

Introduction

Assignment

Read the following:

Today we are beginning Family Life and Human Sexuality. This unit will focus on sexual health, safety and well-being. We will cover topics such as healthy relationships, abstinence, pregnancy and a whole lot more. You'll get to learn more about your bodies and about sex and gender, and you'll get better at making decisions that keep you safe and healthy.

If there are very personal concerns you want to discuss with me, I will be available to talk in private. I can then refer you to the appropriate professional or resource.

NOTE about CONFIDENTIALITY: As a mandated reporter, I am required to report physical or sexual abuse, neglect, imminent risk of serious harm, or when a student is suicidal or homicidal. I am not sharing this with them to discourage you from talking to me. I will be scrupulous about protecting your confidentiality. I just want you to know my legal responsibility as a teacher.

I encourage you to email me any questions you may have and I expect that you'll use the medically accurate terminology (or "standard adult terms") as opposed to slang.

However, if the only word you know for something is slang, it's OK to use the slang, and I'll teach you the medically accurate terminology. It is better to ask a question using slang than not ask the question at all.

Throughout the unit, you will learn the following medically accurate terms.

Penis	Scrotum
Vagina	Condom
Testis	Ovum
Sperm	Uterus
Pregnancy	Anus
Semen	Clitoris

Answer the following questions. Write a few sentences answering each of the following two questions:

- a) Which sexual health topic do you think that you know the most about? List three facts that you know regarding that topic already.

- b) What are you most excited to learn about in the upcoming unit? Why?

Reproductive System & Pregnancy

High School, Lesson 2

Student Learning Objectives

The student will ...

1. Be able to locate and name at the parts of the male and female reproductive systems.
2. Know the path of an egg (ovum) during menstruation and of a sperm during ejaculation.
3. Understand there is a wide range of “normal” anatomy.
4. Know several early symptoms of pregnancy.
5. Know the process of conception.

Assignment

Read the following.

This lesson is a review of information that you have learned in earlier grades. Being well-grounded in knowledge about the reproductive system will help you make sense of discussions about pregnancy, birth control, and sexually transmitted diseases. Also, knowing body parts helps you to explain to a health provider what you think the problem may be.

Complete the table below. Identify the reproductive system body parts based on where it is in the body and what it does.

Note: the parts labeled as male, female, or both are for most people, but when people are intersex there may be some differences that were present at birth.

Select from the following vocabulary – **MALE BODY SYSTEM**

penis (made up of shaft, glans, and sometimes foreskin)
spermatic cords
testes (also called testicles)
spermatazoan
vas deferens
Cowper’s glands

foreskin
semen
epididymis
scrotum
prostate gland
seminal vesicles

Directions: Complete the table below. Identify the male reproductive system body parts based on where it is in the body and what it does.

Male Part	What it Is / What it Does
	<ul style="list-style-type: none"> • allows passage of urine and of semen • provides sensation (has many nerve endings) • the average penis measures 3-4" when it's not erect (flaccid) and 5-7" when erect¹
	<ul style="list-style-type: none"> • protects the glans of the penis • provides sensation • males who've been circumcised don't have one
	<ul style="list-style-type: none"> • muscular sac which is shorter when cold, longer when warm • holds testes • controls temperature • provides sensation
	<ul style="list-style-type: none"> • produce sperm and sex hormones (androgens, testosterone) • each is made of 500-1,200 feet² of tightly coiled tubes
	<ul style="list-style-type: none"> • allows maturation of sperm
	<ul style="list-style-type: none"> • cell from a man (commonly called "sperm") they carry strings of genes (called "chromosomes") or DNA instructions in case the sperm cell meets with an egg cell and fertilizes it
	<ul style="list-style-type: none"> • suspend the testis • supply blood to the testis • provide sensation • carry sperm from the testis
	<ul style="list-style-type: none"> • provides storage for sperm • allow passage of sperm • as big around as sewing thread • they lead into the abdomen, where (behind the bladder) they widen into storage sacs
	<ul style="list-style-type: none"> • contribute fructose (sugar) to semen for nourishing the sperm
	<ul style="list-style-type: none"> • helps sperm live longer and travel better • about a teaspoon full per ejaculation
	<ul style="list-style-type: none"> • produces most of the fluid that makes up semen
	<ul style="list-style-type: none"> • pair of glands • produce fluid called pre-ejaculate or "pre-cum" that cleanses the urethra of acid (from urine) to protect the sperm

Directions: Complete the table below. Identify the female reproductive system body parts based on where it is in the body and what it does.

Select from the following vocabulary – **FEMALE BODY SYSTEM**

- | | |
|-----------------|----------------|
| vagina | cervix |
| uterus | hymen |
| ova | ovaries |
| vulva | clitoris |
| Fallopian tubes | Skene’s glands |
| fimbria | clitoral hood |

Female Part	What it Is / What it Does
	<ul style="list-style-type: none"> houses and protects embryo/fetus/baby allows nutrient & waste exchange with placenta nourishes an embryo, before a placenta grows
	<ul style="list-style-type: none"> the bottom section of the uterus produces fluids to help sperm travel produces a mucous plug to keep germs out during pregnancy
	<ul style="list-style-type: none"> allows passage of sperm produces fluids to cleanse and lubricate itself and to help sperm travel allows passage of shed endometrium during menstruation allows passage of baby provides sensation (has many nerve endings especially in the outer third) a collapsed tube, like a deflated balloon 3” long when not aroused, 5-6” when aroused,³ but very stretchy is the middle of female’s three openings
	<ul style="list-style-type: none"> membrane partly covering vaginal opening some girls are born without a hymen may be stretched during sexual intercourse or by using a tampon or with fingers
	<ul style="list-style-type: none"> carry strings of genes called chromosomes which mix with chromosomes of sperm to direct fetal development if fertilized and implanted in the uterus they dissolve in the Fallopian tube after about 24 hours if not fertilized⁴

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	<ul style="list-style-type: none"> • provide storage for ova • allow maturation of ova • produce sex hormones (estrogen, progesterone, androgens)
	<ul style="list-style-type: none"> • allow passage of ova toward uterus • allow passage of sperm from uterus
	<ul style="list-style-type: none"> • guides a mature ovum, when it is released from an ovary, into a Fallopian tube • fringe-like or finger-like outer ends of the Fallopian tube
	<ul style="list-style-type: none"> • area of firm tissue anterior (towards the front) to the wall of the vagina, surrounding the urethra • responds to pressure sometimes causing orgasm⁵ and sometimes produces fluid (it is not urine) • also known as Graffenberg-spot or the female prostate gland
	<ul style="list-style-type: none"> • protect openings of urethra and vagina, as eyelids protect eyes • provide sensation (has many nerve endings) • labia are folds of skin • outer labia (labia majora) have pubichair
	<ul style="list-style-type: none"> • provides sensation (has many nerve endings) • each internal branch of erectile tissue is about 3½" long • the glans (the visible part of the clitoris) is usually ¼-½" long , comparable in size to a pearl at front of vulva, where the labia meet⁶
	<ul style="list-style-type: none"> • protects the glans of the clitoris • provides sensation (has many nerve endings) • like a cap, mostly covers the clitoris, when it isn't erect

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Directions: Complete the table below. Identify the reproductive system body parts that are common to both the female and male body system based on where it is in the body and what it does.

Select from the following vocabulary – **BOTH FEMALE AND MALE BODY SYSTEM**

pelvis
 buttocks
 cilia
 urethra

navel
 bladder
 abdomen
 anus

Both Male and Female	What it Is / What it Does
	<ul style="list-style-type: none"> • allows passage of oxygen and nourishment before birth • after birth, it serves no purpose • not part of the reproductive system
	<ul style="list-style-type: none"> • contains most of our internal organs the part of the body between the rib cage and the pelvis
	<ul style="list-style-type: none"> • provides cushion for tail bone and aids in walking and standing • contains muscles for movement • not part of the reproductive system
	<ul style="list-style-type: none"> • bowl shaped bone structure that supports and protects the internal reproductive organs • men’s and women’s pelvises are shaped differently so that women can give birth
	<ul style="list-style-type: none"> • hair-like structures which line the Fallopian tubes and the epididymes, • sweep an ovum down the Fallopian tube • sweep sperm cells through the epididymes
	<ul style="list-style-type: none"> • provides storage for urine • not part of the reproductive system
	<ul style="list-style-type: none"> • allows passage of urine • in males allows passage of semen it’s the tube inside the penis • in females, it is below the clitoris but above the opening of the vagina • not part of the reproductive system • some females ejaculate a clear fluid that is not urine from their urethra during orgasm this is normal and natural and women should not think they are peeing during sex if it happens⁷
	<ul style="list-style-type: none"> • allows passage of bowel movement (feces) • provides sensation (has many nerve endings) • the opening from the rectum and lower intestines • not part of the reproductive system

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Read the following. Complete the assignment.

We will now continue to build on knowledge learned about reproduction and focus on pregnancy. We will cover some of the basics about pregnancy including how pregnancy happens, symptoms, and where to go for a pregnancy test.

The ovum, or egg cell, is the largest cell of the human body, about the size of a grain of sand ... visible but only barely. The spermatozoon – or sperm cell for short – is much smaller. The human body is made of billions of cells (brain cells, blood cells, muscle and bone cells as well as eggs and sperm).

