

Parent Resources



Dear Parents or Guardians,

During the last few weeks of eighth grade, science classes will be presenting California Health Standards as required as by California Education Code 51930-51939 (www.cde.ca.gov). We will be using Positive Prevention teaching materials developed through the American Red Cross. The curriculum addresses many of the issues students face or may face in high school and throughout their lives.

The goals of this program are:

- Examine the effectiveness of abstinence in preventing HIV, other sexually transmitted diseases (STDs), and unintended pregnancy.
- To examine the effectiveness of FDA approved contraceptives in preventing unintended pregnancy, HIV, and other STDs.
- To identify ways to prevent or reduce the risk of contracting HIV/AIDS.
- To increase understanding of the benefits of respecting individual differences in growth, development, body image, gender roles, and sexual orientation.
- To foster dating relationships based on mutual respect and self-discipline, develop refusal strategies for unwanted sexual involvement and recognize the consequences of inappropriate use of social media.
- To examine responsible parenting and pre-natal care, including California's Safe Haven Law.
- To identify trusted adults from family, school, and community for advice and counseling regarding reproductive and sexual health.
- To demonstrate the ability to use goal setting skills to make healthy choices and avoid high risk behaviors.
- To locate medically and scientifically accurate sources of information.

We realize that this is an area which is very personal and encourage families to handle this in a manner they feel most comfortable. If you have questions or wish to view the program materials in advance, you may contact your child's principal or teacher, as well as the San Marcos Unified School District Office. You may learn more about the Red Cross Positive Prevention materials at www.positiveprevention.com.

A parent has the right to excuse their child from all or part of the sexual health education, HIV/AIDS prevention education, and any assignments or assessments related to such education. To excuse your child please notify the school principal in writing.

Sincerely,



Tiffany Campbell
Director, Secondary Education



Estimados Padres o Tutores:

Durante las ultimas semanas del grado octavo, las clases de ciencia van a presentar el currículo de los estándares de salud de California como es requerido por el código de educación de California 51930-51939 (www.cde.ca.gov). Vamos a usar los materiales de instrucción de la Prevención Positiva, desarrollado por la Cruz Roja Americana. El currículo enfoca en los asuntos difíciles que se enfrentan a los estudiantes durante la secundaria y a lo largo de sus vidas.

Los objetivos de este programa son:

- Examinar la efectividad de abstinencia en prevención del SIDA, otras enfermedades transmitidas sexualmente, y embarazada no deseada.
 - Examinar la efectividad de los anticonceptivos aprobados por el Departamento Federal en prevención de la embarazada no deseada, SIDA, y otras enfermedades de transmisión sexual.
 - Identificar las maneras de prevenir o reducir el riesgo de contraer el SIDA.
 - Aumentar el entendimiento sobre los beneficios del respeto a las diferencias individuales en el crecimiento, el desarrollo, la imagen del cuerpo, los roles del género, y la orientación sexual.
 - Cuidar las relaciones de noviazgo basadas en mutuo respeto y disciplina propia, y el desarrollo de estrategias para rechazar acercamiento sexual no deseado y entender las consecuencias de los medios de comunicación social inapropiados.
 - Examinar la paternidad/maternidad responsable y el cuidado pre-natal, incluyendo las Leyes de Safe Haven de California.
 - Indicar adultos confiables de la familia, escuela, y de la comunidad para consejos respecto a la salud reproductivo y sexual.
 - Demostrar la capacidad de establecer objetivos para tomar opciones saludables y evitar comportamientos de alto riesgo.
 - Localizar recursos médicos y científicos de información precisa.
- Nos damos cuenta que esta es un área muy personal y animamos a las familias a que manejen esto de la manera que ellos se sientan más cómodos. Si los padres tienen preguntas o desean ver los materiales del programa antes, deben contactar al director de la escuela, su maestro, o el Distrito Escolar de San Marcos y solicitan el currículo de prevención positiva de la Cruz Roja para los estándares de Salud de California de Secundaria o por internet a www.positiveprevention.com.

Un padre tiene el derecho a excusar a su hijo/hija del programa de educación sexual, la prevención del SIDA, y las tareas relacionadas, en totalidad o solo una parte. Favor de entregar una notificación por escrito al director de la escuela.

Sinceramente,

Tiffany Campbell
Directora de educación secundaria

HINTS THAT CAN HELP YOU TALK WITH YOUR CHILD ABOUT SEX

Learn to listen.

All children need to feel that their ideas or concerns about sex are worth listening to.

Look for natural opportunities to talk.

You don't have to wait until your child comes to you with suggestions or comments about sex. He or she may be too embarrassed to ask you first. Take advantage of natural openings to talk about sex.

Listen carefully for hidden feelings.

Many times children have trouble saying exactly what they mean, especially when it comes to sex. Remember that your child may be afraid to talk about certain things. Let your child know you will not get mad or upset about anything he or she brings up.

Try to avoid judging your child.

Making harsh judgements or criticizing children's attitudes about sex will most often cut off communication. Children will open up more quickly with parents who are willing to listen in an understanding manner.

Let your child express his or her feelings freely

Many young people have values or opinions about sex that are different from their parents. Remember, these may not be firmly held ideas or values, but only part of the sorting-out process young people go through. First, listen to what your child has to say. If you agree with what your child says, say so. If you disagree, then clearly state your own viewpoint, and why you feel that way.

Don't cut off communication.

Parents sometimes lose the chance to help young people think and talk about sex, because they begin to nag, preach or moralize. This type of communication is usually destructive. The young person needs to know that talking about sex is two way communication.

Avoid over-or under-answering questions

Answer questions directly. Don't assume that a simple question about sex needs an answer far beyond what was asked! If you don't know the answer to a question, offer to find out.

CONSEJOS ÚTILES PARA HABLAR CON SU HIJO SOBRE EL SEXO

Aprenda a escuchar

Todos los niños necesitan sentir que sus ideas o puntos de preocupación sobre el sexo merecen ser escuchados.

Busque oportunidades espontáneas y naturales para hablar

No tiene que esperar hasta que su hijo venga a usted con sugerencias o comentarios sobre el sexo. Su hijo podría sentir vergüenza para ser el primero en preguntar. Aventátese de las oportunidades naturales y espontáneas para hablar sobre el sexo.

Escuche con lujo de detalle y trate de indagar si existen sentimientos ocultos

Muchas veces los niños tienen problemas para decir exactamente lo que ellos quieren decir, en especial cuando esto se refiere al sexo. Recuerde que su hijo podría sentir miedo para hablar sobre ciertas cosas. Dígale a su hijo que usted no se enojará sobre cualquier comentario que el le diga.

Trate de evitar juzgar a su hijo

El juzgar cruelmente o criticar las actitudes que su hijo tiene sobre el sexo cortará toda la comunicación que podría existir entre ustedes. Los niños se comunicarán de una manera más abierta y espontánea con padres quienes están dispuestos a escuchar y comprender.

De a su hijo la oportunidad para expresar sus sentimientos libremente

Muchos jóvenes adolescentes tienen valores u opiniones sobre el sexo las cuales son diferentes a las de sus padres. Recuerde, estas podrían no ser ideas o valores firmes, sino tan solo parte de un proceso de clasificación por el que pasan los jóvenes adolescentes. Primeramente, escuche lo que su hijo tiene que decir. Si usted no está de acuerdo con lo que dice su hijo, comuníquesele.

No corte la comunicación

Algunas veces los padres de familia pierden la oportunidad para ayudar a los jóvenes adolescentes a pensar y a hablar sobre el sexo porque ellos empiezan a criticar, dar sermones y a interpretar según la moral. Por lo regular, este tipo de comunicación es destructivo. El jovencito necesita saber que hablar sobre el sexo es una comunicación en doble sentido.

Evite dar una respuesta muy corta o una muy amplia.

Responda las preguntas directamente. ¡No suponga que una pregunta simple sobre el sexo necesita una respuesta más amplia de lo que se preguntara! Si usted no sabe la respuesta para una pregunta, ofrezca indagar la respuesta.

Guidelines for Parents For Talking with Children or Teens about Sexuality

1. **BE HONEST.** When talking about sexuality, it is best to be honest---not just about the facts of life but about our feelings, attitudes, ignorance, and ambivalence. Children and teens can understand from this that learning about sexuality is a lifelong process. Adults are still learning too.
2. **USE TEACHABLE MOMENTS.** There are many opportunities each day to talk about sexuality. Sexual issues are raised by films, pop music, graffiti, magazines, T.V., etc. When a sexual issue is opened for us by one of these media, we can use the chance to ask an open-ended question, begin a discussion, or make a statement of information or value.
3. **MAKE A DISTINCTION BETWEEN FACTS AND OPINIONS.** It is important for us to clearly label what we are saying as either fact or opinion or belief. It is important to state our own belief or value because teens and children need to know they are important to us; but we also need to acknowledge that other people may have different values. There is very little consensus in this culture about many controversial issues in sexuality ---and the more controversial the issue, the more uncomfortable we are and the more likely we are to state our opinions as though they were fact. Talk about the range of values.
4. **DON'T HESITATE TO SET LIMITS.** It is important to know what your own bottom line is: identify for yourselves what you can accept; what you have difficulty accepting but can tolerate or work on; and what you absolutely cannot accept. Communicate these limits to the professionals with whom you work and with the rest of your family---foster care children as well as natural children. When working with teens, see if you can negotiate limits, encouraging communication, feedback, and flexibility. But once a limit is set, stick to it until it is re-negotiated.
5. **LEARN ALL YOU CAN ABOUT SEXUALITY.** We as adults are still learning and growing about sexuality. New information is being discovered all the time. We need to take the time to read, think, talk, and learn so we can be more effective with our children and teens but also for our growth and learning.
6. **TAKE SOME TIME FOR YOU.** Many of us haven't had the time to really think about our own sexual values and attitudes so when we try to communicate them, it's confusing. Take the time to think.

Guía para los Padres de Familia para Hablar con Niños o Jovencitos sobre el Tema de la Sexualidad

1. **SEA HONESTO.** Al hablar sobre la sexualidad es mejor ser sincero—no solo sobre los hechos de la vida, sino también sobre sus sentimientos, actitudes, ignorancia y ambivalencia. Tanto los niños como los adolescentes pueden entender que aprender sobre la sexualidad es un proceso de aprendizaje el cual perdurará de por vida y que las personas adultas también están aprendiendo aún.
2. **UTILICE MOMENTOS PARA ENSEÑAR.** A diario existen muchísimas oportunidades para hablar sobre la sexualidad. Las cuestiones sobre la sexualidad se manifiestan en las películas, música moderna, graffiti, revistas, programas de televisión, etc. Cuando se nos presenta una cuestión sobre la sexualidad a través de estos medios, podemos utilizar la oportunidad para hacer preguntas abiertas, para iniciar una discusión o para hacer un comentario informativo o de cierto valor.
3. **TRATE DE DIFERENCIAR ENTRE LOS HECHOS Y LAS OPINIONES.** Es sumamente importante que señalemos claramente lo que estamos diciendo como un hecho o un comentario o una creencia. También igualmente importante es que manifestemos nuestras creencias o valores propios debido a que los niños y jovencitos necesitan saber que los valores son importantes para nosotros; pero también debemos reconocer que otras personas podrían tener diferentes valores. En esta cultura existe un acuerdo mínimo sobre muchísimas cuestiones controversiales en el área de la sexualidad—y entre mas controversial sea la cuestión, la incomodidad que sentiremos será mayor y nuestra tendencia por manifestar nuestras opiniones como hechos será mayor. Hable sobre la vasta variedad de valores existente y sobre como basar decisiones seguras y saludables sobre estos valores.
4. **NO DUDE EN COLOCAR LÍMITES.** Es importante que usted conozca sus propios límites: trate de identificar por sí mismo que es lo que usted puede aceptar; que es lo que usted tiene problemas para aceptar pero puede tolerar o tratar de hacerlo; y que es lo que usted absolutamente no puede aceptar. Comunique estos límites a los profesionales con quienes usted trabaja y con el resto de los miembros de su familia—tanto a sus hijos adoptivos como a sus hijos naturales. Al trabajar con jovencitos, averigüe si pueden negociar límites, fomentando la comunicación, la comunicación recíproca y la flexibilidad. Pero una vez que haya colocado un límite, persista en su cumplimiento hasta que vuelvan a negociarlo.
5. **APRENDA TODO LO QUE ESTÉ A SU ALCANCE SOBRE LA SEXUALIDAD.** Como personas adultas nosotros aún estamos aprendiendo y creciendo en todo lo que se relaciona al tema de la sexualidad. Por lo regular, constantemente se descubre nueva información. Nosotros necesitamos tomar el tiempo para leer, pensar, hablar y aprender para poder ser mas eficientes con nuestros hijos y jovencitos, pero también para crecer y aprender.
6. **TOME EL TIEMPO PARA MEDITAR.** Muchos de nosotros no hemos tomado el tiempo suficiente para pensar y meditar minuciosamente sobre nuestros propios valores en lo que se refiere a la sexualidad y actitudes y por esta razón cuando tratamos de comunicar estos valores suele ser algo confuso. Tome tiempo para meditar y pensar.

Parent Guide to Teachable Moments

California requires that students receive education about HIV/AIDS. While most education can be given through the classrooms, there is no substitute for the guidance of parents. However, parents and teenagers often find it difficult to communicate and discuss topics such as sex and drugs because it makes them uncomfortable. It is important to bridge this communication gap, however, and discuss this very important topic. Parents want to protect their children but don't always know how to go about opening the lines of communication for varying reasons:

- **Some mistakenly believe discussing sexual and drug issues will encourage teens to engage in these activities.**
- **Parents feel they might not have enough accurate information.**
- **Some parents deny that their child could ever engage in risky behavior.**
- **Many parents have little experience talking about sex.**
- **Some parents have trouble relating to their teens as sexual beings.**
- **Parental denial or discomfort exists regarding homosexuality.**

Teenagers want to go to their parents for information about sensitive topics such as sex, drugs and AIDS but are often embarrassed or uncomfortable. Some teenagers don't go to their parents because they sense their parents discomfort with these topics. It is important that parents be educated so they may discuss sex, drugs and AIDS more comfortably. These **basic facts about AIDS and safer sex can guide the conversation:** Parents need to know that their **discomfort is normal** and that there are ways to overcome their discomfort and become active communicators and listeners with their teenagers.

- **AIDS is a preventable disease.**
- **There is no cure for AIDS.**
- **The Human Immunodeficiency Virus (HIV) which causes AIDS, is transmitted during sex or while sharing injection drug equipment.**
- **HIV is not spread by casual contact.**
- **Abstinence from both sex and drugs is the best way to prevent infection with HIV, the virus which causes AIDS.**
- **Sexually active persons should use latex condoms in conjunction with a nonoxynol-9 cream or gel (a spermicide) for extra protection during vaginal/anal intercourse.**
- **The use of a latex condom plus spermicide is termed "safer" sex, meaning safer than no protection at all. Only abstinence (or sex with a lifelong, mutually monogamous uninfected partner) is 100% "safe sex."**
- **The more sexual partners a person has, the greater the chance of coming in contact with someone who is infected.**
- **Drugs and alcohol impair judgment when making sexual decisions. They should not be used before or during sexual activity.**

Parent Guide to Teachable Moments

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Here are some simple **communication techniques** that parents can practice when discussing this sensitive subject with their teenager:

- **Learn the basic information about HIV/AIDS and other sexually transmitted diseases so you can share the facts.**
- **Think about and plan what you want to say before you start talking.**
- **The best time to talk with your teen is when the subject of HIV/AIDS comes up naturally in conversation.**
- **If the subject doesn't come up, don't wait. You can start the conversation.**
- **Discuss the facts at a level that your teen can understand.**
- **Share your feelings. It is okay to admit feeling awkward or embarrassed about this topic.**
- **Find out what your teen already knows and thinks about HIV/AIDS.**
- **Listen to your teen. Be calm and give your teen time to share their feelings.**
- **Reassure your teen. Let your teen know you are a resource and that you will be there for him or her.**

Once a parent is educated and has practiced communication skills, they are ready to **talk with their teenager about HIV/AIDS**. Even though their teenager does not ask direct questions regarding this topic it does not mean they don't want to ask these questions.

Take advantage of daily situations and discuss radio, television or newspaper articles with your child. When you hear HIV/AIDS mentioned or see something written, comment on it and open a discussion as casually as possible. Ask your child how they feel about the topic. If a question arises that you can't answer, admit that you don't know the answer and research it to discuss later.

Combine facts, feelings and values when talking with your teen. For example, when discussing condoms also discuss your feelings about waiting to have sex until they are married or in a permanent relationship. This way, condom use and sexual abstinence can be discussed.

Guía para padres para aprovechar oportunidades claves para la enseñanza

El estado de California requiere que los estudiantes reciba una educación sobre el VIH/SIDA. Aunque la mayoría de la instrucción académica se imparte en las aulas, no hay sustituto para la orientación por parte de los padres. Sin embargo, a menudo es difícil para los padres y adolescentes hablar sobre algunos temas, como el sexo y las drogas, porque los hace sentir incómodos. No obstante, es importante que cerremos esa brecha de comunicación y hablar sobre estos temas importantes. Los padres quieren proteger a sus hijos, pero por diversas razones, no siempre saben cómo abrir las líneas de comunicación:

- **Algunos creen, erróneamente, que hablar sobre temas sexuales y el consumo de drogas alentará a los adolescentes para que participen en estas actividades.**
- **Los padres podrían pensar que no cuentan con la suficiente información exacta.**
- **Algunos padres niegan que su hijo(a) serían capaz de participar en un comportamiento de riesgo.**
- **Muchos padres tienen poca experiencia hablando sobre sexo.**
- **Algunos padres tienen dificultad considerando a sus hijos adolescentes como seres sexuales.**
- **Existe una negación o incomodidad por parte de los padres con respecto a la homosexualidad.**

Los adolescentes quieren hablar con sus padres para obtener información acerca de temas delicados como el sexo, las drogas y el SIDA, pero muchas veces les da vergüenza o se sienten incómodos. Algunos adolescentes no acuden a sus padres porque perciben que a ellos les causa incomodidad abordar esos temas. Es importante que los padres se preparen para que puedan hablar con más confianza sobre el sexo, las drogas y el SIDA. La siguiente **información básica sobre el SIDA y las relaciones sexuales seguras pueden guiar la conversación:** Los padres necesitan saber que **su incomodidad es normal** y que hay maneras de superar su incomodidad y convertirse en comunicadores y oyentes activos con sus hijos adolescentes.

- **El SIDA es una enfermedad prevenible.**
- **No existe una cura para el SIDA.**
- **El Virus de la Inmunodeficiencia Humana (VIH), que causa el SIDA, se transmite durante las relaciones sexuales o al compartir jeringas para la inyección de drogas.**
- **El VIH no se contagia por contacto casual.**
- **La abstinencia del sexo y de las drogas es la mejor manera de prevenir la infección del VIH, el virus que causa el SIDA.**
- **Las personas sexualmente activas deben usar los condones de látex junto con una crema o gel nonoxinol-9 (espermicida) para una mayor protección durante el coito anal o vaginal.**
- **El uso de un condón de látex más un espermicida se denomina sexo "más seguro", es decir, más seguro que no usar protección. Sólo la abstinencia (o sexo con una pareja permanente, una relación mutuamente monógama con una pareja no infectada) es 100 % "sexo seguro".**

Guía para padres para aprovechar oportunidades claves de enseñanza

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- Entre más parejas sexuales tiene una persona, mayor es la posibilidad de
- entrar en contacto con alguien que está infectado.
- Las drogas y el alcohol perjudican el buen juicio al tomar decisiones concernientes a las relaciones sexuales. Estas no deben ser consumidas antes o durante la actividad sexual.

Las siguientes son algunas **técnicas de comunicación** simples que pueden usar los padres al abordar este tema delicado con su hijo(a) adolescente:

- Conozcan la información básica sobre el VIH/SIDA y otras enfermedades de transmisión sexual para poderla compartir.
- Piensen y planifiquen lo que quieren decir antes de empezar a hablar.
- El mejor momento para hablar con su hijo(a) adolescente es cuando el tema del VIH/SIDA sale naturalmente en la conversación.
- Si el tema no sale, no esperen. Pueden iniciar la conversación.
- Hablen sobre la información relativa al tema a un nivel que su hijo(a) adolescente puede entender.
- Compartan sus sentimientos. Está bien admitir que se sienten incómodos o avergonzados de hablar sobre ese tema.
- Averigüen lo que su hijo(a) ya sabe y piensa sobre el VIH/SIDA.
- Escuchen su hijo(a) adolescente. Tengan paciencia y permitan que su hijo(a) comparta sus sentimientos.
- Tranquilicen a su hijo(a) adolescente. Déjenle saber que ustedes son un recurso que puede acudir y que siempre lo apoyarán.

Una vez que los padres se preparan y ha practicado las habilidades de comunicación, están listos para **hablar con su hijo(a) adolescente sobre el VIH/SIDA**. Aunque su hijo(a) adolescente no haga preguntas directas sobre este tema, no significa que no quieren hacerlas.

Aprovechen situaciones cotidianas y hablen con su hijo(a) sobre lo que escuchan en la radio, miran en televisión o leen en artículos periodísticos. Cuando escuchan que se menciona el VIH/SIDA o lo ven por escrito, hablen del tema de la manera más casual posible. Pregúntenle a su hijo(a) cómo se sienten sobre el tema. Si surge una pregunta que no pueden contestar, admitan que no sabe la respuesta y que después de investigar pueden seguir conversando.

Combinar la información, sentimientos y valores cuando hablen con su hijo(a) adolescente. Por ejemplo, cuando se habla de condones, también compartan sus sentimientos acerca de esperar a tener sexo hasta que estén casados o en una relación permanente. De esta manera, pueden abordar el uso del condón y la abstinencia sexual al mismo tiempo.

Communication Tips

1. I have a concern I'd like to share with you...
2. After seeing that (T.V. show, magazine article, and movie), I've been thinking about...
3. What do you think about...?
4. How do you feel about...?
5. I'm not sure I understand you. Will you try to say it another way?
6. Let me check this out with you... Are you saying that...?
7. What we're talking about makes me feel pretty uncomfortable (embarrassed, angry, concerned), but I'd like to continue anyway.
8. I'd be really interested in hearing what you think about... (or feel about...)
9. Tell me some more about how you feel about...
10. Can you say anything more about...?
11. You know, I haven't given that much thought lately. Give me a few minutes to think about it.
12. There's something important to me that I'd like to share with you.
13. Go on...
14. I don't know the answer to that one. But let's (go to the library, think about it, look it up, talk with someone who might know, find out about it) and talk again tomorrow on our way to the game (set a specific time to get back to it).
15. It would be really helpful to me if you'd share with me how you feel about...
16. I've been thinking about our conversation last night (last week, last month) about...and there's some more I'd like to say.
17. I have a different feeling about that.
18. Thank you...for sharing with me, for talking with me, for listening...for being patient, for giving me time.

