Health and Family Life Education
COMMON CURRICULUM

Sexuality and Sexual Health Theme Unit
FORMS 1-3

Empowering young people with skills for healthy living.

unicef
HFLE Common Curriculum Acknowledgements

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HFLE COMMON CURRICULUM

SEXUALITY AND SEXUAL HEALTH UNIT
FORM 1 LESSONS
Portfolio for Sexuality and Sexual Health Unit

Purpose: This assignment is to give each of you, the students, the opportunity to reflect on all the lessons done on sexuality and sexual health. Through this portfolio, you should be able to assess your own growth and also have a collection of work that you have done during this unit. The tasks involved in developing the portfolio will include pieces of work you did as part of lesson assignments as well as work that you will do specifically for this portfolio.

Contents of Your Portfolio:

Task 1:
Title. Include a title of your choice on the cover of your portfolio.

Task 2:
A clearly stated purpose. What is the purpose of this portfolio? What do you want someone who is looking at your portfolio to know about it?

Task 3:
A table of contents

Task 4:
Four pieces of work that you completed for Sexuality and Sexual Health Unit. For each piece of work include a short paragraph that describes what you learned about sexuality, sexual health and life skills in that particular lesson.

Task 5:
One Reflective Summary. Write a one-page summary reflecting on what you’ve learned about sexuality, sexual health and life skills. For example, the physical and emotional changes that happen during puberty; gender role stereotyping; how to avoid risky behaviours; how HIV is spread. Include at least three reasons why you think understanding sexuality and sexual health and related life skills is important.

Task 6:
Poster. Make 2 drawings, each one depicting a life skill that can help you maintain sexual health. For example, understanding the different concepts related to sexuality; how to avoid risky behaviours; how to cope with emotional and physical changes; understanding how HIV is spread.

Task 7:
Use drawings, pictures, photographs, art or colour to enhance any and all selections of your portfolio.
Rubric for Assessing Portfolio: Sexuality and Sexual Health

This rubric offers one way to score students’ portfolios. Teachers may adjust the weight and criteria as they see fit.

<table>
<thead>
<tr>
<th>TASK</th>
<th>CRITERIA AND SCORING</th>
<th>WEIGHT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest Score</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Title</td>
<td>Creative, clear, unique</td>
<td></td>
<td>Fairly creative; Fairly clear</td>
</tr>
<tr>
<td>Purpose</td>
<td>Purpose is clearly stated</td>
<td>Purpose is fairly clear</td>
<td>Purpose is not clearly stated</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>Well-organized; Comprehensive</td>
<td>Fairly well-organized; Missing some information</td>
<td>Poorly organized; Missing a lot of information</td>
</tr>
<tr>
<td>Four Pieces of Work</td>
<td>Four pieces and paragraphs included; Each piece received the highest scores; Paragraph thoroughly explains what student learned</td>
<td>Four pieces and paragraphs included; Each piece received fair-high scores; Paragraph fairly explains what student learned</td>
<td>Less than four pieces and paragraphs included; Most pieces received fair-low scores; Paragraph does not explain what student learned</td>
</tr>
<tr>
<td>Reflective Summary</td>
<td>Is one page long; Includes 3 reasons why understanding sexuality and sexual health and related life skills is important; Shows thorough understanding of the lessons</td>
<td>Less than one page; Includes less than 3 reasons why understanding sexuality and sexual health and related life skills is important; Shows fair understanding of the lessons</td>
<td>Less than one page; Does not include any reasons why understanding sexuality and sexual health and related life skills is important; Shows poor understanding of the lessons</td>
</tr>
<tr>
<td>Drawing</td>
<td>Creative, shows excellent understanding of life skills being depicted</td>
<td>Creative, but could show a better understanding of life skills being depicted</td>
<td>Shows little effort at creativity; Does not depict life skills</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>High Score</strong> = 37.5 <strong>Low Score</strong> = 12.5</td>
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</table>
LENSON PLAN #1
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.

CORE OUTCOME 1: Develop strategies for coping with the various changes associated with puberty.

Title “Puberty”

Age Level 11-12 years old

Time 35-40 minutes

Purpose To help students become aware of the physical and emotional changes that are experienced during puberty.

Overview In this lesson, students will observe the physical differences between themselves and their classmates. They will then listen to a diary entry of a student their age who is experiencing puberty and, in pairs, answer three questions about the person who wrote the entry.

Puberty is often accompanied by emotional turmoil as children become more aware of themselves and their developing sexuality. Individuals often think that the feelings are only happening to them.

Specific Objectives At the end of this lesson, students will be able to do the following:
1. Describe the physical and emotional changes that occur among males and females during puberty.
2. Recognise differences in pubertal changes for different individuals.
3. Develop coping skills to deal with the physical and emotional changes experienced during puberty.


Methods and Strategies Brainstorming, small-group work, class discussion
PROCEDURE

Step I
Introduction
(5 min.)

Draw a circle in the middle of the board and write the word "PUBERTY" in the circle. Ask students what comes to their mind when they see this word. Write their responses in the circle on the board. Use the information provided by students to construct an explanation of the concept of puberty. The definition should reflect the idea that puberty is the beginning of the period of adolescence, which is the change from childhood to adulthood. At puberty, children begin to mature and changes occur in the body.

Teacher Tip
This is a brainstorming activity, so it is important to gather many answers in a short amount of time. Although a number of students may want to provide answers to your question, this exercise should last only five minutes. You may not be able to get answers from all the students. Tell students after five minutes that they will have many other opportunities to provide answers. Also, give students positive feedback on their answers.

Step II
Skill Development and Reinforcement
(30 min.)

Ask students to spend a few minutes thinking about themselves and the changes that they may have experienced in their own bodies in the past year. Ask them to reflect, without speaking, on physical and emotional changes. Then, ask them to think about their best friend and any changes he or she has gone through in the past year, and to think about the differences between their own bodies and their best friend's. Ask them to think about how some students are taller or bigger. After two minutes, you can end this activity by saying, “Just as people are different, they go through puberty at different times and different rates (speeds). It's important to be aware of the changes going on in your body, but also to understand that these changes are normal.”

Invite students to listen as you read a diary entry titled “I am changing.” Ask students to guess Leslie’s gender and to think about the different changes that Leslie is experiencing as you are reading.

After you have read the entry, write the three discussion questions at the end of the diary entry on the board. Hand out the worksheet titled “Pubertal Changes.” Ask students to work in pairs to discuss the three questions for about 10 minutes.

Ask them to write their answers to Discussion Question #1 on their worksheets, and their answers to Questions #2 and #3 on the back of the worksheet.

Tell students that for Question #3, they are going to identify coping
Coping skills are usually action skills where you do something or thinking skills where one uses positive self-talk in dealing with a problem. The steps for this would be:

1. Identify the problem.
2. Select the desired solution.
3. Take steps to find what is necessary - ask a parent, friend, research.
4. Take action and apply your knowledge.

OR

1. Describe the problem.
2. Acknowledge your feelings.
3. Identify the beliefs and causes of the feeling.
4. Use positive coping self-talk to assess the feelings.
5. Visualize a positive outcome.
6. Take action.

At the end of the steps, give examples of coping actions. For example, finding ways to relax, talking with a friend or family member, and reading about things that can be done.

After 10 minutes, ask students to share their answers to the three discussion questions with the whole class. Talk about how physical and emotional changes affected Leslie’s thoughts and behaviour and how Leslie is aware of these changes. Note that Leslie could be either male or female.

For their answers to Question #3, review how Leslie could use “coping skills” to deal with his or her problems. Some ideas might be: talking with parents, talking with friends, researching solutions to problems like body odour or acne.

Summarise the changes that occur during puberty, and reassure students that it is a normal developmental process that everyone must pass through on the road to adulthood. Explain to students that both boys and girls go through puberty and experience some of the same changes, but just like Leslie, each person will have his or her own experience.

Review the different ways that Leslie could cope with some of the
emotional and physical changes that Leslie is experiencing and ask students to try to apply these coping skills and strategies in their own lives.

**HOMEWORK:** Ask students to take worksheets home and write down other physical and emotional changes experienced by boys and girls during puberty.

In addition, ask students to draw a cartoon to illustrate the concept of puberty, and the steps they can use to find positive strategies for how someone their age can cope with the changes, based on the information that was presented in the lesson.

### Step IV
#### Assessment

See rubric following the homework assignment to assess students' performance on homework.

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**Rubric for Lesson #1**

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
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<td></td>
<td>Highest score</td>
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<td></td>
<td>4</td>
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<table>
<thead>
<tr>
<th>Task #1: Homework Assignment (Worksheet of Pubertal Changes)</th>
<th>Response includes many other examples of physical and emotional changes</th>
<th>Response includes some other examples of physical and emotional changes</th>
<th>Response includes few other examples of physical and emotional changes</th>
<th>Did not complete</th>
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<table>
<thead>
<tr>
<th>Task #2: Homework Assignment (Cartoon)</th>
<th>Demonstrates excellent understanding of steps for coping with pubertal changes</th>
<th>Demonstrates adequate understanding of steps for coping with pubertal changes</th>
<th>Demonstrates fair understanding of steps for coping with pubertal changes</th>
<th>Did not complete</th>
</tr>
</thead>
</table>
Diary Entry: I AM CHANGING

6th April, 2005

Dear Diary,

It's me, Leslie. I know that I have not written as often as I promised, but lately I have not been my usual self. I am changing and I am worried about that.

I have grown several inches and have gained some weight. It seems like that happened almost overnight. I do not remember eating so much. I am now bigger than most of the children in my class. I feel kind of awkward about it.

My teacher is planning an end-of-term outing for the class. She says our parents are invited to come help. I feel so guilty because I would really rather they not come. I think I will have more fun if they are not there.

Anyway, I have not decided if I am going or not. Recently I got a few uninvited guests on my face. These zits seem determined to accompany me. I wonder if the stuff advertised on TV could help me. What is a bit relieving is the fact that some of my classmates also face the same problem.

Another concern I have is that I have developed a body odour. I am not sure how to get rid of it. So if I go I do not think I will run around with my friends. I would really not want them to give me jokes about smelling. Besides, these days I am not always in a good mood. Sometimes I get downright cranky for no real reason.

I have one good reason for really wanting to go, though. It's a secret that I am only going to share with you. There is someone in my class whom I have a big crush on . . . . I keep wondering what this person thinks about me and if I am noticed at all. I will tell you who it is the next time I write.

I wish you could write back. Maybe you would be able to help. Anyway I am going to decide whether I will go or not. If I do, I will let you know all about it. Bye for now.

Your friend,
Leslie

WRITE THESE DISCUSSION QUESTIONS ON THE BOARD:
1. What are some of the physical and emotional changes that Leslie is experiencing?
2. How does Leslie respond to these changes? Identify some of his/her feelings.
3. What advice would you give Leslie to help him/her deal or cope with these changes? Go through the coping steps.
**WORKSHEET: PUBERTAL CHANGES**

<table>
<thead>
<tr>
<th>LESLIE’S CHANGES</th>
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<tbody>
<tr>
<td>PHYSICAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMOTIONAL</td>
<td></td>
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<table>
<thead>
<tr>
<th>OTHER PUBERTAL CHANGES</th>
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</thead>
<tbody>
<tr>
<td>PHYSICAL</td>
<td>BOYS/GIRLS/BOTH</td>
<td></td>
</tr>
<tr>
<td>EMOTIONAL</td>
<td>BOYS/GIRLS/BOTH</td>
<td></td>
</tr>
<tr>
<td>Stage</td>
<td>Gender</td>
<td>Normal Age Range</td>
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<tr>
<td>-------</td>
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<td>------------------</td>
</tr>
<tr>
<td>1</td>
<td>Male</td>
<td>9-12</td>
</tr>
<tr>
<td>1</td>
<td>Female</td>
<td>8-11</td>
</tr>
<tr>
<td>2</td>
<td>Male</td>
<td>9-15</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>8-14</td>
</tr>
<tr>
<td>3</td>
<td>Male</td>
<td>11-16</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>9-15</td>
</tr>
<tr>
<td>4</td>
<td>Male</td>
<td>11-17</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>10-16</td>
</tr>
<tr>
<td>5</td>
<td>Male</td>
<td>14-18</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>12-19</td>
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LESSON PLAN #2
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.

CORE OUTCOME 1: Develop strategies for coping with the various changes associated with puberty.

Title “Now What’s Happening to Me?”

Age Level 11-12 years old

Time 35-40 minutes

Purpose To help students develop strategies for dealing with changes that can make them feel uncomfortable, embarrassed, and left out.

Overview In this lesson, students will watch a video titled “What’s Happening to Me?” They will then discuss the changes that girls and boys experience during puberty and have a class discussion to talk about how to manage these changes in a positive way.

Puberty brings with it overly sensitive feelings about one’s body and a stronger sense of belonging to a group, while at the same time there may be an increased fear of being around others, a strong awareness of the opposite sex, and an increased importance of how one is perceived by others, particularly peers. Personal care and personal hygiene play an important role in mediating these feelings.

Specific Objectives Students will be able to do the following:

1. Describe how pubertal changes affect them physically and socially.
2. Practise enhanced personal care during puberty.
3. Utilise problem-solving skills to manage physical, social, and psychological changes associated with puberty.

Resources and Materials Video: “What’s Happening to Me,” Teacher Resource Page: “Pubertal Changes” from Lesson #1; Crossword puzzle: “Puberty/Bridging the Gap”

Methods and Strategies Video, brainstorming, class discussion, crossword puzzle
PROCEDURE

Step I
Introduction and Video Viewing
(20 min.)

Introduce the video that shows the changes of puberty and the discomfort and embarrassment that can arise, privately and socially, as children go through these initial phases.

After the video, ask students to compare what they saw on the video with the changes Leslie talked about in the diary entry. Ask students to look at their worksheets and to think about anything they may have missed in their homework now that they have seen the video.

Step II
Skill Development and Reinforcement
(15 min.)

In the next activity, students will use problem-solving skills to help them develop healthy self-management skills. You can start the activity by saying, “Even though your parents may assist you with some of the issues, part of adolescence is becoming less dependent. As you grow up, you need to learn to deal with problems on your own. We will now use problem-solving skills to address one issue that is associated with puberty.” Explain what is meant by problem-solving.

Teacher Tip

Here’s how you can explain the steps of problem-solving to students:

• Identify a problem and state why this is a problem.
• Determine the desired outcome in relation to the problem.
• Identify possible ways to reach the desired outcome (how the problem might be solved).

1. Ask students to first think of/brainstorm different issues associated with puberty, and write down their ideas on the board. For example, body odour, bad backs from rapid growth, acne, mood swings, etc.

2. Ask students to pick one issue from the list that might be viewed as a “problem.” Ask them to state why this might be seen as a problem. For example, the problem with body odour is that poor management of body odour can make a person feel uncomfortable and make it unpleasant for other people to be physically close to us.

3. Ask students to state the desired outcome associated with the issue or problem. For example, “My/our wish is that we feel good about ourselves during this period of our life by carrying out hygiene practices that will help get rid of all our body odours.”

4. Ask students to problem-solve to identify alternative ways to meet the desired outcome (e.g., get rid of body odour). For example: proper bathing, keeping under-foreskin clean (in boys); change of clothing, washing under arm and arm of clothing.
appropriately, local remedies like baking soda, etc. (some students may not be able to afford deodorant).

Step III
Conclusion (5 min.)
Conclude the lesson by summarising the fact that there are certain changes associated with puberty that could be viewed as "problems." However, we can deal with such problems, and even completely eliminate them, by having good problem-solving skills. Review the steps of problem-solving with the whole class. Remind students that proper management and control of the physical and emotional changes that happen during puberty can make that period of life one of excitement, but lack of proper management can contribute to some of the difficulties experienced.

Step IV
Assessment
See rubric following the homework assignment to assess students’ performance on class discussion and homework.

HOMEWORK:
Ask students to pick one more issue related to puberty from those on the board. For homework, ask them to “problem-solve” this problem by writing down: (1) why that issue could be a "problem," (2) a desired outcome to this problem, and (3) possible ways to reach the desired outcome.

Ask students to also complete the crossword puzzle.

Note: Some groups of students may have difficulty in finding the words and the correct spellings if only provided with the definitions. An alternative would be to give the answers as a separate list, asking them to match words to their meanings and then to complete the puzzle.
### Rubric for Lesson #2

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
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<td></td>
<td>Highest score</td>
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<td></td>
<td>4</td>
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</tbody>
</table>

**Task #1:**

**Class Discussion**
- Showed insightful thinking on problems associated with puberty and ways to solve these problems
- Showed adequate thinking on problems associated with puberty and ways to solve these problems
- Showed fair thinking on problems associated with puberty and ways to solve these problems
- Did not participate

**Task #2:**

**Homework Assignment (Problem-Solve Issue Related to Puberty)**
- Demonstrates excellent understanding of problem-solving process and how to apply to puberty issues
- Demonstrates adequate understanding of problem-solving process and how to apply to puberty issues
- Demonstrates fair understanding of problem-solving process and how to apply to puberty issues
- Did not complete
CROSSWORD PUZZLE
PUBERTY/BRIDGING THE GAP

ACROSS
4 ...... strong feelings of attraction for someone
5 ...... stiffening of the penis
6 ...... male reproductive organ
7 ...... involuntary release of semen during sleep (nocturnal emission)
10 .... period of rapid growth during puberty
11 .... chemicals secreted by the body that increase growth
14 .... feelings such as joy, anger, and sadness
15 .... pimplles on the skin

DOWN
1 ...... period of growth and maturity between childhood and maturity
2 ....... male hormone
3 ....... smell given off by the body
8 ....... female milk-producing glands
9 ....... female hormone
12 ...... fluid containing sperm produced by males
13 ...... it grows under your arm and pubic area during puberty
Puberty/Bridging the Gap (crossword puzzle solution)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBERTY</td>
<td>Period of growth and maturity between childhood and adulthood</td>
</tr>
<tr>
<td>HORMONES</td>
<td>Chemicals secreted by the body that increase growth</td>
</tr>
<tr>
<td>ESTROGEN</td>
<td>Female hormone</td>
</tr>
<tr>
<td>TESTOSTERONE</td>
<td>Male hormone</td>
</tr>
<tr>
<td>ACNE</td>
<td>Pimples on the skin</td>
</tr>
<tr>
<td>SEMEN</td>
<td>Fluid containing sperm produced by males</td>
</tr>
<tr>
<td>GROWTH SPURT</td>
<td>Period of rapid growth during puberty</td>
</tr>
<tr>
<td>CRUSH</td>
<td>Strong feelings of attraction for someone</td>
</tr>
<tr>
<td>WET DREAMS</td>
<td>Involuntary release of semen during sleep (nocturnal emission)</td>
</tr>
<tr>
<td>EMOTIONS</td>
<td>Feelings such as joy, anger, and sadness</td>
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<td>BREAST</td>
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<tr>
<td>HAIR</td>
<td>It grows under your arms and pubic area during puberty</td>
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</tbody>
</table>
LESSON PLAN #3
THEME: SEXUALITY AND SEXUAL HEALTH

REGионаl Standard 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.

CoreOutcome 2: Assess traditional role expectations of boys and girls in our changing society.

Title “Gender Roles”

AgeLevel 11-12 years old

Time 40 minutes

Purpose To provide an opportunity for students to discuss traditional gender roles of men and women.

Overview In this lesson, teacher asks students about different things they were encouraged to do growing up. Teacher hands students statements and asks them to say whether or not they think the statement was made by a male or a female. Other students are asked to use critical-thinking skills and to consider answers given. The class discusses the concept of gender roles and how they are influenced by tradition and family.

Gender roles are becoming more diffuse in today’s society. The concept of acquiring gender roles from parents is in question; fathers are often absent; when present, additional roles are expected compared with grandfathers’ roles.

SpecificObjectives Students will be able to do the following:

1. Explain the concepts of gender and gender roles.
2. Explore their perceptions of masculinity and femininity and how they were learned.
3. Use critical-thinking skills to assess how expectations of gender roles are changing and the impact they can have on relationships.

Resources and Materials Worksheet: “Emotions and Gender Equity,” strips of paper (or cards or Post-its), tape
Methods and Strategies

“Who Said This?” game, class discussion

PROCEDURE

Step I
Introduction
(10 min.)

Start the lesson with a quick activity to show how gender roles are influenced from a young age. Activity: Write down these four things: play with dolls, play with toy cars and trucks, help with housework, play sports.

After reading each action, ask students to raise their hands if they were encouraged to do each of the following things. Note any difference in the number of boys and girls.

Step II
Skill
Development and Reinforcement
(25 min.)

Place the chart for gender-based statements on the board. Hand out the strips of paper (or cards or Post-its) with different statements on it. Ask students to assess if the person who is “saying” their statement is male or female and to put it in the appropriate column.

Allow students to justify their placement of statements under either heading. Allow other students to say whether they agree or disagree with the placement by asking questions that point to the use of critical thinking.

Steps of critical thinking include these:

- Identify the situation. What action is the person speaking about (e.g., cooking, cleaning)?
- Evaluate what is being said. Why did your classmate say that the person is a male or female? What was his or her justification for the placement on the chart?
- Consider the alternatives. Do you think the person could be of a different gender? Why or why not?

After everyone has put up his or her strip, discuss with the class how traditional gender roles may have influenced their decisions. For example, if a student placed the statement “I create great meals that everyone enjoys” under “female,” discuss traditional roles that women have in the kitchen.
Tips for Teacher on Facilitating Group Discussion

- Give students examples of possible answers if no one is willing to start the discussion. You might say, “What about . . . .”
- Keep the discussion to the limited amount of time.
- Allow as many students as possible to participate. If one student is dominating the conversation, say, “[Name of student] has provided some great ideas. Does anyone else have an answer?”
- If there is not enough time for all students to answer, say, “We’ve had a really good discussion. There will be time in a later activity or lesson for others to participate.”

Ask students if traditional roles reflect people’s actual ability to do things (e.g., If women are traditionally in the kitchen, does that mean men are bad cooks?).

Note the difference between gender roles and sex roles (roles that are a result of biological differences, e.g., only women can give birth or nurse a baby).

Ask students if any of their mothers might have said the statements in the “male” column and if any of their fathers might have said the statements in the “female” column. What about their grandmothers or grandfathers? Discuss how roles may change with each generation. Discuss the importance of tradition for some people and the importance of opportunity for both genders.

Step III
Conclusion
(5 min.)

Summarise by pointing out that we learn our gender roles and behaviours from our environment (family and society). Even though there are some changes in gender roles, many remain traditional for some people. Individual expectations can impact relationships.

Step IV
Assessment

See rubric following “Notes for Lesson” to assess students’ performance on class discussion and homework.

HOMEWORK:

Complete the “Emotions and Gender Equity” worksheet. Tell students there is no right or wrong answer. If there are no differences, ask them to also write why they believe both males and females can show the same emotions.
Gender roles refer to societal norms about behaviours that are viewed as “masculine” or “feminine” in a particular culture. Gender roles can vary greatly among different cultures and generations.

A stereotype is a simplified mental picture of an individual or group of people who share certain characteristic (or stereotypical) qualities. The term is often used in a negative sense because it disregards the individual characteristics, beliefs, experiences, needs, and abilities of each person. It often creates assumptions about a person based purely on physical, social, or economic factors.

### Rubric for Lesson #3

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest score</td>
</tr>
<tr>
<td>Task #1: Class Discussion</td>
<td>Showed insightful thinking on gender roles</td>
</tr>
<tr>
<td></td>
<td>Showed adequate thinking on gender roles</td>
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<tr>
<td></td>
<td>Showed fair thinking on gender roles</td>
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<tr>
<td></td>
<td>Did not participate</td>
</tr>
<tr>
<td>Task #2: Homework Assignment (Worksheet on Gender Roles)</td>
<td>Worksheet is completed thoroughly and demonstrates strong effort</td>
</tr>
</tbody>
</table>
### WHO SAID THIS?

<table>
<thead>
<tr>
<th>A MALE</th>
<th>A FEMALE</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**"Who Said This?" STATEMENTS:**  
(Use Post-It notes, or strips of card and tape)

- I am tall and strong.
- I work out every day.
- I am a professional athlete.
- Cooking is the love of my life.
- I create great meals that everyone enjoys.
- One of my dreams has always been to be a parent.
- I am responsible for fixing the car if there is something wrong with it.
- I enjoy taking care of the house because household chores help me to relax.
- I don’t enjoy household chores, but I am usually the one who does them.
- Being a single parent is the most important role in my life.
# Emotions and Gender Equity Worksheet

By: Dr. Betty J. Rauhe  
Rhode Island College  
Providence, RI

Do you think it’s okay for a male, female, or both to show these feelings? Indicate your choice by placing a ✓ or writing a comment in the relevant box.

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Male: NO</th>
<th>Male: YES</th>
<th>Male: YES, but only under the following circumstances</th>
<th>Female: NO</th>
<th>Female: YES</th>
<th>Female: YES, but only under the following circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affection</td>
<td></td>
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<tr>
<td>Concern, sympathy</td>
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<tr>
<td>Nosey, gossiping</td>
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<tr>
<td>Impulsive, acting without thinking through</td>
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<tr>
<td>Gentle</td>
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<tr>
<td>Loving</td>
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<tr>
<td>Always in a hurry</td>
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<tr>
<td>Bold</td>
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<tr>
<td>Rebellious</td>
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<tr>
<td>Confident</td>
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<tr>
<td>Get angry quickly</td>
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<tr>
<td>Pity</td>
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<tr>
<td>Aggressive</td>
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<td></td>
<td></td>
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<tr>
<td>Timid, scared</td>
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<tr>
<td>Shy</td>
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<tr>
<td>Determined</td>
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</table>
**LESSON PLANS #4 & #5**

**THEME: SEXUALITY AND SEXUAL HEALTH**

| REGIONAL STANDARD 1: | Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle. |
| CORE OUTCOME 2: | Assess traditional role expectations of boys and girls in our changing society. |

**Title**

“Gender Role Stereotyping”

**Age Level**

11-12 years old

**Time**

Two 40 minute lessons

**Purpose**

To help students develop awareness of gender stereotyping, and how it influences what we expect of people.

**Overview**

Teacher introduces this lesson by reading or playing a dramatized reading on cassette a story about a man and his son, then asks the class for definitions of “stereotyping” and “gender roles.” Teacher reads aloud stereotypical statements and leads students in a discussion about stereotyping and how this affects people’s behaviour with one another. In the next lesson, the teacher reads a story about a brother and sister. In small groups, students use critical-thinking skills to answer questions about this story. Volunteers share their answers with the whole class.

Sex- and gender-role stereotyping impact our behaviour and social interaction. Some gender assumptions (women are not good at jobs requiring technical skills; women are better housekeepers; men don’t cry) cause problems in interpersonal relationships because expectations held by one person are not held by another.

**Specific Objectives**

Students will be able to do the following:

1. Explain the concept of gender-role stereotyping.
2. Explore their own stereotyping attitudes.
3. Utilise critical-thinking skills to examine the impact of stereotyping on interpersonal interaction and decisions based on gender.

**Resources and Materials**

Cassette tape or CD recording of the dramatized reading of the story of Naim and Naima, playback equipment, labels with gender-related statements.
Methods and Strategies

Class discussion, role-playing

PROCEDURE

Step I

Introduction

(15 min.)

Project the short anecdote onto the screen, board, or flipchart. Let those who have never heard it before give answers. Let people give reasons for their answers.

A man and his son are traveling 70 miles an hour in a blue S.U.V when their car spins out of control, flipping over a guard rail and comes to rest in a ditch. They are both taken by ambulance to the hospital. The boy is rushed into an operating room for emergency surgery. A surgeon, who has just finished stitching up a man with a knife wound, looks at the boy and refuses to operate on him. When asked why, the surgeon replies, "Because he is my son."

- Ask the students, "Who is the surgeon?"
- Ask students if they can explain why people might not have gotten the answer immediately.

Ask students to share their answers to the "Emotions and Gender Equity" worksheet that they filled out for homework in Lesson #3. Ask them to comment on some of the similarities in their answers. What kinds of feelings did they think it was okay for males to show? What kinds of feelings did they think it was okay for females to show?

Step II

Skill Development and Reinforcement

(20 min.)

Write the words "Stereotyping" and "Gender Roles" on the board. Ask students what they think these words mean. Supplement students’ definitions. (See "Notes for Lesson.")

Read aloud or give students an opportunity to pull from a box and read aloud each of the stereotypical statements below. Ask students to think about why people might believe that the statement is true. Discussion should focus on factors that influence gender roles. For example, culture, religion, family, myths, ethnicity, media, etc.

Ask students to think about how stereotyping affects how people act or behave toward one another. For example, if a shopkeeper thinks 'teen boys must be shoplifting,’ how will he behave when they are in his store? How will that make the teen boys feel if they are only there to buy something?

Stereotypical Statements

- Men don't cry.
- Girls shouldn't do metal work or mechanics.
- A woman who doesn't want children is not a real woman.
- A boy who doesn't know how to fight is not a real man.
• A group of teen boys in a store must be looking to shoplift.
• Girls who wear very short skirts want to have sex or be raped.
• Black men with "locks" only go to the beach to "pick up" white women.
• Christian girls don’t get HIV/AIDS.
• Boys shouldn’t have to cook and wash dishes if they have sisters.

Step III Conclusion (5 min.)
Teacher summarizes the factors that influence gender role stereotyping and tell students that in the next lesson they will learn of the negative effects of stereotyping.

Step IV Assessment
See rubric in Lesson #5.

[END OF LESSON #4]

[START OF LESSON #5]

Step I Introduction (15 min.)
Remind students about the discussion the class had in the previous lesson about stereotyping and gender roles. Tell them that they will hear a story about Naim and Naima. Ask them to think about stereotyping and gender roles as they listen to the story.

Students listen to the story.

Step II Skill Development and Reinforcement (20 min.)
Place students into small groups. Write the questions on the board. Ask them to apply critical-thinking skills, using these questions as they discuss with one another the story about Naim and Naima:

• What was the problem? Identify the issues underlying the problem.
• What was Naim’s goal? What was the father’s goal?
• Why did Naim’s father react the way he did to Naim’s announcement?
• What options did Naim’s father put forward?
• What were some of the alternatives (choices) Naim had?
• Naim concluded that his father’s reaction was due to his stereotypic beliefs. What are some of the arguments Naim could put forward?

After 10 minutes, ask for volunteers to share their group’s answers to each of the questions.

Step III Conclusion (5 min.)
Conclude the two lessons with a brief summary of what the class has learned about stereotyping and gender roles. Tell students about the importance of being aware of how stereotyping influences what we expect from other people, and often makes us fail to see their own individual qualities, desires, needs, and goals.
Step IV
Assessment
See rubric following "Notes for Lesson" to assess students' performance on small group work and homework.

HOMEWORK:
You heard the story about Naim and Naima. Write your own short story (one to two paragraphs) in which the main character is affected by gender stereotyping. Create an ending that demonstrates what you think the main character should do to address stereotyping.

NOTES FOR LESSON
Gender roles refer to societal norms about behaviours that are viewed as “masculine” or “feminine” in a particular culture. Gender roles can vary greatly among different cultures and generations.

A stereotype is a simplified mental picture of an individual or group of people who share certain characteristic (or stereotypical) qualities. The term is often used in a negative sense because it disregards the individual characteristics, beliefs, experiences, needs, and abilities of each person. It often creates assumptions about a person based purely on physical, social, or economic factors.

PREPARATION FOR LESSON
Prepare a tape or CD of a dramatized reading of the story of Naim and Naima.
## Rubric for Lessons #4 & #5

### Performance Tasks

<table>
<thead>
<tr>
<th>Task #1: Small Group Work</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task #2: Homework Assignment (Paragraph on Gender Stereotyping)</td>
<td></td>
</tr>
<tr>
<td>Highest score</td>
<td>Lowest score</td>
</tr>
<tr>
<td>Observed strong effort in contributing to group effort</td>
<td>Observed fair effort in contributing to group effort</td>
</tr>
<tr>
<td>Story demonstrates excellent understanding of how to address gender stereotyping</td>
<td>Story demonstrates fair understanding of how to address gender stereotyping</td>
</tr>
</tbody>
</table>

### CASE STUDY: NAIM AND NAIMA

Naim and Naima were twins who had just finished college, and their parents’ only children. They were fortunate because their parents were willing to fund their first degree. Naima had decided to study medicine. Her parents were elated. Their father, John, was a doctor and Elena, their mother, was a lecturer at a local university. Naima had made a good choice.

Naim on the other hand, was in a dilemma. He wanted to be a fashion designer or stylist. His dad was furious. That was definitely not a job for a man. Besides, his father believed that most designers were gay. According to him, Naim had so many choices. He was intelligent. He could be a lawyer, doctor, scientist, or even an engineer, but a fashion designer was out of the question. That was a job for a woman. No son of his would have such an occupation.

Elena, their mother, tried to reason with John, their father. It was not such a bad profession; besides, it could be a lucrative business. John would not listen to his wife. Naim had to make a choice. If he followed his dream, he would be disowned by his father. If he chose another career, he would retain the love and admiration of his father, as well as receive his university tuition. He had no idea what to do.
LESSON PLAN #6
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.

CORE OUTCOME 3: Assess ways in which behaviour can be interpreted as being “sexual.”

Title

“Sexuality”

Age Level

11-12 years old

Time

35 minutes

Purpose

To help students understand the different concepts, both positive and negative, that are related to human sexuality.

Overview

In this lesson, students will be given “leaves” that are part of a sexuality tree. They will then discuss five different aspects of sexuality and use critical-thinking skills to determine on which branch their leaf belongs and why.

Many people interchange sex with sexuality, and so talking about sexuality often means sexual intercourse (penetrative sex). However, sexuality is more than just sexual intercourse. It is found throughout the life cycle and is expressed in many different ways.

Specific Objectives

Students will be able to do the following:

1. Differentiate between the concepts of “sex” and “sexuality.”
2. Show confidence about the various aspects of human sexuality.
3. Use critical-thinking skills to consider ways in which sexuality encompasses many different facets of one’s life.

Resources and Materials

Handouts: “Leaves for Sexuality Tree” and “Tree Labels,” board, chalk

Methods and Strategies

Brainstorming, game, class discussion

PROCEDURE

Step I

Introduction
(5 min.)

Distribute paper leaves with words relating to sexuality written on them. Ask students to read out the word written on their leaf. When all words are called out, ask them to brainstorm about a general term that relates to the words. Record students’ responses on the board. Students may give responses such as “gender,” “sex,” or “relationships.” If the correct
response of sexuality is given, accept it. Otherwise, provide students with the correct response.

Explain to students that sexuality is a fundamental part of human life and that it means more than just sexual intercourse. State that there are many different aspects of human sexuality and that in today’s lesson they are going to use the analogy of a tree to think about its different aspects, both positive and negative.

Inform students that they will now practice critical-thinking skills to determine which branch of the “sexuality” tree they think each leaf belongs to. Remind students of the definition of critical thinking: “Someone who has critical-thinking skills is able to look at the information in front of them, and think carefully about or analyse what that information means and why.”

Draw or stick up an illustration of a tree trunk and some empty branches. Tell students that the trunk of the tree represents sexuality. You might say, “Just as the tree trunk branches out, so too do we have different aspects of sexuality. Some of these aspects are positive; others are not.”

Label five branches on the tree with five elements of sexuality. Explain each of the five dimensions of sexuality to students (See Teacher Resource Page for possible definitions you can use):

- Human Development
- Relationships and Emotions
- Sexual Behaviour
- Sexual Health
- Sexual Violence

TEACHER TIP

Even though this exercise is a general one to discuss different issues of sexuality, students may feel uncomfortable when talking about issues such as sexual violence or sexual behaviour. Don’t feel the need to push a student to participate if they seem uncomfortable about the topic.

When talking about sexual violence, it may be a good idea to mention the importance of help-seeking among those who experience any form of sexual violence—that is, seeking the help of a trusted adult like a parent, teacher, or member of the clergy. Mention that in the next few lessons, you will discuss help-seeking even more.
• Ask students to look again at the leaf that they received at the start of the lesson.
• Ask them to use critical-thinking skills to decide what the word on the leaf means and how it is related to human sexuality. Then ask them to decide which branch is most related to their word.
• Ask each student to place his or her leaf on the branch he or she chose. Ask the student to say why he or she thinks the leaf goes on that branch.
• After each student has put his or her leaf on a branch, ask the other students if they would put it on a different branch and why.

★ TEACHER TIP
Remind students that there is no “wrong” or “right” answer to this activity. One student might think the word “love” belongs with the “relationships and emotions” branch while another may feel that it belongs on the “sexual health” branch. Both of these thoughts can be correct. The point of this activity is to allow students to use critical-thinking skills to think about how human sexuality means many different things, and that sexuality is not just about intercourse.

Step III
Conclusion
(5 min.)
Stick up the completed sexuality tree on the board and have students compare the placement of the leaves. Let students know that there may be overlapping of the leaves on the tree. Have a brief discussion about any discrepancies. Review the key messages about sexuality that are on the Teacher Resource Page.

Step IV
Assessment
Teacher-designed rubric to assess students’ performance on homework and class participation.

HOMEWORK:
Ask students to think of one other leaf for any three of the branches and to write down in two to three sentences why they think that leaf belongs to that branch.
LEAVES FOR SEXUALITY TREE (CAN BE CUT OUT AND USED OR REPRODUCED)

Puberty  Body Image  Hygiene
Gender     Love
Attraction  Friendship
Kissing  Flirting
HIV/AIDS  Pregnancy
Rape  Sexual Harassment

HFLE COMMON CURRICULUM: FORM 1 SEXUALITY AND SEXUAL HEALTH
DEFINITIONS OF SEX AND SEXUALITY

Sex
Sex refers to whether a person is male or female, whether a person has a penis or vagina. Sex is also commonly used as an abbreviation to refer to sexual intercourse.

Sexuality
Sexuality refers to the total expression of who you are as a human being, your femaleness or your maleness. Everyone is a sexual being. Your sexuality is an interplay among body image, gender, identity, gender roles, sexual orientation, relationships, etc. It includes attitudes, values, knowledge, and behaviours. Families, culture, society, values, and beliefs influence how people express their sexuality.

Key Messages
1. There are many different ways to define the term "sexuality."
2. Sexuality is an integral part of being human. It begins before birth and lasts until the end of life.
3. Sexuality is essential to the continued existence of humanity.
4. Sexuality is not just about the process of reproduction. Sexual behaviour is only one part of sexuality.
5. Males and females experience differences in biological, social, cultural, and psychological aspects of human sexuality.
6. The term “human sexuality” has many different dimensions. Here are five aspects of sexuality and examples of terms that could fall under each:

   - **Human Development**: How we grow as human beings physically, emotionally, and cognitively (puberty, body image, gender)
   - **Relationships and Emotions**: The relationships we have with others that help us express our sexuality and the feelings we have for ourselves and for others (love, attraction, friendship)
   - **Sexual Behaviour**: Any behaviour that is related to human sexuality (kissing, flirting, sexual intercourse)
   - **Sexual Health**: Ways in which our sexuality affects our health and well-being, both physically and emotionally (HIV, pregnancy, hygiene)
   - **Sexual Violence**: Acts of aggression or force toward someone who uses sex or sexuality as a means to cause injury or fear (rape, sexual harassment)

Source: [http://etr.org/recapp/freebies/freebie200012.htm](http://etr.org/recapp/freebies/freebie200012.htm)
TREE LABELS
FIVE DIMENSIONS OF SEXUALITY

Human Development
Relationships and Emotions
Sexual Behaviour
Sexual Health
Sexual Violence
LESSON PLAN #7
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 3: Build capacity to recognise the basic criteria and conditions for optimal health.
CORE OUTCOME 2: Critically analyse the risks that impact reproductive health.

Title
“Risky Behaviours”

Age Level
11–12 years old

Time
35 minutes

Purpose
To make students aware of the negative consequences that can result from poor decision-making and actions, including using alcohol and drugs and having unprotected sex.

Overview
In this lesson, students will be asked to name one decision they made today. Then they will divide into small groups and read a scenario about people who made poor decisions for their health and well-being. They will discuss the different decisions these people could have made, and the new decisions they could make now.

Factors such as alcoholism, drug addiction, and low self-esteem affect decisions that lead to unwanted sexual activity. Being aware of this allows children a better opportunity to avoid engaging in behaviours that could risk their health and the health of others.