Most cells in your body contain 23 pairs of chromosomes (for a total of 46). Each chromosome is a chain of genes. Unlike other human cells, sperm and egg cells contain 23 individual chromosomes each, rather than 23 pairs. When sperm and egg meet, they form 23 pairs of chromosomes for a total of 46 like other body cells. These chromosomes determine physical traits, personality, etc.

Usually, during intercourse (vaginal sex), when the man ejaculates, he releases about a teaspoon of semen, containing about 300 million sperm, into the woman's vagina. The semen contains millions of sperm, which begin to swim towards the cervix. Many sperm eventually die. However, thousands quickly enter the uterus, with assistance from the cervical fluid, and travel toward the Fallopian tubes. It takes the fastest ones two days to reach a Fallopian tube. Others hang out and gradually, over a few days, begin their journey through the uterus into a tube. When they get there, if there happens to be an ovum waiting, many sperm will try to penetrate its outer layers. Only one may finally enter it, forming a fertilized egg. Fertilization is complete. But she is not yet pregnant. The fertilized egg contains a unique combination of genes: the blueprint for a new individual. Appearance, health and even aspects of personality are determined by that genetic blueprint.

A human egg is actually about 1/4 the size of a grain of salt or the period at the end of a sentence. A sperm is much smaller and can be seen only with a microscope.

Over half of all fertilized eggs die for various reasons. If the egg doesn't die, then within 12 hours it begins to divide, becoming 2 cells, then 4, then 8. In the meantime, it travels down the tube. By the fourth or fifth day, it enters the uterus and burrows into the rich endometrium, the lining of the uterus. It is still just the size of a grain of sand. This nesting process is called implantation. Now conception is complete.

Note: There are different opinions on the word *conception*; some people (and some states) equate it with fertilization. But the federal government and the American College of Obstetricians and Gynecologists define **conception as “a woman is pregnant only when a fertilized egg has implanted in the wall of her uterus.”**⁴

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Common early symptoms of pregnancy.

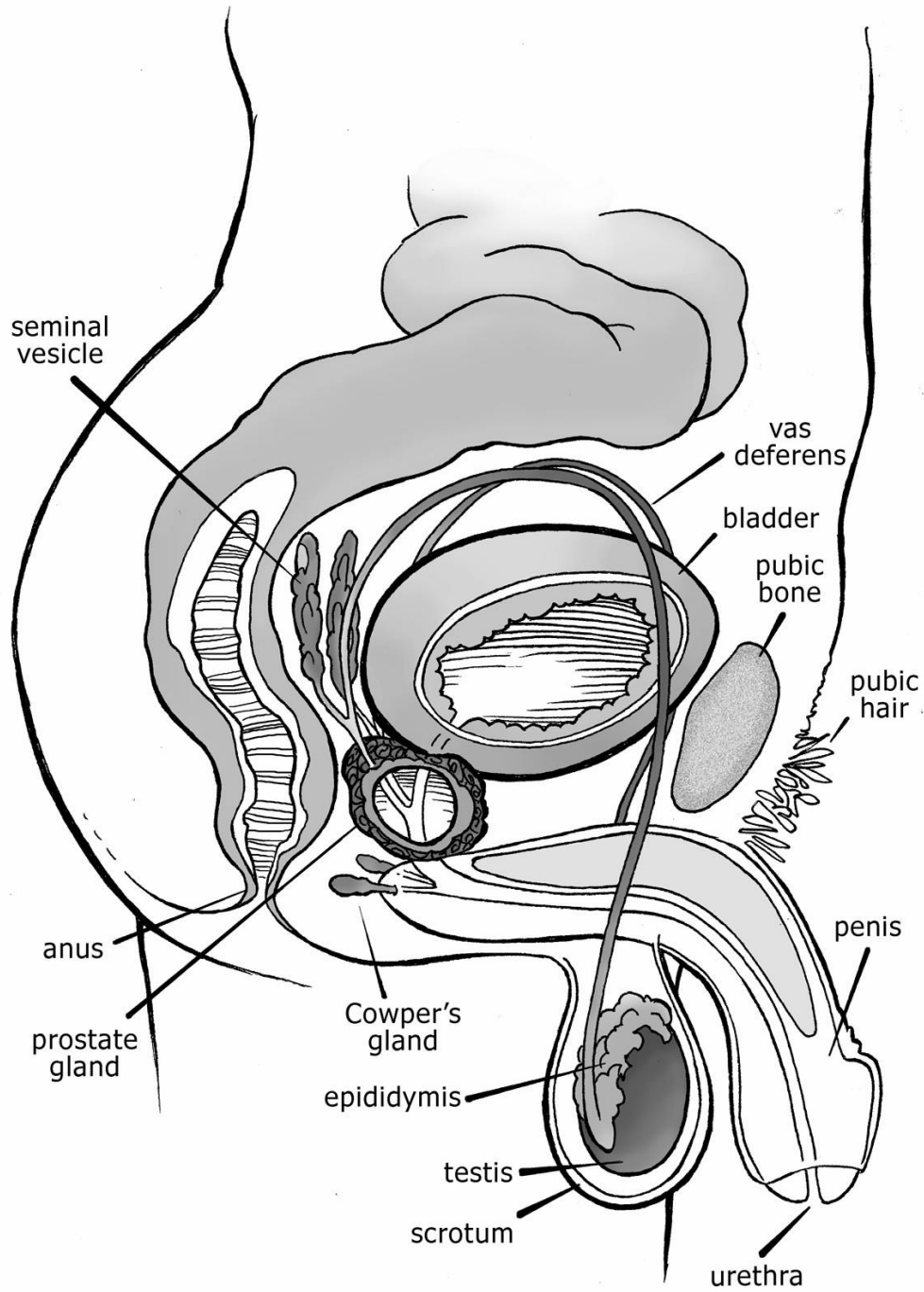
Not all pregnant women experience the same symptoms to the same degree. And these symptoms aren't unique to pregnancy. Some can indicate that a woman is getting sick or that her period is about to start. Likewise, someone can be pregnant without experiencing any of these symptoms. But if someone misses a period and / or notices any of these other symptoms after having unprotected intercourse (penis- vagina sex with no condom or other birth control), it would be a good idea to make an appointment at a clinic to find out for sure if she is pregnant.

- Missing a period: About two weeks after an egg is fertilized the woman's body may be releasing enough progesterone to stop what would have been her next period. Some women do have a lighter than usual period rather than stopping altogether at this point. But many stop having periods starting at the very beginning of the pregnancy.
- Tender, swollen breasts: As early as two weeks after conception, hormonal changes may make a woman's breasts feel tender, sore, fuller or heavier.
- Fatigue: Hormonal changes during pregnancy can make a woman feel sleepy and less energetic.
- Nausea with or without vomiting: Sometimes called "morning sickness." This feeling can begin in pregnant women as early as two weeks after conception. This also comes from the hormonal changes in pregnancy. Pregnant women also have a heightened sense of smell, so odors like certain foods cooking, perfume, or cigarette smoke may cause nausea in pregnancy.
- Frequent urination: The feeling of having to go to the bathroom a lot can also be a symptom of pregnancy. This sensation sometimes stops and then recurs later in the pregnancy.

Complete the "2 Truths and a Lie" Activity.

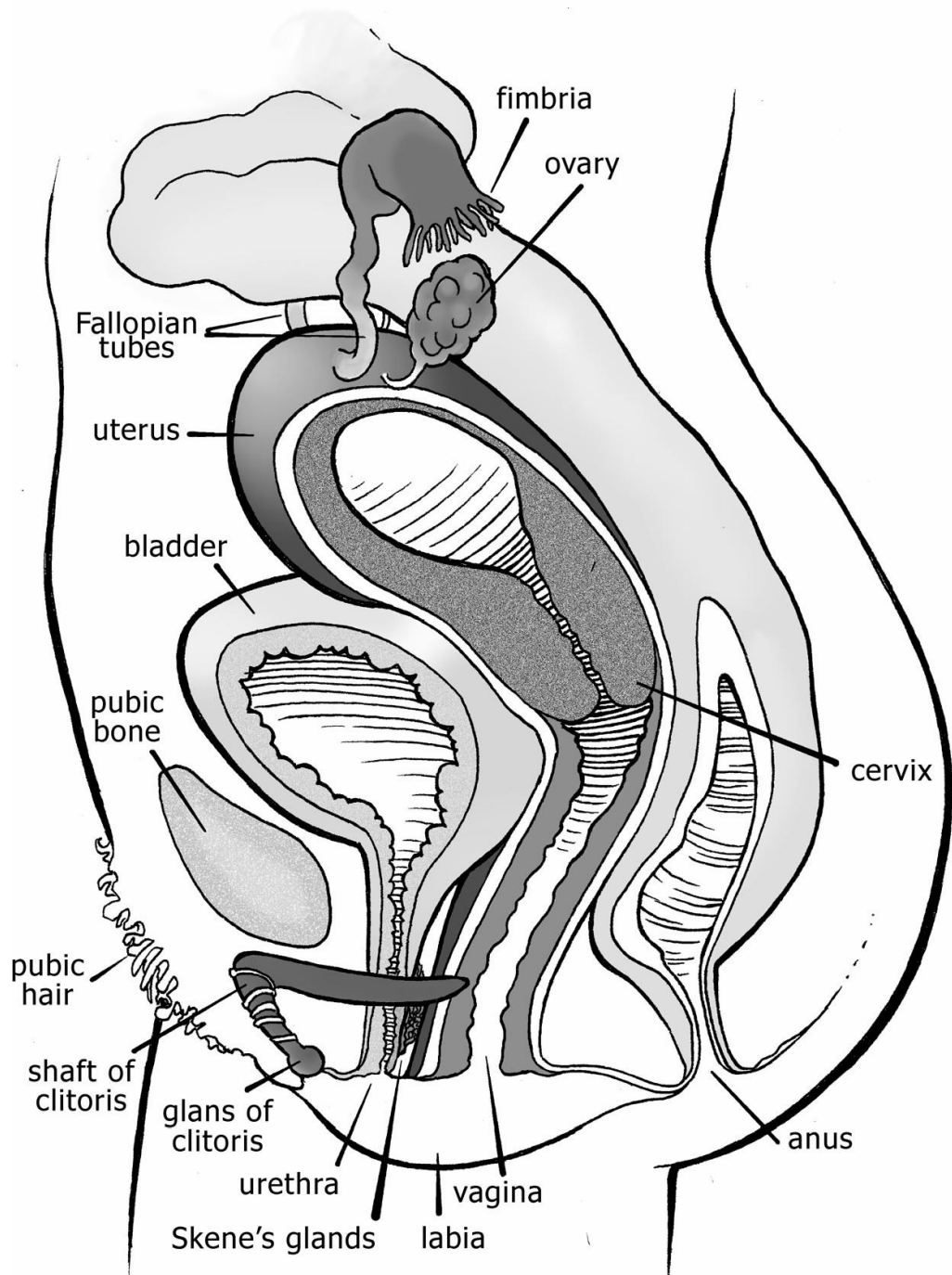
Reproductive System Visual:

