HOPE (Grade 9-12)

Lesson	Title	Topic	FL Standard Alignment
HOPE.1	Human Growth and Development – Anatomy, Menstruation, Fertilization, Pregnancy, and Childbirth	Human reproductive anatomy, organs, systems, and their functions. Organs, systems and functions included in pregnancy and childbirth. Consequences and risks related to teenage pregnancy and childbirth. Mental, intellectual, emotional, physical, social, and financial consequences of a teen pregnancy.	HE.912.PHC.1.2, HE.912.PHC.1.3, HE.912.PHC.1.4, HE.912.PHC.3.7 , HE.912.PHC.3.10
HOPE.2	Abstinence, Birth Control, and Consequences of Teen Pregnancy	Abstinence. Benefits of abstinence. Different types of contraception and their effectiveness at preventing pregnancy and STIs. Identify risks and effects associated with teen pregnancy.	HE.912.PHC.1.2, HE.912.PHC.1.3, HE.912.PHC.1.4, HE.912.PHC.3.7 , HE.912.PHC.3.10
HOPE.3	Sexually Transmitted Infections and Other Sexual Health Risks	Differences between bacterial and viral sexually transmitted infections and diseases How behaviors can increase health risks or decrease them. Abstinence. Strategies for disease prevention and detection of sexually transmitted infections.	HE.912.PHC.1.2, HE.912.PHC.1.3, HE.912.PHC.1.4, HE.912.PHC.3.7 , HE.912.PHC.3.10
HOPE.4	Responsible Decision-making, Effective Communication and Building Health Skills	Influences that impact decision-making. Effectively communicate boundaries and health needs when faced with a challenge. Benefits of family-child communication. Health skills needed for making healthy decisions to reduce or avoid health risks.	HE.912.PHC.1.2, HE.912.PHC.1.3, HE.912.PHC.1.4, HE.912.PHC.3.7 , HE.912.PHC.3.10

LESSON

1

Reproductive Health and Disease Education Unit

Human Growth and Development – Anatomy, Menstruation, Fertilization, Pregnancy, and Childbirth

HEALTH SKILLS - PERFORMANCE SCALE – RHDE – HOPE course – Lesson 1

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks

Lesson 1 Learning Goal Target:
Explain human reproductive anatomy, organs, systems, functions, including pregnancy and childbirth and the consequences/risks associated

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate evidence of comprehending reproductive anatomy concepts including structures and functions, fertilization, pregnancy and childbirth, including consequences and risks of teenage pregnancy
3 level of desired goal	**Explain human reproductive anatomy, organs, systems, functions, including pregnancy and childbirth and the consequences/risks associated.** ○ Explain human reproductive anatomy, organs, systems, and their functions ○ Explain organs, systems and functions included in pregnancy and childbirth ○ Explain the consequences and risks related to teenage pregnancy and childbirth
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Explain some consequences or risks associated with teenage pregnancy and childbirth ○ Explain Stages of childbirth ○ Explain trimesters of pregnancy ○ Explain fertilization and the initial process of conception ○ Explain menstruation cycle/phases ○ Explain some male and female reproductive system functions ○ Explain some appropriate male reproductive anatomy ○ Explain some appropriate female reproductive anatomy
1 Beginning cognitive and physical	○ Identify the importance of the endocrine system and hormones ○ Recognize some body functions related to human growth and development ○ Recognize some reproductive anatomy and reproductive system functions ○ Recognize some endocrine system glands, organs and functions

START HERE — CHECK OFF THOSE YOU CAN DO

Student Learning Targets

I CAN:

- Explain human reproductive anatomy, organs, systems, and their functions.
- Explain organs, systems and functions included in pregnancy and childbirth.
- Explain the consequences and risks related to teenage pregnancy and childbirth.
- Explain the mental, intellectual, emotional, physical, social, and financial consequences of a teen pregnancy.

Lesson Start Up

Using the graphic organizer below, list 6 elements of Human Growth and Development that are directly connected to either **heredity** or **environment.** *See examples below.*

Heredity	Environment
• Number of chromosomes	• Nutrition

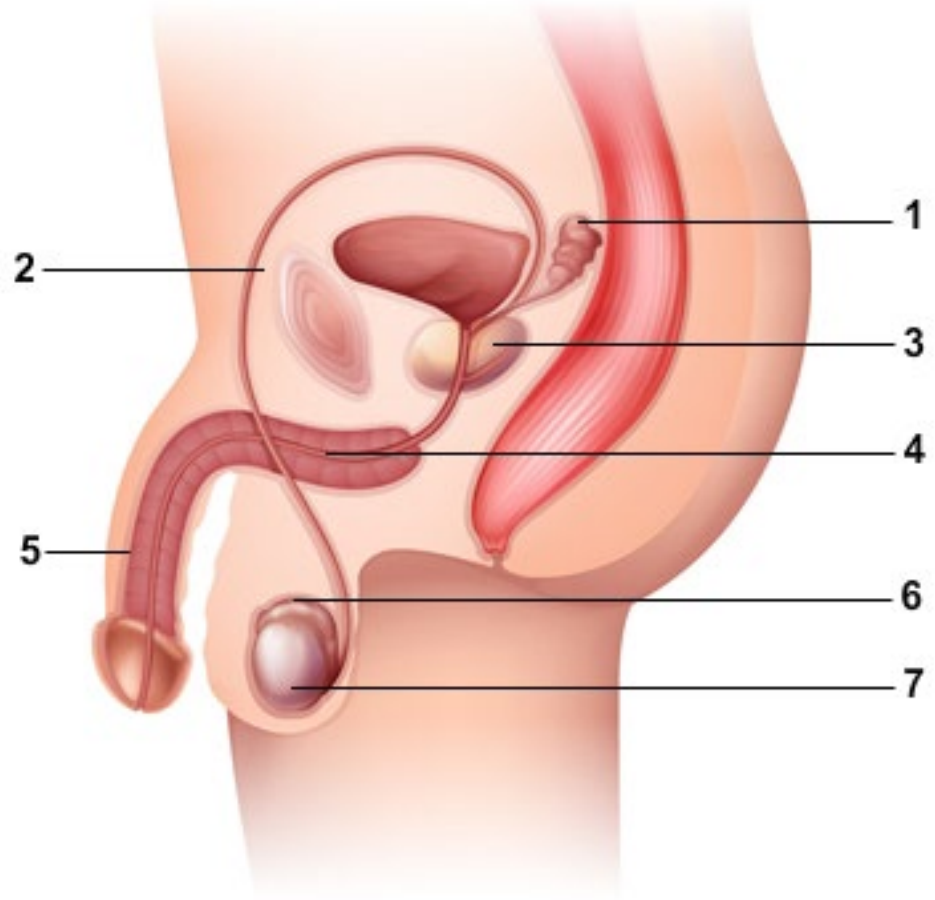
Lesson Vocabulary Check for Understanding

- Vagina
- Uterus
- Cervix
- Fallopian Tubes
- Ovaries/Ova
- Penis
- Urethra
- Vas deferens
- Cowper's Gland(Bulbourethral Gland)
- Prostate Gland
- Seminal Vesicles
- Epididymis
- Testes
- Scrotum
- Menstruation
- Ovulation
- Fertilization
- Zygote
- Embryo
- Fetus
- Placenta
- Amniotic Sac/fluid
- Breast/Testicular Self Exams
- Labor/Delivery/Afterbirth
- Dilation

#2_____/ _#3_____

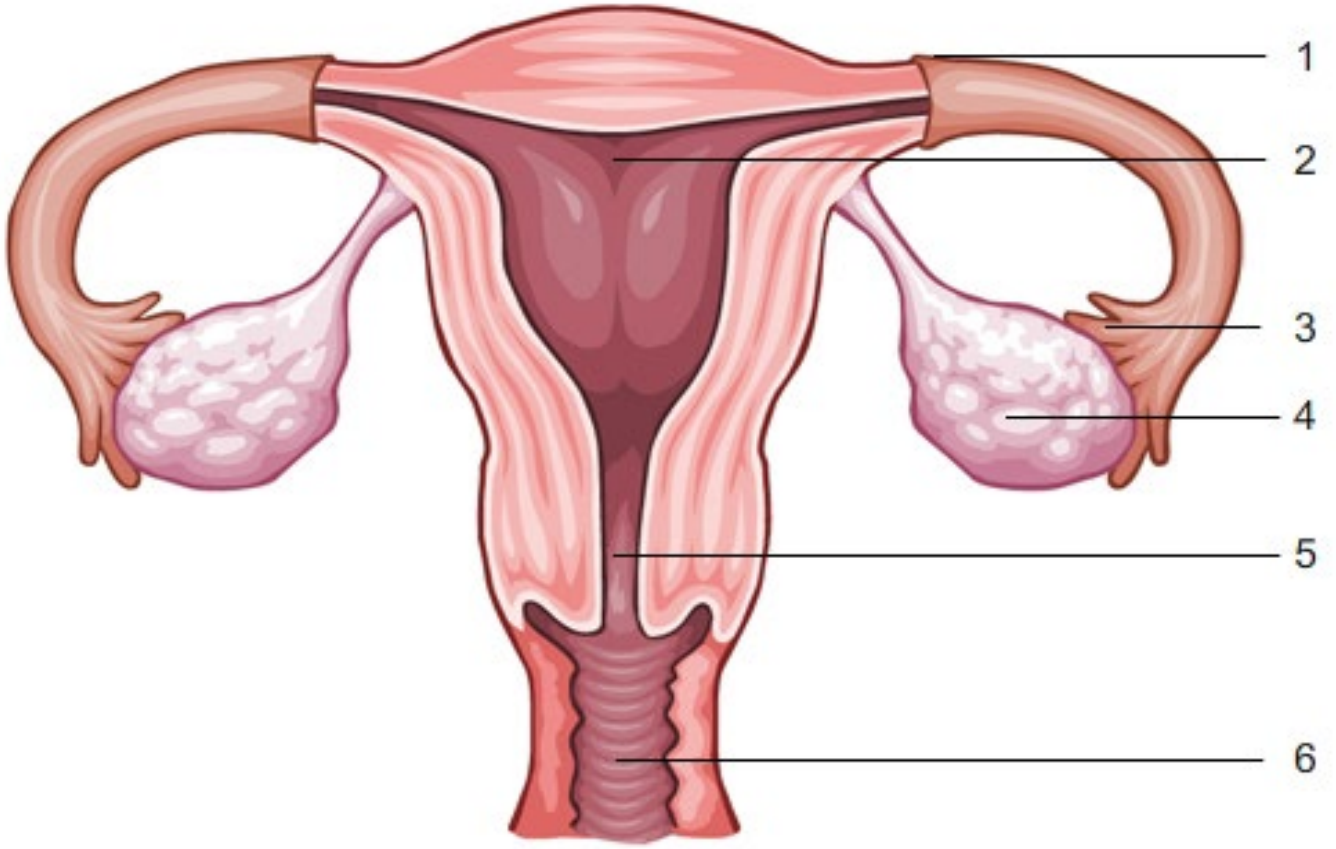
Background Knowledge Check (pretest)

Label the scientific reproductive male anatomy.



Background Knowledge Check (pretest)

Label the scientific female reproductive anatomy.



Male Reproductive System – Structures and Functions

A. PENIS: the male sex organ used to pass urine and the passageway for the release of semen from the body
B. SCROTUM: the sac-like pouch that helps regulates temperature and protects the testes
C. TESTES: the two glands that produce testosterone and sperm. Male reproductive cells are called sperm cells located in the testicles
D. SEMINAL VESICLES: the two small glands that add a fluid to semen to help sperm move
E. VAS DEFERENS: one of the two long tubes through which sperm passes from the testes to the urethra
F. PROSTATE GLAND: a gland that makes fluid that is added to sperm to help sperm stay alive
G. COWPER'S GLAND: a gland that makes the final protective fluid for sperm for easier mobility (sometimes called Bulbourethral gland)
H. URETHRA: a narrow tube through which urine and semen pass out of the body

Female Reproductive System - Structures and Functions

A. **Ovaries** - Female sex glands/organs - where eggs containing your DNA are stored and released
B. **Fallopian Tubes** - The structure that allows egg(s) to travel from the ovaries to the uterus
C. **Uterus** - The organ that houses a fertilized egg/fetus/baby during pregnancy and sheds it's lining during menstruation
D. **Cervix** - The lower part of the uterus that allows the flow of menstrual blood and passage of a baby during labor
E. **Vagina**- A muscular structure that allows menstrual blood to leave the body and allows baby to pass through during delivery
F. **Ova** – the single egg released by the ovaries through the fallopian tubes (in typical healthy systems occurs monthly, alternating ovaries)

Pause and Read

Reproductive System

The human reproductive system allows for the conception, development, and delivery of offspring. It differs, of course, between males and females but ultimately serves the overall purpose of reproduction. In the male reproductive system, sperm is produced in the testicles for release through the penis during sexual activity (figure 1).

The female reproductive system includes the uterus, ovaries, fallopian tubes, vagina, and external genitalia (figure 2). The female menstrual cycle is a monthly cycle that results in the release of a mature egg and prepares the walls of the uterus to implant the egg if it *is* fertilized by sperm. If fertilization does not occur, the lining of the uterus is shed through menstruation, and the cycle begins again.

Review Slides 8 and 9

FIGURE 1 Cross-section of the male human reproductive anatomy.