Specific Objectives
Students will be able to do the following:
1. Assess the relationship between using illegal substances, including alcohol, and risky behaviours.
2. Use decision-making skills to assess the impact of risky behaviour on sexual health.
3. Utilise self-awareness skills to protect themselves from participating in risky behaviours.

Resources and Materials
Scenarios depicting various risky behaviours that impact sexual health (three scenarios)

Methods and Strategies
Brainstorming, class discussion, small-group work
PROCEDURE

**Step I Introduction**
(5 min.)

You might start this activity by saying, “We all have to make decisions every day, whether we think carefully about them or not. Can someone give me an example of one decision you had to make today?” (Decisions can be about what clothes to wear, what to eat, etc.) After taking a few answers, you can say, “That’s great! Now, we’re going to use decision-making skills to think about how decisions people make affect what happens to them afterwards.”

*Teacher Tip*

The above activity is a brainstorming activity, so it is important to gather many answers in a short amount of time. Sometimes you may need to start a brainstorming activity by providing the first answer yourself. Although a number of students may want to provide answers to your question, this exercise should last only a few minutes. You may not be able to get answers from all the students. Tell students after five minutes that they will have many other opportunities to provide answers. Also, give students positive feedback on their answers.

Tell students that there are many reasons why people might make poor decisions which can put their health at risk. Sometimes they might feel pressured by someone else. Or, they might think that they won’t be as well-liked if they don’t behave a certain way. Other times, they are using alcohol or drugs, and this hurts their ability to make a good decision.

**Step II Skill Development and Reinforcement**
(25 min.)

First, tell students that they will be using decision-making skills in this lesson. Review what steps are involved in decision-making:

**Decision-Making Steps**

- Think about and clarify the decision that has to be made.
- Consider the possible choices (the different things you might do).
- Examine the future consequences of each of the different choices (what will happen as a result of your choice) and how they will affect you and other people around you.
- Make a decision that will have the most positive, healthy results for you and others.

After reviewing these steps, break out students into small groups. Hand out one of the scenarios (below) to each group. Tell them they will be using decision-making skills to answer four questions. Ask students to spend 10 minutes reading and discussing the scenarios by answering the following questions on a piece of paper:

- What are some of the poor decisions that the characters in your scenario made and why (what did it or could it lead to)?
• What would have been the correct decisions?
• What could they do now to correct their poor decisions?
• Is there any person or place that they can go to for help to make things better?

After 10 minutes, ask one student from each group to read aloud their scenario to the whole class. Then ask the students to share their answers to the four questions they just discussed in small groups.

Step III Conclusion (5 min.) Summarize the sexual health risks (unplanned pregnancy, HIV, STDs, death) associated with the risky behaviours represented in the scenarios. You might end the lesson by saying, “You did a great job thinking about why it’s important to have good decision-making skills. We talked about why people make poor decisions about their health and how they can use decision-making skills to make positive ones instead. You also made a lot of useful suggestions about where people can go for help if they find themselves in a poor or dangerous situation.”

Step IV Assessment See rubric following homework assignment to assess students’ performance on small group work and homework.

HOMEWORK: Ask students to use decision-making skills as they write about two decisions they or someone else they knew made recently. One decision should have a negative consequence (for example, “I decided to jump off a fence that was too high, and I hurt myself”) and one decision should have a positive consequence (for example, “I decided to make a present for my grandmother, and it made her very happy”).

For the negative decision, ask them to write down what the other possible choices were, and how the outcome would be different if another choice was selected (for example, “I could have climbed down the fence slowly instead of jumping, and I would not have hurt myself”).
## Rubric for Lesson #7

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<th>Criteria</th>
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<tbody>
<tr>
<td><strong>Task #1:</strong></td>
<td><strong>Observed strong effort in contributing to group effort</strong></td>
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<tr>
<td>Small Group Work</td>
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</tr>
<tr>
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<td><strong>Observed limited effort in contributing to group effort</strong></td>
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<tr>
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<td><strong>Observed no effort in contributing to group effort</strong></td>
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<tr>
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<td><strong>Examples show excellent understanding of decision-making skills</strong></td>
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<td><strong>Did not complete</strong></td>
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</table>
Teacher Resource Page

Scenarios

1. Betty and Ron

Betty is in Form 2. She is at a friend's birthday party. There are lots of eats and drinks. Even though Betty has never had alcohol before, she drinks some beer at the party. She hopes it will impress Ron, a boy in Form 1, whom she likes. She starts feeling drunk after just a little beer. Ron is also drunk, and he asks Betty to go to another room with him. Betty agrees. They start kissing, and Ron says he wants to have sex with her. Betty feels too drunk to think about what she is doing, so she doesn't say no to Ron.

2. Ted and Sheena

Ted and Sheena are both in Form 2. They have been spending all their time with each other for a while and feel that they are in love. Ted tells Sheena that he wants to have sex with her. He says if she loves him, she would have sex with him. Sheena doesn't feel ready to have sex yet but agrees to have sex with Ted. She is afraid that Ted will want to stop dating her if she refuses.

3. David and Tina (optional if more scenarios are needed)

David is in Form 1. He has an older cousin, Tina, who is in Form 3. David knows that Tina smokes marijuana. She told him that she sold some of her belongings so she could have money to buy marijuana. David heard that some girls who are Tina's age have sex with older men in the community for money. He is worried that Tina might do the same thing. He thinks of telling Tina's parents about her drug use, but he doesn't want Tina to be mad at him for telling them.
LESSON PLAN #8
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 4: Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

CORE OUTCOME 2: Set personal goals to minimise the risk of contracting HIV/AIDS, cervical cancer, and STIs.

Title: “How HIV Is Spread”

Age Level 11-12 years old

Time 40 minutes

Purpose To help students avoid risks that may lead to HIV/AIDS transmission.

Overview Students fill out a handout that assesses their willingness to interact with a person living with HIV or AIDS. They then play a “True or False” game in which they use critical thinking skills to decide which statement on their cards is true. As a class, they discuss their answers and review the ways in which HIV is transmitted.

Students are to be made aware that exposure to or experiences of social difficulties (e.g. poverty), need for love and attention, and media images of commercialism/materialism, can lead to finding themselves in situations involving sexual activity and exposure to HIV/AIDS.

Specific Objectives Students will be able to do the following:
1. State the dangers to sexual health if there is exposure to STIs.
2. Display confidence in their ability to avoid risks that increase one’s chances of contracting HIV/AIDS.
3. Utilize critical thinking skills for assessing risk factors for contracting HIV.
4. Show empathy for people living with HIV and AIDS

Resources and Materials Handout: “Would you do this?”, “True or False” Game about HIV

Methods and Strategies Worksheet, game, small group work, class discussion
PROCEDURE

**Step I Introduction**
(5 min.)

Tell students that many people fear HIV, but do not seek the knowledge or skills to protect themselves from it. Give students the handout “Would you do this?” Ask them to take a few minutes to fill it out. Tell them they will go over their answers at the end of this lesson.

Tell students they will now use critical thinking skills to analyse the different ways of getting HIV.

**Step II Skill Development and Reinforcement**
(30 min.)

Divide students into 2 groups. Give each group 6 cards with a statement on them. Tell students to spend 15 minutes using critical thinking skills to determine if the statements on their cards are true or false and why. Go through the steps of critical thinking related to HIV transmission:

**Steps to critical thinking:**
- Consider the statement that is on the card and what it means.
- Think about the different ways that you know HIV can spread from one person to another.
- Decide how the statement relates to any of the ways that HIV can be transmitted and whether it is true based on your knowledge about this.

**Tips for Teacher on HIV/AIDS Questions**

Students may have a lot of different questions about HIV and AIDS. The Resource Page for this lesson may provide you with many answers, so it would be helpful to read the Resource Page before this lesson. It’s okay if you do not know an answer right away. You can say, “That’s a great question. I will need to get more information to get the answer,” or “Let’s try to find the answer together.”

After 10 minutes, invite students in the group to participate in a game of “True or False”.

**Game:** Paste a large sign with the word TRUE in one corner of the room and one with FALSE in the other corner. Ask students to move to the centre of the room. Call aloud the first statement/word, and tell students to run to the corner which represents their answer. Provide the correct answers and clarify the reasons why the statements are accurate or not. As part of this process, review the different ways that HIV is transmitted.

Now, ask students to go back to the worksheet they filled out at the start of class. Ask them what they think about their answers now that they have reviewed the methods of HIV transmission. Would they be willing to do all of these things?
Note how some people may be reluctant to care or give support for people living with HIV and AIDS because of lack of knowledge about transmission and fear of getting infected themselves.

Discuss with students how people living with HIV and AIDS might feel if people they loved did not want to care for them.

**Step III Conclusion**  
(5 min.)

Reinforce the point that contracting HIV/AIDS and other diseases is not only a matter of how the (pathogen) virus or bacteria gets into the body, but also the situations that people find themselves involved in that result in being exposed to these health risks. It is important to find solutions to life problems that will reduce this exposure. Tell students they will be doing this in the next few lessons.

Remind students of the importance of having empathy towards people living with HIV and AIDS. Summarise the fact that showing care and support to people living with HIV and AIDS cannot get someone infected with HIV.

**Step IV Assessment**

See group work rubric following the homework assignment to assess students’ performance in group work.

**HOMEWORK**

Write a journal entry about what they learned from the lesson about HIV transmission and how it relates to the checklist they completed at the start of class.
<table>
<thead>
<tr>
<th>Skills</th>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping:</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td></td>
<td>Most of the Time</td>
<td>All of the Time</td>
</tr>
<tr>
<td>Listening:</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td></td>
<td>Most of the Time</td>
<td>All of the Time</td>
</tr>
<tr>
<td>Participating:</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td></td>
<td>Most of the Time</td>
<td>All of the Time</td>
</tr>
<tr>
<td>Persuading:</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td></td>
<td>Most of the Time</td>
<td>All of the Time</td>
</tr>
<tr>
<td>Questioning:</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td></td>
<td>Most of the Time</td>
<td>All of the Time</td>
</tr>
<tr>
<td>Respecting:</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td></td>
<td>Most of the Time</td>
<td>All of the Time</td>
</tr>
<tr>
<td>Sharing:</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td></td>
<td>Most of the Time</td>
<td>All of the Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Points</td>
</tr>
</tbody>
</table>

Teacher Comments:
<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
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<td>C</td>
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<td>E</td>
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<tr>
<td>H</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The statements can be adapted to myths that are commonly held in your culture.

**FALSE: HIV and AIDS are the same thing.**
This is not true. HIV and AIDS are not the same thing. HIV is a virus that attacks the immune system and reduces the body’s resistance to all kinds of illnesses, including flu, diarrhea, pneumonia, TB, and certain cancers. AIDS is a clinical condition in which a person has one or more illnesses (e.g., pneumonia) or infections due to a deficient immune system caused by HIV. You can be infected with HIV for many years and not develop AIDS.

**FALSE: If a pregnant woman is HIV positive, she will always have a baby who is infected with the virus.**
This is not true. About one in six infants born to an infected mother have HIV. Pregnant women who are infected can transmit the virus to their newborns either during delivery or through breast-feeding. However, several recent studies have shown that women who take certain types of anti-viral drugs are less likely to transmit the virus to their newborns.

**TRUE: There is no cure for HIV/AIDS.**
This is true. Medical researchers in many countries, including countries in Africa, are working urgently to develop vaccines to prevent HIV infections, but even when a vaccine is developed it will take several years before it can be tested and approved. Prevention is the only sure way to defeat HIV and AIDS.

**TRUE: If you kiss someone with HIV, you will not get the virus.**
This is true. Kissing is not a high-risk behavior for HIV transmission. HIV is a virus that spreads through sex - vaginal, oral, or anal - and blood-to-blood contact (e.g., if someone’s blood gets into an open wound or cut) with infected people. While there is some potential for contact with blood during open-mouth kissing, the risk of acquiring HIV during open-mouth kissing is believed to be very low. The risk increases only if both partners have open cuts or sores in their mouths.

**FALSE: Only same-sex couples (e.g., two men) are at risk for becoming infected with HIV/AIDS.**
This is not true. Anyone who participates in unsafe behaviors can acquire HIV. In fact, in Africa, the two most common modes of transmission for
HIV are heterosexual sex (sex between a man and a woman) and intravenous drug use. (UNAIDS 1999 AIDS Epidemic Update).

TRUE: HIV is mainly present in semen, blood, vaginal secretions and breast milk.
This is true. These are the four body fluids that contain and transmit HIV.

FALSE: You can always tell if someone is infected with HIV.
This is not true. People with HIV can look perfectly healthy. In fact, many people who are HIV positive do not know they are infected. HIV can live in the human body for twelve years - and sometimes longer - without causing symptoms, even though HIV may be reproducing at a rate of up to a billion new viruses a day inside the person. People with the virus can transmit it to others even if they are not yet showing any symptoms.

FALSE: You can cure your HIV infection if you have sex with a virgin.
This is not true. There is no cure for HIV. Having sex with a virgin will in no way change or influence your own status as an HIV positive individual. However, it is likely that the person with whom you are having sex will contract HIV from you.

FALSE: If you test negative for HIV, it is safe to have unprotected sex.
This is not true. If you test negative for HIV, you are still at risk for contracting HIV from your sexual partners. In addition, tests sometimes produce a "false-negative," meaning the virus was not detected in the blood but is still present. Unprotected sex always puts you at a higher risk for HIV infection.

FALSE: HIV is transmitted through sports.
This is not true. The only possible risk of HIV transmission in sports is through contact sports where injuries can occur. Even then, the risk is extremely small, especially when certain precautions are taken, such as having first-aid kits with rubber gloves available, removing injured players from the field immediately, changing/washing blood-stained clothes, and making sure all open wounds and injuries are covered.

FALSE: Only people with multiple partners contract HIV.
This is not true. While people who have sex with many partners are more likely to acquire HIV, the disease affects everyone. You can get infected from a single partner if he or she is HIV positive and you didn't use a condom during sex. You can get infected from a spouse if he or she is not being faithful, even if you have been faithful. Many women and children get infected with HIV each year when they are raped.
TRUE:  

Mosquitoes and bed bugs cannot transmit HIV.

This is true. Studies conducted by the Centers for Disease Control in the United States and elsewhere have shown no evidence of HIV transmission through mosquitoes or any other insects such as bed bugs, even in areas where there are many cases of AIDS and large populations of mosquitoes.
LESSON PLANS #9 AND #10

THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 4:
Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

CORE OUTCOME 2:
Set personal goals to minimise the risk of contracting HIV/AIDS, cervical cancer, and STIs.

Title
“Choosing Abstinence!”

Age Level
11–12 years old

Time
Two 40-minute lessons

Purpose
To promote abstinence until the time is right and it is safe to engage in sexual intercourse.

Overview
For Lesson #9, students will read a story about the “Silver Ring Organisation” and discuss it as a class. They will then brainstorm the benefits of choosing to be abstinent from sex and strategies that can help someone stay abstinent. At the end of Lesson #9 they will come up with possible pressure myths and “lines” that people might say to someone to try to get that person to have sex.

For Lesson #10, students will come up with possible responses to each of the pressure lines on a worksheet and will role-play these responses.

Abstinence is the most reliable way of not contracting HIV and other STIs and is a guaranteed protection from pregnancy for children who are not ready for this aspect of life. However, it is not easy to resist pressures to become sexually involved.

Specific Objectives
Students will be able to do the following:
1. Discuss the meaning and benefits of abstinence.
2. Determine strategies to stay abstinent.
3. Demonstrate communication skills and refusal skills to support abstinence.

Resources and Materials
### Methods and Strategies
Story-telling, brainstorming, small-group work, role-playing

### PROCEDURE

**Step I**
**Introduction**
(15 min.)

Ask for one student volunteer to read “The Silver Ring” story (see Teacher Resource Page). After it has been read, ask other students to identify the main message of the Silver Ring organisation (students are to identify abstinence as the main theme of the organisation).

Ask students to **brainstorm** the benefits of abstinence (not engaging in sexual intercourse). Add any information, if needed; possible benefits include these:

- Is a safe way of not contracting HIV and other STIs
- Guarantees protection from pregnancy
- Helps to avoid problems with parents over sexual involvement
- Helps one to uphold personal religious beliefs
- Helps one to not get involved until it is the right time
- Makes one feel good about saving one’s body for someone who really cares
- Helps one avoid getting hurt by people who are not genuine, etc.

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**Teacher Tip**
The above activity is a **brainstorming** activity, so it is important to gather many answers in a short amount of time. Sometimes you may need to start a brainstorming activity by providing the first answer yourself. Although a number of students may want to provide answers to your question, **this exercise should last about five minutes**. You may not be able to get answers from all the students. Tell students after five minutes that they will have many other opportunities to provide answers. Also, give students positive feedback on their answers.

This activity should end with students knowing that one can choose to abstain at any age, even if one has already engaged in sexual intercourse.

**Step II**
**Skill Development and Reinforcement**
(10 min.)

Introduce the next activity by pointing out that young people sometimes expose themselves to situations that result in feeling pressured to become involved in sexual activity. State that commitment to abstinence requires behaving in ways that support one’s stance for abstinence.

Ask students to brainstorm behaviours that can help them stay abstinent. Again, you can provide one example to get them started.
Students may come up with ideas such as these:
- Doing things in groups rather than in pairs
- Avoiding drinking alcohol and using drugs
- Avoiding heavy petting
- Upholding teachings of personal faiths
- Formulating a set of personal goals and a plan for achieving such goals

At the end of this activity, you can say, “Those are some great ideas! Now, we’re going to think of things someone might say to try to get someone else to engage in sexual activity. People often use flattery or false information about sex to pressure someone else to have sex. Can you think of what someone might say to try to get another person to engage in sexual activity?”

As students provide different myths or “lines” that they might hear, write them on the board. (See Teacher Resource page for possible examples.) After five minutes of collecting and recording ideas, ask students to think about how they might respond to two or three of these lines to let the person know that they will refuse their advances and not have sex. (If there is no time, responses can be generated during Lesson #10.)

**Step III Conclusion**
(5 min.)

At the end of this activity you can say, “You did a great job! In our next lesson, we are going to practise how we can respond to these kinds of lines by using refusal skills.”

**[END OF LESSON #9]**

**[START OF LESSON #10]**

**Step I Introduction**
(5 minutes)

Say “In the last lesson, you thought of some great myths and lines that people might use to try to get someone to have sex with them. Then, you also thought of some great responses. Now, we’re going to practise how to say some of these responses in an effective way.”

Hand out the worksheet “Lines: What I Could Say Back.” Ask one student to come to the front of the class to read aloud the first line (“I just want to show how much I love you”) on the worksheet to an imaginary person in a chair or a student volunteer.

Ask students what you might be able to say back (for example, “You can show me you love me by respecting me and my decision not to have sex”). Then role-play a possible response.
Teacher Tip

When role-playing the response, show students how they can use communication skills and refusal skills, including body language, to say "No." Compare how to assertively say "No" vs. aggressively say "No." Determine when it is suitable to be assertive vs. aggressive. (See Teacher Resource Page for ideas.)

Ask students to break up into pairs and to create similar skits among themselves and to practise communication skills and refusal skills using statements from the worksheet.

Remind students that body language and non-verbal cues are important in communicating a point and refusing to do something. "Pressure Lines" are often used by people you know, like peers, boyfriends, and girlfriends. Those who are intent on sexual crimes don't take "no" as an answer, and this often means doing more than trying to use words (e.g., running away, calling for help).

Skits can be centered around just one line or multiple lines; leave it up to the students (15 minutes). If time allows, ask one to two pairs to present their skits to the rest of the class (10 minutes).

Step III
Conclusion
(5 min.)

Review the value of communication skills and refusal skills for staying abstinent and how it’s important to learn how to resist pressures to have sex until one is ready.

Step IV
Assessment

Use peer ratings (see Teacher Resource Pages); provide members of group with rating scales for the display of refusal behaviours. Members take turns rating the skills of their peers as they practice the skills. Use a teacher-designed rubric to assess the homework assignment.

HOMEWORK:

Ask students to come up with one to two more lines that someone might say to pressure someone to have sex with them, and one to two more responses that the other person could say back, and/or design a flier about ways to remain abstinent.

Using the lines and responses that students bring in for their homework, create a class poster that is entitled “Lines: What I Could Say Back” that includes the lines and responses that students created (See Sample Poster on the Teacher Resource Page.)
A group of young people in one part of the United States has formed the Silver Ring Organization. Members of this organisation have committed themselves to wearing a silver ring as their commitment to abstain from sexual intercourse and to wait until they feel ready to engage in such activity. This organisation is growing by leaps and bounds among the younger generation. Day by day, boys and girls and young men and women make the conscious decision to protect themselves from the risks associated with sexual intercourse and to save their virginity until marriage. This movement has also attracted young people who felt misguided into engaging in early sexual activity. This second group of young people has started a second virginity by stopping all engagement in sexual activity.

Step II: Myths and Lines

**MYTHS**
(You can add additional myths from your culture)

You can't get pregnant in these ways:
- The first time you have sex
- By doing it standing up

You can't get HIV-infected if you have oral sex.

**PRESSURE LINES**

Pressure Lines are used by peers, boyfriends, girlfriends, and seducers—usually people known as friends.

"If you loved me you would allow me."
"The blood will go up in your head and will get you crazy."
"I could get any number of girls/boys but I chose you."
"You just don't know what you are missing."
"You might die and never get to know how good sex can be," etc.
"Would you like a ride home?" ("high risk")
"Would you take off your shirt?"
"If you really wanted to be my boyfriend, you would have sex with me."
REFUSAL SKILLS
VERBAL AND NON-VERBAL WAYS TO EXPRESS “NO”

**Non-verbal refusal:** serious facial expression, eye contact, gestures, body language, walking away.

**Verbal refusal:**
- The word “NO” (most effective of all verbal refusal)
- Repeating the word “NO” as much as the pressure is being applied
- Suggest something else that you all can do by using an “I” statement (parts of an “I” statement: I feel _____ (“feeling” word) because/when you _____. I would prefer _____). For example, “I feel disrespected when you try to suggest that I must show I like you by having sex with you. I would prefer if we could enjoy doing other things like going to watch movies together with the rest of our friends.”

NB: Individuals are to use “I” statements only with people they wish to maintain relationships with, but do not wish to engage in sexual relationships with. Otherwise it is best to use “NO.”

### Suggested Peer Assessment Checklist/Rating Scale

<table>
<thead>
<tr>
<th>Name of observer</th>
<th>Pauline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of student</strong></td>
<td>Skye</td>
</tr>
<tr>
<td><strong>Skills - Non-verbal</strong></td>
<td></td>
</tr>
<tr>
<td>Maintains a serious facial expression and eye contact</td>
<td></td>
</tr>
<tr>
<td>No threatening gestures, loud tones or laughing</td>
<td></td>
</tr>
<tr>
<td>Confident body stance - (no slouching, drooping shoulders, or body slightly turned away)</td>
<td></td>
</tr>
<tr>
<td>Other -</td>
<td></td>
</tr>
<tr>
<td><strong>Skills - verbal</strong></td>
<td></td>
</tr>
<tr>
<td>Using the word “NO” confidently, with matching body language</td>
<td></td>
</tr>
<tr>
<td>Repeating “NO,” maybe with extensions like, “I am not going to…”</td>
<td></td>
</tr>
<tr>
<td>Using “I” messages and explanations (in selected cases)</td>
<td></td>
</tr>
<tr>
<td>Other -</td>
<td></td>
</tr>
</tbody>
</table>

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HFLE COMMON CURRICULUM: FORM 1 SEXUALITY AND SEXUAL HEALTH
**WORKSHEET**

**LINES: WHAT I COULD SAY BACK**

*Opposite each “line” on the worksheet, write down what you could do or say in response to refuse or avoid sex.*

<table>
<thead>
<tr>
<th>LINES, LINES, LINES</th>
<th>What someone might say to you to persuade you to have sex</th>
<th>What you can do or say in response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I just want to show how much I love you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• You can’t get HIV/AIDS ’cause I don’t have it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Everyone you know who is your age is doing it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Because others can tell if you’re a virgin or not, and you don’t want them to think so . . . duh.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• You’re not “with it” if you want to wait until you’re older.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The only way you can contract an STD is by having “unsafe sex” with more than one person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• You can’t get HIV/AIDS if you only have sex with me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• You had sex before, so why not with me?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MORE THAN ONE LINE for someone you care about.**

| • If you really loved me, you would want to do it. | I love you, but I don’t want to get involved with sex at this time of my life. |
| • But you had sex before, so why not with me? | That was a poor decision for me, and I choose not to have sex again until I think it’s the right time for me. It’s not you. |

*ADD YOUR OWN*

*ADD YOUR OWN*
## Lines: What I Could Say Back

<table>
<thead>
<tr>
<th>What I Might Hear</th>
<th>What I Could Say Back</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you really loved me, you would want to do it.</td>
<td>I love you, but I’m not ready to have sex.</td>
</tr>
<tr>
<td></td>
<td>If you love me, you will respect me</td>
</tr>
</tbody>
</table>
Summary Tips for Teachers

1. If your class time is 80 minutes, the expectation would be to cover two lessons, not drag out one lesson to fill up the time.

2. Leave time to reinforce conclusions and skills at the end of each lesson.

3. Remember to make lessons age/language appropriate. If necessary, teacher must interpret lessons so students can understand.

4. Tips on how to facilitate group discussion include the following:
   - Give students examples of possible answers if no one is willing to start the discussion. You might say, “What about . . . .”
   - Keep the discussion to the limited amount of time.
   - Allow as many students as possible to participate. If one student is dominating the conversation, say, “[Name of student] has provided some great ideas. Does anyone else have an answer?”
   - If there is not enough time for all students to answer, say, “We’ve had a really good discussion. There will be time in a later activity or lesson for others to participate.”

5. Tips on using small-group work include the following:
   - Small groups are useful for encouraging student participation.
   - Divide students into equal groups (e.g., five students in each group).
   - For topics that may be gender-sensitive, separate girls and boys.
   - Note that one person may need to report back to the class, and ask students to select one person to be that reporter.
   - Encourage students to take notes if necessary.
   - Walk around during the group activity to hear what students are saying.
   - Keep small-group work to the limited time frame. Tell students that it’s okay if they didn’t get everything done before time was up. There will be time to discuss further as a class.

6. Tips on using role-playing include the following:
   - Role-playing is a useful teaching method for practicing interpersonal skills.
   - Let students know before the activity if they may be asked to role-play in front of the class.
   - Remind students of the importance of body language during role-playing and paying attention to non-verbal cues.
   - If students start to get rowdy during role-playing activities, remind them to stay on the topic, and walk around the class to help them focus.

7. Tips on using brainstorming include the following:
   - Brainstorming is useful for gathering many answers in a short amount of time.
• Although a number of students may want to provide answers to your questions, this exercise should last only five minutes. You may not be able to get answers from all the students.
• Tell students after five minutes that they will have many other opportunities to provide answers.
• Give students positive feedback on their answers.
HFLE COMMON CURRICULUM

SEXUALITY AND SEXUAL HEALTH UNIT
FORM 2 LESSONS
Note to teachers: Prior to the start of the unit, you may choose to hand out instructions for completing a unit portfolio, found on the next page, to students. The purpose of the portfolio is to allow students to collect pieces of work they completed for the Sexuality and Sexual Health unit, assess their own progress over time, and to reflect on the skills they learned during the unit. It can also be used as part of their assessment for the unit. A rubric for assessing students' portfolios is also included.
Portfolio for Sexuality and Sexual Health Unit

**Purpose:** This assignment is to give each of you, the students, the opportunity to reflect on all the lessons done on sexuality and sexual health. Through this portfolio, you should be able to assess your own growth and also have a collection of work that you have done during this unit. The tasks involved in developing the portfolio will include pieces of work you did as part of lesson assignments as well as work that you will do specifically for this portfolio.

**Contents of Your Portfolio:**

**Task 1:**
Title. Include a title of your choice on the cover of your portfolio.

**Task 2:**
A clearly stated purpose. What is the purpose of this portfolio? What do you want someone who is looking at your portfolio to know about it?

**Task 3:**
A table of contents.

**Task 4:**
Four pieces of work that you completed for Sexuality and Sexual Health Unit. For each piece of work include a short paragraph that describes what you learned about sexuality, sexual health and life skills in that particular lesson.

**Task 5:**
One Reflective Summary. Write a one-page summary reflecting on what you've learned about sexuality, sexual health and life skills. For example, the physical and emotional changes that happen during puberty; gender role stereotyping; how to avoid risky behaviours; how HIV is spread. Include at least three reasons why you think understanding sexuality and sexual health and related life skills is important.

**Task 6:**
Poster. Make 2 drawings, each one depicting a life skill that can help you maintain sexual health. For example, understanding the different concepts related to sexuality; how to avoid risky behaviours; how to cope with emotional and physical changes; understanding how HIV is spread.

**Task 7:**
Drawing. Use drawings, pictures, photographs, art or colour to enhance any and all selections of your portfolio.
Rubric for Assessing Portfolio: Sexuality and Sexual Health

This rubric offers one way to score students’ portfolios. Teachers may adjust the weight and criteria as they see fit.

<table>
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<td></td>
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HFLE COMMON CURRICULUM: FORM 2 SEXUALITY AND SEXUAL HEALTH
LESSON PLAN #1

THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.

CORE OUTCOME 1: Develop strategies for coping with the various changes associated with puberty.

Title "Healthy Relationships"

Age Level 12-13 years old

Time 40 minutes (with optional activities: 80 minutes)

Purpose To help students build and maintain healthy relationships with friends of the same or opposite sex, as they become aware of the physical and emotional changes that occur during puberty.

Overview In this lesson, students will define what traits they look for in healthy relationships and will read scenarios to identify ways to develop interpersonal "friendship" skills. They will compare the different traits that are important in all types of relationships, including romantic and non-romantic ones.

As children reach adolescence, boys and girls play together more, form more friendships, and begin to experience romantic feelings of love. Students will examine the dynamics of these relationships and develop skills for healthy interactions.

Specific Objectives At the end of this lesson, students will be able to do the following:

1. Demonstrate an understanding of the need for affiliation, which emerges during puberty and which results in wanting to interact with others more.
2. Describe the different types of relationships that can exist among boys and girls.
3. Develop healthy interpersonal skills for forming healthy interactions between peers.

Resources and Materials Flip chart or board, worksheet: "Friendship Advertisement," handouts with scenarios, Teacher Resource Page
Methods and Strategies

Teacher-guided discussion, small-group work, role-playing, worksheet completion

PROCEDURE

Step I
Introduction (10 min.)

Explain to students that one of the changes that occurs during puberty is an increased need to widen one's circle of friends and relationships. For happiness and well-being, adolescents need to form good friendships and healthy relationships.

Ask students to name the different types of relationships that can exist among boys and girls their age. (Answers should include girl-girl friendships, boy-boy friendships, girl-boy friendships, girlfriend-boyfriend.)

OPTIONAL IF TIME ALLOWS: Ask students, “What would you look for in a friend or friendship?” Hand out the Friendship Advertisement worksheet, and ask students to work in pairs and to spend five minutes completing them. After five minutes, ask 1-2 pairs to present their advertisements. All students can post them on the wall at the end of class.

Ask students what traits people might look for in a boyfriend or girlfriend. Note the similarities and the fact that all healthy relationships are built on similar characteristics, like honesty, empathy, and caring.

Step II
Skill Development and Reinforcement (25 min.)

Explain to students that as they go through puberty, their need for affiliation with their peers will increase along with their desire to interact with others more. In order to develop and maintain healthy and supportive relationships, teens need to have healthy interpersonal skills.

Review the meaning of healthy interpersonal skills—our ability to interpret a situation (social cognition), ability to choose the best behaviour (action/words) in that situation, ability to perform that behaviour when interacting with others.

Tell students that they will practise their healthy interpersonal skills by reading different scenarios about girls and boys their age and their friends and identifying which interpersonal skills would be appropriate in the situation.

(People who have good interpersonal skills such as showing trust, keeping confidences, communicating effectively, showing empathy, etc. usually have the traits students mentioned in their Friendship Advertisement.)
Divide students into small groups and hand each group one of the two scenarios. Ask them to spend about 10 minutes in their groups discussing the questions that follow their scenarios.

Ask them to think about the different ways that the characters could show their interpersonal skills. For example, listen, show empathy or support, respect their friend’s need for confidentiality. Ask them to select one of the interpersonal skills in the scenario and apply the following steps for making good interpersonal choices:

**STEP 1:** Consider the situation and what you can say or do—How will what I say or do affect my friendship with this person?

**STEP 2:** Assess positive and negative aspects of your choices—Look at your choices from many angles for benefits, advantages, consequences, disadvantages, etc. “If I say ____, then my friend may feel ____.”

**STEP 3:** Make personal choices based on your assessment—Choose the interpersonal behaviour that could lead to what you want to happen and that you can manage.

**STEP 4:** Act on your choices. If you don’t get the response you expected, examine the situation again.

OPTIONAL IF TIME ALLOWS: Ask students to share their answers to the whole class. Ask a few students to demonstrate, using role-plays, healthy interpersonal skills in the scenario.

### Tips for Teacher on Using Small-Group Work

- Small groups are useful for encouraging student participation.
- Divide students into even-sized groups (e.g., five students in each group).
- For topics that may be gender-sensitive, separate girls and boys.
- Note that one person may need to report back to the larger group and ask students to select one person to be that reporter.
- Encourage students to take notes if necessary.
- Walk around during the group activity to hear what students are saying.
**Step III**  
**Conclusion** (5 min.)

Note the importance of friendships and other different types of relationships that exist among people their age. Emphasise the importance of having healthy interpersonal skills in order to maintain these relationships.

**Step IV**  
**Assessment**

See rubric following “Notes for Lesson” to assess students’ performance on small-group work, role-playing, and the homework.

| HOMEWORK: | Ask each student to choose three characteristics or rules they value for three types of relationships.  
Hand out the scenario and questions about Remar and Simone and ask students to answer these questions for homework.  
**Alternative:** Think of a situation or scenario that takes place between you and your good friend in which your friendship skills are challenged. Create a dialogue between the two of you that shows the skills being used to keep the friendship. |
|---|---|
| **NOTES FOR LESSON** | Also see teacher resource page.  
**Scenario 1:** Thelia and Megan  
Skills for keeping confidences and gaining trust  
**Scenario 2:** Gabriel and Shaka  
Skills for listening and understanding and showing empathy  
**Homework scenario:** Remar and Simone  
Skills for showing empathy and gaining trust |
# Rubric for Lesson #1

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<th>Performance Tasks</th>
<th>Criteria</th>
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<td>Highest score</td>
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<tr>
<td>Small-Group Work and Role-Playing</td>
<td>Showed strong effort in contributing to group effort</td>
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<td>Task #1:</td>
<td>Answers show an excellent understanding of dynamics and situation between Remar and Simone</td>
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<tr>
<td>Homework (Questions About Remar and Simone Scenario)</td>
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Worksheet

FRIENDSHIP ADVERTISEMENT

INSTRUCTIONS: You wish to have a new friend and decide to place an ad in the newspaper. Write what you would like in this friend if the friend is a) a boy or b) a girl. Write in the spaces marked boy and girl.
HEALTHY RELATIONSHIPS ACTIVITY

Scenario 1: Thelia and Megan

Thelia and Megan are in the second-form class. They have been friends since primary school. Since coming to the same secondary school, they have made new friends but still remain close. One day after school, Thelia and Megan decide to go to the mall for ice cream. At the mall, Thelia tells Megan that she “likes” or “is in love with” Romario. Romario is one of their classmates. Thelia asks Megan not to tell anyone. Thelia says this is a secret, and she is not ready to let anyone know about her crush. Megan tells Thelia not to worry. She promises she will not tell anyone.

The next day before school starts, Marissa (who is often with Megan and Thelia) sees Megan and says, “Hey, I saw you and Thelia talking at the mall yesterday; you went and did not even invite me. What were you talking about it?” Megan replies, “It’s a secret. I told Thelia I wouldn’t tell anyone.” Marissa says, “Oh come on! I tell you everything. Why can’t you tell me? I promise I won’t tell anyone. I promise.” Marissa turns away and mutters, “It’s probably about me.”

Discuss the following questions in your group:
1. If you were Megan, what would you do?
2. Why do you think Marissa wants to know what Thelia and Megan talked about?
3. What could Megan say so that she is a good friend to both Thelia and Marissa?

After answering the questions, SELECT ONE skill from the scenario, e.g., listening, showing empathy, showing support, keeping confidences. Develop a short role play to demonstrate using the skill.

HEALTHY RELATIONSHIPS ACTIVITY

Scenario 2: Gabriel and Shaka

Gabriel and Shaka are in the second form. They are classmates and neighbours. Their families have lived next to each other for many years and visit each other's house. One day after school, Gabriel goes to Shaka's house to talk. Gabriel says to Shaka, “I guess you and your family can’t help but hear my parents arguing. They fight all the time.”

Shaka mutters, “Uh huh” and continues to watch TV. Gabriel continues, “All their yelling is making me crazy, and Summer and my baby sister, Amber, get very frightened. I think my father is going to move out.”

Shaka laughs and says, “You’re already crazy.” Gabriel gets angry and says, “You’re such a selfish jerk.” Gabriel walks out and slams the door behind him.

Discuss the following questions in your group:
1. Why do you think Shaka acted that way?
2. How do you think Gabriel feels right now, after sharing his story?
3. What could Shaka have done or said to be a better friend to Gabriel?
4. What could Shaka do now to repair the friendship?

After answering the questions, SELECT ONE skill from the scenario, e.g., listening, showing empathy, showing support, keeping confidences. Develop a short role play to demonstrate using the skill.

HEALTHY RELATIONSHIPS ACTIVITY

Homework Scenario 1: Remar and Simone

Remar and Simone are cousins. Simone is 12 and Remar is 13. They are cousins and have always been close friends. They go to different schools but take the same bus home. They also like to do a lot of things together. Remar got his mid-term report card today and found out he got a “D” in maths. He is upset about his grade and is worried about having to tell his parents. If he does not improve, the coach will drop him from the football team. Remar decides to talk to Simone about it.

Remar says to Simone: “I got a “D” in maths and two other subjects. Mom and Dad are going to kill me.”
Simone replied, “Well, if you would just study more instead of wasting all your time.”
Remar says, “I thought I studied enough for the last test.”
Simone continued, “Well obviously not. With grades like that you will surely get kicked out of football. You’re not going to graduate with grades like that. I can’t believe how stupid you are.”

Remar then asked Simone if she would lend him her maths notes since her class was ahead. Simone says . . . . (Complete this sentence.)

Answer the following questions:

1. How do you think Remar feels about his grades?
2. How do you think Remar felt after what Simone said to him?
3. Why would Remar think about sharing his thoughts with Simone again?
4. What could Simone have said to Remar to be supportive of her cousin?
5. How could Simone answer Remar’s request to lend him her notes?

Homework Scenario 2

Think of a situation or scenario that takes place between you and your good friend in which your friendship skills are challenged. Create a dialogue between the two of you that shows the skills being used to keep the friendship.
INTERPERSONAL SKILLS
Interpersonal skills implies involving or interacting with others. We need to behave as an individual (self) and also to behave as a part of the social environment by perceiving, interpreting, and responding to others, i.e., managing ourselves in a social environment.

In any interpersonal situation, do the following:

**STEP 1:** Consider the situation and what you can say or do—How will what I say or do affect my relationship with this person?

**STEP 2:** Assess positive and negative aspects of your choices—Look at your choices from many angles for benefits, advantages, consequences, disadvantages, etc. “If I say _____, then my friend may feel ____.”

**STEP 3:** Make personal choices based on your assessment—Choose the interpersonal behaviour that could lead to what you want to happen and that you can manage.

**STEP 4:** Act on your choices—If you don’t get the response you expected, examine the situation again.

FRIENDSHIP SKILLS NEEDED TO MAKE AND KEEP FRIENDS

- **Having trust, sharing secrets.** Having trust or being a person to be trusted means that a person can be relied on when he or she gives his or her word. Someone who can be trusted will keep things safe and will make others feel comfortable sharing private or secret information.

- **Keeping a confidence.** For example, not giving away a secret. Breaking a confidence breaks trust, which is very important for building a friendship. Ask the group what trust means. Who is someone they trust? Why do they trust this person?