Consejos de Comunicación para los Padres de Familia

1. Tengo un motivo de preocupación y me gustaría compartirlo contigo ...
2. Después de haber visto ese(a) (programa de televisión, artículo de revista, película), he estado pensando sobre...
3. ¿Qué piensas sobre...?
4. ¿Cuáles son tus sentimientos hacia...?
5. No estoy seguro de haberte comprendido. ¿Podrías tratar de decírmelo de otra manera?
6. Déjame tratar de verificarlo contigo... ¿Estás diciendo que...?
7. Lo que estamos discutiendo me hace sentir muy incómodo (avergonzado, enojado, preocupado), pero me agradecería mucho que continuemos.
8. Me interesaría muchísimo escuchar lo que tu piensas sobre... (o tus sentimientos hacia...)
9. Dime más sobre lo que tu piensas sobre...
10. ¿Puedes decir algo más sobre...?
11. Sabes, no he pensado mucho sobre eso. Me podrías dar unos cuantos minutos para pensar un poco sobre ese asunto.
12. Hay algo importante para mí que me gustaría discutir contigo.
13. Continúa...
14. No se la respuesta para eso. Pero vamos a (la biblioteca, pensar sobre eso, buscarlo, hablar con alguien quien pueda conocer la respuesta, indagar algo sobre el asunto) y hablaremos de nuevo mañana cuando vayamos en camino hacia el juego (fijen una hora específica para volver a tratar el asunto).
15. A mi me ayudaría muchísimo si tu me dices que es lo que tu sientes sobre...
16. He estado pensando mucho sobre nuestra conversación de anoche (la semana pasada, el mes pasado) sobre...y hay algo más que quisiera decirte.
17. Mis sentimientos sobre eso son diferentes.
18. Gracias...por compartir conmigo, por hablar conmigo, por escuchar..., por tu paciencia, por darme tu tiempo.

Day 1



Recognizing and Responding to Difficult Questions

Content Questions

Based on fact or essential new knowledge, the student would have little or no basis for figuring these out on his/her own.

Example: “Do females have a urethra like males do?”

Suggested Response: If the material has been covered, defer to another student, e.g., “Does anyone recall...?” Otherwise, just answer it.

Questions Requiring Critical Thinking

Students have the information to answer these questions, but need guidance in assembling their knowledge.

Example: “How many times a year does a female ovulate?”

Response: Walk the student through their existing knowledge, e.g., “Does anyone remember what happens approximately 14 days after a female ovulates?” (Her period begins.) “How often does a female have her period?” (Once a month.) “So how many times does a woman ovulate in twelve months or one year?” (12 times)

Encourage critical thinking in the classroom by moving beyond questions which require a yes/no answer or simple factual response.

- “Describe how you could...”
- “What would be several different ways to...?”
- “Name one strength and one weakness of...”
- “In your own life, what are some ways you could...”

Questions not Authorized For Instruction

The governing board has not authorized these topics to be included in the curriculum; in-class or out-of-class instruction is not authorized, either from the classroom teacher or the counselor or the school nurse.

Example: “How does a lesbian have sexual intercourse?”

Response: “That’s a fair question, but it’s not part of this curriculum. I suggest you ask your mom (or dad), or a respected older adult in your family, or doctor, youth pastor (etc.); or you could call the Teen Hotline (provide telephone number) and discuss it with them.”

Research Questions

Students may make statements which are not consistent with established facts, or which demonstrate a lack of understanding about science.



Example 1: "I heard that waiting to have sex until you are in your twenties actually causes cancer."
Response 1: "I'd need to see that source (can you bring it in?). That is inconsistent with all the published studies I've ever seen on cancer, or delaying intercourse."

Example 2: "Can you prove that sex education doesn't just cause more sex?"
Response 2: "Science documents observable phenomena. All I can say is that, in the many professional, peer-reviewed research articles on the impact of sexual health education, instruction has not been found to cause earlier initiation of sex or more sexual activity in teens."

Questions Which Reflect Religious Beliefs

Students may interject their own religious beliefs or teachings into a question or statement. It is appropriate to acknowledge the diversity of beliefs, including the role that religion plays in people's lives; however, it is not appropriate to establish/advocate religious beliefs in the public school classroom. Rather, reflect on these comments from a public health perspective.

Example 1: "Is it a sin to have sexual intercourse before marriage?"
Response: "A number of people have strong beliefs about this topic. *From a public health perspective*, what would be the outcome of people not having intercourse until they were in a long-term mutually monogamous relationship?"

Example 2: "Is it a sin to masturbate?"
Response: "A number of people may have strong religious beliefs on this topic. From a public health perspective, we know that masturbating (rubbing or massaging genitals for sexual stimulation) is a fairly common practice, and causes no physical harm unless done excessively."

Personal Questions

Asking personal questions is a violation of "Group Agreements" in most classrooms. Use the *FS-FO-FY* response (see below).

Example: "Did you have sexual intercourse when you were a teenager?"
Response: When I was younger, **For Some** it was time to explore their sexuality and be sexually active; but **For Others**, it was their choice not to have sexual relations until they were married; the question is, what's best **For You** now and in the future?

Seeking Permission

Students may mask seeking permission to engage in a risky behavior within a biomedical question. The teacher will need to answer *two questions*.

Example: "Is it okay to have oral sex to protect your virginity?"
Response: "From a sex education standpoint, it is still sexual intercourse when a person's mouth comes in contact with another person's genitals; *and if you're asking for my permission to do this, the answer is no!*"



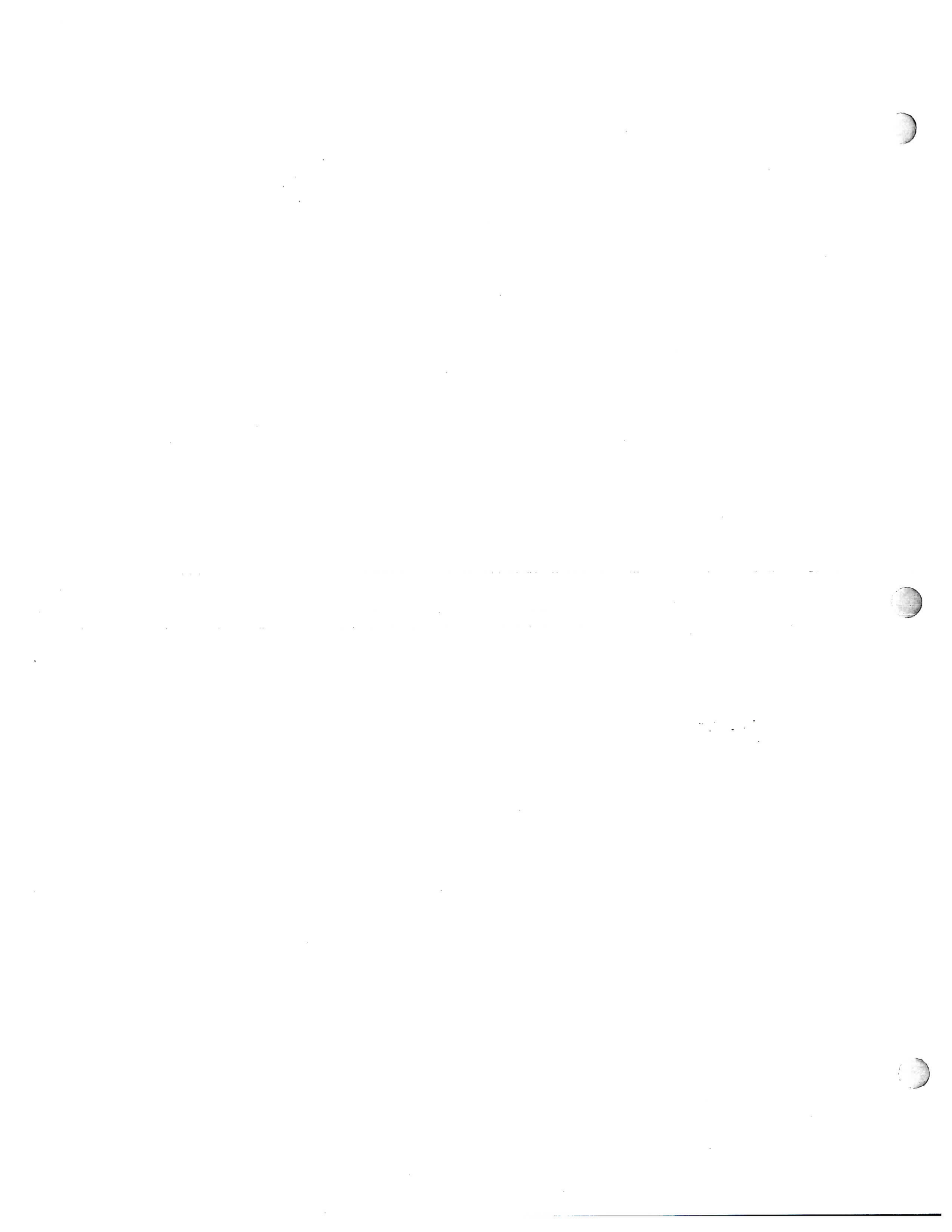
Cry For Help

A student may mask a cry for help or assistance within a seemingly biomedical question. The biomedical question should be answered publicly. *However, the implied request for help requires a confidential one-to-one response.*

Example: “Is it safe for a girl to have sex with an older man as long as he’s sterile?”

Response: “Just because a man says he is sterile does not mean that he is free from HIV or other STDs, or that he actually is sterile.” (IMPORTANT NOTE: The teacher should later take the student aside and inquire whether the question was adequately answered. The teacher may inquire if anything else needs to be discussed. Because teachers are obligated to *help their students get help* if it appears that the student is being harmed by someone, the teacher may choose to file a report of suspected child abuse with local law enforcement or social services.)







Group Agreements

1.

2.

3.

4.

5.

6.

7.

8.

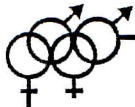
I agree to follow
these Group Agreements
during our lessons on Sexual Health.

SIGNATURE

DATE







LESSON 1 PREVIEW

Sexual Development

DIRECTIONS Read the following story, and write your answers to each question before coming to class.

The math teacher was trying to demonstrate the concepts of mean, median and mode. So she asked the students to line up against the wall, from shortest to tallest, to measure everyone's height and calculate the average for the class.

This was embarrassing for Timmy, who was the shortest kid in his class. He was frustrated about being less developed than the other boys, and lining up like this just made things worse.

At the other end of the line stood Brenda, the tallest and most developed girl in the school. Since 4th grade she had felt awkward about going into puberty early, and lining up like this made her feel even more awkward and embarrassed.

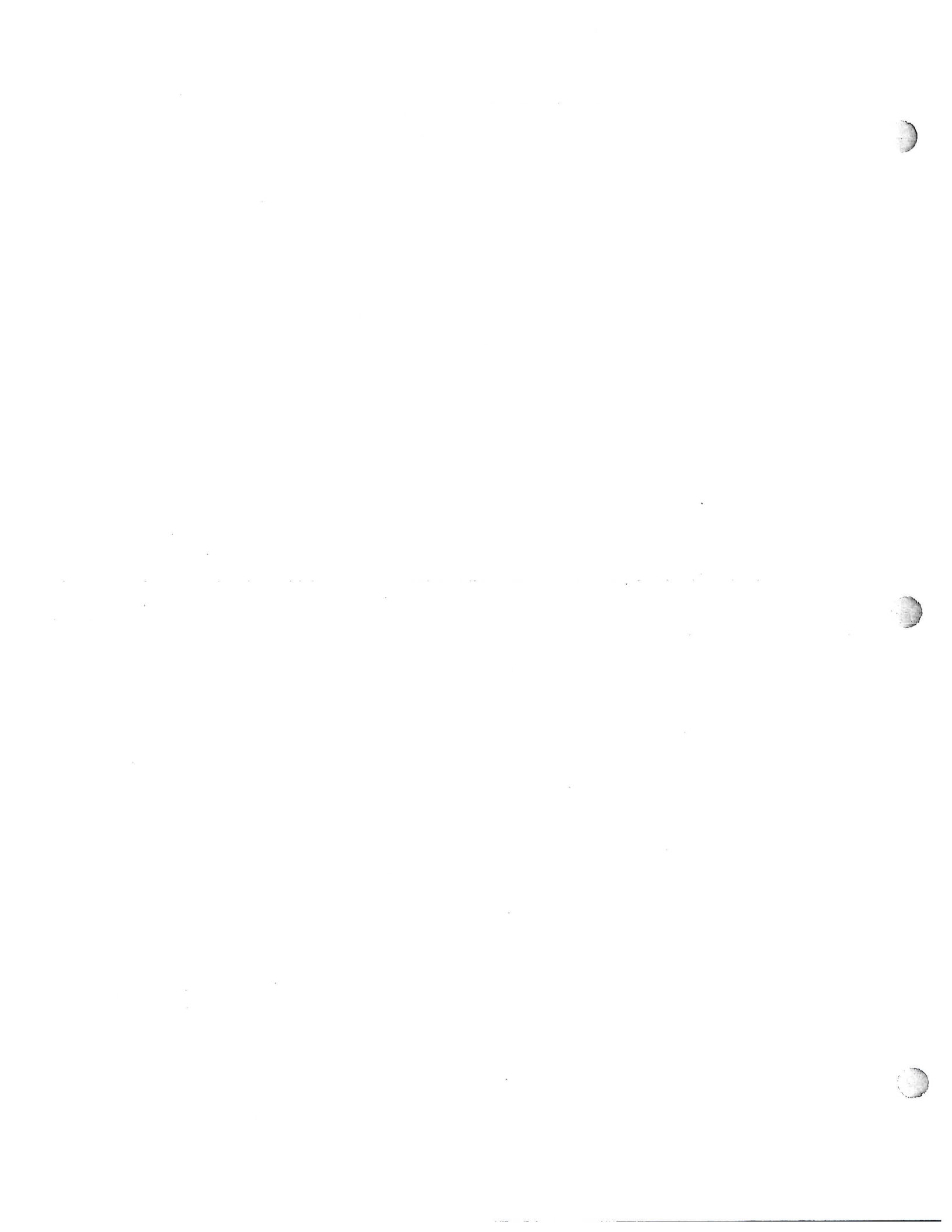
Question 1. Briefly summarize the facts in this story.

Question 2. Timmy is worried that he is not "normal". Should he feel this way? Why or why not?

Question 3. Brenda also feels like she is not "normal". Should she feel this way? Why or why not?

Question 4. Four years from now in high school, do you think that Timmy will still be the shortest and Brenda will be the tallest? Why or why not?





Discussing Sensitive Topics

- These topics are personal or private.
- These topics have to do with family, culture, or religious beliefs.
- These topics are sometimes associated with what people consider being "normal" or "not normal."
- Talking about personal topics like this can be embarrassing and uncomfortable.
- Possible responses might include laughter, silence, side comments.
- Our goal is to understand these topics so you can make good decisions for yourself.
- It is important to be especially respectful and considerate throughout this unit.

Introduction to Family Life and Sexual Health Education Unit

The next few weeks we will be learning about:

- Friendship, dating, and healthy relationships
- Human Reproduction
- Sexual abstinence and FDA-approved contraceptive methods
- HIV/AIDS and Sexually Transmitted Disease (STD) Prevention
- Appropriate Use of Social Media

Group Agreements

I, _____, will abide by the following rules...

- Be respectful.
- Be responsible.
- Use appropriate language or vocabulary.
- Will not discuss this instruction with students outside the classroom and
- Be sensitive to the feelings of others.

Student's Signature:

Date:

Changes in Puberty

- **Puberty is the time when your body begins to change from a child's body into an adult woman's or man's body.**

– For girls, puberty can begin anywhere from 7 and 14 years of age.

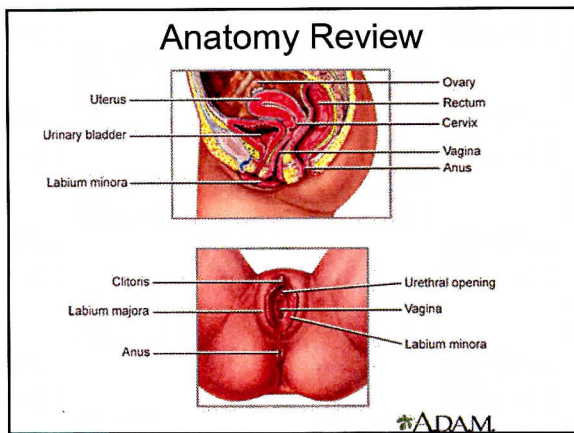
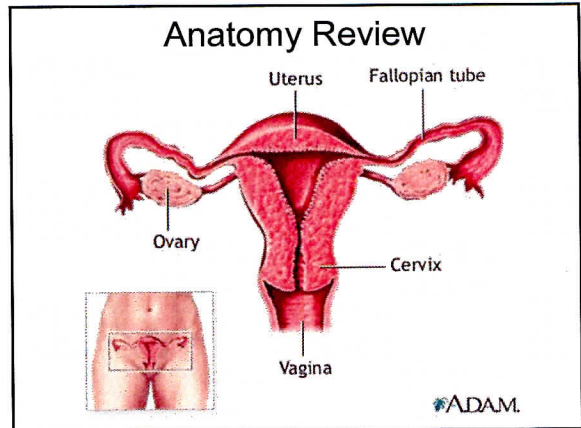
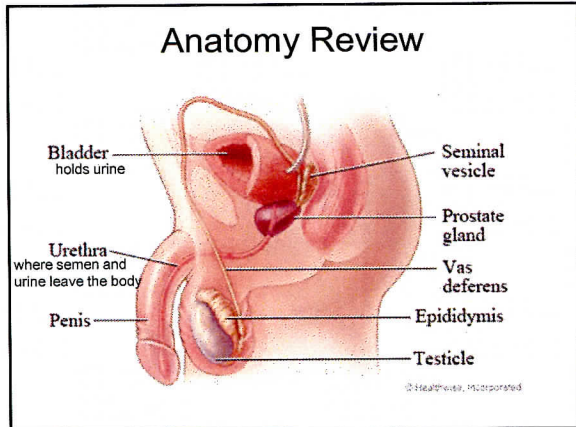
– For boys, puberty can begin anywhere from 9 and 15 years of age.

Changes in Puberty (Physical)

- | | |
|--|--|
| <ul style="list-style-type: none"> • Girls (7 – 14 yrs old) • Hair growth: pubic, underarm and legs • Breast development • Menstrual cycle (eggs) • Larger hips • Acne • Body odor • Weight gain • Growth spurt | <ul style="list-style-type: none"> • Boys (9 – 15 yrs old) • Hair growth – pubic, underarm, chest, face • Production of sperm • Acne • Body odor • Voice deepens • Muscle development • Nocturnal emissions - Ability to ejaculate • Penis growth • Growth spurt |
|--|--|

Changes in Puberty (Emotional)

- Irrational
- Moodiness
- Depression
- Anxiety
- Uncontrolled outbursts
- Desire a stronger sense of Individuality
- Increased sex drive
- Interest in opposite or same sex (or both)



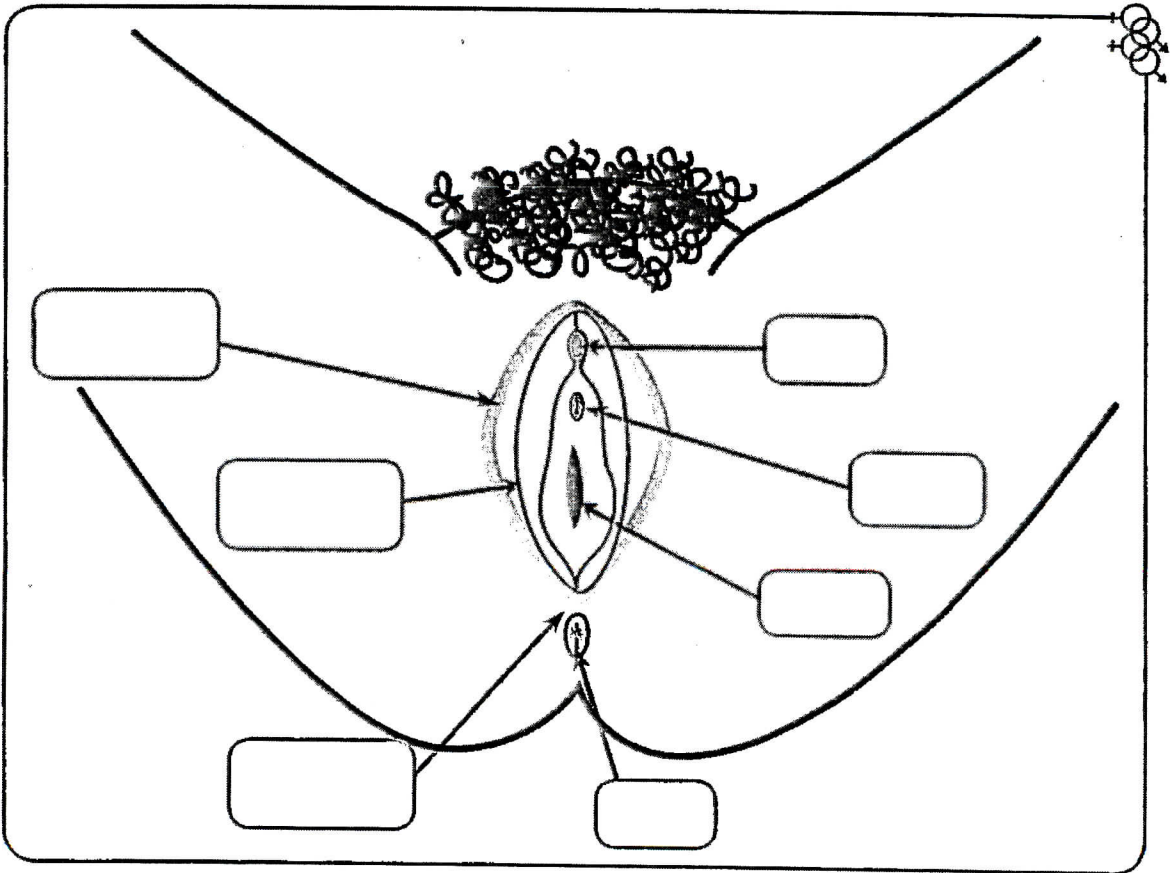
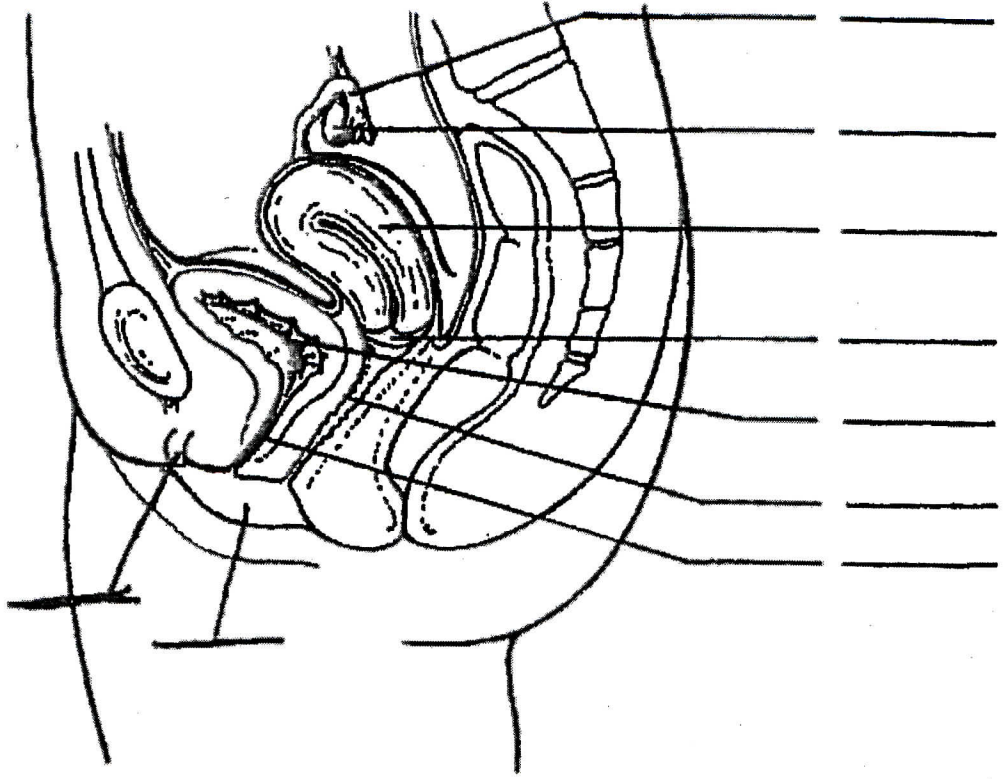
Understanding the Terms: Sex, Gender, and Sexual Orientation

- **Sex:** male or female biological and physical characteristics
- **Gender Role:** socially-constructed roles, behaviors, activities and attributes that a given society considers appropriate for men and women
- **Gender Non-Conformity:** behavior or appearance that does not conform to expected gender role
- **Gender Identity:** whether a person sees herself or himself as female or male
- **Sexual Orientation:** to whom a person is attracted romantically and sexually.