Male Internal View



Reproductive System Visual:

Female Internal View



Pregnancy:

Two Truths and a Lie Activity

Directions: For each topic, one of the three statements is a lie. Identify the number of the lie for each letter.

A. Pregnancy Symptoms

1. Everyone stops having periods as soon as they get pregnant.
2. Common pregnancy symptoms are breast tenderness, nausea and food cravings.
3. Many pregnancy symptoms are caused by a change in the female's hormones.

B. Pregnancy Testing

1. A person can get a pregnancy test at a health clinic or buy a urine test in a drug store.
2. Pregnancy tests can show results as early as one hour after conception.
3. There are two ways to confirm a pregnancy: a urine test or an abdominal exam by a health care professional.

C. Clinics and laws

1. A person can get a pregnancy test at a Public Health clinic, Planned Parenthood or school based health center even if she is less than 18 years old.
2. The results of a pregnancy test are kept confidential.
3. All states have the same laws about minors (under 18 years old) and reproductive health care.

D. Conception

1. The ovum and the sperm meet in a female's Fallopian tubes.
2. The period of time between conception and birth during which the fetus grows and develops is called gestation.
3. It takes a million sperm to create a pregnancy.

E. Fetal development

1. A trimester is three months long.
2. For the first eight weeks the developing baby is called a fetus.
3. The most vulnerable time in terms of diseases and drugs is the first trimester.

F. Sex Determination

1. The number of multiple births in the United States is increasing.
2. The egg determines the sex of the baby.
3. An X sperm fertilized by a Y sperm makes an XY baby: a boy.

Abstinence

High School, Lesson 3

Student Learning Objectives

The student will ...

1. List behaviors that help a person succeed at abstaining from all forms of sex.
2. Know assertive decision-making techniques.

The CDC defines abstinence as refraining from sexual activities that involve vaginal, anal, and oral intercourse.

Assignment

Read the following.

Like any choice in life, it is important to understand your values and beliefs as well as the consequences, both positive and negative, of choosing to do certain things. It is also helpful to learn skills to help you talk about the choices that you do make. We will focus on those skills in this lesson.

How would you define the terms abstinence, sex, celibacy, and virginity.

1. **abstinence:**

3. **celibacy**

2. **sex:**

4. **virginity**

Abstinence means choosing not to do something, including risky behaviors. For instance, you choose abstinence, or “choose to abstain” if you try not watching TV on school nights, to see if you study more. People decide to abstain from all sorts of things. People with diabetes may abstain from sugary foods. Recovering alcoholics abstain from alcohol. Vegetarians abstain from eating meat. And in this lesson, we will talk about people abstaining from sex.

When people decide to abstain from something, it may be a temporary or longer- term decision. Most people decide they will abstain from cigarettes forever. In some faiths, people temporarily abstain from eating such as Muslims during Ramadan or Jews on

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Yom Kippur or Catholics not eating meat on Fridays during Lent.

People can choose to abstain at any point in their lives, even if they haven't abstained in the past.

Different people have different definitions of abstinence. Some of you may have defined abstinence as not engaging in any sexual behavior, including masturbation. Some may have defined it as avoiding sexual behavior involving touching of the genitals or genital contact between two people. Others may have included oral sex (mouth and genital contact), anal sex (penis and anus contact) and vaginal sex (penis and vagina contact). For today's lesson and this entire unit, abstinence will mean choosing not to have oral, anal or vaginal sex.

In short, "abstinence" means choosing not to have oral, anal, or vaginal sex

Sex is another word with many meanings. It can mean the gender of a person, animal, or flower; sexual intercourse; the idea of sex ("Sex sells"); genital contact or penetration; or exchange of body fluids. For our purposes today, we'll define sex as "when a person's genitals touch another person's genitals, mouth or anus" even though there are lots of other ways people might be sexual (such as over the phone or with hands). Consensual sex means all people involved agree to the behavior.

For our discussion "sex" means when a person's genitals touch another person's genitals, mouth, or anus.

Many people use the term intercourse or sexual intercourse. This typically only refers to vaginal sex or penis - vagina contact.

Celibacy is a long-term or lifetime commitment not to have sex, often for religious or moral reasons.

Virginity is a concept, and cultures define it differently and have a range of values about it. Each culture and generation has different beliefs about what it is and whether it is important.

Many religions teach that abstaining from all sex until marriage is good. Others don't. Beyond that, who counts as a virgin and how much it matters to people varies a lot. Because people have such different beliefs about it, I hope all of you will talk about it this week with a parent or guardian or another family member. If you belong to a church, synagogue, mosque or temple, find out what members believe. Talk with some adult you trust about your own beliefs, too.

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When people talk about a "virgin," they're usually talking about someone who hasn't had penis-in-vagina intercourse. This leaves out people whose first sexual experience is with someone of the same gender. This also does not define anal and oral sex as sex.

People who have been sexually assaulted are often thought to have "lost their virginity", but this ignores the fact they did not consent and were the victims of violence. What it means to be a virgin can only be defined by the person, not someone else.

Is abstinence from sex the only certain way to avoid pregnancy and to reduce the risk of sexually transmitted diseases (STDs), including HIV?

Yes!

However, it depends on how a person defines abstinence for this to be true. It is possible to spread sexually transmitted diseases (STD) and the human immunodeficiency virus (HIV) through oral and anal sex. Some STDs, like herpes and genital warts, can also be spread through genital contact or rubbing. Pregnancy can happen if a man's semen gets on a woman's genitals, even without penetration. Later, we will talk about STD prevention methods if people do have sex.

It is often hard to refuse doing something because of peer pressure or pressure from a person who wants to have sex with you. In high-pressure situations, it can be hard to know what to say if you haven't practiced doing it before. They want to abstain but a challenge or barrier gets in the way.

Read the example. Barriers refer to things people say or a real situation that would make it hard for a teen to not have sex.

What makes it hard to abstain from sex?	What makes it easier to abstain from sex?
Ex. Your teammates pressure you to have sex with another student at a party.	Ex. Explain that you are up for a sports scholarship and you don't want to ruin it by getting someone pregnant or getting yourself pregnant.

So far, we have defined abstinence and sex, so we all know we are talking about the same thing. You should make sure you do the same with any current or future partner. We discussed why people abstain from sex and how they can overcome barriers to being abstinent. Now we are going to combine everything.

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When people get into a relationship, they may discuss at some point the possibility of having sex. One person may be ready while another is not. Remember, even if you have already had sex, you may find a time in your life when you do not want to, so these skills are still important.

Assertiveness skills involve speaking and acting with power while maintaining respect for others. Instead of passively giving up control or aggressively demanding it, assertiveness tells others what you want without lying, evading, or hurting. These skills are particularly helpful when you are faced with situations of potential conflict. It is important to note that individuals and cultures may express assertiveness in different ways – be aware of this when talking with your current or future partners.

Remember, abstinence from sexual activity is the only certain way to avoid pregnancy and to reduce the risk of STDs, including HIV. Abstinence can be a positive choice at any point in your life, both for young people and adults. Choosing not to have sex by refusing can show maturity, self-confidence, and power over your life.

Please keep in mind, sexual decision-making is a matter of personal rights and power. Everyone can:

- Decide when and with whom they want to have sex, and when and with whom they want to refuse sex
- Choose abstinence until their bodies are mature
- Choose abstinence even if they've had sex before
- Choose abstinence on and off, throughout their lives, as circumstances change

Complete the Abstinence Worksheet Expressing Limits Activity Q and A. Read the Assertiveness Handout. Provide an example of each one of the four communication styles: aggressive, passive, manipulative, and assertive.

