Cause:** yeast-like fungus called Candida Albicans
How is it contracted? • Usually brought on by pregnancy, diabetes, poor diet, stress, excessive douching, antibiotics	
Symptoms: • Severe itching, redness, or soreness, and cruddy, white vaginal discharge • The fungus is normally present in healthy mouths, intestines and vaginas	
Diagnosis: • Diagnosed by a vaginal swab examined under a microscope • When viewed under a microscope, the fungi look like long fibers attached to tiny buds **Treatment:** • Various prescription drugs • Over the counter medicines	

Causes and Transmission of Sexually Transmitted Infections Study Guide

STI	ORGANISM RESPONSIBLE (CAUSE)	SIGNS & SYMPTOMS (MALE)	SIGNS & SYMPTOMS (FEMALE)
AIDS			
Chlamydia			
Gonorrhea			
Hepatitis			
Herpes			
HPV			
PID			
Pediculosis Pubis			
Syphilis			
Trichomoniasis			

Vocabulary Activity

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

Grade: 7/8 **Lesson: 9** **(2 DAYS)** ***taught separately***	**Lesson Title/Focus:** Personal Safety / Sexual Harassment / Sexual Abuse	**Materials:** • "Could It Be?" Worksheet • Do's and Don'ts Reference Sheet • Audio visual equipment for video clip

Health Standards:

S7C2PO1 Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others

S7C2PO2 Demonstrate behaviors that avoid or reduce health risks to self and others

S8C1PO2 Demonstrate how to influence and support others to make positive health choices

S8C2PO1 Demonstrate how to work cooperatively to advocate for healthy individuals, families, and schools

Lesson Objectives:

Students will be able to:

- understand what constitutes sexual harassment and abuse.
- identify reasons why victims/survivors do not speak out.
- report and get help for sexual harassment and abuse.

Academic Vocabulary:

- sexual harassment
- sexual abuse
- consent and refusal

Teacher Background:

1. Sexual Harassment

A) Sexual harassment is a serious problem among youth.
   - According to research by the Harvard School of Education many youth report being victims of sexual harassment.

B) According to TUSD's policy, Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, written, or physical conduct of a sexual nature, where:
   - Submission to such conduct is made either explicitly or implicitly; or
   - Such conduct has the purpose or effect of substantially interfering with an individual's educational performance, or creating an intimidating, hostile, or offensive educational environment.

C) According to TUSD's policy, sexual harassment may include, but is not limited to:
   - Suggestive or obscene letters, notes, invitations, derogatory comments, slurs, jokes, epithets, impeding or blocking movement, leering, gestures, display of sexually suggestive objects, posters or cartoons.
   - Continuing to express romantic or sexual interest after being informed that the interest is unwelcome.
   - Implying that grades would be withheld or affected; or suggesting a scholarship recommendation or college application will be denied.

D) Sexual harassment is not limited to the educational setting, but may occur in one or more of the following settings:
- The workplace
- The public arena
- The home
- extracurricular activity

E) Unfortunately, sexual harassment is often ignored or excused
- Some say that harassment is "just flirting" or "boys will be boys." They may even blame the victim because of the way she/he dressed or say that she/he can't take a joke. Relationships should be mutual and built on respect of one another's boundaries. When one person is offended, it is harassment, not flirting.
- Power Plays/Sexual harassment/sexual abuse are unhealthy power dynamics. Many individuals grow up believing in being competitive and in exercising power-especially over others. When subjected to harassment- or worse, sexual assault or rape- victims/survivors often wrongly assume it is their fault. Perpetrators manipulate victims to believe they have given their consent to participate in sexual activity.
- Stereotypes play into the power dynamic and exist across cultures and across media: treating males and females the way they are portrayed in the media.

F) Anyone can sexually harass others or be the target of harassment.
- Sexual harassment can occur among peers or between faculty and students.

G) Sexual harassment is against the law. Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972 prohibit sexual harassment.
- TUSD has a policy that prohibits sexual harassment and stipulates consequences for such acts.