Gender role, gender identity, and sexual orientation varies with each individual. It is important to respect difference and diversity.

Next Steps

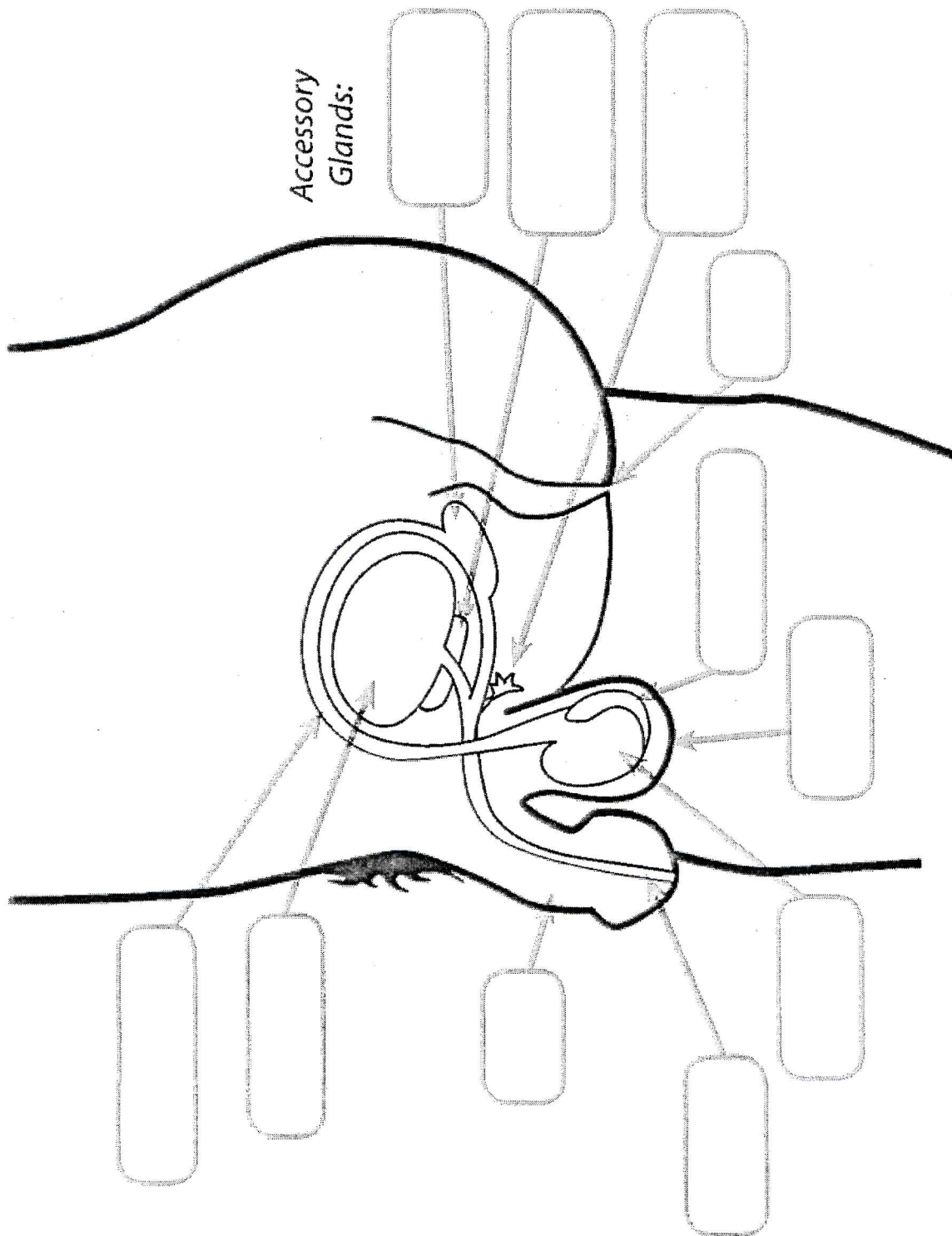
- Directions for your Collage Project
- Directions for the Take Home Pre-Test and Parent Signature







Accessory
Glands:





Page 1

8th grade collage project DUE: _____

Objective: make a collage using pictures and words that reflect these three questions:

1. **Who am I?** Reflect on your present interests, what special qualities you may have? (athletics, music, school subject, art, etc)
2. **Why am I here?** What things have shaped who you are? What importance has friends, family, religion, and culture played in getting you to here?
3. **Where am I going?** What future do you envision? What are your short and long term goals: college, family, career, etc?

Direction: Visually answer the three questions in a collage. A collage is an artistic term for cutting out words, pictures, and pasting them on a paper where they overlap each other and is eye catching. The collage will be the cover of your Health Unit folder, it should be tasteful, colorful, and tell a story about YOU.

8th grade collage project DUE: _____

Objective: make a collage using pictures and words that reflect these three questions:

4. **Who am I?** Reflect on your present interests, what special qualities you may have? (athletics, music, school subject, art, etc)
5. **Why am I here?** What things have shaped who you are? What importance has friends, family, religion, and culture played in getting you to here?
6. **Where am I going?** What future do you envision? What are your short and long term goals: college, family, career, etc?

Direction: Visually answer the three questions in a collage. A collage is an artistic term for cutting out words, pictures, and pasting them on a paper where they overlap each other and is eye catching. The collage will be the cover of your Health Unit folder, it should be tasteful, colorful, and tell a story about YOU.

8th grade collage project DUE: Fri 5/30

Objective: make a collage using pictures and words that reflect these three questions:

7. **Who am I?** Reflect on your present interests, what special qualities you may have? (athletics, music, school subject, art, etc)
8. **Why am I here?** What things have shaped who you are? What importance has friends, family, religion, and culture played in getting you to here?
9. **Where am I going?** What future do you envision? What are your short and long term goals: college, family, career, etc?



Name _____

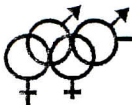
"WHO AM I" COLLAGE: SCAVENGER HUNT

<p>Find someone who has a similar interest. Who & What</p>	<p>Find someone who has the same birth order as you? Who & Rank?</p>	<p>Find someone who wants a similar career as you. Who & What?</p>	<p>Find someone who does not know what career path they will choose. Who & Why?</p>
<p>Find someone who did not grow up in San Marcos. Who & Where?</p>	<p>Find someone with the same number of sibling as you. Who & How Many?</p>	<p>Find someone who has similar religious beliefs as you. Who & What?</p>	<p>Find someone who wants the complete opposite from you in life? Who & Why?</p>
<p>Find someone who is a member of blended family? Who & How?</p>	<p>Find someone who loves to travel, and has in the past or plans to in the future. Who & Where?</p>	<p>Find someone who would like to go to college. Who & Where?</p>	<p>Find someone who'd like to live in another state/country when they leave home. Who & Where?</p>
<p>Find someone who plans to participate in charity work in the future. Who & What Type?</p>	<p>Find someone who shares a similar family tradition. Who & What?</p>	<p>Find someone who plans to have a career in public service: Military, Police, Teacher, etc. Who & What?</p>	<p>Find someone who wants to have a family? Who & How Many Children?</p>



Day 2





The Sexual Health of Teens

- Less than half of all teens surveyed have ever had sex.
- Only about one-third of all teens surveyed are currently sexually active.*
- The majority of sexually active teens use condoms.
- Approximately one-fourth of sexually active teens also use another form of birth control.*
- Over 764,000 teen births occur each year in the U.S.
- Forty percent of all STD cases are in teens.

* 2013, Youth Risk Behavior Survey data



Direction: Visually answer the three questions in a collage. A collage is an artistic term for cutting out words, pictures, and pasting them on a paper where they overlap each other and is eye catching. The collage will be the cover of your Health Unit folder, it should be tasteful, colorful, and tell a story about YOU.

The Sexual Behaviors of U.S. Teens

TOPIC	Educated Guess	After Research	Cite Research Source
Percentage of Teens Who Report Having Sex			
Percentage of Teens Who are Currently Sexually Active			
Percentage of Sexually Active Teens Who Report That They Or Their Partner Used Birth Control			
Percentage of Sexually Active Teens Who Report That They Use Condoms			
Annual Number of Teen Pregnancies (Age 15-19) • Percent of pregnancies that are unintended			
Annual Number of STD Infections in Teens			

Resources:

Click the links below to find answers to the statements above

<https://www.cdc.gov/nchs/data/databriefs/db209.htm>

<http://recapp.etr.org/Recapp/index.cfm?fuseaction=pages.StatisticsDetail&PageID=555&PageTypeID=25>

<http://www.who.int/mediacentre/factsheets/fs110/en/>



Day 3



Your Sexual Health: HIV & AIDS

- Disease Transmission
- Prevention
- Testing

Information is vital

- As teenagers, you will be facing many new decisions in your life
- Understanding what can put you at risk for disease is very important
- *None of this is meant to scare you – Knowledge is very empowering and can help you make positive decisions in your life*
- *You can also be an informed educator to others*

What do the letters HIV and AIDS stand for?

HIV: Human Immunodeficiency Virus

AIDS: Acquired Immunodeficiency Syndrome

Now, what does each of these mean?

HIV is harmful because it attacks the body's immune system.

The immune system is a collection of organs, cells and tissues that work together to protect your body from diseases

True or False

- A low immune system can allow opportunistic infections to invade your body causing AIDS

True

AIDS is a stage of disease where your immune cells drop below the level of 200 cells per mm blood (a healthy person has about 800) and your body cannot fight off simple infections.

Medications today can help people with both HIV and AIDS live much longer than they used to.

Origins of HIV

- Likely resulted from hybridization (merging) of two Simian (monkey) viruses
- HIV moved to humans in Africa around 1930 or earlier

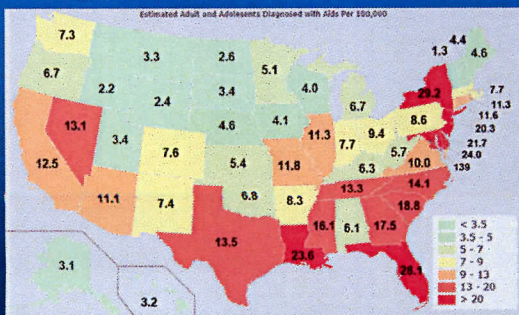
Adults and Children Living with HIV/AIDS



U.S. Cases

- **OVER 56,000 new infections every year in the U.S.**
- **Most infections are found in people ages 13-29 years**

Estimated Adult and adolescents diagnosed with Aids per 100,000



Ways to transmit HIV

- Unprotected sexual activity
- Needle sharing; Needle sticks or exposure to blood
- Mother-child
- Blood transfusions

OK,

Now that you know how you can get HIV, how do you think you could prevent it?

■ **Abstinence** (not engaging in sex)

- Don't assume everyone has the same definition of abstinence – your partner's past behaviors could put you at risk. Some couples get tested together.
- Someday, if/when you choose to engage in sex, use protection through a properly used condom
- Avoid drugs and alcohol as they increase the chance of risky behavior

True or False

If you knew someone who was HIV+,
you could get HIV from coming into
contact with their
sweat, urine or tears?

False

The only bodily fluids that can transmit HIV are:

- Blood
- Semen
- Vaginal fluid
- Breast milk

More to Know - HIV and AIDS

- Disease symptoms
- Window period of the virus
- Rapid testing

Who can be affected by HIV?

- Anyone!
If they engage in unprotected sex or share drug use equipment
- Any age, any gender, anyone
- People close to them are also affected by this disease

Early HIV Infection

- Symptoms present days to weeks after initial exposure
- Most common symptoms are
 - Fever, fatigue, headache, and rash

HIV Window Period

- What is it?
- This is the time it takes for the virus to actually show up in your body after exposure
- This can take up to 3 months

Who can tell me why this would even be important to know?

It's important because:

- *The sooner someone knows that they have HIV, the sooner they can receive proper medical care*
- *It is less likely that the virus will be transmitted to others if it is known*

How can someone get tested for HIV?

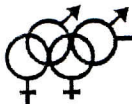
- If you or someone you know thinks they may have an STD or have been exposed to HIV, seek the support of a parent or trusted adult
- Conventional blood tests (results in 10 days – 2 weeks)
- HIV antibody rapid tests (results in 12-20 minutes)
- CA law allows 14 years and older to obtain STD tests without parental permission.

Importance of HIV Diagnosis

- Early Intervention services
 - Improved quality of life
 - Avoid complications
 - Healthcare maintenance
- Prevent transmission to others







Recognizing and Reducing Risks

DIRECTIONS Read the following story, and write your answers to each question before coming to class.

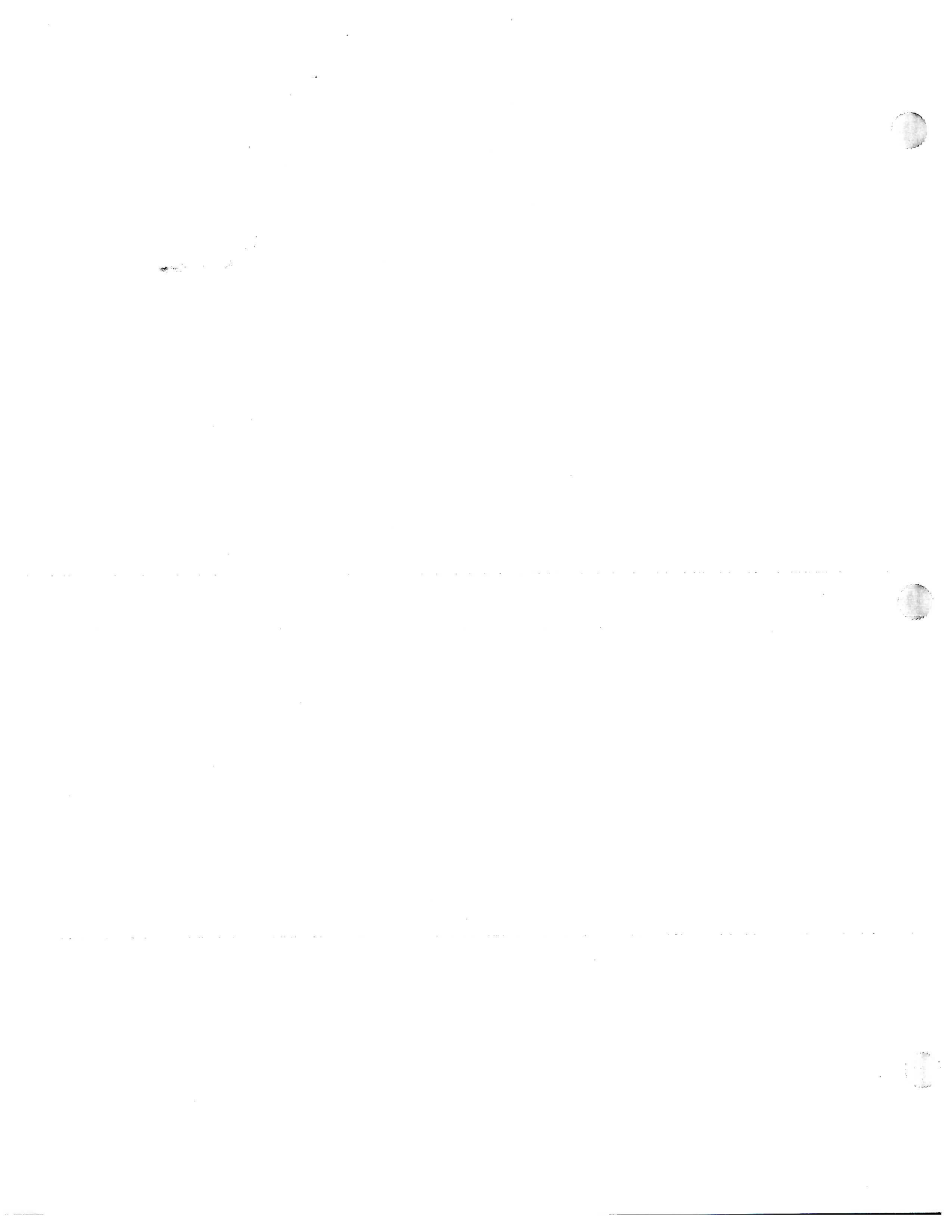
Lee and Tran were walking home from school after basketball practice when Lee mentioned that he had gone to the dentist after school the day before. He noticed that when the dentist looked at his mouth, he was wearing latex gloves and plastic glasses for eye protection. Lee asked Tran if he knew why the dentist was wearing these things? Tran said it was to protect the dentist from his patient's saliva which could infect him with HIV.

Question 1. Briefly summarize the facts in this story.

Question 2. Do you agree with Tran's answer. Why or why not?

Question 3. Some people don't go to the dentist because they say they might catch HIV. Is this a good reason to not go to the dentist?





American Red Cross

NAME _____

CLASS _____

Lesson 4 Worksheet

Risk Continuum Activity

Directions: After reading each of the following behaviors, place a check in the category to which it belongs, and explain why.

- No risk for transmitting HIV
- Low risk for transmitting HIV
- High risk for transmitting HIV

Behavior	No risk	Low risk	High risk	Why?
1. Talk on phone				
2. Talk in person				
3. Share ideas				
4. Go to the movies				
5. Work on projects together				
6. Be together alone at home				
7. Have sex				
8. Hold hands				
9. Kiss				
10. French kiss				
11. Give mouth-to-mouth resuscitation				
12. Use alcohol or other drugs				
13. Pierce Ears				
14. Become blood brothers				
15. Hug				
16. Wrestle				
17. Give first aid				

American Red Cross

Behavior	No risk	Low risk	High risk	Why?
18. Share a needle				
19. Use same bathroom				
20. Go to a dentist				
21. Share injection drug equipment				
22. Share a straw				
23. Drink from same glass				
24. Share a razor				
25. Share a toothbrush				
26. Get a tattoo				
27. Body Piercing				
28. Fighting				
29. Share a brush				
30. Share lipstick or chapstick				
31. Dog bite				
32. Mosquito bite				
33. Being bitten by an infected person				
34. Having a pre-existing STD				
35. Sexual Monogamy				
36. Sex (use of birth control pills)				
37. Anal sex				
38. Oral sex				

Day 4




Sexually Transmitted Diseases (STDs)


What you need to know to stay healthy

Part 1 – Facts about the most common STDs

What STDs have you heard about?



Every 84 seconds a teenager in California is infected with an STD. How many teens are infected per hour, day, month?



...42 teens every hour,
 ...1,008 teens every day,
 ...30,240 teens every month

For those teens who are sexually active there is a high rate of sexually transmitted diseases.

The Major STDs

<u>Treatable –</u> <u>but repeatable</u>	<u>Not curable –</u> <u>some life-long</u>
◆ Chlamydia	◆ Herpes
◆ Gonorrhea	◆ HPV (Human Papilloma viruses)
◆ Pubic Lice	◆ HIV (Human Immunodeficiency Virus)
◆ Hepatitis B	◆ Hepatitis B

What You Should Know

Chlamydia

- Bacterial disease
- Transmitted through sexual fluids during sex and may occur from mother to infant during birth
- Usually no signs or symptoms
- Women may experience vaginal discharge, frequent or painful urination, pain in lower abdomen, unusual bleeding between periods or pain after intercourse
- Men may experience discharge from penis and burning; painful urination
- Detected through a urine test or swab culture
- Curable with antibiotics

What You Should Know

Gonorrhea

- Bacterial disease
- Transmitted through sexual fluids during sex and may occur from mother to infant during birth
- Usually no signs or symptoms
- Women may experience vaginal discharge, frequent or painful urination, pain in lower abdomen, unusual bleeding between periods or pain after intercourse
- Men may experience discharge from penis and burning; painful urination
- Detected through a urine test or swab culture
- Curable with antibiotics

3 of every 5 Gonorrhea and Chlamydia cases in California are among 15 – 24 year olds.



Caution...

About half of all males with Gonorrhea or Chlamydia will NOT have signs or symptoms - such as abnormal discharge or painful urination.

What You Should Know

Herpes Simplex Viruses (HSV)

- Virus transmitted by direct contact with infectious skin, blisters, or sores during sex and may occur from mother to infant during birth
- Virus can be transferred even when there are no sores present
- Painful blisters or sores on genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks.
- Sores will re-appear periodically for several years.
- Life-long infection; those infected may have outbreaks for the rest of their lives
- Not curable; medication can reduce duration and outbreaks

Caution...

Most people with herpes don't know they are infected because their symptoms are mild or absent!! Many have NO signs or symptoms, sometimes only one or more blisters.

What You Should Know

Human Papilloma Viruses (HPV)

- 40 strains of this virus are transmitted sexually through direct skin to skin contact with infected genital area, or with actual genital warts
- Can be transmitted even when warts are not visible
- 9 out of 10 people with HPV do not have visible warts
- Cervical cancer in women is associated with some strains of HPV
- Regular Pap Testing to detect cervical cancer is recommended for women who have ever had sex
- A vaccine is available for males and females

BEWARE

Most people with HPV do NOT have the virus types that cause visible warts.



What You Should Know

Hepatitis B

- A virus in blood
- Transmitted through sexual fluids during sex and may occur from mother to infant during birth
- Also transmitted through infected needles or drug equipment
- Common symptoms and signs include: nausea, fever, loss of appetite, dark "brownish" urine, abdominal discomfort; jaundice (yellow eyes and skin), and enlarged liver.
- May go away with time or be present through life.
- Not curable but immune system can rid body of virus
- A vaccine is available

13

What are the odds that a sexually active teen will get an STD this year?