Abstinence Worksheet

Expressing Limits Activity Q and A

Directions. Complete the each column. Provide at least 6 challenges and 6 suggestions.

What makes it hard to abstain from sex?	What makes it easier to abstain from sex?
<p data-bbox="191 489 792 562">Ex. Your teammates pressure you to have sex with another student at a party.</p> <p data-bbox="191 674 461 705">Other challenges:</p>	<p data-bbox="828 489 1424 636">Ex. Explain that you are up for a sports scholarship and you don't want to ruin it by getting someone pregnant or getting pregnant yourself.</p> <p data-bbox="828 674 1117 705">Other suggestions:</p>

Assertiveness Handout

Directions: Read the Assertiveness Handout. Provide an example (not listed) of each one of the four communication styles: aggressive, passive, manipulative, and assertive.

Four Types of Communication Styles

1. **Aggressive:** taking what you want, threatening or forcing a person to give you something, or saying “no” in a way that puts the other person down or violates his or her rights



2. **Passive:** not speaking up when you'd like something or giving in and saying “yes” when you don't really want to, in order to be liked or not hurt the other person's feelings

3. **Manipulative:** getting what you want or turning someone down in a dishonest way, or doing something for somebody only so they will give you what you want





4. Assertive: asking for what you want or giving people an honest “no” to things you don’t want; not using people and not letting yourself be used by others

Important assertive skills include

- Making “I” statements (“I think ...”, “I want ...”)
- Expressing opinions (“I believe ...”)
- Saying “No” firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities (“I can ...”)
- Making statements that express one’s identity, culture, sexual orientation, etc. when one chooses to do so
- Pay attention to word choice, tone of voice, and body language



Examples of some “I” statements

- I don’t like the way you are talking to me.
- I really appreciate that you care enough to stay with me even though I am not ready to have sex yet.



Four Types of Communication Styles

Aggressive



Passive



Manipulative



Assertiveness Visual, continued ...



Assertive

Important skills



"I" statements



Four Types of Communication Styles

Directions: Provide *your own example* of each one of the four communication styles: aggressive, passive, manipulative, and assertive. (not listed on the Assertiveness Handouts)

Aggressive:

Passive:

Manipulative:

Assertive:

Sexual Violence Prevention

High School, Lesson 4

Student Learning Objectives

The students will ...

1. Be aware of rape laws for their state.
2. Be able to define sexual assault, consent and coercion.

Assignment

Read the following.

This lesson continues the conversation about sexual health and healthy relationships and discusses sexual assault and prevention.

I want to acknowledge that this is a sensitive topic. It's likely that each of you may have either experienced sexual violence, is close with someone who has experienced it, even if you are not aware of it or has heard of someone who has experienced it. Sometimes I hear a student make a comment, and I wonder, would they have made that same comment if they knew there are people in the room who have experienced sexual assault? Probably not.

The first thing we are going to do is start with some definitions. Sexual Assault is generally used as an umbrella term. An umbrella term means that it includes or encompasses many different things. Some examples of sexual assault are:

- Rape – forced sex or sex without consent (such as forced vaginal, anal or oral penetration or drug facilitated sexual assault),
- Child Sexual Abuse – includes rape of a minor, which is when an adult has sex with a child or a teen. Sometimes called statutory rape; also includes molestation and incest
- Human Trafficking- the trade in humans, most commonly for the purpose of sexual slavery, forced labor or commercial sexual exploitation for the trafficker or others
- Voyeurism – when a person spies on someone changing, showering, or having sex, including videotaping
- Child Pornography / Sexual Exploitation of Children – when a person creates, possesses, or distributes pictures or content with naked minors or depicting minors in sexual acts, including sexting
- Incest
- Attempted Rape
- Any unwanted sexual touch (including forced kissing)
- Public Indecency/ Flashing/ Exposing oneself
- Sexual Misconduct
- Sexual Harassment
- Communication with a Minor for Immoral Purposes, including sexting

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- Torture of the person in a sexual manner

Sexual assault is any involuntary sexual act in which a person is coerced or physically forced to engage against their will, or any non- consensual sexual touching of a person.

A good working definition of coercion is the use of emotional manipulation to persuade someone to do something they may not want to do – like being sexual or performing certain sexual acts. Some examples of coercion are:

- Physical force
- Manipulation
- Abusing a position of power
- Older person taking advantage of a younger person
- Drugs and alcohol
- Threats
- Bribery
- Blackmail
- Tricking them
- Abusing them in other ways (physical /emotional)

Unlike what many people believe, sexual assault, including rape, does not usually involve extreme physical force or injury. Often emotional manipulation, coercion, or alcohol and drugs are used as tools to assault.

When two people have oral, anal, or vaginal sex, or any type of sexual touching, it may be legal or illegal depending on two important factors:

- The age of the two people involved
- Whether or not there was consent given

If there is ever force used, or consent is not given, it is sexual assault or rape and that is illegal.

Consent means that permission is given for something to happen or agreement to do something is given.

Some examples of consent are:

- Permission
- Saying it's okay, yes, sure
- Agreement

There are laws in place to protect people from sexual assault.

In this lesson you have read about sexual assault and rape, the difference between sex that people consent to, and assault. It is helpful to work through some scenarios to understand that we all do know what consent looks like even in different scenarios. This information is useful to keep us safe and also keep us from hurting other people.

Read the scenarios and answer the questions that are given for each scenario.

Directions: Read the scenarios and answer the questions that are given for each scenario.

Scenarios Activity

1. Desiree and Naomi are best friends and at a party together. Desiree notices that Naomi is drinking a lot and starting to slur her words. Jackson, a cute guy at the party, approaches Naomi, who is totally drunk. Jackson asks Naomi if she wants to hook up. Naomi nods her head and is led upstairs by Jackson. Desiree can see Naomi is stumbling up the stairs.

- What do you think about this situation?
 - Is consent possible in this situation? Why or why not?
 - Would it be different if both were intoxicated?
 - What could Desiree do to help her friend? What could one of Jackson's friends do?
-

2. Jamal and Leila have been dating for 6 months. Jamal feels he is ready to have sex. Jamal invites Leila over to his house one weekend night when his parents are out of town. Alone in the house, Jamal talks with Leila about wanting to have sex and Leila tells him she's not ready. A little later while making out in Jamal's room, he asks her again about having sex. Leila shakes her head no and looks away. Jamal is disappointed but goes no further.

- Was there consent in this scenario?
 - What did the person say or do to let you know?
 - What do you think about Leila and Jamal's relationship?
-

3. Rob and Elena are in the library, working on a school report. At the computer station, Rob begins to give Elena a backrub. "This research is boring," he says. Elena shrugs her shoulders under his hands. Rob puts his arms around her from behind and pulls her close to him. Elena leans forward and hisses, "Cut it out, you're going to get us in trouble." Rob pulls her into the corner. As Elena puts her hands on his chest and tries to push him away, he pulls her to him and kisses her.

- Was there consent in this scenario?
- What did the person say or do to let you know?
- If you have time, read and discuss Scenario 4.

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4. Jacob and Steve are in the park, working on a school report. At the study table, Jacob begins to rub Steve's hand. "This project is stupid," he says. Steve turns around and grins at him. "Yeah, it is, compared to what we could be doing," he says. Jacob puts his arms around him and pulls him close to him. Steve puts his arms around his neck and laughs, "Cut it out, you're going to get us in trouble." Jacob pulls him behind the tree. Giggling, they kiss.

- Was there consent in this scenario?
 - What did the person say or do to let you know?
-

5. Tyra walked Monica home after they saw a movie together Friday night. When they got to Monica's house, they stood talking for a while. When Tyra gave Monica a hug goodnight, Monica responded to her with a quick kiss on the lips. Tyra smiled and said, "Can we do that again?" Monica laughed, and they kissed for a long time. They go inside and continue kissing. Tyra wants to go further but can't really tell what Monica wants by her body language.

- Was there consent for the kiss?
 - What did the person say or do to let you know?
 - Was there consent to do anything further sexually?
 - What should Tyra do in this situation?
-

6. Ciera is 23 years old. She is a teacher and the girls' basketball coach at Lake High School. She has been coaching the boys' basketball team lately because the boys' coach has been out sick. Some of the girls notice that Ciera is kind of flirtatious with some of the guys on the boys' team. She has also been offering a few of the boys private coaching sessions, but tells them to keep it a secret, so the girls don't get jealous. A member of the boys' team tells his friend Taylor that he and Ciera hooked up last weekend.

- What do you think about this situation?
- Is consent possible in this situation? Why or why not?
- What would you do if you were Taylor?

Gender Stereotypes & Lesbian, Gay, Bisexual and Transgender (LGBT) Youth

High School, Lesson 5

Student Learning Objectives

The student will be able to ...

1. Define the terms gender stereotype, gender, gender identity, sexual orientation, queer, and ally.
2. State what can be done to make school a more positive place for students.

Assignment

Read the following:

In this lesson you are going to read about gender and gender stereotypes.

A good basic definition of stereotype is to have an idea or image about an entire group of people. Although the stereotype may be true for a few members of the group, it is assumed to be true for all members.

For example, one stereotype is that teenagers are lazy. Although there certainly are teenagers who don't do much (just as there are people of all ages), most teenagers are active and productive.