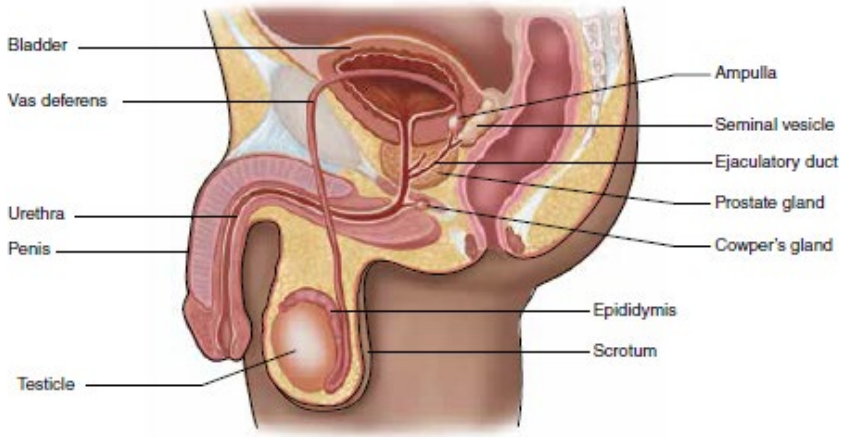
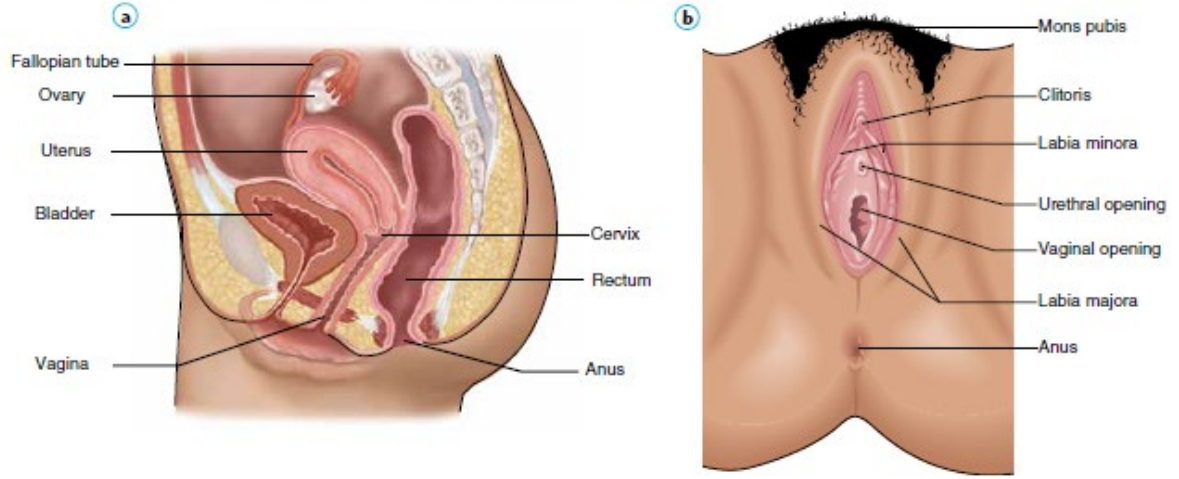
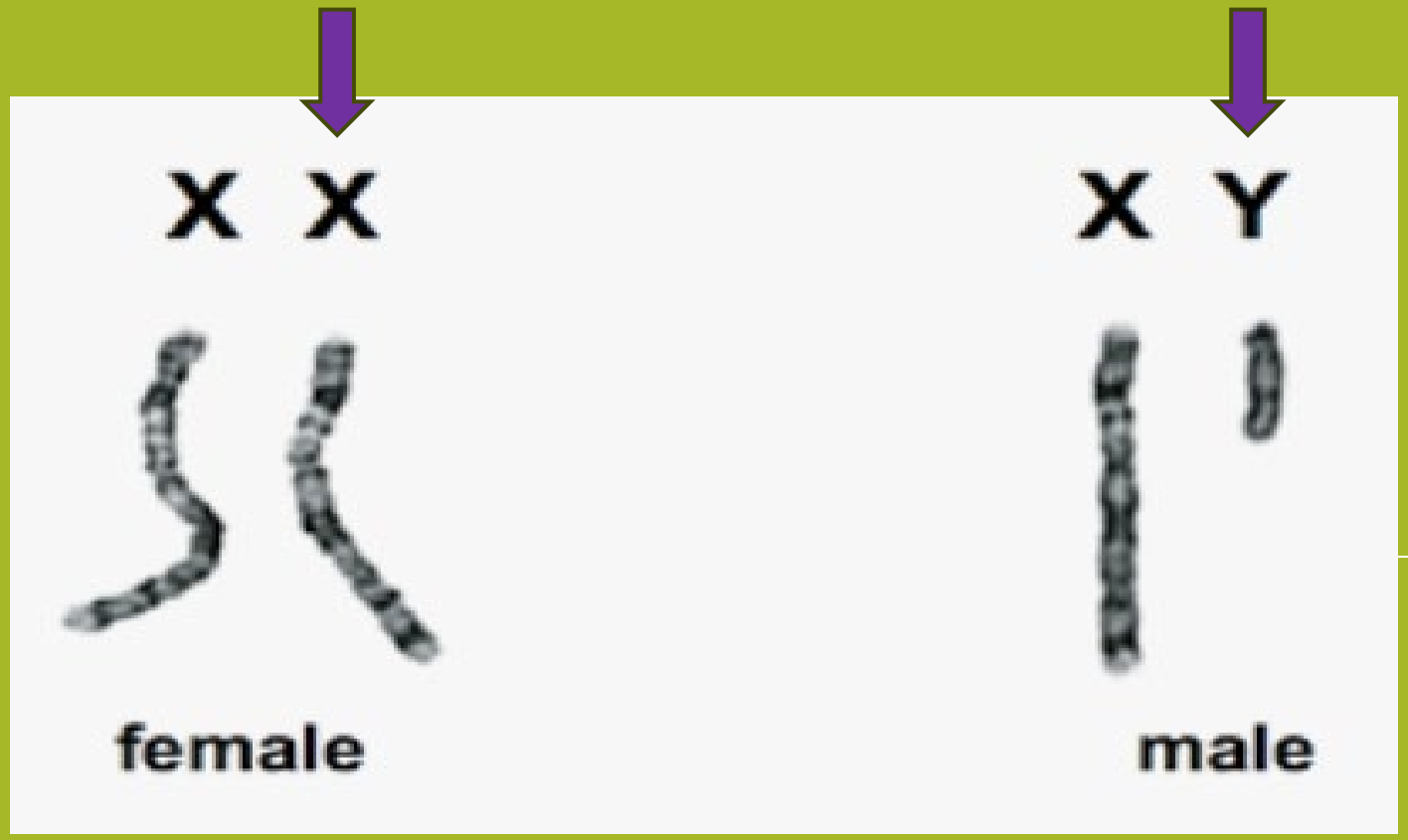


FIGURE 2 (*a*) Cross-section of the female human reproductive anatomy and (*b*) front view (supine) of the female reproductive anatomy.



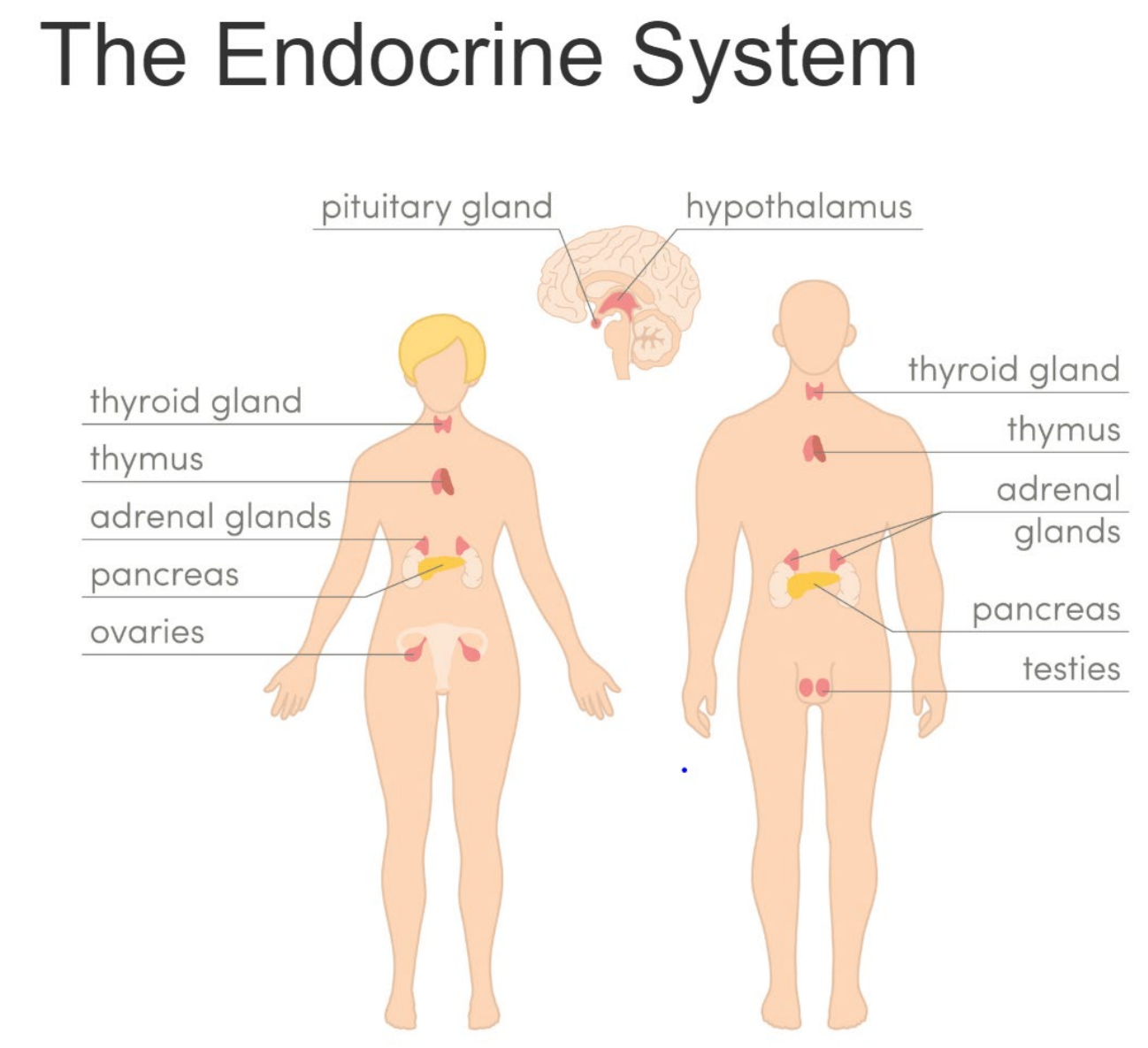
Student Activity
Structure/Function
Identify/Correct

Directions: Using the 2 printable diagram slides (6 and 7) at each small table group - make sure you can identify both the structure and the function. (15 total)
You may use page slides 8 and 9 to support your findings or correct them.



A person's sex as female or male is indicated by the person's sex chromosomes, naturally occurring sex hormones, and internal and external genitalia at birth. Male and female reproductive roles are binary, stable, and unchangeable.

Endocrine System and Hormones



The **endocrine system** is a network of glands in your body that make the hormones that help cells talk to each other. Hormones are responsible for almost every function in your body.

If your endocrine system isn't working properly, you might have problems during puberty or with simply managing stress.
This organ system is the control system for major responses such as flight, fight, freeze (adrenaline), metabolism (pancreas) and ability to reproduce (ovaries/testes).
The endocrine system is directly related and connected to reproductive and sexual health, including menstruation, pregnancy, and even childbirth

Pause and Read

Menstrual Cycle

The **menstrual cycle** is a monthly series of changes involving ovulation, the uterine lining, and menstruation (also referred to as a "period"), in which the unfertilized egg and the lining of the uterus leave the body in a menstrual flow. The menstrual cycle consists of four stages (figure 3) and lasts for an average of 28 days, though some women have longer or shorter cycles. Menstrual flow usually lasts about five days but can vary from woman to woman.

Stage 1 of the menstrual cycle is the menstrual flow, in which the endometrium (the uterine lining that has thickened during the cycle) is partially shed and expelled through the vagina. The menstrual cycle consists of dark-colored blood mixed with mucous secretion from the uterine lining and secretion from the vagina. This stage lasts about five days and ends when the shedding is completed.

Stage 2 of the cycle includes days 6 through 12, during which an egg, or ovum, matures. The maturation process of the ovum includes the ovum being released from the follicle where it developed and the secretion of progesterone.

Progesterone is a steroid hormone secreted by the ovary and is necessary for pregnancy. The uterine lining or endo-metrium begins to thicken, and the uterus prepares for ovulation and the possibility that an ovum will be fertilized. During this time the cervix also begins to secrete a thick mucus, which will assist in the passage of sperm.

Stage 3 of the cycle includes days 13 and 14, which are marked by ovulation—the release of an egg from one of the fallopian tubes. After release, an egg lives for only 24 hours; if it isn't fertilized, it deteriorates and leaves the uterus during the next menstrual cycle.

Stage 4 consists of days 15 through 28. During this stage, if an egg has been fertilized, it moves from the fallopian tube into the uterus and attaches itself to the endometrium. Progesterone continues to be secreted throughout the pregnancy to support the fertilized ovum. If an ovum has not been fertilized, the ovum disintegrates and the woman begins her next menstrual period, and the cycle begins again. Figure 3 illustrates the complete menstrual cycle.