- a. 1 out of 4
- b. 1 out of 2
- c. 1 out of 5

14

What are the odds that a sexually active teen will get an STD this year?

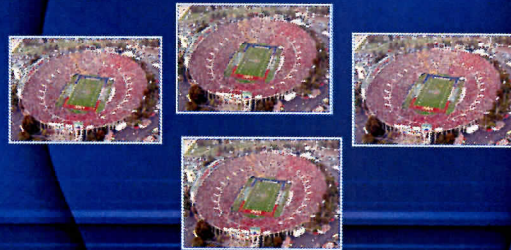
1 of every 4 sexually active teens in California will get an **STD** this year...



...which is about **375,000 teens** getting an **STD** this year!

15

375,000 STD-infected CA teens will fill a football stadium over 4 times!!



16

Why Teens Have High Rates of STDs:

People often don't have enough information about the health of their sex partners – and *don't protect themselves.*



17

Why Teens Have High Rates of STDs:

The large number of 15-24 year olds infected with STDs increases the odds of meeting someone who *already has* an STD.

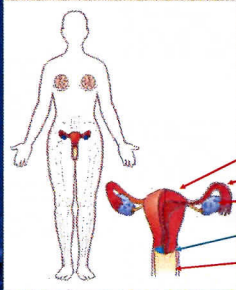


Can you tell who has an STD?

18

Why Teens Have High Rates of STDs:

The **cervix** in teen females has a weaker cell type that is easier to infect for some STDs. As females mature, the cells are less easily infected.



Female
Reproductive
Organs:

Uterus
Fallopian tube
Ovary
Cervix
Vagina

19

Why Teens Have High Rates of STDs:

Some teens are in relationships with older partners who often control their decisions.



Many people have trouble getting their partners to use condoms to prevent STDs or unwanted pregnancy.

20

More Problems Linked to STDs

Fear and distress in telling sex partners that you have an STD – *and* they should get tested.

Dealing with the long-term effects of an incurable STD such as Herpes or HIV.



21



STDs increase the chances for giving and getting HIV by **3 – 5 Times**

22

How do you prevent STDs?

23

How you can protect yourself:

- 1) Abstinence - not having sex (oral, anal, vaginal) - is the only sure way to avoid STDs.
- 2) Talk to your partner about STDs *and* agree to protect yourselves *if or when* you have sex.

24

How you can protect yourself:

3) If you are going to have sex, it's safer to have sex with only one partner, who has sex only with you – and who doesn't have an STD infection.



25

How you can protect yourself:

4) If you have sex – use latex (or polyurethane if allergic to latex) condoms correctly each time for oral, anal, vaginal sex.



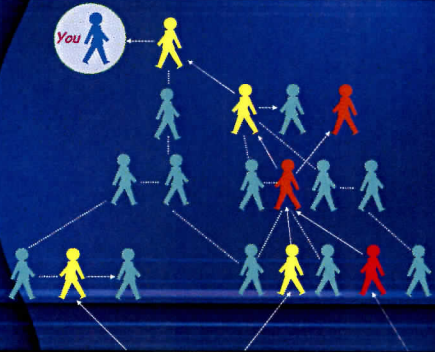
Quick Fact:

Male and female condoms reduce – but don't eliminate – the chances of STD transmission. They only reduce the chance.

This is because some STDs might infect areas not covered by a condom.

26

But...even if you have unprotected sex with just one person... you can't really know about his/her sex partners... or their sex partners – or the STDs that *could* be passed to you.



27

How you can protect yourself:

5) Avoid use of alcohol or drugs – these substances can impair your judgment leading to dangerous behavior.

28

How you can protect yourself:



If you have had sex or become sexually active reach out to a parent or other trusted adult and consult a doctor to ensure you have not contracted an STD.

You may seek medical attention on your own.

If you suspect you have an STD, do not try to treat it with over the counter drugs. They will not work. You must seek medical attention.

29

Key STD Facts for Teens



If you get an STD - ALL sex partners should be informed that they might have an STD – even if they have no symptoms.

Reinfection by untreated partners is common.

In order to allow the body to heal, stop sexual activity and closely follow the doctor's instructions.

30

Myth Busters: True or False?

- Herpes and HIV are incurable life-long infections.
TRUE
- Several STDs increase the chances for HIV transmission and HIV infection.
TRUE
- Infections, birth defects, and stillbirth can result from STDs.
TRUE

31

Myth Busters: True or False?

- People with STDs usually will feel some kind of pain or see some sign of infection.
FALSE
- STDs are passed by intimate sexual contact (vaginal, anal, oral) between partners.
TRUE
- The chance of passing STDs through oral sex is very low.
FALSE

32

Myth Busters: True or False?

- STDs usually happen to people who aren't "clean".
FALSE
- One out of every four sexually active teens will get an STD this year
TRUE

33

Myth Busters: True or False?

- STDs are commonly transmitted even when no signs or symptoms are present.
TRUE
- Abstinence is the only way to ensure you will not contract an STD.
TRUE

34

Any questions?

35



Sexually Transmitted Diseases – What You Should Know

Disease Viral or bacterial?	Transmission	Symptoms	Treatment	Permanent effects
Gonorrhea				
Chlamydia				
Hepatitis B				
Herpes Simplex				
HPV				

Sexually Transmitted Diseases – What You Should Know

- What factors contribute to high rates of STDs in the teenage population?
- What is the most effective way to protect yourself from contracting any STD?
- What are other means of reducing the risk of contracting an STD?

STD Summary Grid (page 1 of 2)

STD	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Chlamydia (bacteria) 2.8 million new cases every year in the USA	<ul style="list-style-type: none"> Chlamydia bacteria in sexual fluids or discharge passed from an infected person to an uninfected person by vaginal or anal sex. Transmission may occur through oral sex (penis in mouth) with an infected person. Transmission may occur from mother to infant during birth. 	<p>Usually NO signs or symptoms!</p> <p>Women may experience: Unusual vaginal discharge, frequent or painful urination, pain in lower abdomen, bleeding between menstrual periods or after intercourse.</p> <p>Men may experience: Discharge from penis, frequent or painful urination, burning at the tip of the penis.</p>	Untreated or incompletely treated Chlamydia, can lead to: <ul style="list-style-type: none"> Pelvic Inflammatory Disease (PID) Tubal pregnancy Infertility Eye and lung infections in newborns Increases risk for HIV transmission by 3-5 times 	Chlamydia is detected through a urine test or swab of vaginal, cervical, oral, penile, or rectal discharge Curable with antibiotics
Gonorrhea (bacteria) 720,000 new cases every year in the USA	<ul style="list-style-type: none"> Gonorrhea bacteria in sexual fluids or discharge passed from an infected person to another by vaginal or anal sex. Transmission through oral sex (penis in mouth) with an infected person is not uncommon. Transmission may occur from mother to infant during birth. 	<p>Usually NO signs or symptoms!</p> <p>Women may experience: Unusual vaginal discharge, frequent or painful urination, pain in lower abdomen, bleeding between menstrual periods or after intercourse.</p> <p>Men may experience: Discharge from penis, frequent or painful urination, burning at the tip of the penis.</p>	<ul style="list-style-type: none"> Untreated or incompletely treated Gonorrhea, can lead to Pelvic Inflammatory Disease (PID) Tubal pregnancy Infertility Eye and lung infections in newborns Increases risk for HIV transmission by 2-5 times 	Gonorrhea is detected through a urine test or swab of vaginal, cervical, oral, penile, or rectal discharge Curable with antibiotics
Hepatitis B Virus (HBV) 43,000 new cases every year in the USA	<ul style="list-style-type: none"> Hepatitis B virus in blood, semen or vaginal fluids is passed from an infected person to an uninfected person during vaginal or anal sex. Hepatitis B is also transmitted by sharing infected needles or drug equipment. Transmission may occur from mother to infant during birth. 	<p>Common symptoms and signs include: nausea, fever, loss of appetite, dark "brownish" urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver. Over time these problems go away; however, some people have HBV for life.</p>	<p>About 6% of people infected with Hepatitis B are infectious for life and are likely to become severely ill with liver damage or liver cancer, resulting in death.</p>	<ul style="list-style-type: none"> Hepatitis B is detected through a blood test <p>Hepatitis B is NOT curable, but the immune system usually gets rid of the virus.</p> <p>There is a vaccine for HBV</p>
Herpes Simplex Viruses (HSV) 1.6 million new cases every year in the USA Estimated 45-60 million people in the US are infected with HSV-2	<ul style="list-style-type: none"> HSV-1 and HSV-2 can both be transmitted by direct contact with infectious skin, mucous membrane, blisters, or sores during anal, vaginal and oral sex. You can get Herpes even when there are no sores present. Transmission may occur from mother to infant during birth. 	<p>Painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks. These sores usually will re-appear periodically for several years.</p> <p>Women may have sores on the cervix that are painless.</p>	<p>Herpes is a life-long infection. People infected with Herpes may have outbreaks for the rest of their lives.</p> <p>Herpes encephalitis is a rare consequence and can be fatal to newborns.</p> <ul style="list-style-type: none"> Increases risk of HIV transmission by 3-6 times. 	<ul style="list-style-type: none"> HSV is commonly diagnosed by visual exam and a culture Blood tests are sometimes available, but are costly <p>Herpes is NOT curable</p> <p>Medication can reduce the duration and number of outbreaks and may reduce the chance of transmission.</p>



STD Summary Grid (page 2 of 2)

STD	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Human Immunodeficiency Virus (HIV) 56,300 new cases every year in the USA Estimated 1.1 million people in US living with HIV infection	<ul style="list-style-type: none"> HIV is in blood, semen, and vaginal fluids. HIV can be passed from an infected person to another mainly during vaginal and anal sex. HIV can be transmitted by sharing needles and drug equipment. Transmission may occur during pregnancy, childbirth, and breastfeeding 	A person can have HIV for many years before developing symptoms or other serious complications.	HIV disease is characterized by a gradual deterioration of immune functions that may lead to opportunistic infections or AIDS, which may cause death.	<ul style="list-style-type: none"> HIV antibodies can be detected through a blood test, oral swab or a urine test. HIV is NOT curable. Medication is available to treat HIV symptoms and slow the progression of HIV disease.
Human Papilloma viruses (HPV) 6.2 million new cases every year in the USA Estimated 20 million people in the US are infected	<ul style="list-style-type: none"> Approximately 40 strains of HPV are transmitted sexually. Transmission occurs by direct skin to skin contact with infected genital area, or contact with actual genital warts — usually during vaginal or anal sex. You can get HPV even if visible warts are not present. 	<p>Most people (9 of 10) with HPV do not have visible warts.</p> If warts are present, they appear most commonly on the genital or anal area. <ul style="list-style-type: none"> Males — penis, scrotum, anus Females — vulva, cervix, vagina, anus 	Cervical cancer is associated with some HPV strains. <ul style="list-style-type: none"> Regular Pap testing (to detect cervical cancer in the early stages) is recommended for young women who have ever had sex. The vast majority of persons with HPV (>90%) will likely self-resolve the infection. 	<ul style="list-style-type: none"> Genital warts can be removed, but the virus can still be present, and warts frequently will grow back. A new vaccine against HPV is available for males and females.
Pubic Lice External Parasites commonly called "crabs."	Close physical contact or using the clothing, bedding or towels of an infected person.	Intense itching in genital or anal region, and/or where there is body hair.	Discomfort and infection of others.	<ul style="list-style-type: none"> Pubic Lice is detected by visual examination Curable with over-the-counter shampoos and creams as well as washing all clothing and bedding. Is not transferred during birth.
Trichomoniasis (protozoa) 7.4 million new cases every year in the USA	Trichomoniasis is passed in sexual fluids or discharge from an infected person to an uninfected person by vaginal sex.	Woman experience signs and symptoms more often than men. Women may experience: Frothy, smelly, yellow-green vaginal discharge, itching, burning or pain in vagina. Men may experience: Discharge from penis.	Untreated or incompletely treated Trichomoniasis can lead to pre-term births for infected pregnant women. <ul style="list-style-type: none"> Increases risk of HIV transmission by 3-5 times. 	<ul style="list-style-type: none"> Trichomoniasis is detected with a swab of vagina or penis. Curable with antibiotics

Incidence and prevalence data obtained from: Weinstock, Berman, Cates. Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000. Perspectives on Sexual and Reproductive Health. 2004. 36(1): 6-10. *Trends in Reportable Sexually Transmitted Diseases in the United States. 2006. National Surveillance Data for Chlamydia, Gonorrhea, and Syphilis. CDC. November 2007. CDC, HIV/AIDS Surveillance Report, Volume 18. Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2006.*



Day 5



DAY 5

PREVENTING

PREGNANCY





Preventing an Unplanned Pregnancy

DIRECTIONS Read the following story, and write your answers to each question before coming to class.

Ms. Rodriguez was visiting the local clinic with her twin 12-year old children, Marcus and Renee. It was time for their annual checkup. The doctor, Elena Patel, had completed a routine physical examination on each child and had sent them back to the waiting room. Dr. Patel asked Ms. Rodriguez to stay in the examination room, so she could speak with her alone.

Dr. Patel began, "You have healthy and intelligent children, and I do not think that either of them have ever had sexual intercourse. But they are getting to an age when there is going to be a great deal of pressure from their friends to have sex. Have you spoken to them about your family's values and attitudes toward pre-marital sex?" Ms. Rodriguez just sat quietly and shook her head "no". She was very uncomfortable with this discussion.

Dr. Patel continued, "I hope that both Marcus and Renee choose not to have sex at this time in their lives. But in the next few years, it may be necessary to discuss birth control methods with each of them." Ms. Rodriguez continued to sit quietly. After a moment, she replied, "Yes, I know it is time to talk about such things with my children." But silently Ms. Rodriguez wondered what she would tell her husband about her conversation with Dr. Patel.

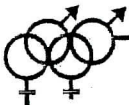
Question 1. Briefly summarize the facts in this story.

Question 2. Do you think Marcus and Renee are ready for a discussion about birth control? Why or why not?

Question 3. Why might Mrs. Rodriguez be hesitant to have this conversation with her children, or with her husband?

Question 4. How could Marcus and Renee make it easier for their parents to talk to them about sex?





BIRTH CONTROL CHOICES FOR TEENS

Levels of Effectiveness in Preventing Pregnancy or HIV/STDs

Method	Effectiveness In Preventing Pregnancy	Effectiveness In Preventing the Spread of HIV/STDs
Sexual Abstinence	100%	MOST EFFECTIVE
Non-Insertive Sexual Contact (Body Rubbing)	EFFECTIVE	NOT EFFECTIVE
Intra-Uterine Device	99%+	MAY REDUCE RISK OF HIV/STDs
Hormonal Implant	99%+	NOT EFFECTIVE
Vaginal Ring	92-99%	NOT EFFECTIVE
Depo-Provera	97-99%	NOT EFFECTIVE
Hormonal Patch	92-99%	NOT EFFECTIVE
Birth Control Pills	92-99%	NOT EFFECTIVE
Latex Condom	85-98%	VERY GOOD PROTECTION AGAINST HIV; REDUCES RISK OF OTHER STDs
Emergency Contraceptive	89-95%	NOT EFFECTIVE
Diaphragm	84-94%	NOT EFFECTIVE
Cervical Cap	71-86%	NOT EFFECTIVE
Female Condom	79-95%	REDUCES THE RISK
Spermicide (non-oxynol 9)	71-85%	NOT EFFECTIVE

Methods of Birth Control usually NOT RECOMMENDED

Sterilization
 Withdrawal ("pulling out")
 Fertility Awareness ("rhythm method")

Adapted from *Unequal Partners, 2nd Ed.* Sue Montfort and Peggy Brick, Planned Parenthood of Greater Northern New Jersey, 2000.



Preventing Unplanned Pregnancy

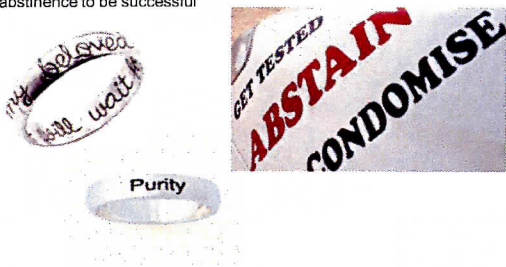


Teens & Unplanned Pregnancy

- Have you heard of the term *family planning*? What does that mean to you?
- What are reasons for delaying becoming a parent?
- Consider your collage and some of what you included about your beliefs and goals. How might an unplanned pregnancy affect you?

Abstinence

- Only 100% method of birth control
- Abstinence is when partners do not engage in sexual intercourse
- Communication between partners is important for those practicing abstinence to be successful

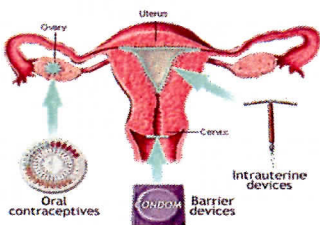


Reasons for abstaining

- Moral or religious values
- Personal beliefs
- Medical reasons
- Not feeling ready for an emotional, intimate relationship
- Future plans

Common Types of Birth Control

- Hormonal
- Barrier



Hormonal Methods

- Oral Contraceptives (Birth Control Pill)
- Injections (Depo-Provera)
- Implants (Norplant I & II)
- *These require a prescription from a doctor and medical supervision*

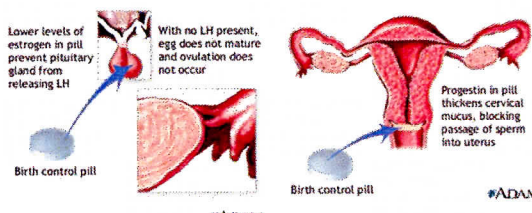
Birth Control Pills

- Pills can be taken to prevent pregnancy
- Pills are safe and effective when taken properly
- Pills are over 99% effective
- Women must have a pap smear with a doctor to get a prescription for birth control pills
- Pills DO NOT prevent STD's



How does the pill work?

- Stops ovulation
- Thins uterine lining
- Thickens cervical mucus




Effects of Birth Control Pills

❖ Prevents pregnancy	❖ Breast tenderness
❖ May decrease menstrual cramps	❖ Nausea
❖ May shorten or regulate periods	❖ Increase in headaches
❖ May decrease acne	❖ Can cause moodiness
	❖ Weight change
	❖ May cause spotting

Effects of Birth Control Pills vary by the type of pill used and the woman's body.

Other Hormonal Contraceptives

- Birth control shots, patches, and implants are prescribed by a doctor to prevent pregnancy
- Work similar to birth control pills
- Side effects vary and are similar to those from birth control pills
- Emergency Contraceptive pills can reduce chance of pregnancy by 75% if taken within 72 hours of

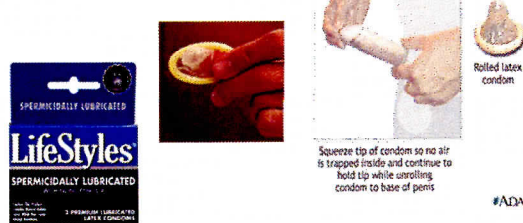


BARRIER METHODS

- Spermicides
- Male Condom
- Female Condom
- Diaphragm
- Prevents pregnancy blocks the egg and sperm from meeting
- Barrier methods have higher failure rates than hormonal methods due to design and human error

Male Condom

- Most common and effective barrier method when used properly
- Latex and Polyurethane should only be used in the prevention of pregnancy and spread of STD's (including HIV)
- Most effective when combined with a spermicide



Squeeze tip of condom so no air is trapped inside and continue to hold tip while unrolling condom to base of penis

Female Condom

- Made as an alternative to male condoms
- Polyurethane
- Physically inserted in the vagina
- Perfect rate = 95%
- Typical rate = 79%
- Woman can use female condom if partner refuses



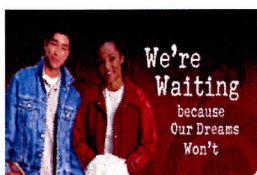
Withdrawal

- Removal of penis from the vagina before ejaculation occurs
- **NOT** a sufficient method of birth control by itself
- Effectiveness rate is 80% (very unpredictable in teens, wide variation)
- 1 of 5 women practicing withdrawal become pregnant
- Very difficult for a male to 'control'
- Provides no protection against disease



SOMETHING TO THINK ABOUT...