You will also be reading about decision-making, and how good decision-making can help you in your relationships and in taking care of your health. Gender stereotypes are an important part of this discussion because they can impact how you make decisions. You will read more about this throughout this lesson.

We are talking about stereotypes. We're looking at stereotypes and expectations now, but we will move beyond that in the next part of the activity.

When men and women don't act like people think they should, they are often referred to with offensive words. These words also reinforce harmful stereotypes about gay and lesbian people, and can cause people to act in stereotypical ways out of fear that they will be labeled as gay or lesbian.

Fear, discomfort and hatred of gay and lesbian people is called homophobia, and you can see here how homophobia even affects people who are not gay, by pressuring people to "act like a man" or "act like a lady."

The reason we're all so familiar with these stereotypes is because we are always being taught what is a "real" man or "real" woman. Of course, some of these qualities are true for some people – some women are very nurturing, or some men are strong. They are

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still stereotypes, however, because we expect ALL men and women to act this way, and of course all of these qualities are not true for all men and women.

There are some places we get messages about what it means to be a man or woman. These places include movies, TV shows, commercials, and also may include my family, religion, and school.

It's likely that you hear or see these messages all the time. In some cases, these messages are so common that they have become "cultural values." This means that they are woven into the U.S. culture as expectations that are solely based on gender. Of course, not everyone who lives in the U.S. is from here originally, although there are many other cultures that have similar values to these. Regardless, anyone who lives in the U.S. is influenced by the dominant cultural values that exist here, to some extent.

When something becomes so pervasive that it is a cultural value, it can influence all areas of our lives, including dating, sex, and relationships. U.S. cultural values about gender can sometimes limit people or even lead them to make unhealthy decisions.

It is important to note that there is nothing inherently wrong with these values. It's great to be strong or to be polite. The problem is when all men or women are expected to behave in these ways, and when they are expected to ALWAYS behave this way.

What about the moments when you are not strong, or you need to be assertive instead of polite? That's when these values can be limiting.

We are going to take a closer look at some of these characteristics and think about how they can be used in ways that are not limiting. Of course, someone could always decide to be assertive and just forget about being polite. But there is so much pressure to conform to these values, and they may be characteristics that people value highly themselves. So, let's take a moment to think about how to use these characteristics to make choices with which we feel genuinely comfortable.

Everyone has a gender (made up of their gender identity and their gender expression) and everyone has a sexual orientation.

"Gender Identity" refers to how a person feels on the inside, the person's inner sense of being male, female, both or neither. This usually matches with their physical anatomy and the gender that the doctor guessed they were based on their biological sex at birth. When it does match their body, that's called 'cisgender.' Because the majority of people are cisgender, people may not even know there is a word to describe them. Sometimes, on the other hand, a person's body and their identity don't match. Their body may be male, but they feel like a girl or woman on the inside. Or vice versa. They may describe themselves as "transgender."

"Gender Expression" refers to how a person walks, talks, dresses and acts. They may fit

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extreme stereotypes of what it means to be masculine or feminine or they may be anywhere in between the extremes. Or they may be both masculine and feminine, or neither. And it may change from day to day depending upon what they're doing or how they're feeling.

Most people's gender expression is roughly consistent with what their culture and generation expect of them. Once again, if they think about it at all, which people often don't when they're in the majority, they may call themselves "cisgender." Not everybody is able to, or chooses to, conform to expectations of how a boy or a girl should look or act. If a person doesn't act like society expects a boy or girl to act, they may consider themselves "transgender."

"Sexual Orientation" refers to who a person likes; that is, the genders of the people they feel most sexually or romantically attracted to. The majority of people are primarily attracted to people of another gender. That's called being "heterosexual." That's a guy who mostly gets crushes on girls or a girl who mostly would want to date boys. Some people are primarily attracted to people of their own gender; they're "gay" or "lesbian." They mostly get crushes on people or want to be in relationships with people of their own gender. Some people are attracted to people of more than one gender; they might call themselves "bisexual."

"Queer" Historically, 'queer' has been used as a slur or put down against people who are lesbian, gay, bisexual and transgender. Nowadays, some people use the word as an identity. When it's used respectfully, as an identity, it can include folks who are lesbian, gay, bisexual and transgender.

"Ally" An ally is someone from a historically more powerful group who stands up with or for someone from a marginalized group. Like a Christian who volunteers to paint over the graffiti on a mosque. Or a white person who objects when a friend uses the "n" word. Or a man speaks up when he sees his guy friend mistreat a woman. In this lesson, "ally" means someone who stands up for LGBT people's rights and dignity.

Keep in mind that that all the words we've discussed today can be used as weapons. So, make sure you still understand that these words should not be used as put downs in social settings, classrooms and schools. Broward Schools have policies in place that prohibit the use of these words as slurs and put downs. If you encounter situations where these words are used as put downs, inform your teacher or another adult.

Read scenarios from the LGBT Youth Speak OUT - Handout. After you have read the scenarios, respond to the LGBT Writing Prompts.

LGBT Youth Speak Out – Handout¹

Directions: Read the Handout. After reading respond to the writing prompts

Vickie's Story

My name is Vickie and I'm 18 years old. Take a bunch of different ethnicities and throw them into a blender, I am the product of that. I am a sexual violence peer educator, Gay Straight Alliance peer educator, a mentor, and a member of the Black Achievers program.

I believe that "true love" has no sexual preference/orientation but I do not envision myself spending my life with a male. When I was about 13 I came out to my mother. I didn't say that I was gay or lesbian because all that I knew was that I liked girls. The first thing my mother said was, "Oh...I knew when you were 8." I thought that meant that she was okay with it. Well, from there words like "dyke," (as well as others that I don't care much for) were used on a regular basis in regards to me. I was "outed" to my family and pretty much everyone else I had ever known. Some nights I was kicked out of my house and on those nights I became another child sleeping on park benches.

I am a survivor of many different things: sexual violence, depression, the military, road rangers, myself, and life in general. Life for me has changed a lot since I was 13. I now identify as lesbian and sometimes I am even given some transgender labels. I no longer live with my mother or father but for the first time in my life I actually have "real" parents. I am currently a senior in high school, I love it, and I am ecstatic about living in a dorm next year. I am a varsity cheerleader and softball player but the sport that I enjoy the most is tennis. I believe that every challenge in our lives will change us in some way and I use my experiences as fuel for the fire in me that drives me to do new things.

Sometimes you have to make your own light at the end of the tunnel but you don't have to do it alone.

Braden's Story

I was raised in a community of 2,000 people, very rural and very sheltered. Diversity in this town is bowling on Tuesdays instead of Saturdays. The word gay is rarely used nicely and the only African-American families that have moved here have been driven out by close-minded locals. As long as I can remember I have spoken my mind, and eventually I told people (sometimes the WRONG people) that I was gay. It wasn't even something I had struggled with, I just knew, I had always known. Unfortunately, many people cannot understand that.

On the second day [of high school] I was walking down the hall and a young male said the word that wounds every gay teenager... "fag." From there, things snowballed. Daily

¹ With the exception of Quinn's Story, who wrote specifically for this lesson, the handout *LGBT Youth Speak Out* was adapted from YouthResource.org and Amplifyyourvoice.org, a project of Advocates for Youth, Washington, DC. www.youthresource.org.

more and more people would use those hate words "fag, homo, queer, sissy, etc," on one occasion I was asked if I thought I was a [racist term] because I had worn all black that day. Eventually things moved to violence and pranks. The word "Faggot" (it was misspelled by the way) was written on the locker next to mine, only because they made a mistake of whose locker it was. There are more things that happened, but I really do not think it is necessary to name them all.

The school did "the best they could do" (as they put it). In my mind little was done. One day in February, I was attacked in the hallway, I do not remember much of it, as my head was hit on the locker several times and I must have blacked out or something. That was the last day of school for me.

For a month I stayed in bed, scared, depressed, angry, and even suicidal at times. The school did not offer to help with schooling, or even make the effort to call and see how I was doing. In retrospect, I need to thank a lot of people for keeping me alive. I was lucky. So many innocent teenagers go through this same kind of thing, many end their own lives because of the ignorance out in the world.

Quinn's Story

In terms of my gender, I have always felt different. When I was younger I was called a tomboy, which I was very proud of. I was often asked if I was 'a boy or a girl'. I'd always felt like those of us who embraced those words the most, tomboys and such, never really were girls to begin with. We were always something else entirely. But for the first fifteen years of my life, I always did what was expected of me and I said that I was a girl.

When I was fifteen I started identifying as transgender and telling a few people that I was a boy. But that never felt right either. One thing I've struggled with is the expectations and assumptions people put on me. I'm expected to be a boy or a girl, a stereotypical boy or girl. I'm a genderqueer person, someone who doesn't identify within the binary system of gender (where the only choices are male or female). I've never felt the need to fit a stereotype. So, while I dress in a more masculine way and go by a gender-neutral name, strangers often assume I'm a girl, and call me 'she'. This happens almost everyday. And while I don't feel male, I still ask people I know to refer to me by male or gender-neutral pronouns (he, they). It's extremely exhausting having your identity questioned every single day. It's exhausting worrying about the questions that could come up if you do manage to summon up enough courage to tell a total stranger that you don't use female pronouns and this is why. In contrast, the times I hear 'he' or 'young man', it can make my whole day better.