H) Sexual harassment could cause someone to:
- Become physically ill
- Withdraw from social or public situations
- Turn to drugs
- Feel unable to have comfortable relationships with others
- Be limited in their academic choices
- Feel angry, afraid, embarrassed, degraded, or intimidated

I) Sexual abuse is never the victim's/survivor's fault.

2. Why Don't Some Abuse victims/Survivors Speak Out, Get Help, Run Away from their Abuser?

A) They may be under the control of their abuser, who mentally and/or emotionally brainwashes victims/survivors into believing what they want them to believe.
- Traumatic bonding to the abuser: "He loves me. He's my boyfriend."
- Abuser may make the victim/survivor feel responsible for satisfying their sexual needs, relieving stress, - that the child is the only one that can do this for them.

B) They may not be old enough to understand they are being abused. It may seem normal or loving.

C) They do not see themselves as being abused: "It's my choice." or "It's my fault."

D) Their abuser may use fear and threaten them or their friends/family members. Threats may include physical, emotional, or financial harm.

E) They may experience feelings of shame and/or humiliation.

- They may blame themselves for allowing the abuse, and not saying “no”
- The abuse may “feel good” and they may not understand that the body responds in a pleasurable way to stimulation even when it is abusive. This can be confusing.

F) Distrust or fear-of law enforcement, those in authority, or service providers.
- This may be due to immigration status or involvement in the juvenile justice system.

G) Abuse may be normalized.

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

3. Harmful effects of sexual harassment or abuse can cause the survivor to:

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

4. Applying boundary setting and assertiveness skills to identify red flags of sexual harassment and abuse

A) The majority of abuse occurs in private one-to-one situations. Should an unsafe situation arise, trust your intuition and leave.
B) The majority of abuse involves someone you know. You have the power and permission to set and maintain personal boundaries even with people you love and trust.
C) Be aware of tactics abusers may use such as excessive attention or flattery and unwarranted or frequent gifts.
D) Be especially careful with sleepovers. They may increase opportunity for abuse.

5. Responding to sexual harassment or abuse – regarding yourself or someone you know

A) Reporting harassment or abuse
- DO NOT STAY SILENT. Tell a responsible adult – not just a peer.
- When possible, talk with your parents, guardians or other family members

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

B) Get the help you need to heal and re-establish your life goals and boundaries
- Get referrals from your parents, guardians, other family members, school counselor, clergy
- Speaking out is the first step to healing.

C) Be an advocate for someone you believe is being harassed or abused. Friends don't stay silent; they believe and support one another in finding safety.

D) Resources available
- School counselor
- Abuse at home – The Mama Bear Effect: 1-888-428-0101
- DCS Child Abuse Hotline: 1-888-767-2445 (1-888-SOS-CHILD)
- RAINN Rape and Incest National Network: (1-800-656-HOPE)

Anticipatory Set:
- Students make a T-chart, listing everything they already know about sexual harassment and abuse on the left and everything they want to know on the right.
- Use their charts to guide teaching. Dispel misinformation and help students learn what they want to know.

Direct Instruction:
- Introduce and discuss the concepts presented in this lesson.

Guided Practice:
- Before discussing the definitions of sexual harassment and abuse, have students complete the "Could it Be?" worksheet individually.
- Discuss with the class their answers to "Could it Be?" and see if any of their answers change after viewing approved media clip "Sexual Harassment"
  https://www.buffaloschools.org/Page/87277
  https://vimeo.com/366561888
- Show and discuss approved media.
- Discuss with the class the causes of sexual harassment and abuse, and why most victims do not report harassment or abuse?

Independent Practice:
- Before discussing the definitions of sexual harassment and abuse, have students complete the "Could it Be?" worksheet individually.

Closure:

- Students respond in writing using an exit ticket to one of the closing questions below:
  - Why most victims do not report harassment or abuse?
  - List 3 things you learned in today's lesson.
  - What are some of the resources available to survivors of sexual harassment and/or abuse?