Couples who use no birth control have a **85% chance of a pregnancy within the first year.**



BIRTH CONTROL CHOICES FOR TEENS

Levels of Effectiveness in Preventing Pregnancy and HIV/STDs

METHOD	EFFECTIVENESS in PREVENTING PREGNANCY	EFFECTIVENESS in PREVENTING INFECTION	ADVANTAGES	DISADVANTAGES, POSSIBLE PROBLEMS
<p>THE PILL</p> <p>Prescription pills composed of various hormones, taken once per day.</p>	<p>NEARLY 100% EFFECTIVE</p> <p>Birth control pills are very effective in the prevention of pregnancy. Combination pills work best when taken every day. Progestin-only pills must be taken at the same time every day to keep the correct hormone level in a woman's body.</p> <ul style="list-style-type: none"> • Less than 1 out of 100 women will get pregnant if they always take the pill each day as directed. • About 9 out of 100 women will get pregnant each year if they do not always take the pill each day as directed. • The pill may be slightly less effective for women who are very overweight. 	<p>NOT EFFECTIVE</p> <p>The Pill is not effective protection against HIV/STDs, and must be used with a condom to reduce the risk of HIV/STDs.</p>	<p>The Pill protects against pregnancy when taken daily; often causes less acne and menstrual cramping; nothing to insert before intercourse.</p>	<p>The Pill must be taken daily; rare but serious health risks; side effects may include changes in mood or weight; must use condom to reduce HIV/STDs.</p> <p>Bleeding between periods, breast tenderness, nausea and vomiting</p>
<p>LATEX CONDOM</p> <p>Unrolled over erect penis prior to any oral, anal or vaginal sexual fluid contact.</p>	<p>SOMEWHAT EFFECTIVE</p> <p>Condoms are 85-98% effective in preventing pregnancy. Use with spermicide recommended.</p> <ul style="list-style-type: none"> • Two out of 100 women will get pregnant if they use a latex condom correctly. 18 out of 100 women will get pregnant if they do NOT always. • If allergic to latex, polyurethane condoms are recommended. 	<p>VERY GOOD</p> <p>Latex condoms offer very good protection against HIV, and reduce the risk of other STDs.</p>	<p>Inexpensive and easy to buy; can be used in combination with other forms of birth control.</p>	<p>Must be used consistently and correctly; cannot be used with oil-based lubricants; spermicide may irritate or inflame skin; loss of sensation or breakage.</p>



METHOD	EFFECTIVENESS in PREVENTING PREGNANCY	EFFECTIVENESS in PREVENTING INFECTION	ADVANTAGES	DISADVANTAGES, POSSIBLE PROBLEMS
<p>VAGINAL RING</p> <p>A flexible ring, two inches in diameter, that is inserted in the vagina once a month, where it releases hormones for three weeks.</p>	<p>NEARLY 100% EFFECTIVE</p> <ul style="list-style-type: none"> The vaginal ring is very effective when a woman inserts it; keeps it in place for three weeks; takes it out for one week, and then inserts a new ring. That keeps the correct level of hormone in a woman's body. Less than 1 out of 100 women will get pregnant each year if they always use NuvaRing as directed. About 89 out of 100 women will get pregnant if they do not always use NuvaRing as directed. 	<p>NOT EFFECTIVE</p> <p>The NuvaRing is not effective against HIV/STDs, and must be used with a condom to reduce the risk of HIV/STDs.</p>	<p>Protects against pregnancy for one month; no pill or spermicide; does not require "fitting" by a clinician.</p>	<p>Side effects that may clear up include bleeding, moodiness, weight gain or loss, tender breasts and nausea. Must use a condom with the NuvaRing to reduce risk of HIV/STDs.</p> <p>Certain medications may decrease the effectiveness. Talk to your health care provider to discuss which may do this.</p>
<p>DEPO-PROVERA</p> <p>Injection of hormone into woman's arm or buttocks every 12 weeks.</p>	<p>NEARLY 100% EFFECTIVE</p> <p>The birth control shot is one of the most effective methods of birth control available. It works best when the birth control shot is given regularly every 12 weeks.</p> <ul style="list-style-type: none"> Less than 1 out of 100 women will get pregnant if they always use the birth control shot as directed. About 6 out of 100 women will get pregnant if they do not always use the birth control shot as directed. 	<p>NOT EFFECTIVE</p> <p>Depo-Provera is not effective against HIV/STDs; must be used with latex condom to reduce risk of HIV/STDs.</p>	<p>Protects against pregnancy for up to 12 weeks; no pill; nothing to insert before intercourse.</p>	<p>Side effects may include weight gain, depression, and headaches. Irregular menses/periods which varies greatly from person to person. Must use condom to reduce risk of HIV/STDs.</p>

Adapted from *Birth Control* (Planned Parenthood Federation of America). Available on the web at <http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>





BIRTH CONTROL CHOICES FOR TEENS Levels of Effectiveness in Preventing Pregnancy and HIV/STDs

METHOD	EFFECTIVENESS in PREVENTING PREGNANCY	EFFECTIVENESS in PREVENTING INFECTION	ADVANTAGES	DISADVANTAGES, POSSIBLE PROBLEMS
<p>EMERGENCY CONTRACEPTION This method helps prevent pregnancy. It is not the same as the abortion pill. It can reduce the risk of unplanned pregnancy by at least 75% when initiated within 3 days of unprotected sex.</p> <p>The hormone in the morning-after pill works by keeping a woman's ovaries from releasing eggs. Pregnancy cannot happen if there is no egg to join with sperm. The hormone in the morning-after pill also prevents pregnancy by thickening a woman's cervical mucus. The mucus blocks sperm and keeps it from joining with an egg.</p>	<p>SOMEWHAT EFFECTIVE Plan B, One-Step, and Next Choice reduce the risk of pregnancy by 89-95 percent when started within 72 hours after unprotected intercourse. They continue to reduce the risk of pregnancy up to 120 hours after unprotected intercourse, but they are less effective as time passes.</p>	<p>NOT EFFECTIVE A morning-after pill offers NO protection against sexually transmitted diseases or infections. You may want to consider STD testing if you have had unprotected sex.</p>	<p>Emergency contraception is safe. A morning-after pill does not have the same risks as taking the pill or other hormonal birth control methods continuously. There have been no reports of serious complications.</p>	<p>Nausea and throwing up are the most common side effects. Less than 1 out of 4 women feel sick when they take them. Many women find it helpful to take the emergency contraception pills with a full stomach. Other side effects of the morning-after pill may include:</p> <ul style="list-style-type: none"> • breast tenderness, • irregular bleeding, • dizziness, • headaches. <p>If you use the morning-after pill frequently, it may cause your period to become irregular. Emergency contraception should not be used as a form of ongoing birth control because there are other forms of birth control that are a lot more effective.</p> <p>Weight and certain medications may affect the efficacy of some EC pills. Talk to your health care provider for more information.</p>

METHOD	EFFECTIVENESS in PREVENTING PREGNANCY	EFFECTIVENESS in PREVENTING INFECTION	ADVANTAGES	DISADVANTAGES, POSSIBLE PROBLEMS
<p>HORMONAL PATCH A thin, beige, plastic patch that is placed on the skin for 3 weeks at a time. It releases hormones that prevent ovulation.</p>	<p>NEARLY 100% EFFECTIVE The birth control patch is very effective for preventing pregnancy. It works best when it is always placed on the skin on time, which keeps the correct level of hormone in a woman's body.</p> <ul style="list-style-type: none"> • Less than 1 out of 100 women will get pregnant each year if they always use hormonal patch as directed. • About 9 out of 100 women will get pregnant each year if they do not always use hormonal patch as directed. • The patch may be less effective for women who weigh more than 198 pounds. 	<p>NOT EFFECTIVE The hormonal patch is not effective protection against HIV/STDs, and must be used with latex condom to reduce risk of HIV/STDs.</p>	<p>Protects against pregnancy for up to one month; no pill; nothing to insert before intercourse.</p>	<p>Some risk of blood clots; possible irregular bleeding and nausea; may irritate skin; must use condom to reduce risk of HIV/STDs. Certain medications may decrease the effectiveness. Talk to your health care provider to discuss which may do this.</p>
<p>DIAPHRAGM CERVICAL CAP A flexible ring around a latex cap inserted to cover the cervix.</p>	<p>SOMEWHAT EFFECTIVE Diaphragm: If women always use the diaphragm as directed, 12 out of 100 will become pregnant each year. If women don't always use the diaphragm as directed, 16 out of 100 will become pregnant each year. Cervical Cap: For women who have never been pregnant or given birth vaginally, 14 out of 100 who use the cervical cap will become pregnant each year. For women who have given birth vaginally, 29 out of 100 who use the cervical cap will become pregnant each year.</p>	<p>NOT EFFECTIVE Diaphragms and Cervical Caps are not effective protection against HIV/STDs, and must be used with latex condoms to reduce the risk of HIV/STDs.</p>	<p>No major health concerns; can last several years.</p>	<p>The diaphragm must stay in place at least six hours after vaginal intercourse. Should not be left in for more than 24 hours. Can cause skin irritation or infection. Cervical cap may be difficult for some women to use or they could experience problems with fit. Should not be left in place for more than 48 hours. Allergic reactions or irritation due to spermicide, latex, or rubber can occur.</p>

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BIRTH CONTROL CHOICES FOR TEENS Levels of Effectiveness in Preventing Pregnancy and HIV/STDs

METHOD	EFFECTIVENESS in PREVENTING PREGNANCY	EFFECTIVENESS in PREVENTING INFECTION	ADVANTAGES	DISADVANTAGES, POSSIBLE PROBLEMS
<p>IUD</p> <p>The letters IUD mean "intrauterine device." IUDs are "T-shaped" devices made of flexible plastic. A health care provider inserts an IUD into a woman's uterus to prevent pregnancy. IUDs prevent sperm from joining with an egg. Some people say that this keeps a fertilized egg from attaching to the lining of the uterus, but there is no proof that this actually happens. The hormone progesterin in the IUD helps prevent pregnancy by keeping a woman's ovaries from releasing eggs. Progesterin also prevents pregnancy by thickening a woman's cervical mucus. The mucus blocks sperm and keeps it from joining with an egg.</p>	<p>NEARLY 100% EFFECTIVE</p> <p>IUDs are one of the most effective forms of birth control available. Less than 1 out of 100 women will get pregnant each year if they use the ParaGard or the Mirena IUD.</p> <p>Can last 3-10 years depending on the type chosen.</p>	<p>NOT EFFECTIVE</p> <p>The IUD does not protect against sexually transmitted infections. Use a latex or female condom along with the IUD to reduce the risk of infection.</p>	<p>IUDs are among the least expensive, longest lasting forms of birth control available to women today.</p> <ul style="list-style-type: none"> • The ParaGard IUD does not change a woman's hormone levels. • The Mirena IUD may reduce period cramps and make your period lighter. • IUDs can be used during breastfeeding. • The ability to become pregnant returns quickly once an IUD is removed. • Some women may worry that they are pregnant if they do not have a regular period, but the IUD is very effective. If concerned about a possible pregnancy, you can always take a pregnancy test. • Ninety-nine percent of IUD users are satisfied with their choice. 	<p>Side effects may include:</p> <ul style="list-style-type: none"> • mild to moderate pain when the IUD is put in; • cramping or backache for a few days after insertion; • spotting between periods in the first 3 - 6 months; • irregular periods in the first 3 - 6 months with Mirena IUD; • heavier periods and worse menstrual cramps with ParaGard IUD. • Serious problems with the IUD are rare.





METHOD	EFFECTIVENESS in PREVENTING PREGNANCY	EFFECTIVENESS in PREVENTING INFECTION	ADVANTAGES	DISADVANTAGES, POSSIBLE PROBLEMS
<p>FEMALE CONDOM or SPERMICIDE</p> <p>The female condom and/or spermicide is inserted into the vagina.</p>	<p>SOMEWHAT EFFECTIVE</p> <p><i>Female condom:</i> If women always use the female condom correctly, 5 out of 100 will become pregnant each year. If women don't always use the female condom correctly, 21 out of 100 will become pregnant each year.</p> <p><i>Spermicide:</i> If women always use spermicide as directed, 15 out of 100 will become pregnant each year. If women don't always use spermicide as directed, 29 out of 100 will become pregnant each year.</p>	<p>REDUCES RISK</p> <p>A female condom reduces the risk of HIV/STDs. Spermicides offer no protection from infection.</p>	<p>Inexpensive and easy to buy; can be used in combination with other forms of birth control; female condoms can be used by persons allergic to latex or spermicide.</p> <p>Can be used with oil-based as well as water-based lubricants.</p>	<p><i>Female condom</i> may be noisy, may slip, or may irritate skin.</p> <p><i>Spermicide</i> may be irritating and messy, and is not very effective in pregnancy prevention.</p>
NOT RECOMMENDED				
<p>WITHDRAWAL ("PULLING OUT")</p> <p>FERTILITY AWARENESS ("RHYTHM METHOD")</p> <p>STERILIZATION</p>	<p>NOT EFFECTIVE</p> <p>Withdrawal and the "rhythm method" offer NO protection against pregnancy.</p>	<p>NOT EFFECTIVE</p> <p>Withdrawal, the "rhythm method" and sterilization offer NO protection against infection.</p>	<p>No advantages.</p> <p>Not recommended.</p>	<p>Pregnancy and/or HIV/STD infection.</p>

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BIRTH CONTROL CHOICES FOR TEENS Levels of Effectiveness in Preventing Pregnancy and HIV/STDs

METHOD	EFFECTIVENESS in PREVENTING PREGNANCY	EFFECTIVENESS in PREVENTING INFECTION	ADVANTAGES	DISADVANTAGES, POSSIBLE PROBLEMS
<p>CONTINUOUS ABSTINENCE Continuous abstinence means never having insertive anal, oral or vaginal sex.</p>	<p>100% EFFECTIVE Continuous abstinence is effective in preventing pregnancy.</p>	<p>PREVENTS Continuous abstinence prevents sexually transmitted infections.</p>	<p>No medical or hormonal side effects; endorsed by many religious groups; good way to postpone the physical and emotional risks of sex.</p>	<p>May be difficult to sustain; men and women may become sexually active without adequate plans for protection against pregnancy or STDs.</p>
<p>OUTERCOOURSE Outercoourse means kissing, masturbation, massage, etc., but no insertive anal, oral or vaginal sex.</p>	<p>NEARLY 100% EFFECTIVE Outercoourse is effective in preventing pregnancy unless semen gets onto the labia or into vagina.</p>	<p>REDUCES RISK Outercoourse reduces the risk of HIV/STDs unless vaginal fluids or semen are exchanged; some STDs can be spread skin-to-skin.</p>	<p>No hormonal side effects; can be safer sex if no fluids are exchanged; can be used when no other birth control methods are available.</p>	<p>Outercoourse may lead to intercourse; sperm may come in contact with the vagina.</p>
<p>HORMONAL IMPLANT A thin, flexible plastic implant about the size of a cardboard matchstick is inserted under the skin of the upper arm.</p>	<p>NEARLY 100% EFFECTIVE Less than 1 out of 100 women a year will become pregnant using Implanon.</p>	<p>NOT EFFECTIVE The hormonal implant is not effective against HIV/STDs, and must be used with a latex condom to reduce the risk of HIV/STDs.</p>	<p>The hormonal implant is safe and convenient. It lasts for up to 3 years. The implant can be used while breast feeding and by women who can't take estrogen; gives continuous birth control without sterilization, there's no medicine to take every day or device to insert. The ability to become pregnant returns quickly when you stop using it.</p>	<p>Irregular bleeding is the most common side effect, especially in the first 6 - 12 months. For most women, periods become fewer and lighter. After a year, 1 out of 3 women stop having periods. Some women have increased spotting and light bleeding between periods, or longer, heavier periods. Certain medications may decrease the effectiveness. Talk to your health care provider to discuss which may do this.</p>





Contraceptive Internet Scavenger Hunt

Use the following websites to do your research:

1. www.teenshealth.org
2. www.Iwannaknow.org
3. <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>

Contraceptive Method	Advantages	Disadvantages	Effectiveness
Abstinence			
Birth control pill			
Condom (Male)			
Condom (Female)			
Emergency contraception			
Fertility awareness method (rhythm)			

Contraceptive Method	Advantages	Disadvantages	Effectiveness
IUD			
Nuva Ring			
Spermicides			
Outercourse			
Withdrawal			

Which of the contraceptives are highly effective in preventing pregnancy AND preventing the transmission of sexually transmitted diseases?

Day 6



DAY 6

PREVENTING

PREGNANCY



Pregnancy Myths & Truths

Pregnancy Myths & Truths

1. A female can't get pregnant if she is on her period.

Pregnancy Myths & Truths

1. A female can't get pregnant if she is on her period.

False

Sperm can survive inside of a female anywhere from a day to up to a week, which means that sperm can be waiting for an egg to fertilize when you ovulate. In addition, at a young age most girl's menstrual cycles are irregular.

Pregnancy Myths & Truths

2. If a man does not ejaculate inside of a woman she can't get pregnant.

Pregnancy Myths & Truths

2. If a man does not ejaculate inside of a woman she can't get pregnant.

False

Males have something called "pre-ejaculate" which is a small amount of fluid that come out prior to ejaculation. It contains THOUSANDS of sperm, so even if he does not ejaculate inside, she can still get pregnant from the pre- ejaculate.

Pregnancy Myths & Truths

3. If a man does not put his penis inside of a woman she can't get pregnant.

Pregnancy Myths & Truths

- 3. If a man does not put his penis inside of a woman she can't get pregnant.**

False

Pregnancy can occur when a male ejaculates in, NEAR, or on a female's vagina. Even if there is no vaginal sex, there is still a chance of getting pregnant if there is naked body contact.

Pregnancy Myths & Truths

- 4. A female can get pregnant anytime she has sexual intercourse, even if it is her first time.**

Pregnancy Myths & Truths

- 4. A female can get pregnant anytime she has sexual intercourse, even if it is her first time.**

True

A female can get pregnant any or every time she has sexual intercourse, even if it is the first time, and even if the hymen is not broken.

Pregnancy Myths & Truths

- 5. After having sexual intercourse, a female can wash out her vagina and she won't get pregnant.**

Pregnancy Myths & Truths

- 5. After having sexual intercourse, a female can wash out her vagina and she won't get pregnant.**

False

Whether a female is washing with hot water, soap, or using a douche, it won't make a difference. Sperm are really fast swimmers and will get to their destination before you even have a chance to think about it. In addition, using something like a douche may actually help them along by giving them an extra thrust into the cervix.

Pregnancy Myths & Truths

- 6. Birth control pills cause cancer**

Pregnancy Myths & Truths

- 6. Birth control pills cause cancer**
False

There are no links to birth control and cancer.

Pregnancy Myths & Truths

- 7. If a condom is not available, use saran wrap or a balloon and it will work the same**

Pregnancy Myths & Truths

- 7. If a condom is not available, use saran wrap or a balloon and it will work the same**

False, false, false

Nothing can take the place of a condom - a lunch baggie, balloon, or saran wrap. These items are not made the same as a condom. If you do not have a reliable contraceptive **DO NOT** engage in any sexual activity.

Pregnancy Myths & Truths

- 8. Abstinence (not having sexual intercourse) is the ONLY way a female can't get pregnant.**

Pregnancy Myths & Truths

- 8. Abstinence (not having sexual intercourse) is the ONLY way a female can't get pregnant.**

TRUE, TRUE, TRUE!!!

Remember that any and every time there is sexual intercourse a female can get pregnant. The only way to prevent pregnancy or getting an STD is to **NOT** engage in **ANY** sexual activity.

Pregnancy Myths & Truths

- 9. No matter the position, a female can get pregnant if she has sexual intercourse.**

Pregnancy Myths & Truths

9. No matter the position, a female can get pregnant if she has sexual intercourse.

True

Again, anytime sexual intercourse occurs no matter where it is, how it is done, first time or not, a female can get pregnant.

Pregnancy Myths & Truths

10. A female can get pregnant if swimming in a pool if there is sperm.

Pregnancy Myths & Truths

10. A female can get pregnant if swimming in a pool if there is sperm.

False

If a man ejaculates into the water (yuck) it is highly unlikely that a woman will get pregnant. The conditions need to be just right for sperm to survive. In addition pools or hot tubs have chemicals that would kill them.

Pregnancy Myths & Truths

11. Hot tubs can kill sperm, so it is safe to have sex in a hot tub.

Pregnancy Myths & Truths

11. Hot tubs can kill sperm, so it is safe to have sex in a hot tub.

False

Like previously mentioned, hot tubs have chemical in them that kill sperm BUT if the actual act of sex is occurring anywhere, a female can get pregnant. Again, it does not matter where sexual intercourse occurs, if it happens, pregnancy can occur.

Pregnancy Myths & Truths

12. A female cannot get pregnant if she has anal sex.

Pregnancy Myths & Truths

- 12. A female cannot get pregnant if she has anal sex.**

True

The anus IS NOT a reproductive organ, so if a male ejaculates in the anus, a female cannot get pregnant; **HOWEVER**, the vaginal opening and the anus are very close to each other so there is a chance that sperm could leak into the vagina and travel to fertilize an egg.

** The anus is a place where human WASTE is excreted **

Pregnancy Myths & Truths

- 13. Oxygen kills sperm.**

Pregnancy Myths & Truths

- 13. Oxygen kills sperm.**

False

Once sperm is dry it is dead and cannot travel to fertilize an egg. Sperm can live several days if it is warm and moist.

Pregnancy Myths & Truths

- 14. Each ejaculation carries about 300 million sperm.**

- 15. Only one sperm is needed to get a girl pregnant.**

Pregnancy Myths & Truths

- 14. Each ejaculation carries about 300 million sperm.**

- 15. Only one sperm is needed to get a girl pregnant.**

True, True

One ejaculation carries 300 million sperm and only **ONE** is needed to get pregnant.

Pregnancy Myths & Truths

- 16. Teens are more fertile (can get pregnant easier) than women who are older.**

Pregnancy Myths & Truths

16. Teens are more fertile (can get pregnant easier) than women who are older.

True

Pregnancy Myths & Truths

17. A girl can't get pregnant if a man only penetrates for a few seconds.

Pregnancy Myths & Truths

17. A girl can't get pregnant if a man only penetrates for a few seconds.

False

Any and every time there is sexual intercourse a female can get pregnant, even if ejaculation does not occur.

Pregnancy Myths & Truths

19. The US teenage pregnancy rate is 9% that means for every 10 girls 1 will get pregnant.

Pregnancy Myths & Truths

19. The US teenage pregnancy rate is 9% that means for every 10 girls 1 will get pregnant.

True

For every ten girls one will get pregnant before she turns 20 years old.

Pregnancy Myths & Truths

20. I choose abstinence because I value, respect and look forward to my future. I also know that having a child would mean life would be much more difficult for me, my family and my partner. I am not ready to be a mother or father, I am just a kid myself- even if I think/feel that I am an adult.

Pregnancy Myths & Truths

20. I choose abstinence because I value, respect and look forward to my future. I also know that having a child would mean life would be much more difficult for me, my family and my partner. I am not ready to be a mother or father, I am just a kid myself – even if I think/feel that I am an adult.

True



Pregnancy: Myths and Facts

1 - Myth: A female can't get pregnant if she has her period.

Fact: You can get pregnant if you have vaginal sex while you have your period. Sperm can survive inside of you anywhere from a day to almost a week, which means that the sperm could still be waiting for an egg to fertilize when you ovulate. If you decide to have sex while you have your period, you should still use birth control. And you should always use a condom since it is the only effective protection we have against sexually transmitted infections (STIs). STIs don't care if you have your period or not, they can be passed on to you at anytime so it's best to protect yourself every time you have sex. If you think you may be pregnant, take a home pregnancy test right away. Ultra sensitive home pregnancy tests can give you results as quickly as six to eight days after conception.

2 - Myth: A female can't get pregnant if he doesn't ejaculate inside of her.

Fact: You can get pregnant if your partner ejaculates inside your vagina or on or near your vulva (this is your external genitals including the opening to your vagina). There is also something called preejaculate which is a small amount of fluid that contains thousands of sperm. It is called preejaculate because your partner releases it before he actually ejaculates. Because of preejaculate, the withdrawal method (when your partner pulls out before he climaxes) is not a reliable birth control method.

3 - Myth: A female can't get pregnant if he doesn't put his penis inside of her.

Fact: Pregnancy can occur when your partner ejaculates or preejaculates near or on your vulva. Even if you and your partner do not engage in vaginal sex, there is still a chance of getting pregnant if there is naked body contact. So use birth control, like a condom, which will also help to protect you from STIs.

4 - Myth: A female can't get pregnant the first time she has sex.

Fact: You can get pregnant any and every time you have sex, it doesn't matter if it is your first time or not. Plus, females are the most fertile when they are teenagers and in their early 20s, so always use a reliable form of birth control.

5 - Myth: The Higher Temperatures of Hot Tubs and Jacuzzis Help Prevent Pregnancy.

Many people believe that it is safe to have sex in a hot tub or Jacuzzi due to the mistaken belief that the heat in a hot tub kills sperm. Although being in a hot tub for more than 30 minutes may slightly lower sperm count, it does not decrease the number of sperm to a safe amount. Even with the lower sperm count, a man can still ejaculate 200 to 500 million healthy sperm, and it only takes one to fertilize an egg.

6 - Myth: Use Saran Wrap (or a Balloon) if You Can't Find a Condom

Yes, this is a myth floating around out there! Saran wrap is no substitute for a condom. If you do not have a reliable birth control method handy, do not use plastic Sandwich wrap around a penis as a way to prevent pregnancy. It does not work (neither does using a balloon, so don't try that either). On a somewhat related note, never use toothpaste in place of a spermicide (it does not kill sperm -- as many people have heard).

7 - Myth: A female can't get pregnant if her hymen doesn't break.

