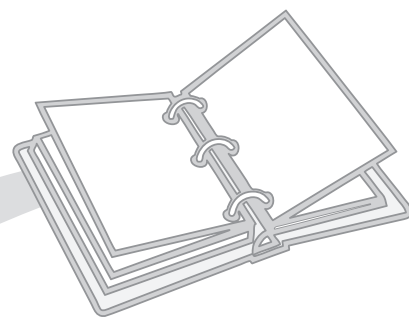




Healthy Choices:

*Relationships, Sexuality
and Family Planning*

Curriculum Teacher Guide



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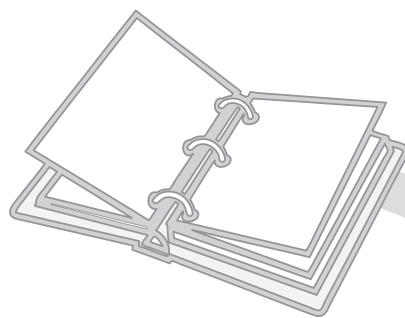
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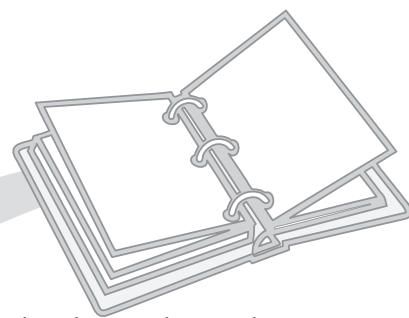
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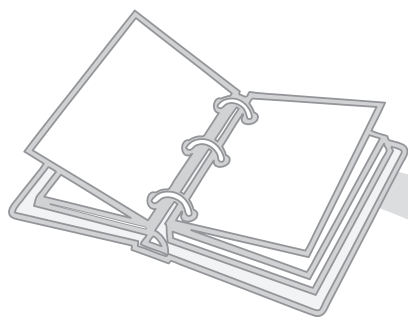
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Adjunct Professor, Senior Lecturer at Tiffin University, Adjunct Professor, Owens State Community College, Adjunct Professor, Doctoral Advisor/Mentor, Walden

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Dr. Scott W. Roberts, Professor, Health Wellness Department at the State University College at Buffalo. Dr. Roberts has authored four textbooks in the area of Health & Wellness. He is a contributing author for two other textbooks on the topic of drug education. Dr. Roberts has been a contributing author for the *American Journal of Health Education*, *Adolescence*, *Journal of Emergency Medical Services*, and *Journal of Health Behavior*, *Research Quarterly for Exercise and Sport* and *Journal of Emergency Medical Services*. He is currently conducting research on the effectiveness of parenting/sexuality education programs. In addition, he conducts regional/local workshops and training programs on parenting/sexuality education for teachers. Dr. Roberts has received two New York State honors. He received the 2005 Amazing People Award from Western Zone of NYSAHPERD for outstanding contributions to the Health profession. Dr. Roberts was honored previously in 1999 with the New York State (AHPERD) Shelby Callahan Award for Excellence in Teaching, Scholarship, Community and Professional Service in Health Education.



Introduction

Eighty two percent of teen pregnancies are unplanned.¹ Teen mothers are more likely than other young women their age to drop out of school, live in poverty and rely on public assistance; and their children tend to grow up in economically and educationally disadvantaged households.^{2,3,4}

Of the 18.9 million new cases of STIs each year, 9.1 million (48%) occur among 15-24 year olds.⁵ Although 15-24 year-olds represent only one-quarter of the sexually active population, they account for nearly half of all new STIs each year.⁵ Human papillomavirus (HPV) infections account for about half of STIs diagnosed among 15-24-year olds each year. HPV is extremely common, often asymptomatic and generally harmless. However, certain types, if left undetected and untreated, can lead to cervical cancer.⁵

Evidence strongly suggests that curriculum-based programs have positive effects on relevant knowledge, awareness of risk, values and attitudes, self-efficacy, and intentions. These are determinates of behavior according to many psychosocial theories. A review of 83 evaluations of curriculum-based sex and HIV education programs by Kirby, Laris, and Roller⁶ concluded that effective curricula have 17 common characteristics. These characteristics cover the processes involved in a curriculum's design, development, content and implementation. The large majority of the effective programs incorporated most of the 17 characteristics of successful curriculum-based programs identified in their analysis. Also, programs that incorporated these characteristics were much more likely to change behavior positively than programs that did not incorporate many of these characteristics.⁶ The characteristic guidelines outlined in the Kirby study were used in the design and development of this Realityworks curriculum.