- **Communication skills: listening and understanding.** For example, if you want to share a problem, a friend will not interrupt, will pay attention, and will try to understand what you are saying and feeling.

- **Communication skills: expressing feelings and differences.** Friends should have effective ways of pointing out differences or expressing feelings, e.g., using “I” messages.

- **Disagreeing with respect.** For example, if your friend has a different opinion about something, you can agree to disagree. Calling the person "stupid" or telling
the person that she is “wrong” and you are “right” only makes that person feel angry and does not help to build a friendship.

- **Resolving differences.** People are different and will disagree. Friends should have skills in conflict resolution that will help them to address differences and maintain friendships.

- **Giving support and encouragement.** For example, telling your friend that you think he plays soccer really well, or that you really like his family, or that he is a really good person to study with makes him feel appreciated and valued.

- **Sharing.** Examples of things you might share with a friend include your home, food, time, sports equipment, study tips, etc.

- **Respecting limits.** For example, when a friend says she does not want to try a new drink, respect her limit and do not pressure her to try it.

- **Being assertive.** If a friend is asking or pressuring you to do something you don’t want to do, be assertive in saying no.

- **Showing empathy.** If a friend is having a problem, try to understand how he or she feels about the problem, and share the feeling.

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**Gender Differences in Adolescent Friendships**

Friendships differ from other relationships in terms of intimacy. Intimacy is expressed differently in boy-boy, girl-girl, boy-girl, and boyfriend-girlfriend relationships.

Boys and girls show intimacy among friendships differently. Friendships for children become more important as the child grows older. Several developmental studies have shown that intimacy among friendships begins in early adolescence. Parents still influence the adolescent, but the importance of friendship heightens (Phillipsen, 1999).

*Intimacy, when speaking of friendships, is characterised by the following:*

- Self-disclosure
- Closeness
- Mutual assistance
- Loyalty

According to experts in the area of adolescent friendships, boys and girls were observed as showing intimacy in different ways, which are described below (Selman, 1953 in Shulman, 1997).
Female Friendships and How Females Interact

Girls’ friendships are characterised by having higher levels of intimacy with an emphasis on closeness with their friends.

Researchers have defined emotional closeness as having qualities in a friendship such as the following:

- Caring for a friend
- Saying nice things about each other
- Enjoying being with a friend
- Being available to talk to when needed, along with other aspects (Shulman, 1997)

Conversations about themselves and less personal topics are one way that girls show intimacy in their friendships. If girls reported having a very close friend, their conversations consisted of feelings and emotions.

Male Friendships and How Males Interact

Boys show intimacy in their friendships differently than girls do. Boys are more assertive in their communications (Phillipsen, 1999). Their means of communication within their friendships involve direct demands or orders, and boys are likely to do the following:

- Interrupt
- Threaten
- Heckle
- Name-call toward same-sex friends (Phillipsen, 1999)

Instead of sitting down and sharing intimate conversations, boys express themselves intimately through shared activities such as playing basketball or football. A study by McNelles and Connolly (1999) observed that boys occasionally discuss topics such as their feelings and self-disclosure, but this occurs more when participating in an activity rather than just talking.

Boys are more likely to tease or joke with friends about personal matters. Boys concentrate on establishing their individuality. It is more important to be themselves rather than to fit into a social crowd. Boys tend to “play” and talk to one another when in large groups or crowds.
Summary of Friendship Differences

Closeness and individuality are important in establishing intimacy for both boys and girls. The technique of sharing intimacy among friends is shown differently between the two groups.

Developing friendships is important during the transitional stage of adolescence. Those who don’t develop friendships will later have difficulties being close to anyone and may have poor negotiating skills (Shulman, 1997).

It was noted that the different communication skills found between men and women in adulthood emerge in adolescent interactions (Phillipsen, 1999). Over time, as adolescents move into adulthood and opposite-sex intimate friendships, they’ll converge their interaction styles and find common grounds as they develop intimate relationships as adults (McNelles, 1999).

References

Some Differences and Similarities Between Interacting with Friends and with Boyfriends/Girlfriends

Which relationship traits would you expect to see in the different types of relationships?

- Mutual respect for each other
- Someone to share secrets with
- Keeping confidences
- Support when you have a problem
- Someone to do things with/go places with
- Someone to talk to
- Talking mostly about feelings for each other
- Someone to learn from
- Someone to make you laugh
- Helps you not feel lonely, helps you feel part of a group
- Wanting to be alone, excluding others
- Makes you feel good
- Disagreeing with respect
- Accepting you for who you are
- Having romantic/love feelings
- Wanting close physical contact: touch, hug, kiss
- Having sexual feelings, desires
- Using pressure to have sex as a love test
- Feelings of jealousy if one person interacts with another person
LENSON PLAN #2
THEME: SEXUALITY AND SEXUAL HEALTH

<table>
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<tr>
<th>REGIONAL STANDARD 1:</th>
<th>Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.</th>
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<td>CORE OUTCOME 3:</td>
<td>Assess ways in which behaviour can be interpreted as sexual.</td>
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Title
"Expressing Sexuality"

Age Level
12-13 years old

Time
40 minutes

Purpose
To help students become aware that sexuality encompasses all their thoughts, beliefs, attitudes, and behaviours related to being male or female.

Overview
The difference between "Sex" and "Sexuality" is discussed.
Teacher hands out a handout called the "Circle of Sexuality" and leads students in a discussion about the various aspects of sexuality and how sexuality is expressed in diverse ways.
Teacher divides students into small groups. Each group is asked to use critical-thinking skills to determine which circle in the Circle of Sexuality their scenario best represents.

Children need to be aware of their sexuality, and how it develops, and how it is expressed in different ways in the life cycle. They need to understand that being sexy, acting sexy, or becoming involved in sexual acts is only one aspect of sexuality.

Specific Objectives
Students will be able to do the following:
1. Explain that sexuality is expressed in different ways throughout the life cycle.
2. Distinguish between behaviour that is interpreted as sexual and behaviour that is simply an expression of sexuality.
3. Display critical-thinking skills in analysing different facets of sexual behaviour.
**Resources and Materials**

Handouts: “Circles of Sexuality” and “Sexuality Anecdotes,”
Teacher's Resource Page

**Methods and Strategies**

Use of anecdotes, handouts

**PROCEDURE**

**Step I Introduction**

*(10 min.)*

Write the words “Sex” and “Sexuality” on the board. Ask students to recall the differences, as discussed in Form 1. Provide them with some answers as a reminder (see Teacher Resource Page).

Distribute copies of all handouts at the beginning of class. Ask students to refer to the handout titled “Circles of Sexuality.” Explain that the various aspects of sexuality are expressed in diverse ways. Guide them as they discuss the contents of the handout (see Teacher Resource Page).

**Step II Skill Development and Reinforcement**

*(20 min.)*

Refer students to the handout with anecdotes that demonstrate different aspects of sexuality. Their task is to use critical thinking to identify the dimensions of sexuality that are expressed in the anecdotes.

Display the steps in the critical-thinking process as a reminder [Note: you may want to write the steps on the board prior to the start of class to save time.]

Ask students to work in small groups. Have one student in each group read the anecdotes. Instruct groups to use the “Circles of Sexuality” handout(s) as a guide to analysing the story.

Direct students to use steps in critical thinking to analyse the scenario:

1. Analyse information presented for its elements and interrelated parts: *Think carefully about what is happening in the scenario.*
2. Assess information based on existing knowledge, beliefs, and attitudes: *Review the different circles in the “Circles of Sexuality” handouts.*
3. Critique information using relevant and credible criteria: *How might this scenario represent one of these circles?*
4. Evaluate the critique, determine the conclusion: *Why do you think this scenario represents that particular circle? Determine an explanation.*

**Step III Conclusion**

*(10 min.)*

Students will share their conclusions with the class. They will discuss whether the conclusions were accurate or not. Teacher
Step IV Assessment  

See rubric following the homework assignment to assess students' performance on small-group work and the homework.

HOMEWORK:  
Create one more anecdote/story that represents one of the circles of sexuality, and explain in 2-3 sentences why it belongs to the selected category.

Rubric for Lesson #2

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Teacher Resource Page

Anecdotes

Instructions: Read through each anecdote, and match it to one of the rings in the circles of sexuality using the steps of critical thinking.

NOTE: Dating is not a popularly used term in some places. The teacher should use the terms and concepts that are relevant and cultural.

1. Mary has had a crush on Christopher for several weeks. She finds him very good-looking, as well as friendly and sociable. Every day they travel to school together. Sometimes when they got off the bus, Christopher would touch Mary's arm and say, “See ya.”

   ANSWER: SEXUAL INTIMACY

2. Stacy's period came when she was 10 years old and, by the time she was 12, her body started to fill out. She was embarrassed because none of her friends were experiencing the same changes yet. She wore big tee shirts to hide her body. One day, she and her older sister tried on some new dresses. The dress Stacy tried on hugged her body. Her older sister commented on how beautiful she looked in it. Stacy looked at herself in the mirror. She was surprised at how grown-up she looked but thought she looked pretty too.

   ANSWER: SENSUALITY

3. James and Ann, who are in Form 3, began dating. James very quickly began to pressure Ann to have sex with him. He even made it clear he wouldn’t keep dating her if she refused. He told Ann that there were a lot of girls who would want to have sex with him and that he didn’t have to wait for her. He also told her that she would be more popular if she told others that she had sex with him.

   ANSWER: SEXUALISATION

4. Joy was in Form 2 and had a brother in Form 3. She overheard her brother telling his friend that he and his girlfriend were thinking of having sex with each other because they were in love. Joy had heard about HIV and was worried that her brother might get HIV if he had sex. She was also worried that his girlfriend might get pregnant. She wanted to say something, but she didn’t know what to say.

   ANSWER: REPRODUCTION AND SEXUAL HEALTH

5. Daniel was a beautiful young man. Ever since he was a young boy, he loved to watch people dancing. As he got older, he decided he wanted to be a professional dancer. When he told his mother and father, his father was really angry. His father said, "No son of
mine is to be seen wearing tights in my house. I will be the laughing stock of this community.”

ANSWER: SEXUAL IDENTITY

NOTE TO TEACHERS: FOR STUDENTS WHO MAY HAVE READING DIFFICULTIES

The teacher can use a modified version of the circles and present it to the students. The teacher can read the anecdotes one at a time or have them prerecorded on cassette or CD and present them one at a time.
CIRCLES OF SEXUALITY

Sensuality
Awareness, acceptance of, and comfort with one’s own body, physiological and psychological enjoyment of one’s own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses: touch, taste, feel, sight and hearing.

Sexualization
The use of sexuality to influence, control, or manipulate others.

Intimacy
The ability and need to experience emotional closeness to another human being and to have it returned.

Body Image
Human Sexual Response
Cycle
Skin Hunger
Fantasy

Flirting
Seduction
Sexual Harassment
Withholding Sex
Rape
Incest

Caring
Sharing
Loving
Liking
Risk Taking
Vulnerability

Feelings & Attitudes
Intercourse
Physiology & Anatomy of Reproductive Organs
Sexual Reproduction
Factual Information

Gender Identity
Gender Role
Sexual Orientation
Gender Bias

Sexual Health and Reproduction
Attitudes and behaviors related to producing children, care and maintenance of the sex and reproductive organs, and health consequences of sexual behavior.

Sexual Identity
A sense of who one is sexually, including a sense of maleness or femaleness.

Adapted From: “Life Planning Education; Advocates for Youth, Washington, DC www.advocatesforyouth.org”
Adapted Circles of Sexuality

SENSUALITY
Acceptance of one’s body; feeling good; using all the senses to experience the world; body image

SEXUALISATION
Using sexuality to manipulate or control others; flirting, seduction; molestation, rape

SEXUAL HEALTH AND REPRODUCTION
Differences and functions in the reproductive organs; attitudes toward having sexual intercourse; having and caring for babies; sexual health and hygiene; sexually transmitted diseases

INTIMACY
The ability to share emotional closeness; liking, loving, caring

SEXUAL IDENTITY
A sense of who you are—male or female; sex and gender roles; behaviour, dress, etc., used to suggest maleness or femaleness

Adapted From: “Life Planning Education; Advocates for Youth, Washington, DC www.advocatesforyouth.org”
DEFINITIONS OF SEX AND SEXUALITY

Sex

Sex refers to whether a person is male or female, whether a person has a penis or vagina. Sex is also commonly used as an abbreviation to refer to sexual intercourse.

Sexuality

Sexuality refers to the total expression of who you are as a human being, your femaleness or your maleness. Everyone is a sexual being. Your sexuality is an interplay between body image, gender, identity, gender roles, sexual orientation, relationships, etc. It includes attitudes, values, knowledge, and behaviours. Families, culture, society, values, and beliefs influence how people express their sexuality.

KEY MESSAGES

1. There are many different ways to define the term "sexuality."
2. Sexuality is an integral part of being human. It begins before birth and lasts until the end of life.
3. Sexuality is essential to the continued existence of humanity.
4. Sexuality is not just about the process of reproduction. Sexual behaviour is only one part of sexuality.
5. Males and females experience differences in biological, social, cultural, and psychological aspects of human sexuality.

STEPS IN THE CRITICAL-THINKING PROCESS

1. Analyse information presented for its elements and interrelated parts: Think carefully about what is happening in the scenario.
2. Assess information based on existing knowledge, beliefs, attitudes: Review the different circles in the "Circles of Sexuality" handout.
3. Critique information using relevant and credible criteria: How might this scenario represent one of these circles?
4. Evaluate the critique, determine the conclusion: Why do you think this scenario represents that particular circle? Determine an explanation.

AN EXPLANATION OF THE CIRCLES OF SEXUALITY—CAN BE REFERENCED DURING CLASS DISCUSSION

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviours associated with being female or male, being attractive, and being in love, as well
as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Circle #1—Sensuality

Sensuality is awareness and feeling about your own body and other people’s bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behaviour in several ways.

- Body image—Feeling attractive and proud of one’s own body and the way it functions influences many aspects of life. Adolescents often choose media personalities as the standard for how they should look, so they are disappointed by what they see in the mirror. They may be especially dissatisfied when the mainstream media does not portray or does not positively portray physical characteristics the teens see in the mirror, such as colour of skin or hair, shape of eyes, height, or body shape.
- Experiencing pleasure and release from sexual tension—Sensuality allows a person to experience pleasure when certain parts of the body are touched. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive.
- Satisfying skin hunger—The need to be touched and held by others in loving, caring ways is often referred to as skin hunger. Adolescents typically receive considerably less touch from their parents than do younger children. Many teens satisfy their skin hunger through close physical contact with peers. Sexual intercourse may sometimes result from a teen’s need to be held, rather than from sexual desire.
- Feeling physical attraction for another person—The centre of sensuality and attraction to others is not in the genitals (despite all the jokes). The centre of sensuality and attraction to others is in the brain, humans’ most important “sex organ.” The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia.
- Fantasy—The brain also gives people the capacity to have fantasies about sexual behaviours and experiences. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies.

Circle #2—Sexual Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include these:

- Sharing—Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.
- Caring—Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.
• Liking or loving another person—Having emotional attachment or connection to others is a manifestation of intimacy.
• Emotional risk-taking—To have true intimacy with others, a person must open up and share feelings and personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close to another person without being honest and open with her/him.
• Vulnerability—To have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable—the person with whom we share, about whom we care, and whom we like or love has the power to hurt us emotionally. Intimacy requires vulnerability on the part of each person in the relationship.

Circle #3—Sexual Identity

Sexual identity is a person’s understanding of who she/he is sexually, including the sense of being male or of being female. Sexual identity consists of three “interlocking pieces” that, together, affect how each person sees him/herself: gender identity, gender role, and sexual orientation. Each “piece” is important.

• Gender identity—Knowing whether one is male or female. Most young children determine their own gender identity by age 2. Sometimes, a person’s biological gender is not the same as his/her gender identity—this is called being transgender.
• Gender role—Identifying actions and/or behaviours for each gender. Some things are determined by the way male and female bodies are built or function. For example, only women menstruate and only men produce sperm. Other gender roles are culturally determined. In some cultures, it is considered appropriate for only women to wear dresses to work in the business world. In other cultures, men may wear skirt-like outfits everywhere.

There are many “rules” about what men and women can/should do that have nothing to do with the way their bodies are built or function. This aspect of sexuality is especially important for young adolescents to understand, since peer, parent, and cultural pressures to be “masculine” or “feminine” increase during the adolescent years. Both young men and young women need help sorting out how perceptions about gender roles affect whether they feel encouraged or discouraged in their choices about relationships, leisure activities, education, and career.

Gender bias means holding stereotyped opinions about people according to their gender. Gender bias might include believing that women are less intelligent or less capable than men, that men suffer from “testosterone poisoning,” that men cannot raise children without the help of women, that women cannot be analytical, and that men cannot be sensitive. Many times, people hold fast to these stereotyped opinions without giving rational thought to the subject of gender.

• Sexual orientation—Whether a person’s primary attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders
(bisexuality) defines his/her sexual orientation. Sexual orientation begins to emerge by adolescence although many gay and lesbian youth say they knew they felt same-sex attraction by age 10 or 11. Between 3 percent and 10 percent of the general population is probably exclusively homosexual in orientation. Perhaps another 10 percent of the general population feels attracted to both genders.

Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and/or activity around puberty. Such behaviour, including sexual play with same-gender peers, crushes on same-gender adults, or sexual fantasies about same-gender people are normal for pre-teens and young teens and are not necessarily related to sexual orientation.

Negative social messages and homophobia in the wider culture can mean that young adolescents who are experiencing sexual attraction to and romantic feelings for someone of their own gender need support so they can clarify their feelings and accept their sexuality.

**Circle #4—Reproduction and Sexual Health**

Reproduction and sexual health are a person’s capacity to reproduce and the behaviours and attitudes that make sexual relationships healthy and enjoyable.

- Factual information about reproduction is necessary so youth will understand how male and female reproductive systems function and how conception and/or STD infection occur. Adolescents often have inadequate information about their own and/or their partner's body. Teens need this information so they can make informed decisions about sexual expression and protect their health. Youth need to understand anatomy and physiology because every adolescent needs the knowledge and understanding to help him/her appreciate the ways in which his/her body functions.
- Feelings and attitudes are wide-ranging when it comes to sexual expression and reproduction and to sexual health-related topics such as STD infection, HIV and AIDS, contraceptive use, abortion, pregnancy, and childbirth.
- Sexual intercourse is one of the most common behaviours among humans. Sexual intercourse is a behaviour that may produce sexual pleasure that often culminates in orgasm in females and in males. Sexual intercourse may also result in pregnancy and/or STDs. In programmes for youth, discussion of sexual intercourse is often limited to the bare mention of male-female (penile-vaginal) intercourse. However, youth need accurate health information about all types of sexual intercourse—vaginal, oral, and anal.
- Reproductive and sexual anatomy—The male and female body and the ways in which they actually function is a part of sexual health. Youth can learn to protect their reproductive and sexual health. This means that teens need information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. This means that youth also need to know how to use latex condoms to prevent STD infection. Even if youth are
not currently engaging in sexual intercourse, they probably will do so at some point in the future. They must know how to prevent pregnancy and/or disease.

Finally, youth also need to know that traditional methods of preventing pregnancy (that may be common in that particular community and/or culture) may be ineffective in preventing pregnancy and may, depending on the method, even increase susceptibility to STDs. The teacher will need to determine what those traditional methods are, their effectiveness, and their side effects before he/she can discuss traditional methods of contraception in a culturally appropriate and informative way.

- **Sexual reproduction**—The actual processes of conception, pregnancy, delivery, and recovery following childbirth are important parts of sexuality. Youth need information about sexual reproduction—the process whereby two individuals each contribute half of the genetic material to their child. The child is, therefore, not identical to either parent. (Asexual reproduction is a process whereby simple one-celled organisms reproduce by splitting, creating two separate one-celled organisms identical to the original [female] organism before it split.) Too many programmes focus exclusively on sexual reproduction when providing sexuality education and ignore all the other aspects of human sexuality.

**Circle #5—Sexualisation**

Sexualisation is that aspect of sexuality in which people behave sexually to influence, manipulate, or control other people. Often called the “shadowy” side of human sexuality, sexualisation spans behaviours that range from the relatively harmless to the sadistically violent, cruel, and criminal. These sexual behaviours include flirting, seduction, withholding sex from an intimate partner to punish her/him or to get something, sexual harassment, sexual abuse, and rape. Teens need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.

- Flirting is a relatively harmless sexualisation behaviour. Nevertheless, it is usually an attempt to manipulate someone else, and it can cause the person manipulated to feel hurt, humiliation, and shame.
- Seduction is a more harmful behaviour. It always implies manipulating someone else, usually so that the other person will have sexual intercourse with the seducer. The seducer is using the person seduced for his/her own sexual gratification.
- Sexual harassment is an illegal behaviour. Sexual harassment means harassing someone else because of her/his gender. It could mean making personal, embarrassing remarks about someone’s appearance, especially characteristics associated with sexual maturity, such as the size of a woman’s breasts or of a man’s testicles and penis. It could mean unwanted touching, such as hugging a subordinate or patting someone’s bottom. It could mean demands by a teacher, supervisor, or other person in authority for sexual intercourse in exchange for grades, promotion, hiring, raises, etc. All these behaviours are manipulative. The laws of the United States provide protection against sexual harassment. Youth should know that they have the right to file a complaint with appropriate authorities if they are sexually
harassed and that others may complain of their behaviour if they sexually harass someone else.

- Rape means coercing or forcing someone else to have genital contact with another. Rape can include forced petting as well as forced sexual intercourse. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. Youth need to know that rape is always illegal and always cruel. Youth should know that they are legally entitled to the protection of the criminal justice system if they are the victims of rape and that they may be prosecuted if they force anyone else to have genital contact with them for any reason. Refusing to accept no and forcing the other person to have sexual intercourse always means rape.

- Incest means forcing sexual contact on any minor who is related to the perpetrator by birth or marriage. Incest is always illegal and is extremely cruel because it betrays the trust that children and youth give to their families. Moreover, because the older person knows that incest is illegal and tries to hide the crime, he/she often blames the child/youth. The triple burden of forced sexual contact, betrayed trust, and self-blame makes incest particularly damaging to survivors of incest.

Adapted From: “Life Planning Education; Advocates for Youth, Washington, DC www.advocatesforyouth.org”
LESSON PLAN #3
THEME: SEXUALITY AND SEXUAL HEALTH

**REGIONAL STANDARD 2:** Analyse the influence of socio-cultural factors and economic factors as well as personal beliefs on the expression of sexuality and sexual choices.

**CORE OUTCOME 1:** Critically analyse the key factors influencing sexual choices and experiences.

Title: "Handling Romantic Feelings and Peer Pressure"

Age Level: 12–13 years old

Time: 40 minutes

Purpose: To help students make informed choices regarding their expressions of sexuality.

Overview: Students compare boyfriend/girlfriend relationships with other relationships. Students discuss reasons why girls or boys their age might decide to enter into a romantic relationship with someone, i.e., date someone. Teacher reads a scenario about pressure to date, and students use decision-making skills to decide what the characters in the scenario should do.

The onset of puberty is followed by an interest in achieving love partnerships (developing sexual identity; psychosexual development). With feelings of "love" for the opposite sex emerging, adolescents encounter conflicting situations in which they may feel pressure to have a boyfriend/girlfriend and make decisions about becoming sexually active.

Specific Objectives: Students will be able to do the following:
1. Describe similarities and differences between romantic love relationships and other relationships.
2. Identify reasons why girls or boys their age may feel pressure to have a boyfriend/girlfriend.
3. Use decision-making skills to learn how to resist peer pressure to become romantically connected to someone or to have sex.

Resources and Materials: Steps in decision-making process written on a flip chart or poster, prepared scenarios, Teacher Resource Page
Methods and Strategies

Brainstorming, class discussion, small group work

PROCEDURE

Step I Introduction
(10 min.)

Refer to earlier lessons on types of relationships. Ask a few students to say what they learned about relationships.

You might say, “As young people move into adolescence, they start to have romantic or love interests and begin to form romantic relationships; the question of dating, ‘going out with,’ ‘liking someone,’ or having a steady boyfriend/girlfriend becomes a consideration.”

Discuss some of the expectations, pressures, and emotions associated with “liking someone,” having a steady boyfriend/girlfriend, or dating at this age. Ask students about their expectations for what is involved in dating, i.e., what do boys and girls their age expect from a boyfriend or girlfriend?

Step II Skill Development and Reinforcement
(20 min.)

Remind students that people make decisions all the time, but good decision-making is a process. Tell them that they will be using decision-making skills in this lesson.

Ask students to recall the steps in decision-making. (See Teacher Resource Page.) Call on individual students to review a step and explain what is done in the step. Provide help only if they are incorrect.

Read the following scenario to the students:

SCENARIO

Almost all the children in 2A and 2B are looking for or have girlfriends/boyfriends. Every Friday, the boys and girls in these classes go down by the “tight” spot in the mall and hang out with their boyfriends/girlfriends. Marcina and Roleric do not have a boyfriend or girlfriend, so they go home most of the time. Sometimes, they would go to the mall with friends, but they often felt left out when everyone started pairing off. Their friends are constantly pressuring them to start dating, but Marcina is not sure she is quite ready. Roleric wouldn't mind, but he is not sure what dating involves.

Ask students to help Marcina and Roleric decide whether they should start dating and hanging out with their friends, or wait until later when they learn more about it.

Let the class go through the decision-making process, down to the last step just before the decision is made. Let a few students share the decisions that they would make and give their reasons.
Tips for Teacher on Facilitating Group Discussion

- Give students examples of possible answers if no one is willing to start the discussion. You might say, “What about . . . .”
- Keep the discussion to the limited amount of time.
- Allow as many students as possible to participate. If one student is dominating the conversation, ask, “[Name of student] has provided some great ideas. Does anyone else have an answer?”
- If there is not enough time for all students to answer, say, “We’ve had a really good discussion. There will be time in a later activity or lesson for others to participate.”

Step III Conclusion (5 min.)
Point out or recall that there is often pressure from friends to have a boyfriend or girlfriend, but that it is up to them to decide what is right and when they are ready.

Step IV Assessment
See the rubric following the homework assignment to assess students’ performance on the class discussion and the homework.
**HOMEWORK:**  
**Instructions:** read the scenario below.

**Robin and Betty’s story**
Robin and Betty have been together for almost a year. They really care about each other and enjoy spending time together. Betty writes:

Dear Dr. Mike,
We haven’t had sex, and we both feel good about that decision. But everyone assumes that we’ve had sex and even make jokes and comments about it. There’s just so much pressure—it seems like everyone is doing it. Maybe we should, too. What do you say? He is 16 and I am 13.

Dr. Mike replies:

Dear Betty and Robin,
This is a decision you have to make yourselves. You must not rush your decision. You should use the decision-making skills you learned in class and examine the situation from many angles.

Help Robin and Betty make an appropriate decision, using the steps in the decision-making process. You are to outline each step and show how you use it. When you have made the final decision, write a justification for the decision.
# Rubric for Lesson #3

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<th>Performance Tasks</th>
<th>Criteria</th>
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<td><strong>Task #1:</strong></td>
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<td><strong>Task #2:</strong></td>
<td><strong>Homework (Help Robin and Betty Make an Appropriate Decision)</strong></td>
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<td>Response demonstrates excellent understanding of decision-making</td>
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Some Differences and Similarities Between Interacting with Friends and with Boyfriends/Girlfriends

Which relationship traits would you expect to see in the different types of relationships?

- Mutual respect for each other
- Someone to share secrets with
- Keeping confidences
- Support when you have a problem
- Someone to do things with/go places
- Someone to talk to
- Talking mostly about feelings for each other
- Someone to learn from
- Someone to make you laugh
- Helps you not feel lonely, helps you feel part of a group
- Wanting to be alone, excluding others
- Makes you feel good
- Disagreeing with respect
- Accepting you for who you are
- Having romantic/love feelings
- Wanting close physical contact—touch, hug, kiss
- Having sexual feelings, desires
- Using pressure to have sex as a love test
- Feelings of jealousy if one person interacts with another person

NOTE: Dating is not a popularly used term in some places. The teacher should use the terms and concepts that are relevant and cultural.

STEPS IN THE DECISION-MAKING PROCESS:

1. Define the problem.
2. Identify the desired solution.
3. Gather necessary information.
4. Identify all possible solutions/choices and how these possible solutions will impact your life, your values, beliefs, your significant others. Look at a wide range of alternatives. Don’t limit yourself to a few choices.
5. List the negative and positive consequences of each solution or choice.
6. Select one solution/choice.
7. Evaluate your choice. It should be based on the solution with the least negative consequences and more pros. It should also be in keeping with your values and beliefs, as well as your life goals.
LESSON PLAN #4
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 4: Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

CORE OUTCOME 2: Set personal goals to minimise the risk of contracting HIV/AIDS, cervical cancer, and STIs.

Title "Minimising the Risks of HIV/AIDS"

Age Level 12-13 years old

Time 40 minutes

Purpose To ensure that students have the basic knowledge of HIV/AIDS; this will allow them to live their lives in ways that minimise the risk of contracting HIV/AIDS and other STIs.

Overview Students brainstorm what they think about when they hear the words "HIV and AIDS." They then watch a 15-minute video, "HIV and AIDS: Staying Safe." In an optional activity, teacher hands each student a strip of paper with one type of action on it. Students mingle with other students for a few minutes. Afterward, the class reviews modes of HIV transmission learned from the video by discussing whether or not they could have gotten HIV from each other through the action on their strips of paper.

The HIV/AIDS pandemic is affecting people at younger and younger ages, and it is important to ensure that information is passed to youth. Having the basic knowledge of HIV/AIDS is important in making decisions about their risk factors.

Specific Objectives Students will be able to do the following:
1. Describe modes of transmission of HIV.
2. Distinguish between ways (agents) in which HIV can or cannot be transmitted.
3. Utilise critical-thinking skills to analyse the ways in which HIV/AIDS is spread.

Resources and Materials Cards with words indicating the different ways in which HIV can be spread and cannot be spread (kissing, having sex, sharing tattoo or
drug needles, sharing earrings, hugging, sitting on the same toilet seat, eating food bought from someone with HIV/AIDS, sitting beside someone with HIV/AIDS in class, drinking from the same bottle or cup, etc.), Teacher Resource Page

Methods and Strategies

Brainstorm, video: "HIV and AIDS: Staying Safe," game activity, class discussion

PROCEDURE

Step I Introduction (5 min.)

OPTIONAL IF TIME ALLOWS: Teacher introduces lesson by asking students to brainstorm ideas that come to mind when they hear "HIV/AIDS" and records students' responses. (Students may come up with concepts such as fear, homosexual, condoms, incurable, faithful, death, sex, discrimination, abstinence, monogamous, contagious, etc.) (See Teacher Resource Page.) Emphasize the fact that there is no cure for HIV/AIDS, and so they should avoid risk behaviors to protect their health.

ực Tips for Teacher on Brainstorming

The above activity is a brainstorming activity, so it is important to gather many answers in a short amount of time. Sometimes you may need to start a brainstorming activity by providing the first answer yourself. Although a number of students may want to provide answers to your question, this exercise should last only a few minutes. You may not be able to get answers from all the students. Tell students after five minutes that they will have many other opportunities to provide answers. Also, give students positive feedback on their answers.

Step II Skill Development and Reinforcement (25-30 min.)

Show the video "HIV and AIDS: Staying Safe."

Tell students they will review what they learned in the video through a game. Distribute the cards with words on them to approximately six to eight students. Ask students NOT to read their cards and to hide them, so that no one else knows what card they have. Give the other students blank cards, with nothing on them.

Ask students to mingle with as many other students as they desire and touch them on the shoulder and say something to them. After three minutes, tell students to stop mingling and to sit back in their seats.
Ask for one student with an action on their card to step forward. Ask all students who mingled with that student to raise their hand.

Ask the student to read what is on the card and to use critical-thinking skills to say if HIV/AIDS can be spread in that way. Find out if the class agrees. Ask for reasons why they think that HIV can or cannot be spread in this way. If the action is a mode of transmission for HIV, note how many could be infected initially by that one action.

Ask students to recall steps in critical thinking; refresh their memories if they are unclear.

**Critical-Thinking Skills**
- Consider the "action" that is on the card.
- Think about the different ways that you know HIV can spread from one person to another.
- Assess whether HIV/AIDS can be spread in that way.

Go on to the 2-3 other students with cards with words and repeat the exercise.

Help students recognise how easily the virus is spread (the multiplier effect) by seeing how many could be infected in the game by the first "infected" group.

**Step III**
**Conclusion**
(5 min.)

Emphasise how easily the virus is spread. Talk about how HIV does not have a face, and how anybody can get HIV.

**Tips for Teacher on HIV/AIDS Questions**

Students may have a lot of different questions about HIV and AIDS. The Resource Page for this lesson may provide you with many answers, so it would be helpful to read the Resource Page before this lesson. It’s okay if you do not know an answer right away. You can say, "That’s a great question. I will need to get more information to get the answer," or "Let’s try to find the answer together."

**Step IV**
**Assessment**

Journaling assessment. Students record in their journals some reflections on what they learned today about HIV/AIDS transmission.

**HOMEWORK:**
Ask students to write some reflections on what they learned today about HIV transmission and HIV/AIDS in their journals.
Teacher Resource Page

**Teacher preparation:** Prior to the class, make cards with different ways that HIV can be spread and cannot be spread: kissing, sexual intercourse, sharing needles, hugging, sitting on a toilet seat, caring for someone who has AIDS, etc.

**HIV Transmission**

HIV doesn’t discriminate. Anyone can become infected with HIV, the virus that causes AIDS. **It is not who you are but what you do** that puts you at risk for getting HIV.

AIDS stands for Acquired Immune Deficiency Syndrome. It’s caused by a virus called HIV, the Human Immunodeficiency Virus, which weakens the body’s immune system (your defence against infections) so that it loses the ability to fight off infection and illnesses. Some medicines can lengthen the lives of people with AIDS, but there is no cure. The best way to combat the virus is to keep yourself from getting it.

**How can you get HIV?**

You can get HIV through direct contact with blood, semen, vaginal fluids, and breast milk. You can get the virus by the following methods:

- Exchanging blood, semen, and vaginal secretions through vaginal, oral, or anal intercourse with someone who has HIV. During vaginal intercourse, the risk of becoming infected is higher for women than men, because HIV is more easily transmitted from man to woman.

- Sharing needles or syringes used for injecting drugs, medicine, tattooing, or ear piercing with someone who has HIV.

- Being born to a mother who has the virus. (HIV can be passed to a fetus through the umbilical cord while it is still inside the mother, through contact with vaginal fluids and blood during birth, or through breast milk.)

**You can’t get it from the following:**

- Touching, talking to, or sharing a home with a person who is HIV-infected or has AIDS.

- Sharing utensils, such as forks and spoons, used by someone with HIV or AIDS.

- Using swimming pools, hot tubs, drinking fountains, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV or AIDS.

- Having someone with HIV or AIDS hug, kiss, spit, sneeze, cough, breathe, sweat, or cry on you.
• Being bitten by mosquitoes.
• Donating blood in countries where a new needle is used for every donor. You do not come into contact with anyone else’s blood. In some countries, donated blood is always screened for HIV so the risk of infection from a blood transfusion is very, very low.

Maybe you have heard the term **HIV-positive**. It means that an antibody test has shown that someone has been infected with HIV. It does not necessarily mean that a person has AIDS right now.

People with HIV may not know or show that they carry the virus for up to 15 years and possibly longer. They may look, act, and feel healthy, but they can still infect others with HIV through unsafe sex and sharing needles.

You can protect yourself from HIV infection by not having sex or using drugs. You can lower your risk of exposure to HIV by making smart decisions. If you choose to have sexual intercourse, you can protect yourself by using latex condoms. Of course, condoms are also a safe, effective, and inexpensive form of birth control, so you can protect yourself from unwanted pregnancy at the same time. They also protect you from sexually transmitted infections (STIs).

**100 Percent Risk-Free**

Of course, the surest way to avoid the virus is to choose not to have sexual intercourse—vaginal, oral, or anal—and not to do drugs. Using any drugs at all, including alcohol, is risky. Drugs cloud your judgement and may lead you to make unsafe choices.

There are lots of physical ways to share love and sexual feelings with your partner that are safe, such as these:

• Hugging
• Holding hands
• Touching

**What About Kissing?**

There are no reported cases of people getting HIV from deep kissing. It might be risky, however, to kiss someone if there is a chance for blood contact—if the HIV-infected person has an open cut or sore in the mouth or on the gums. It would be even more risky if both people had bleeding cuts or sores. So, use common sense—wait until any sores or cuts have healed before kissing.