Additional Information:
Applicable Arizona Laws

13-1401. Definitions
5. "Without consent" includes any of the following:
(a) The victim is coerced by the immediate use or threatened use of force against a person or property.
(b) The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant.
(c) The victim is intentionally deceived as to the nature of the act.

13-1402. Indecent exposure; classifications
A. A person commits indecent exposure if he or she exposes his or her genitals or anus or she exposes the areola or nipple of her breast and another person is present, and the defendant is reckless about whether such other person would be offended or alarmed by the act.
B. Indecent exposure to a person under the age of fifteen years is a class 6 felony [1 yr].

13-1403. Public sexual indecency; public sexual indecency to a minor; classifications
A. A person commits public sexual indecency by intentionally or knowingly engaging in any of the following acts, if another person is present, and the defendant is reckless about whether such other person would be offended or alarmed by the act:
1. An act of sexual contact.
2. An act of oral sexual contact.
3. An act of sexual intercourse.
B. A person commits public sexual indecency to a minor if he intentionally or knowingly engages in any of the acts listed in subsection A and such person is reckless whether a minor under the age of fifteen years is present.
C. Public sexual indecency to a minor is a class 5 felony [1.5 yrs.]

13-1404. Sexual abuse; classifications
A. A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.
B. Sexual abuse is a class 5 felony [1.5 yrs] unless the victim is under fifteen years of age in which case sexual abuse is a class 3 felony [3.5 yrs]..

13-1417. Continuous sexual abuse of a child; classification
B. Continuous sexual abuse (three or more acts over three months or more) of a child under fourteen years of age is a class 2 felony [5 yrs].

13-3553. Sexual exploitation of a minor
A. A person commits sexual exploitation of a minor by knowingly:
1. Recording, filming, photographing, developing or duplicating any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.
2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing or exchanging any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.
B. Sexual exploitation of a minor is a class 2 felony [5 yrs.].

COULD IT BE?

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

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

DO'S AND DON'TS

DON'T

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

DO

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

Lesson References

U.S. Department of Health and Human Services. (2017). Keeping Youth Drug Free. Publication No. (SMA) 17-3772. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2017.

https://www.samhsa.gov/

CDC Fact Sheets STD
https://www.cdc.gov/std/healthcomm/fact_sheets.htm

Family Life Curriculum

Glossary of Terms

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

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

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

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

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

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

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

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

Affection- A feeling of liking, attraction or fondness**.**

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

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

Alternatives- The different choices or actions possible.

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

Aromantic- Having little or no romantic feeling toward others.

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

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

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

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

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

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

Body Language- The nonverbal messaging of gestures and movement.

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

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

Change- To make different in some way.

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

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

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

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

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

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

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

Contraceptives- A device or drug used to prevent pregnancy.

Core Values- The fundamental beliefs of a person.

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

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

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

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

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

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

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

Depersonalization- The process of taking away personal identity.

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

Dynamic- A system of continuous change.

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

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

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

Esteem- Respect and admiration.

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

Explicit- Fully revealed or expressed without vagueness.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Harassment- Aggressive pressure or intimidation.

Hazing- Hazing is defined as "requiring or encouraging any act, whether or not the act is voluntarily agreed upon, in conjunction with initiation, affiliation with, continued

membership, or participation in any group, that causes or creates a substantial risk of causing mental or physical harm or humiliation."

Hepatitis- Inflammation or infection of the liver.

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

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

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

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

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

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

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

Immunizations- Vaccines used to protect against viruses.

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

Implicit- Implied, not plainly expressed.

Individuality- Characteristics that distinguishes people.

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

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

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

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

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

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

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

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

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

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

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

Nocturnal Emission- An involuntary ejaculation of semen during sleep.

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

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

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

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

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

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

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

Perpetuate- To make something continue indefinitely.

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

Perspiration- The process of sweating; sweat.

Physiological- A b**ra**nch of biology that deals with living organisms and their parts.

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

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

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

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

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

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

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

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

Refusal Strategies- Ways of saying "No."

Relationships- Connections between two or more people.

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

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

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

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

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

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

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

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

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

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

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

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

Self-Talk- The messages a person gives themselves.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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