I want to see people like me, gender benders and breakers of all kinds, celebrated for our identities. I want to see you questioning your assumptions and asking questions. I want to see my people's history pulled out of the cracks where it's been pushed aside and taught in schools. I want you to be able to express yourself to the fullest and be respected for it. And I will keep fighting, writing, questioning, educating myself and others, listening, playing music, telling stories, singing songs, and expressing myself, 'til we're all free.

Andrea's Story

When I was in 10th grade I finally realized that maybe I was different.

Soon, though scared, I came out as bisexual to a couple guy friends. I was worried about losing my female friends, so I kept my orientation a secret from them. However, after breaking up with my then-boyfriend, he decided to out me to all my friends. It was an attempt to hurt me, but it actually was one of the best things that could have happened to me.

Once he told everyone, I could not hide anymore. A few friends were freaked out and did not treat me the same, but most people accepted me for who I was. It really was not even an issue to most people. After seeing the acceptance from my friends, I got the courage to tell my mom and my aunt. Coming out to them was so great and untraumatic that both my mom and I cannot really remember how it happened. My mom and my aunt are completely accepting, and I love them dearly for it. Being outed made me face my orientation and showed me that I did not have to be ashamed of it.

Since going off to college, I looked at my orientation and decided that I was more comfortable calling myself lesbian rather than bisexual. I am not one for labels, but I feel better with this one. I am out at my job, and at school. I do not mean that when I meet people, I say, "Hi. I am Andrea, and I'm gay!" Nevertheless, I do not hide my orientation. I refuse to play the "pronoun game" and hide in fear. I treat it as a natural part of me, and as not a big deal, and thus people do the same when dealing with me.

David's Story

I was 15 when I decided to come out. I had always known something was different. I had girlfriends but never wanted to do anything sexual -- not even kiss them. Online, I had looked at gay stuff just wondering about it since I never knew anyone gay.

Then I thought "I may be gay." So I ended up telling my friend and she was perfectly fine with it.

About a week after I told my friends I planned on telling my mom. Of course, I thought of the worst possible thing would happen. So we were coming back from my foot operation and I told her. And I told her I didn't want to tell dad because he may not be accepting.

She told me she wanted me to so that they could talk openly about it. So after we got home she made me go to the store with him. And I just told him. And his exact words were "So? I still love you." I was shocked. Here I had been worried sick about my parents beating me up and kicking me out of the house.

Then I had a date with my first boyfriend. We were both 15, so of course my dad drove us. It was so cool. I felt good about it and knew it was what I wanted, but we ended up breaking up about one month after getting together.

Then I hooked up with my next boyfriend and we went to the movies. That lasted 6 months. He would come see me everyday and hang out with me and my family. He

ended up spending Christmas with my family and I spent New Year's Eve with him and his friends. Everyone was really accepting of us. It was shocking.

I am lucky. I am out at work, and I do find the occasional person that has a problem with it. But I just stay away from them. It's really cool because as long as you don't hit on them they won't bother you. That is what I have found in life.

Shin's Story

Hi there! My name is Shin, I'm 23, and an Asian-American bisexual male. I am a college graduate, with a degree in political science. I work at a non-profit organization that works to protect the civil liberties of everyone in the country.

In many ways, I have always been in the "minority." I was born in a small blue-collar town on the East coast, where my family was the only Asian family for the longest time. Indeed, I am the first in my family to be born in the States. I have an older sister, and for the longest time, I was always following in her footsteps. However, when I was 12, my family, minus my college bound sister, moved to Tokyo, Japan, due to my father's job. There, I was again in the minority - a kid who had spent all his life in the states, and who didn't really know how to speak Japanese. I actually ended up switching from the public schools to an all-male Catholic international school for high school. After high school, I came back to the States for college on the East coast.

It was in college that I truly came out to myself, my friends, my peers, and some members of my family. I found it comforting to find people my age who were in the process of coming out, or had already come out to themselves and their friends and family.

Even now, I find that I am sometimes at odds with myself. Being bisexual often puts me in "neither camp." There are days that I think it would be easier if I just "choose a side," but then I know I wouldn't be fair to myself. For me, it's about the person, not the gender. Yes, true bisexual people do exist - we aren't just steps in the journey of coming out.

Ben's Story

Hey everyone! My name is Ben, and I'm an 18 year old transboy growing up in eastern Pennsylvania. I am currently a junior at my high school, and I also have a part-time job after school.

I came out as transgendered my freshman year of high school when I asked my teachers to call me by my preferred name, as well as to use masculine pronouns when referring to me. Surely, I thought, this would lessen my feelings of isolation and help me to feel more at home with myself. I received a mixed reaction that was rather confusing. While coming out did help me become more comfortable with myself, my feelings of loneliness did not subside. I found myself repeatedly explaining how I felt, and

constantly attempting to clarify misinterpretations. I felt so misunderstood. Yet, each explanation, though tiring, seemed to give me more confidence. I decided to start a GSA (Gay-Straight Alliance) to bring people together in my school. There had to be a few people out there who were supportive, I thought. I was right. The GSA had an amazing turnout, bringing many people together to discuss how they feel and what is going on in our school. I no longer felt alone, and I felt optimistic about the change that our group would cause in our school.

Slowly, my coming out process helped me evolve into the person I am today. I grew more than I ever thought I would. Fortunately, I have the support of my immediate family and a few friends and teachers. With my mom's consent, I began my medical transition by taking testosterone in July. I continue to feel more comfortable and confident with each day that passes. I am forever changed by the events that have taken place, and by the people I have made contact with.

Miriam's Story

My name is Miriam. I grew up in a small town in New Jersey.

Ever since I can remember, I have been attracted to people of all genders. When I was 9 or 10, I realized that this was considered bad, so I tried really hard to be straight. After a year of this, I realized that I could not stop being attracted to girls.

The only person I told at that point was my sister, who was 8. She was very accepting and supportive then, and has been ever since.

In high school, I was afraid to come out, both at school and to my parents. I was dating a boy for most of high school, so it was easy to hide. I was afraid that if people found out, the homophobic students would harass me, the more "liberal" students would think I was just saying it to be trendy, and my parents would think it was just a phase. Looking back, I think that it would have been worth it.

I made the decision that no matter what, I was going to come out when I got to college. Luckily, I went to a school where most people were very accepting, so coming out at school was easy. I told all of my friends, hall mates, professors, teammates (I play ultimate Frisbee.) etc, and I also joined the student organization for LGBT/queer students.

I also came out to my parents. While it didn't go perfectly, it went a lot better than it does for some people, and things have gotten a lot better over time. It really helped me to have the support of my sister, as well as the support of my friends at school. I have found that when I am confident about who I am, people either accept me or keep quiet about it.

LGBT Youth Handout Response Writing Prompts

Directions: Read the LGBT Youth Speak Out. Answer questions based on the reading.

1. Based on real people you know (protecting their privacy by leaving out their names, of course) and given what you just read, how do you think people know what their gender identity is? How do they know if they're supposed to be a boy or a girl?
2. What about sexual orientation? How do people figure out if they are gay, lesbian, bisexual or straight?
3. What myths or stereotypes about LGBT people did you used to believe that you're starting to realize aren't true?
4. What could be done to make school a more positive place for the students telling these stories? What could you do to be more of an ally?

Sexually Transmitted Disease (STD) Prevention

High School, Lesson 6

Student Learning Objectives

The student will be able to ...

1. Identify three reasons a person would want to avoid contracting an STD.
2. List three ways that people can get STDs.
3. Know general symptoms of STDs and that STDs are often asymptomatic.
4. Describe three things a person should do if they suspect they might have an STD.
5. Describe three ways a person can eliminate or reduce their risk.

Assignment

Read the following:

Sexually transmitted diseases (STDs) are infections that people can catch by having oral, anal, or vaginal sex or skin-to-skin contact with a person who has them. They are transmitted either through that person's blood, semen or vaginal fluids or – for some diseases – by skin- to-skin touching.

STDs such as HIV, chlamydia, gonorrhea, syphilis, herpes, and human papillomavirus (HPV) have a major impact on public health here and around the world. **About 19 million new cases of STDs occur in the U.S. each year and almost half of those are among teens and young adults ages 15-24.**

Teens are one of the highest risk groups for STDs, partly because they tend to get into new sexual relationships more frequently (on average) than adults, but also because:

- Health care providers don't always discuss STDs with teens when they go for a general check-up; and teens don't always know how to bring it up.
- Teenage girls' cervixes are usually not fully mature and are, therefore, more vulnerable to infection than they will be in their twenties.
- Teenage guys who have sex with other guys, especially if they don't think of themselves as gay or they aren't out, may be afraid to get check-ups for fear they'll be judged or discriminated against.
- Teens in general may get STD check-ups less often than they should for fear their parents will find out, or that they'll be judged. Teens often don't think they could

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have an STD, or they don't want to know if they have one. You may not know where to go, or they think they can't afford a check-up.

There are ways you can keep yourself safe; we'll talk about them today. The point is to help you avoid being among the tens of millions of young people who will contract STDs over the next few years. In this lesson you will learn:

1. Why would someone want to avoid getting an STD?
2. People can get an STD by ...
3. People might think they have an STD if ...
4. If people think they might have an STD, they should ...
5. People can reduce their risk of giving or getting an STD by ...

This lesson will address STD facts, attitudes, and myths. As you read, think about what you already know.