Fact: Your hymen has nothing to do with your ability to get pregnant. As well, many girls' hymens don't

break when they have sex for the first time (you might have also heard of this as popping the cherry). The hymen is a thin piece of skin that stretches across the opening of your vagina.

8 - Myth: If a female washes out her vagina after sex, she won't get pregnant.

Fact: Whether you wash with hot water, soap, or use a douche, it won't make a difference. Sperm are really fast swimmers and will get to their destination before you even have the chance to think about it. Additionally, using something like a douche may actually help them along by giving them an extra thrust into your cervix. Also, your body works naturally to suck the sperm up into the womb, so washing after sex won't help you prevent a pregnancy. Only birth control will.

9 - Myth: Birth Control Pills Cause Cancer

Though there may sometimes be side effects with the pill, it has not been conclusively linked to cancer; the most recent research suggests that the pill has little, if any, effect on the risk of developing breast cancer. In fact, according to Planned Parenthood, women who use the Pill are only 1/3 as likely to get cancer or the ovaries or lining of the uterus as those who do not. Protection against developing these cancers increases with each year of use and can last up to 30 years after stopping the combination pill.

10 - Myth: A Female Can't Get Pregnant if She Has Sex During Her Period

Many women (and men) believe this myth. It is possible for a female to get pregnant at any time during her menstrual cycle. Generally, when you are having your period, it means that you are not ovulating. If this is the case, then you will not get pregnant. However, females with irregular or shorter cycles can actually ovulate during their period. It is not guaranteed that you will ovulate mid-cycle. Sperm can live inside a woman's body for up to 5 days, so if you ovulate anytime within 7 days of having unprotected sex, you could become pregnant.

11 - Myth: Having Sex Standing Up Works as a Contraceptive

Myths surrounding the way you have sex are very common. The most frequent one that I hear is that you can't get pregnant if you are standing up while having sex. On a similar note, there are stories that you are less likely to get pregnant the fewer times that you have had sex. A note to the wise: Any advice you stumble across that depends on how many times you have had sex or the position you are in while engaging in intercourse is not a birth control method and will most likely result in failure.

12 - Myth: You Can Get Pregnant if Swimming in a Pool Where There is Sperm.

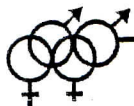
This is also a common myth. If a man ejaculates into the water, it is highly unlikely that a woman will get pregnant. There are many explanations as to why women cannot get pregnant just by swimming in a pool where sperm may be present. If ejaculation takes place in hot water (like a hot tub or Jacuzzi, or water filled with pool chemicals, bubbles, chlorine, or other substances, sperm would not be able to survive for more than a few seconds. Also, the water in a pool is too cold for sperm to live. Sperm could last for only a few minutes if a man ejaculates in warm water with no chemicals (like a bath tub).

Pregnancy Quiz

True or False?

1. _____ A female can't get pregnant if she is on her period.
2. _____ If a man does not ejaculate inside of a woman she can't get pregnant.
3. _____ If a man does not put his penis inside of a woman she can't get pregnant.
4. _____ A female can get pregnant anytime she has sexual intercourse, even if it is her first time.
5. _____ After having sexual intercourse, a female can wash out her vagina and she won't get pregnant.
6. _____ Birth control pills cause cancer.
7. _____ If a condom is not available, use saran wrap or a balloon and it will work the same.
8. _____ Abstinence (not having sexual intercourse) is the ONLY sure way a female can't get pregnant.
9. _____ No matter the position, a female can get pregnant if she has sexual intercourse.
10. _____ A female can get pregnant if swimming in a pool if there is sperm.
11. _____ Hot tubs can kill sperm, so it is safe to have sex in a hot tub.
12. _____ A female cannot get pregnant if she has anal sex.
13. _____ Oxygen kills sperm.
14. _____ Each ejaculation carries 300 million sperm.
15. _____ Only one sperm is needed to get pregnant.
16. _____ Teens are more fertile (can get pregnant easier) than women who are older.
17. _____ A girl can't get pregnant if a man only penetrates for a few seconds.
18. _____ Teenage pregnancies cost the US over 9,000,000,000 a year
19. _____ The US teenage pregnancy rate is 9% that means for every 10 girls 1 will get pregnant.
20. _____ I choose abstinence because I value, respect and look forward to my future. I also know that having a child would mean life would be much more difficult. I am not ready to be a mother or father, I am still a child myself.





The Safe Surrender Law

- The mother *or father* can surrender the baby within 72 hours of its birth.
- Hospitals and fire departments are “safe surrender sites.” In some counties, so are police stations.
- The parent does not have to give out personal information; if the surrendering parent chooses to give their name, it will be *confidential* (kept in a private file).
- The baby is given food and medical care.
- Both the parent and the baby are given an identification bracelet.
- The father and/or mother can reclaim the baby within 14 days (the “cooling off period”) by presenting the identification bracelet.
- If the biological father decides to claim the infant, he will need to have received a bracelet from the hospital. Otherwise paternity will need to be established.
- If the baby is not reclaimed by its biological (birth) parent, it is placed for adoption.

For the full text of this law, go to <http://www.babysafe.ca.gov>





Day 7



WHAT'S YOUR ALCOHOL IQ?

1. ALCOHOL IS A STIMULANT.

- False
- Alcohol is a central nervous system **depressant**. It can appear to be a stimulant because, initially, it **depresses** the part of the brain that controls inhibitions called the **cerebrum**. So, a person will act out with less thought or self-control.
- The **cerebrum** is largest part of the brain, consisting of the right and left cerebral hemispheres.



2. UNDER THE INFLUENCE OF ALCOHOL, EVERYTHING MAY APPEAR FUZZY; DRINKERS MAY SLUR THEIR WORDS AND HAVE DIFFICULTY HEARING, TASTING, AND SMELLING.

- True
- Alcohol slows down the **cerebrum** as it works with information from your senses.

3. UNDER THE INFLUENCE OF ALCOHOL, A DRINKER'S ABILITY TO THINK, SPEAK, AND MOVE MAY SLOW WAY DOWN.

- True
- When you think of something you want your body to do, the **Central Nervous system - the brain and the spinal cord** - sends a signal to that part of the body. Alcohol slows down the central nervous system, making you think, speak, and move slower.

4. UNDER THE INFLUENCE OF ALCOHOL, DRINKERS ARE USUALLY CALM, THOUGHTFUL, AND EASYGOING.

- False
- When alcohol affects the **frontal lobes of the cerebrum**, you may find it hard to control your emotions and urges. You may act without thinking or even become violent. Drinking alcohol over a long period of time can damage the frontal lobes forever.

5. DRINKING ALCOHOL OVER A LONG PERIOD OF TIME MAY DAMAGE A PERSON'S SELF-CONTROL AND ABILITY TO PLAN, THINK, AND MAKE DECISIONS.

- True
- The brain's **frontal lobes** are important for planning, forming ideas, making decisions, and using self-control. Drinking alcohol over a long periods of time can damage the frontal lobes forever.

6. ALCOHOL DOES NOT AFFECT MEMORY.

- False
- The **Hippocampus** is the part of the brain where memories are made.
- When alcohol reaches the hippocampus, you may have trouble remembering something you just learned, such as a name or phone number. This can happen after just one or two drinks.
- Drinking a lot of alcohol quickly can cause a blackout - not being able to remember entire events, such what you did last night.
- If alcohol damages the hippocampus, you may find it hard to learn and to hold on to knowledge.

7. ALCOHOL MAY MAKE IT DIFFICULT FOR DRINKERS TO KEEP THEIR BALANCE OR HOLD ON TO THINGS.

- True
- The **cerebellum** is important for coordination, thinking, and being aware. You may have trouble with these skills when alcohol enters the cerebellum. After drinking alcohol, your hands may be so shaky that you can't touch or grab things normally. You may lose your balance and fall.

8. UNDER THE INFLUENCE OF ALCOHOL, A DRINKER MAY BE EMOTIONAL AND WEEPY.

- True
- The brain's **frontal lobes** are important for planning, forming ideas, making decisions, and using self-control. When alcohol affects the frontal lobes of the brain, you may find it hard to control your emotions and urges. You may act without thinking or even become violent. Drinking alcohol over a long period of time can damage the frontal lobes forever.

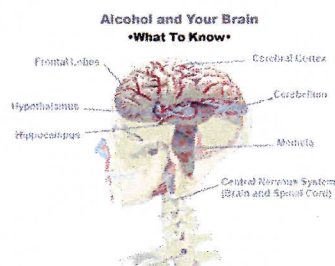
9. ALCOHOL WILL HELP A PERSON SLEEP.

- False
- The **Hypothalamus** is a small part of the brain that does an amazing number of your body's housekeeping chores. Alcohol upsets the work of the hypothalamus. After a person drinks alcohol, blood pressure, hunger, thirst, and the urge to urinate increase while body temperature and heart rate decrease.

10. DRINKING ALCOHOL WILL HELP A PERSON LOSE WEIGHT.

- False

The **Hypothalamus** is a small part of the brain that does an amazing number of your body's housekeeping chores. Alcohol upsets the work of the hypothalamus. After a person drinks alcohol, blood pressure, hunger, thirst, and the urge to urinate **increase** while body temperature and heart rate decrease.



What's Your Alcohol IQ? • What To Know •

Directions: Below are a dozen statements about how alcohol affects a person's brain activities. Some of these are misconceptions, or mistaken beliefs. Do you know which are true and which are false? Circle TRUE or FALSE for each statement.

1. Alcohol is a stimulant.

TRUE FALSE

2. Under the influence of alcohol, everything may appear to be fuzzy; drinkers may slur their words and have difficulty hearing, tasting, and smelling.

TRUE FALSE

3. Under the influence of alcohol, a drinker's ability to think, speak, and move may slow way down.

TRUE FALSE

4. Under the influence of alcohol, drinkers are usually calm, thoughtful, and easygoing.

TRUE FALSE

5. Drinking alcohol over a long period of time may damage a person's self-control and ability to plan, think, and make decisions.

TRUE FALSE

6. Alcohol does not affect memory.

TRUE FALSE

7. Alcohol may make it difficult for drinkers to keep their balance or hold on to things.

TRUE FALSE

8. Under the influence of alcohol, a drinker may be emotional and weepy.

TRUE FALSE

9. Alcohol will help a person sleep.

TRUE FALSE

10. Drinking alcohol will help a person lose weight.

TRUE FALSE

11. People attending a winter football game should drink alcohol to keep warm.

TRUE FALSE

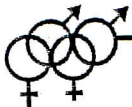
12. The more alcohol people drink, the hungrier and thirstier they will become.

TRUE FALSE



Day 8





Assertive Communication

Communicate clearly

Know your limits

Make eye contact

State your limits and expectations

Offer an alternative

Person A: *I want it!*

Person B: *You can't have it!*





NAME _____

Sample Pressure Lines

PRESSURE LINE A: Come with me to this great party. There are not going to be any adults and one of the guys is bringing some alcohol.

RESPONSE LINE A: _____

PRESSURE LINE B: If you were really my friend, you would go with me.

RESPONSE LINE B: _____

PRESSURE LINE C: I won't be your friend anymore.

RESPONSE LINE C: _____

PRESSURE LINE D: You will be totally safe with me whatever you do.

RESPONSE LINE D: _____

PRESSURE LINE E: No one will know.

RESPONSE LINE E: _____

PRESSURE LINE F: Come on, we can have a really great time.

RESPONSE LINE F: _____

PRESSURE LINE G: I don't need your permission; I'll make you do it.

RESPONSE LINE G: _____

SIGNATURE OF PARENT OR TRUSTED ADULT _____







Protect Yourself

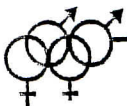
DIRECTIONS A healthy relationship is honest, equal, respectful, and responsible. Some people have identified the behaviors listed in the chart below as **warning signs** that a relationship is not honest, equal, respectful, and responsible. Check what you would probably do in each of the following situations.

Imagine Your Friend:	You Would Probably:			
	Do nothing	Discourage behavior	Seek help	End relationship
1. Makes negative comments about your clothes, body, or hair.				
2. Always decides where you will go together or what you should do.				
3. Puts you down in public.				
4. Teases you for having a crush on someone.				
5. Ignores what you want to do.				
6. Gets angry when you spend time with others.				
7. Tells you to keep secrets.				
8. Hits you and then apologizes.				
9. Your boyfriend or girlfriend touches your breasts or genitals without your verbal permission.				
10. Threatens you if you do not do what they tell you to do.				

Adapted from *Unequal Partners, 2nd Ed.* Sue Montfort and Peggy Brick, Planned Parenthood of Greater Northern New Jersey, 2000.







NAME _____

My Escape Plan

Sometimes you may find yourself in a bad situation that you need to escape from. For example:

- You are at a party where older kids are drinking or using drugs. You want to leave.
- You are at a shopping mall with some friends. Someone asks you to help them shoplift some clothes. You want to leave.

Step 1. Know your limits. Be clear and honest in your own mind about what you **will** and **will not** do.

What is your limit regarding using drugs or alcohol?

I refuse to _____

What is your limit regarding stealing things?

I refuse to _____

Step 2. Say how you feel. Do not be embarrassed or shy about letting others know you don't feel right about something. For example, complete this sentence:

What is your limit regarding using drugs or alcohol?

I don't feel right about _____

Step 3. Have someone to call. Use your phone (or borrow a phone) to call someone who can come pick you up. People I could call include:

Name: _____ Phone: _____

Name: _____ Phone: _____

Step 4. Have some place to meet. Don't just wander around. Have a pre-determined **safe location** where you could stay with other people, or where you could meet your support person in public.

Safe places I could stay or meet someone include:

Step 5. Share your plan with a trusted adult. Have them sign on the line below.

SIGNATURE OF PARENT OR TRUSTED ADULT _____





Date Rape and Sexual Assault

Know the Dangers and Protect Yourself

The Supreme Court of California confronted an important issue about how rape should be defined under the law. In *People v. John Z.*, the court held that a woman who initially consents to sexual intercourse does not thereby give up her right to end the encounter at whatever point she chooses. In other words, when a woman tells her partner to stop, and he forces her to continue, he is guilty of rape.



What is the most common date rape drug?

Alcohol

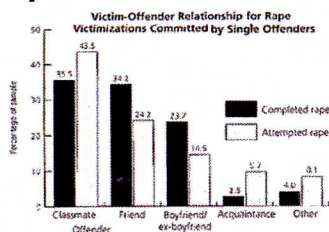


Consensual Sex

- To give consent; not enough to not say no
- If a person has had too much to drink or is on drugs they can not consent to sex and having sex with them is legally rape.
- Date Rape can be coerced both physically and emotionally - some emotional tactics include; threats to reputation, threats to not like you, name calling, saying you "brought it on" or "really want it", threats to break up and threats to say you did it even if you didn't.



More than 90% of rapes of college women involved a perpetrator she knew.



- **Rohypnol** effects begin within 30 minutes, peak within 2 hours, and last for up to 8 hours or more, depending upon the dosage. Adverse effects include memory impairment, amnesia, drowsiness, visual disturbances, dizziness, impaired motor skills and judgment, slurred speech, confusion, gastrointestinal disturbances, and urinary retention.



- **Ketamine** causes the person to feel as if their mind is "separated" from their body. The drug causes a combination of amnesia and hallucinations. Also, it stops the feeling of pain and lowers the heart rate leading to oxygen starvation the brain and muscles.



- **GHB** effects can be felt within 15 minutes after ingestion. In small amounts the effect is similar to alcohol, however, in larger doses it can have a hallucinatory effect and cause headaches, shaking, spasms, seizures, drowsiness, nausea, irregular heartbeat, and vomiting. Mixed with alcohol GHB can cause the central nervous system to shut down, lead to loss of consciousness, and possibly result in a coma or death.



Use Non-Verbal Communication
To Protect Yourself

1. Facial Expression indicating disinterest or displeasure
2. Hand motions indicating "STOP"
3. Turning your back to the person
4. Walking away



Resources

- North County Health Services
150 Valpreda Road, San Marcos, CA
(760) 736-6767
nchs-health.org
- Vista Community Clinic (6 locations)
134 Grapevine Road, Vista, CA
(760) 631-5000
vistacommunityclinic.org
- Rape Crisis Hotline/San Diego County
888-385-4657

How to protect yourself

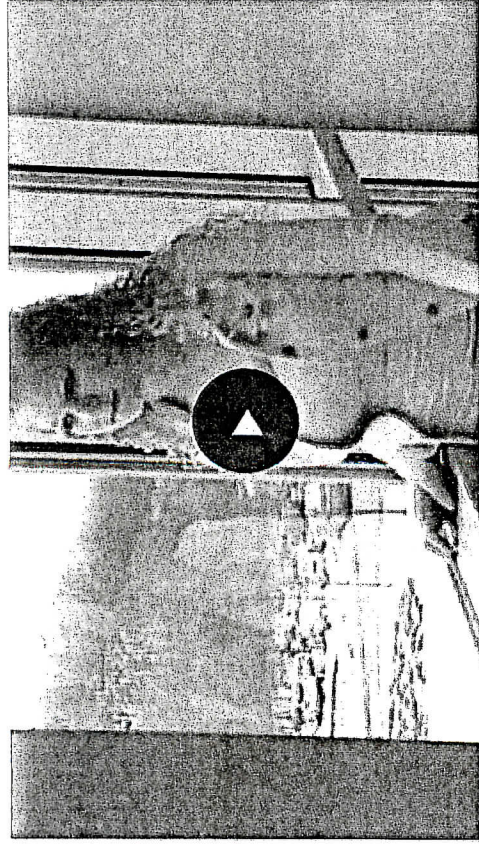
- Drink from tamper-proof bottles and cans and insist on opening them.
- Insist on pouring or watching while any drink is mixed or prepared.
- Do not drink from group drinks such as punch bowls.
- Keep an eye on your drink or open soda can. Do not trust someone to watch it for you.



- If you think you've been drugged, do not be afraid to seek medical attention.
- If someone passes out and you suspect he or she may have been given drugs, **call for medical attention** immediately and explain your concerns.

Day 9

Grades 9-12 | Discussion Questions



Ally's Story: Second Thoughts on Sexting


- Ally says that sexting was "the biggest mistake of [her] life." What do you think she means? Why does she regret it?
- According to Ally, why did she send the picture? How was she feeling before she did it, and how did her feelings contribute to her decision? Why do you think most people send sexts, even if they know it's a risky decision?
- How does gender play a role in sexting? What kind of pressure do boys feel related to sexting? What kind of pressure do girls feel?

- If a friend told you that he or she was thinking of sending a naked picture, what could you say to try to convince him or her not to send it?
- Would it make a difference if someone sent a naked photo on an app such as Snapchat or if the receiver promised to delete it right away? Why, or why not?
- What is meant by the comment "there is a thin line between private flirtation and public humiliation"?
- The narrator says, "You wouldn't think something could spread that far, that fast." Why do people forward sexts when they receive them? What do you think is the best thing to do if someone forwards you a sext from someone else?




Sexting

Criminal Teen Trend



- For many teens and tweens, texting is a major part of everyday communication with their friends. Flirtation is also a major part of teen life. When flirtation and technology combine, a new phenomenon is created: 'Sexting'.

Note: Unless otherwise stated, tween means ages 10-12
teen means ages 13-19
and young adult means ages 20-28.




Sexting

The act of sending sexually explicit messages, semi nude or nude photos via cell phone cameras and messaging features, usually between young people.


What is Sexting?

- A survey of teens and young adults reported that 1 in 5 teens and one-third of 20-somethings have electronically sent or posted online nude or semi-nude pictures or video of themselves.




Sexting

- Peer Pressure from friends - 23% of teen girls and 24% of teen boys say there were pressured by friends to send a send or post sexual content
- To show interest in dating someone - 21% of girls and 39% of guys have sent content to someone they wanted to get to know better - "flirt with" or date
- Get attention - 32% of girls said they sent suggestive content to "feel sexy."



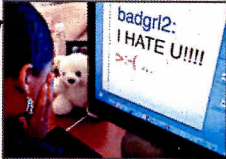
Why Sexting

- The practice is causing controversy and disruption on school grounds throughout the nation and has generated problems for law enforcement. Laws that were written to protect minors against pedophiles have not yet caught up with technology.




Sexting

The transmission of communications, posting of harassing messages, direct threats, **social cruelty**, or other harmful texts, sounds, or images on the Internet, social networking sites, or technologies...



Cyberbullying



- Often begins as flirting
- Turns into 'Social Cruelty' when photos are maliciously distributed
- Threats, intimidation, humiliation, blackmail, often follow

The connection between Sexting and Cyberbullying

- 18 year old Jessica Logan of Cincinnati Ohio was viciously harassed by girls who knew her nude photo had been sent around by Jessica's ex-boyfriend. For months she faced taunts of "slut", "porn-queen" and "whore".



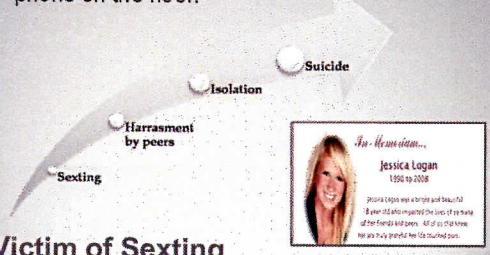
Victim of Sexting

- Insults were posted on Jessica's Facebook and MySpace pages.
- She became introverted and missed school
- Appeared on local TV, identity concealed – to "make sure no else goes through this".

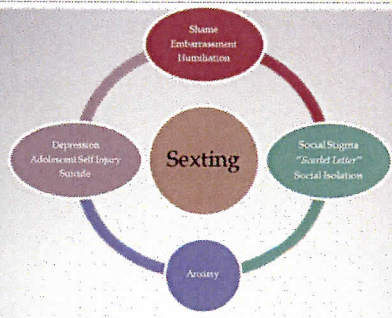


Victim of Sexting

- July 3, 2008 – Jessica hanged herself in her bedroom, and was found by her mother. Her cell phone on the floor.



Victim of Sexting




Sexting – Psycho-Social Effects

Are you willing to take the chance that someone other than your intended recipient will see your image?	Will those images be a source of embarrassment or humiliation to you?
Before you hit "Send"	
Are you willing to take the chance that the images may be a "career killer" or prevent you from some future opportunities?	Will the images/videos that you send violate the law?


Sexting – What teens should ask...

- Under federal law, persons convicted of child porn or exploitation may face:
 - Minimum 5 years in prison up to maximum 20 years.
- Sending sexually explicit images of minors on cell phones is punishable by California law:
 - Up to 3 years and \$2500 fine
 - 3 year statute of limitations
- Lifetime duty to register as sex offender



Sexting: Legal Aspects

- PC 311: Definition of "Obscene Matter":
 - Matter taken as a whole that to the average person applying contemporary statewide standards, appeals to the prurient interest, as a whole, depicts or describe sexual conduct in an offensive way.
- PC 311.11: Possession or control of matter depicting minor engaging or simulating sexual conduct.




California Penal Code

- Ed Code 48900(r): says a student may be suspended or expelled if he/she engaged in an act of bullying, including, but not limited to, bullying committed by means of an electronic act.
- Ed Code 48900.4: prohibits 'harassment, threats, intimidation'.