Adapted From: “Life Planning Education; Advocates for Youth, Washington, DC

[www.advocatesforyouth.org](http://www.advocatesforyouth.org)"
**WORDS and Their Relevance to HIV/STD Prevention Education**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>See Sexual abstinence.</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome; a collection of illnesses that signal that one’s immune system has been damaged or suppressed by HIV infection.</td>
</tr>
<tr>
<td>Anonymous testing</td>
<td>Testing in which no name is asked or given so that no one knows the identity of the person being tested.</td>
</tr>
<tr>
<td>Antibody</td>
<td>A specialised protein produced by lymphocytes in response to bacteria, viruses, or other antigenic substances.</td>
</tr>
<tr>
<td>Anus</td>
<td>The anus can be easily bruised or injured during anal intercourse, thus providing an easy route for HIV transmission if the intercourse is unprotected.</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>Showing no outward sign of infection, not feeling sick.</td>
</tr>
<tr>
<td>AZT</td>
<td>Zidovudine, a medicine that helps the body strengthen the immune system and can improve the health of a person infected with HIV and/or living with AIDS.</td>
</tr>
<tr>
<td>Baby</td>
<td>An HIV-infected pregnant woman can transmit HIV to her fetus before its birth and to her infant(s) during birth or in breastfeeding. Not all babies born to HIV-positive mothers will be HIV-infected. When the mothers take medication, such as AZT, the virus is passed on to the baby only about 10 percent of the time.</td>
</tr>
<tr>
<td>Bisexual</td>
<td>Physical and romantic attraction to people of either gender.</td>
</tr>
<tr>
<td>Blood</td>
<td>Blood can transmit HIV. In many countries, government organisations work with blood banks to ensure that the blood used in hospitals and other medical situations is safe.</td>
</tr>
<tr>
<td>CD4</td>
<td>One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell; CD4 molecules are present on CD4 cells (helper T-lymphocytes), which play an important role in fighting infections (foreign bodies).</td>
</tr>
<tr>
<td>Clitoris</td>
<td>The part of the female genitalia that provides pleasure and that can be stimulated without having sexual intercourse.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Good communication is necessary in order to negotiate sexual abstinence or condom use between romantic/sexual partners.</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Condom</strong></td>
<td>Latex condoms, used consistently and correctly, can prevent the transmission of HIV.</td>
</tr>
<tr>
<td><strong>Confidential testing</strong></td>
<td>Testing in which people must give a name, but the information is kept secret (confidential).</td>
</tr>
<tr>
<td><strong>Death</strong></td>
<td>AIDS is fatal.</td>
</tr>
<tr>
<td><strong>Drunk</strong></td>
<td>Judgement and coordination decrease when one is drunk. A drunken person may have difficulty making healthy decisions about sexual behaviours and may have difficulty in correctly using a condom.</td>
</tr>
<tr>
<td><strong>ELISA test</strong></td>
<td>Enzyme-linked immunosorbent assay—a commonly used test to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another, different test—a western blot.</td>
</tr>
<tr>
<td><strong>Epidemic</strong></td>
<td>The spread of an infectious disease to many people in a population or geographic area.</td>
</tr>
<tr>
<td><strong>Erection</strong></td>
<td>When the penis fills with blood and becomes hard, this is called an erection. It is time to put on a latex condom if having sexual intercourse.</td>
</tr>
<tr>
<td><strong>Fear</strong></td>
<td>People often fear people with AIDS because they don’t understand how HIV is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behaviour; at other times it does not.</td>
</tr>
<tr>
<td><strong>Friend</strong></td>
<td>People with AIDS need friends.</td>
</tr>
<tr>
<td><strong>HAART</strong></td>
<td>Highly active anti-retroviral therapy—aggressive anti-HIV treatment, usually including a combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.</td>
</tr>
<tr>
<td><strong>Helper t-lymphocytes</strong></td>
<td>These cells play an important role in fighting infections by attacking and killing foreign bodies (such as bacteria and viruses) in the blood stream. See also CD4 for the method by which HIV invades these cells.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td>Heterosexual</td>
<td>Physical and romantic attraction to people of the opposite gender.</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus—the virus shown to cause AIDS.</td>
</tr>
<tr>
<td>HIV infection</td>
<td>Infection with the human immunodeficiency virus that may or may not make the infected person feel or be sick.</td>
</tr>
<tr>
<td>HIV-negative</td>
<td>HIV-negative (HIV-) means that a person’s blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing antibodies to HIV is HIV-positive (HIV+).</td>
</tr>
<tr>
<td>HIV-positive</td>
<td>HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies—white blood cells that are created by an individual’s immune system because of the presence of HIV. People not showing HIV antibodies are HIV negative (HIV-).</td>
</tr>
<tr>
<td>Homosexual</td>
<td>Physical and romantic attraction to people of the same gender.</td>
</tr>
<tr>
<td>Immune system</td>
<td>A system in the body that fights and kills bacteria, viruses, and foreign cells and that is weakened by HIV.</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>A disease that is caused by infection; HIV is caused by infection with a virus, the human immunodeficiency virus.</td>
</tr>
<tr>
<td>Injection drug use</td>
<td>Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a needle and syringe; using needles that have previously been used by other people can transmit HIV.</td>
</tr>
<tr>
<td>Kaposi’s sarcoma</td>
<td>A type of cancer once commonly found only in older men and now frequently seen in people infected with HIV.</td>
</tr>
<tr>
<td>Loneliness</td>
<td>Lonely people sometimes engage in sexual risk-taking behaviour.</td>
</tr>
<tr>
<td>Lubrication</td>
<td>For greater comfort during sexual intercourse, latex condoms should be used with a water-soluble lubricant, such as K-Y jelly. Oil-based lubricants, such as Vaseline or hand cream, should not be used with latex condoms because oil destroys latex.</td>
</tr>
<tr>
<td><strong>Marriage</strong></td>
<td>Waiting until marriage to have sexual intercourse is a value held by some people and some religions.</td>
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</tr>
<tr>
<td><strong>Masturbation</strong></td>
<td>Masturbation—gentle rubbing of the genitals by oneself or with another individual (mutual masturbation)—is one way to release sexual tension without having sexual intercourse.</td>
</tr>
<tr>
<td><strong>Nonoxynol-9</strong></td>
<td>Nonoxynol-9 (N-9) is a spermicide, an agent that kills sperm. The CDC reports that in important research with commercial sex workers, N-9 did not prevent HIV transmission and may have caused more transmission of HIV. Women who used N-9 frequently had more vaginal lesions, which might have facilitated the transmission of HIV. <strong>N-9 should not be recommended as an effective means of HIV prevention.</strong></td>
</tr>
<tr>
<td><strong>Opportunistic conditions</strong></td>
<td>Infections or cancers that normally occur only in someone who has a weakened immune system due to AIDS, cancer, chemotherapy, or immunosuppressive drugs. Kaposi’s sarcoma and pneumocystis carini pneumonia are examples of an opportunistic cancer and an opportunistic infection, respectively.</td>
</tr>
<tr>
<td><strong>Penis</strong></td>
<td>The part of the male genitalia that provides pleasure; it can be stimulated without having sexual intercourse. Males should use a latex condom over the erect penis during oral, vaginal, and/or anal intercourse.</td>
</tr>
<tr>
<td><strong>Pill</strong></td>
<td>Oral contraception (&quot;the pill&quot;) is an effective form of birth control, but it provides no protection against HIV. Latex condoms must be used during sexual intercourse to prevent HIV/STD infection.</td>
</tr>
<tr>
<td><strong>PLWA (PLWH)</strong></td>
<td>Person living with AIDS, or person living with HIV.</td>
</tr>
<tr>
<td><strong>Pneumocystis carini</strong></td>
<td>A type of pneumonia caused by a bacterium that is present in all lungs but that can make a person very sick when she or he has a weakened immune system.</td>
</tr>
<tr>
<td><strong>Protease</strong></td>
<td>An enzyme that triggers the breakdown of proteins; HIV's protease allows the virus to multiply within the body.</td>
</tr>
<tr>
<td><strong>Protease inhibitor</strong></td>
<td>A drug that binds to HIV protease and blocks it from working, preventing the production of new, functional viral particles.</td>
</tr>
<tr>
<td><strong>Relationships</strong></td>
<td>In healthy romantic relationships, both partners can communicate clearly about their needs, including their sexual desires and limits.</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Respect</strong></td>
<td>Having respect for one’s romantic partner means listening, communicating, and trusting each other, all of which are necessary to negotiate abstinence or condom use. Having respect for oneself means saying clearly what one wants and needs.</td>
</tr>
<tr>
<td><strong>Retrovirus</strong></td>
<td>The type of virus that stores its genetic information in a single-stranded RNA molecule instead of in double-stranded DNA; HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus’s genetic material becomes part of the cell.</td>
</tr>
<tr>
<td><strong>Reverse transcriptase</strong></td>
<td>A viral enzyme that constructs DNA from an RNA template—an essential step in the life cycle of a retrovirus such as HIV.</td>
</tr>
<tr>
<td><strong>Safer sex</strong></td>
<td>A commonly used term describing sexual practices that minimise the exchange of blood, semen, and vaginal fluids.</td>
</tr>
<tr>
<td><strong>Semen</strong></td>
<td>Semen is the fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV-infected. Semen can transmit HIV.</td>
</tr>
<tr>
<td><strong>Seroconversion</strong></td>
<td>Development of detectable antibodies to HIV in the blood as a result of infection with HIV; it normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.</td>
</tr>
<tr>
<td><strong>Sexual abstinence</strong></td>
<td>Abstinence from sexual intercourse—at this time and/or in this relationship—is the best way to protect oneself from the sexual transmission of HIV.</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td>Whether one is or is not infected with HIV or other STDs; awareness of whether one is infected with HIV and/or other STDs.</td>
</tr>
<tr>
<td><strong>STD</strong></td>
<td>Sexually transmitted disease.</td>
</tr>
<tr>
<td><strong>STI</strong></td>
<td>Sexually transmitted infection, another commonly used acronym for STD.</td>
</tr>
</tbody>
</table>
Trust

Tributing that sexual partners will tell the truth about past behaviours and/or HIV/STD status may not always be safe. Trusting that sexual partners always know the truth about HIV/STD status is also not always safe.

Undetectable

Status of some PLWHs whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (like Magic Johnson, for example).

Vagina

The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.

Victim

The word victim (as in “AIDS victim” or “innocent victim”) is a word that many people with HIV/AIDS find demeaning. More acceptable terms are PLWH for Person Living with HIV and PLWA for Person Living with AIDS.

Viral load

The amount of HIV per unit of blood plasma; used as a predictor of disease progression; see also retrovirus.

Western blot

A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All positive HIV antibody tests should be confirmed with a western blot test.

Adapted From: “Life Planning Education; Advocates for Youth, Washington, DC
www.advocatesforyouth.org”
LESSON PLAN #5
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 4: Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

CORE OUTCOME 2: Set personal goals to minimise the risk of contracting HIV/AIDS, cervical cancer, and STIs.

Title  "Choosing to Protect Myself," Part One

Age Level  12-13 years old

Time  40 minutes (Part One of two lessons)

Purpose  To help students to avoid risks that may lead to HIV/AIDS transmission.

Overview

Specific Objectives
Class discusses reasons why people may expose themselves to diseases such as HIV/AIDS, cervical cancer, and other STIs.

Students are to be made aware that exposure to or experiences of social difficulties (e.g., poverty), the need for love and attention, and media images of commercialism/materialism can lead to finding themselves in situations involving sexual activity and exposure to HIV/AIDS.

Teacher tells students about also getting pressure from boyfriends or girlfriends to have sex even when they don't feel ready. Remind students that taking alcohol and drugs can impair judgement and result in getting involved in sex when they didn't intend to.

Students read short story about Brendon and Marquita, and the teacher directs them in a short role play to model how to resist such pressure. Students write their own scripts on how to refuse and delay sex or refuse drugs and alcohol, and then role-play strategies for resisting pressure using these scripts. Teacher asks students to identify other healthy ways to express love and intimacy without being sexually active.
Students will be able to do the following:

1. State the dangers to sexual health if there is exposure to STIs.
2. Demonstrate confidence in their ability to avoid risks that increase their chances of contracting STIs including HIV/AIDS.
3. Practise communication skills and refusal skills to help them avoid risk situations and delay sex.
4. Identify healthy ways of expressing feelings of love and intimacy to another person without being sexually active.

**Resources and Materials**

Handouts: "Brendon and Marquita's Story" and "Saying No With Your Body," worksheet: "Our Script" (Handouts and worksheet can be found in Lesson #6.)

**Methods and Strategies**

Class discussion, small-group work, role-playing

**PROCEDURE**

**Step I**

**Introduction**

(5 min.)

Ask students to state some of the reasons people their age might have for initiating sex (for example, ignorance about HIV/AIDS; ignorance of being abused and exploited; need for love, attention, praise; materialism: poverty or unsatisfied basic needs; etc.). Ask how these reasons might be different or similar from reasons someone in Form 1 might have.

Ask students to brainstorm some of the reasons why someone their age should wait to have sex. Answers could include: getting an STI like HIV, becoming very sick, becoming pregnant accidentally and not being able to care for children, and not being able to finish school.

Tell students that sometimes pressure to engage in risky behaviours may come from someone they care about like a boyfriend or girlfriend.

**Step II**

**Skill Development and Reinforcement**

(20 min.)

Tell students that today they will be practising communication skills and refusal skills to delay sex. They will also think about other things they can do to show someone they care about them.

Divide students into small groups. Ask them to follow as one person...
reads aloud "Brendon and Marquita's Story."

Ask them to consider and discuss some statements that Marquita could say to Brendon to resist his pressure to have sex. Ask each group to write down four statements or "lines" that Marquita could say to Brendon.

After 10 minutes, ask each group to read out one or two lines that their group developed. Write the lines on the board. Then, ask the class to pick out three statements or lines that they like the best. Ask for a volunteer to role-play how Marquita might say one of these lines to Brendon in an assertive way. Encourage students to note Marquita's body language.

After the role play, ask students what are some things Marquita could do if Brendon continues to pressure her (one answer should be to stop the relationship).

Hand out the "OUR SCRIPT" worksheet. With any remaining class time, ask each group to start writing their own script for a short role play, based on this story that depicts someone trying to pressure a girlfriend or boyfriend into having sex. (They do not have to follow the story exactly. Encourage them to use their creativity.) They can finish their scripts for homework.

Tell them that in the next class they will be practising their communication and refusal skills using these role plays.

See rubric at the end of Lesson #6.

Complete the script on the worksheet.
LESSON PLAN #6
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 4:
Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

CORE OUTCOME 2:
Set personal goals to minimise the risk of contracting HIV/AIDS, cervical cancer, and STIs.

Title
“Choosing to Protect Myself,” Part Two

Age Level
12-13 years old

Time
40 minutes (Part Two of two lessons)

Purpose
To help students to avoid risks that may lead to HIV/AIDS transmission.

Overview
Class discusses reasons why people may expose themselves to diseases such as HIV/AIDS, cervical cancer, and other STIs.

Students are to be made aware that exposure to or experiences of social difficulties (e.g., poverty), the need for love and attention, and media images of commercialism/materialism can lead to finding themselves in situations involving sexual activity and exposure to HIV/AIDS.

Teacher tells students about also getting pressure from boyfriends or girlfriends to have sex even when they don’t feel ready. Remind students that taking alcohol and drugs can impair judgement and result in getting involved in sex when they didn’t intend to.

Students read short story about Brendon and Marquita, and the teacher directs them in a short role play to model how to resist such pressure. Students write their own scripts on how to refuse and delay sex or refuse drugs and alcohol, and then role-play strategies for resisting pressure using these scripts. Teacher asks students to identify other healthy ways to express love and intimacy without being sexually active.
Specific Objectives

Students will be able to do the following:

1. State the dangers to sexual health if there is exposure to STIs.
2. Demonstrate confidence in their ability to avoid risks that increase their chances of contracting STIs, including HIV/AIDS.
3. Practise communication skills and refusal skills to help them avoid risk situations and delay sex.
4. Identify healthy ways of expressing feelings of love and intimacy to another person without being sexually active.

Resources and Materials

Handouts: "Brendon and Marquita's Story" and "Saying No With Your Body," worksheet: "Our Script"

Methods and Strategies

Class discussion, small-group work, role-playing

PROCEDURE

Step I Introduction (10 min.)

Remind the class about the skills they learned in the last class about communicating their desire not to have sex.

Now that students have written a script that demonstrates refusal skills, ask them to spend about 5 minutes role-playing their skits within their small groups. They will then present them to the whole class.

Tips for Teacher on Using Role-Playing

- Role-playing is a useful teaching method for practising interpersonal skills.
- Let students know before the activity if they may be asked to role-play in front of the class afterward.
- Remind students of the importance of body language during role-playing and paying attention to non-verbal cues.
- If students start to get rowdy during role-playing activities, remind them to stay on the topic and walk around the class to help them focus.

Step II Skill Development and Reinforcement (25 min.)

After 5 minutes, ask students to present their role plays as skits to the class.

As the role plays are presented, ask students to comment on useful communication and refusal skills for resisting pressure from a girlfriend or boyfriend to have sex. Highlight the use of body language.

Write down on a poster or board some of the dialogue lines that were
Ask students to brainstorm some ideas for healthy ways of expressing feelings of love and intimacy to another person without being sexually active. Examples might be: hugging, holding hands, taking long walks, writing them letters or poems. Write these down on the board as well.

**Step III Conclusion**

Review with students the different reasons why it is important for them to wait to have sex. Summarise what they learned in this lesson about communicating with someone else their desire to not have sex, and what it means about their relationship if someone pressures them to do something they don't want to do.

**Step IV Assessment**

See rubric following the homework assignment to assess students’ performance on class discussion, role-playing, and the homework assignment.

**HOMEWORK:**

Ask students to write a paragraph about what they learned in this lesson about peer pressure and why it is important to have the right skills to handle pressure.
## Rubric for Lesson #6

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest score</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td><strong>Task #1:</strong> Class Discussion</td>
<td>Showed insightful thinking and shared strategies on communication and refusal skills</td>
</tr>
<tr>
<td><strong>Task #2:</strong> Role-Playing</td>
<td>Showed strong effort in contributing to group effort</td>
</tr>
<tr>
<td><strong>Task #3:</strong> Homework (Paragraph About Peer Pressure)</td>
<td>Paragraph demonstrates excellent understanding of peer pressure and skills to handle peer pressure</td>
</tr>
</tbody>
</table>

Students may want to use the following criteria to evaluate the role plays:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The message “no” was clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial expressions were in sync with verbal communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tone of voice was appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye contact was maintained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response was assertive</td>
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</tr>
</tbody>
</table>

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**Brendon and Marquita’s Story**

Brendon and Marquita have been dating ("seeing each other," "going together," "liking each other") for seven months. Marquita is in form 3, and Brendon is in form 4. Last Saturday evening they went to the cinema. After the movie, they bought some food and went to the park, and sat in a corner away from everyone. They started kissing, and then things went pretty far. Marquita got scared and started to pull back. Brendon said he loved Marquita a lot and wanted to go all the way and have sex with her. Marquita does not feel ready to have sex. What could she do or say?
OUR SCRIPT

Develop a scenario that takes place between Person 1 and Person 2 (give them each a name) in which one is pressuring the other to have sex. What could the other person say back? What might the reply be, and what could they say then?

Person 1 (Name): ________________________________

What she/he says: __________________________________

Person 2 (Name): ________________________________

What she/he says back: ____________________________

*Continue the story on the following lines:*

Person 1:

_________________________________________________

Person 2:

_________________________________________________

Person 1:

_________________________________________________

Person 2:

_________________________________________________

Person 1:

_________________________________________________

Person 2:

_________________________________________________
HANDOUT: SAYING NO WITH YOUR BODY

Your non-verbal communication should match your verbal communication.

Saying "No" With Your Body

- Look at the person directly
- Maintain eye contact
- Do not fidget
- Avoid making nervous movements with your hands
- Speak clearly and slowly
- Do not mumble
- If you are afraid, try to look calm
- Adopt a stance that says you mean what you say
- Leave the situation as soon as possible
- Know where you stand on the matter, and look serious about it
LESSON PLAN #7
 THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 4: Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

CORE OUTCOME 2: Set personal goals to minimise the risk of contracting HIV/AIDS, cervical cancer, and STIs.

Title "Preventing the Spread of HIV/AIDS Through Advocacy"

Age Level 12–13 years old

Time 40 minutes

Purpose To help young people to join in the fight against HIV/AIDS and encourage others to behave responsibly to prevent the spread of HIV/AIDS.

Overview Students read a story called "The Visit." They then discuss what is meant by the word "advocate" and why it is important for girls and boys their age to advocate for abstinence from sexual behaviour and for HIV testing among those who may be infected. They are then asked to use creating-thinking skills to develop short jingles or direct appeals to advocate for abstinence and HIV testing.

Young people can set goals to join in the fight against HIV/AIDS by using positive pressure and advocating abstinence amongst themselves. They can also promote testing, since the test for HIV is the only way to find out if a person is infected. One cannot tell by looking at a person. People can then manage their lives to avoid spreading HIV/AIDS.

Specific Objectives Students will be able to do the following:
1. Recognise the need to prevent the spread of HIV/AIDS.
2. Advocate for testing and abstinence in the fight against HIV/AIDS.
3. Utilise advocacy skills and creative-thinking skills to promote the value of abstinence and testing for HIV.

Resources and Materials Sample jingles, "The Visit"
## Methods and Strategies

### Developing advocacy materials

**PROCEDURE**

**Step I Introduction**  
*(5 min.)*  
Students read and briefly discuss the following scenario, "The Visit," which begins as follows:

"Students of Form Two in St. Lucia were happy to be joined by two other Form Two students from Barbados to work together on an HIV/AIDS school project." (See Notes for Lesson.)

Inform students that the whole country must take responsibility for addressing the many issues relating to HIV/AIDS and that in this instance, students would be asked to take responsibility to advocate (verb) advocacy (noun) to students in their respective school population on the issues of "testing" and "abstinence."

Read from a dictionary or ask students for the meaning of "advocate" (speaking in favour of something or someone). Have them infer the meaning of "advocacy skills" (ability to speak in favour of and to convince others about that thing in which you believe) based on the definition.

**Step II Skill Development and Reinforcement**  
*(30 min.)*  
Tell them that they will use "creative thinking" today to find ways to be advocates. Ask if any students can recall what "creative thinking" is. Briefly review the steps to creative-thinking skills (see Teacher Resource Page).

Ask students to infer the meaning of the following "jingles" and "direct appeal" in notes below. Note that in this instance, "jingles" and "direct appeal" are used creatively for advocacy on "abstinence" and "testing." Students are informed that one can use a variety of other methods/approaches to include: skits, role play, music, debate, posters, etc., but that the approach used must do the following:

- Suit the audience
- Contain correct information about the situation
- Present arguments to do things/act differently
- Show benefits of change

N.B.: Advocacy skills can be done by the following:

- Stating the effect of that condition on individuals
- Presenting arguments to do things differently
- Presenting benefits of doing things differently
Tell students that they are to work in groups and use creative-thinking skills to develop either a jingle or direct appeal that advocates for either “abstinence” or “testing” to boys and girls their age. Ask them to go through the steps of creative thinking as they consider their advocacy approaches, and to select a recorder who will provide a clean copy of the final product to the teacher. Depending on time, select one to two groups to present their work to the whole class. Post the jingles and direct appeals around the room.

**Step III Conclusion**
(5 min.)
Tell students that advocacy for abstinence, HIV prevention, and testing is an important responsibility that everyone should endorse.

**Step IV Assessment**
Class determines whether criteria for advocacy have been met (is suitable in its appeal to audience, is creative, contains correct information, presents arguments to do things differently, shows benefits of change). See rubric following homework assignment.

**HOMEWORK:** Each individual student will write a jingle on “HIV testing.” Rubric used to assess jingles at the end of lesson.
## Rubric for Lesson #7

### Performance Tasks

<table>
<thead>
<tr>
<th>Jingle to Advocate for Abstinence or Testing: Contains Accurate Information</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest score</td>
<td>Lowest score</td>
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<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Information contained in jingle is entirely correct</td>
<td>Information contained in jingle is mostly correct</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Jingle to Advocate for Abstinence or Testing: Shows Benefits of Changing Behaviour</th>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td>Highest score</td>
<td>Lowest score</td>
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<tr>
<td>4</td>
<td>3</td>
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<tr>
<td>2</td>
<td>1</td>
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<tr>
<td>Jingle includes thorough explanation of benefits of changing behaviour</td>
<td>Jingle includes brief explanation of benefits of changing behaviour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jingle to Advocate for Abstinence or Testing: Appeals to Target Audience</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest score</td>
<td>Lowest score</td>
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<tr>
<td>4</td>
<td>3</td>
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<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Jingle is highly appealing to target audience</td>
<td>Jingle is adequately appealing to target audience</td>
</tr>
</tbody>
</table>

### Notes for Lesson

**CREATIVE-THINKING SKILLS**

Creativity is a mental construct that allows individuals to think in divergent or open-minded ways. Creative people can come up with many ideas, processes, products, or solutions. Uncommon, new, unusual, innovative, original, and imaginative are terms associated with creativity. Individuals can combine their individual creative capacities for even better output.

**Steps in the Creative-Thinking Process**

1. Creative thinking starts with a "problem"—identified, conceptualised, or existing.

2. Brainstorming: Generate as many solutions as possible.

3. Incubation: "Mull over" or incubate solutions. Examine solutions from all points of view for novelty, originality, value, and consequences. How can we develop a solution (e.g., a jingle/direct appeal) to appeal to someone my age? What would make it attractive?

4. Select the most creative solutions or ideas.
5. Rate the solutions in terms of feasibility—what is needed to implement them, their appropriateness in solving the problem, and the possible consequences.

6. Rank and select the "best" solution or idea to apply to the problem.

7. Perceptual checking/feedback: Check the extent to which the solution addresses the problem.

The Visit (This should be tailored to identify your specific country.)

Students of Form One in St. Lucia were happy to be joined by two other Form One students from Barbados to work together on an HIV/AIDS school project. School children from these two islands had become tired of rumors circulating in their schools and neighbourhoods that large numbers of students in those two islands had become infected with HIV. They were going to do something about stopping the spread of this dreaded infection. The students spent a whole day planning this project. By 3:30, it was time for the Barbadian students to leave for the airport. They expressed their pleasure in participating in this exercise and blurted out, “The two of us want to do something about HIV because we are both HIV-positive.” With these words they departed for their trip home. Their St. Lucian counterparts remained with mouths wide open.

Students are to infer the meaning of the following:

Jingle Advocating for Abstinence
My sexuality I restrain
From sex I choose to abstain
All of us should refrain
And we'll have everything to gain

Direct Appeal for Abstinence
HIV is taking millions of lives. My sister is one of them. I watched her die in the twinkle of an eye because rather than abstaining, she took sexual risks that cut her off from the face of the earth. I am here to tell you that the most reliable guarantee of not contracting HIV is to abstain from sexual intercourse. Sexual intercourse is a beautiful gift from God, but He also set the conditions under which we should engage in it. Do the right thing for your own good.

Jingle Advocating for Testing
If we put sexuality to the test
Take HIV test, it's for our best
When we focus
On our status
It will put our minds at rest

Adapted From: “Life Planning Education; Advocates for Youth, Washington, DC www.advocatesforyouth.org”
LESSON PLAN #8
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 4: Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

CORE OUTCOME 2: Set personal goals to minimise the risk of contracting HIV/AIDS, cervical cancer, and STIs.

Title “Is it Worth the Risk?”

Age Level 12-13 years old

Time 40 minutes

Purpose To help students avoid or escape risky situations that may lead to HIV/AIDS transmission.

Overview Students discuss some social issues, such as poverty, that contribute to children exposing themselves to HIV/AIDS risk factors. Student hear a story about a young girl named Magna (and boy named Pietro if time) and use a worksheet to use problem-solving skills to determine if Magna is at risk, why she is at risk, and what she can do to reduce this risk.

Students will be able to do the following:

1. Identify different reasons, including financial reasons, why people may put themselves at risk for contracting HIV/AIDS and other STIs.
2. Utilise problem-solving skills and help-seeking skills in building resilience to personal/social circumstances that increase one’s risks of contracting HIV.
3. Demonstrate efficacy in avoiding risks that increase one’s chances of contracting HIV/AIDS and other STIs.

Resources and Materials Handouts: scenarios for Magna and Pietro, flip chart paper for group work, worksheet for Magna and Pietro’s stories, Teacher Resource Page
<table>
<thead>
<tr>
<th>Methods and Strategies</th>
<th>Class discussion, individual and group work</th>
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<tbody>
<tr>
<td>Step I Introduction (5 min.)</td>
<td>Ask students to give their interpretation of the following statement. “Do not judge unless you walk a mile in someone's shoes.”</td>
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Following discussion on the statement, teacher points out that a lot of the negative reactions, discrimination, and stigmas toward people who contract HIV happen as a result of our attributions as to how someone acquired the virus. Teacher points out that we tend to attribute the cause to the person and make negative judgements about the person's character; we seldom focus on the situations that person faced that made him or her vulnerable.

Ask students to state some of the social issues that contribute to children exposing themselves to HIV/AIDS risk factors. (For example, ignorance about HIV/AIDS; ignorance about being abused and exploited; lack of family, adult care, and support; need for love, attention, praise; materialism; poverty; unsatisfied basic needs; etc.)

Point out that "poverty" is very real in some people's lives. Sometimes, in trying to seek ways to overcome financial burdens, people their age may find themselves in situations that place them at risk for danger.

| Step II Skill Development and Reinforcement (20 min.) | Review the meaning of “problem-solving” and the steps associated with it. Remind students of how problem-solving can help them make the right decisions to avoid and escape from risky situations and to seek help. |

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**Tips for Teacher**

Students may feel uncomfortable when talking about issues such as sexual violence or sexual harassment as experienced by Magna. Don’t feel the need to push a student to participate if he or she seems uncomfortable about the topic. When talking about any kind of sexual assault, violence, or harassment, it is a good idea to stress the importance of help-seeking—that is, seeking the help of a trusted adult like a parent, teacher, or member of the clergy.
Tell students they will use problem-solving to find a solution to Magna’s problem. Distribute the scenario about Magna. Read the scenario aloud.

Ask students to work in small groups to fill out the worksheet on Magna and to use problem-solving skills to decide what she should do.

As time allows, individual groups read out their solutions to the class. **Stress the importance of and need for Magna to leave the situation and to tell a trusted adult about what is happening.**

If there is time, groups can also use the worksheet to discuss Pietro’s scenario.

Remind students that the remainder of the process involves Magna or Pietro putting the selected solution into practice, evaluating the outcome, and making adjustments to the solution if necessary.

- Provide students with a list of names of local helping agencies where girls or boys their age can go if they ever find themselves in a similar situation. Also, remind students of the importance of leaving a risky situation and telling a trusted adult, like a parent, aunt, teacher, counsellor, or member of the clergy.

**Step III Conclusion**

(10 min.)

Review the fact that people their age may expose themselves to risks that are harmful to their health in order to meet their needs or that of their families. However, by doing so, they will put themselves and their families in an even more difficult situation, as the consequences of these behaviours can be devastating.

Remind students that problem-solving and help-seeking are important skills to have to get out of a situation that makes them feel uncomfortable or stressed. Emphasise the fact that if any of them should find themselves in a difficult situation, they should seek help.

**Step IV Assessment**

See the rubric following the homework assignment to assess students’ performance on group work.

**HOMEWORK:**

Make up a “Personal Help” directory with at least four names, telephone numbers, and addresses of people or agencies you can turn to for help easily.
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<tr>
<th>Skills</th>
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<td>Participating:</td>
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<td>Respecting:</td>
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<td>Sharing:</td>
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<tr>
<td><strong>Total Points</strong></td>
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Teacher Comments:
Scenarios

**Magna’s Story**

Magna was 13 years old and the second-oldest of her mother’s eight children. Her mother could barely make ends meet. Magna, along with her siblings, experienced great difficulty in getting money to attend school on a daily basis. She was very good at her academic work and vowed that she would complete her education in order to get out of the hardship at home.

Magna tried to think of ways of getting money for her mother, who was not employed. No one wanted to give Magna a job because they said she was too young. One day Magna was sitting on a bench outside the mall feeling quite hopeless. A manager approached her and asked what was wrong. She told him her story, and he said that he would help her. All Magna had to do was to go to the office on Sunday mornings when the manager had business meetings and collect her allowance. She could even use the computer for a couple of hours. Magna agreed and started to show up on Sundays. The men took turns showing her how to use the computer.

One day, Magna “came across” (or so she thought) some pornographic pictures. Magna got curious and looked at them. When Mr. John saw her looking at them, he told her that she didn’t need to hide the pictures; they would take turns showing her what was going on in the pictures, and she would know more than the others at school. He started showing them to her each week. Magna felt very uncomfortable looking at the photos with Mr. John and the other men, but she thought they might stop giving her money if she refused to look at them. She just couldn’t drop out of school now; she had to continue and get those certificates.

**Pietro’s Story (Additional Scenario if Time)**

Pietro was really a helpful boy. His family did not have a lot of money, but Pietro really wanted to buy a game that many of his classmates had. So when his neighbour Mr. Brownston gave him some money and asked him to buy his newspaper on mornings and drop it off on the way to school, he thought “no problem.” Mr. Brownston started giving Pietro extra money as payment for being helpful. At first it was one dollar a week. Pietro’s mother said it was okay and he could save it up and buy something he liked. Pietro was excited because he wanted to buy the game. He told Mr. Brownston about his plan, and Mr. Brownston said he would give Pietro some more money. Pietro was happy because he would be able to buy his game soon. Soon after, he asked Pietro to go to the shop for a Coke or milk and gave him $10. He ran to thank Mr. Brownston. Mr. Brownston grabbed Pietro and started kissing and touching him. He told Pietro that he would give him money to buy many games if Pietro didn’t tell anyone about what he was doing.
# PROBLEM-SOLVING PROCESS WORKSHEET: MAGNA'S STORY

Read the scenario “Magna's Story.”

## WHAT IS THE PROBLEM MAGNA IS FACING?

<table>
<thead>
<tr>
<th>Brainstorming: Generate as many solutions as possible and write them down.</th>
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<tr>
<th>Incubate: &quot;Mull over,&quot; &quot;think over,&quot; or &quot;incubate&quot; solutions. Look at all angles of the solutions offered and their consequences. Feel free to ask questions and seek further clarification from other group members.</th>
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<tr>
<th>Select: Ask each member to vote on the two most helpful solutions. Select the ones (about four in all) with the most number of votes.</th>
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<table>
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<tr>
<th>Rate: Rate the selected solutions in terms of feasibility—what is needed to implement them, their appropriateness in solving the problem, and the possible consequences.</th>
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<tr>
<th>Perceptual checking/feedback: Magna should reflect to see whether the solution solves her problem.</th>
</tr>
</thead>
</table>
## Problem-Solving Process Worksheet: Pietro’s Story

Read the scenario “Pietro’s Story.”

### What is the Problem Pietro is Facing?

**Brainstorming:** Generate as many solutions as possible and write them down.
- 
- 
- 
- 

**Incubate:** “Mull over,” “think over,” or “incubate” solutions. Look at all angles of the solutions offered and their consequences. Feel free to ask questions and seek further clarification from other group members.

**Select:** Ask each member to vote on the two most helpful solutions. Select the ones (about four in all) with the most number of votes.

**Rate:** Rate the selected solutions in terms of feasibility—what is needed to implement them, their appropriateness in solving the problem, and the possible consequences.

**Perceptual checking/feedback:** Pietro should reflect to see whether the solution solves his problem.
Teacher Resource Page

PROBLEM-SOLVING SKILLS

- What is the problem? (Define the problem.)
- What are some possible solutions to the problem? (Think of as many as possible.)
- What would be the consequences of each of the solutions?
- Which solution has the most effective or helpful outcome?
- Select the solution with the most effective or helpful outcome.
LESSON PLAN #9
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 3:
Build capacity to recognise the basic criteria and conditions for optimal reproductive health.

CORE OUTCOME 1:
Make appropriate choices to avoid risks to reproductive health.

Title
“Mia’s Dilemma” and “Steven’s Dilemma”:
Stories of Child Abuse

Age Level
12-13 years old

Time
40 minutes

Purpose
To empower students with coping strategies to avoid or respond to child abuse.

Overview
Teacher leads a discussion on the topic of child sexual abuse, molestation, and rape and the health risks (emotional and physical) that can result. Students hear letters from a girl and a boy who are in potentially risky situations. They discuss coping strategies for what they can say and do and where they can go for help.

Statistics on crime show child abuse at a high level that continues to increase. Some children are sexually abused so insidiously that they are unaware they have been abused—they only know of the painful and shameful feelings of something not being right.

Specific Objectives
Students will be able to do the following:
1. Recognise actions and strategies that abusers use to entice children into participating in sexual abuse.
2. Research and describe the impact of sexual abuse on mental, emotional, and reproductive health.
3. Develop coping skills and help-seeking skills: Know where to go, what to do, whom to tell, what to say in situations of abuse or potential abuse.

Resources and Materials
Activity Sheets: “Mia’s Dilemma,” “Steven’s Dilemma,” dramatic reading on cassette (optional), Teacher Resource Page

Methods and Strategies
Story telling, discussion
PROCEDURE

**Step I**  
**Introduction**  
(20 min.)

Introduce the topic of child abuse (including physical, mental, emotional, sexual) and neglect. Explain what actions against a child are considered abuse or neglect (use legal references), e.g., neglect can refer to a child not given proper food, clothing, and shelter; being denied adequate health care; or a child under 12 years being left without the supervision of someone older than 18. Ask the question (and take answers from a few children) “what is meant by children’s rights?” Clarify if necessary.

Focus on the topic of child sexual abuse, molestation, and rape. Point out that these are illegal acts of aggression against children that can affect children’s health and well-being. Sexual acts not only affect children emotionally but can lead to their getting pregnant and/or contracting HIV/AIDS and other STIs that can result in these further consequences:

- a) Damage their reproductive organs, preventing them from being able to have children when they become adults
- b) Cause babies to be born with diseases
- c) Cause death in the case of HIV/AIDS

Point out that a rapist usually attacks a person with violence, but abusers and molesters are often nice and seductive, and may not be strangers. (See Teacher Resource Page.)

List some acts of abuse and molestation. Tell students that if any of these things are happening, then abuse is happening.

Discuss how abusers get children to participate (characteristics of the abuser, characteristics of the victims). Discuss how children are enticed or forced to participate in abuse.

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**Teacher Tip**

Students may feel anxious, uncomfortable, or stressed hearing about child abuse, particularly if they have been victimised themselves. Don’t feel the need to push a student to participate if he or she seems uncomfortable with the topic. Please see the Teacher Resource Page for additional information. When talking about any kind of abuse, it is a good idea to stress the importance of help-seeking—that is, seeking the help of a trusted adult like a parent, teacher, or member of the clergy.
Tell students that children and adolescents can develop skills for coping in abusive situations and should also seek help. Skills can be grouped under four headings: what to do, what to say, where to go, whom to tell. A chart with these categories can be found in the Teacher Resource Page section. Use this chart to draw a larger version on a poster or board. It will be filled out in Step III.

Read/play a tape of "Mia's Dilemma" or "Steven's Dilemma" (depending on time and class composition, you may choose one or both), which is a short letter to a newspaper column called "Dear Daisy." The letters are written by a teenage girl and boy who are sexually assaulted by an adult they thought they could trust.

Divide students into small groups. Ask them to write a letter back as "Daisy" telling Mia and/or Steven what they should do. Ask them to think about the following four questions as they compose their answers.

- What should Mia/Steven do?
- What should Mia/Steven say?
- Where should Mia/Steven go for help?
- Whom should Mia/Steven tell about what happened?

Ask for one group to report on their answer to one question. Record the answers on the chart that teacher drew on the board or poster. Discuss any positive or negative consequences of the strategies.

Teacher-designed rubric to assess homework.

Students write a journal entry about what they learned from this activity.
Dear Daisy,

My name is Mia and I am in Form 2. I am writing to you because I don’t know what to do. My parents have a friend named George who comes to our house often. He helps my parents finish some projects around the house. I am nervous because the other day George followed me to my bedroom. My parents were not around. He told me I had a very nice room and then said I was very pretty. When I started to leave the room, he grabbed my arm and said he wanted to kiss me. I didn’t know what to do. Just then, my father returned home, so George left my room. I have not told anyone what happened. I am scared that no one will believe me because George is such a good friend to our family. But I am afraid now to be home when he visits, because I believe he will go further.

Please tell me what to do.

Sincerely,
Mia

Daisy’s Reply

Dear Mia,
Dear Daisy,

My name is Steven and I am in Form 2. I am writing to you because I am anxious and confused. There is a man in our neighbourhood named Sam who often teaches my friends and me how we can play sports better. He is very friendly and has helped me become better at kicking a football. The other day, after all of my friends had gone home, Sam asked me if I wanted him to show me some more tricks for playing football. I said yes. When we both went to retrieve the ball from behind a bush, Sam grabbed my arm and said he wanted to kiss me. I didn't know what to do. Just then, a woman walked by and yelled “hi” to Sam. He dropped my arm and said he would talk to me another time. I have not told anyone what happened. I am scared that no one will believe me because Sam is someone that everyone likes. But I am afraid now to be around him, because I believe he will go further.

Please tell me what to do.

Sincerely,

Steven

Daisy's Reply

Dear Steven,

...
**MIA’S LETTER**
[TO BEPOSTED ON THE BOARD]

<table>
<thead>
<tr>
<th>WHAT TO DO</th>
<th>WHAT TO SAY</th>
<th>WHERE TO GO</th>
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Teacher Resource Page

http://www.unicef.org/teachers/protection/prevention.htm#abuse

Physical and Sexual Abuse

What You Can Do to Identify Physical and Sexual Abuse

1. Be sensitive to changes in children’s behaviour; they are a signal that you should sit down and talk to children about what caused the changes.
2. Teach children to trust their own feelings, and assure them that they have the right to say NO to what they sense is wrong.
3. Listen carefully to children’s fears, and be supportive in all your discussions with them.
4. Teach children that no one should approach them or touch them in a way that makes them feel uncomfortable. If someone does, they should tell teachers or parents immediately.
5. Unfortunately, much physical abuse is caused by teachers and parents. You may need to be an advocate for children in your school if corporal punishment is in use.

Detecting Sexual Abuse

Even more so than adults, children will be likely to avoid mention of abuse due to shame or fear. So how are a teacher or a health care professional to know if a child is experiencing or has experienced sexual abuse? There is no simple answer, but some indications are suggested by physicians and other practitioners.

<table>
<thead>
<tr>
<th>Signs of sexual abuse in children and adolescents</th>
<th>6–11 Years</th>
<th>12–17 Years</th>
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<tr>
<td>GIRLS</td>
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<tr>
<td>• Engages in explicit sexual behaviours with other children</td>
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<td>• Sexually exploitative interactions with younger children</td>
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<td>• Verbally describes experiences of sexual abuse</td>
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<td>• Sexually promiscuous behaviour or total avoidance of sexual involvement</td>
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<td>• Excessive concern or preoccupation with private parts</td>
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<td>• Eating disturbances</td>
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<td>• Sexualised relating to adults</td>
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<td>• Efforts to distance from feelings of guilt, shame, and humiliation</td>
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<tr>
<td>• Sudden fear or mistrust of males, females, or specific places</td>
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<td>• Running away from home</td>
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- Age-inappropriate knowledge of adult sexual behaviour
- Sleep disturbances: nightmares and night terrors

**BOYS**
- Engages in explicit sexual behaviours with other children
- Sudden fear or mistrust of males, females, or specific places
- Sleep disturbances: nightmares and night terrors
- Sudden aggressive behaviour or acting out
- Loss of interest in previous interests
- Regressive behaviour
- Sexually exploitative or aggressive interactions with younger children
- Regressive behaviour
- Acting out and risk-taking behaviour
- Efforts to distance from feelings of guilt, shame, and humiliation

**Precautions:** The above-mentioned signs or symptoms are to be considered only as rough guidelines to indicate that a child is in trouble and that the cause may be sexual abuse. It is very important, however, not to jump on any individual symptom or behaviour and conclude that abuse has taken place. Rather you must look for groups of symptoms and use your intuition.