The primary way people get infected is when they have oral, anal, or vaginal sex and when the other person's semen or vaginal fluid comes in contact with their mucous membranes. What parts of the body contain mucous membranes?

The parts of the body which contain mucous membranes are the rectum (inside the anus), the vagina, the urethra, the mouth and throat, and – not so much related to STDs except at birth – the eyes, nose, and inner ears.

Why are mucous membranes so vulnerable? Let's find out. Feel the inside of your cheek with the tip of your tongue. That's an example of a mucous membrane.

Mucous membranes, in general, are thinner skin, tear easier than other skin on our bodies, and are soft and more porous than other skin, meaning there are tiny holes that allow small organisms to get through.

One way to think about it is to compare the skin on your hand and arms to the windows in a room. Windows are good protection for the room. They block wind, rain and dirt from getting in. The skin on most of our bodies does the same thing. It's great protection from blocking things from getting in, like bacteria and viruses. But mucous membranes are more like a screen. Screens still protect the room from bigger things like birds, but rain, water, or dust can get through the screen. Likewise, mucous membranes can protect our bodies from bigger things, but bacteria and viruses can get in.

So, to review ... which body fluids can pass STDs?

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You guessed it. Semen, vaginal fluid and blood. NOT sweat, tears, mucus (snot), urine, or saliva (spit). Though saliva sometimes has blood in it, it is not enough to transmit HIV, for example. Kissing is safe, in terms of STDs, but can spread colds or mononucleosis (mono).

Genital herpes is an STD, but oral herpes **may** not be. Most people likely caught it when a parent or guardian kissed them when they were little kids and the cold sores, like any herpes, reappear from time to time. Besides, cold sores are not passed through saliva, but from skin to skin like genital herpes.

Besides anal, vaginal, and oral sex, how else can people catch STDs?

People can get some STDs through naked genital-to-genital contact or rubbing. The genitals are the outside parts of the reproductive system. That's the penis, scrotum on males, and the labia, clitoris, vaginal opening, and the area around them, called the vulva on females. Infections like chlamydia, gonorrhea, and syphilis can only be passed via semen and vaginal fluids. But infections like herpes and Human Papillomavirus (HPV) can be spread through genital-to-genital contact even without actual anal, vaginal, or oral sex, because they're transmitted skin-to-skin rather than through body fluids.

Myth or Fact

- Some people think that two condoms are better than one. Myth or Fact? Myth. That's not true. The friction could cause them to break.
- Some people think people can catch STDs by drinking after someone or using their fork. Myth or Fact?: That one's not true either. You can catch a cold or the flu that way, but not an STD.
- Some people think you can't catch herpes unless the other person has sores you can see. Myth or Fact? Not true. Herpes viruses can shed even when there aren't any sores, especially in the first year after someone gets infected. That's why many people with herpes will avoid sex whenever they have an outbreak, and use condoms the rest of the time.
- Some people think only gay people can catch HIV. Myth or Fact? That isn't true. Anyone who has sex – especially unprotected sex – with someone who has HIV can contract it. It doesn't matter if they're gay or straight.
- Some people think you can't get an STD if you use a condom. Myth or Fact? For the most part that is true. Condoms reduce people's risk a LOT, when you use

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them correctly every single time, especially against HIV and chlamydia and infections like those that are passed through body fluids. But condoms aren't perfect; they don't cover every part of people's genitals. If a guy had herpes on his scrotum, or a woman had HPV on the labia, a condom might not cover the infection. Female condoms cover more skin than male condoms do. But condoms won't stop the spread of pubic lice or scabies.

- Some people think that once you get cured of something, you can't catch it again. Myth or Fact? That isn't true. Bacterial STDs are curable but people can catch them over and over if the person they're having sex with doesn't get treatment, too. The same is true if a person starts treatment, but doesn't finish all the medicine. This teaches the bacterial STDs to be stronger or we say "drug resistant." There is no cure for viral STDs.
- Some people think the pill will protect them from STDs. Myth or Fact? It won't. The pill, IUD, patch, ring, etc. ... all those are great protection against pregnancy, but they aren't intended to protect against STDs. Abstinence is the only certain protection in terms of infections. And after that, condoms and dental dams.
- Some people think you can get them from public toilets. Myth or Fact? Not true. People don't touch toilets with their mucous membranes (labia, anus, mouth, or the tip of their penis).

STDs range from being a nuisance to being life threatening. If not cured, some STDs can lead to chronic pain, damage to non-reproductive organs (heart, brain, etc.), infertility and miscarriage, premature births and birth defects, and death. Some of the more dangerous are HIV, Hepatitis A and B, certain strains of HPV, and for fetuses and newborns, genital herpes. Syphilis, gonorrhea and chlamydia can also have serious health impacts if untreated. (Some STDs are not this serious, for example pubic lice.) To avoid rejection by future partners. Some people would end a relationship if they found out their partner had ever had an STD. Talking about STD status can be a difficult conversation to have with someone.

People can get an STD by having oral, anal, or vaginal sex or skin-to-skin contact with an infected person. Although HIV is an STD, people can catch it from sharing needles or by mother to child transmission through pregnancy, birth, or breastfeeding. Hepatitis A is passed from infected feces to another person's mouth, so it could be spread by food workers if they have Hep A and don't wash their hands before handling food. This is rare. Pubic lice and scabies may be spread by sharing towels or clothing.

People might think they had an STD if he/she has symptoms. Common early symptoms include: sores, unusual discharge, itching or tingling in genital and anal areas, burning especially with urination, lumps or bumps (can be raised, reddish or

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dimpled), rash, redness or swelling in the genital and anal areas. Sores can be a symptom whether they hurt or not. Syphilis sores are painless but herpes sores are often, though not always, painful. And sores count as something to be concerned about even if they go away. Both herpes and syphilis sores disappear but the infection is still in the person's body.

Discharge is a symptom only if it is unusual or abnormal. In men, any liquid other than urine or semen coming from the penis is unusual. For a woman, there's normal, healthy vaginal discharge. That's how the vagina cleans itself. It's only unhealthy discharge if it's not her usual wetness. For example if it has a different odor than usual, if it's yellow or greenish instead of clear or white, if it is lumpy instead of smooth, or if there is blood when she is not menstruating. Any liquid besides feces coming from the anus is unusual.

Your mom or grandmother may have recommended that girls douche, which means to rinse out the vagina with a special product. Medical advice has changed since they were young, and now doctors advise that it is NOT a good idea to use feminine deodorants or sprays or use water and other liquids to douche either the vagina or the anus. These can spread infection rather than the intended use of covering up odor or discharge or wanting to feel "clean".

Remember that many STDs are asymptomatic, which means there are no symptoms that are seen or felt. The only way they might know to get tested is if a partner who did get symptoms cared enough to give them a call and let them know.

A doctor tells the person. They might be smart enough to get tested regularly, even though they didn't have symptoms. So, a health care provider might be the one to tell them. Sometimes a Public Health employee will call people to tell them their sex partner has an STD if that person who tested positive does not feel comfortable telling their partner(s).

If people think they might have an STD, they should stop having sex or intimate contact with other people until it is cured. If it is one that isn't curable like HIV, then they should use condoms or dental dams correctly and consistently, even if their partner is also infected. They should get to the clinic for testing and treatment.

If a person thinks they may have an STD, they should talk to their partner(s) and encourage them to see a health care provider or go to a clinic. A partner means anyone with whom he or she has had oral, anal, or vaginal sex or genital-to-genital contact within the last six months.

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People can reduce their risk of giving or getting an STD by abstaining from oral, anal, and vaginal sex. They may also reduce risk by maintaining long-term mutual monogamy (as in marriage or long-term partner relationship). Using condoms is another method to reduce risk. Condoms are very effective against STDs when used correctly and consistently. **The steps for correct condom usage - Check the expiration date, carefully open package, pinch tip of condom, roll condom down erect penis, intercourse with condom, ejaculation with condom, hold condom onto penis while pulling out, take condom off penis, throw in the trash.**

A person may get vaccinated for Hepatitis A and B and HPV. The CDC recommends that everyone aged 0-18 should get vaccinated against Hepatitis B. They also recommend that girls should get the HPV vaccine at age 11 or 12, but it is safe and available to anyone, male or female, age nine to 26.

People can reduce their risk of giving or getting an STD by reducing the number of sexual partners in your lifetime and also by reducing the frequency of sex.

Another way a person can reduce their risk is by avoiding the exchange of semen and vaginal fluid. In other words, massage and hugging are safer than vaginal, oral and / or anal sex.

A person can reduce their risk by getting yearly, thorough STD check-ups even if no symptoms are present. Some people may need more frequent check-ups depending upon how many partners they have or how many their partner(s) have. It is best to talk to a health care provider for recommendations on frequency of testing and which tests are needed.

Not having sex with people they know have an STD or whose STD status they don't know is yet another way people can reduce their risk of getting or giving an STD.

Over the past 30 years, states have expanded minors' authority to consent to health care, including care related to sexual activity. All 50 states and the District of Columbia allow most minors to consent to testing and treatment for STDs, and many explicitly include testing and treatment of HIV. This means teens can get STD tests confidentially and privately without parent permission. In Florida, you can get an HIV/STD test and/or pregnancy test without parental consent.