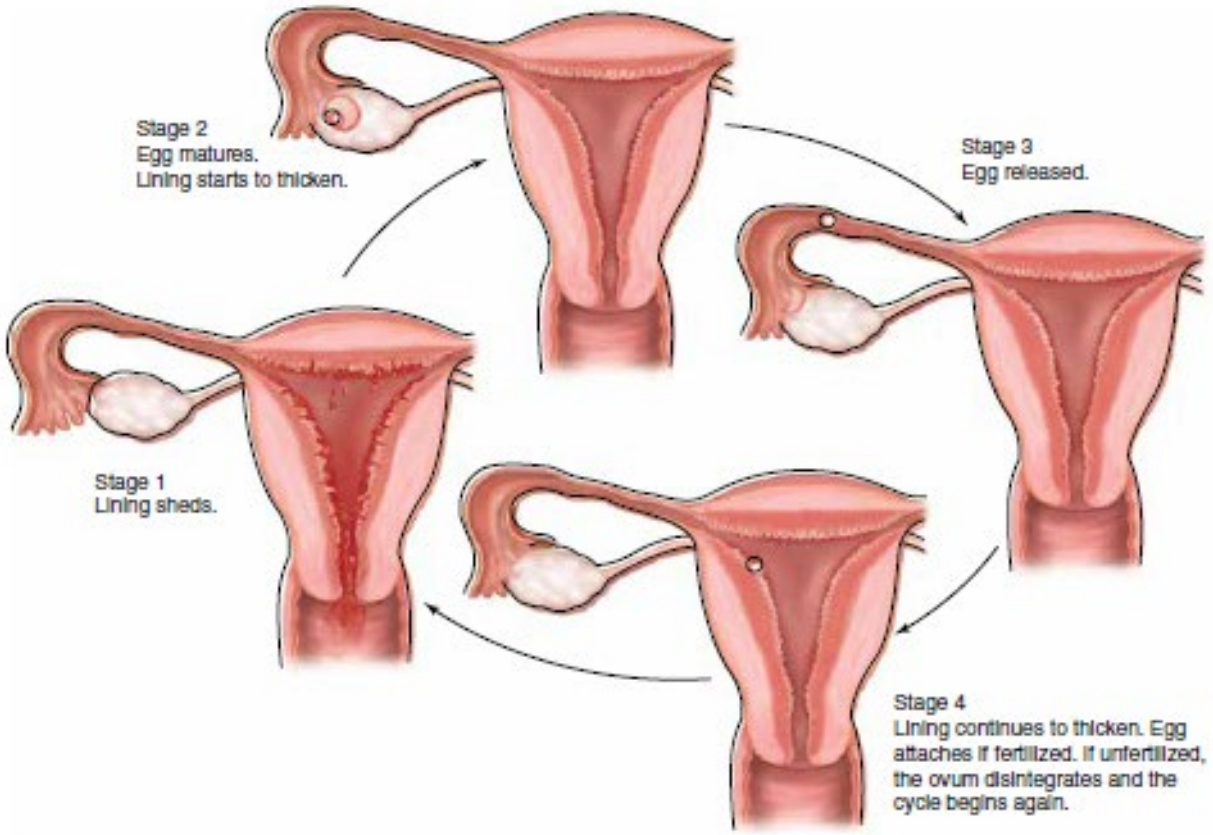


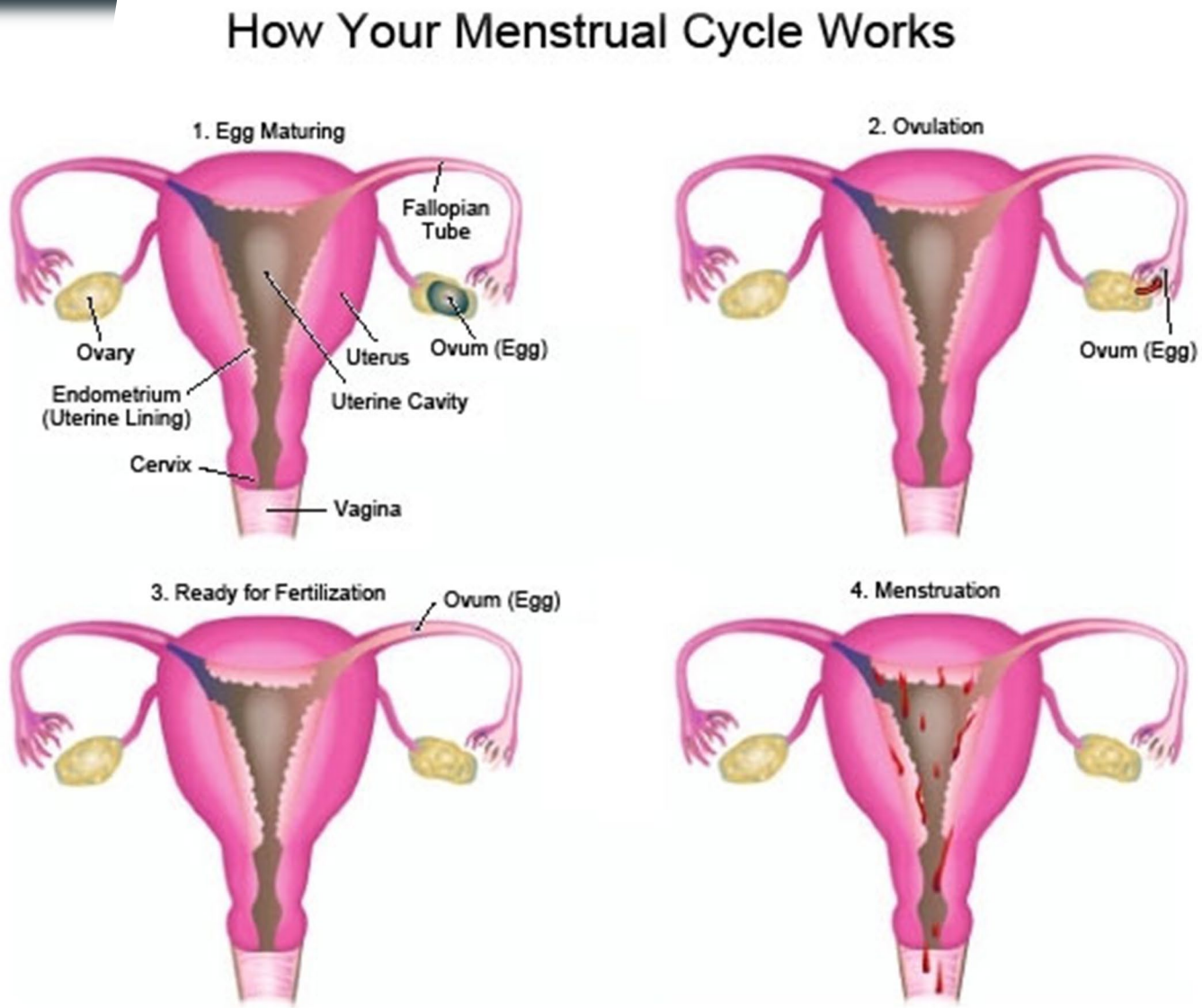
FIGURE 3 Cross-section of the uterus: one fallopian tube and one ovary. The four stages of the menstrual cycle last for a total of about 28 days, though some women have shorter or longer cycles.

Menstrual Cycle

Menstrual Cycle is a series of changes or 4 phases in the female body that includes: maturation of ovum/egg, release of egg (ovulation), uterine lining preparation and menstruation(shedding of lining).

Menstruation is the time when blood from uterine lining is shed from contractions in the uterine walls(cramps) and exits through the vagina typically 3-7 days, light to heavy flow, all girls are different.

- Menstruation usually lasts from 4-7 days



Student Activity

Refer to pages 12-14

In your group answer the 3 questions for each stage of the menstrual cycle:

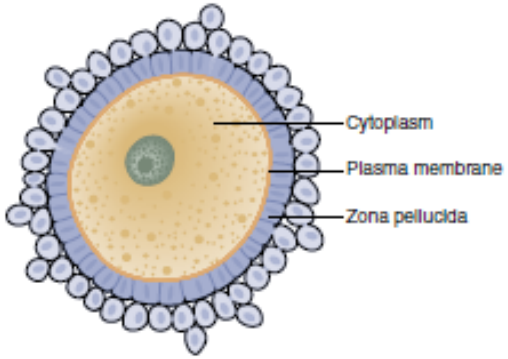
1. Approximately how long does each stage of the cycle last?
2. What happens/occurs in each stage?
3. Additional information helpful to understand each stage of the cycle…

Pause and Read Text

Conception

Conception, or fertilization, is the union of an ovum (figure 4) and a sperm (figure 5). When ovulation occurs (usually on day 13 or 14 of the menstrual cycle), an ovum is released into a fallopian tube. If sperm are present in the fallopian tube, the ovum can be fertilized. One ejaculation by the male releases about 200 to 500 million sperm, which may seem like a very high number, but many are irregular and never make it to the ovum's location. Sperm enter the uterus through the cervix, where they move into either the right or left fallopian tube in search of an ovum.

FIGURE 4 An ovum, or egg.



Text Supplement 1.c

Once an ovum is found, the sperm work to penetrate it; if a sperm succeeds in doing so, the ovum changes so that no other sperm can get in. Conception has thus been completed. The fertilized ovum now begins cell division and continues to travel down the fallopian tube to the uterus, where it implants itself into the endometrium about 10 to 12 days after conception. This entire process is illustrated in figure 6.

FIGURE 5 A mature sperm cell, or spermatozoa (magnified).

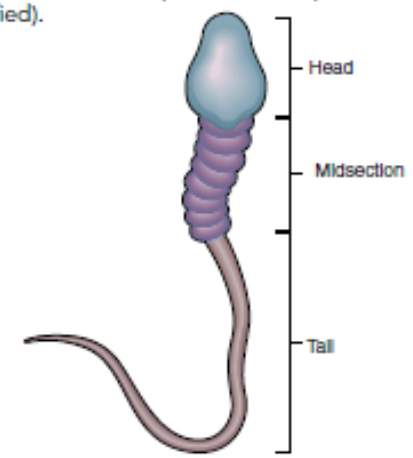
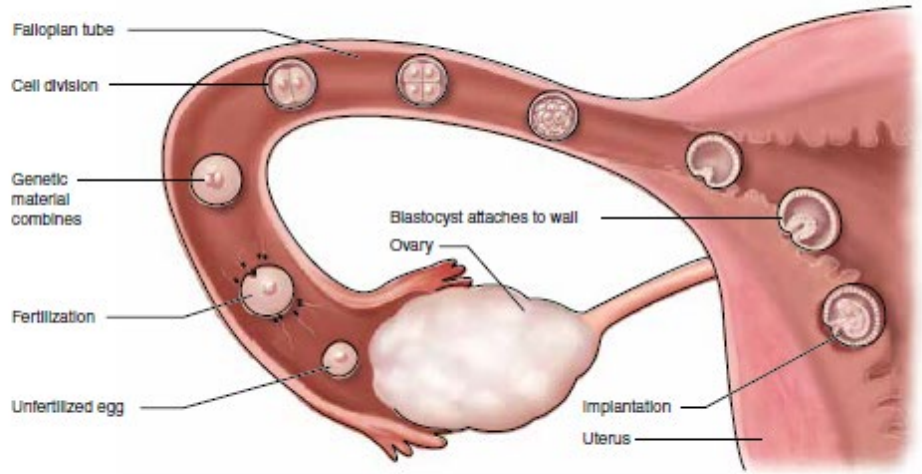


FIGURE 6 During conception and implantation, an egg becomes fertilized, undergoes cell division while traveling through the fallopian tube, and implants itself in the uterus. *Note:* The unfertilized egg is greatly magnified in the figure.



Fertilization/Conception

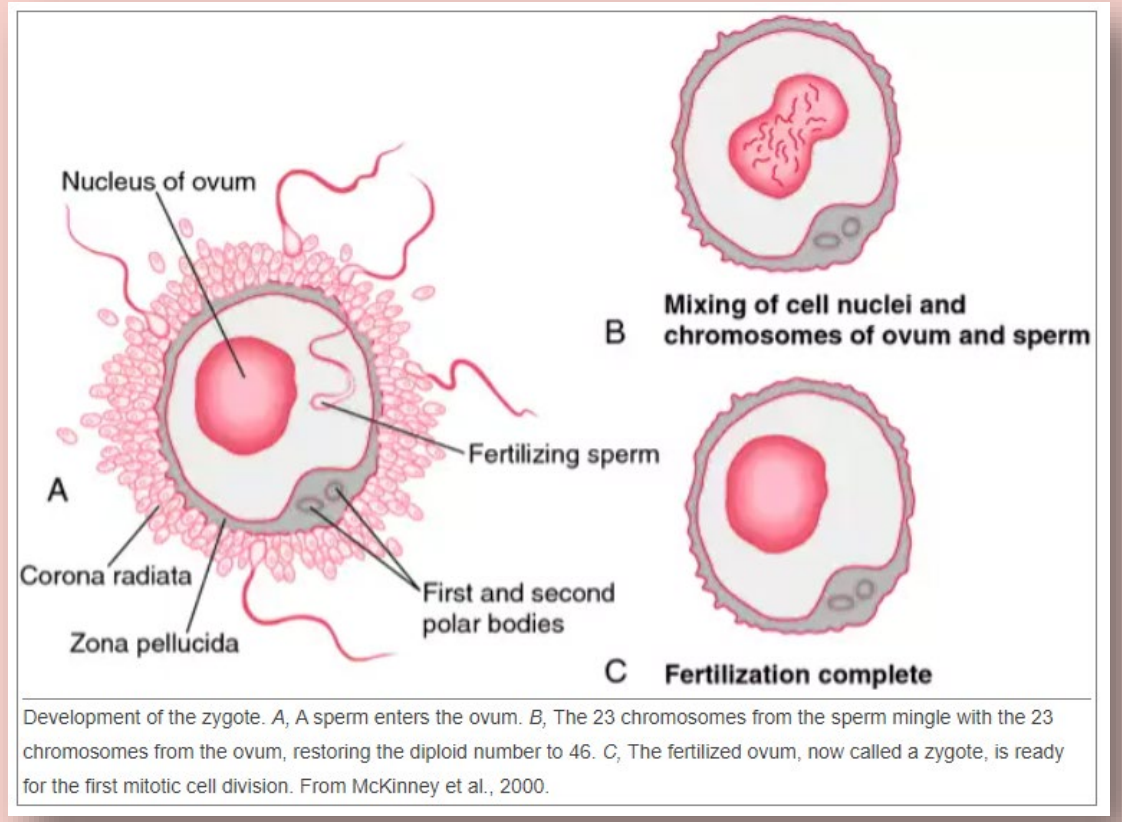
Fertilization: Union of a female ovum (egg) and a male sperm.

1. If sperm and an ovum are present in the female fallopian tube, the ovum can be fertilized.

2. Male sperm enters the uterus through the vagina to the cervix into the uterus and up through the fallopian tubes in search of an ovum.

3. Once a sperm penetrates an ovum, the ovum changes so no other sperm can get in. Conception is completed.

4. The fertilized ovum begins cell division and moves to the uterus where it attempts to implant itself into the uterine lining.



Development of the zygote. *A*, A sperm enters the ovum. *B*, The 23 chromosomes from the sperm mingle with the 23 chromosomes from the ovum, restoring the diploid number to 46. *C*, The fertilized ovum, now called a zygote, is ready for the first mitotic cell division. From McKinney et al., 2000.

*biological males impregnate biological females by fertilizing a female egg with male sperm; the female then gestates the offspring through pregnancy

Pause and Read

Text Supplement 1.d

Pregnancy

From the time of conception, human pregnancy lasts about 38 weeks, or 9 months, and it is often viewed as consisting of three-month increments known as trimesters. During the first trimester (the first three months), the fertilized ovum becomes an embryo (i.e., a developing baby through approximately the first six weeks after conception). The embryo begins to develop within the amniotic sac, which is a sac of fluid that surrounds the embryo. The amniotic sac protects the embryo from damage and helps maintain a steady temperature. The embryo receives oxygen and nourishment through the umbilical cord, which connects the embryo to the placenta (i.e., an organ that anchors the embryo to the uterus). By the third month of the first trimes-ter, the term used to describe the developing baby changes from embryo to fetus. This marks the end of the embryonic period during which time the brain, arms and legs, heart, lungs, and internal organs begin to form. Also, the fetal period begins, which is more about growth and development.

At this time, the fetus begins showing male or female genitalia; in addition, limbs, eyebrows, and fingernails begin to become distinguishable by the end of the third month. At the end of the first trimester, the fetus measures approximately two inches.

During the second trimester—months 4 through 6—the fetus begins to breathe the amniotic fluid, and organs continue to develop including hearing, lungs, and brain waves. During the second trimester, the fetus may be startled by loud noises and can start to hear and recognize voices. Lungs continue to develop as the fetus is inhaling and exhaling small amounts of amniotic fluid. Brain wave activity measured in a developing fetus shows different sleep cycles. It is also during this trimester that the mother begins to gain weight and feels the baby move. By the end of the second trimester, the baby weighs approximately 2 pounds and is 12 inches in length.

The third trimester begins with month 7 and ends at childbirth. During these last three months of pregnancy, the baby has a fully formed brain and nervous system and begins to build up fat, which will provide energy and help keep the baby warm—all in preparation for birth. At birth, the baby weighs approximately 7 pounds and is 18 to 20 inches in length.

Over-the-counter pregnancy tests can be done at home. It's important to follow the instructions carefully to increase the changes of an accurate reading. If the test indicates pregnancy, you should follow up with a visit to the doctor.