(Source: [http://www.unicef.org/teachers/protection/prevention.htm#abuse](http://www.unicef.org/teachers/protection/prevention.htm#abuse))

Also see Signs of Physical and Emotional Child Abuse from the American Academy of Pediatrics: Other sources: [http://www.aap.org/advocacy/childhealthmonth/abuse2.htm](http://www.aap.org/advocacy/childhealthmonth/abuse2.htm).

**N.B.: TO FAMILY LIFE EDUCATOR**
This is a very sensitive topic and needs to be handled with care.

Role play of abuse is, of course, not recommended. Presenters must be cognizant of the fact that students in the class may have suffered abuse or are suffering abuse without any counselling support. Such a child may burst into tears, walk out of class, or become disruptive. You need to have an established procedure to deal with these outbursts.
PERSONAL INTROSPECTION
Examine your own feelings and beliefs about child abuse before you begin these sessions. Make an assessment of your attitudes and attributions. Be aware of your past experiences and comfort level of your own sexuality.

Be sure that children do not become so afraid that they cannot trust anyone. Children often have stories they want to tell; encourage them to discuss experiences privately with the counsellor. Some children are not sure if they are victims.

GATHER INFORMATION about legal acts and regulations related to child abuse; be familiar with policies and procedures in this matter. Find out your role, responsibility, and duty of care in relation to the children.

CHILD SEXUAL ABUSE: DISCLOSURES

- Among victims of sexual abuse, the inability to trust is pronounced, which also contributes to secrecy and non-disclosure (Courtois & Watts, 1982).
- Children often fail to report because of the fear that disclosure will bring consequences even worse than being victimised again. The victim may fear consequences from the family, feel guilty for consequences to the perpetrator, and may fear subsequent retaliatory actions from the perpetrator (Berlinger & Barbieri, 1984; Groth, 1979; Swanson & Biaggio, 1985).
- Victims may be embarrassed or reluctant to answer questions about the sexual activity (Berlinger & Barbieri, 1984). Victims may also have a feeling that “something is wrong with me” and that the abuse is their fault (Johnson, 1987; Tsai & Wagner, 1978).
- In addition to “sexual guilt,” there are several other types of guilt associated with the abuse, which include feeling guilty about reporting the abuse and bringing disloyalty and disruption to the family, feeling responsible for the abuse, harbouring vengeful and angry feelings toward both parents, and feeling different from peers. Any of these feelings of guilt could outweigh the decision of the victim to report, the result of which is the secret may remain intact and undisclosed (Courtois & Watts, 1982; Tsai & Wagner, 1978). A child’s initial denial of sexual abuse should not be the sole basis of reassurance that abuse did not occur. Virtually all investigative protocols are designed to respond to only those children who have disclosed. Policies and procedures that are geared only to those children who have disclosed fail to recognise the needs of the majority of victims (Sorensen & Snow, 1991). In a study of 630 cases of alleged sexual abuse of children from 1985 through 1989, findings from a subset of 116 confirmed cases indicated that 79 percent of these children initially denied abuse or were tentative in disclosing. Of those who did disclose, approximately three-quarters disclosed accidentally. Additionally, of those who did disclose, 22 percent eventually recanted their statements (Sorensen & Snow, 1991).
- Young victims may not recognise their victimisation as sexual abuse (Gilbert, 1988). There is the clinical assumption that children who feel compelled to keep sexual abuse a secret suffer greater psychic distress than victims who disclose the secret and receive assistance and support (Finkelhor & Browne, 1986).
• Early identification of sexual abuse victims appears to be crucial to the reduction of suffering of abused youth and to the establishment of support systems for assistance in pursuing appropriate psychological development and healthier adult functioning. As long as disclosure continues to be a problem for young victims, then fear, suffering, and psychological distress will, like the secret, remain with the victim (Bagley, 1992; Bagley, 1991; Finkelhor et al., 1990; Whitlock & Gillman, 1989).
LESSON PLAN #10
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 2: Acquisition of coping skills to deter behaviours and lifestyles associated with crime, drugs, violence, motor vehicle accidents, and other injuries, and risky sexual behaviours.

CORE OUTCOME 1: Develop resilience for coping with adverse situations (death, grief, rejection, separation).

* The Regional Standard and Outcome for this lesson are taken from the Self and Interpersonal Relationship Unit.

Title “Aftershock: Coping with Grief and Loss”

Age Level 12-13 years old

Time 40 minutes (with optional activities: 80 minutes)

Purpose To help students recognise that grief and loss are a process, not just a feeling, and require coping skills over a number of stages.

Overview Teacher leads a discussion about how HIV/AIDS can cause the death of a loved one, resulting in loss and grief to family and others. The meaning of “Loss” and “Grief” and goes over the different stages of grief that a person may experience. Using the example of losing a pet, the teacher helps students think of coping strategies that could help someone who is experiencing loss and grief. Teacher asks students to think about experiences that made them feel sad and what, if anything, they did to make themselves feel better. Students practise a visualisation technique that could help them reduce stress during times of anxiety and sadness.

People experience grief and loss not only with death, but also with separation, divorce, broken friendships, disasters, assault and rape, even robbery. A range of emotions and needs are associated with grief and loss. A high level of stress is often an aftershock of adversity.

Specific Objectives Students will be able to do the following:

1. Understand and describe the various emotions associated with grief and loss.
2. Feel confident expressing feelings of loss or grief.
3. Develop coping skills to deal with grief and loss.

**Resources and Materials**

“Ways to Relieve Stress,” “Visualisation Technique,” Teacher Resource Page: “Steps of Grief and Loss” adapted from Kubler-Ross, relaxation tape or CD

**Methods and Strategies**

Discussion, use of worksheet, visualisation, relaxation tape or CD

**PROCEDURE**

**Step I Introduction**  
(10 min.)

Tell students that in previous lessons they learned about HIV and AIDS and why it is so important to protect themselves from HIV and other STIs. State that families who have a loved one with HIV/AIDS often have to deal with that person passing away and that today's lesson will address how to cope with a loss, like the death of a loved one.

Ask students what they think the words "Grief" and "Loss" mean, and how they are different from simple feelings and emotions.

"Loss" is to lose something or someone from which a person found comfort, happiness, support, and love. Loss can be experienced through the death of a loved one, like a family member, friend, or pet, through the break-up or divorce of parents, or by a move to another town that results in separation from friends and family members.

"Grief" is the inner feelings that someone has in response to loss. People may respond to loss and show their grief in different ways.

**Step II Skill Development and Reinforcement**  
(20 min.)

Distribute the worksheet "Steps of Grief" and walk through the worksheet using an example of losing a beloved pet. Remind students that it is normal to experience any of the feelings that are found on the steps to grief.

In going through the steps, you can use these guiding questions:

*Shock:* When your loss first occurred, what did you do, say, how did you feel?

*Sorrow:* Did you really feel sad and "down" or "the blues"?

Remember, not everyone goes through all the stages or at the same rate. Some may say they were angry.

Tell students that grief and loss are very difficult feelings, but it is important for people to develop coping skills so that they can deal...
with many adverse situations in the best ways possible.

Teacher Tip

Students who have experienced loss may feel anxious, uncomfortable, or stressed talking about this topic. Don’t feel the need to push a student to participate if he or she seems hesitant for this reason. Also see the Teacher Resource Page for additional information on helping them cope.

Using an example about losing a pet, or an example they select, ask students to think about some of the things that the person who has experienced loss could do to cope with the loss and feelings of grief.

Now, ask students to think about the last time they felt sad (it does not have to specifically be related to a loss). Ask them to think about what they did to make themselves feel better.

Tell students that it is often hard to try to think of ways to cope when you are overwhelmed by feelings of sadness. Many times the best way is to try to get support from those around you, like a friend, parent, or sibling, and to talk about your feelings to them. They could also use coping skills by engaging in positive self-talk.

OPTIONAL IF TIME ALLOWS: Explain to students that stress is often associated with grief or loss. Managing stress is one way of coping with adverse situations. Explain that there are many ways of relieving stress and coping with adverse situations.

Pass out the worksheet "Ways to Relieve Stress." Students are asked to select two personal methods that they think would be useful to them when they are experiencing stress.

Step III Conclusion

(10 min.)

OPTIONAL IF TIME ALLOWS: Ask students to practise a short relaxation technique, followed by a debriefing of the lesson.

Step IV Assessment

See rubric following “Notes for Lesson” to evaluate students’ performance on the homework.

HOMEWORK:

In every country, culture, religion, or class, funeral services are held before a person is buried. If for some reason the service is not held before, then a memorial service is held after. Students will write a one-page essay answering the following questions: Why is it that important to have a service of some kind? How does it help the grieving process?
Notes for Lesson

Relaxation Activity

Students are seated in a circle or horseshoe (choose a configuration that works best with the classroom and takes little time to set up) with feet flat on the ground and their hands in a relaxed position. While listening to the relaxation tape or CD, they are asked to close their eyes and focus on the instructions as read by the teacher. Everyone follows the instructions.

Debriefing—students give feedback on the following:
• How did you feel during the visualisation?
• Did you think that this activity reduced stress?
• Would you use this in the future to cope with stress?

Rubric for Lesson #10

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
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<tr>
<td></td>
<td>Highest score</td>
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<tr>
<td>Class Discussion</td>
<td>4</td>
</tr>
<tr>
<td>Showed insightful thinking on loss, grief and coping strategies</td>
<td>Showed fair thinking on loss, grief and coping strategies</td>
</tr>
<tr>
<td>Homework (Essay About Funeral Services): Why Is a Service Important?</td>
<td>4</td>
</tr>
<tr>
<td>The essay offers an excellent explanation of why having a service is important.</td>
<td>The essay offers an adequate explanation of why having a service is important.</td>
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<tr>
<td>Homework (Essay About Funeral Services): How Does the Service Help the Grieving Process?</td>
<td>4</td>
</tr>
<tr>
<td>The essay offers an excellent explanation of how the service helps the grieving process.</td>
<td>The essay offers an adequate explanation of how the service helps the grieving process.</td>
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Ways to Relieve Stress

- Have a good laugh
- Have a cup of Hot Tea
- Get plenty of rest
- Take a walk
- Play your favorite game
- Exercise
- Enjoy a bubble bath
- Set your priorities
- Count your blessings
- Enjoy the weather
- Play an instrument
- Meditate
- Draw or paint a picture
- Write a friend
- Listen to Music
- Take a power nap
- Read a book
- Watch a sunrise of sunset
- Blowing Bubbles
- Watch a movie
- HFLE COMMON CURRICULUM: FORM 2 SEXUALITY AND SEXUAL HEALTH
Choose a secluded place in your home, office or anywhere you feel comfortable where you can relax without any distractions.

Pick a comfortable position either in a chair or on the floor.

Close your eyes, take deep breaths and let your worries drift away.

Imagine a scene in which you feel at peace, free to let go of all tension and anxiety; a restful place.

Select whatever setting is most calming to you for instance; picture yourself at a tropical beach or your favorite childhood spot.

Try to see, hear, smell and feel everything you imagine.

- Smell the flowers and trees
- Hear the birds chirping
- Feel the water on your feet
- Have a glass of water

It feels so cool and refreshing
You begin to sense peace
And realise what a peaceful, caring, intelligent and lovable person you are

Emotions, Stages and Processes of Grief

Everyone experiences grief differently. The list below outlines some of the emotions, stages and processes that some people might go through.

**Emotions:**

- Profound sadness
- Shock
- Disbelief
- Depression
- A sense of numbness
- Guilt
- Loneliness
- Anger

**Stages:**

- Shock and denial
- Pain, guilt and self-blame
- Anger
- Depression, frustration, reflection and loneliness
- The upward turn: acceptance
A coping skill is a behavioral tool which may be used by individuals to offset or overcome adversity, disadvantage, or disability without correcting or eliminating the underlying condition. The steps for this would be the following:

- Identify the problem.
- Pick a solution.
- Take steps to look for what is necessary
- Take action.

OR

- Describe the problem.
- Acknowledge your feelings.
- Identify the beliefs and causes of the feeling.
- Use positive coping self-talk to assess the feelings.
- Visualise a positive outcome.
- Take action.

Activities to help young children with grief:
- Read stories to children that allow them to project their feelings onto the story characters. This opens a dialogue with a child in a way that is not threatening.
- Allow children to visualize their hurt, fear or pain. Then can then draw, make use clay, or imagine these symbolic feelings being able to talk. If the hurt could talk, eight year old Nancy explained, it would say "Why me?" Nancy had experienced multiple losses, including the death of her younger sister. Feelings of having bad luck or being punished began to emerge.
- Invite children to make a Loss Timeline, filling it in with people and dates in chronological order according to when they died. This Loss Timeline becomes a concrete representation of all the losses one has experienced.

There are various stages of grief and the list below is one of many that show the different steps of grief after a loss:


Note that people experience grief differently and each individual goes through some or all of these stages at different periods of time.

If you have experienced a loss, write it down

Think of your loss and what you did at each stage listed in the pyramid. Are you at this stage now? Have you already been at this stage and moved on? Make notes on this step about your experience of being in shock. Continue up the pyramid, stopping at each step to reflect, think, feel and make notes.
How school personnel handle the resulting distress can help shape the immediate and longer-term grieving process for students, staff, and families. Children, in particular, will need the love and support of their teachers and parents to cope with their loss and reach constructive grief resolution.

**Expressions of Grief**
Talking to children about death must be geared to their developmental level, respectful of their cultural norms, and sensitive to their capacity to understand the situation. Children will be aware of the reactions of significant adults as they interpret and react to information about death and tragedy. In fact, for primary grade children, adult reactions will play an especially important role in shaping their perceptions of the situation. The range of reactions that children display in response to the death of significant others may include these:

- **Emotional shock** and at times an apparent lack of feelings, which serve to help the child detach from the pain of the moment.
- **Regressive (immature) behaviours**, such as needing to be rocked or held, difficulty separating from parents or significant others, needing to sleep in parent’s bed, or an apparent difficulty completing tasks well within the child’s ability level.
- **Explosive emotions and acting out behaviour** that reflect the child’s internal feelings of anger, terror, frustration, and helplessness. Acting out may reflect insecurity and a way to seek control over a situation for which they have little or no control.
- **Asking the same questions over and over**, not because they do not understand the facts, but rather because the information is so hard to believe or accept. Repeated questions can help listeners determine if the child is responding to misinformation or the real trauma of the event.

**Helping Children Cope**
The following tips will help teachers, parents, and other caregivers support children who have experienced the loss of parents, friends, or loved ones. Some of these recommendations come from Dr. Alan Wolfelt, director of the Center for Loss and Life Transition in Fort Collins, Colo.

- **Allow children to be the teachers about their grief experiences**: Give children the opportunity to tell their story and be a good listener.
- **Don’t assume that every child in a certain age group understands death in the same way or with the same feelings**: All children are different and their
view of the world is unique and shaped by different experiences. (Developmental information is provided below.)

- **Grieving is a process, not an event:** Parents and schools need to allow adequate time for each child to grieve in the manner that works for that child. Pressing children to resume “normal” activities without the chance to deal with their emotional pain may prompt additional problems or negative reactions.

- **Don’t lie or tell half-truths to children about the tragic event:** Children are often bright and sensitive. They will see through false information and wonder why you do not trust them with the truth. Lies do not help the child through the healing process or help develop effective coping strategies for life’s future tragedies or losses.

- **Help all children, regardless of age, to understand loss and death:** Give the child information at the level that he/she can understand. Allow the child to guide adults as to the need for more information or clarification of the information presented. Loss and death are both part of the cycle of life that children need to understand.

- **Encourage children to ask questions about loss and death:** Adults need to be less anxious about not knowing all the answers. Treat questions with respect and a willingness to help the child find his or her own answers.

- **Don’t assume that children always grieve in an orderly or predictable way:** We all grieve in different ways and there is no one “correct” way for people to move through the grieving process.

- **Let children know that you really want to understand what they are feeling or what they need:** Sometimes children are upset, but they cannot tell you what will be helpful. Giving them the time and encouragement to share their feelings with you may enable them to sort out their feelings.

- **Children will need long-lasting support:** The more losses the child or adolescent suffers, the more difficult it will be to recover. This is especially true if they have lost a parent who was their major source of support. Try to develop multiple supports for children who suffer significant losses.

- **Keep in mind that grief work is hard:** It is hard work for adults and hard for children as well.

- **Understand that grief work is complicated:** Deaths that result from a terrorist act or war can bring forth many issues that are difficult, if not impossible, to comprehend. Grieving may also be complicated by a need for vengeance or justice and by the lack of resolution of the current situation: The conflict may continue and the nation may still feel at risk. The sudden or violent nature of the death or the fact that some individuals may be considered missing rather than dead can further complicate the grieving process.

- **Be aware of your own need to grieve:** Focusing on the children in your care is important, but not at the expense of your emotional needs. Adults who have lost a loved one will be far more able to help children work through their grief if they get help themselves. For some families, it may be important to seek family grief counselling as well as individual sources of support.
Developmental Phases in Understanding Death

It is important to recognise that all children are unique in their understanding of death and dying. This understanding depends on their developmental level, cognitive skills, personality characteristics, religious or spiritual beliefs, teachings by parents and significant others, input from the media, and previous experiences with death. Nonetheless, there are some general considerations that will be helpful in understanding how children and adolescents experience and deal with death.

Early Elementary School: Children at this age (approximately 5–9) start to comprehend the finality of death. They begin to understand that certain circumstances may result in death. They can see that if large planes crash into buildings, people in the planes and buildings will be killed. In the case of war images, young children may not be able to differentiate between what they see on television and what might happen in their own neighbourhood. They may also over-generalise, particularly at ages 5–6—if jet planes don’t fly, then people don’t die. At this age, death is perceived as something that happens to others, not to oneself or one’s family.

Middle School: Children at this level have the cognitive understanding to comprehend death as a final event that results in the cessation of all bodily functions. They may not fully grasp the abstract concepts discussed by adults or on the TV news, but they are likely to be guided in their thinking by a concrete understanding of justice. They may experience a variety of feelings and emotions, and their expressions may include acting out or self-injurious behaviours as a means of coping with their anger, vengeance, and despair.

High School: Most teens will fully grasp the meaning of death in circumstances such as an automobile accident, illness, and even the World Trade Center or Pentagon disasters. They may seek out friends and family for comfort or they may withdraw to deal with their grief. Teens (as well as some younger children) with a history of depression, suicidal behaviour, and chemical dependency are at particular risk for prolonged and serious grief reactions and may need more careful attention from home and school during these difficult times.

Tips for Children and Teens with Grieving Friends and Classmates

Seeing a friend try to cope with a loss may scare or upset children who have had little or no experience with death and grieving. Following are some suggestions teachers and parents can provide to children and youth to deal with this “secondary” loss:

- Particularly with younger children, it will be important to help clarify their understanding of death. See tips above in "Helping Children Cope."
- Seeing their classmates’ reactions to loss may bring about some fears of losing their own parents or siblings, particularly for students who have family in the military or other risk-related professions. Children need reassurance from caregivers and teachers that their own families are safe. For children who have experienced their own loss (previous death of a parent, grandparent, sibling), observing the grief of a friend can bring back painful memories. These children are at greater risk for developing more serious stress reactions and should be given extra support as needed.
• Children (and many adults) need help in communicating condolence or comfort messages. Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., “Steve, I am so sorry about your father. I know you will miss him very much. Let me know if I can help you with your paper route . . . .”) and what to expect (see "Expressions of Grief" above).

• Help children anticipate some changes in friends' behaviour. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship.

• Explain to children that their "regular" friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.

• Children need to have some options for providing support—it will help them deal with their fears and concerns if they have some concrete actions that they can take. Suggest making cards, drawings, or writing stories.

• Helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.

• Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.

• Parents and teachers need to be alert to children in their care who may be reacting to a friend's loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.

Resources for Grieving and Traumatised Children

At times of severe stress, such as the trauma of war or terrorist attacks, both children and adults need extra support. Children who are physically and emotionally closest to this tragedy may very well experience the most dramatic feelings of fear, anxiety, and loss. They may have personally lost a loved one or know of friends and schoolmates who have been devastated by these treacherous acts. Adults need to carefully observe these children for signs of traumatic stress, depression, or even suicidal thinking and seek professional help when necessary. Resources to help you identify symptoms of severe stress and grief reactions are available at the National Association of School Psychologists (NASP) Web site—www.nasponline.org.

NASP has made these materials available free of charge to the public in order to promote the ability of children and youth to cope with traumatic or unsettling times. The materials may be adapted, reproduced, reprinted, or linked to Web sites without specific permission. However, the integrity of the content must be maintained and NASP must be given proper credit.

Summary Tips for Teachers

1. If your class time is 80 minutes, the expectation would be to cover two lessons, not drag out one lesson to fill up the time.

2. Leave time to reinforce conclusions and skills at the end of each lesson.

3. Remember to make lessons age/language appropriate. If necessary, teacher must interpret lessons so students can understand.

4. Tips on how to facilitate group discussion include the following:
   • Give students examples of possible answers if no one is willing to start the discussion. You might say, “What about . . . .”
   • Keep the discussion to the limited amount of time.
   • Allow as many students as possible to participate. If one student is dominating the conversation, say, “[Name of student] has provided some great ideas. Does anyone else have an answer?”
   • If there is not enough time for all students to answer, say, “We’ve had a really good discussion. There will be time in a later activity or lesson for others to participate.”

5. Tips on using small-group work include the following:
   • Small groups are useful for encouraging student participation.
   • Divide students into equal groups (e.g., five students in each group).
   • For topics that may be gender-sensitive, separate girls and boys.
   • Note that one person may need to report back to the class, and ask students to select one person to be that reporter.
   • Encourage students to take notes if necessary.
   • Walk around during the group activity to hear what students are saying.
   • Keep small-group work to the limited time frame. Tell students that it’s okay if they didn’t get everything done before time was up. There will be time to discuss further as a class.

6. Tips on using role-playing include the following:
   • Role-playing is a useful teaching method for practicing interpersonal skills.
   • Let students know before the activity if they may be asked to role-play in front of the class.
   • Remind students of the importance of body language during role-playing and paying attention to non-verbal cues.
   • If students start to get rowdy during role-playing activities, remind them to stay on the topic, and walk around the class to help them focus.

7. Tips on using brainstorming include the following:
• Brainstorming is useful for gathering many answers in a short amount of time.
• Although a number of students may want to provide answers to your questions, this exercise should last only five minutes. You may not be able to get answers from all the students.
• Tell students after five minutes that they will have many other opportunities to provide answers.
• Give students positive feedback on their answers.
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SEXUALITY AND SEXUAL HEALTH UNIT
FORM 3 LESSONS
Note to teachers: Prior to the start of the unit, you may choose to hand out instructions for completing a unit portfolio, found on the next page, to students. The purpose of the portfolio is to allow students to collect pieces of work they completed for the Sexuality and Sexual Health Unit, assess their own progress over time, and to reflect on the skills they learned during the unit. It can also be used as part of their assessment for the unit. A rubric for assessing students’ portfolios is also included.
Portfolio for Sexuality and Sexual Health Unit

Purpose: This assignment is intended to give each of you, the students, the opportunity to reflect on all the lessons done on sexuality and sexual health. Through this portfolio, you should be able to assess your own growth and also have a collection of work that you have done during this unit. The tasks involved in developing the portfolio will include pieces of work you did as part of lesson assignments as well as work that you will do specifically for this portfolio.

Contents of Your Portfolio:

Task 1:
Title. Include a title of your choice on the cover of your portfolio.

Task 2:
A clearly stated purpose. What is the purpose of this portfolio? What do you want someone who is looking at your portfolio to know about it?

Task 3:
A table of contents

Task 4:
Four pieces of work that you completed for the Sexuality and Sexual Health Unit. For each piece of work, include a short paragraph that describes what you learned about sexuality, sexual health, and life skills in that particular lesson.

Task 5:
One reflective summary. Write a one-page summary reflecting on what you’ve learned about sexuality, sexual health, and life skills—for example, dealing with new feelings of intimacy, the media and sexual messages, STIs (sexually transmitted infections) in, and social norms and stigma. Include at least three reasons why you think understanding sexuality, sexual health, and related life skills is important.

Task 6:
Poster. Make two drawings, each one depicting a life skill that can help you maintain sexual health: examples include communication skills when talking with parents about this topic, decision-making skills to avoid risky situations, and critical-thinking skills about the media’s influence on sexual behaviour.

Task 7:
Use drawings, pictures, photographs, art, or colour to enhance any and all selections of your portfolio.
# Rubric for Assessing Portfolio: Sexuality and Sexual Health

This rubric offers one way to score students’ portfolios. Teachers may adjust the weight and criteria as they see fit.

<table>
<thead>
<tr>
<th>TASK</th>
<th>CRITERIA AND SCORING</th>
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<td>Fewer than four pieces and paragraphs included; most pieces received low to fair scores; paragraph does not explain what student learned</td>
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Sexuality and Sexual Health – Form 3 Lessons
LESSON PLAN #1

THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL

STANDARD 1: Demonstrate an understanding of human sexuality as an integral part of the total person that finds expression throughout the life-cycle.

CORE OUTCOME 2: Demonstrate awareness of the physical, emotional, and cognitive changes that occur during puberty.

Title “Continuing Life”

Age Level 13 - 14 years old

Time 40 minutes

Purpose To review the link between the biological aspects of puberty and the maturation of the reproductive organs. To teach students about the myths surrounding conception and to replace those myths with facts to encourage better-informed behaviour choices.

Overview Students will review the parts of the male and female reproductive organs from diagrams. They will review the functions of the reproductive organs and their role in conception after puberty. They will analyse myths about conception and explain how these myths can affect their sexual choices.

Specific Objectives At the end of this lesson, students will be able to:
1. Review the human reproductive system on a diagram.
2. Review the function and role of the reproductive organs during conception.
3. Use critical-thinking skills to explain myths about conception.

Resources and Materials Handouts, myth cards, diagrams of male and female reproductive organs, transparencies or slides, scriptographs of "When a Girl Grows Up" and "When a Boy Grows Up," Teacher Resource Page

Methods and Strategies Teacher presentation, group discussion, and small-group work
PROCEEDURE

**Step I Introduction and Review** (15 min.)

Conduct a review of the changes that occur during puberty:

Ask a few students to review the external (secondary) signs of puberty. Point out the internal (primary) bodily changes that also occur during puberty, which are signs that the body is maturing and capable of reproducing.

Display an overhead transparency or presentation slide of the human body and conduct a knowledge review of the structure, function, and changes of the reproductive organs during puberty. Give a completed diagram to students (OPTIONAL IF TIME ALLOWS: Give students diagrams with empty boxes to complete). (Note to Teacher: Please review conceptualisation and fertility prior to Lesson #1.)

**Step II Skill Development and Reinforcement** (10 min.)

Point out that there is a lot of wrong information about conception/pregnancy. Explain that those myths are sometimes wrongly used to influence people into having sexual intercourse.

Explain that believing in myths can lead to wrong and harmful behaviours. Emphasise the importance of making choices based on correct information.

Introduce the activity by saying, "I am sure you have heard some of these statements. Some people use them as an excuse to engage in sexual activity or to persuade someone to have sex with them."

Small-group activity (five students/group)

- Give each group at least two of the myths cards about conception/pregnancy.
- Inform students that they will be using critical-thinking skills to assess whether the statements are myths and to explain why.
- Briefly review the concept of critical-thinking skills if necessary.
- After each group member presents his or her explanation, the group will evaluate the response and come to a consensus.

**Step III Conclusion** (15 min.)

Reconvene the students. Call on a few groups to share their findings. Explain any myths that are unclear or about which students are still unconvinced.

**Step IV Assessment**

See rubric.

**HOMEWORK:**

Give each student one myth to analyse as a written assignment. **Alternative:** Have each student think about a myth and explain how he or she concluded it was false.
### Rubric for Lesson #1

<table>
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</tr>
<tr>
<td>Task #2: Homework Assignment</td>
<td>Showed strong understanding of myths about sex and sexuality</td>
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</table>

**Note to Teacher:** This material is a review for some students.
THE FEMALE REPRODUCTIVE SYSTEM

A female has about 500,000 egg cells in her ovaries at birth. These egg cells are called ova; one egg is called an ovum. During the years that females menstruate, they release only a small percentage of their ova. At puberty, a female's ovaries begin to release one ovum each month. Once that process has begun, a female is capable of becoming pregnant any time she has vaginal intercourse with a male partner. Conception occurs when a sperm cell fertilises an ovum after it has left the ovary.

Vagina
- This name is often incorrectly applied to the vulva.
- Leads to the other internal reproductive organs—the womb/uterus, etc.
- Passage way for menstruation, intercourse, childbirth.
- Not used for urination—urine passes through an opening just above the vagina, called the urethra.
- A thin membrane called the hymen surrounds the vaginal opening by the cervix. It may not be noticeable in some females. It is sometimes considered to indicate virginity, although it may also be broken, even if someone has not yet had sexual intercourse. The vagina or birth canal leads to the uterus.

Uterus
- Also called the womb; special place in the woman's body where the baby grows.
- Very low in abdomen, nowhere near the stomach. It can stretch up to the bottom of the ribcage during pregnancy.
- It is the uterus that enlarges during pregnancy, not the stomach.
- The uterus must prepare for the growth of a baby if fertilisation occurs. Hormones from the ovaries send a message to the uterus to grow a thick, soft lining of tissue and blood.
- This lining contains nutrients that are needed to nourish the egg and sperm if fertilisation occurs.
- If fertilisation does not occur, the lining breaks down and passes out as the period. The uterus branches off into two tubes.

Fallopian tubes
- Two tubes on either side of the uterus.
- Passage way from the uterus to the ovaries.

Ovaries
- Females usually have two ovaries, one on the left and one on the right side.
- Reproductive glands, start producing hormones at puberty.
- An ovary holds about 250,000 ova (eggs) until puberty when they start maturing and being released one per month.
Ovum

- Also called an egg cell. Plural form is ova.
- Special cell that, when united with a male sperm cell, can create a baby—this process is called fertilisation, or conception. It is described as becoming pregnant.
- All girls are born with their reproductive organs and egg cells, but these do not start to develop and function until puberty.

THE MALE REPRODUCTIVE SYSTEM

A male is born with two round glands, called testicles, located in the lower part of his body, near his penis. The penis is a highly sensitive part of a male's body, especially the head of the penis, called the glans. The penis has one opening that performs two functions—release of urine or release of sperm in seminal fluid. These functions don't occur simultaneously.

At maturity a male's testicles begin to produce and store millions of sperm cells. Unlike the female's reproductive maturity, which starts with a period, this point of maturity has no major sign to mark its coming. Sperm cells can only be produced at 96.6 degrees Fahrenheit—two degrees below normal body temperature. The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles farther from the body when it is hot to keep them at the right temperature for sperm production and storage.

When a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.

If ejaculation occurs inside a female's vagina or near its opening, sperm can swim up into the female's fallopian tubes. If there is an ovum in the fallopian tube, conception occurs when the sperm fertilises the egg cell. Conception can also occur before ejaculation, when a small amount of sperm fluid is released.

(Introduce diagrams showing the internal reproductive organs.)

Penis

- External male sex organ.
- Inside the penis are three large vesicles that engorge with blood, making it erect or hard.
- A penis can become erect in reaction to cold or the urge to urinate, during sleep cycles, and from sexual arousal.
- During puberty, erections can occur for no particular reason and without warning, because of the rush of blood that fills the penis.

Urethra

- A tube down the centre of the penis.
- The semen or sperm fluid containing sperm is ejaculated through the urethra—the same tube that allows for urination.
- A male cannot ejaculate and urinate at the same time. Nature devised a special valve that shuts off the possibility of urination during ejaculation.
Testicles (or Testes)

- Singular is testicle (or testis). Connected to the base of the penis. Located between the legs.
- Two almond-sized glands, protected by a sac called the scrotum.
- The scrotum helps to regulate the temperature of the testicles. Testicles need to be kept slightly cooler than the rest of the body.
- In boys, the pituitary gland sends a message to the testicles to start releasing more testosterone. The testicles begin to produce sperm—the male reproductive cell.

Sperm

- The male reproductive cell.
- Males are not born with sperm cells; they develop at puberty.
- Sperm from the testicles move to the epididymis where they mature.
- In an ejaculation, sperm from the epididymis move through the vas deferens to collect semen—a whitish-yellow fluid that nourishes the sperm.
- Healthy adult males can produce 250 to 500 million sperm at a time.

Semen

- A creamy-white fluid containing sperm.
- Is a combination of fluids produced from three glands—the prostate, the seminal vesicles, and the Cowper’s glands.
- Sperm makes up about 1 percent of the ejaculatory fluid; the rest of the fluid is semen.
- During ejaculation sperm is released from the male penis with semen.

CONCEPTION/FERTILISATION

Fertilisation occurs when the sperm meets the egg. Usually this occurs during sexual intercourse, when the penis is inserted inside the vagina and an ejaculation occurs. Sperm swim through the vagina and uterus to find an egg in the fallopian tube. Sperm can live about three to five days inside a woman’s reproductive system. So, if the egg is not present at that particular moment, the sperm may be able to fertilise an egg released in the following days. An egg is fertilised in the fallopian tube. Within a few days, it attaches itself to the thickened lining of the uterus. It takes about 40 weeks for the fertilised egg to become a fully developed baby.

The consequences of sexual intercourse can be very big! An individual should not have sexual intercourse unless he or she is emotionally, physically, mentally, and financially ready.

HUMAN REPRODUCTIVE ORGANS

FEMALE

http://www.natracare.com/
HUMAN REPRODUCTIVE ORGANS

FEMALE

OVUM

The egg or Ovum
HUMAN REPRODUCTIVE ORGANS

MALE

Sperm

Sexuality and Sexual Health – Form 3 Lessons
HUMAN REPRODUCTIVE ORGANS

MALE

Sperm

Head

Middle piece

Tail
1. Analyse information presented for its elements and interrelated parts: Think carefully about what the statement is saying about the chances of sperm (male) meeting (sexual activity) egg (female).

2. Assess information based on existing knowledge, beliefs, attitude: Review the information about how conception/pregnancy can occur.

3. Critique information using relevant and credible criteria: What are the possible ways or means by which sperm can meet the egg: e.g., standing up will not make the sperm change direction; douching will push sperm farther inwards.

4. Evaluate the critique, determine the conclusion: Pregnancy can occur. Present explanation.
MYTHS AND FACTS
Feel free to select this group or to change the wording to local cultural terms. This depends on your knowledge, comfort level, and school culture.

PRINT AND CUT ON DOTTED LINE

1. Everyone you know is doing it.

2. Others can tell if you’re a virgin or not.

3. You’re a prude if you want to wait until you’re older.

4. Movies and TV portray sex as it really is.

5. Sex is the most important thing to a teen.

6. You can’t get pregnant the first time you have sex.

7. Drinking and drugs make sex much more fun.

8. The only way you can contract an STI is by having unsafe sex with more than one person.
9. Guys get terrible pain “down there” if you get them worked up but don’t have sex with them.

10. Girls never pressure guys to have sex—pressure always comes from the male.

11. A girl can’t get pregnant if she has irregular periods or if she has sex during her period.

12. A girl can’t get pregnant if it is the first time she or the boy is having sex.

13. If a male doesn’t cum (give off liquid) or have an orgasm (“good feeling”), the female won’t get pregnant.

14. If the male “pulls out” before ejaculating, the female cannot get pregnant.
SEX MYTHS AND FACTS

1. **MYTH:** Everyone you know is doing it.
**FACT:** Consider the statistics. More than half of teenagers are virgins until they're at least 17 years old. Don't believe everything you hear. People lie, and exaggerate, and can talk a good game when it comes to sexual antics. In the end, it doesn't matter who's telling the truth or not. The only truth that matters is what's best for you.

2. **MYTH:** Others can tell if you're a virgin or not.
**FACT:** Look in the mirror. Is there a sign on your forehead that says “Virgin!” or a big “V” sewn onto your shirt? With sex, it's really tough to tell how experienced anyone is. Often, the people who talk the most about sex have the least real knowledge of it. Whether you've had sex or not, you should never be ashamed of your “status.” It's who you are. Regardless of how many people give you a hard time about it, you have to make the choices that are right for you. It's much more important to be healthy and happy.

3. **MYTH:** You're a prude if you want to wait until you're older.
**FACT:** Actually, you're smart. Most people who have their first sexual experience after the age of 18 report it being positive and meaningful. The likelihood of being more mature, and the likelihood of your romantic relationships being more committed and open, reduce the chance of sex regrets. Your early sexual experiences will shape your sexual attitudes for years to come.

4. **MYTH:** Movies and TV portray sex as it really is.
**FACT:** Movies and TV are entertainment, not instructional sex ed films, and are designed to give us all an escapist fantasy. Maybe we'd all like sex to involve hot music, great lighting, and no talk of STIs or birth control, but we can't forget the difference between this dream world and reality. Sex is never what it is on the big or small screen, or even in books or magazines. Whether it's awkward, embarrassing, hysterical, disastrous, mediocre, or earth-shatteringly fabulous, it's different for every two people, every time, with different emotions, experiences, and circumstances. It's more complicated.

5. **MYTH:** Sex is the most important thing to a teen.
**FACT:** Nobody likes to be generalised, and as we hope you know by now, every individual is different. Sure, it’s important. Sure, the average teen fights a Death Match with hormones on a daily basis. But that doesn’t mean she or he values someone's companionship, trust, friendship, or love more than the mattress mambo. If someone acts like a sex machine in front of friends, chalk it up to peer pressure and get to know what really matters to him or her.

6. **MYTH:** You can't get pregnant the first time you have sex, or by doing it standing up, or when you’re drunk, or if you're having your period, or if you have irregular periods, or if you've recently had a child, or by doing it in a hot tub . . .
**FACT:** The truth is, you can get pregnant any time you have sex (unless, of course, you're already pregnant) Even if you use a condom or other form of birth control, you can still get pregnant. The only 100 percent foolproof method of preventing pregnancy is by NOT having sex. So if you choose to have sex, regardless of when and how, know what you might be getting yourself into.
7. **MYTH:** Drinking and drugs make sex much more fun.
**FACT:** If you're in the haze of being under the influence, this myth may seem true. But here's the reality: Substance use causes impotence, premature ejaculation, inability to orgasm, and other not-so-fun side effects. It might feel good to have your inhibitions washed away by alcohol or drugs, but that also means you're less likely to practise safe sex. So you might end up with the ultimate side effect: an STI or unplanned pregnancy. People are also much more likely to be victims of rape and assault when substance use mixes with sexual activity.

8. **MYTH:** The only way you can contract an STI is by having unsafe sex with more than one person.
**FACT:** It's a cliché, but it's true: All it takes is one time, with one person. With some STIs, you don't even have to have intercourse to be exposed to a sexually transmitted disease. Obviously, the more partners you have, the better your chance of getting an STI, but in the end (like getting pregnant), the magic number is One.

9. **MYTH:** Guys get terrible pain “down there” if you get them worked up but don’t have sex with them.
**FACT:** If you ask your mom, older sister, or another older relative, they'd probably tell you they’ve heard the same thing. This is a time-honoured myth about sex. It’s true that guys will have some discomfort and muscle tension when they're sexually aroused, but it will go away. It won’t kill them, and it's definitely not worth doing something you don’t want to do just to cure a guy’s “blue balls.”

10. **MYTH:** Girls never pressure guys to have sex—pressure always comes from the male.
**FACT:** Again, there's that generalisation thing causing lots of trouble. Every person, and every combination of two people, is different. Pressure can come from anyone, regardless of gender, sexual experience, or age.

11. **MYTH:** A girl can’t get pregnant if she has irregular periods or has sex during her period.
**FACT:** The reality is that there is no time in a girl's menstrual cycle when it is completely “safe” to have sex, and a girl can get pregnant at any time.