California Education Code

- Ed Code 48900.2: '[sexual harassment] must be ... sufficiently severe or pervasive to have a negative impact upon the individual's academic performance or to create an intimidating, hostile, or offensive educational environment'.



California Education Code


- Students may face both Penal Code and Ed Code sanctions – no double jeopardy applies.
- Parents may be subject to criminal prosecution and civil litigation.




Penal Code vs. Education Code

- o Florida: 18 year old Philip Albert, was convicted and sentenced to 5 years' probation and required to register as a sex offender for sending naked photo of his 16 year old girlfriend to her family and friends after an argument.
- o Ohio: 13 year old boy is facing felony charges after a video of sexual activity was found on his cell phone.
- o New York: 16 year old boy facing up to 7 years in prison for forwarding nude photo of his girlfriend to his friends

Sexting - Case Studies




- o Alabama: Authorities arrested 4 middle school students for exchanging nude photos of themselves.
- o Ohio: 15 year old boy sentenced to house arrest, 100 hours of community service, counseling, and 30 days of probation for possessing nude photo of a 15 year old girl on his cell phone. Girl pictured was sentenced to 100 hours community service, counseling and no cell phone use for 30 days.



Sexting - Case Studies


- o San Bernardino County: 12 year old 6th grader is facing possible charges of PC 311.11 for disseminating video of herself masturbating along with sending nude pictures through her cell phone. An unpopular student, she was trying to gain attention and popularity.



Sexting - Case Study

What commitments are you willing to make to yourself about your use of cell phones and social media?

Before You



t h i n k

- t - is it true?
- h - is it helpful?
- i - is it inspiring?
- n - is it necessary?
- k - is it kind?

Sexting and Cyberbullying - Student Writing Activity

Prewriting What is sexting?

Slide 7: Why do more females send sext messages than males? (Refer back to yesterday's article Brain sees men as whole and females as parts)

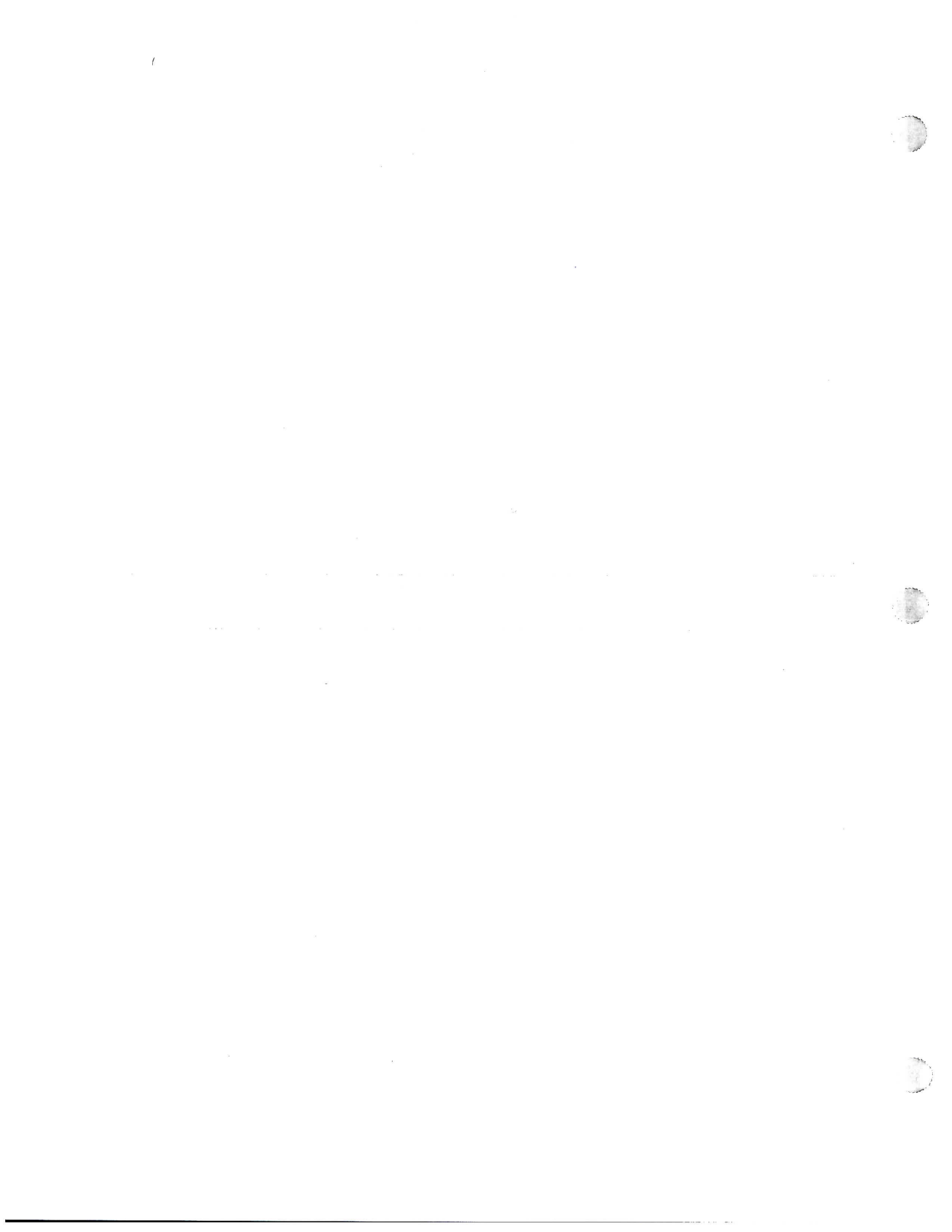
Slide 9: Prewriting. What is the connection between sexting and cyberbullying?

Slide 14: What stands out for you?

Slide 15: Add to list; What other questions should you ask before you hit send?

Choose one story that impacted you the most. Why?

Reflection:



Day 10



Media & Peer Pressure

DIRECTIONS Read the following story, and write your answers to each question before coming to class.

Jacob and Kirsten always walked home together after school. The route was pretty safe, but occasionally there were older students who offered them alcohol, cigarettes, or other drugs. Jacob and Kirsten had no problem saying “no”, and walking away.

But there were other times when saying “no” was more difficult, like when their friend Ryan would invite them over to the house to get into Ryan’s father’s liquor supply. Ryan would tease Jacob and Kirsten for being scared, and threaten to stop being their friend.

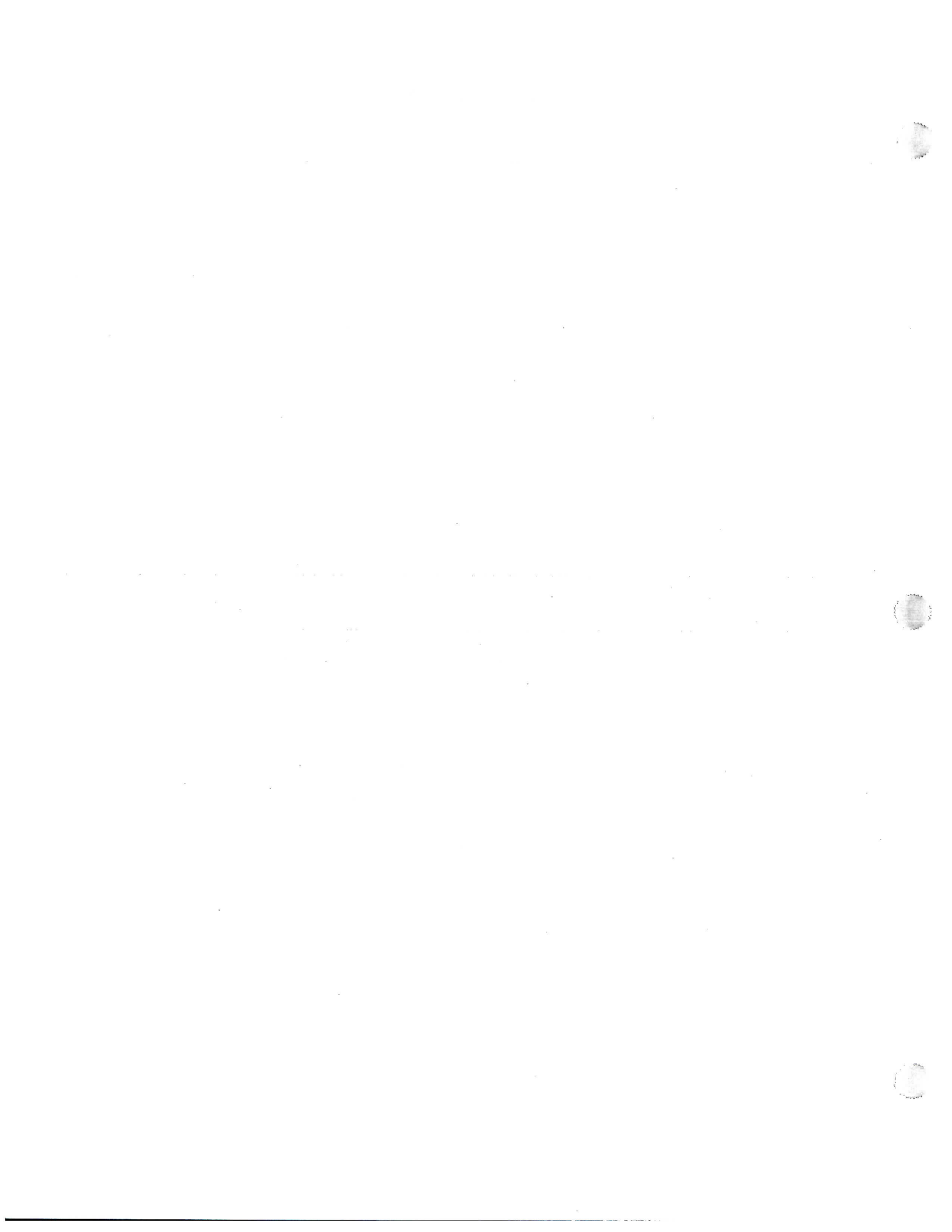
Jacob and Kirsten didn’t want to lose Ryan as a friend, but saying “no” and just walking away was hard to do.

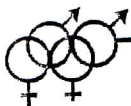
Question 1. Briefly summarize the facts in this story.

Question 2. What do you think Jacob and Kirsten should say or do when Ryan pressures them to come to the house to drink alcohol?

Question 3. Name at least two activities that Jacob and Kirsten could suggest doing with Ryan, in order to keep Ryan’s friendship without violating their own personal limits.







Media Analysis Skills

1. What product is being advertised?

2. What specific information about the product is provided?

3. Describe the people and/or images used in the advertisement.

4. What does the appearance of the people and/or images imply (suggest) about the product?

5. What is the advertiser trying to get you to do?





Sexual Attraction and Orientation

Developed by the US Department of Health and Human Services – Office of Women's Health – www.GirlsHealth.gov

As people pass from childhood through the teen years and beyond, bodies develop and change. So do emotions and feelings.

Adolescence Is a Time of Change

During the teen years, the hormonal and physical changes of puberty lead to an awakening of sexual feelings. It's common to wonder and sometimes worry about new sexual feelings. It takes time for many people to understand who they are and who they're becoming. Part of that involves having a greater understanding of their own sexual feelings and who they are attracted to.

What Is Sexual Orientation?

Sexual orientation is the emotional, romantic, or sexual attraction that a person feels toward another person. There are several types of sexual orientation. For example:

Heterosexual. People who are heterosexual are romantically and physically attracted to members of the opposite sex: Heterosexual males are attracted to females, and heterosexual females are attracted to males. Heterosexuals are sometimes called "straight."

Homosexual. People who are homosexual are romantically and physically attracted to people of the same sex: Females who are attracted to other females are lesbian; males who are attracted to other males are often known as gay. (The term gay is sometimes used to describe homosexual individuals of either sex.)

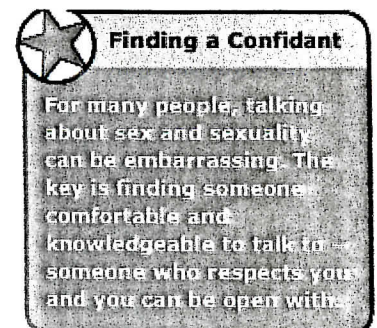
Bisexual. People who are bisexual are romantically and physically attracted to members of both sexes.

People who don't feel any sexual attraction and are not interested in sex at all are sometimes referred to as **asexual**. People who are asexual may not be interested in sex, but they still feel emotionally close to other people.

During the teen years, people often find themselves having sexual thoughts and attractions. For some, these feelings and thoughts can be intense — and seem confusing. That can be especially true for people who have romantic or sexual thoughts about someone who is the same sex they are. "What does that mean," they might think. "Am I gay?"

Being interested in someone of the same sex does not necessarily mean that a person is gay — just as being interested in someone of the opposite sex doesn't mean a person is straight. It's common for teens to be attracted to or have sexual thoughts about people of the same sex *and* the opposite sex. It's one way of sorting through emerging sexual feelings.

Some people might go beyond just thinking about it and experiment with sexual experiences with people of their own sex or of the opposite sex. These experiences, by themselves, do not necessarily mean that a person is gay or straight.



What Is LGBT?

You may see the letters "LGBT" or ("LGBTQ") used to describe sexual orientation. This abbreviation stands for "lesbian, gay, bisexual, and transgender" (or "lesbian, gay, bisexual, transgender, and questioning"). Transgender isn't really a sexual orientation — it's a gender identity. Gender is another word for male or female. Transgender people may have the body of one gender, but feel that they are the opposite gender, like they were born into the wrong type of body. People who are transgender are often grouped in with lesbian and gay as a way to include people who don't feel they fit into the category of being "straight."

Do People Choose Their Sexual Orientation?

Why are some people straight and some people gay? There is no simple answer to that. Most medical experts, including those at the American Academy of Pediatrics (AAP) and the American Psychological Association (APA), believe that sexual orientation involves a complex mix of biology, psychology, and environmental factors. Scientists also believe a person's genes and hormones play an important role. Most medical experts believe that, in general, sexual orientation is not something that a person voluntarily chooses. Instead, sexual orientation is just a natural part of who a person is.

There's nothing wrong about being LGBT. Still, not everyone believes that. These kinds of beliefs can make things difficult for LGBT teens.



Finding a Confidant

For many people, talking about sex and sexuality can be embarrassing. The key is finding someone comfortable and knowledgeable to talk to — someone who respects you and you can be open with.

3 What's It Like for LGBT Teens?

For many LGBT people, it can feel like everyone is expected to be straight. Because of this, some gay and lesbian teens may feel different from their friends when the heterosexual people around them start talking about romantic feelings, dating, and sex. A 2012 survey by the Human Rights Campaign found that 92% of LGBT teens had heard negative things about being lesbian, gay, bisexual, or transgender. LGBT teens might feel like they have to pretend to feel things that they don't in order to fit in with their group, family, or community. They might feel they need to deny who they are or that they have to hide an important part of themselves. Fears of prejudice, rejection, or bullying can lead people who aren't straight to keep their sexual orientation secret, even from friends and family who might support them. Some gay or lesbian teens tell a few close friends and family members about their sexual orientation. This is often called "coming out." Many LGBT teens who come out are fully accepted by friends, families, and their communities. They feel comfortable about being attracted to someone of the same gender. But not everyone has the same good support systems. Even though there is growing acceptance for LGBT people, many teens don't have adults they can talk to about sexual orientation. Some live in communities or families where being gay is not accepted or respected. People who feel they need to hide who they are or who fear discrimination or violence can be at greater risk for emotional problems like anxiety and depression. Some LGBT teens without support systems can be at higher risk for dropping out of school, living on the streets, using alcohol and drugs, and trying to harm themselves. Everyone has times when they worry about things like school, college, sports, or friends and fitting in. In addition to these common worries, LGBT teens have an extra layer of things to think about, like whether they have to hide who they are. This doesn't happen to all gay teens, of course. Many gay and lesbian teens and their families have no more difficulties than anyone else.



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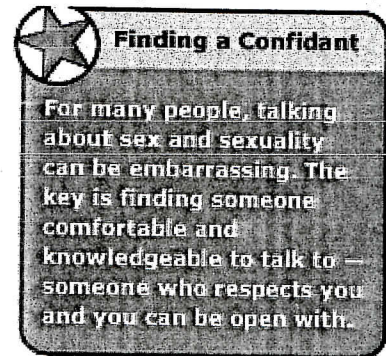
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For people of all sexual orientations, learning about sex and relationships can be difficult. It can help to talk to someone about the confusing feelings that go with growing up — whether that someone is a parent or other family member, a close friend or sibling, or a school counselor. It's not always easy to find somebody to talk to. But many people find that confiding in someone they trust (even if they're not completely sure how that person will react) turns out to be a positive experience. In many communities, youth groups can provide opportunities for LGBT teens to talk to others who are facing similar issues. Psychologists, psychiatrists, family doctors, and trained counselors can help them cope — confidentially and privately — with the difficult feelings that go with their developing sexuality. They also help people find ways to deal with any peer pressure, harassment, and bullying they might face. Whether gay, straight, bisexual, or just not sure, almost everyone has questions about physically maturing and about sexual health — like if certain body changes are "normal," what's the right way to behave, or how to avoid sexually transmitted infections (STIs). It's important to find a doctor, nurse, counselor, or other knowledgeable adult to be able to discuss these issues with.

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In the United States, and throughout much of the world, attitudes about sexual orientation have been changing. Being gay, for example, is getting to be less of a "big deal" than it used to be. Although not everyone is comfortable with the idea of sexual orientation differences, a Human Rights Campaign survey found that most LGBT teens are optimistic about the future.

Reviewed by: D'Arcy Lyness, PhD, and Neil Izenberg, MD
Date reviewed: October 2012



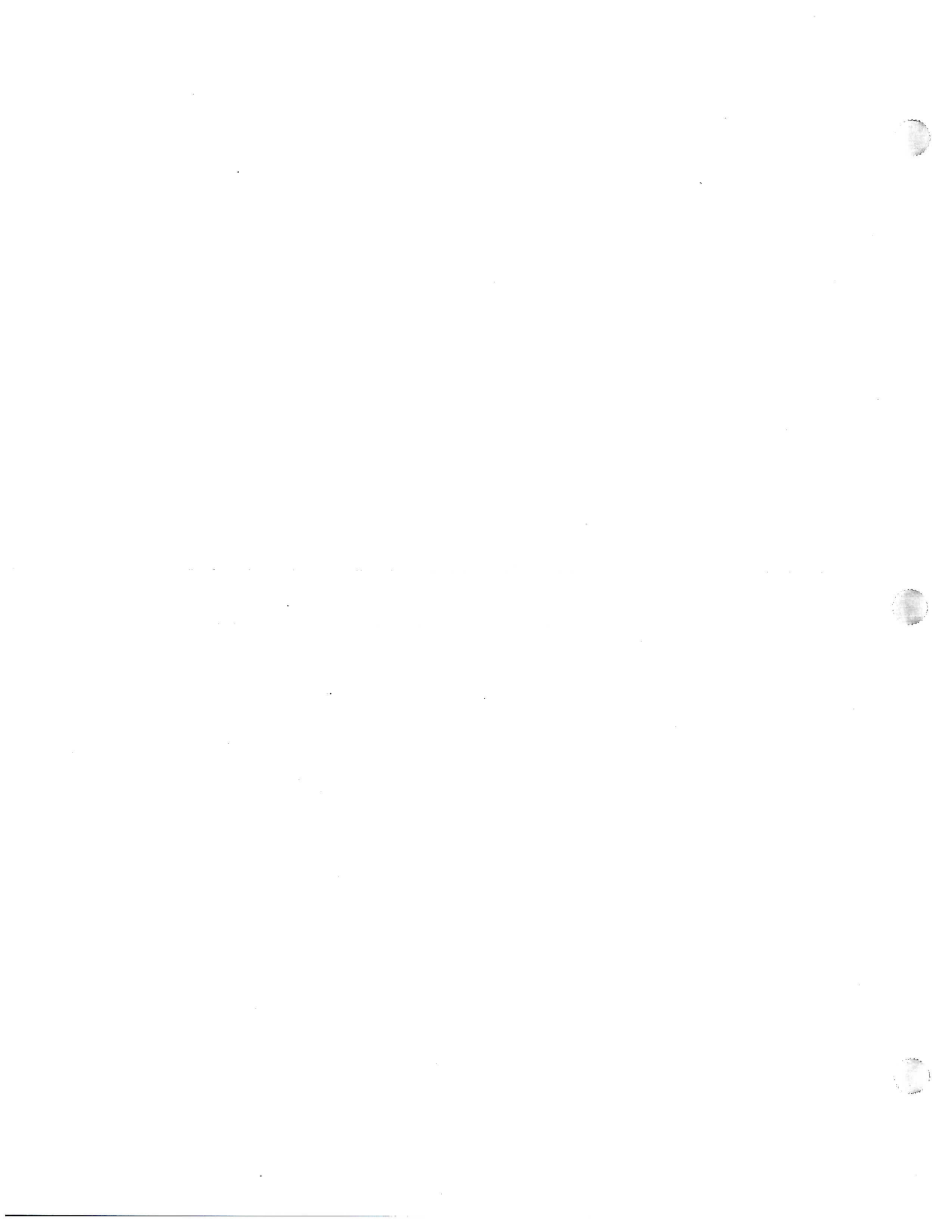
NOTES: Sexual Attraction & Orientation


1. Adolescents is a Time of Change & What is Sexual Orientation

2. What is LGBT? & Do People Choose Their Sexual Orientation?

3. What's it Like for LGBT Teens?

4. The Importance of Talking & Beliefs are Changing.





Developed by the US Department of Health and Human Services' Office on Women's Health. GirlsHealth offers free, up-to-date information to girls about their health. www.GirlsHealth.gov

girlshealth.gov
You are the Rhythm of the Universe!
Mind, Body and Spirit!

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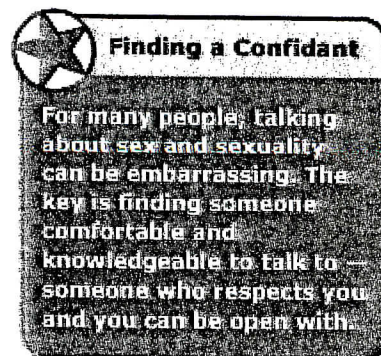
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View: **Mobile** | **Desktop**

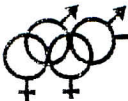
Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.



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Day 11





NAME _____

Goal-Setting Worksheet

Step 1: Write one of your Goals here:

Step 2: List, in order, several things you must do to achieve this goal.

1. _____
2. _____
3. _____

Step 3: List several life events (or personal habits) which could make it difficult to achieve your goal.

1. _____
2. _____
3. _____

Step 4: List several people or resources that could help you achieve your goal.

1. _____
2. _____
3. _____

Step 5: Identify the very first thing you need to do now, to put you on the path to reaching your goal.