Below are some facts about teen pregnancy

Facts About Teen Pregnancy

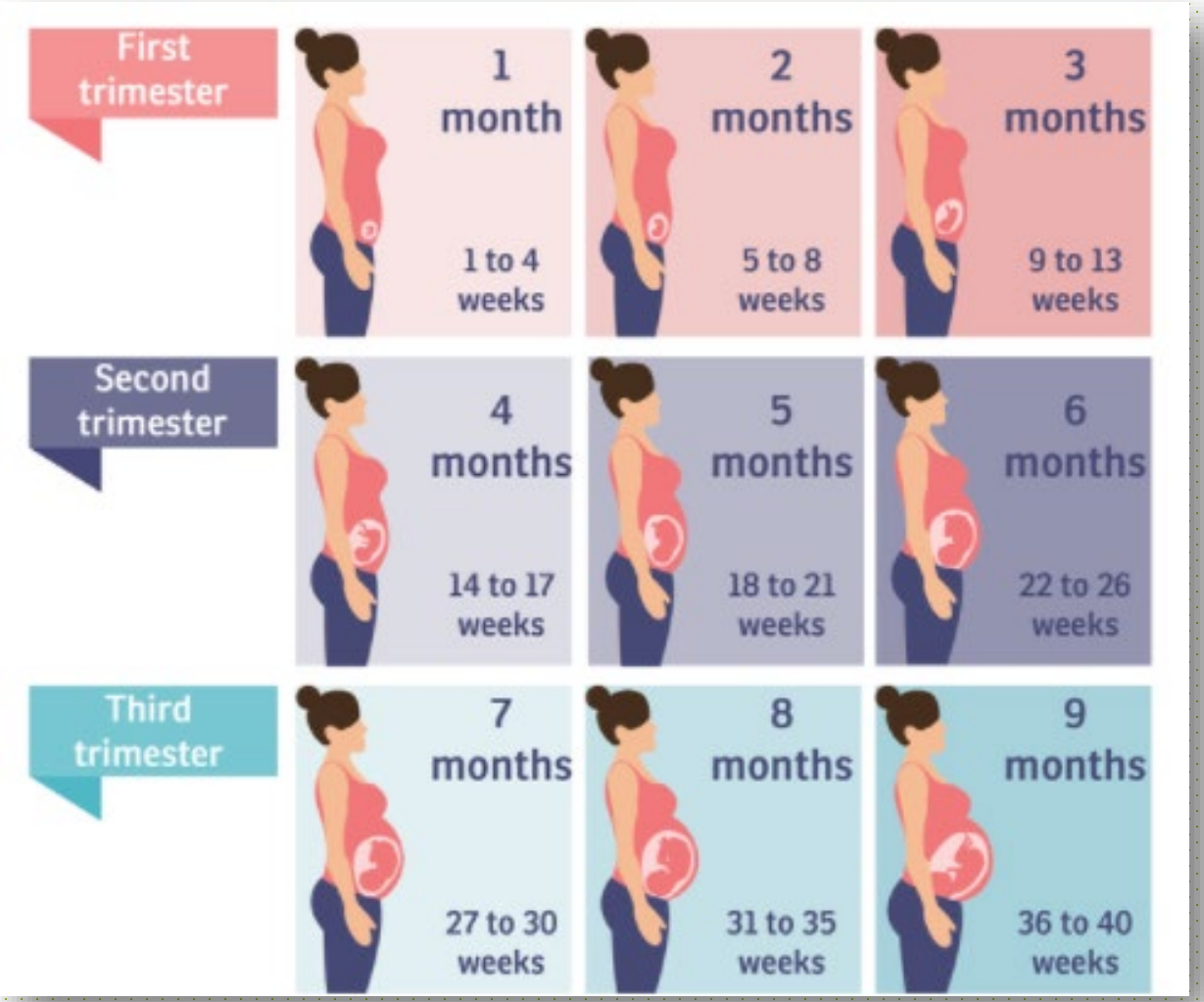
- Each year, almost 750,000 teens aged 15 to 19 become pregnant.
- The U.S. teen pregnancy rate is one of the highest in the developed world.
- More than 80 percent of teen pregnancies are unplanned.
- Risk factors for adolescent pregnancy include poor school performance and economic disadvantages. Adolescents who are pregnant are less likely to finish high school than teens who do not become pregnant.
- Teens are more likely than older mothers to have a second child within two years of their first child.
- Only about 50 percent of teen mothers receive a high school diploma by the age of 22 versus about 90 percent of women who do not give birth during adolescence.
- Less than 2 percent of teen mothers complete a two- or four-year college program by the age of 30.
- Teen fathers are 25 to 30 percent less likely to graduate from high school than teenage boys who are not fathers.
- Children of teenage mothers tend to achieve less in school; they are also more likely to drop out of high school, experience more health problems and chronic medical conditions, receive less emotional support and cognitive stimulation, and exhibit behavioral problems.
- Boys born to teen mothers have a higher incidence of serving time in juvenile detention centers or jail during adolescence, and girls born to teen mothers are more likely to become teen mothers themselves and face unemployment as young adults.
- Nearly all births among teen mothers are nonmarital (89 percent in 2011, up from 79 percent in 2000).
- Infants born to teen mothers are two to six times more likely to have low birth weight than those born to mothers who are age 20 or older.
- The younger a mother is (below the age of 20), the greater her infant's risk of dying during the first year of life. Teen mothers are more likely to have unhealthy habits and thus place their infants at greater risk for infection, chemical dependence, and inadequate growth.

Pregnancy

Conception to birth is about 38 weeks, or 9 months.

Pregnancy consists of 3-month increments known as trimesters.

- 1st Trimester- Months 1 to 3
- 2nd Trimester- Months 4 to 6
- 3rd Trimester- Months 7 to Birth



Pregnancy: First Trimester, Months 1 to 3

- Ovum becomes an embryo and begins to develop within the amniotic sac. The end of the first trimester marks the end of the embryonic period (embryo) and the beginning of the fetal period (fetus).
- Fetus begins to show male or female genitalia. Limbs, eyebrows, and fingernails begin to become distinguishable.

Pregnancy: Second Trimester, Months 4 to 6

- Lungs continue to develop as the fetus inhales and exhales small amounts of amniotic fluid.
- Fetus begins to hear and recognizes voices.
- Brain wave activity can be measured.
- Mother begins to gain weight and feels the fetus move.

Pregnancy: Third Trimester, Months 7 to Birth

- Brain and nervous system are fully formed.
- Fat buildup increases, which will provide energy and help keep the baby warm in preparation for birth.

Student Activity

Teenage Pregnancy

- Discuss the potential Physical, Mental/Emotional, Intellectual, and Social consequences related to a teenage pregnancy.
- In your notes, highlight important connections under each component of health from each perspective.

Pause and Read Text

Childbirth

In preparation for birth, the fetus usually turns and positions his or her head against the mother's pelvic bone (figure 7). In addition, the cervix begins to dilate, and the amniotic sac may rupture (which is also known as "water breaking").

Childbirth includes three stages of labor (figure 8). The first stage is the longest, lasting anywhere from a couple of hours to an entire day. During it, contractions begin, initially lasting 20 to 40 seconds and occurring every 10 to 20 minutes, then progressively getting stronger and lasting longer. The cervix continues to dilate (up to 8 to 10 centimeters wide), and the baby begins to move into the birth canal or vagina.

The second stage of childbirth lasts from a few minutes to a couple of hours. During this stage, the woman begins to push during contractions to help the baby move through the birth canal or vagina.

Once delivered, the baby can breathe on his or her own, and the umbilical cord is cut.

The third stage of childbirth is the delivery of the placenta, which happens very shortly after delivery of the baby and lasts only about 10 minutes.

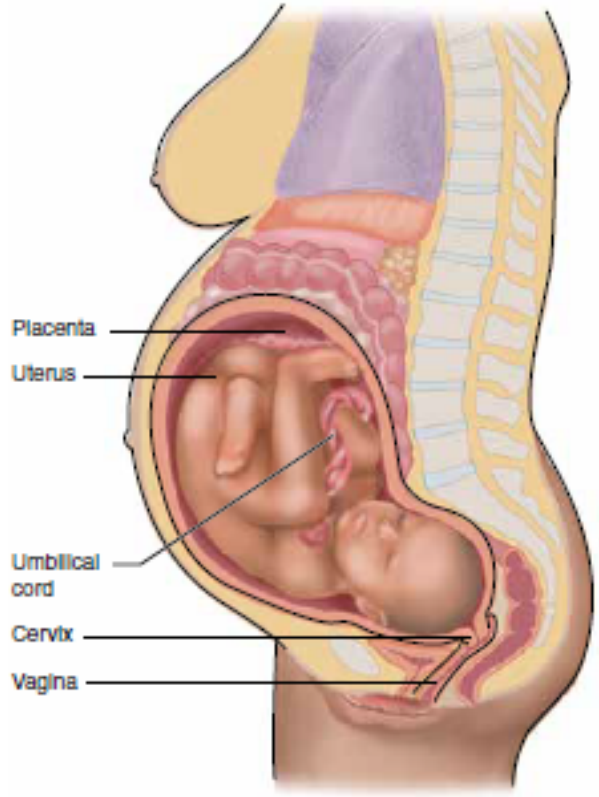
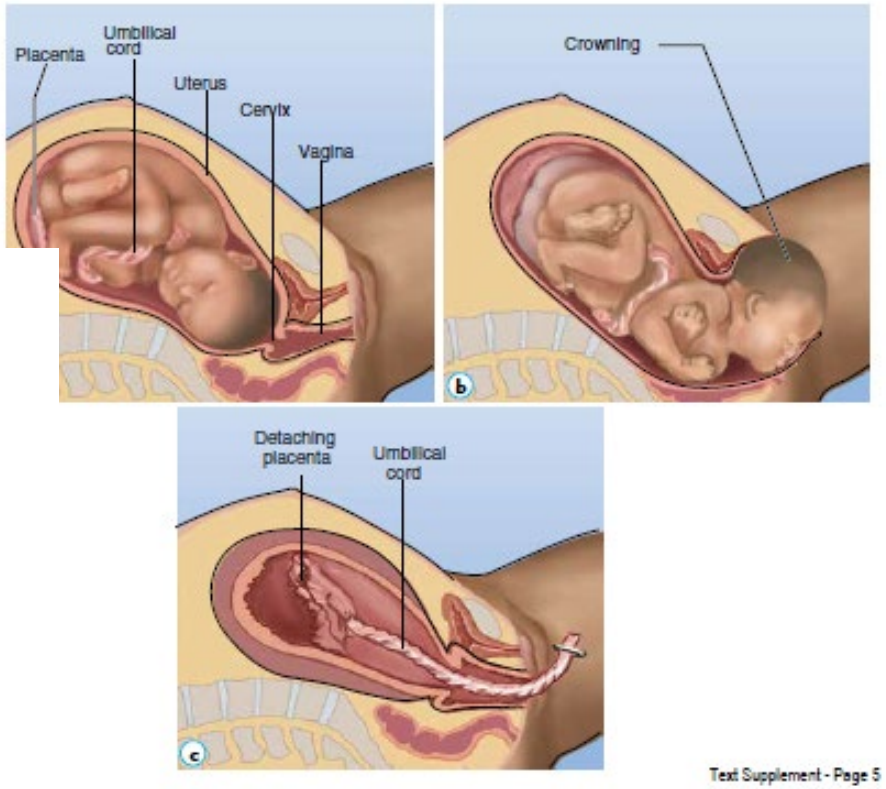
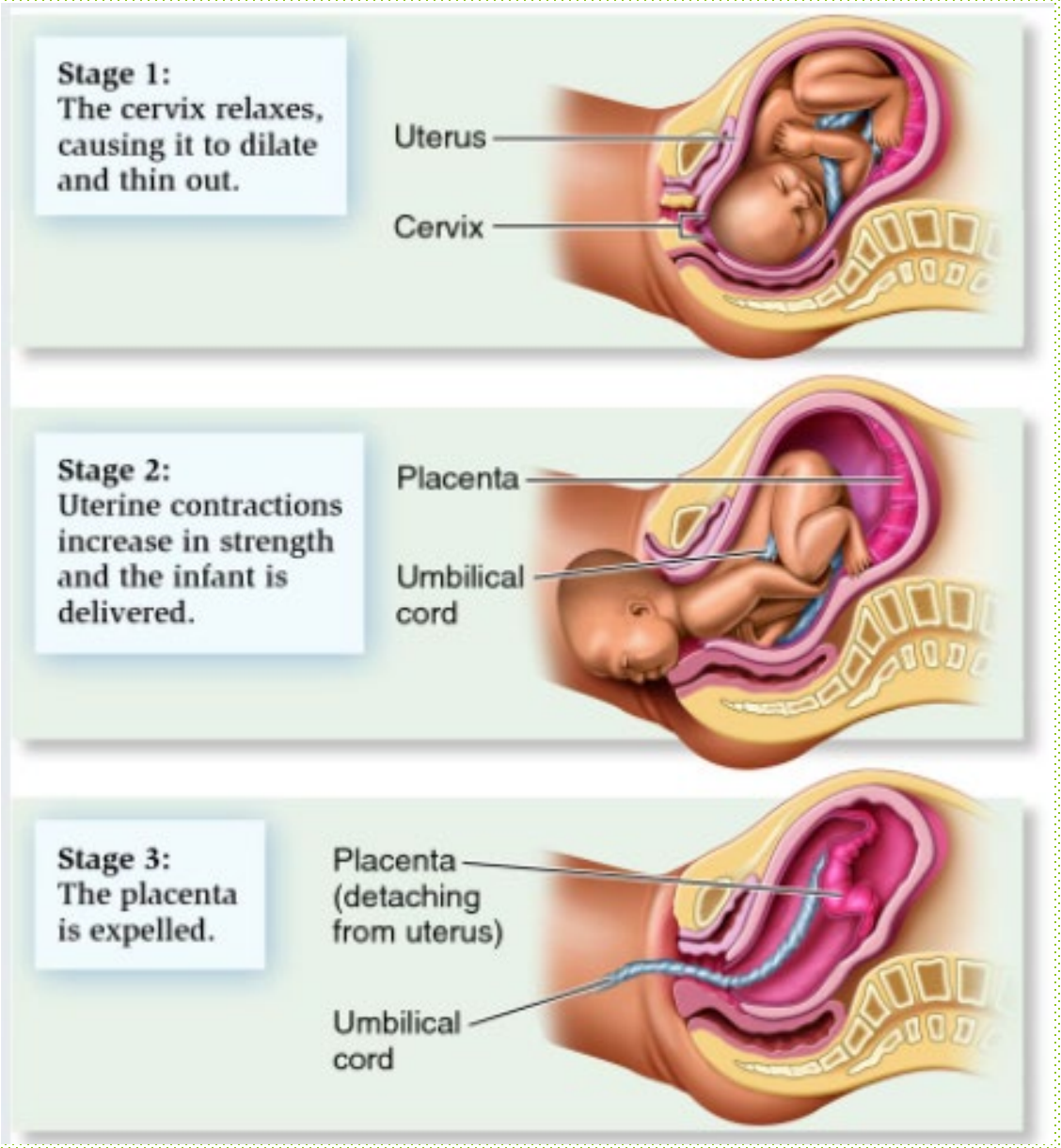


FIGURE 7 Near the end of pregnancy, the fetus positions his or her head against the mother's pelvic bone.

FIGURE 8 During childbirth, the mother goes through three stages of labor: *(a)* stage 1, *(b)* stage 2, and (c) stage 3.



3 Stages of Labor



3 Stages of Labor in Vaginal Delivery

Refer to pages 15-18

First stage

- Contractions begin, cervix dilates, and baby begins to move into the birth canal (vagina).

Second stage

- Woman begins to push during contractions to help the baby move through the birth canal; this can last 2-24 hours

Third stage

- It is the delivery of the placenta, which happens shortly after delivery of the baby.

Caesarian Section – Surgical Delivery

Cesarean deliveries, or **C-sections**:

- Can prevent injury and death in women who are at higher risk of complicated **deliveries** or have unexpected complications
- Is major surgery to **deliver** a baby through the mother's abdomen and uterus
- Requires Epidural/Anesthesia to lower body so baby can be surgically removed (mother is often awake and able to feel pressure, but not pain)
- Used when a vaginal **birth** is not safe or becomes unsafe
- Recovery takes longer due to the nature of surgical procedure and healing of internal and external incisions
- The placenta is removed during the surgical process as well
- Surgeries increase risks of infection, other complications due to major surgery are also increased
- Individuals that had a complicated delivery with a previous birth may have a scheduled C-Section, or may, depending on age and risks attempt a vaginal delivery

In 2019 in the US:

- Number of vaginal deliveries: 2,558,882
- Number of Cesarean deliveries: 1,186,397
- Percent of all deliveries by Cesarean: 31.7%

Current Birth/Delivery Statistics

- US birth rate saw a 2% decline from 2022, with 3,591,328 births recorded in 2023 The number of births in 2023 is the lowest since 1980
- The cesarean delivery rate increased for the fourth year in a row to 32.4% in 2023; the low-risk cesarean delivery rate increased to 26.6%.
- Teenagers—The birth rate for teenagers aged 15–19 was down 3% in 2023 to 13.2 births per 1,000 women.

Student Activity – Budgeting Expenses

- **Create an expense report from childbirth at a hospital through the first year of life**.
- Divide the tasks among each group member into 4 categories:
  - Hospital birth/Doctor Expenses and regular wellness and sick visits without insurance
  - Formula/Food/Diaper Expenses
  - Childcare/Babysitting Expenses
  - Clothes/Furniture/1st Year Necessities
- Include data for each category for 1 year with the total per category and overall, yearly approximate total
- List sources used or references for information found (Are they valid?)