12. **MYTH:** If you really loved someone, you’d want to sleep with that person.
**FACT:** Loving someone and being ready to have sex with that person are two different things. If you know you love someone deeply, try to concentrate on other ways to express it until you both know you’re ready. If someone you love is pressuring you to take that step, and possibly even threatening to dump you if you don’t, it says a lot about how he or she loves you back. Intimacy is about communication, trust, and respect. In the end, if someone really loves you, he or she will be willing to wait.

14. **MYTH:** If a male doesn’t cum (give off liquid) or have an orgasm (“good feeling”), the female won’t get pregnant.
**FACT:** During sexual excitement, the penis leaks seminal fluid. This is called pre-ejaculate or “pre-cum.” It may have sperm in it from a previous ejaculation, and it can cause a pregnancy.
15. **MYTH:** If the male "pulls out" before ejaculating, the female cannot get pregnant.

**FACT:** If a guy withdraws ("pulls out") his penis before ejaculating, it is still possible for the girl to get pregnant as sperm can "leak" from the penis before ejaculation.
LESSON PLAN #2

THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.

CORE OUTCOME 2: Demonstrate use of strategies for recognising and managing sexual feelings and behaviour.

Title “More Than Friendship”

Age Level 13 - 14 years old

Time 40 minutes

Purpose To help students recognise and manage the emotional changes that come with puberty. Romantic feelings begin to emerge, and there is a preference to interact on an individual level as opposed to just in a group. To help students examine the dynamics of these relationships, develop skills for healthy interactions, clarify their values, and identify appropriate and satisfying ways of dealing with their feelings.

Overview Adolescents will experience feelings of intimacy toward the opposite sex as they experience the hormonal changes of puberty. In small groups, students will examine the differences between friendship and intimacy in relationships and use a worksheet to develop strategies for dealing with intimate feelings and relationships.

Specific Objectives At the end of this lesson, students will be able to:

1. Demonstrate an understanding of the idea that sexuality is expressed in different ways throughout the life cycle.
2. Distinguish between feelings of friendship with opposite-sex friends and romantic feelings/love.
3. Develop self-management skills for dealing with intimate feelings.

Resources and Materials Identifying and Managing Feelings, and Managing Feelings 2 worksheets, and Teacher Resource Page

Methods and Strategies Small-group discussion, worksheet completion, and video “The Teen Years” (optional)
**PROCEDURE**

**Step I Introduction**  
(10 min.)

Tell students that in the last lesson they talked about myths related to sexuality. Read the "If you really loved someone, you’d want to sleep with that person" myth to start this lesson. Remind students why they decided this statement was a myth.

Write the word "sexuality" on the board. Ask students to recall different aspects of sexuality (human development, relationships and emotions, sexual behaviour, sexual health, and sexual violence) and how it can mean different things. Briefly mention the circles of sexuality, focusing on the circle of intimacy. Describe expressions of intimacy.

Remind students that puberty occurs at different rates and different times for each person. As they go through puberty they will experience a new set of feelings or emotions that are different from before, and that are different from what they feel with friends. They now have the capacity to enter into intimate relationships, but they need to examine these feelings of intimacy and learn how to handle them.

**Step II Skill Development and Reinforcement**  
(20 min.)

Have students form small discussion groups.

Distribute the Identifying and Managing Romantic Feelings worksheet.

Tell students they will think about how someone their age can use self-management skills to manage new feelings or emotions in their relationships with others.

Ask students to complete the Identifying and Managing Romantic Feelings worksheet by filling in the remaining statements the boys would probably make.

Ask them to answer the questions on the worksheet by using these self-management steps:

**STEP 1:** Identify and describe the romantic feelings and feelings of intimacy that are emerging, and compare them with friendship-statements or thoughts (e.g., I feel ____ , I want to be ____ ).

**STEP 2:** Examine responses to romantic feelings. Think of some ways in which people your age express intimacy and romantic feelings to others (e.g., sharing romantic thoughts and feelings on the phone; physical closeness; being together while excluding others; hugging and kissing; talking about sexual feelings; getting involved in sexual activity; having sexual intercourse). Some people will choose not to act on these feelings.
STEP 3: Assess the positive and negative aspects (consequences) of these behaviour choices—look at them from many angles: Does it match your values? Is there any benefit or satisfaction? Would my parents approve? Are there any negative outcomes, disadvantages, etc?

"If I choose not to act on my feelings ____, then I may feel ____.”
"If I choose not to act on my feelings ____, then I would be able to ____.”

STEP 4: Make personal choices based on your assessment and choose whether or not you would act on your feelings at this time. Choose the interpersonal behaviours that you want to happen, that you can manage, and that are appropriate and legitimate.

STEP 5: Act on your choices. If you don’t get the outcome you expected, examine the situation again.

After 15 minutes, ask them to stop their discussions.

Step III Conclusion (10 min.)
For the last 10 minutes of class, ask one or two groups to report back on how they answered the questions on their worksheet.

OPTIONAL IF TIME ALLOWS: Show the video “The Teen Years” to conclude the lesson.

Assessment
See rubric.

HOMEWORK: OPTIONAL HOMEWORK: Have student fill out the “Managing Feelings 2” worksheet.

RESEARCH ASSIGNMENT FOR NEXT CLASS: Hand out Song Survey Forms and Advertisement Survey Forms. Ask each student to choose one advertisement (e.g., in a magazine) or a song that he or she thinks demonstrates how the media deliver negative messages about sexuality. Ask students to use this song or advertisement to fill out the survey form, which they’ll discuss in the next class. If possible, they should also bring a copy of the advertisement or song lyrics to the next class.
# Rubric for Lesson #2

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Adolescent Friendships and Intimate Relationships

Key Messages

Having feelings toward the opposite sex is a natural part of adolescent development that is linked to physiological changes during puberty. Maturational changes during puberty prepare the body to carry out reproductive functions. Remember that:

- Having a desire to interact with the opposite sex is normal.
- Psychosocially, adolescents are often not ready to deal with permanent relationships.
- Romantic feelings for one person are often short-lived.
- Adolescents need to manage the expressions of their romantic feelings until they are ready to deal with the outcomes.

Gender Differences

Friendships differ from other relationships in terms of intimacy. Intimacy is expressed differently in boy/boy, girl/girl, boy/girl, and boyfriend/girlfriend relationships. Boys and girls show intimacy among friendships differently. Friendships for children become more important as the child grows older. Several developmental studies have shown that intimacy among friendships begins in early adolescence. Parents still influence the adolescent, but the importance of friendship heightens (Phillipsen, 1999).

Intimacy, when speaking of friendships, is characterised by:

- Self-disclosure
- Closeness
- Mutual assistance and loyalty

According to Selman, an expert in the area of adolescent friendships, boys and girls were observed as showing intimacy in different ways (Selman, 1953 in Shulman, 1997).

Female Friendships and How Females Interact

Girls’ friendships are characterised by having higher levels of intimacy with an emphasis on closeness with their friends. Researchers have defined emotional closeness as having qualities in a friendship such as:

- Caring for a friend
- Saying nice things about one another
- Enjoying being with a friend
- Being available to talk to when needed (Shulman, 1997)
Conversations about themselves and less personal topics are one way that girls show intimacy in their friendships. If girls report having a very close friend, their conversations consist of feelings and emotions.

**Male Friendships and How Males Interact**

Boys show intimacy in their friendships differently than girls do. Boys are more assertive in their communications (Phillipsen, 1999). Their means of communication within their friendships involve direct demands or orders, and boys are likely to:

- Interrupt
- Threaten
- Heckle
- Name-call toward same-sex friends (Phillipsen, 1999)

Instead of sitting down and sharing intimate conversations, boys express themselves intimately through *shared activities* such as playing basketball or football. A study by McNelles and Connolly (1999) observed that boys occasionally discuss topics such as their feelings and self-disclosure, but this occurs more when participating in an activity rather than just talking.

Boys are more likely to tease or joke with friends about personal matters. Boys concentrate on establishing their individuality. It is more important to be themselves rather than to fit into a social crowd. Boys tend to “play” and talk to one another when in large groups or crowds.

**Summary of Friendship Differences**

Closeness and individuality are important in establishing intimacy for both boys and girls. The technique of sharing intimacy among friends is shown differently in the two groups.

Developing friendships is important during the transitional stage of adolescence. Those who don’t develop friendships will later have difficulties being close to anyone and may have poor negotiating skills (Shulman, 1997).

It was noted that the different communication skills found between men and women in adulthood emerge in adolescent interactions (Phillipsen, 1999). Over time, as adolescents move into adulthood and opposite-sex intimate friendships, they’ll converge their interaction styles and find common grounds as they develop intimate relationships as adults (McNelles, 1999).
Differences and Similarities Between Interacting with Friends and with Boyfriends/Girlfriends.

Which relationship traits would you expect to see in the different types of relationships?

- Mutual respect for one another
- Someone to share secrets with
- Keeping confidences
- Support when you have a problem
- Someone to do things/go places with
- Someone to talk to
- Talking mostly about feelings for each other
- Someone to learn from
- Someone to make you laugh
- Someone who helps you not feel lonely, helps you feel part of a group
- Wanting to be alone, excluding others
- Someone who makes you feel good
- Disagreeing with respect
- Accepting you for who you are
- Having romantic/love feelings
- Wanting close physical contact—touch, hug, kiss
- Having sexual feelings, desires
- Using pressure to have sex as a love test
- Feelings of jealousy if one person interacts with another person

Circle #2 from Circles of Sexuality – Sexuality Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include:

- Sharing: Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.
- Caring: Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.
- Liking or loving another person: Having emotional attachment or connection to others is a manifestation of intimacy.
- Emotional risk-taking: To have true intimacy with others, a person must open up and share feelings and personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close with another person without being honest and open with her or him.
- Vulnerability: To have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable—the person with whom we share, about whom we care, and whom we like or love, has the power to hurt us emotionally. Intimacy requires vulnerability, on the part of each person in the relationship.
References
Identifying and Managing Romantic Feelings

Complete the scenes below by filling in what you think Romeo and Mario are saying to each other.

Romeo and Mario are good friends who go home together after school. Romeo is a bit quiet this afternoon.

What's up, Ro! The man quiet today.

Giselle asked me to walk her to the bus stop, and I told her I couldn’t, because we always move together. But I really ......

Giselle! But we hate those girls, especially Giselle. Well, of course Marissa plays with us, she is like one of the fellows.

Marissa is safe. But with Giselle, it is really different. We have been smiling at each other in class and trying to be in the same group in science. My heart beats faster when ...

When we talk on the phone she says she...

I think I know what you mean. I think I am in love with Marissa’s friend, Richanna. Every time I see her...

I don’t feel that way about Marissa. With Marissa, I can...

But, with Richanna ...

So what will happen next? How do these things go? What about the girls? I don’t want to get hurt by no girl.

What are some of the new feelings the boys are experiencing?

How might it be different if they were girls?

What are some of the ways in which they may express their feelings?

In your own opinion, which of these expressions are okay and which are not? Give your reasons.

Complete this statement: If I were (name of character), I would express or manage my feelings by...

---

Sexuality and Sexual Health – Form 3 Lessons

28
Hello J,

I am 14 years old and am doing well at school. I have lots of friends, but even though we do things together, it does not stop me from getting through my work.

Recently I saw someone at school that I never noticed before. We smiled at each other one day, and my heart just flipped. Both of us seemed nervous, but we talked one day and exchanged telephone numbers. All of a sudden, everything seemed to change. I can’t focus on my work and have been avoiding my friends.

Can you tell me what’s going on with me? How do I let the person know how I feel? Suppose M does not feel the same way? What about my parents?

Hopelessly in Love

Dear Hopelessly in Love,
HOMEWORK:  Song Survey Form  
If you choose a song, fill out the survey form below:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 What is the title of the song?</td>
<td></td>
</tr>
<tr>
<td>2 Have you heard this song before?</td>
<td>□ yes □ no □ not sure</td>
</tr>
<tr>
<td>3 How many times?</td>
<td>□ a few times □ often □ not at all</td>
</tr>
<tr>
<td>4 Why do you think people your age are attracted to it?</td>
<td></td>
</tr>
<tr>
<td>7 What message did you get from the song lyrics?</td>
<td></td>
</tr>
<tr>
<td>8 What are some of the words that indicate the message?</td>
<td></td>
</tr>
<tr>
<td>9a What message do you get from this song about relationships?</td>
<td></td>
</tr>
<tr>
<td>9b What message do you get from this song about taking part in sexual activity?</td>
<td></td>
</tr>
<tr>
<td>9c What message do you get from this song about money?</td>
<td></td>
</tr>
<tr>
<td>9d What message do you get from this song about clothes and how to dress?</td>
<td></td>
</tr>
<tr>
<td>10 Does the song encourage responsible behaviour or irresponsible behaviour? Why do you say that?</td>
<td>😊 Responsible 😞 Irresponsible</td>
</tr>
</tbody>
</table>
HOMEWORK: Advertisement Survey Form
If you choose an advertisement, fill out the survey form below:

What Is This Advertisement Saying?
Answer all questions as best as you can.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Have you seen this advertisement before?</td>
<td>□ a few times □ often □ never</td>
</tr>
<tr>
<td>2  Why might people your age be attracted to this advertisement?</td>
<td></td>
</tr>
<tr>
<td>3  What props (objects, words, signs) are being used, e.g., men, women, children, background/scenery (moonlight, sea, bedroom, street, restaurant, etc.)?</td>
<td></td>
</tr>
<tr>
<td>4  What messages do you think these props are sending?</td>
<td></td>
</tr>
<tr>
<td>5  What decision is the advertisement trying to influence people to make?</td>
<td></td>
</tr>
<tr>
<td>6  What are some of the benefits of the product as suggested in the advertisement?</td>
<td></td>
</tr>
<tr>
<td>7  What messages might people your age get from this ad?</td>
<td></td>
</tr>
</tbody>
</table>
LESSON PLAN #3
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 2: Analyse the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

CORE OUTCOME 2: Demonstrate skills to counter the negative influences reaching youth through personal beliefs, media, money, marketing, and technology.

Title “Media and Sexuality Messages”

Age Level 13 - 14 years old

Time 40 minutes

Purpose To help students recognise how the media, money, marketing, and technology influence their thoughts and behaviours and to identify ways to counter these influences.

Overview In small groups, students select one advertisement or song from their group's homework and finish completing the survey about the messages the song or advertisement is conveying. They analyse their findings for messages that could negatively influence adolescents and their beliefs about sexuality. They will use creative thinking to change the song or advertisement so that positive messages are conveyed.

Specific Objectives At the end of this lesson, students will be able to do the following:

1. Identify how media (through music and advertisements) convey messages about sexuality.
2. Use creative thinking to consider how the songs and advertisement with negative messages can be changed so that they are more positive.

Resources and Materials Teacher Resource Page

Methods and Strategies Research, small-group work, class discussion, and reading of Teacher Resource Page
**PROCEDURE**

**Step I**
**Introduction**
(15 min.)

Ask students to take out the survey forms they filled out for homework and copies of the advertisements or song lyrics they selected as examples of how media deliver messages about sexuality to adolescents their age.

Tell students that, in groups, they will select ONE song or advertisement from their group to focus on. They will then use creative-thinking skills to develop a new advertisement or song that conveys positive messages about sexuality.

Divide students into groups. Ask them to spend about 10 minutes reviewing each of their homework forms and the songs/advertisements they each selected. Ask them to select ONE song or advertisement that they think best represents how the media deliver messages about sexuality to young people.

After students have selected their song or advertisement, they should fill in any questions on the survey forms that may be incomplete, gathering a consensus on how each question should be answered.

Select one or two groups to report on the song or advertisement they selected and to present any negative messages conveyed by a song or advertisement and its possible impact on adolescent behaviours.

**Step II**
**Skill Development and Reinforcement**
(10 min.)

Tell students to use their creative-thinking skills to think about how their song or advertisement could be changed to convey positive messages about sexuality.

Review the steps to creating thinking.

**Step III**
**Conclusion**
(10 min.)

Select one or two groups to share how they changed their song or advertisement. Other groups can post their advertisements or lyrics on the wall for others to view later.

**OPTIONAL:** Groups can share their new songs or advertisements if there is time.

**Assessment**

See rubric.

**HOMEWORK:** Instruct the students to write a journal report about what they learned from their research and whether negative influences can cause people to behave differently from the way their values would indicate. The students should write about one strategy to use to prevent themselves from being negatively influenced by these media messages.
## Rubrics for Lesson #3

### RUBRIC TO ASSESS WORKING COLLABORATIVELY IN GROUPS

<table>
<thead>
<tr>
<th>Skills</th>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Helping:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teacher observed the students offering assistance to one another.</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td><strong>Listening:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teacher observed students working from one another's ideas.</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td><strong>Participating:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teacher observed each student contributing to the project.</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td><strong>Persuading:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teacher observed the students exchanging, defending, and rethinking ideas.</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td><strong>Questioning:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teacher observed the students interacting, discussing, and posing questions to all members of the team.</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td><strong>Respecting:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teacher observed the students encouraging and supporting the ideas and efforts of others.</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td><strong>Sharing:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teacher observed the students offering ideas and reporting their findings to one another.</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
</tbody>
</table>

**Total Points**
<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest score</td>
</tr>
<tr>
<td>Task #2: Homework Assignment</td>
<td>4</td>
</tr>
</tbody>
</table>

**Task #2: Homework Assignment**

- **Demonstrated strong understanding of the media's role in conveying messages about sexuality and of the impact that negative influences can have on one's values**
- **Demonstrated fair understanding of the media's role in conveying messages about sexuality and of the impact that negative influences can have on one's values**
- **Demonstrated limited understanding of the media's role in conveying messages about sexuality and of the impact that negative influences can have on one's values**
- **Demonstrated no understanding of the media's role in conveying messages about sexuality and of the impact that negative influences can have on one's values**
Teacher Resource Page - Lesson #3

Steps in the Creative-Thinking Process

1. **CREATIVE THINKING STARTS WITH A PROBLEM. IT IS IDENTIFIED, CONCEPTUALISED, OR EXISTING.**

2. Brainstorming: Generate as many solutions as possible for the problem.

3. Incubation: Mull over or incubate (think of) solutions. Examine solutions from all points of view for novelty, originality, value, and consequences. How can we develop a solution (e.g., a jingle/direct appeal) that will appeal to someone my age? What would make it attractive?

4. Select the most creative solutions or ideas.

5. Rate the solutions in terms of feasibility: what is needed to implement them, how appropriate they are in solving the problem, and what the possible consequences are.

6. Rank and select the best solution or idea to apply to the problem.

7. Perceptual checking/feedback: Check the extent to which the solution addresses the problem.
Researchers consistently mention the high incidence of sexual portrays in music videos, with most types of videos implicated in this. Rap, hip-hop, rock, pop, country and western and dancehall are all guilty of portraying fairly heavy doses of sex in their music videos. Research findings have shown that as much as 75% of concept music videos (those with a story line) contain sexual images. A 1995 research report out of John Hopkins noted that only about 1% of sexual messages viewed will discuss contraception or safe sex. Let me tell you what some of the adolescents in my study had to say about sex in music videos.

“Well you see because most of the videos giving the sex appeal thing, it’s making most of us going and thinking that sex is alright but what they doing is having unprotected sex and therefore they can get AIDS.”
- Middle income Girl in 16 to 19 years age range living in tourist capital

“Because the videos influence the man and the man now will say, ‘She talking about do it to me baby’ and he’s talking about sex, so have sex.”
- Girl in to 10 to 12 years age range living in inner-city Kingston

“In terms of the sex part the girls get more active nowadays because of the music videos.”
- Rural, lower income Boy in the 16 to 19 years age range

“Well, it seem like every music video startin’ to depict sex, you rarely see anything that don’t turn sex in it.”
- Rural, lower income Boy in the 16 to 19 years age range

“Some of the dancehall videos they sorta advocate the sexual abuse of women. I don’t think it’s nice. They never uplift women.”
- Urban, middle income Girl in the in the 16 to 19 years age range

“Instead of having the men around the women, they are making the women go with women in some of these videos which is promoting the gay thing. In like a lot of the videos you see the women rubbing up with the women and dancing.”
- Urban, middle income Girl in the 16 to 19 years age range

What do these statements tell us? The adolescents believe that music videos give them the OK to have sex, after all everybody they see in these videos are ‘doing it’, furthermore the videos encourage unprotected sex since as one girls pointed out, you hardly ever hear a video talking about use a condom. Interestingly, even the young ones in the 10 to 12 years age range mentioned the ways in which music videos are beginning to promote homosexuality.
We hear girls blaming the way men behave on what they see and hear in the music videos. And we hear boys blaming the increased sexual activity among girls as a consequence of what these girls see portrayed in the videos. One really bright and eloquent older adolescent boy told me that in his attempts to court a girl he presented himself as someone very driven. Her response was that rather than a man who is 'driven', she prefers a man who drives. So a hard working man is no longer an attractive option, rather it’s men like those in the videos that girls aspire to catch: The ones with the fancy, fast cars, the bling and the 'bitches'—that’s how women are referred to in many of the rap/hip-hop songs.

Yet despite all the criticisms adolescents across the social and gender divide heaped on music videos, across the board they love them. They feel music videos are for young people and adults just don’t get it. “It’s a bunch of noise to them.” They show resentment toward these videos because I guess it’s the era in which they grew up…so they not used to it. So it seems foreign to them. For example this forwardness with sex.” When asked to use one word to describe how they feel about music videos, the vast majority of responses were positive. Eighty three (83) positive responses were expressed, compared to only 12 negative ones. Music videos made them feel good and were entertaining and exciting. Middle class girls were the ones most offended by these videos and expressed most of the negative comments, using words such as anger, disgust and confusion to describe how music videos made them feel. Other questions brought out ways in which adolescents use music videos to learn how to 'hug and kiss a girl' as one boy said, what types of fashions to wear, how to dance and generally how to behave toward the opposite sex.

Although this is being increasingly challenged, adolescence is generally accepted as a time of 'storm and stress'. The bio-psycho-social changes which take place during this period of life can leave adolescents confused and searching. Many of them turn to the popular culture of music videos to answer some of their questions like, “Who am I”, “Should I have a boyfriend/girlfriend?”, “How should I behave toward this person?” “What are the things I should aspire for in life”, “What types of behaviours are accepted by society.” If they use what they see in most music videos to answer these questions, they along with the rest of us are in for problems. As I said earlier, research has shown that 75% of concept videos contain sexual content. But what do these images usually depict? Certain genres of music such as rap/hip hop are often criticized for mainstreaming the pimp culture and primarily portraying black women as 'hoes'. It is established that these are the kinds of videos which are regularly aired by BET. Using Jamaican adolescents as a case in point where BET is very popular, we have young men exposed to messages which tell them it’s normal and honorable to pimp their way to success and young girls believing that transactional sex is an acceptable way to live. Your body is your most marketable commodity and you sell it to the highest bidder.

The further impacts of these messages on young people have helped to push the rate of growth of HIV/AIDS as fastest growing among young women.
Researchers consistently mention the high incidence of sexual portrays in music videos, with most types of videos implicated in this. Rap, hip-hop, rock, pop, country and western and dancehall are all guilty of portraying fairly heavy doses of sex in their music videos. Research findings have shown that as much as 75% of concept music videos (those with a story line) contain sexual images. A 1995 research report out of John Hopkins noted that only about 1% of sexual messages viewed will discuss contraception or safe sex.

The wonton selling of sex and the shameless targeting of our children with messages which contribute to their ill health, physically and emotionally, should not be the kind of legacy this generation of Caribbean media practitioners should be proud to leave. Coupled with this awakening of consciousness, broadcasters and narrowcasters, like cable operators, need to begin to recognize the importance of media literacy. In this time of ‘media plenty’ and reduced ability to monitor what children see and hear on television, we can’t pretend that they will not be exposed to certain kinds of content which may be deleterious to their health. Providing them with tools to better understand and interpret what they see will help them to make more informed assessments of this content. Media literacy puts children in a stronger position to negotiate their way through television content which is often laden with layers and layers of meanings, and none more so than those in advertisements and music videos. So there’s hope, there are solutions. Let’s not wait on Broadcasting Commissions to force feed us into them.
LESSON PLAN #4

THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 2: Analyse the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

CORE OUTCOME 1: Critically analyse the impact of personal beliefs, media, money, technology, and entertainment on early sexual involvement

Title

“Technology and Responsible Sexual Behaviour”

Age Level

13 – 14 years old

Time

40 minutes

Purpose

To help students analyse personal beliefs and external influences on expressions of sexuality.

Overview

Traditional values in the expressions of sexuality are being threatened by the influences of media, technology, the entertainment industry, and money. Adolescents need to be aware of how their personal beliefs are being influenced by these outside elements, which can lead youth their age into early sexual involvement and other negative sexual choices.

Specific Objectives

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

1. Use critical-thinking skills to assess how technology can be used irresponsibly and can lead to negative sexual situations or choices.
2. Analyse the impact of technology on early sexual involvement.

Resources and Materials

Scenario “Look What Someone Sent Me on My Cell Phone!”

Methods and Strategies

Brainstorming, large-group discussion, group work, and Teacher Resource Page

Step I Introduction (10 min.)

Ask students to think about reasons why girls or boys their age might decide to become sexually active. Answers may include pressure from friends, finances, or someone they want to have a relationship with: love, etc.

Inform students that even though people hold certain beliefs, they sometimes behave contrary to these beliefs. Explain that they will use critical-thinking skills to examine how technology can make people behave irresponsibly, and even contrary to their beliefs.

Ask students to recall the steps in critical thinking (see Note to Teacher).
Review each step and allow students to explain what is required in each step. Provide help only if they are incorrect. Briefly review each step orally.

**Step II Skill Development and Reinforcement (20 min.)**

Read the scenario on the Teacher Resource Page to the students. You may adapt the language so that it is most appropriate for your students.

Divide students into small groups and ask them to answer the following questions using critical-thinking skills:

- Analyse: What was happening in the scenario?
- Assess: Why do you think the students in the photos did what they did?
- Critique: How were the people having their photos taken acting irresponsibly? How might the existence of these photos affect the behaviour of other teens who see them?
- Critique: How were the people taking the photos acting irresponsibly? Are their acts illegal?
- Conclude: What might be the consequences of this behaviour to the girls in the photos? For example, they could get in trouble at school and home; their reputation would be tarnished. What could be done to prevent such activities from continuing or happening more widely?

**Step III Conclusion (5 min.)**

Tell students that as technology such as cell phone cameras and the Internet become more widely available and used, adolescents may feel lured into participating in activities that are irresponsible and dangerous. As other adolescents see these videos or photos, they may start to feel it is “okay” or “normal” to engage in these behaviours. However, as they’ve discussed, such actions may not only be illegal—but can also lead to negative consequences for everyone involved.

**Assessment**

Homework will be used for assessment. See Rubric.

**HOMEWORK:** Write a letter to the newspaper, the headmaster of your school, or the Minister of Education, expressing your views on the influence of the media on adolescent sexuality and whether banning cell phones is the answer. Make some suggestions as to how early sexual involvement can be stopped. Alternatively, students can make a presentation to the class or at an assembly.
### Rubric for Lesson #4

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest score</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Task #1:</td>
<td>Participated appropriate amount; demonstrated insightful thinking on technology and irresponsible sexual behaviour</td>
</tr>
<tr>
<td>Class Discussion</td>
<td>Demonstrated strong creativity and thought</td>
</tr>
<tr>
<td>Task #2:</td>
<td>Demonstrated strong creativity and thought</td>
</tr>
<tr>
<td>Homework Assignment</td>
<td>Demonstrated strong creativity and thought</td>
</tr>
</tbody>
</table>
Scenario

“Look What Someone Sent Me on My Cell Phone!”

Students in [Country 1] have been receiving and circulating photos of themselves and other students on their cell phones and through the Internet and e-mail. Some of the photos that have been circulated most widely are of girls in Form 2 and Form 3 dressed in revealing outfits and posing in sexually suggestive ways. In some of the photos, they are with older boys, hugging and kissing them. The photos also show them holding and drinking what look to be alcoholic drinks.


Steps in the CRITICAL THINKING process:

1. ANALYSE INCIDENT PRESENTED FOR ITS ELEMENTS AND INTERRELATED PARTS: Read the article carefully and describe all the controversial behaviours and issues in the article.

2. ASSESS BEHAVIOUR BASED ON EXISTING KNOWLEDGE, BELIEFS, ATTITUDE:
   Discuss the behaviour based on how it conflicts with the norm—beliefs and attitudes—about such behaviour; what could be some of the motives (influences) for voluntarily engaging in the behaviour (or yielding to pressures).

3. CRITIQUE BEHAVIOUR USING RELEVANT AND CREDIBLE CRITERIA:
   Were any aspects of the behaviour against the school rules or the law, or does the behaviour pose an unsafe/health risk (e.g., unprotected sex)? Are there likely to be negative consequences to adolescent development or advancement from these events? Is this behaviour influenced by media messages?

4. EVALUATE THE CRITIQUE, DETERMINE THE CONCLUSION: What are your conclusions about the issues and the causes? What could be done?
LESSON PLAN #5
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 4:
Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

CORE OUTCOME 1
Critically examine abstinence, fidelity, and condom use (if permitted) as preventive methods in transmission of HIV and STIs.

Title
“Prevention Is Better Than a Cure”

Age Level
13 - 14 years old

Time
40 minutes

Purpose
To provide knowledge about STIs and cervical cancer and ways of preventing or avoiding transmission.

Overview
Students will be provided with an overview of causative agents and risk behaviour in the transmission of STIs and cervical cancer; they will discuss abstinence, fidelity, and condom use (if permitted) as disease prevention methods.

Specific Objectives
At the end of this lesson, students will be able to do the following:
1. State the causative agents and risk behaviours in the transmission of STIs and cervical cancer.
2. Discuss the efficacy of abstinence, fidelity, and (if permitted) condom use as disease prevention methods.
3. Make decisions to choose prevention behaviours based on an internal locus of control.

Resources and Materials
General and specific handouts/fact sheets about common STIs and cervical cancer and prevention, worksheet (two versions) on STIs, and/or videos on STIs could be used for non-readers. Teachers could collect resources, including videos, from local family planning clinics or health clinics.

Methods and Strategies
Worksheet, small-group work, STI video (optional), and Teacher Resource Page
PROCEDURE

**Introduction**
(5 min.)

- Introduce the lesson by giving an overview of the expected learning from the standards and outcomes. (You may say something like, "Maintaining good reproductive health means protecting and caring for your body so that when you grow up, you can have the option to have children. Sexually transmitted infections (STIs) can have a damaging effect on reproductive organs. As you go through adolescence you need to be aware of these diseases and how they can be prevented.") Inform students that they need to set goals to minimise the risks of contracting these diseases by adopting preventive strategies.

**Step II Skill Development and Reinforcement**
(30 min.)

- Divide students into small groups.

- Distribute general and specific fact sheets and prevention handouts. Ask each group to:
  1. Research answers to the questions on one named disease.
  2. Discuss what it means if people choose abstinence, fidelity, and/or (if permissible, use Version 2 of the handout) the use of condoms, and the effectiveness of these behaviour choices in preventing STIs.

- After 15 minutes, ask one or two groups to share their information. (See alternative for non-readers in Note to Teacher.)

**Step III Conclusion**
(5 min.)

Summarise the lesson by reminding students of the dangers to reproductive health and the importance of prevention.

**Assessment**

See rubric.

**HOMEWORK:**

Write a letter, cartoon, or comic strip to (A) a friend your age who may be thinking of getting involved in sexual activity OR (B) an older friend or family member (brother, sister, cousin) telling him or her of the dangers of STIs and to what extent abstinence, fidelity, or condom use (if permissible) can prevent or minimise the risk of getting STIs.

**Note to Teacher**

Alternatives for Non-readers: Step 2 could be modified for viewing a video. Each workstation group would be assigned a particular disease covered in the video. At the end of the video they would focus on answering questions to one of the diseases covered in the video. The procedure will continue as set out. Length of video should not exceed 20 minutes.
### Rubrics for Lesson #5

#### RUBRIC TO ASSESS WORKING COLLABORATIVELY IN GROUPS

<table>
<thead>
<tr>
<th>Skills</th>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Helping:</td>
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<td>Some of the Time</td>
</tr>
<tr>
<td>The teacher observed the students offering assistance to one another.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening:</td>
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</tr>
<tr>
<td>The teacher observed students working from one another's ideas.</td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>The teacher observed each student contributing to the project.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persuading:</td>
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</tr>
<tr>
<td>The teacher observed the students exchanging, defending, and rethinking ideas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questioning:</td>
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<td>Some of the Time</td>
</tr>
<tr>
<td>The teacher observed the students interacting, discussing, and posing questions to all members of the team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respecting:</td>
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</tr>
<tr>
<td>The teacher observed the students encouraging and supporting the ideas and efforts of others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing:</td>
<td>None of the Time</td>
<td>Some of the Time</td>
</tr>
<tr>
<td>The teacher observed the students offering ideas and reporting their findings to one another.</td>
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**Total Points**
<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
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<tr>
<td></td>
<td>Highest score</td>
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<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Task #2: Homework Assignment</td>
<td>Showed strong understanding of the dangers of STIs and methods to avoid getting STIs</td>
</tr>
</tbody>
</table>
Facts about STIs

What are sexually transmitted diseases (STIs)?
Sexually transmitted diseases (STIs) are infections that can be transferred from one person to another through any type of sexual contact. STIs are sometimes referred to as sexually transmitted infections (STIs) since they involve the transmission of a disease-causing organism or germ from one person to another during sexual activity.

What causes STIs?
STIs can be caused by bacteria (e.g., chlamydia, gonorrhea, syphilis), viruses (e.g., HIV/AIDS, hepatitis, herpes, HPV), or parasites (trichomoniasis). Chlamydia is the most common bacterial STI. Human papillomavirus (HPV) infection is the most common viral STI.

How do you get them?
You get STIs during sexual activity. This includes vaginal sex, oral sex, and anal sex. A few—HPV and herpes—can even be spread by contact with infected skin. Others, such as HIV and hepatitis, can be spread through needle-sharing. You can get STIs from someone who has no symptoms.

What are the symptoms?
Most people with STIs have no symptoms. Even without symptoms, they can still pass on the infection. Some STIs cause symptoms such as an abnormal discharge from the penis or vagina, burning sensation when urinating and abdominal pain. Skin changes can also occur; these include rashes, ulcers and warts.

What are the complications?
In women, complications from infection include pelvic inflammatory disease (PID), tubal pregnancy, infertility and cervical cancer. In pregnant women, STIs can lead to miscarriage, stillbirths, preterm delivery and birth defects. In men, HPV infection can cause penile cancer. Some STIs, such as HIV, can be life-threatening.

What do we mean by sexual contact or sexual activity?
It is important to realize that sexual contact includes more than just sexual intercourse (vaginal and anal). Sexual contact also includes kissing, oral-genital contact (oral sex).
GONORRHEA

What is gonorrhea?
Gonorrhea is a bacterial infection caused by the organism *Neisseria gonorrhoeae* that is transmitted by sexual contact. (It may also be passed to newborns delivered vaginally if the mother is infected, causing conjunctivitis (eye infection). Gonorrhea is one of the oldest known sexually transmitted diseases.

Contrary to popular belief, gonorrhea cannot be transmitted from toilet seats or door handles. The bacterium that causes gonorrhea requires very specific conditions for growth and reproduction. It cannot live outside the body for more than a few seconds or minutes, nor can it live on the skin of the hands, arms, or legs. It survives only on moist surfaces within the body and is found most commonly in the vagina, and, more commonly, the cervix. (The cervix is the end of the uterus that protrudes into the vagina.) It can also live in the tube (urethra) through which urine drains from the bladder. Gonorrhea can even exist in the back of the throat (from oral-genital contact) and in the rectum.

What are the symptoms of gonorrhea?

The signs and symptoms of localised gonorrhea are different between males and females. 
Over 50% of infected women have no symptoms, especially in the early stages of the infection.

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inflammation of the urethra</td>
<td>Creamy or green, pus-like or bloody vaginal discharge</td>
</tr>
<tr>
<td>Creamy or green pus-like discharge from the penis</td>
<td>Itchy or irritable vulva</td>
</tr>
<tr>
<td>Painful urination (burning sensation)</td>
<td>Painful urination (burning sensation)</td>
</tr>
<tr>
<td>Painful testicles</td>
<td>Lower abdominal pain which may indicate pelvic inflammatory disease or peritonitis</td>
</tr>
</tbody>
</table>

Gonorrhea infection in people with conditions causing serious abnormal immune function, such as AIDS, can also be more serious.
Treatment of gonorrhea

In the past, the treatment of uncomplicated gonorrhea was fairly simple. A single injection of penicillin cured almost every infected person. Unfortunately, there are new strains of gonorrhea that have become resistant to various antibiotics, including penicillin, and are therefore more difficult to treat. Treatment should always include medication that will treat chlamydia, because gonorrhea and chlamydia commonly exist together in the same person. The sexual partners of women who have had either gonorrhea or chlamydia must receive treatment for both infections since their partners may be infected as well. Treating the partners also prevents reinfection of the woman.
CHLAMYDIA

What is chlamydia?
Chlamydia (Chlamydia trachomatis) is a bacterium that causes an infection that is very similar to gonorrhea in the way that it is spread and the symptoms it produces. The chlamydia bacterium is found in the cervix and urethra and can live in the throat or rectum. Both infected men and infected women frequently lack symptoms of chlamydia infection. Thus, these individuals can unknowingly spread the infection to others.

What are the symptoms of Chlamydia?
The majority of women with chlamydia do not have symptoms. While about half of women with chlamydial cervicitis have no symptoms, others may experience vaginal discharge or abdominal pain. Infection of the urethra is often associated with chlamydial infection of the cervix. Women with infection of the urethra (urethritis) have the typical symptoms of a urinary tract infection, including pain upon urination and the frequent and urgent need to urinate.

What are the effects of chlamydia?
Chlamydia is very destructive to the Fallopian tubes. It can also cause severe pelvic infection. If untreated, about 30% of women with chlamydia will develop pelvic inflammatory disease (PID). Because it is common for infected women to have no symptoms, chlamydial infection is often untreated and results in extensive destruction of the Fallopian tubes, fertility problems and tubal pregnancy. Chlamydial infection, like gonorrhea, is associated with an increased incidence of premature births. In addition, the infant can acquire the infection during passage through the infected birth canal, leading to serious eye damage or pneumonia. For this reason, all newborns are treated with eye drops containing an antibiotic that kills chlamydia.

How do you treat chlamydia?
Chlamydia must be treated by a doctor.
**Syphilis**

What is syphilis?
Syphilis is an STI that has been around for centuries. It is caused by a microscopic bacterial organism (germ) called a spirochete. The scientific name for the organism is *Treponema pallidum*. The spirochete is a wormlike, spiral-shaped organism that wiggles vigorously when viewed under a microscope. It infects the person by burrowing into the moist, mucous-covered lining of the mouth or genitals. The spirochete produces a classic, painless ulcer known as a chancre. It can be treated if diagnosed.

What are the symptoms of syphilis?
There are three stages of syphilis, along with an inactive (latent) stage. The first stage is the formation of an ulcer (chancre). The chancre develops any time from 10 to 90 days after infection (after sexual contact with an infected person), but the first symptoms may develop in an average time of 21 days following infection.

Syphilis is highly contagious when the ulcer is present. The infection can be transmitted from contact with the ulcer. If the ulcer is outside of the vagina or on the male’s scrotum, condoms may NOT PREVENT transmission of the infection by contact.

Similarly, if the ulcer is in the mouth, merely kissing the infected individual can spread the infection. The ulcer can go away on its own after 3 to 6 weeks, but the disease can recur months later as secondary syphilis if the primary stage is not treated.

In most women, an early infection resolves on its own, even without treatment. However, 25% will proceed to the second stage of the infection called "secondary" syphilis, which develops weeks to months after the primary stage and lasts from 4 to 6 weeks.

Secondary syphilis is a systemic stage of the disease, meaning that it can involve various organ systems of the body. In this stage, patients can initially experience many different symptoms. Most commonly they develop a skin rash, typically appearing on the palms of the hands or the bottoms of the feet, that does not itch. Sometimes the skin rash of secondary syphilis is very faint and hard to recognize; it may not even be noticed in all cases.