To find the nearest testing site and to obtain free condoms you can visit www.getprepbroward.com. For the district created teen resource Youth Health guide available for students: <https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/13726//YOZ/Youth-Health-Resource-Guide-hand%20held.pdf>.

Complete the STD Questions Activity.

STD Questions Worksheet

Directions: Answer the questions.

1. Why would someone want to avoid getting an STD?

2. People can get an STD by ...

3. People might think that they had an STD if ...

4. If people think that they might have an STD, they should ...

5. People can reduce their risk of giving or getting an STD by ...

HIV and AIDS

HS Lesson 7

Student Learning Objectives

The student will be able to ...

1. List three fluids that can transmit HIV and three ways that HIV is transmitted.
2. List three ways to eliminate or reduce the risk of getting HIV.

Assignment

Read the following

This lesson will be a review of facts about HIV and AIDS.

What is a barrier that people can use during one of the types of sex to protect themselves from HIV?

That's right: It's a condom (male or female) for vaginal, anal or oral sex on a penis or a dental dam, a small square of latex, for oral sex on a vagina or anus. The steps for correct condom usage - Check the expiration date, carefully open package, pinch tip of condom, roll condom down erect penis, intercourse with condom, ejaculation with condom, hold condom onto penis while pulling out, take condom off penis, throw in the trash.

There are community resources available to you if you have questions and for health care.

In Florida, you can get an HIV test without parental consent.

To find the nearest testing site and to obtain free condoms you can visit www.getprepbroward.com For more information about state laws regarding teens' access to HIV tests and condoms. You will find them here: <https://sexetc.org/action-center/sex-in-the-states/>. You will find test sites by city and zip code here: www.hivtest.org. Mobile phone users can send a text message with their ZIP code to "KNOWIT" (566948) to identify a nearby testing site. Call your local 2-1-1 operator, public health department or Planned Parenthood for information about condom access in your area. For the district created teen resource Youth Health guide available for students click <https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/13726//YOZ/Youth-Health-Resource-Guide-hand%20held.pdf>.

Now read the HIV Reference Sheets to learn about HIV and AIDS. After you finish reading, complete the HIV and AIDS Worksheet.

HIV & AIDS Reference Sheet 1

What are HIV & AIDS and how do they act in the human body?

HIV is a virus carried in blood, semen, vaginal fluid and breast milk. HIV stands for **Human Immunodeficiency Virus**. HIV causes **Acquired Immune Deficiency Syndrome** or **AIDS**. AIDS is the last stage of **HIV Disease**.

Three out of four people with HIV have flu-like symptoms (sore throat, fever, fatigue) one to six weeks after catching it. One out of four people have no symptoms at all.

They can still pass the virus to others if they have sex, share needles or get pregnant, even though they don't feel sick.

Once HIV gets into the blood, it invades the white blood cells, especially the "T- Helper cells," which are the coaches of the immune system. HIV turns a T- Helper cell into a little virus factory, producing more and more copies of the virus. Eventually, the infected T- Helper cell dies, and the new copies of HIV go off to infect other T- Helper cells in the person's body. HIV stays in the body. It can't be completely killed by drugs. There is no cure. For the rest of his or her life the person with HIV can transmit it to others.

At first, the person won't have enough antibodies in their blood to show up on a test. It might take weeks for their body to build up enough antibodies. After three months, though, a test will show that they are **HIV positive**.

With T-Helper cells sick and declining in number, the immune system can't work as well. This can take ten or more years, especially with treatment, but eventually most people reach the stage of AIDS.

A medical provider determines when a person has AIDS. It takes two things for the doctor to call it that. First, the person must have HIV. Second, their T- Helper cells must have dropped to a low number, or they must have gotten a rare infection.

These infections are called "opportunistic" because they take the opportunity of a person's weak immune system to make the person sick. They're diseases that a healthy immune system could control.

AIDS doesn't directly cause death. It allows these other diseases to cause the person's death. One such disease is Kaposi's sarcoma, caused by an ordinarily harmless virus. It is a rare kind of cancer that causes skin sores and tumors. Another one of these diseases is Pneumocystis Pneumonia, a rare infection of the lungs.

These days there are better drugs to prevent and treat these infections, so that people are living longer. These drugs can help eliminate or control an opportunistic infection, or help increase the number of T-Helper cells so that their immune system begins to function better. Even so, they will always be considered to have AIDS.

HIV & AIDS Reference Sheet 2

How is HIV spread today?

For HIV to be transmitted, it has to get directly into the blood. There are three ways that ordinarily happens.

(1) The most common way is **during sex**. Infected blood, semen or vaginal fluid can pass from one person to another through a mucous membrane. Mucous membranes are the thin-skinned, wet parts of the body. They line certain openings -- the mouth, anus, vagina, and the opening to the urethra at the tip of the penis. These membranes are very delicate, almost skinless, to allow fluids in and out of the body.

Anal sex is riskiest because the membrane that lines the rectum can easily get microscopic tears. Also, blood vessels are close to the surface of the skin there. For women, vaginal sex can be especially risky if infected semen is ejaculated into the vagina. Oral sex can also transmit HIV, especially to the person's mouth or throat. In contrast, the skin on your arm could only be penetrated by the virus if you had a cut, scrape, or skin disease.

HIV cannot travel through unbroken skin, only cuts and mucous membranes.

(2) HIV infection can also happen when an infected person **injects drugs into a vein** ("shoots up"), and then **shares the syringe**. There's some amount of blood inside the syringe after the first person uses it, even if it isn't visible. If that blood is infected with HIV, the second user is putting it right into his or her bloodstream.

HIV could be transmitted by sharing needles for tattoos and piercings, as well.

(3) HIV infection can also be passed from an HIV-positive **mother to the fetus** when the mother is pregnant. It can travel from her blood to the fetus through the placenta. Transmission can also occur during delivery or by breast feeding.

Today, medication can greatly reduce the chance of a mother passing HIV to her baby. In the US, about one in four women with HIV (25%) pass the infection to their fetuses if they don't get treatment during the pregnancy. But among those who DO get medication while they're pregnant, fewer than one in 50 (2%) give it to the fetus. Also, a doctor can deliver a baby by C-section instead of through the vagina.

However, drugs and C-sections are not available in all parts of the world. And in some places breast feeding is a mother's only option if she doesn't have access to clean water or baby formula.

Before 1985, donated blood wasn't tested for HIV. Therefore, some people became infected with HIV by transfusions. Others were infected by medicine made with clotting factor from blood. It wasn't routinely heated to kill HIV until 1985. But since 1985, all donated blood in the US (and other developed countries) is tested for HIV. Transfusions are extremely unlikely to transmit the virus (one chance in 11/2 million) and there's no risk at all of catching HIV by donating blood.

HIV & AIDS Reference Sheet 3

How can HIV infection be prevented?

ABSTAINING FROM SEX

People don't have to abstain for their whole lives. The safest thing is to wait to have sex until they find someone they want to stay with for years, someone who's shown they can be trusted in other ways and who they're confident will have sex only with them. Some people decide not ever to have sex if they've been drinking or using drugs; they know they'd be less careful about protection. Some people decide not to have sex with new partners for a certain amount of time (for example, three months or two years or until they're married) to make sure they know a person really well.

When people do have sex, they can reduce the risk of getting or giving HIV by using a condom or a dental dam. These barriers, when people use them correctly every single time, greatly reduce the risk of transmitting HIV and other STDs.

People can also reduce the risk of catching HIV by limiting the number of people they have sex with in their lives. The problem is you can't tell if people have HIV or another STD by just looking at them; often they don't even know if they're infected.

What difference would having another STD make in terms of catching HIV? There are two reasons another STD increases the risk. Infections like herpes leave sores; chlamydia can make mucous membranes raw. That offers easy pathways for HIV. And all STDs draw a lot of white blood cells to the infected area

to fight the infection. Those are the very cells HIV can infect. So getting tested and treated for other STDs lowers a couple's HIV risk. It's also recommended that people wait for sex until they both get tested for HIV and retest in three months. Then they should get tested yearly or before they get with someone new.

ABSTAINING FROM DRUGS

The safest thing is to never inject drugs into the body with a needle or use any kind of mind-altering drugs. Even using alcohol can mess up people's ability to make the best decisions. After drinking, people are less likely to have safer sex because they stop thinking clearly.

People who are already addicted to injection drugs (drugs that they put into their body with a needle) can protect themselves and others, until they're able to quit, by never sharing needles -- by using a new needle every time. New needles are free at needle exchange programs in some areas.

PREVENTING MOTHER-TO-CHILD TRANSMISSION

Men and women who want to have a child should get tested for HIV before starting a pregnancy. If a woman learns she's HIV-positive, she can take medicine during the pregnancy to greatly reduce the chance of passing HIV to the fetus.

HIV is one of the few entirely preventable diseases. You can decide not to risk getting it!

HIV and AIDS Worksheet

1) What do the letters HIV stand for?

H _____ I _____ V _____

2) What do the letters AIDS stand for?

A _____ I _____ D _____ S _____

3) What is the difference between HIV and AIDS?

4) What are the four body fluids that can transmit HIV?

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

5) What are the three common ways to transmit HIV?

1. _____
2. _____
3. _____

6) How long should a person wait to get tested if they think they may have been exposed to HIV and why?

7) Name three ways that a person can reduce their risk of getting HIV?

8) What are the steps for correct condom usage?