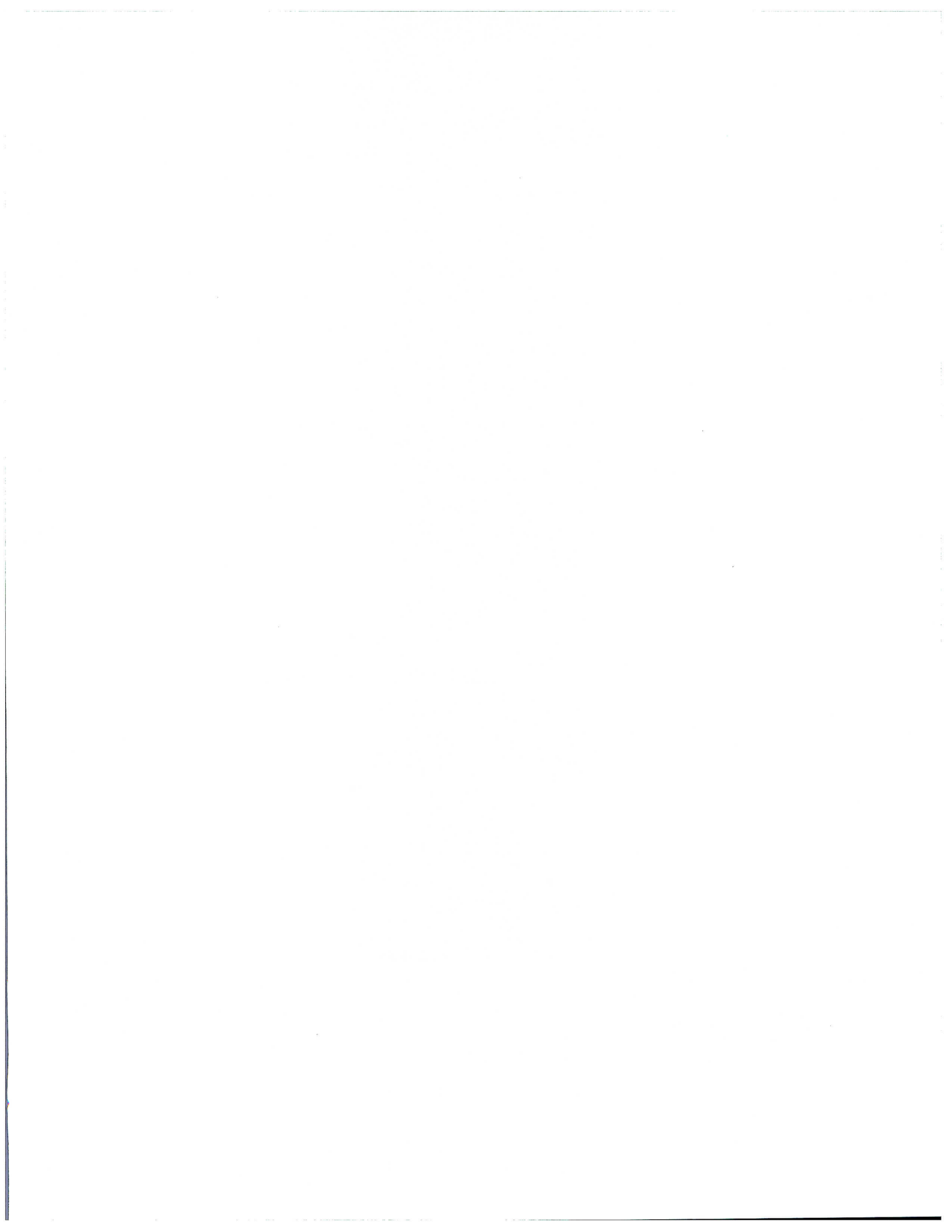
Step 6:
Get started on your goal, take responsibility for your actions, and regularly assess your progress.

SIGNATURE OF PARENT OR TRUSTED ADULT _____





Miscellaneous Information



Assembly Bill No. 329

CHAPTER 398

An act to amend Sections 51930, 51931, 51932, 51933, 51934, 51935, 51936, 51937, 51938, and 51939 of, to amend the heading of Article 2 (commencing with Section 51933) of Chapter 5.6 of, to amend the heading of Chapter 5.6 (commencing with Section 51930) of, to amend and renumber the heading of Article 4 (commencing with Section 51935) of Chapter 5.6 of, to amend and renumber the heading of Article 5 (commencing with Section 51937) of Chapter 5.6 of, and to repeal the heading of Article 3 (commencing with Section 51934) of Chapter 5.6 of, Part 28 of Division 4 of Title 2 of, the Education Code, relating to pupil instruction.

[Approved by Governor October 1, 2015. Filed with
Secretary of State October 1, 2015.]

LEGISLATIVE COUNSEL'S DIGEST

AB 329, Weber. Pupil instruction: sexual health education.

(1) Existing law, the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, authorizes school districts to provide comprehensive sexual health education, consisting of age-appropriate instruction, in any of kindergarten and grades 1 to 12, inclusive, and requires school districts to ensure that all pupils in grades 7 to 12, inclusive, receive HIV/AIDS prevention education, as specified.

This bill would revise and recast these provisions to, among other things, integrate the instruction of comprehensive sexual health education and HIV prevention education. The bill would rename the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act the California Healthy Youth Act. The bill would specify additional purposes of the act. The bill would instead require school districts to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and HIV prevention education, as specified. By imposing additional requirements on school districts, this bill would impose a state-mandated local program.

(2) Existing law provides that these provisions do not apply to description or illustration of human reproductive organs in certain textbooks, or to instruction or materials that discuss gender, sexual orientation, or family life and do not discuss human reproductive organs and their functions.

This bill would revise the types of textbooks, instructions, and materials for which those provisions are inapplicable.

(3) This bill would also make conforming changes.

(4) This bill would incorporate additional changes to Section 51938 of the Education Code proposed by AB 517 that would become operative if this bill and AB 517 are both enacted and this bill is enacted last.

(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

The people of the State of California do enact as follows:

SECTION 1. The heading of Chapter 5.6 (commencing with Section 51930) of Part 28 of Division 4 of Title 2 of the Education Code is amended to read:

CHAPTER 5.6. CALIFORNIA HEALTHY YOUTH ACT

SEC. 2. Section 51930 of the Education Code is amended to read:

51930. (a) This chapter shall be known, and may be cited, as the California Healthy Youth Act.

(b) The purposes of this chapter are as follows:

(1) To provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy.

(2) To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family.

(3) To promote understanding of sexuality as a normal part of human development.

(4) To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end.

(5) To provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors.

SEC. 3. Section 51931 of the Education Code is amended to read:

51931. For the purposes of this chapter, the following definitions apply:

(a) "Age appropriate" refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) "Comprehensive sexual health education" means education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections.

(c) "English learner" means a pupil as described in subdivision (a) of Section 306.

(d) "HIV prevention education" means instruction on the nature of human immunodeficiency virus (HIV) and AIDS, methods of transmission,

strategies to reduce the risk of HIV infection, and social and public health issues related to HIV and AIDS.

(e) "Instructors trained in the appropriate courses" means instructors with knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections.

(f) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

(g) "School district" includes county boards of education, county superintendents of schools, the California School for the Deaf, and the California School for the Blind.

SEC. 4. Section 51932 of the Education Code is amended to read:

51932. (a) This chapter does not apply to description or illustration of human reproductive organs that may appear in a textbook, adopted pursuant to law, if the textbook does not include other elements of comprehensive sexual health education or HIV prevention education as defined in Section 51931.

(b) This chapter does not apply to instruction, materials, presentations, or programming that discuss gender, gender identity, gender expression, sexual orientation, discrimination, harassment, bullying, intimidation, relationships, or family and do not discuss human reproductive organs and their functions.

SEC. 5. The heading of Article 2 (commencing with Section 51933) of Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code is amended to read:

Article 2. Required Comprehensive Sexual Health Education and HIV Prevention Education

SEC. 6. Section 51933 of the Education Code is amended to read:

51933. All comprehensive sexual health education and HIV prevention education pursuant to Section 51934, whether taught or supplemented by school district personnel or by outside consultants or guest speakers pursuant to Section 51936, shall satisfy all of the following criteria:

(a) Instruction and materials shall be age appropriate.

(b) All factual information presented shall be medically accurate and objective.

(c) All instruction and materials shall align with and support the purposes of this chapter as set forth in paragraphs (1) to (5), inclusive, of subdivision (b) of Section 51930 and may not be in conflict with them.

(d) (1) Instruction and materials shall be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

(2) Instruction and materials shall be made available on an equal basis to a pupil who is an English learner, consistent with the existing curriculum and alternative options for an English learner pupil as otherwise provided in this code.

(3) Instruction and materials shall be accessible to pupils with disabilities, including, but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.

(4) Instruction and materials shall not reflect or promote bias against any person on the basis of any category protected by Section 220.

(5) Instruction and materials shall affirmatively recognize that people have different sexual orientations and, when discussing or providing examples of relationships and couples, shall be inclusive of same-sex relationships.

(6) Instruction and materials shall teach pupils about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes.

(e) Instruction and materials shall encourage a pupil to communicate with his or her parents, guardians, and other trusted adults about human sexuality and provide the knowledge and skills necessary to do so.

(f) Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage.

(g) Instruction and materials shall provide pupils with knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation.

(h) Instruction and materials shall provide pupils with knowledge and skills for making and implementing healthy decisions about sexuality, including negotiation and refusal skills to assist pupils in overcoming peer pressure and using effective decisionmaking skills to avoid high-risk activities.

(i) Instruction and materials may not teach or promote religious doctrine.

SEC. 7. The heading of Article 3 (commencing with Section 51934) of Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code is repealed.

SEC. 8. Section 51934 of the Education Code is amended to read:

51934. (a) Each school district shall ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and HIV prevention education from instructors trained in the appropriate courses. Each pupil shall receive this instruction at least once in junior high or middle school and at least once in high school. This instruction shall include all of the following:

(1) Information on the nature of HIV, as well as other sexually transmitted infections, and their effects on the human body.

(2) Information on the manner in which HIV and other sexually transmitted infections are and are not transmitted, including information on

the relative risk of infection according to specific behaviors, including sexual activities and injection drug use.

(3) Information that abstinence from sexual activity and injection drug use is the only certain way to prevent HIV and other sexually transmitted infections and abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy. Instruction shall provide information about the value of delaying sexual activity while also providing medically accurate information on other methods of preventing HIV and other sexually transmitted infections and pregnancy.

(4) Information about the effectiveness and safety of all federal Food and Drug Administration (FDA) approved methods that prevent or reduce the risk of contracting HIV and other sexually transmitted infections, including use of antiretroviral medication, consistent with the federal Centers for Disease Control and Prevention.

(5) Information about the effectiveness and safety of reducing the risk of HIV transmission as a result of injection drug use by decreasing needle use and needle sharing.

(6) Information about the treatment of HIV and other sexually transmitted infections, including how antiretroviral therapy can dramatically prolong the lives of many people living with HIV and reduce the likelihood of transmitting HIV to others.

(7) Discussion about social views on HIV and AIDS, including addressing unfounded stereotypes and myths regarding HIV and AIDS and people living with HIV. This instruction shall emphasize that successfully treated HIV-positive individuals have a normal life expectancy, all people are at some risk of contracting HIV, and the only way to know if one is HIV-positive is to get tested.

(8) Information about local resources, how to access local resources, and pupils' legal rights to access local resources for sexual and reproductive health care such as testing and medical care for HIV and other sexually transmitted infections and pregnancy prevention and care, as well as local resources for assistance with sexual assault and intimate partner violence.

(9) Information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception. Instruction on pregnancy shall include an objective discussion of all legally available pregnancy outcomes, including, but not limited to, all of the following:

(A) Parenting, adoption, and abortion.

(B) Information on the law on surrendering physical custody of a minor child 72 hours of age or younger, pursuant to Section 1255.7 of the Health and Safety Code and Section 271.5 of the Penal Code.

(C) The importance of prenatal care.

(10) Information about sexual harassment, sexual assault, adolescent relationship abuse, intimate partner violence, and sex trafficking.

(b) A school district may provide comprehensive sexual health education or HIV prevention education consisting of age-appropriate instruction earlier than grade 7 using instructors trained in the appropriate courses. A school

district that elects to offer comprehensive sexual health education or HIV prevention education earlier than grade 7 may provide age appropriate and medically accurate information on any of the general topics contained in paragraphs (1) to (10), inclusive, of subdivision (a).

SEC. 9. The heading of Article 4 (commencing with Section 51935) of Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code is amended and renumbered to read:

Article 3. In-Service Training

SEC. 10. Section 51935 of the Education Code is amended to read:

51935. (a) A school district shall cooperatively plan and conduct in-service training for all school district personnel that provide HIV prevention education, through regional planning, joint powers agreements, or contract services.

(b) In developing and providing in-service training, a school district shall cooperate and collaborate with the teachers of the district who provide HIV prevention education and with the department.

(c) In-service training shall be conducted periodically to enable school district personnel to learn new developments in the scientific understanding of HIV. In-service training shall be voluntary for school district personnel who have demonstrated expertise or received in-service training from the department or federal Centers for Disease Control and Prevention.

(d) A school district may expand HIV in-service training to cover the topic of comprehensive sexual health education in order for school district personnel who provide comprehensive sexual health education to learn new developments in the scientific understanding of sexual health.

SEC. 11. Section 51936 of the Education Code is amended to read:

51936. School districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers shall have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.

SEC. 12. The heading of Article 5 (commencing with Section 51937) of Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code is amended and renumbered to read:

Article 4. Notice and Parental Excuse

SEC. 13. Section 51937 of the Education Code is amended to read:

51937. It is the intent of the Legislature to encourage pupils to communicate with their parents or guardians about human sexuality and HIV and to respect the rights of parents or guardians to supervise their

children's education on these subjects. The Legislature intends to create a streamlined process to make it easier for parents and guardians to review materials and evaluation tools related to comprehensive sexual health education and HIV prevention education, and, if they wish, to excuse their children from participation in all or part of that instruction or evaluation. The Legislature recognizes that while parents and guardians overwhelmingly support medically accurate, comprehensive sex education, parents and guardians have the ultimate responsibility for imparting values regarding human sexuality to their children.

SEC. 14. Section 51938 of the Education Code is amended to read:

51938. (a) A parent or guardian of a pupil has the right to excuse their child from all or part of comprehensive sexual health education, HIV prevention education, and assessments related to that education through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for comprehensive sexual health education and HIV prevention education.

(b) At the beginning of each school year, or, for a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment, each school district shall notify the parent or guardian of each pupil about instruction in comprehensive sexual health education and HIV prevention education and research on pupil health behaviors and risks planned for the coming year. The notice shall do all of the following:

(1) Advise the parent or guardian that written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are available for inspection.

(2) Advise the parent or guardian whether the comprehensive sexual health education or HIV prevention education will be taught by school district personnel or by outside consultants. A school district may provide comprehensive sexual health education or HIV prevention education, to be taught by outside consultants, and may hold an assembly to deliver comprehensive sexual health education or HIV prevention education by guest speakers, but if it elects to provide comprehensive sexual health education or HIV prevention education in either of these manners, the notice shall include the date of the instruction, the name of the organization or affiliation of each guest speaker, and information stating the right of the parent or guardian to request a copy of this section, Section 51933, and Section 51934. If arrangements for this instruction are made after the beginning of the school year, notice shall be made by mail or another commonly used method of notification, no fewer than 14 days before the instruction is delivered.

(3) Include information explaining the parent's or guardian's right to request a copy of this chapter.

(4) Advise the parent or guardian that the parent or guardian has the right to excuse their child from comprehensive sexual health education and HIV prevention education and that in order to excuse their child they must state their request in writing to the school district.

(c) Notwithstanding Section 51513, anonymous, voluntary, and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age-appropriate questions about the pupil's attitudes concerning or practices relating to sex, may be administered to any pupil in grades 7 to 12, inclusive. A parent or guardian has the right to excuse their child from the test, questionnaire, or survey through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for these tests, questionnaires, or surveys in grades 7 to 12, inclusive. Parents or guardians shall be notified in writing that this test, questionnaire, or survey is to be administered, given the opportunity to review the test, questionnaire, or survey if they wish, notified of their right to excuse their child from the test, questionnaire, or survey, and informed that in order to excuse their child they must state their request in writing to the school district.

(d) The use of outside consultants or guest speakers as described in paragraph (2) of subdivision (b) is within the discretion of the school district.

SEC. 14.5. Section 51938 of the Education Code is amended to read:

51938. (a) A parent or guardian of a pupil has the right to excuse his or her child from all or part of comprehensive sexual health education, HIV prevention education, and assessments related to that education through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for comprehensive sexual health education and HIV prevention education.

(b) At the beginning of each school year, or, for a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment, each school district shall notify the parent or guardian of each pupil about instruction in comprehensive sexual health education and HIV prevention education and research on pupil health behaviors and risks planned for the coming year. The notice shall do all of the following:

(1) Advise the parent or guardian that written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are available for inspection and that during this inspection a parent or guardian may make copies at the parent's or guardian's pupil's school of any written educational material that will be distributed to pupils, if it is not copyrighted and has been or will be presented by an outside consultant or guest speaker.

(2) Advise the parent or guardian whether the comprehensive sexual health education or HIV prevention education will be taught by school district personnel or by outside consultants. A school district may provide comprehensive sexual health education or HIV prevention education, to be taught by outside consultants, or may hold an assembly to deliver comprehensive sexual health education or HIV prevention education by guest speakers, but if the school district elects to provide comprehensive sexual health education or HIV prevention education in either of these manners, the notice shall include the date of the instruction, the name of the organization or affiliation of each outside consultant and guest speaker, the training in comprehensive sexual health education and HIV prevention

education of each outside consultant and guest speaker, and information stating the right of the parent or guardian to request a copy of this section, Section 51933, and Section 51934. If arrangements for this instruction are made after the beginning of the school year, notice shall be made by mail or another commonly used method of notification, no fewer than 14 days before the instruction is delivered.

(3) Include information explaining the parent's or guardian's right to request a copy of this chapter.

(4) Advise the parent or guardian that the parent or guardian has the right to excuse their child from comprehensive sexual health education and HIV prevention education and that in order to excuse their child they must state their request in writing to the school district.

(c) A school district shall allow a pupil's parent or guardian to inspect any written or audiovisual educational material used in comprehensive sexual health education and HIV prevention education. A parent or guardian may, during inspection, make copies at the parent's or guardian's pupil's school of any written educational material that will be distributed to pupils, if it is not copyrighted and has been or will be presented by an outside consultant or guest speaker. If a parent or guardian elects to make copies, the school may charge up to ten cents (\$0.10) per page.

(d) Notwithstanding Section 51513, anonymous, voluntary, and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age-appropriate questions about the pupil's attitudes concerning or practices relating to sex, may be administered to any pupil in grades 7 to 12, inclusive. A parent or guardian has the right to excuse their child from the test, questionnaire, or survey through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for these tests, questionnaires, or surveys in grades 7 to 12, inclusive. Parents or guardians shall be notified in writing that this test, questionnaire, or survey is to be administered, given the opportunity to review the test, questionnaire, or survey if they wish, notified of their right to excuse their child from the test, questionnaire, or survey, and informed that in order to excuse their child they must state their request in writing to the school district.

(e) The use of outside consultants or guest speakers as described in paragraph (2) of subdivision (b) is within the discretion of the school district.

SEC. 15. Section 51939 of the Education Code is amended to read:

51939. (a) A pupil may not attend any class in comprehensive sexual health education or HIV prevention education, or participate in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks, if the school has received a written request from the pupil's parent or guardian excusing the pupil from participation.

(b) A pupil may not be subject to disciplinary action, academic penalty, or other sanction if the pupil's parent or guardian declines to permit the pupil to receive comprehensive sexual health education or HIV prevention education or to participate in anonymous, voluntary, and confidential tests, questionnaires, or surveys on pupil health behaviors and risks.

(c) While comprehensive sexual health education, HIV prevention education, or anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks is being administered, an alternative educational activity shall be made available to pupils whose parents or guardians have requested that they not receive the instruction or participate in the test, questionnaire, or survey.

SEC. 16. Section 14.5 of this bill incorporates amendments to Section 51938 of the Education Code proposed by both this bill and Assembly Bill 517. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2016, (2) each bill amends Section 51938 of the Education Code, and (3) this bill is enacted after Assembly Bill 517, in which case Section 14 of this bill shall not become operative.

SEC. 17. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

Senate Bill No. 695

CHAPTER 424

An act to add Sections 33544 and 51225.36 to the Education Code, relating to school curriculum.

[Approved by Governor October 1, 2015. Filed with
Secretary of State October 1, 2015.]

LEGISLATIVE COUNSEL'S DIGEST

SB 695, De León. School curriculum: health education: sexual harassment and violence instruction.

Existing law requires the Instructional Quality Commission, during the next revision of the publication "Health Framework for California Public Schools," to consider including a distinct category on sexual abuse and sex trafficking prevention education, as specified.

This bill would require the commission to consider including comprehensive information for grades 9 to 12, inclusive, on sexual harassment and violence, as specified, when that health framework is next revised after January 1, 2016. The bill would require the commission, if the commission includes comprehensive information on sexual harassment and violence in the health framework, to comply with specified conditions.

Existing law requires each pupil completing grade 12 to satisfy certain requirements as a condition of receiving a diploma of graduation from high school. These requirements include the completion of designated coursework in grades 9 to 12, inclusive. Existing law authorizes a governing board of a school district to adopt other coursework requirements.

This bill would require the governing board of a school district that has elected to require its pupils to complete a course in health education for graduation from high school to include instruction in sexual harassment and violence, as specified, and ensure that teachers consult information related to sexual harassment and violence in the health framework when delivering health instruction.

The people of the State of California do enact as follows:

SECTION 1. Section 33544 is added to the Education Code, to read:
33544. (a) When the "Health Framework for California Public Schools" (health framework) is next revised after January 1, 2016, the commission shall consider including comprehensive information for grades 9 to 12, inclusive, on sexual harassment and violence that includes, but is not limited to, all of the following:

(1) Information on different forms of sexual harassment and violence, including instances that occur among peers and in a dating relationship; a discussion of prevention strategies; how pupils report sexual harassment and violence; and potential resources victims can access.

(2) Discussion of the affirmative consent standard, as defined in paragraph (1) of subdivision (a) of Section 67386, and skills pupils use to establish boundaries in peer and dating relationships.

(3) Discussion of legal aspects of sexual harassment and violence under state and federal law.

(b) If the commission includes comprehensive information on sexual harassment and violence in the health framework, the commission shall comply with both of the following:

(1) Ensure information included in the framework is research based and appropriate for pupils of all races, genders, sexual orientations, gender identities, and ethnic and cultural backgrounds. This may include, but shall not be limited to, reviewing other states' curricula.

(2) Consult with secondary health teachers and experts in sexual harassment and violence curriculum.

SEC. 2. Section 51225.36 is added to the Education Code, to read:

51225.36. (a) If the governing board of a school district requires a course in health education for graduation from high school, the governing board of the school district shall include instruction in sexual harassment and violence, including, but not limited to, information on the affirmative consent standard, as defined in paragraph (1) of subdivision (a) of Section 67386.

(b) If the governing board of a school district provides instruction pursuant to subdivision (a), the governing board of the school district shall ensure teachers consult information related to sexual harassment and violence in the Health Framework for California Public Schools when delivering health instruction.