HEALTH SKILLS - PERFORMANCE SCALE – RHDE – HOPE course – Lesson 1

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks

Lesson 1 Learning Goal Target:
Explain human reproductive anatomy, organs, systems, functions, including pregnancy and childbirth and the consequences/risks associated

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate evidence of comprehending reproductive anatomy concepts including structures and functions, fertilization, pregnancy and childbirth, including consequences and risks of teenage pregnancy
3 level of desired goal	**Explain human reproductive anatomy, organs, systems, functions, including pregnancy and childbirth and the consequences/risks associated.** ○ Explain human reproductive anatomy, organs, systems, and their functions ○ Explain organs, systems and functions included in pregnancy and childbirth ○ Explain the consequences and risks related to teenage pregnancy and childbirth
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Explain some consequences or risks associated with teenage pregnancy and childbirth ○ Explain Stages of childbirth ○ Explain trimesters of pregnancy ○ Explain fertilization and the initial process of conception ○ Explain menstruation cycle/phases ○ Explain some male and female reproductive system functions ○ Explain some appropriate male reproductive anatomy ○ Explain some appropriate female reproductive anatomy
1 Beginning cognitive and physical	○ Identify the importance of the endocrine system and hormones ○ Recognize some body functions related to human growth and development ○ Recognize some reproductive anatomy and reproductive system functions ○ Recognize some endocrine system glands, organs and functions

START HERE — CHECK OFF THOSE YOU CAN DO

LESSON

2

Reproductive Health and Disease Education Unit

Abstinence, Birth Control, and Consequences of Teen Pregnancy

HEALTH SKILLS - PERFORMANCE SCALE – HOPE Course – Lesson 2

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks.

Lesson 2 Learning Goal Target:
Explain responsible interpersonal, decision-making, and prevention skills in order to reduce or avoid reproductive health risks

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate understanding of the skills needed to be responsible decision-makers regarding our health behaviors and choices ○ Demonstrate understanding of reproductive health risks and prevention of disease
3 level of desired goal	**Explain responsible interpersonal, decision-making, and prevention skills in order to reduce or avoid reproductive health risks.** ○ Explain the skills needed for strong decision-making and prevention of reproductive health risks ○ Explain the use of interpersonal skills to reduce or avoid reproductive health risks
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Explain risks and consequences of teenage pregnancy ○ Understand how our health behavior decision-making can either increase our health risks or decrease them ○ Explain key highlights of pregnancy (and disease) prevention ○ Explain some benefits to delaying sexual activity ○ Explain some ways to reduce reproductive health risks ○ Understand that abstinence is the only 100% effective way to prevent pregnancy and sexually transmitted infections and diseases ○ Identify some advantages and disadvantages to various birth control methods ○ Identify the different contraception/birth control categories ○ Identify some life skills and how they relate to decisions associated with reproductive health and disease prevention
1 Beginning cognitive and physical	○ Recognize that abstinence is the only 100% effective way to prevent pregnancy and STIs ○ Recognize how decisions impact physical, mental/emotional, intellectual, social, financial, spiritual etc. dimensions of health ○ Recognize some strong self-esteem/self-worth characteristics ○ Recognize some responsible health decisions ○ Recognize some life skills critical to reproductive health and growth and development

START HERE — CHECK OFF THOSE YOU CAN DO

Lesson Learning Targets:

I can:

- Identify that abstinence is the only 100% effective method to prevent pregnancy and sexually transmitted infections
- Identify the benefits of abstinence
- Identify different types of contraception and their effectiveness at preventing pregnancy and STIs
- Identify risks and effects associated with teen pregnancy

Lesson Start Up

- Which 10 of the life skills provided in the word cloud, or any others you may think of, would be good to develop as a teen?
- Explain why?

Benefits of Abstinence

- Abstinence is refraining from all sexual activities.
- Sexual activity increases your health risks and can have lifelong impacts, such as teen pregnancy, STIs/STDs, and various effects beyond your physical health, including mental/emotional, intellectual, social, spiritual, and financial impacts.
- There are many benefits to refraining from sexual activities prior to marriage, some may include out of wedlock pregnancy, sexually transmitted diseases, and possible emotional, familial, social, physical health issues, and financial hardships.
- Florida Statute requires teaching abstinence from sexual activity outside of marriage as the expected standard for all school-age students as well as the benefits of monogamous heterosexual marriage.

Contraception

Contraception, or birth control, includes a variety of methods used to prevent an egg from being fertilized by a sperm cell. A majority of American men and women who are sexually active use some type of birth control, but no single contraceptive method is best for everyone. Decisions about contraceptive use should take into account many factors, including cost, side effects, effectiveness, convenience, ease of use, and protection against both pregnancy and sexually transmitted infections (STIs). The only contraceptive that is 100 percent effective against both pregnancy and STIs is abstinence—refraining from vaginal sex, oral sex, anal sex, and naked genital-to-genital rubbing ("outercourse").

Before using any contraceptive, make sure to read all of the directions and information on the packaging. If you have further questions contact a medical care provider.

Contraceptives fall into four main categories: barrier, hormonal, informational, and permanent. As their name suggests, barrier contraceptives create a barrier that blocks sperm from entering the female's cervix (neck of the uterus); they include female condoms (figure 9), male condoms (figure 9) , diaphragms (fit over the cervix to provide a barrier) (figure 10), cervical caps (figure 10), sponges (figure 11), and spermicides (figure 12).

Hormonal methods of contraception usually use estrogen and progestin together; some use progestin only. They can be administered in various forms such as a pill (figure 13), skin patch (Ortho Evra), shot (Depo-Provera), or intrauterine device (IUD) (figure 14). Hormonal contraceptives such as the birth control pill can also be used to ease menstrual pain or regulate the menstrual cycle, and some doctors prescribe birth control pills for acne and other medical conditions.

Pause and Read Text

FIGURE 9 Female condom (top) and male condom (bottom).

FIGURE 10 Cervical cap (left) and diaphragm (right).

FIGURE 11 Contraceptive sponge.

FIGURE 12 Tube of spermicide jelly.

FIGURE 13 Birth control pills. Bill Crump/ Brand X Pictures

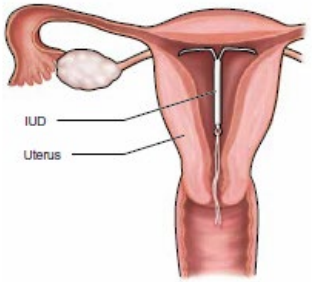


FIGURE 14 Placement of the IUD in the uterus.

Contraception

- **The only contraceptive that is 100% effective against pregnancy and STIs is abstinence**
- Contraception is defined as the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.
- Contraception includes a variety of methods used to prevent an egg from being fertilized by a sperm cell.
- If making decisions on contraception, consider the following: cost, short and long-term side effects, effectiveness, convenience, ease of use, and protection against pregnancy and sexually transmitted infections (STIs).

Pause and Read Text

The third category—informational contracep-tion—includes fertility awareness and withdrawal (see table 1 for more about these and other methods of contraception). These approaches do not work as well as the barrier and hormonal methods—especially with teens—as the fertility awareness method is only effective with a woman who has a regular menstrual cycle. Many teen girls do not have a regular menstrual cycle and the withdrawal method is difficult sometimes since the man must withdraw his penis prior to ejaculation. Sperm can be present even prior to ejaculation.

Permanent contraceptive methods include **female sterilization** and male sterilization (**vasectomy**) (see figures 16 and 17). These methods are used by adults who do not wish to have any more children. See table 1 for a listing of contraceptives and their advantages and disadvantages.

At different stages of people's lives, they may have different needs for contraception. Some people, for example, choose a particular method (e.g., condom use) because they wish to prevent both STIs and pregnancy.

FIGURE 16 One method of female sterilization is a laparoscopic procedure where the fallopian tubes are cut or blocked to prevent eggs from reaching the uterus.

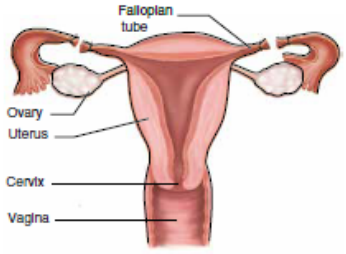
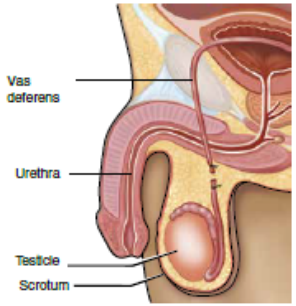


FIGURE 17 In a vasectomy, the vas deferens is cut or blocked to prevent sperm from being ejaculated.



Surgical methods (sterilization), on the other hand, are generally chosen by people who already have the size of family they want.

Given the importance of your decisions about whether and when to use contraception, you should make them in consultation with someone who is knowledgeable about the pros and cons of each method. That person might be a parent, teacher, school counselor, older sibling, medical professional, or other trusted individual. Of course, it is also extremely important for you to communicate with your sexual partner about your wants, needs, and expectations. Becoming sexually active shouldn't be determined by statistics or by what others do; it should be determined by your values, your relation-ship with your partner, and other determinants that are important to you and your partner. After all, it's your health and your future at stake.

Unfortunately, much inaccurate information is available on the web, in the media, and from friends and peers; therefore, you need to be careful about where you get your information. This book's chapter titled Health Care Consumerism offers you some guidelines for finding reliable and useful information.

Three Categories of Contraceptives

1. Barrier: blocks sperm from entering female's cervix
2. Hormonal: uses estrogen and progestin together or progestin only
3. Informational: female and male must be very aware of their bodies

Example Contraceptives

1. Barrier: male condom, female condom, diaphragm, cervical cap, sponge, spermicide
2. Hormonal: birth control pill, skin patch (Ortho Evra), shot (Depo-Provera), intrauterine device, (IUD)
3. Informational: fertility awareness

Pause and Read

Text Supplement 2.b

TABLE 1 Birth Control Methods: Advantages and Disadvantages

Type	Advantages	Disadvantages
Barrier contraceptives		
Male condom—covers the penis with a sheath of thin material (usually latex). It is about 85 percent effective in preventing STIs and pregnancy.	• Protects against both pregnancy and STIs • Readily available • Inexpensive	• May reduce sensitivity • Disrupts spontaneity • Must be used correctly to be effective
Female condom—lines the vaginal canal and collects sperm-containing fluid that is present before, during, or after ejaculation. It has a flexible ring at each end, one of which is closed and is inserted into the vagina, and the other of which is open and stays on the outside of the female's body. It is about 79 percent effective in preventing STIs and pregnancy.	• Protects against both pregnancy and STIs • Can be inserted up to eight hours before intercourse • Does not require a prescription	• May be difficult to use effectively • May not stay in place during intercourse • Is more expensive than the male condom
Diaphragm—latex rubber covering for the cervix. The diaphragm is used with a spermicide, and this combination is about 84 percent effective in preventing pregnancy.	• Can be inserted up to six hours before sex • Can be used just prior to sexual intercourse	• No STI protection • May increase frequency of vaginal infection • Must be fitted by a health care professional
Cervical cap—covering for the cervix (similar to a diaphragm). When used with spermicide, this approach is about 86 percent effective in preventing pregnancy in females who have not had children. It may be less effective for women who have given birth due to changes in the cervix.	• Can be inserted several hours before sex • May be more comfortable due to smaller size as compared to the diaphragm • Can be used just prior to sexual intercourse	• No STI protection • May increase frequency of vaginal infection • Must be fitted by a health care professional
Sponge—pillow-shaped product made of polyurethane foam that contains spermicide and fits snugly over the cervix. This approach is about 84 percent effective in preventing pregnancy in females who have not had children. It may be less effective for women who have given birth due to changes in the cervix.	• Can be inserted up to 24 hours before intercourse • Can be used just prior to sexual intercourse as well • No prescription needed (one size fits all)	• No STI protection • May increase the frequency of vaginal infection • May cause skin irritation
Spermicide—substance that kills sperm by means of the active ingredient nonoxynol-9. Forms include jellies, foams, films, and suppositories. Spermicides are inserted into the vagina and create a barrier at the cervix while killing sperm. Spermicide use is only about 71 percent effective in preventing pregnancy.	• Can be used just prior to sexual intercourse • Available over the counter • Inexpensive • Can increase the effectiveness of other contraceptive methods when used in combination	• No STI protection • May cause skin irritation
Hormonal contraceptives		
Pill—combination of estrogen and progestin delivered into the female body orally. Birth control pills must be taken at the same time each day. The Pill is about 92 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps • Often results in regulated, lighter, and shorter menstrual periods	• No STI protection • Various possible side effects • Must be taken every day at approximately the same time
Patch—flexible application (as thin as a bandage) placed in one of four areas: outer side of upper arm, upper torso, buttocks, abdomen. The patch releases a combination of estrogen and progestin into the body through the skin. It must be changed once a week. It is about 92 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps • Often results in regulated, lighter, and shorter menstrual periods	• No STI protection • Various possible side effects • Possible adverse reaction to the adhesive

Text Supplement - Page 8

Text Supplement 2.b (continued)

TABLE 1 > continued

Type	Advantages	Disadvantages
Shot—progestin-only injection most commonly known as Depo-Provera. The shot protects against pregnancy for 3 months. It is about 97 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps	• No STI protection • Various possible side effects • Aversion to shots in some people
Intrauterine devices (IUD)—small T-shaped device inserted into the uterus to prevent pregnancy. The IUD is about 98 percent effective in preventing pregnancy.	• Long lasting form of birth control (up to 12 years) • Hormonal IUDs may reduce period cramps and reduce menstrual flow • Effective immediately upon insertion	• No STI protection • Must be fitted by a health care professional
Informational contraceptives		
Fertility awareness—information provided to help couples achieve or prevent pregnancy. The four methods are calendar rhythm, standard days, ovulation, and symptothermal. In order to prevent pregnancy, users must understand the female reproductive system and the menstrual cycle in order to know when the woman is fertile and abstain from intercourse during this time. Fertility awareness methods are approximately 78 percent to 88 percent effective, depending on which approach is used.	• No medicine to take • No side effects • Increased knowledge of the female fertility cycle	• No STI protection • Difficult to use if a person is unable to correctly interpret fertility signs or has an irregular menstrual cycle

Barrier Contraceptives

TABLE 1 Birth Control Methods: Advantages and Disadvantages

Type	Advantages	Disadvantages
Barrier contraceptives		
Male condom—covers the penis with a sheath of thin material (usually latex). It is about 85 percent effective in preventing STIs and pregnancy.	• Protects against both pregnancy and STIs • Readily available • Inexpensive	• May reduce sensitivity • Disrupts spontaneity • Must be used correctly to be effective
Female condom—lines the vaginal canal and collects sperm-containing fluid that is present before, during, or after ejaculation. It has a flexible ring at each end, one of which is closed and is inserted into the vagina, and the other of which is open and stays on the outside of the female's body. It is about 79 percent effective in preventing STIs and pregnancy.	• Protects against both pregnancy and STIs • Can be inserted up to eight hours before intercourse • Does not require a prescription	• May be difficult to use effectively • May not stay in place during intercourse • Is more expensive than the male condom
Diaphragm—latex rubber covering for the cervix. The diaphragm is used with a spermicide, and this combination is about 84 percent effective in preventing pregnancy.	• Can be inserted up to six hours before sex • Can be used just prior to sexual intercourse	• No STI protection • May increase frequency of vaginal infection • Must be fitted by a health care professional
Cervical cap—covering for the cervix (similar to a diaphragm). When used with spermicide, this approach is about 86 percent effective in preventing pregnancy in females who have not had children. It may be less effective for women who have given birth due to changes in the cervix.	• Can be inserted several hours before sex • May be more comfortable due to smaller size as compared to the diaphragm • Can be used just prior to sexual intercourse	• No STI protection • May increase frequency of vaginal infection • Must be fitted by a health care professional
Sponge—pillow-shaped product made of polyurethane foam that contains spermicide and fits snugly over the cervix. This approach is about 84 percent effective in preventing pregnancy in females who have not had children. It may be less effective for women who have given birth due to changes in the cervix.	• Can be inserted up to 24 hours before intercourse • Can be used just prior to sexual intercourse as well • No prescription needed (one size fits all)	• No STI protection • May increase the frequency of vaginal infection • May cause skin irritation
Spermicide—substance that kills sperm by means of the active ingredient nonoxynol-9. Forms include jellies, foams, films, and suppositories. Spermicides are inserted into the vagina and create a barrier at the cervix while killing sperm. Spermicide use is only about 71 percent effective in preventing pregnancy.	• Can be used just prior to sexual intercourse • Available over the counter • Inexpensive • Can increase the effectiveness of other contraceptive methods when used in combination	• No STI protection • May cause skin irritation