Other secondary stage symptoms also include:
- hair loss
- sore throat
- white patches in the nose, mouth, and vagina
- fever
- headache

Lesions on the genitals that look like genital warts but are caused by spirochetes rather than the wart virus. These wartlike lesions, as well as the skin rash, are highly contagious. The rash can occur on the palms of the hands, and the infection can be transmitted by casual contact.
Latent (not active) stage of the infection. Subsequent to secondary syphilis, some patients will continue to carry the infection in their body without symptoms, which can last as long as 20 or more years.

The third (tertiary) stage
Whether or not there is a latent stage, the third (tertiary) stage of the disease can develop. At this stage, syphilis usually is no longer contagious. Tertiary syphilis is also a systemic stage of the disease and can cause a variety of problems throughout the body including:

1. abnormal bulging of the large vessel leaving the heart (the aorta), resulting in heart problems
2. the development of large nodules (gummas) in various organs of the body
3. infection of the brain, causing a stroke, mental confusion, meningitis (type of brain infection), problems with sensation, or weakness (neurosyphilis)
4. involvement of the eyes leading to sight deterioration
5. or involvement of the ears resulting in deafness. The damage sustained by the body during the tertiary stage of syphilis is severe and can even be fatal.
**GENITAL HERPES**

What is genital herpes?

Genital herpes, also commonly called "herpes," is a viral infection by the herpes simplex virus (HSV) that is transmitted through intimate contact with the mucous-covered linings of the mouth or the vagina or the genital skin. The virus enters the linings or skin through microscopic tears. Once inside, the virus travels to the nerve roots near the spinal cord and settles there permanently. This means the disease/virus cannot be cured.

When an infected person has a herpes outbreak, the virus travels down the nerve fibers to the site of the original infection. This means if it transmitted by kissing, the site will be the mouth; if by oral sex or genital contact then both mouth and genitals could be infected. When it reaches the skin, the typical redness and blisters occur. After the initial outbreak, subsequent outbreaks tend to be sporadic. They may occur weekly or even years apart.

There are two types of herpes viruses associated with genital lesions: herpes simplex virus-1 (HSV-1) and herpes simplex virus-2 (HSV-2).

HSV-1 more often causes blisters of the mouth area while HSV-2 more often causes genital sores or lesions in the area around the anus. Genital herpes is spread only by direct person-to-person contact. It is believed that 60% of sexually active adults carry the herpes virus. Part of the reason for the continued high infection rate is that most women infected with the herpes virus do not know that they are infected because they have few or no symptoms. In many women, there are “atypical” outbreaks where the only symptom may be mild itching or minimal discomfort. Moreover, the longer the woman has had the virus, the fewer the symptoms they have with their outbreaks. Finally, the virus can shed from the cervix into the vagina in women who are not experiencing any symptoms.

Auto-inoculation: An infected individual can spread the virus to other parts of his or her body by touching an area shedding virus and then touching, scratching, or rubbing another susceptible part of the body. Towels are especially conducive to this.

It is possible for a person to contract genital herpes if the partner with oral herpes performs oral sex. Oral herpes can be transmitted to the genitals, and vice versa. Symptoms are similar. Environmental surfaces like toilet seats may be a source of contagion, but there is no evidence that this poses a real threat to the general population. Experts differ as to how long the virus can survive on its own.

What are the symptoms of genital herpes?

Once exposed to the virus, there is an incubation period that generally lasts 3 to 7 days before a lesion develops. During this time, there are no symptoms and the virus cannot be transmitted to others. An outbreak usually begins as an itching or tingling sensation followed by redness of the skin. Finally, a blister forms. The blisters and subsequent ulcers that form when the blisters break, are usually very painful to touch and may last from 7
days to 2 weeks. The virus is contagious from the time of itching to the time of complete healing of the ulcer.

**How do you reduce the risk of genital herpes?**
People with herpes should follow a few simple steps to avoid spreading the infection to other places on their body or other people:

- Avoid touching the infected area during an outbreak, and wash your hands after contact with the area.
- Do not have sexual contact (vaginal, oral, or anal) from the time of first genital symptoms until symptoms are completely gone.

**How do you treat genital herpes?**
Although there is no cure for genital herpes, your health care provider might prescribe an antiviral medicine to treat your symptoms and to help prevent future outbreaks. This can decrease the risk of passing herpes to sexual partners.
HEPATITIS B

What is hepatitis B?
Hepatitis B virus (HBV) is a virus that causes inflammation of the liver. Most people do not think of hepatitis as a sexually transmitted infection; however, one of the more common modes of the spread of viral hepatitis B is through intimate sexual contact. Sexual transmission is believed to be responsible for 30% of the cases worldwide. Improved screening of donated blood has diminished the risk of getting hepatitis B from blood transfusions. Complications from hepatitis B are responsible for 1 to 2 million deaths yearly. Hepatitis B virus can cause both an initial (acute) and a chronic form of liver inflammation. The initial phase of infection lasts a few weeks, and in most people, the infection clears. People who recover from the initial infection develop immunity to the Hepatitis B virus (HBV), which protects them from future infection with this virus. Still, a small percent of individuals infected with HBV will develop chronic or long-lasting liver disease. These persons are potentially infectious to others.

It is the chronic form of hepatitis B that is dangerous to women. Chronic hepatitis B is associated with cirrhosis of the liver, liver failure, and liver cancer. Transmission of hepatitis B can occur during the early phase of infection or during the chronic carrier stage. Kissing and unprotected intercourse are methods of spreading this virus.

While hepatitis does not affect the reproductive organs, a pregnant woman can transmit it to the fetus if she is infected during the pregnancy. This virus is transmitted to 80% of the fetuses in women that are infected during pregnancy. This is potentially dangerous, since infected infants have an 80% chance of developing the chronic form of the infection.

What are the symptoms of hepatitis B?
Only 50% of acute infections with the hepatitis B virus produce symptoms.

The symptoms of hepatitis include:
- yellow coloration of the skin or eyes (jaundice)
- fever
- upper abdominal pain
- generalized malaise and nausea

In later stages, hepatitis B can cause edema (swelling of the legs) and fluid buildup in the abdomen.

How do you treat hepatitis B?
Hepatitis B must be treated by a doctor.
Trichomoniasis?

What is Trichomoniasis?
Trichomoniasis, often called "trich", is caused by a single-celled protozoan parasite known as trichomonas vaginalis. It is usually transmitted through sexual intercourse, although the parasite can also live on towels, bedding, and clothing. Both women and men may contract the infection, though women are at a greater risk. Most people become infected between the ages of 16 and 35.

What are the symptoms of trichomoniasis?
Male symptoms of trichomoniasis infection could include:
- painful ejaculation and urination
- frequent urination
- or a white discharge from the penis

Left untreated, the symptoms of trichomoniasis can become extremely uncomfortable and may even cause serious damage to your body. Men don't often exhibit symptoms of trichomoniasis. The parasites that cause the infection stay well inside the urinary tract, making symptoms rare and diagnosis difficult. About 40% of men will experience mild symptoms.

Your symptoms will probably go away on their own within a couple of weeks. This does not mean that you are no longer infectious. You will still be able to spread trichomoniasis to your sexual partners.

Female symptoms of trichomoniasis may resemble a yeast infection. Symptoms often include:
- a yellow-green, odorous discharge that is bubbly or frothy and have a very bad odor.
- painful intercourse
- painful urination
- abdominal cramping, which is a much less common symptom.

Symptoms of trichomoniasis generally appear within 5 and 28 days of infection, although sometimes it can take as long as 6 months for symptoms to develop.
**ECTOPARASITIC INFECTIONS (E.G., LICE)**

What are ectoparasitic infections?
Ectoparasitic infections are diseases that are caused by tiny parasitic bugs, such as lice or scabies. They are transmitted by close physical contact, including sexual contact. The parasites affect the skin or hair and cause itching.

What are pubic lice (pediculosis pubis)?
Pubic lice, also called nits, are small bugs that actually are visible to the naked eye. That is, they can be seen without the aid of a magnifying glass or microscope. The scientific term for the responsible organism, the crab louse, is Phthirus pubis. These parasites live within pubic or other hair and are associated with itching.

How do you treat pubic lice?
The treatment for pubic lice is usually with a 1% cream rinse of permethrin that is applied to the affected area and washed off after 10 minutes. Alternative treatments include a 1% shampoo of lindane applied for 4 minutes before washing off. None of these treatments should be used for involvement near the eyes because they can be very irritating. The patient’s bedding and clothing should be machine-washed with hot water. All sexual partners within the preceding month should be treated for pubic lice and evaluated for other STIs.
CANCER OF THE CERVIX (CERVICAL CANCER)

What are the risk factors and causes of cervical cancer?

Human papillomaviruses (HPVs): HPV infection is the main risk factor for cervical cancer. HPV is a group of viruses that can infect the cervix. HPV infections are very common. These viruses can be passed from person to person through sexual contact. Most adults have been infected with HPV at some time in their lives. Some types of HPV can cause changes to cells in the cervix. These changes can lead to genital warts, cancer, and other problems. Doctors may check for HPV even if there are no warts or other symptoms.

The Pap test can detect cell changes in the cervix caused by HPV. Treatment of these cell changes can prevent cervical cancer. Cervical cancer is more common among women who do not have regular Pap tests. The Pap test helps doctors find precancerous cells. Treating precancerous cervical changes often prevents cancer.

Weakened immune system (the body’s natural defense system): Women with HIV (the virus that causes AIDS) infection or who take drugs that suppress the immune system have a higher-than-average risk of developing cervical cancer. For these women, doctors suggest regular screening for cervical cancer.

Age: Cancer of the cervix occurs most often in women over the age of 40.

Sexual history: Women who have had many sexual partners have a higher-than-average risk of developing cervical cancer. Also, a woman who has had sexual intercourse with a man who has had many sexual partners may be at higher risk of developing cervical cancer. In both cases, the risk of developing cervical cancer is higher because these women have a higher-than-average risk of HPV infection.

Smoking cigarettes: Women with an HPV infection who smoke cigarettes have a higher risk of cervical cancer than women with HPV infection who do not smoke.

Long-term use of birth control pills: Using birth control pills for a long time (5 or more years) may increase the risk of cervical cancer among women with HPV infection.

Having many children: Studies suggest that giving birth to many children may increase the risk of cervical cancer among women with HPV infection.

STI Threats and Risk Behaviours

Anyone who has been involved in any sexual activity may be at risk for a sexually transmitted infection (STI). People who choose to be sexually active must have access to information and options to reduce their risk. Some people at greatest risk are:

- Those with multiple sexual partners
- Sexually active adolescents and young adults
- Children sexually abused by an infected individual
- Newborns delivered through the infected birth canal of the mother
- Women who are menstruating or pregnant, when risks are increased

Prevention - Can STIs Be Prevented?

There really is no such thing as “safe” sex. The only truly effective way to prevent STIs is abstinence. Not having sex at all is the only 100 percent effective, foolproof method of preventing pregnancy and STIs.

Avoid all sexual activity if you are single and if you are an adolescent. If you are in a faithful, long-term relationship (such as marriage) where neither party is infected with an STI, sex is considered “safe,” and this is the only certain way to avoid being infected sexually. However, partners may have to be tested to show they are not infected.

Some adults make a choice to be sexually involved outside of a longtime relationship; they must be aware of and take precautions to reduce the risks of becoming infected. All school-aged youth must be given a clear message that abstinence is the healthiest choice and must be informed of the STI and pregnancy risks associated with oral, anal, and vaginal sex with or without condoms and contraceptives.

Some ways to reduce risks include:

- Avoiding multiple partners. The fewer people you have sex with, the lower your risk of getting STIs.
- Correctly and consistently using condoms, which can also reduce (but not eliminate) your risk of getting most STIs from vaginal sex. Few studies have been done to see whether condoms reduce the risk of STIs, including HIV, during oral sex or anal sex.

Abstinence, fidelity (being faithful, not cheating) with one partner, use of condoms as prevention methods

Critically assess how well abstinence, fidelity, and condoms can prevent a person from becoming infected in the following situations:

- Syphilis is highly contagious when the syphilis ulcer is present. The infection can be transmitted from contact with the ulcer. If the ulcer is outside of the vagina or on the male’s scrotum, condoms may NOT PREVENT transmission of the infection by contact.
• If the syphilis ulcer is in the mouth, merely kissing the infected individual can spread the infection.
• If the syphilis rash is in the palm or a break in the skin, the infection can be transmitted.

How can hepatitis B infection be prevented?
Hepatitis B (HBV) does not affect the reproductive organs but can be transmitted sexually, among other ways. A highly effective vaccine that prevents hepatitis B is currently available. It is recommended that all babies be vaccinated against HBV at birth, and all children under the age of 18 who have not been vaccinated should also receive the vaccination. Adults who wish to do so may receive the vaccine, and it is recommended especially for anyone whose behaviour or lifestyle may pose a risk of HBV infection.

Examples of at-risk groups include:
- Sexually active men and women
- Illegal drug users
- Health care workers
- Recipients of certain blood products
- Household and sexual contacts of persons known to be chronically infected with hepatitis B
- International travellers who may have sexual or blood exposures
- Clients and employees of facilities for the developmentally disabled, infants, and children
- Patients with renal failure (kidney) on hemodialysis (dialysis machine)

Prevention and pubic lice
Pubic lice, also called nits, are small bugs that actually are visible to the naked eye. They are transmitted by close physical contact, including sexual contact. They cannot be prevented by condoms, since they live within pubic or other hair.

Prevention and trichomoniasis
Trichomoniasis, commonly referred to as trich, is one of the most common sexually transmitted infections. Trich is preventable by practicing abstinence or through safe, monogamous sex (fidelity), and the use of condoms. An effective cure for trichomoniasis does exist, but prolonged infection can cause swelling and tissue damage.

Prevention and kissing
Most people think that kissing is a safe activity. Unfortunately, syphilis, herpes, and other infections can be contracted through this relatively simple and apparently harmless act.

Prevention and chlamydia/gonorrhea
Condoms are useful in decreasing the spread of certain infections, such as chlamydia and gonorrhea.
Prevention and genital herpes/warts
Condoms do not fully protect against other infections such as genital herpes or genital warts. Blisters, lesions, and warts are usually on the outside—around the inner lips, vulva, and urethra in females and the scrotum of males. Mouths or genitals or even hands come into contact with these and can become infected or spread the infection.

All school-aged youth must be given a clear message that abstinence is the healthiest choice and must be informed of the STI and pregnancy risks associated with oral, anal, and vaginal sex with or without condoms and contraceptives.
QUESTIONS FOR GROUP WORK v1

1. What are sexually transmitted diseases (STIs)?

2. How are they caused (the causative agents/germs)?

3. "STIs are transmitted during sexual contact or sexual activity." What does this mean?

4. What do we mean by the symptoms of an STI?

5. What are the complications or threats to reproductive organs and reproductive health?

For one named disease, answer the following questions.

6. Name of disease ___________________ Cause ____________________

7. How is the infection/germ transmitted?
   __________________________________________________________________________
   __________________________________________________________________________

8. What parts of the body or reproductive organs become infected?
   __________________________________________________________________________
   __________________________________________________________________________

9. What are the signs and symptoms of the infection/disease?
   __________________________________________________________________________
   __________________________________________________________________________

10. Use decision-making skills to determine how effective (1) abstinence and (2) fidelity would be in protecting people from contracting STIs.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

11. What would you advocate or recommend and why? Explain your decision-making skills.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
QUESTIONS FOR GROUP WORK v2

1. What are sexually transmitted diseases (STIs)?

2. How are they caused (the causative agents/germs)?

3. “STIs are transmitted during sexual contact or sexual activity.” What does this mean?

4. What do we mean by the symptoms of an STI?

5. What are the complications or threats to reproductive organs and reproductive health?

6. For one named disease, answer the following questions.

   Name of disease ___________________ Cause ____________________

   How is the infection/germ transmitted?
   ___________________________________________________________________
   ___________________________________________________________________

7. What parts of the body or reproductive organs become infected?
   ___________________________________________________________________
   ___________________________________________________________________

8. What are the signs and symptoms of the infection/disease?
   ___________________________________________________________________
   ___________________________________________________________________

9. Use decision-making skills to determine how effective (1) abstinence, (2) fidelity, and (3) condoms would be in protecting people from contracting STIs.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

10. What would you advocate or recommend and why? Explain your decision-making skills.
   ___________________________________________________________________
   ___________________________________________________________________
LESSON PLAN #6
THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL
STANDARD 2: Analyse the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

CORE OUTCOME 2: Demonstrate skills in communicating about sexual issues with parents, peers, and/or significant others.

Title
Adolescent Voices – Listen to Me

Age Level
11 - 12 years

Time
40 minutes

Purpose
To help adolescents develop skills to effectively communicate about sexual issues to parents and others.

Overview (Include Concepts)
Compare the differences between communicating with parents versus peers and others. Review knowledge of effective communication skills and demonstrate the ability to communicate to parents about sexuality issues.

Specific Objectives
Students will:
1. Demonstrate an awareness of cultural differences in communicating with parents compared with friends.
2. Develop communication skills on how to approach and talk to a parent or trusted adult about a concern or question related to sexuality.

Resources and Materials
Scenarios and Questions, and Teacher Resource Page

PROCEDURE
Step I:
Introduction (5 min.)
Start the lesson by saying that as people grow up, they often turn to friends and family for support and advice about different things. Talking to your friends about sexual issues, though, is often quite different from talking with your parents, siblings, or aunts or uncles about these same issues.
Step II: Skill Development and Reinforcement (25 min.)

<table>
<thead>
<tr>
<th>Ask students the following questions, and take one or two answers for each question:</th>
</tr>
</thead>
</table>
| • What are some things that you feel comfortable talking to your parents about in general?  
• What are some things related to sex that someone your age might want to talk to a parent about?  
• What are some things related to sex that someone your age might not feel comfortable talking to a parent about? |

Read aloud the two scenarios about someone their age on the Teacher Resource Page. Ask students if they believe the person or persons in the scenario should approach his or her parents about a concern or question related to sexuality and why. (If there is time, you may review steps and questions related to decision-making).

Tell students that not all parents will respond the same way, so they should use decision-making skills to decide the best way to approach their parents in their specific situation (see Teacher’s Resource Page on possible ways to approach parents). They should also consider the consequences of not communicating with their parents in their decision-making.

Using the two scenarios as a guide, ask for two volunteers to role-play with you (as the parent) some ways that they might approach a parent or grown-up whom they trust with an issue related to sexuality or sexual health.

After the role plays, ask students the following questions:

| • How did the teen initiate the conversation?  
• What was the parent’s reaction?  
• What might the teen have done differently to get a better reaction (if the reaction was not positive)?  
• What were some of the effective (or ineffective) communication skills that were used by the student? (see Teacher Resource Page) |

Step III: Conclusion (10 min.)

| After students have shared their ideas, remind them again when someone their age should definitely seek an adult’s help or advice (e.g., in instances of sexual abuse or harassment) and whom they could turn to. Stress the importance of turning to any trusted adult (e.g., teacher, guidance counsellor, aunt, uncle) if they don’t want to talk with their parents. |
**Assessment**

See rubric.

**HOMEWORK:**

Students can write a journal entry about what they learned from this activity and what they would like to discuss with their parents.

---

**Rubric for Lesson #6**

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest score</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Task#1: Class Discussion and Role Plays</td>
<td>Showed strong effort in contributing to discussion and role plays</td>
</tr>
<tr>
<td>Task #2: Homework Assignment</td>
<td>Demonstrated strong understanding of all the lesson objectives</td>
</tr>
</tbody>
</table>
Scenarios

Wendy and John

Wendy and John believe they are in love. They are from two different cultures and are not sure how their parents would react if they found out. They have been meeting secretly and sometimes their feelings are very strong, but they have not had sex. They both want to talk to their parents about when sex is okay in a relationship, and so on.

Sara's Dilemma

Sara is very close to her mother. She feels that she can tell her mother anything. There is one event, however, that she does not feel comfortable talking to her mother about. At a recent family gathering, one of her parents’ friends approached Sara in the kitchen. He told her she was "really growing up and becoming very pretty." He then reached over and tried to touch her body. Before he could, Sara jumped back. He became mad and said, “What do you think I was trying to do? Such bad thoughts from a girl!” Sara would like to talk to her mother about what happened.

Note to teacher: Skills needed to communicate with a parent can differ greatly from skills needed to communicate with peers. Assertiveness skills, for example, may not be as relevant, or culturally appropriate, when a child is talking with a parent. Students should understand that often the most important skill they can gain is how to initiate a conversation with a trusted adult.

Possible Ways to Approach Your Parents for Talking about Sex

Talk the talk! Kids and adults can learn to talk things out. It’s normal for young people to feel strange talking to their parents about sex. But guess what? It’s even harder for your parents to start the conversation.

Someone has to make the first move, why not you? Remember, if you only talk to your friends about tough topics like sex, you may not be getting the right information. Try talking to your parents to get the straight scoop.

Ask these questions or others that you may have on your mind to get the conversation started:

The "To-the-Point" Approach
"Can we talk? I have a question about something we learned in sex ed class."
The "Round-About" Approach  
"This talk show had some teens on who had babies and the girls were only 13 years old. Do you think teens can be good parents?"

The "Wonder If" Approach  
"I wonder if you can get pregnant the first time you have sex."

The "I've Heard That" Approach  
"I've heard that lots of kids have had sex by high school. Is that just a rumor?"

"I've heard that if you say no to sex, the person you like will break up with you. How do you say no to someone and not hurt their feelings?"


Communicating for Understanding Model

This model can be used as the teachers’ guide to conducting and talking about the role plays. Note that the sender is the person who initiated the communication. The role of sender and receiver switch as the conversation goes on (i.e., when the parent is expressing his or her views, he or she is at that moment the sender).

1. Initiate: The sender asks for some time to talk.

Wendy/John (we’ll use Wendy in this model) asks for some time to talk. She decides which parent to talk to, or both. She chooses a time and place she thinks would be most suitable for this type of discussion.

*Sender (Wendy) initiates the conversation:* "Can we talk?"

*Receiver (parent):* "Sure. What’s on your mind?"

*Sender talks about the issue:* "I ................."

2. Mirror

The receiver checks to understand what the sender has said and means. This step should continue until the receiver understands the sender’s message.

The parent is expected to check to understand what Wendy has said and means. This step should continue until the receiver understands the sender’s message.

*Receiver (parent):* "So, if I’ve got it right, what I’m hearing you say is ............... Is there anything more you’d like me to know?" (or "Tell me more.")

*Sender (Wendy) continues to talk about the issue.*
What if there is a misunderstanding? Does understanding necessarily mean agreement? Why or why not?

The sender (Wendy) will:

Observe: How did the parent respond? What did he or she say?

Analyse: To find out the meaning in the response.

Predict: How the parent’s misunderstanding or understanding those things that she might not agree with might affect their relationship.

Suggest: Different explanations or arguments to try to turn misunderstandings into understandings.

Points to Make: Understanding Wendy’s issues doesn’t necessarily mean we agree with others’ points of view. Similarly, misunderstanding doesn’t mean that we disagree. Understanding can improve the opportunities for agreement and respectful acceptance for disagreement.

After clarifying the issues, the parent can summarise the key parts of what the sender (Wendy) has said.

3. Summarise

Receiver (parent) summarises: "So let me see if I’ve got it all. You want to know our views about you having a relationship with John and .........................

Sender (Wendy): “Yes!”

4. Validate

The receiver shows understanding and valuing of the sender’s point of view even if he or she doesn’t agree.

Receiver (parent): “I understand ....................... I can see it’s important to you because ........................................... (Parent goes on to express views)

5. Empathise

The receiver expresses care and sensitivity to the sender’s feelings, thoughts, or experience.

Receiver (parent): “I imagine you feel angry and upset at my decisions ...........................................”

Sender (Wendy) may say something like: “Yes, I feel really upset .........................................”

Receiver (parent) may close the conversation or ask: “Now, is there anything else you want to talk to me about?”
Effective Communication Skills

1. Effective communication skills

- How to be an effective listener
  - Positive posture.
  - Focus of attention: Pay attention to words and gestures
  - Face the speaker and make eye contact.
  - Accept ideas and feelings.
- Being an effective speaker
  - Face the other person and make eye contact.
  - Do not yell or ridicule the other person.
  - Respect the other individual.
  - Act with great confidence, and respect the other person's right to do the same.
  - If you or the other individual become angry or have strong feelings, take a break if you need to. This helps you and the other person calm down and think clearly.

2. Assertiveness skills

- Preparing the appropriate message briefly, and effectively.
- Using verbal 'I' statements, where individuals tell others how they feel about a situation, circumstance, or the behavior of others.
- Observing silence (being silent allows the other person to think about what you said or think of a solution).
- Interacting maturely with those found to be offensive, defensive, aggressive, or unreceptive.
- Searching for a win-win solution so that both parties agree on it.

Effective communication is the respectful exchange of thoughts, feelings, and beliefs between a speaker and a listener in such a way that the listener interprets the message in the same way the speaker intended it.
Communication Can Be Verbal or Non-verbal

Non-verbal communication between individuals includes sending and receiving wordless messages (communication without words). Such messages can be communicated through gesture; body language; facial expression and eye contact.

Non-verbal behaviours are difficult to control. The face is used a lot. Hand signals, shrugs, head movements, etc. also are used. It is often subconscious. Below is a list of some examples:

- Facial expressions
- Mouth, chin, eyes, and brows express feelings
- Eye contact/gaze
- Body language/Posture/Gesture
- Personal space/interpersonal distance
- Adornment
- Para language - Non-lexical vocal communications

Eye contact/eye gaze
- Eye contact is an event in which two people look at each other’s eyes at the same time. It has a large influence on social behavior. Frequency and interpretation of eye contact vary between cultures
- Avoiding eye contact or lowered eyes may be a sign of embarrassment or unease in some cultures or a measure of respect in other cultures.
- Eyes convey the level of listening in face-to-face interaction.

Body language
What would these indicate?
- Narrowing eyes
- Leaning forward, making eye contact
- Folding arms
- Pointing
- Raising eyebrows, pursing lips
- Sweating palms, fidgeting, eyes moving around

Effective verbal communication skills should take into account the following:
- Positive body messages
- Eye contact (looking directly at someone’s eyes in a non-confrontational manner shows the other person you're paying attention to them)
- Active listening
- Reflective responses that mirror meaning

Active listening
- The speaker is rewarded with a demonstration of interest and encouragement.
- Shows the other person you’re paying attention to what is being said.
- Involves eye contact and mirroring/reflective responding.
Reflective response

• Shows understanding by reflecting what the other person just said, sometimes by putting the message in your own words, for example, "so you are saying that . . . ."

Effective Listening Skills

Listening is the key helping skill. If helping is to be done well, then the listening needs to be of high quality. Good quality listening allows people to explore their feelings. Only by coming to terms with their emotions will they be able to cope with and understand the personal consequences of new information and experience and thus formulate a plan of action.

Reasons for Poor Listening

• People tend to listen best to the beginning and end of what is said, and least well to the middle.
• People tend to listen poorly when the topic is one with which they have little familiarity.
• People tend to listen selectively, hearing only what they expect or would like to hear, or fear hearing.
• People tend to listen selectively by eliminating detail.
• Before a speaker has finished speaking, people are often already formulating an answer, and may display an impatience for the speaker to stop talking, perhaps by finishing off the speaker's sentence.
• The end of what is being said is, in this case, not listened to.

What causes poor listening?

It is hard to hear the message a person is trying to convey to you under several types of circumstances. It may be something about the person. For example, when some feature of the person is different from you, you may find the difference difficult or unacceptable in some way. Or, a feature of the person might be similar to you and you may find it difficult to recognise that the person may differ from you in significant respects.

Listed below are some circumstances and personal characteristics that might result in poor listening.

• The person’s opinions and attitudes.
• The person’s cultural, educational or work experience.
• The person’s vocabulary, dialect, grammatical style or accent.
• You dislike the person.
• What you are being told sounds familiar to you.
• The person’s disclosure shocks you or makes you anxious.
• You feel out of your depth.
• The person tells you something you do not want to hear.
• The environment is noisy, or there are frequent interruptions.
• You are experiencing stress or discomfort (physical, emotional, social).
• The person’s disclosure belies their actions or true feelings.
• Your emotions interfere.
• You have to admit an error.
• You have to apologise to the person.
• Your values are under attack.
• You are very self-centered and hear only your own voice.
• The news or outcome of a situation (e.g. a medical diagnosis) is bad.
• The person’s needs will demand a commitment or involvement by you.
• You want to be somewhere else.
• Feeling anxious, angry, distressed, upset, stressed, ill, too hot.
• You consider what the person is saying to be boring or repetitive.
• You do not have enough time to listen.
• The other person is full of him or herself.
• Outside noises/distractions/television/radio.
• You fancy the person.
• You dislike the person.
• You are vindictive toward the person.

Communicating may cause anxiety. Examples of what may cause anxiety include:
• Aspects of initial contact (interview): not knowing how to approach a problem; initial response of the listener.
• Characteristics of a speaker/listener: difference in status.
• Topic areas e.g. sexual matters.
• The expression of emotions e.g. anxiety, anger, grief, joy, or the intense expression of an emotion.

Retrieved [June 2005] from http://www.btinternet.com/~p.g.h/counselling_poor_quality_listening_00.htm
with permission from Peter Hughes p.g.h@btinternet.com

Factors Affecting Parent-Child Communication on Sexual Issues

Research has suggested six classes of concerns that parents express about engaging in such conversations (Jaccard, Dittus, and Gordon, 2000):

1. Not having the requisite knowledge/skills to explain things
2. Concern that the adolescent will not take the parent seriously
3. Concern with whether the communication will make a difference
4. Difficulties in finding the right time and place
5. Fear of encouraging sexual activity
6. Adolescent perceptions of their knowledge about sex and birth control

Many parents forsake conversations because their adolescents tell them they already know what they need to know. Research has found, however, that adolescent perceptions of their knowledge about sex and birth control is only weakly correlated with their performance on knowledge tests about these topics, suggesting that adolescent claims of high knowledge levels should not be trusted (Radecki and Jaccard, 1995).
Adolescents also have reservations about discussing sex with their parents for the following reasons:

1. Adolescents feel that their parents do not treat them as equals.
2. Parents do not have adequate knowledge about current adolescent lifestyles and peer pressures.
3. Parents are not sufficiently open, supportive, trusting, and empathic.
4. Parents do not sufficiently respect their privacy.
5. Sexual conversations can be embarrassing, both to the adolescent as well as the parent.

Other communication elements

Source variables in parent-adolescent communication about sex
Parent gender - mothers are more likely than fathers to talk about sex and birth control with their children; perceived trustworthiness, expertise; negative factors - adolescents sometimes point out that their parents are judgemental, overly protective of them making mistakes, and that parents often fail to respect their privacy and desire for autonomy.

Message variables
Discussions about sex are more often indirect than direct; biology rather than sexual decision-making; emphasis on physical development and maturation as well as the dangers associated with STIs and the occurrence of an unintended pregnancy; topics aimed at daughters tend to stress negative, problematic aspects of sexuality more than communications aimed at sons; fathers tend to deal with less intimate topics than mothers; all parents are not uniformly opposed to their teenaged son or daughter engaging in sexual intercourse.

Audience variables - depends on who is the recipient of the communication
Gender of the adolescent - discussions about sex are more likely to occur with daughters and are more extensive for daughters than for sons; sons and daughters evaluate fathers similarly as sex educators; puberty status, stage of adolescent development (early, middle, late), and prior sexual activity on the part of the adolescent influences the kinds of information and arguments that an adolescent is receptive to.

Channel variables
A common channel used by parents is that of verbal communication through face-to-face interaction; other mechanisms by which parents communicate information that is sexually relevant include various forms of non-verbal communication and parental behaviours that the adolescent observes; adolescent may use other channels/media.

Contextual variables
Family context has an impact on parent-adolescent communication; family structure (one-versus two-parent families; blended families; presence of grandparents or other relatives in the household), social class, marital status, presence of siblings, and psychosocial characterisations affect the general family communication environment.
Summary
Parents and children alternate between the roles of communicator and listener, or "source" and "audience." Sometimes interaction is premeditated and planned by one of the participants. Other times it occurs spontaneously, perhaps in response to an event that has occurred. Communication may be direct or indirect, verbal or non-verbal. It may have persuasive and/or informative intent. Adolescents communicate with both mothers and fathers and hear multiple messages about topics. Sometimes these messages conflict, not only between parents but with other sources of information as well (e.g., peers, siblings). Indeed, conflicting messages sometimes occur from the same parent, such as when adolescents are told to abstain from sex while at the same time told to use birth control if they do engage in sex.

**LESSON PLAN #7**

**THEME: SEXUALITY AND SEXUAL HEALTH**

<table>
<thead>
<tr>
<th>REGIONAL STANDARD 3:</th>
<th>Build capacity to recognise the basic criteria and conditions for optimal reproductive health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE OUTCOME 1:</td>
<td>Make appropriate choices to avoid risks to reproductive health.</td>
</tr>
</tbody>
</table>

**Title**

Is the Risk Worth Its Price?

**Age Level**

13 - 14 years

**Time**

40 minutes

**Purpose**

To allow students to identify situations of risks and describe effects and possible consequences on reproductive health (e.g., pregnancy and STIs) and to teach students how to make decisions or choose options for reducing risks (e.g., abstinence).

**Overview (Include Concepts)**

Will explain what reproductive health means and how it can be threatened by disease and damage to reproductive organs. Students will examine risks in different scenarios that can threaten reproductive health and make decisions to minimise or remove risks.

**Specific Objectives**

Students will:
1. Identify the level of risk to reproductive health in the situations.
2. State possible consequences of the situations or behaviours.
3. Make decisions about actions to reduce or remove reproductive health risks and threats now and for the future.

**Resources and Materials**

- Stop clock
- Scenarios on a master sheet (4 copies: 1 for moderator, 1 for each judge)
- 3 sets of 3 flash cards per team (each set of 3 printed with "HIGH RISK," "NO RISK," and "LOW RISK")
- Decision questions displayed on blackboard or poster

**Methods and Strategies**

Team game (see Teacher Resource Page)
## PROCEDURE

### Step I: Introduction

**Teacher introduces lesson and reminds students of the concept of reproductive health and the effects of reproductive health damage.**

Teacher will introduce the game and the objectives. Teacher and students will set up the class for the game. Once the class is settled, the teacher will explain the rules and start the game (see Teacher Resource Page).

### Step II: Skill Development and Reinforcement

(See Instructions for the Game for details.) The moderator will present the scenario, and the respondent will answer the following questions:

- Risk meter – what is the behavioural risk level in the scenario: HIGH RISK, LOW RISK, or NO RISK?
- Reason for answer, i.e., what are the possible consequences?
- What is the safest course of action for now or the future?

### Step III: Conclusion

Only half the scenarios may be covered in some classes. If time permits this activity may be continued.

### Assessment

See rubric.

### HOMEWORK:

Students will write in their journals about what they learned from this activity.

In preparation for the next lesson, students can read from these scriptographs: “On Making Responsible Choices,” “Teen Pregnancy,” “Parenting,” and “On Becoming a Father.”

### Notes for Lesson

This game can be modified to suit the class structure and size. The main idea is making safe decisions to protect reproductive health. The goal is to give students an opportunity to make these decisions on their feet, so to speak, having learnt the skills previously.
### Rubric for Lesson #7

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest score</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td><strong>Task #1:</strong></td>
<td>Demonstrated strong ability to make decisions to reduce health risks</td>
</tr>
<tr>
<td>Group Work (Game)</td>
<td>Task #2: Demonstrated strong understanding of behaviours that may create reproductive health risks and ways to reduce these risks</td>
</tr>
<tr>
<td>Homework</td>
<td></td>
</tr>
</tbody>
</table>

Sexuality and Sexual Health – Form 3 Lessons 79
Divide class into 3-4 teams.
Name the teams and write them on the board.

You will need:
- A moderator/quizmaster (teacher)
- 1 scorer for each team
- 3 judges (nominated by each team but working together)
- 1 time keeper
- 1 stop clock
- 1 small soft ball (only if space allows)
- 15 numbered scenarios on a master sheet (4 copies each: 1 for moderator; 1 for each judge)
- 3 sets of 3 flash cards per team (each set of 3 has printed on them: HIGH RISK, LOW RISK)
- Decision questions written on blackboard or poster:
  - Risk meter - what is the risk? (behaviour) HIGH RISK, LOW RISK, NO RISK.
  - Reason for answer? (possible consequences)
  - What is safest course of action for now or the future? (decision)

Students may be seated in as in a quiz or spelling bee.

FLASH CARDS

<table>
<thead>
<tr>
<th>HIGH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW RISK</td>
</tr>
<tr>
<td>NO RISK</td>
</tr>
</tbody>
</table>
Instructions for the Game:

1. IF SPACE ALLOWS: Have teams sit together in different areas of the room so they can throw the ball to one another. (See below.) If there is not enough space, do not use a ball and just have teams clustered in separate areas if possible (as long as there are about 3-4 teams).

2. ONE TEAM IS CHOSEN TO START (e.g., by pulling from a hat a piece of folded paper with starting positions 1, 2, or 3).

3. Each team has a set of flash cards that will be passed back and forth among its members as they take turns.

4. Moderator explains the rules and how to answer.

5. The ball is handed to a member of the starting team or teacher selects a team member. That person gets the flash cards and calls a scenario number between 1 and 15.

6. The moderator reads that scenario. The player has 1 minute to respond (time keeper starts the clock).

7. The member holds up a flash card with the risk level response, explains why, and says what would be a safe action. A correct answer gets 3 points; an answer that contains unsafe or faulty information is considered incorrect and is worth 0 points. However, the moderator may appeal to the judges who could award 1 point for a useful point.

8. A team member from the next team is selected (either by passing the ball or by being selected by the teacher). That person calls out a scenario number. The moderator reads that scenario. And the process continues to the next team.
Scenarios

The teacher can create scenarios or use some from previous lessons, including some that students have generated. Each game will need about 15 scenarios. Here are some possible scenarios:

1. You are at a party and notice people, including the friends you came with, pairing up and moving to dark areas outside, with beer. A young lady/man (person of the opposite sex) whom you don't know comes up to you and says, “Let's get a beer and have some fun.” You decide to have a beer with the person. What is the risk level of having a beer with this person? (High risk – Even one drink is too many for someone your age and can have negative consequences. Having alcohol with a stranger makes the situation even more risky.)

2. Many of the students buy lunch from a nearby canteen. The helper has some blisters on her mouth, and you observed her handing back change just after brushing her hand across her lips. Someone said she has herpes. What are the students' risk level for getting herpes? (Low risk - The virus is generally transmitted through direct contact with saliva, not through contact with inanimate objects touched by an infected person.)

3. One of your father’s coworkers, a family friend, has disclosed that she has AIDS. She discovered she was HIV-positive 14 years ago when she was pregnant with her son Jabar, who was born with HIV. She thought it had gone away with the treatment. Jabar is sexually active. What is the risk level of Jabar passing on HIV if his mother feels fine? (High risk – Just because Jabar’s mother thinks she is “cured” does not mean either of them is cured. There is no cure for HIV.)

4. Steven goes to visit his friend Andrew whose mother has HIV. They are talking in the kitchen and there are quite a few mosquitoes around. Andrew’s mother, Steven, and Andrew are all getting mosquito bites, possibly from the same mosquito. What is Steven’s risk of catching HIV? (No risk – Studies have shown no evidence of HIV transmission from mosquitoes or any other insects.)

5. You are walking home from school with your good friend when “Stamina Dan, the ladies man,” drives up in his car and offers you a ride. He asks you if you’d like to go shopping with him and he’ll buy you each something special. The way he looks at you makes you feel uncomfortable. You hesitate, but your friend doesn’t and pulls you into the car with her. What is your risk of being involved in a dangerous situation? (High risk – Any time you feel uncomfortable in anyone’s presence, including an adult’s, you should avoid interacting with that person, even if he or she offers to buy you things. You may also want to tell a trusted adult about this person.)

6. You are interested in becoming a model. A newspaper ad invites potential models to make an appointment for an audition by calling a telephone number. You go without your parents’ knowledge. There is only a photographer there, and he gives you undergarments...
to model. What is your risk of being in an unsafe situation? (High risk – You have no knowledge of the photographer or his intentions.)

7. Your friend’s mother is very ill. She is suffering from AIDS. You drop off some food at her house and use her bathroom where you also wash your hands. What is your risk of getting HIV? (No risk – You cannot get HIV from a toilet seat.)

8. Tonia and Steven are so in love. They enjoy holding hands when they are walking together. They have also kissed once or twice, exchanging spit. What is Tonia’s risk of getting an STI? (Low risk – Tonia could get oral herpes from Steven if he has an open sore on his mouth. Most other STIs are sexually transmitted and cannot be passed on through kissing).

9. Stacy and Willy have been dating for a few months. Willy tells Stacy that his best friend and his girlfriend “proved” they loved each other by having sex. Willy tells Stacy she only has to have sex with him one time to prove her love. She won’t get pregnant because it’ll be her first time, and they’ll only do it once. Stacy believes him and agrees. What is Stacy’s risk of getting pregnant? (High risk – You can get pregnant the first time you have sex.)

10. You are on the Internet and “meet” a girl who says she is also in Form 3. She describes herself as “pretty” and “cute” and says she would love to meet you in person. She gives you the address of her house and tells you her parents are away. You decide to go meet her—alone. What is your risk of being in a dangerous situation? (High risk – You have no knowledge of who the person you met on the Internet is. The “girl” could be an adult sexual predator.)
LESSON PLAN #8

THEME: SEXUALITY AND SEXUAL HEALTH

| REGIONAL STANDARD 3: | Build capacity to recognise the basic criteria and conditions for optimal reproductive health. |
| CORE OUTCOME 2: | Evaluate the social and biological factors that support healthy pregnancy and child rearing. |

Title: What It Takes to Raise a Child

Age Level: 13 - 14 years

Time: 40 minutes

Purpose: To help students become aware of the basic health and social requirements of raising a child and the impact of raising a child.

Overview (Include Concepts):
Students will be given an overview of teen pregnancy and the link between sexual choices and their health and that of a baby.

Specific Objectives:
- Students will be able to:
  1. Describe the dynamics of teen pregnancy (the consequences of sexual activity).
  2. Explain the basic health requirements for mother and child.
  3. Critically assess the social, educational, and financial challenges that impact on rearing a child.

Resources and Materials:
- Resource person (public health nurse associated with antenatal clinic, paediatrician, or a volunteer who was a teen mother)
- Scriptographs (“On Making Responsible Choices,” “Teen Pregnancy,” “Parenting,” “On Becoming a Father”)
- 25-minute video (optional) on “Teen Pregnancy: Children Having Children” from Intermedia-inc.com

Methods and Strategies:
Presentation by resource person (or video), and question and answer session

Step I: Introduction (25 min.)
Teacher introduces the topics of teen pregnancy and child rearing as consequences of sexual choices and expressing sexuality, and states objectives of lesson. Teacher will introduce the resource person. Resource person will give the presentation (15 min.). Question and answer session will be allowed.
<table>
<thead>
<tr>
<th>Step II: Skill Development and Reinforcement (10 min.)</th>
<th>Students will get into small groups and identify three main challenges facing teen parents and what the impact of parenthood is on their lives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step III: Conclusion (5 min.)</td>
<td>One or two groups will present their list and others will add to them.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Teacher to develop rubric to evaluate the homework.</td>
</tr>
<tr>
<td>HOMEWORK:</td>
<td>Students will design a small flier titled “Are you ready?” that shows some of the challenges of raising a child as a teenager.</td>
</tr>
<tr>
<td>Notes for Lesson (Optional)</td>
<td>(VHS) Video: “Teen Pregnancy: Children Having Children” (Intermedia-inc.Com) can be shown in 25 minutes in place of the talk/presentation. TV and VCR will be required.</td>
</tr>
</tbody>
</table>
THE STUDY, THE CONTEXT, AND THE FINDINGS IN BRIEF

Each year, about 1 million teenagers in the United States—approximately 10 percent of all 15- to 19-year-old women—become pregnant. Of these pregnancies only 13 percent are intended. The U.S. teen pregnancy rate is more than twice as high as that in any other advanced country and almost 10 times as high as the rate in Japan or the Netherlands. About a third of these teens abort their pregnancies, 14 percent miscarry, and 52 percent (or more than half a million teens) bear children, 72 percent of them out of wedlock. Of the half a million teens who give birth each year, roughly three-quarters are giving birth for the first time. Over 175,000 of these new mothers are age 17 or younger.

Teen pregnancy has come very much into the public debate in recent years, at least partly as a result of three social forces. First, child poverty rates are high and rising. Second, the number of welfare recipients and the concomitant costs of public assistance have risen dramatically. And third, among those on welfare we see a much higher proportion of never-married women, younger women, and women who average long periods of dependency. No work to date, however, has made a comprehensive effort to identify the extent to which these trends are attributable to teen pregnancy per se, rather than to the wider environment in which most of these pregnancies and the subsequent child rearing take place, or to look at the consequences of teen pregnancy for the fathers of the children and for the children themselves. Kids Having Kids begins to fill this gap.

GUIDANCE FROM PRIOR RESEARCH

The Kids Having Kids research was undertaken in the context of literature describing trends in adolescent childbearing and factors that lead to or exacerbate these trends and their consequences. Aspects of the literature have helped shape this research. So, too, the results of the Kids Having Kids research underscore the emerging consensus that the poor outcomes observed for teenage parents and their children are the product of myriad factors, among which early childbearing is only one.

FACTORS RELATED TO THE TRENDS IN TEEN BIRTH RATES

The likelihood that teenagers engage in unprotected sex, become pregnant, and give birth is highly correlated with multiple risk factors. These factors include growing up in a single-parent family, living in poverty and/or in a high-poverty neighborhood, having low attachment to and performance in school, and having parents with low educational attainment (Moore, Miller et al. 1995). For example, teenagers living in single-parent
households are one and a half to two times more likely to become teenage parents than those in two-parent families (Zill and Nord 1994). Probabilities increase for those with low aspirations and low aptitude test scores. More important, each of these factors increases not only the risk of teen parenthood but also many other negative outcomes, such as poor school performance, weak social skills, and low earnings potential.

**CONSEQUENCES FOR ADOLESCENT CHILDBEARING**

Earlier studies have found that adolescent mothers have high probabilities of raising their children in poverty and relying on welfare for support. More than 40 percent of teenage moms report living in poverty at age 27 (Moore et al. 1993). The rates are especially high among black and Hispanic adolescent mothers, more than half of whom end up in poverty and two-thirds of whom find themselves on welfare. Indeed, a recent study found that more than 80 percent of young teen mothers received welfare during the 10 years following the birth of their first child, 44 percent of them for more than 5 years (Jacobson and Maynard 1995).

This results from a combination of factors, including their greater-than-average income needs to support themselves and their children, lower earning potentials, and more limited means of support from other sources, including male partners. Adolescent mothers have an average of six-tenths more children than do older childbearers, and they have their children over a shorter time span. This fertility pattern both increases their income needs over the long haul and adversely affects the likelihood that they will complete high school and have decent earnings prospects (Nord et al. 1992; Rangarajan, Kisker, and Maynard 1992; Grogger and Bronars 1993; Geronimous and Korenman 1993; Hoffman, Foster, and Furstenberg 1993; Ahn 1994).

Male Involvement and Adolescent Pregnancy Prevention

by Robert Becker, MS


Robert Becker, MS is a consultant with ReCAPP. Mr. Becker has over eight years of experience in designing and evaluating programs and trainings on human sexuality with a particular emphasis on male involvement.

Traditionally, family planning and reproductive health services have been female focused. In the past, this focus made sense since most family planning methods are female dependent, and women are disproportionately affected by the negative consequences of unintended pregnancy and sexually transmitted infections (STIs). However, since the onset of the AIDS epidemic, reproductive health professionals have increasingly recognized the important role that supportive male partners can play in improving the use of contraception and in reducing the risk of unintended pregnancy and the spread of STIs. Today, a major focus of male reproductive health is on men’s utilization of condoms, the one method of family planning that if used consistently and correctly, can greatly reduce the risk of unintended pregnancy and STIs, including HIV. Other foci include STI testing and
treatment, partner communication, gender equity, abstinence, and delay of sexual intercourse.

While there are many "women's" health centres, there are few equivalent health facilities for men. Those facilities that are reaching out to men often find their male services underutilized. The most recent data suggest that men make up only 2% of the clients in the federally funded Title X family planning programs. Many times, services for men are housed in settings where staff lack training in male sexuality and sexual health, where providers' attitudes about men's involvement in reproductive health may compromise the quality of service delivery, and where the environment itself, from the décor to the informational and educational materials, may not reflect men's interests or needs.

Even facilities that have made efforts to make their services male-friendly struggle with underutilization, as men in general are less likely to access health care and often lack accurate information about reproductive health. Adolescent men are especially at risk for unintended pregnancy and STIs because they are more likely to be misinformed about sexuality and sexual health. Young men are socialized to "know it all" when it comes to sex, to not ask questions, and to always be ready and willing to engage in sexual activity. Young men initiate sex earlier than young women and tend to accumulate more partners over their lifetime. These factors, combined with adolescents' overall sense of invulnerability, lead many young men to engage in sexual activity that puts their own and their partners' reproductive health in jeopardy.

The emerging awareness of the important role young men can play in improving their own and their partner's health has led to an increase in the number of programs focusing on male involvement. While male involvement has taken on many forms over the years, the term has come to encompass any clinical, community outreach, and/or educational initiative that improves young men's ability to make informed decisions about their reproductive and sexual health. The goals of many of these programs include:

- Increasing men's support and awareness of their partner's reproductive health needs and choices,
- Increasing men's use of contraceptive methods, especially condoms to reduce the spread of STIs,
- Increasing men's access to and utilization of comprehensive reproductive health services.

While most male involvement programs strongly emphasize pregnancy prevention, some programs also work to increase men's role in gender equity, shared responsibility for childrearing, and men's important role in fatherhood.

Public support for male involvement has increased as attention has been drawn to the costs of unintended pregnancy and child support. Recent studies suggest that 70% of births to adolescent women occur out of wedlock and that 4 out of 5 young mothers begin receiving welfare soon after the birth of their first child. Some policymakers believe that by requiring financial responsibility, men will be motivated to support unintended pregnancies.
and births, yet less than one-third of non-marital births have paternity established, half of custodial parents have child support orders, and only half of those orders are fully paid. These statistics draw attention for the need to focus on helping men avoid unintended pregnancies.

There is some encouraging evidence that male involvement programs are working. Data from the 1995 National Survey of Adolescent Males (NSAM) describes some of the possible positive effects of male involvement programs.

- 90% of teenage males having sex used condoms in the last year (although less than half used condoms 100% of the time).
- About two-thirds of teenage men express little discomfort about discussing condoms with a new partner.
- Among sexually experienced teenage males, more than half have one partner or less in one year.
- More than 90% of teenage males agree that male responsibilities include: talking about contraception before sexual intercourse, using contraception to protect against unwanted pregnancy, and taking responsibility for a child they have fathered.
- Few teenage males express the belief that causing a pregnancy would make them feel like a "real man."
- By age 19, 15% of males are still virgins.

Despite these positive trends, the report warns that many teenage males still engage in unprotected sex and do not use contraceptives as consistently as they could. Many of these men are involved in key social institutions such as sports, youth groups, the criminal justice system, school, or the workforce -- settings where men can be reached with important reproductive health information.

**TEEN ISSUES**

Retrieved from [http://www.etr.org/recapp/column/column200011.htm](http://www.etr.org/recapp/column/column200011.htm)

**Introduction**

There are complicated, even dangerous, connections between the use of drugs and alcohol and sexual behaviours. Yet the effects of most drug prevention efforts have been modest at best. Risky behaviours are not going away, and neither is our responsibility to face them squarely. Perhaps now is the time for educators to try new strategies to counter the ever increasing challenges of teen alcohol and drug abuse and the impact on their sexual risk-taking behaviour. Some experts advocate programs which offer comprehensive and realistic information about the effects of alcohol and other drugs ... along with the assumption that young people can be trusted to make responsible decisions to stay safe.
Overview of the Issues

Sexual activity can be risky behaviour for teens. Unintended pregnancy, STIs including HIV, non-consensual sex, and the potentially negative emotional consequences are a few of the risky outcomes teens experience when they become sexually active. However, sexual activity under the influence of drugs, including alcohol, can raise the stakes even higher. Consider the following:

- Teens often drink or use other drugs when they engage in sexual activity. So perhaps it’s not surprising that many young people lose their virginity while drunk. Unfortunately, many teens who get drunk and have sex also become pregnant because they aren’t thinking about or able to use protection at the time. (National Campaign to Prevent Teen Pregnancy’s "Fact Sheet: Sobering Facts on Alcohol and Teen Pregnancy," April, 2000)

- Thirteen percent of teens say they’ve done something sexual while using alcohol and other drugs that they might not have done if they had been sober. ("National survey of teens: Teens talk about dating, intimacy, and their sexual experiences," Kaiser Family Foundation and YM Magazine, 1998)

- Teens who drink and smoke are more likely to hang out with teens they perceive to be sexually "advanced" — which usually results in a higher level of sexual activity among those teens themselves. (Whitbeck, et al., 1993)
Worksheet for Small-Group Work

What Are Three Main Challenges Facing Teen Parents?

1. 

2. 

3. 

What Is the Impact of Parenthood on Their Lives?
LESSON PLAN #9

THEME: SEXUALITY AND SEXUAL HEALTH

<table>
<thead>
<tr>
<th>REGIONAL STANDARD 5:</th>
<th>Develop knowledge and skills to access age-appropriate sources of health information, products, and services related to sexuality and sexual health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE OUTCOME 2:</td>
<td>Demonstrate an understanding of the basic tenets that address the sexual health of children and youth.</td>
</tr>
</tbody>
</table>

Title                                      Understanding and Using Reproductive Health Resources
Age Level                                  13-14 years
Time                                       This lesson will require an 80-minute session. Special arrangements should be made.
Purpose                                    Help students identify and access reproductive health resources and provide students with an understanding of the available resources and the basic rights of access by children and youth.
Overview                                   Students will be provided with an overview of the laws and tenets that are in place to protect their reproductive health. They will also learn the extent of their rights to access health resources.

Specific Objectives
1. Demonstrate an understanding of the basic tenets that address the sexual health of children and youth.
2. Use critical-thinking skills to evaluate the information received.

Resources and Materials
This session can be held for all the intervention classes at the same time; use an auditorium, conference room, or other large room to accommodate the classes, with a multimedia projector, computer, screen or large TV, or overhead projector with screen.

It is recommended that four panellists be invited: a family law advisor, a medical advisor, a family planning representative, and a probation officer (or officer associated with juvenile court).

Copies of international rights of the child and related material.

Methods and Strategies
Panel presentation: Each panellist will provide an aspect of the topic from his or her terms of reference. Topic areas will be displayed on the screen.
Step I: Introduction (10 min.)

Teacher will act as moderator and introduce the panellists and their areas of interest.

Each panellist will present a five-minute overview; students will be allowed five minutes to ask questions after each presentation. Additional questions will be allowed at the end of all presentations.

Step II: Skill Development and Reinforcement (40 min.)

Legal areas - various legislation and acts that deal with sexuality and sexual health protection, rights, age of consent, or participation.

Medical reproductive health access - what is allowed with or without parental consent; incidence of STIs among children.

Family planning - availability, access, and rights to family planning and contraceptive information.

Probation/juvenile - sanctions to infractions of law that deal with sexuality and sexual health protection.

Step III: Conclusion

Moderator will summarise the main points.

Assessment

Homework

Homework:

Field work: Students will choose at least one person with whom they will share information they received from the panel presentation. The student will report on what they shared and what reaction they received.

Students will write one paragraph about what they learned from the panel about the reproductive rights of children.

Notes for Lesson (Optional)

Teacher will help panellists to prepare by providing them with an overview of the standards and outcomes to be achieved.
### Rubric for Lesson #9

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest score</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Task #1:</td>
<td>Demonstrated strong understanding of more than one of the topic areas covered by panellists</td>
</tr>
<tr>
<td>Homework</td>
<td></td>
</tr>
</tbody>
</table>

**Sexuality and Sexual Health – Form 3 Lessons**

94
LESSON PLAN #10

THEME: SEXUALITY AND SEXUAL HEALTH

REGIONAL STANDARD 2: Analyse the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

CORE OUTCOME 3: Critically examine social norms and personal beliefs in light of current knowledge of the transmission and spread of HIV/AIDS.

Title: What's the Norm?

Age Level: 13-14 years

Time: 40 minutes

Purpose: Helping students to examine social norms and personal beliefs related to sexuality, and how these norms and beliefs can lead to stigma and discrimination.

Overview (Include Concepts): Students will learn about norms and identify the stigma and discrimination associated with the norms. The lesson will make them more aware of discrimination.

Specific Objectives: Students will be able to:
1. Analyse norms, beliefs, and cultural views about sexual choices and expressions of sexuality.
2. Identify how some social norms can lead to stigma and discrimination.
3. Advocate for reducing stigma and removing the discrimination associated with teen pregnancy (HIV) and other STIs.

Resources and Materials: Teacher Resource Page

Methods and Strategies: Class discussion, and individual and group work
PROCEDURE

STEP I: INTRODUCTION
(5 MIN.)

Ask students to give their definitions of "social norm." Elicit examples of social norms and list others (see teacher resource page).

Tell students that some social norms can lead people to make negative choices. They may believe they are not "normal" if they don't act a certain way or engage in certain behaviour (e.g., drinking or having sex). Some sexual choices can result in adverse consequences, such as contracting STIs or HIV, or getting pregnant before one is ready to have a child. As a result of these consequences, people may experience stigma or discrimination related to beliefs that others have about certain groups of people, regardless of their individual circumstances—e.g., "teen mothers should not be in school" or "anyone with HIV must have had many sexual partners."

In this lesson they will critically assess some social norms associated with sexuality and how these are enforced.

Step II: Skill Development and Reinforcement
(15 min.)

Ask students to work in their small groups and select one norm of their own to assess. Choose one social norm about sexuality to use as an example of how they will proceed.

On a poster or blackboard or handout, students should:
- Identify and write down three social norms related to sexual choices and expressions of sexuality that are prevalent among people their age.
- Explain why they are considered to be social norms.
- Evaluate the norms in terms of their personal beliefs.
- Discuss the stigma and discrimination that can result from these social norms.

(10 min.)

Have one or two groups report back their answers. Spend only 10 minutes on this reporting (not everyone may be able to report back).

OPTIONAL: Ask students to create a message, jingle, statement (speech), slogan, cartoon, etc., to advocate against stigma and discrimination related to sexuality.

Step III: Conclusion
(1 min.)

End this lesson by saying that stigma and discrimination related to sexuality are often caused by social norms. Adolescents may feel pressured to believe these social norms, even though they go against their own personal beliefs. Before accepting social norms, students their age should consider them against their own beliefs and assess whether or not they are really true and how they could harm others.
Assessment

See rubric.

**HOMEWORK:** Ask students to seek out examples of stigma and discrimination that conflict with their personal views and advocate against them in a letter to their fellow students.
### Rubric for Lesson #10

<table>
<thead>
<tr>
<th>Performance Tasks</th>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Highest score</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Task #1: Class Discussion</td>
<td>Participated appropriate amount and showed interest</td>
</tr>
<tr>
<td>Task #2: Small-Group Work</td>
<td>Demonstrated strong effort in group work</td>
</tr>
<tr>
<td>Task #3: Homework Assignment</td>
<td>Demonstrated strong ability to analyse and identify social norms</td>
</tr>
</tbody>
</table>
Possible Social Norms Linked to Sexuality:

- Many schoolgirls get involved in sex to show love.
- Youth who get involved in sexual activity do not regularly use protection.
- Most pregnant schoolgirls drop out of school for a period of time or altogether.
- Girls who are unable to find a boyfriend are disrespected by their more popular peers.
- Watching and/or participating in pornographic activity (videotaped sex/blue movies) is common among adolescents.
- Many young men and women are beginning sexual activity earlier in life, by 13 years.
- More young males and females are becoming involved with prostitution, which is immoral and illegal.
- Males are encouraged to get involved in sexual activity even by parents.
- Girls who get involved in sex and promiscuity are perceived as immoral.
- Girls are easily pressured into sexual activity by older males.
- Boys who don’t want to get into early sexual activity with girls are called sissy, girl, and other names suggesting they are homosexual.
- Boys who are interested in clothing and textiles at school are viewed with suspicion.
- Most parents are afraid to talk about sex because they think it will be seen as encouragement.
- Children under 16 should not be involved in sexual activity.
- Teen mothers are perceived as not belonging in school.
- Society’s dirty secret is that many children are initiated into sexual activity by adults.
- Adolescents are not aware of the risks to their reproductive and emotional health caused by early sexual activity.
- Choosing abstinence or wanting to remain a virgin is not in style.
- Society blames youth for getting involved in sexual activity, teen pregnancy, and other negative behaviours.
- The adults who are guilty of abuse and statutory rape seldom pay a price.

Norms (possible answers are in italics):

- Identify and state some social norms about sexual choices and expressions of sexuality. *Choosing abstinence or wanting to remain a virgin is not in style.*
- Explain why they are considered to be social norms. *Having sex is a social behaviour that is considered permissible particularly by younger people.*
- Evaluate in terms of their personal beliefs. *It is a changing norm, and more young people appear to be moving toward choosing abstinence and virginity until they consider themselves ready.*
- Describe possible consequences of negative sexual choices and expressions of sexuality. *Abstinence is the only safe way to prevent pregnancy and transmission of STIs. Not choosing abstinence means you are accepting possible risks.*
- Discuss the stigma and discrimination that can result from attempts to enforce norms. *Young people use peer pressure and exclusion from “in” groups to force*
others to become involved in sexual activity. Some laugh at and ridicule those who say they are virgins. On the other hand, teen pregnancy carries both stigma and discrimination—teen mothers are seen as promiscuous and immoral; they lose school time or are not allowed to continue; some drop out of school and are discriminated against for incomplete education; some churches exclude them; parents of their friends may discourage the friendship.

Definitions of Social Norms and Personal Beliefs about Sexuality

Norms are sentences or sentence meanings with practical, i.e. action-oriented (rather than descriptive, explanatory, or expressive) import, the most common of which are commands, permissions, and prohibitions. Another popular account of norms describes them as reasons to act, believe or feel.

A sexual norm can refer to a personal or a social norm. Most cultures have social norms regarding sexuality, and define normal sexuality to consist only of certain legal sex acts between individuals who meet specific criteria of age, relatedness or social role and status. In sociology, a norm, or social norm, is a rule that is socially enforced. Social sanctioning is what distinguishes norms from other cultural products or social constructions such as meaning and values.

Social stigma is severe social disapproval of personal characteristics or beliefs that are against cultural norms. Social stigma often leads to discrimination.

There are three classes of norms:

Folkways
A society’s web of cultural rituals, traditions and routines. Deviation is not usually considered a serious threat to social organization and is thus sanctioned less severely than moral deviation. Example: In certain households, it is a folkway to say grace before eating.

Moral
Moral judgments define wrong and right behaviour, the allowed and the disallowed and, what is wanted and not wanted within a culture. A violation of mores is usually considered by society as a threat to social organization and harshly sanctioned. Examples: Drug use, sexual promiscuity, and extreme styles of dress.

Laws
"More than ambition, more than ability, it is rules that limit contribution; rules are the lowest common denominator of human behaviour. They are a substitute for rational thought". - Hyman G. Rickover

In highly organized societies, there are formalized and precisely delimited norms. The breaking of legal norms, or laws, invokes procedures and judgments through formal, legal institutions, such as police and the courts, set up to enforce them. These norms generally relate to individual violations of mores or to the adjustment of proprietary relationships.

Levels of enforcement of norms in decreasing order:

- Violations of norms are punished with sanctions, possibly enforced by law.
- Violators of norms are considered eccentric or even deviant and are stigmatized.
- Alternative behaviours are not acknowledged.
The norm is presumed, often to an extreme, in an attempt to avoid any challenge that might provoke stigma or sanction or even lead to redefinition of normative behaviour. As a series of examples that are under tremendous contemporary pressure as norms evolve: the term "lover" once was presumed to denote a person of the opposite sex; a "mature" adult once was presumed to be or have been married; and a "couple" once was presumed to have or want children. These terms now have different meanings.

**Stigma** comes in three forms: (1) Overt or external deformations, e.g. physical manifestations of anorexia nervosa, leprosy, disabilities. (2) The known deviations in personal traits. For example, drug addicts, alcoholics, and criminals are stigmatized in this way. (3) Group, race, etc.

**Sexual Norms and Sexual Practise**

**Hetero-normativity** is the perceived reinforcement of certain beliefs by many social institutions and social policies. These beliefs include the belief that human beings fall into two distinct and complementary categories, male and female; that sexual and marital relations are normal only when between people of different sexes; and that each sex has certain natural roles in life.

Thus, physical sex, gender identity, and gender roles should in any given person align to either all-male or all-female norms, and heterosexuality is considered to be the only normal sexual orientation. The norms this term describes or criticizes might be overt, covert, or implied. Those who identify and criticize hetero-normativity say that it distorts discourse by stigmatizing alternative concepts of both sexuality and gender and makes certain types of self-expression more difficult.

Studies have shown that human sexual behaviour does not generally fit neatly within structures imposed by societies or religions, with masturbation being almost universal, and pre-marital sex, serial monogamy, adultery and homosexual and bisexual behaviour being far more common than these societies are willing to acknowledge. Many societies which aggressively regulate sexual behaviour tend to have high levels of hidden child sexual abuse or spousal abuse, the public discussion of which is taboo in polite society.

Views on sexuality may not even be shared among adherents of a particular sect. Some religions distinguish between sexual activities that are practised for biological reproduction (sometimes allowed only when in formal marital status and at a certain age), and other activities practised for sexual pleasure as immoral.

These liberalizing trends can be contrasted with conservative social trends that seek to reverse these patterns of behaviour, with encouragement for young people to choose traditionally accepted roles, beliefs and behaviours, and to exercise sexual abstinence or non-promiscuous lifestyles before marriage.

*Information selected from http://en.wikipedia.org/wiki/Normal_sexuality*
Social Norms and Values, Personal Beliefs and Social-cultural Influences

Our sexuality is influenced by our values, experiences, families, peers, media, school, religion, law, and government. In addition, adolescent views of sexuality are influenced by cultural norms from external influences (other countries), in addition to contemporary entertainment media—popular songs, rap, dub and dancehall, and music videos; also there is more exposure to advertisements which use images of sexuality as props.

Societal values

Society determines what sexual information and behaviours are legally permitted or considered appropriate on the basis of:

- Tradition, customs, religion, values, and beliefs
- The history and experience of the culture
- Economic and political conditions

Every culture has norms related to sex and sexuality. These norms are reflected in gender roles, relationships, marriage, partnerships, friendships, and family. Societal norms often determine sexual practices, marriage customs, punishment for unapproved sexual behaviours, and attitudes toward prostitution, homosexuality, contraception, sexual taboos, and sexuality education.

All societies have values that guide private and public behaviour. These values are formal—that is, defined by religions, governments, and other official entities shaping a society’s laws. However, informal values—those reflecting a person’s day-to-day behaviour—may not be consistent with the culture’s formal values. (2005 EngenderHealth)

Enforcing norms

Informal values which conflict with formal values lead to a reverse level of enforcement. Alternative behaviours are not acknowledged. The norm is presumed, often to an extreme, in an attempt to avoid any challenge that might provoke stigma or sanction or even lead to redefinition of normative behaviour. This is often seen in societies where a society may publicly prohibit sexual activity outside of marriage, but many people may practise sex with a person who is not their spouse. In some cultures, it may be understood informally that this is common—even acceptable—while in other cultures, norms—and even laws based on these norms—may make these behaviours acceptable for one sex and not the other. For example, in some cultures it is acceptable for men to have multiple sexual partners or sex with a person who is not their spouse, but not a woman. There are some situations where the enforcing of the norm is misattributed. Although rape is a crime, a person who is raped may be stigmatized.

Religious Norms and Values

Religion shapes sexual values with "sacred" law that articulates a range of acceptable sexual behaviours and practices (whom an individual can marry, the types of sexual expression
allowed, the use of contraception, etc.). In many countries, “sacred” laws continue to have a powerful impact on current secular law.

**Economics, laws, and politics**

Economics shape sexual values and become part of a culture’s tradition. Although some laws are designed to protect people against sexual abuse (e.g., rape, pedophilia, incest), some laws also regulate sexual conduct between consenting adults and may favor one gender or sexual orientation over another. Certain sexual acts to which women are particularly vulnerable are considered violations of human rights, yet some laws deny them their rights. A woman in the same culture who has sexual relations outside of marriage may be stigmatized, punished, or socially ostracized—even if the woman has been raped. It may be acceptable in the same culture for men to have multiple sexual partners or sex with a person who is not their spouse. When sexual and reproductive rights are abused or ignored, women and girls may be placed at risk of violence, sexual abuse, rape, sexually transmitted infections such as HIV/AIDS, unintended pregnancy, abortion complications, abandonment, harmful practises (such as female genital cutting), and poverty.

**First intercourse and marriage**

In many societies, there are cultural taboos against sexual intercourse outside of marriage. In others, a couple is expected to engage in sexual intercourse—or even conceive a first child—before marriage. In still others, common-law unions are the predominant pattern.

**Access to health care**

While there are often societal and cultural norms for what is considered to be the “appropriate” age and circumstance for first intercourse, health care workers should remember that an individual’s first intercourse may not be consistent with what society condones. For example, in some societies, girls would feel disgraced by premarital or casual sex (although young men in the same culture may be expected or encouraged to engage in sexual intercourse before marriage). This does not mean that some—or even many—girls in these cultures do not engage in premarital sex, but that they may be afraid to disclose any sexual experience they have had to health care providers or others. Clients may have a similar reluctance to disclose first sexual intercourse that is a result of rape, incest, or in cultures where homosexual behaviour is taboo, same-sex intercourse.


**Changing Norms and Difficult Challenges**

In several regions of the world, the age of marriage is increasing, the age of sexual maturity is decreasing and “sexual debut” is occurring earlier in young people’s lives, lengthening the time when women and men face risks to their health.

In most settings, gender norms shape young women’s and men’s early sexual experiences. Young women are often pressured or coerced to accept risky sexual behaviour, while young men are encouraged to take sexual risks—and may well expect their partners to comply or
face intimidation or violence. Early sexual experience is often associated with other risky behaviours like alcohol and drug use or smoking, particularly for boys.

Many girls’ first sexual experiences involve coercion. The younger the girl and the greater the age difference between her and the male, the greater the likelihood of an exploitive relationship.

Unequal gender norms persist in many parts of the world, with young men often encouraged to enlarge their sexual experiences while restraint is urged on young women. In some settings, the balance may be highly skewed, with very high demands for women to remain chaste coupled with few demands (if any) on men to practise sexual self-control or to treat partners with respect. For young men and women, these different expectations are harmful and have a negative impact on the establishment of healthy, responsible and equitable relationships.

Studies in 21 countries indicate that more than one third of boys’ first sexual experience is with a sex worker. Sexually active boys report having sexual relations with a variety of partners, including girlfriends, informal female acquaintances and sex workers.

Young women generally engage in sexual relations within the context of a relationship, and see it as a means of strengthening the relationship. Low power, fear of violence, and a sense of “marital duty” prevent many women from discussing the timing of their sexual relations with their husbands.

Unequal gender norms, including expectations of female passivity, often reduce young women’s ability to make informed choices about their sexual health. Fear of losing one’s partner can also limit their choices. Studies in the United States suggest that among girls abandoned after sexual initiation, the resulting depression is as intense as that which follows the death of a family member.

Male sexual behaviour reflects and affirms masculine identity in all cultures. But cultural concepts of identity vary. Changing social and cultural conditions (e.g., more education, the changing nature of work, access to mass media, women’s empowerment, generational value shifts, increases in informal unions, decreased roles for extended family, increased costs of child-raising, urbanization and international migration) are redefining accepted concepts of masculinity and male-female relationships, with an increased focus on responsibility.


Gender Norms
Focus group research in South Africa found that gender norms limit young women’s negotiating power to protect themselves in sexual encounters. “Dominant social norms of masculinity portrayed young men as conquering heroes and macho risk-takers in the sexual arena,” while young women were predisposed “to use the responses of passivity or fruitless resistance in the face of male advances”.

Girls tend to say the reason they engage in sexual activity is to cement a relationship with
someone they love. If they insist on condom use, it may jeopardize that relationship. Young men may capitalize on this emotion when seeking to engage in sex with young women.

**Dating and Relationships**

Patterns of relationships between young men and young women are changing. Rising age at marriage increases the opportunity for friendships, dating and more serious partnerships between young males and females. Its prevalence varies in different settings and social contexts. In some settings, dating is common, if irregular, among large proportions of youth, but the relationship contents vary. The intensity of relationships varies with age: college students more commonly form close attachments. For the great majority of youth (particularly in Eastern and Western Asia) these do not include sexual relations.

Parental oversight of adolescent relationships is common, but large minorities—larger for males than females—form attachments without permission. Adult knowledge of their children's sexual experience is often limited.

In settings where values insist on premarital abstinence, there is a greater tendency to withhold information about sexual and reproductive health from youth and from policy discussion.

**Earlier Onset of Sexual Activity**

Sexual initiation is increasingly occurring outside of marriage, particularly for boys. Both adolescent boys and girls who engage in sexual activity often begin with little knowledge of sexuality, reproductive health, safer sexual practices, or their right to refuse and to abstain. In Peru, the Philippines, Thailand and Viet Nam, both young men and young women are more likely to consider premarital sex to be more acceptable for males than for females. Young men tend to begin having sex at least two to three years before young women—in some parts of the world within the context of sexual initiation rites or with a sex worker. In Latin America and the Caribbean, the average age at first sexual encounter is earlier for males than females, ranging from 12.7 years for boys and 15.6 for girls in Jamaica to 16.0 for boys and 17.9 for girls in Chile.

One in-depth study uncovered two patterns of young men's first sexual experiences—findings that parallel other research. The first pattern, termed "impulsive", took place at an early age (15 or younger) and was motivated by curiosity, reported "physical need" or peer pressure. It usually occurred in a hotel or brothel with a sex worker. If a contraception was used, it was typically condoms. In the second pattern, "occasional", young men's first sexual experience took place with a friend or casual acquaintance in varied locations, often spontaneously and without contraception.

Premarital sexual activity for adolescent girls varies considerably in different regions: less than 12 percent in Asia, up to a quarter in Latin America and around half in sub-Saharan Africa. In sub-Saharan Africa in particular, girls’ early sexual relationships are very likely to occur with men who are considerably older, often in exchange for money or gifts. These conditions significantly reduce girls' ability to negotiate safer sex and increase their chances of contracting STIs and HIV or becoming pregnant. Because cross-generational sex
is driven in part by poverty, and is also seen as a way to increase one’s status, parents sometimes encourage it.

As couples move towards marriage, premarital sex may well occur in a majority of relationships, even in relatively conservative settings.

A lack of other opportunities such as employment, sports, or religious and cultural activities tends to increase the centrality of sexual behaviour in adolescents’ self-definition and self-esteem.

**Unwanted Pregnancy**
Many young men and women are beginning sexual activity earlier in life. By not choosing abstinence as an option, a larger proportion of adolescents and young people need access to family planning methods to avoid unwanted pregnancies.

Due to limited knowledge and guidance, adolescents are less likely to practise safer sex or to use contraception. Contraceptive use is still infrequent in most early sexual experiences. Young women consistently report lower usage rates than men, evidence of their unequal power in negotiating use of family planning with their partner or restrictions on their access to services (due to lack of information, shame, laws, health provider attitudes, and practises or social mores).

Community studies suggest that between 10 and 40 percent of young, unmarried women have experienced unwanted pregnancy. At the high end, in studies of soon-to-be married women, unmarried factory workers, out-of-school adolescents and women seeking health care, more than one third have experienced an unwanted pregnancy.

The majority of unwanted pregnancies among young, unmarried women end in abortion, posing a serious public health concern since many—if not most—of these abortions are unsafe, carried out by people lacking formal medical training and in facilities with substandard hygiene and care.

**Contraceptive Use**
Detailed data on premarital sexual behaviour have only recently been collected in developing countries. In 13 countries with appropriate surveys of the timing of different sexual and reproductive behaviours, large differentials are observed in the age of sexual debut and in the proportion of sexual activity protected by contraception.

As young couples establish long-term relationships, they are more likely to practise contraception, but tend to use methods other than condoms—hampering their ability to protect themselves from sexually transmitted infections, including HIV.

Postponing sexual intercourse appears to be a conscious choice for some adolescents, consistent with a 1997 survey of adolescent reproductive health conducted in Jamaica. However, among sexually active youths, fewer than 3 in 10 regularly use contraception. Results indicate that perceived lack of confidentiality may be a factor in seeking
contraception. Although fewer than 1 in 10 young people have been pregnant or gotten someone pregnant, many girls drop out after having a child and thus would not be counted in an in-school survey.

HIV-Related Stigma and Discrimination

AIDS is a global pandemic. People living with HIV and AIDS are, to varying degrees, stigmatised throughout the world.

Around the world, HIV stigma is expressed through social ostracism, personal rejection, direct and indirect discrimination and laws that deprive people living with, and affected by, HIV and AIDS of their basic rights. In the United Kingdom, HIV and AIDS-related discrimination in employment, health care, insurance and education have all been widely reported since the beginning of the epidemic.

What are Stigma and Discrimination?

Stigma is a form of prejudice that discredits or rejects an individual or group because they are seen to be different from ourselves or from the mainstream. When people act on their prejudice, stigma turns into discrimination.

Discrimination can be defined as any action or measure that results in someone being treated unfairly because they belong or are perceived to belong, to a particular group (e.g. a gay man discriminated against because of his sexual orientation).

What are HIV-related Stigma and Discrimination?

HIV-related stigma arises mostly from fear and ignorance about the disease and/or hostility and existing prejudices about the groups most affected by it (e.g. gay men, Black Africans).

HIV-related discrimination is the unfair treatment of people on the basis of their actual or suspected HIV status. Discrimination against people living with HIV and AIDS also extends to those with whom HIV and AIDS are associated in the public mind.

HIV-related discrimination is unique. Unlike other kinds of disability discrimination, it is often linked with and reinforces other forms of discrimination such as racism and homophobia.

What factors contribute to HIV-related stigma and discrimination?

- HIV is a life threatening condition;
- Lack of understanding about the disease (e.g. myths and misconceptions about how HIV is transmitted);
- Association of HIV with specific behaviours or lifestyles (e.g. homosexuality, injecting drug use);
• Existing prejudices towards population groups already stigmatised and discriminated against because of their race, gender and/or sexual orientation; and
• Irresponsible and biased media reporting of HIV-related news.

Examples of HIV-related discrimination

For people living with HIV, or those assumed to be HIV-positive, no area of life is untouched by stigma and no area of life is invulnerable to discrimination.

Employment

Examples of discriminatory practises include pre-employment HIV testing, denial of employment to people who test positive, harassment in the workplace and pressure to resign. NAT has developed a resource pack aimed at employers to prevent stigma discrimination in the workplace. To find out more visit www.areyouhivprejudiced.org

Housing

Examples of discrimination include refusal to rent a property for no stated reason, harassing a tenant and eviction for no stated reason.

Insurance

Some insurers require an HIV test before providing insurance, or refuse to provide health and life insurance to gay men, regardless of their HIV status.

Education

HIV-positive teachers can be dismissed through irrational fear of transmission to children, and the widespread fear of AIDS has led many adults to take extreme measures in an effort to prevent HIV-positive children from attending school.

Services

Service providers can also discriminate, especially in relation to access to health care. Examples include general practitioners, surgeons, nurses or dentists refusing to treat patients with HIV or suspected of being HIV-positive, providing discriminatory standards of health care, or adopting unnecessary infection control measures.

What is the impact of HIV stigma and discrimination?

Responding to HIV and AIDS with blame or abuse towards people living with, or affected by, HIV and AIDS, simply forces the epidemic underground, creating the ideal conditions for HIV to spread.
This is because:

- Stigma and discrimination threaten the effectiveness of HIV prevention and care programmes by discouraging individuals from coming forward for testing and seeking information on how to protect themselves and others.
- Stigma and discrimination have a destructive impact on disadvantaged, already stigmatised and marginalised communities.
- Discrimination against people living with, or affected by, HIV and AIDS, or those assumed to be infected violates fundamental human rights, in particular the right to be free from discrimination.

Source: http://www.nat.org.uk