Hormonal Contraceptives

Type	Advantages	Disadvantages
Pill—combination of estrogen and progestin delivered into the female body orally. Birth control pills must be taken at the same time each day. The Pill is about 92 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps • Often results in regulated, lighter, and shorter menstrual periods	• No STI protection • Various possible side effects • Must be taken every day at approximately the same time
Patch—flexible application (as thin as a bandage) placed in one of four areas: outer side of upper arm, upper torso, buttocks, abdomen. The patch releases a combination of estrogen and progestin into the body through the skin. It must be changed once a week. It is about 92 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps • Often results in regulated, lighter, and shorter menstrual periods	• No STI protection • Various possible side effects • Possible adverse reaction to the adhesive
Shot—progestin-only injection most commonly known as Depo-Provera. The shot protects against pregnancy for 3 months. It is about 97 percent effective in preventing pregnancy.	• Highly effective • Reduces menstrual cramps	• No STI protection • Various possible side effects • Aversion to shots in some people
Intrauterine devices (IUD)—small T-shaped device inserted into the uterus to prevent pregnancy. The IUD is about 98 percent effective in preventing pregnancy.	• Long lasting form of birth control (up to 12 years) • Hormonal IUDs may reduce period cramps and reduce menstrual flow • Effective immediately upon insertion	• No STI protection • Must be fitted by a health care professional

Informational Contraceptives

Type	Advantages	Disadvantages
Fertility awareness—information provided to help couples achieve or prevent pregnancy. The four methods are calendar rhythm, standard days, ovulation, and symptothermal. In order to prevent pregnancy, users must understand the female reproductive system and the menstrual cycle in order to know when the woman is fertile and abstain from intercourse during this time. Fertility awareness methods are approximately 78 percent to 88 percent effective, depending on which approach is used.	• No medicine to take • No side effects • Increased knowledge of the female fertility cycle	• No STI protection • Difficult to use if a person is unable to correctly interpret fertility signs or has an irregular menstrual cycle

Teen Sexual Activity and Contraception Use Quick Quiz

- What percentage of teens are reporting having had sex?
  - Age 15
  - Age 16
  - Age 17
  - Age 18
- What percentage of teens report using contraception the first time they had sex?
  - Male versus Female

Teen Sexual Activity and Contraception Use Quick Quiz

- What percentage of teens are reporting having had sex?
  - Age 15 = 16 percent
  - Age 16 = 33 percent
  - Age 17 = 48 percent
  - Age 18 = 61 percent
  - **The majority of teens age15-17 are still abstaining.**
- What percentage of teens report using contraception the first time they had sex?
  - Male = 85 percent
  - Female = 78 percent
- Most common contraceptive used during first-time intercourse is the male condom.
  - *Remember the only 100% effective protection is abstinence.*

Predict and Report

- Predict and record in your notes what you think might be potential consequences for:
  - (1) Teens Dealing with Pregnancy
  - (2) A Child Born from a Teen Pregnancy
  - (3) Community Impact from Teen Pregnancies
- Read the text, "Adverse Effects of Teen Pregnancy" and record the highlights that address these 3 areas in your notes
- Discuss what disparities might have been evidenced from your prediction to your findings.

Text Supplement 2.c.

Consequences of Teen Pregnancy

The high social and economic costs of teen pregnancy and childbearing can have short- and long-term negative consequences for teen parents, their children, and their community. Through recent research, it has been recognized that pregnancy and childbirth have a significant impact on educational outcomes of teen parents.

- By age 22, only around 50 percent of teen mothers have received a high school diploma and only 30 percent have earned a General Education Development (GED) certificate, whereas 90 percent of women who did not give birth during adolescence receive a high school diploma.
- Only about 10 percent of teen mothers complete a two- or four-year college program.
- Teen fathers have a 25 to 30 percent lower probability of graduating from high school than teenage boys who are not fathers.

Children who are born to teen mothers also experience a wide range of problems. For example, they are more likely to:

- have a higher risk for low birth weight and infant mortality;
- have lower levels of emotional support and cognitive stimulation;
- have fewer skills and be less prepared to learn when they enter kindergarten;
- have behavioral problems and chronic medical conditions;
- rely more heavily on publicly funded health care;
- have higher rates of foster care placement;
- be incarcerated at some time during adolescence;
- have lower school achievement and drop out of high school;
- give birth as a teen; and
- be unemployed or underemployed as a young adult.

These immediate and long-lasting effects continue for teen parents and their children even after adjusting for the factors that increased the teen's risk for pregnancy—e.g., growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school.

Teen pregnancy costs U.S. taxpayers about $11 billion per year due to increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers. Some recent cost studies estimate that the cost may be as high as $28 billion per year or an average of $5,500 for each teen parent. The majority of this cost is associated with teens who give birth before age 18.

Summary Activity

- Discuss the health risks associated with choosing to engage in sexual activities or choosing to abstain.
- Using this organizer or something similar, record any health risks related to choosing abstinence or other sexual choices under each component of health and wellness listed.
- Complete 2 together as examples.

	Physical Health	Mental/Emotional Health	Social Health	Financial Health	Spiritual Health
Abstinence risks		-anxiety from pressures			
Sexual Activity Risks	- Pregnancy		- Losing friends from pregnancy/ responsibilities of being parenting		

HEALTH SKILLS - PERFORMANCE SCALE – HOPE Course – Lesson 2

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks.

Lesson 2 Learning Goal Target:
Explain responsible interpersonal, decision-making, and prevention skills in order to reduce or avoid reproductive health risks

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate understanding of the skills needed to be responsible decision-makers regarding our health behaviors and choices ○ Demonstrate understanding of reproductive health risks and prevention of disease
3 level of desired goal	**Explain responsible interpersonal, decision-making, and prevention skills in order to reduce or avoid reproductive health risks.** ○ Explain the skills needed for strong decision-making and prevention of reproductive health risks ○ Explain the use of interpersonal skills to reduce or avoid reproductive health risks
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Explain risks and consequences of teenage pregnancy ○ Understand how our health behavior decision-making can either increase our health risks or decrease them ○ Explain key highlights of pregnancy (and disease) prevention ○ Explain some benefits to delaying sexual activity ○ Explain some ways to reduce reproductive health risks ○ Understand that abstinence is the only 100% effective way to prevent pregnancy and sexually transmitted infections and diseases ○ Identify some advantages and disadvantages to various birth control methods ○ Identify the different contraception/birth control categories ○ Identify some life skills and how they relate to decisions associated with reproductive health and disease prevention
1 Beginning cognitive and physical	○ Recognize that abstinence is the only 100% effective way to prevent pregnancy and STIs ○ Recognize how decisions impact physical, mental/emotional, intellectual, social, financial, spiritual etc. dimensions of health ○ Recognize some strong self-esteem/self-worth characteristics ○ Recognize some responsible health decisions ○ Recognize some life skills critical to reproductive health and growth and development

START HERE CHECK OFF THOSE YOU CAN DO

LESSON

3

Reproductive Health and Disease Education Unit

Sexually Transmitted Infections and Other Sexual Health Risks

HEALTH SKILLS - PERFORMANCE SCALE – HOPE Course – Lesson 3

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks.

Lesson 3 Learning Goal Target:
Demonstrate ability to comprehend and use concepts for promoting health education to reduce or avoid health risks and help prevent sexually transmitted infections.

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate evidence of using concepts that promote accurate health information for avoiding or reducing health risks related to human growth and development ○ Demonstrate evidence of applying knowledge regarding reducing/avoiding sexual health risks including sexually transmitted infections
3 level of desired goal	**Demonstrate ability to comprehend and use concepts for promoting health education to reduce or avoid health risks and help prevent sexually transmitted infections.**
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Assess the physical, mental/emotional, social and financial consequences associated with engaging in sexual activity ○ Understand how our health decisions either increase our health risks or decrease them ○ Identify personal boundaries and core values that can help reduce my health risks and can communicate them accordingly ○ Discuss actions and consequences of behaviors that can add to or reduce health risks ○ Identify some consequences that STIs have on healthcare ○ Identify the difference between HIV and AIDS ○ Identify most viral STIs ○ Identify most bacterial STIs ○ Identify the 3 types of STIs
1 Beginning cognitive and physical	○ Recognize that abstinence is the only 100% effective way to prevent sexually transmitted infections and pregnancy ○ Recognize some critical aspects of sexually transmitted infections ○ Recognize some differences between bacterial and viral infections ○ Recognize the difference between a sexually transmitted infection and a disease ○ Recognize some sexually transmitted infections (STIs)

START HERE — CHECK OFF THOSE YOU CAN DO

Lesson Learning Targets:

I can:

- Identify differences between bacterial and viral sexually transmitted infections and diseases.
- Identify how behaviors can increase health risks or decrease them.
- Recognize that abstinence is the only 100% effective way to avoid sexually transmitted infections.
- Identify strategies for disease prevention and detection of sexually transmitted infections.

Lesson Start Up – Recognizing STIs

- Looking at the pictures on the next slide, predict the STI/STD you think might be visible in the photograph
- A word bank is provided
- Record your answers 1-10 in your notes
- Review correct answers

Quick Poll:

ARE STIs ALWAYS VISIBLE?

Active Answering:

- **Stand and Stretch if Yes,**
- **Chair hover Squat for No**

1

2

3

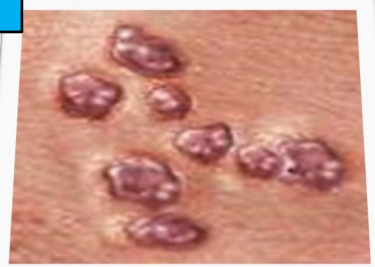
4

Word Bank

- Trichomoniasis
- Herpes
- HPV
- Hepatitis
- Crabs/Pubic Lice
- Gonorrhea
- Syphilis
- Chlamydia
- HIV/AIDS
- Genital Warts

Lesson Start Up – Recognizing STIs

5



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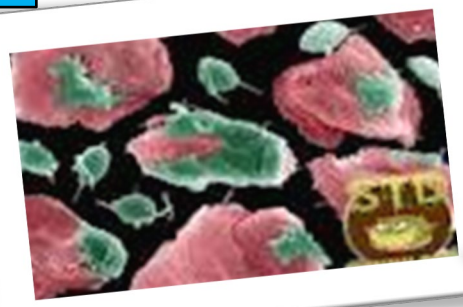

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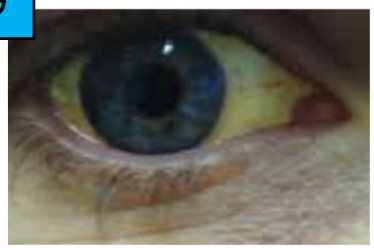


10

STIs/ STDs

Sexually transmitted infections (STIs) — are generally acquired by sexual contact. The organisms causing infection and disease include bacteria, viruses, and parasites. They pass from person to person in blood, semen, vaginal and other bodily fluids.

You have an increased risk of contracting an STI that can last your LIFETIME if you have unprotected sex.

Sexually Transmitted Infections (STIs)

- The only sure way to prevent getting an STI is abstinence; refraining from sexual contact.
- It is possible to have more than one STI at a time, and people do not develop immunities if they have previously had an STI.
- STIs can be transmitted with or without symptoms.
- STIs are not always visible, in fact, most STIs are transmitted before the individual knows they are infected.
- Alcohol and drug use can lower inhibitions for sexual activity and increase one's risk of exposure to sexually transmitted infections and pregnancy.
- Proper use of a condom can help to prevent some STIs, but condoms are not 100% effective.
  - Condoms are better at protecting against gonorrhea, chlamydia, HIV, and trichomoniasis. But they offer less protection against herpes, syphilis, HPV, and genital warts as these infections can spread through contact with skin lesions that are not covered by a condom.

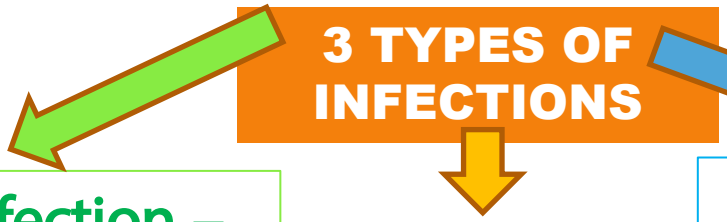
Practice Activity

Categorize: Using the sexually transmitted infections/diseases below determine where they fall in the following categories

VIRUSES	BACTERIA	hÿÄ½ó

- Trichomoniasis
- Herpes
- HPV
- Hepatitis B or C
- Crabs/Pubic Lice
- Gonorrhea
- Syphilis
- Chlamydia
- HIV/AIDS
- Genital Warts

3 TYPES OF STIs



Bacterial Infection – CURABLE but makes you more susceptible to other infections and can cause permanent scarring preventing pregnancy. Examples: Chlamydia, Gonorrhea, Syphilis.

Parasitic/ Fungal Infection – CURABLE Trichomoniasis, Pubic lice, Scabies

Viral Infection – INCURABLE – YOU HAVE VIRUS FOREVER that can lead to other immune illnesses and possibly death. Examples: Human Papilloma Virus (HPV), Hepatitis, Human Immunodeficiency Virus/AIDS

Personal Prevention, Valid and Reliable Health Education and Regular Healthcare are ways to avoid infection and disease.

Pause and Read

Sexually Transmitted Infections

There are many kinds of **sexually transmitted infections (STI)**, also known as sexually transmitted diseases (STD). Though not limited to young people, these conditions are common among teens. STIs have various causes, and treatment is specific to the infection. Proper use of condoms can help prevent most of them, but, just as seat belts and airbags are not foolproof in car accidents, condoms are not 100 percent protective. The only completely effective method of preventing an STI is abstinence.

Some facts about STIs may surprise you. For example, it is possible to have more than one STI at a time, and having an STI does not make a person immune to getting it again. In addition, a person can transmit an STI even if he or she has no symptoms.

As you may know, some STIs can be deadly, such as **AIDS** and untreated syphilis. Thus, if you are sexually active, you should know how to decrease your risk of getting or giving an STI. Of course, if you abstain from sexual activity, you can't give or get an STI.

Chlamydia

This common STI affects both men and women and can seriously and permanently damage a woman's reproductive organs. It is the most frequently reported bacterial STI in the United States and occurs most often among young people.

Chlamydia can be transmitted through anal, vaginal, or oral sex and can also be spread from an infected woman to her baby during childbirth. In women, the cervix and urethra are infected first, and if the infection is left untreated it can spread to the uterus and fallopian tubes.

Most infected people do not have symptoms, but some do. Infected women may experience abnormal vaginal discharge or a burning sensation when urinating. Men may experience discharge from the penis or a burning sensation when urinating.

Fortunately, chlamydia is easily treated and cured with antibiotics. However, repeated infection is common, and persons with sex partners who have not been appropriately treated are at high risk for reinfection. The risk of getting or giving chlamydia can be reduced by correct and consistent use of latex male condoms.

Gonorrhea

This bacterial STI grows easily in the warm, moist areas of the female reproductive tract and in the urethra in both women and men. It can also grow in the mouth, throat, eyes, and anus. It can be transmitted through anal, vaginal, or oral sex and can also be spread from an infected woman to her baby during childbirth.

Most women with gonorrhea do not have symptoms. If symptoms do appear, they may include vaginal discharge or bleeding and a painful or burning sensation when urinating. Some men with the infection may also have no symptoms. When symptoms do occur, they may include a burn-ing sensation when urinating or a white, yellow, or green discharge from the penis.

Gonorrhea is treated with antibiotics, which will stop the infection but will not repair any permanent damage done by the disease. Untreated gonorrhea can cause serious and permanent health problems. The risk of getting or giving gonorrhea can be reduced by correct and consistent use of latex male condoms.

Trichomoniasis or Trich

This infection, caused by a protozoan parasite, is the most common curable STI. It is more common in women than in men. It is transmitted through vaginal sex, and the most commonly infected body part in women is the lower genital tract, whereas in men it is the inside of the penis.

About 70 percent of infected people do not have signs or symptoms. Among those who do, both men and women may experience itching or irritation in the genitals, discomfort or burning with urination, and a discharge from either the vagina or penis. Symptoms may come and go.

Treatment is a single dose of an antibiotic medica-tion, which can cure the infection. People who have been treated can get it again if all of the symptoms have not gone away or if they are with a partner who has not been treated for the infection. Using male latex condoms correctly and consistently may reduce the risk of getting or spreading trichomoniasis, but since condoms don't cover everything it is possible to get or spread the infection even when using one.

Pause and Read

Pelvic Inflammatory Disease (PID)

This STI infects only women—specifically, the uterus, fallopian tubes, and other female reproductive organs. PID can lead to infertility, ectopic pregnancy (pregnancy in the fallopian tube or elsewhere outside the uterus), and chronic pelvic pain. It occurs when bacteria move upward from a woman's vagina or cervix into her reproductive organs. Many cases of PID are associated with chlamydia and gonorrhea. A woman's risk of developing PID also increases along with the number of sex partners she has due to the increased exposure to STIs, especially chlamydia and gonorrhea.

Because the symptoms of PID are often vague, it often goes untreated. The most common symptom is lower abdominal pain.

PID can be cured with antibiotics, but any damage already done to the reproductive organs cannot be reversed. The risk of PID can be reduced by consistent and correct use of latex male condoms.

Being educated about STIs is the first step in prevention.
Bill Crump/Brand X Pictures

Syphilis

Syphilis is a highly contagious disease transmitted by direct contact with a syphilitic sore known as a chancre. Chancres are primarily found on the exter-nal genitals, vagina, or anus; in the rectum; on the lips; and in the mouth. The disease is transmitted during vaginal, anal, or oral sex. Pregnant women who have syphilis can also transmit the disease to their unborn children. Pregnant women with syphi-lis have a higher rate of having stillborn babies and babies who die shortly after birth.

It is common for an infected person to be unaware of having the disease initially because it takes approximately 21 days between infection and the start of the first symptom of syphilis to be recognized. Syphilis follows a progression of three stages. The first (also known as primary) stage consists of single or multiple chancre marks. A chancre is usually painless and appears at the location where syphilis entered the body, so the person may be unaware of it. The initial chancres typically last three to six weeks and will heal whether the infected person gets treatment or not.

However, if the person is not treated, the infec-tion will progress to the second stage. Symptoms at the second stage include skin rashes or sores in the mouth, vagina, or anus. Again, the symptoms will disappear with or without treatment.

If left untreated, the infection will progress to the third, or latent, stage of the disease. In this stage, the person continues to have the syphilis infection but generally has no signs or symptoms of the disease. This stage may last for many years.

The final, or late, stage of syphilis can appear 10 to 20 years after the first infection. In this stage, the disease may begin to damage the brain, nerves, eyes, heart, and other organs. This damage can cause long-term complications, including death.

Syphilis is treatable with antibiotics, such as penicillin, and curable if caught early. A blood test is available for detecting syphilis. The use of the correct antibiotic in stages 1 and 2 is very effective in curing a person with syphilis. In higher doses, the drugs may also cure the disease in the latent stage.

The transmission of syphilis can be reduced by correct and consistent use of latex male condoms, but the risk of getting or giving syphilis by direct contact with a chancre can still occur if the chancre is in an area not covered by a condom. You can get syphilis more than once, and reinfection is common. A follow-up test is recommended for those who have been treated for the infection to ensure that the disease is no longer present.

Pause and Read

Genital HPV Infection

Genital human papillomavirus (HPV) is the most common STI; in fact, more than 40 types of HPV can infect the genital areas, mouth, and throat in both men and women. HPV can cause serious health problems, including certain cancers (e.g., cervical, vaginal, anal, oropharyngeal, and penile). It can be transmitted through anal, vaginal, or oral sex even when the infected person has no signs or symptoms.

Other health problems caused by HPV include genital warts and recurrent respiratory papillomatosis, in which warts grow in the throat. Each of these health problems has its own symptoms to contend with.

There is no treatment for the HPV virus itself, but treatments do exist for each of the health problems caused by it. In addition, the HPV vaccine can protect males and females against some of the most common types of HPV. The risk of getting HPV may also be lowered by proper use of a male condom.

Genital Herpes

This STI is caused by types 1 and 2 of the herpes simplex virus (HSV). Both types can cause sores or blisters on or around the mouth and genitals. These viruses remain in the body for life and can cause periodic outbreaks. About 25 percent of people in the United States have genital herpes, but 90 percent of them are unaware of it due to not having any of the symptoms or not recognizing the symptoms.

The virus can be transmitted through anal, vaginal, or oral sex. Infected individuals can transmit the virus even if they do not have a visible sore and do not know they are infected.

Symptoms of genital herpes may include an itching or burning sensation in the genitals and small, painful blisters on or around the genitals, rectum, or mouth. The blisters break and leave painful sores, along with flu-like symptoms that may last two to four weeks. Repeated outbreaks are common.

There is no cure for herpes, but antiviral medications can prevent or shorten outbreaks, and daily use of antiviral medication can reduce the likelihood of transmission. The risk of getting or giving genital herpes can be reduced by correct and consistent use of latex male condoms. However, when herpes sores or other symptoms are present, individuals should abstain from sexual activity. And remember that even if an infected person has no symptoms, he or she can still infect a sex partner.

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

HIV is the virus that causes AIDS. Once you have HIV, you have it for life. HIV affects T cells, which fight infection. HIV can be transmitted through blood, **semen**, preseminal fluid (i.e., a clear, colorless, sticky fluid that emits from a man's penis when he is sexually aroused; it is similar in composition to semen), rectal fluid (i.e., a lubricating mucus that is secreted from the rectum during anal intercourse), vaginal fluid, and breast milk. For transmission to occur, the infected fluid must come in direct contact with a mucous membrane or damaged tissue. Transmission occurs primarily through unprotected anal, vaginal, or oral sex; through needle sharing; through blood-to-blood contact; or between mother and child during pregnancy, birth, or breastfeeding. HIV is *not* spread through general day-to-day contact or through the air; nor does it live for very long outside of the body.

Symptoms of HIV infection can include flu-like ailments and opportunistic infections that take advantage of a weakened immune system. AIDS-defining illnesses include certain cancers, dementia, and progressive and extreme weight loss.

There is no cure for HIV or AIDS; therefore, treatment of both is symptomatic. HIV treatment primarily includes antiretroviral therapy, which helps to prolong the duration and quality of survival in people and may help to restore and preserve the function of the immune system. The antiretroviral drugs suppress the virus even to undetectable levels, but they do not completely eliminate HIV from the body. By suppressing the amount of virus in the body, people infected with HIV can lead longer and healthier lives. A person infected with HIV is diagnosed with AIDS when his or her immune system is seriously compromised and signs of HIV infection are severe. Signs may include *pneumocystis carinii pneumonia*—an extraordinarily rare condition in people without HIV infection—and *opportunistic infections*, which rarely cause harm in healthy individuals. Once an individual has been diagnosed with AIDS, antiretroviral drugs may continue to be used and opportunistic infections are treated as they arise.

The risk of HIV and AIDS can be reduced by consistent and correct use of latex male condoms, as well as female condoms; during oral sex, use a dental dam. A dental dam is a barrier contraceptive made of thin latex rubber and is placed over the labia during oral or vaginal intercourse.

Bacterial Infections and Diseases

Syphilis – Chancre and rash

Gonorrhea –discharge and sore

Chlamydia –rash and discharge in eye and on the cervix

Viral Infections and Diseases

HPV – oral virus and papilloma

Genital Warts- genital region and oral representation

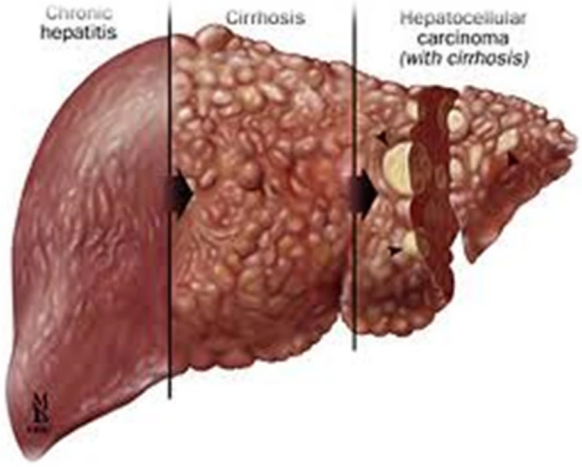
Genital Herpes- genital Simplex 2 and oral/eye/nose Simplex 1

Viral STIs continued

HIV/AIDS – skin lesions and thrush

When HIV has damaged immune system lowering white blood T Cell below 200 It is more likely that some of the opportunistic diseases will cause death than the HIV/AIDS virus under current advanced treatments

Hepatitis C - disease that destroys the liver



HIV/AIDS

HIV – Human Immunodeficiency Virus

- A virus that is transmitted through blood, semen, pre-seminal fluid, and breast milk
- The only way to detect HIV infection is to have a blood test
- HIV can take years to cause noticeable symptoms outside of the initial primary infection which mimics flu-like symptoms (fever, headache, muscle aches, rash, sore throat, swollen glands, diarrhea, cough and sweats)

AIDS – Acquired Immuno-Deficiency Syndrome

- Is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV)
- By damaging your immune system, HIV interferes with your body's ability to fight infection and disease
- Occurs when HIV has lowered one's white blood T Cell count below 200
- Opportunistic diseases occur and can possibly cause death (i.e.pneumonia)
- Most people who are tested will find out early enough to take HIV medications to prevent AIDS stopping the progression of the disease and reinforcing the urgency of testing and early detection
- There are many pharmaceutical companies that have developed HIV prep treatments for high-risk populations

Supplemental Text 3.c. - Read Aloud – Think Aloud Activity

Close Reading 1: The Risks of Sexual Activity

Directions:

- Read text aloud
- Review vocabulary
- Re-read independently
- Answer the 3 questions in your notes in pairs/small groups
- Discuss answers; correct discrepancies

Text Supplement 3.c.

Guided Questions	Title: The Risks of Sexual Activity	Vocabulary
1. Predict in your own words what the difference is between an STI and STD? 2. How might lack of disease prevention education contribute to the healthcare burden in America? 3. Analyze the many consequences that would come with contracting an STI/STD.	Any *pathogen* that spreads from one person to another during sexual contact is called a sexually transmitted infection, or STI. (Also, may be referred to as *sexually transmitted diseases* or STDs). There are more than 20 million new cases of STIs in the United States each year. Of those cases, half of them were among young people aged 15-24. The STI epidemic is a serious concern for several reasons. STIs are harmful in terms of physical and emotional suffering. And yearly healthcare expenses related to STIs in the United States amount to well over $16 billion. In the short term, STIs may cause pain, *discomfort*, and embarrassment. The long-term *consequences* of STIs may include increased risk of certain cancers and increased risk of infertility in both men and women. Infertility is the condition of being unable to have children *biologically*. Many STIs can be treated with medicines, but some are incurable. And even more are undetected. If left untreated, some STIs can be *fatal*. Unlike many other infectious diseases, people do not develop immunity to STIs after being infected. A person can be cured and then be re-infected with the same STI again. Many STIs can lead to other opportunistic diseases due to compromised immune systems. There are an estimated 7,200 new cases of HIV *reported* each year in adolescents aged 13-24 and over 34,800 total in the US alone. The majority of cases will go unreported unless individual gets tested. Blood tests are the only way to confirm and diagnose STIs.	*Pathogen – highly transmittable microorganism containing infection* *Sexually Transmitted Disease – a viral or bacterial infection spread through sexual contact, not necessarily through sexual intercourse* *Discomfort – soreness or constant ache* *Consequences – results of one's actions.* *Biologically – body's capability to develop within* *Undetected – showing no visible signs or notable symptoms* *Fatal – deadly* *Reported – this refers to only those that have been checked and confirmed positive and reported for that year. It is estimated that at least 10x more cases exist, thus continuing to spread*

Summary: What is this text trying to portray? Why is it important? How can you apply it to your real life?

_____

_____

_____

Practice Activity

- Assess the physical, emotional/mental, social and financial consequences associated with engaging in sexual activity.

Physical Health Consequences	Mental/Emotional Health Consequences	Social Health Consequences	Financial Health Consequences

HEALTH SKILLS - PERFORMANCE SCALE – HOPE Course – Lesson 3

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks.

Lesson 3 Learning Goal Target:
Demonstrate ability to comprehend and use concepts for promoting health education to reduce or avoid health risks and help prevent sexually transmitted infections.

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate evidence of using concepts that promote accurate health information for avoiding or reducing health risks related to human growth and development ○ Demonstrate evidence of applying knowledge regarding reducing/avoiding sexual health risks including sexually transmitted infections
3 level of desired goal	**Demonstrate ability to comprehend and use concepts for promoting health education to reduce or avoid health risks and help prevent sexually transmitted infections.**
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Assess the physical, mental/emotional, social and financial consequences associated with engaging in sexual activity ○ Understand how our health decisions either increase our health risks or decrease them ○ Identify personal boundaries and core values that can help reduce my health risks and can communicate them accordingly ○ Discuss actions and consequences of behaviors that can add to or reduce health risks ○ Identify some consequences that STIs have on healthcare ○ Identify the difference between HIV and AIDS ○ Identify most viral STIs ○ Identify most bacterial STIs ○ Identify the 3 types of STIs
1 Beginning cognitive and physical	○ Recognize that abstinence is the only 100% effective way to prevent sexually transmitted infections and pregnancy ○ Recognize some critical aspects of sexually transmitted infections ○ Recognize some differences between bacterial and viral infections ○ Recognize the difference between a sexually transmitted infection and a disease ○ Recognize some sexually transmitted infections (STIs)

START HERE — CHECK OFF THOSE YOU CAN DO

LESSON

4

Reproductive Health and Disease Education Unit

Responsible Decision-making, Effective Communication and Building Health Skills

Lesson Start Up

- Develop your top 5 attributes you feel are needed for each category.

Responsible Decision-Making	Effective Communication	Core Health Skills/Personal Values
• *Ability to weigh pros/cons*	• *Advocate for personal beliefs*	• *Strong self-worth*

Lesson Learning Targets

I can:

- Identify the many influences that impact decision-making.
- Identify how to effectively communicate boundaries and health needs when faced with a challenge.
- Explain the benefits of family-child communication.
- Explain the many health skills needed for making healthy decisions to reduce or avoid health risks.

HEALTH SKILLS - PERFORMANCE SCALE – HOPE Course – Lesson 4

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks.

Lesson 4 Learning Goal Target:
Demonstrate ability to comprehend influences that impact decision-making, interpersonal, relationship and communication skills needed to reduce health risks.

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate evidence of using concepts that promote accurate health information for avoiding or reducing health risks related to strong decision-making ○ Demonstrate evidence of applying knowledge of avoiding negative influences and practicing positive health skills
3 level of desired goal	Demonstrate ability to comprehend influences that impact decision-making, interpersonal, relationship and communication skills needed to reduce health risks
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Understand and practice building successful family communication and relationships that support positive health promotion ○ Understand how our health decisions either increase our health risks or decrease them ○ Identify personal boundaries and core values that can help reduce my health risks and can communicate them accordingly ○ Discuss actions and consequences of behaviors that can add to or reduce health risks ○ Identify ways our actions have the potential to increase our health risks and the consequences associated ○ Identify and practice refusal skills ○ Identify peer pressures ○ Discuss how some influences can impact personal health decisions ○ Describe the benefits of some health skills as protective factors
1 Beginning cognitive and physical	○ Recognize peer pressures as positive and negative ○ Recognize how media and technology pose specific health risks ○ Recognize benefits of abstinence and delaying sexual activity ○ Recognize some influences to making healthy decisions as a teen and an adult ○ Recognize some health skills

START HERE — CHECK OFF THOSE YOU CAN DO

What are Health Skills?

- Behaviors, attributes, or actions that allow you to complete tasks that support healthy living are health skills – health skills are protective factors.
- A few health skills are listed below, describe each and list one benefit:

Skills	Description	Benefits
Self-Awareness/ Assessment		
Goal Setting		
Problem Solving		
Critical Thinking		
Conflict Resolution		
Time Management		
Responsible Decision-Making		
Effective Communication	Ability to express one's needs, wants, emotions effectively and empathetically	Increased understanding of others' feelings

What are Some Influences That Impact Decisions?

Peers/ Partners

Family

Media/ Technology

Culture

Access

In Groups of 4 – Discuss how these Influences may influence one's decisions. Try to associate decisions that impact reproductive health and disease prevention when possible.

Influences on Human Sexuality

- Reproductive Health can be influenced by family, friends, school, culture, society, religion, movies, TV, and all forms of media.
- Many students choose not to have sex before they are married, but when faced with peer pressure, they may not be prepared to follow through on their decisions.
- Students who are taught how to prevent pregnancy and STIs, along with strategies to remain abstinent are more likely to practice safer sex or save sex for marriage.
- Everyone has the power to control personal behavior, and base actions on reasoning, self-esteem, self-worth, and respect.

Sexual Health Decisions and Influences

- Abstinence is the expected health standard.
- Build personal efficacy including positive self-confidence, strong personal values, and practicing refusal skills.
- Select positive peer influences; establish and communicate safe and assertive boundaries.
- Be media literate, recognize negative messaging or messaging that promotes sexual behaviors or high-risk activities.
- Be in control of who and what you follow, surrounding yourself with more realistic and meaningful messages/followers may help promote a positive, character-centered brand or platform on social media.

Sexual Health Decisions and Influences Continued

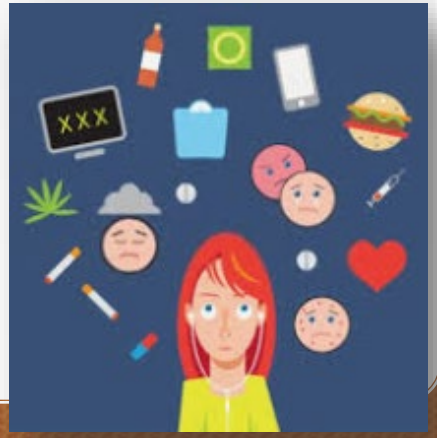
- Be future oriented and set goals. Realize that high risk behaviors can add barriers to goals, both short and long-term.
- Talk to trusted adults, parents/guardians, family members, etc. Tapping into their extensive years of experiences can lead to alternative perspectives and help build strong familial relationships and develop core personal values.
- Weigh potential health risks and consequences, and always use valid and reliable health information, products and services when making health decisions.

Technology Influences and Safety Reminders

- Sexting is the sending of sexual messages or photos via a cell phone.
- Unfortunately, the messages and photos that are sent do not always stay with the person who received them.
- Sexting messages and personal photos can be exploited and could be used for coercion and possibly trafficking exploitation.
- Remember to use technology safely
  - Know the risks associated with technology/media use.
  - It is your personal responsibility to develop and practice health skills, including responsible decision-making.
  - No one thinks it will happen to them until it does.

Peer Pressures

- Peer pressure can be positive or negative.
- Manipulation, harassment, bullying or aggressive practices are negative pressures.
- Positive healthy pressures may encourage you to try safe and healthy things like playing a sport you never tried before.
- Being assertive can help you to stand up for yourself, your beliefs, and help with using refusal techniques.



Remember you are in control of your decisions and actions.

Refusal Skills

- 3 Steps to help with Refusal Skill Development:
  - State your position – verbally and non-verbally provide your “no” and the reason.
  - Suggest an alternative activity – providing reasons for not participating can help others not make the mistake as well or just further your position.
  - Stick with your position – stay positive and confident in your decision – if it is too much remove yourself from the position.

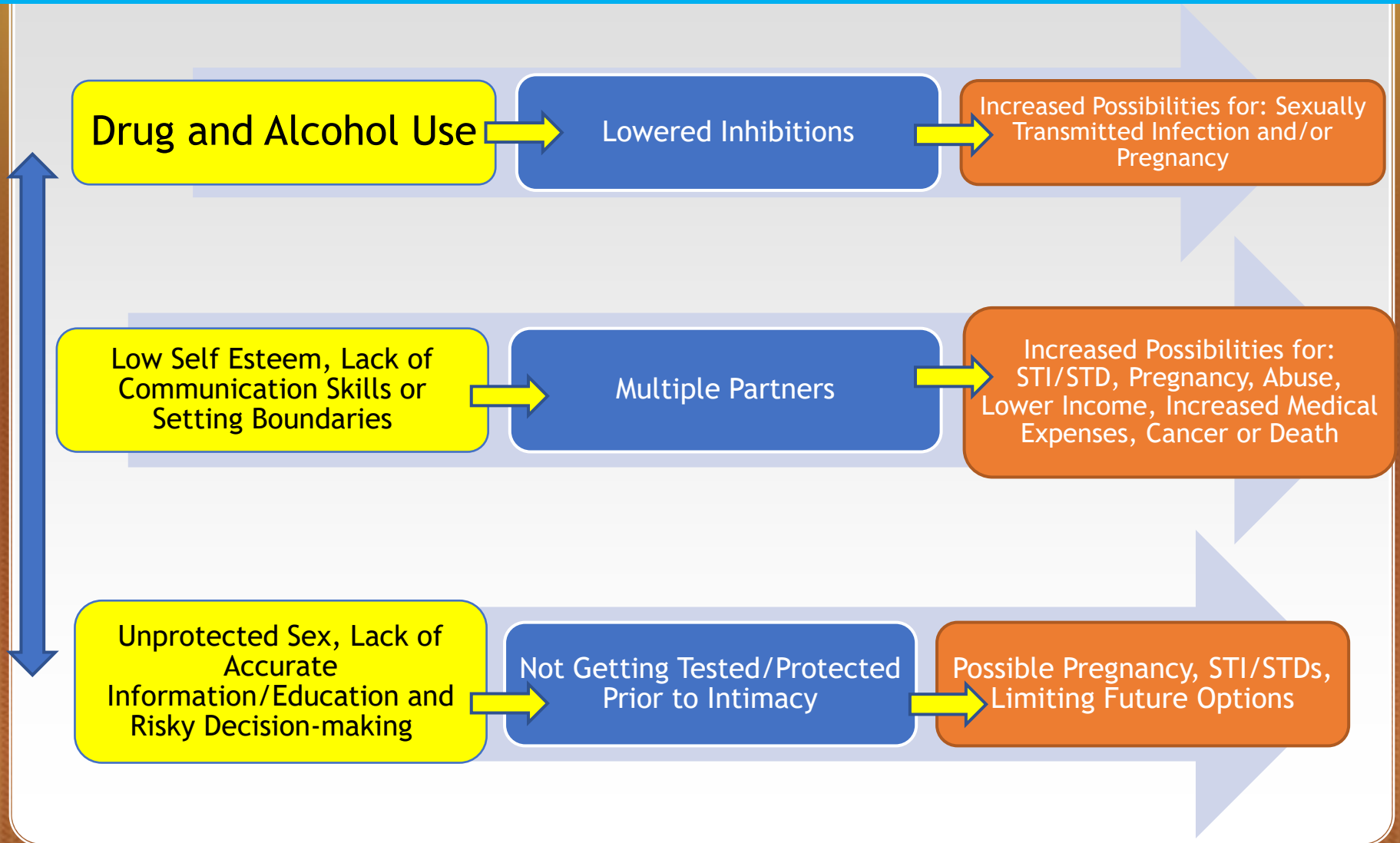
Practice Activity

Let's Practice - Scenario 1:

- You are with 2 other friends hiking and they want to jump off the cliff into the spring below.
- You do not want to do it
- What do you say and how do you say it?

Decisions and Consequences

Think About It: How do our actions or behaviors have the potential to increase our risks?



CONNECTION QUESTIONS

A. How much do you think media influences teenagers' understanding of sex and sexuality?

B. What are some of the sexuality-related messages you've seen portrayed in media sources?

C. How might these messages influence your behaviors and choices?

D. What are some consequences of media influences related to sexuality?

Family-Child Communication

- Families who possess strong and positive communication skills form strong and trusting bonds between parents and children.
- They create a network of trust and reliance on one another in good times as well as tough times.
- Positive communication is **respectful, open, honest, straightforward, and kind**.
- It takes both the child and the family member to put forth effort to building and opening lines of communication.

Tips for building strong communication within your family:

1. Be available and approachable.
2. Be a good listener and communicate your feelings.
3. Be consistent and seek positive compromises.

Building Relationships

Types of Relationships	What skills, characteristics are needed to build this relationship?
Friendships-Peer Relationships	
Dating Relationships	
Marriage	
Parent-Child Relationships	
Teacher/Coach Relationships	
Work Relationships	

Now look at your list… what have you uncovered about relationships?

What does Effective Communication Look Like?

- Communication is the process by which information is exchanged.
- Effective communication requires consideration of individual preferences and a variety of skills that address:
  - How you say it
  - Why you say it
  - When you say it
  - What is or is not said

Effective Communication Skills	Real World Examples
Active Listening	
Non-Verbal Body Language	
Uses ”I messages”	
Verbal Presentation	
Ask Open Ended Questions	
Validation of Feelings/Summarizing	
Providing Feedback if asked	

Healthy Communication Reflection

Read blue box on Text Supplement 4.a – HEALTHY COMMUNICATION

In your Notes/Journal:

- Make a list of things/questions you would like to talk to a parent, guardian, grandparent, older sibling, or other trusted adult about.
- You may categorize your questions into things you need to know NOW, SOON, and LATER.
- After this unit, you may wish to make time to have conversations regarding your growth and development. It may be uncomfortable, but uncomfortable is okay.
- Remember there are trusted adults and resources to support you if you need help.

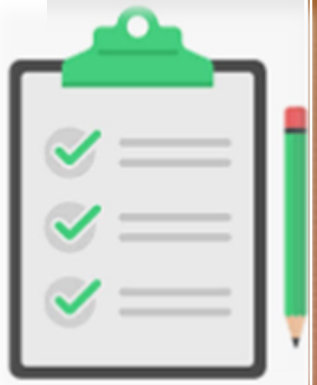
Reducing our Health Risks

- Establish personal boundaries.
- Communicate your boundaries and needs to friends, trusted family and partners.
- Know and discuss your options with trusted adults.
- Access valid and reliable information, products, and services.
- Be observant of your instincts.
- Refrain from sexual activities.

Practice Activity:

CREATE YOUR RISK REDUCTION/DECISION-MAKING PLAN:

- What are your boundaries/personal core values?
- What will you communicate about your values/boundaries and with whom?
- How will you protect yourself and your partner from potential health risks?



Decision-making-Read Aloud Think Aloud Activity

Close Reading 2: The Road Not Taken by Robert Frost

Directions -

- Read text aloud/Review vocabulary as needed
- Re-read independently
- Read/Answer the questions - assign 1 question per group/pair (8 groups of 4 for example – each question has 2 groups)
- Discuss thoughts from each group

Text Supplement 4.b.

Guided Questions and Text Generated Questions	Title: The Road Not Taken Author: Robert Frost	Vocabulary
1. Predict what the author could be contemplating? 2. What might the two roads represent in real life, particular to this unit? 3. At what point does the author make the choice, where is the turning point? 4. Read the 5 italicized lines again "How could you apply the 5 italicized lines to your own life?"	Two roads ***diverged*** in a yellow wood, And sorry I could not travel both And be one traveler, long I stood And looked down one as far as I could To where it bent in the undergrowth; Then took the other, as just as ***fair***, And having perhaps the better claim, *Because it was grassy and wanted* ***wear****;* Though as for that the passing there Had worn them really about the same, And both that morning equally lay In leaves no step had ***trodden*** black. *Oh, I kept the first for another day!* Yet knowing *how way leads on to way,* *I doubted if I should ever come back.* I shall be telling this with a sigh Somewhere ages and ages ***hence***: Two roads diverged in a wood, and I-- *I took the one less traveled by,* And that has made all the difference. https://www.poetryfoundation.org/poems/44272/the-road-not-taken (to access audio of text)	*Diverged-split apart, separated* *Fair – beautiful or lovely in appearance* *Wear – many meanings(HOMOPHONES)* *Trodden – crushed or stepped on* *Hence – from this time forward, from now*

Summary: How does this piece of text make you feel? How can you apply it to your personal life? Why is it important? What will you take from it?

HEALTH SKILLS - PERFORMANCE SCALE – HOPE Course – Lesson 4

Learning Goal Outcome from State Standards:
Demonstrate ability to comprehend and use concepts for health promotion, disease prevention, interpersonal skills and decision-making to reduce or avoid health risks.

Lesson 4 Learning Goal Target:
Demonstrate ability to comprehend influences that impact decision-making, interpersonal, relationship and communication skills needed to reduce health risks.

Directions: Using the Performance Scale checklist below. **Start at Level 1**, check off those you can do and work on those you need more practice. Then move up the levels as you build both knowledge and skill competency. Time and practice may be necessary to reach Target Mastery at level 3.

Level	Learning Target Tasks: I can: ✓
4 beyond desired effect	○ Demonstrate evidence of using concepts that promote accurate health information for avoiding or reducing health risks related to strong decision-making ○ Demonstrate evidence of applying knowledge of avoiding negative influences and practicing positive health skills
3 level of desired goal	Demonstrate ability to comprehend influences that impact decision-making, interpersonal, relationship and communication skills needed to reduce health risks
2 This is the **foundational** level tasks, practice of skills, cues, vocabulary needed to get to required goal	○ Understand and practice building successful family communication and relationships that support positive health promotion ○ Understand how our health decisions either increase our health risks or decrease them ○ Identify personal boundaries and core values that can help reduce my health risks and can communicate them accordingly ○ Discuss actions and consequences of behaviors that can add to or reduce health risks ○ Identify ways our actions have the potential to increase our health risks and the consequences associated ○ Identify and practice refusal skills ○ Identify peer pressures ○ Discuss how some influences can impact personal health decisions ○ Describe the benefits of some health skills as protective factors
1 Beginning cognitive and physical	○ Recognize peer pressures as positive and negative ○ Recognize how media and technology pose specific health risks ○ Recognize benefits of abstinence and delaying sexual activity ○ Recognize some influences to making healthy decisions as a teen and an adult ○ Recognize some health skills

START HERE — CHECK OFF THOSE YOU CAN DO