The purpose of the *Healthy Choices: Relationships, Sexuality, and Family Planning* curriculum is to provide a high quality pregnancy prevention curriculum. Used in combination with the RealCare® Baby and other demonstrating infant simulators (if purchased separately), this program will teach knowledge and skills that help students make healthy decisions for their current and future personal health and well being. This is an absti-

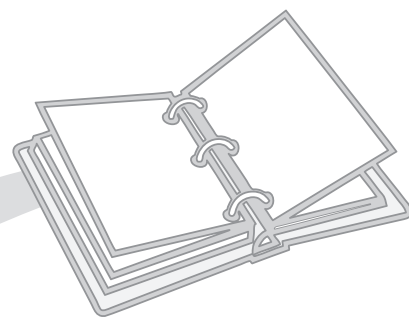
nence based, comprehensive sex education program. Therefore, while the curriculum emphasizes abstinence as the best decision, it includes information on contraceptives, HIV and STIs. Research indicates that abstinence-only programs have not had a positive effect on reducing pregnancy rates in the US. However, there may be a number of factors that have led to the recent increase in pregnancy rates in the US, such as lack of information or access to contraceptives, peer pressure, fatalistic attitude about becoming pregnant, or any number of other social, moral, or educational factors.

The Realityworks *Healthy Choices* program is a unique program which combines a structured curriculum with an infant care simulation experience. The authentic child care activities allow the student to experience the actual amount of care an infant requires. The goal of this program is two-fold: to help students realize the importance of waiting to engage in sexual activity, and thereby delay becoming a parent until they are emotionally, financially, psychologically, and socially ready to take on the heavy demands of parenting; and second, to introduce the importance and variety of skills needed in caring for an infant.

Healthy Choices Materials

The program is composed of the following materials:

- Curriculum CD-ROM, containing:
 - All steps needed to conduct each lesson, including materials needed for each activity
 - Acrobat® PDF files of participant worksheets and handouts (included in this guide)
 - Formative (unit quizzes) and summative assessments with answer keys
 - PowerPoint® presentation slides, located on your curriculum CD-ROM in PowerPoint and Acrobat PDF formats for creating overhead transparencies if you don't have PowerPoint.
 - Hyperlinks to web sites with additional information on the topic being discussed
- RealCare® Baby with accessories (outfit, diapers, bottle, ID, wristband)
- "Start using Your RealCare® Baby III" instructions



- Instructor key ring, for manual Baby shut down as needed
- RealCare® Baby Control Center software CD-ROM
- RealCare® Baby III Student Video

Pre-learning Assessment

Prior to beginning the first lesson, you may choose to give students a pre-learning assessment, entitled Pre-summative Assessment. Scores on this assessment can be used to later compare with post-summative assessment scores, which will help you and the students see their progress in knowledge and skills learned over the course of the instruction. If you choose to give the pre-learning assessment, located at the end of this section, print or make a photocopy for each student and after welcoming students to the class, explain the purpose for the assessment, distribute it, and give students 30 minutes to complete it.

Lesson Sections

The overview is following by the actual lesson, which will contain the sections described below. Most lessons are designed to be completed within 45 minutes.

FOCUS

Every lesson begins with a FOCUS activity intended to capture students' attention. This may be in the form of a small or large class discussion, game, review of previous lesson information, or demonstration. During this activity, students are introduced to the topic of the lesson.

LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a PowerPoint® presentation, group activity, or demonstration.

SUMMARIZE

The majority of lessons end with a SUMMARIZE activity intended to briefly review the lesson's key messages or main points; or, if it is the last lesson in the unit, the SUMMARIZE activity will serve as the unit formative assessment. Participant scores on these short assessments will help you determine what concepts or skills may need reinforcement or review.

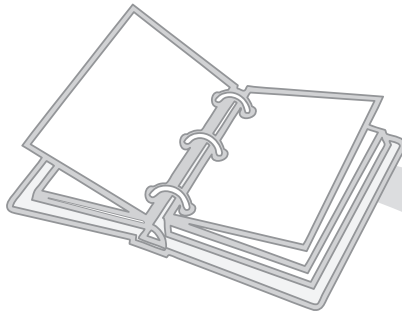
Creating a Safe Environment

This curriculum contains a number of activities that require students to share views about sex, peer pressure and communication --sensitive topics for many students. To help ensure that students are comfortable sharing their views in a large class setting or with smaller groups, explain the following rules: Students should not express put-downs or ask personal questions of another student. All students have the right to refrain from answering a question. Any questions posed by students to the teacher are legitimate questions. Students should not interrupt others as they are speaking, and must respect the opinions of others, even when they strongly disagree with the view being shared. The views expressed during this class should remain confidential.

As the instructor, one way you can help make students more comfortable is to give positive reinforcement whenever possible. Also, be aware that there may be students in your class who are already parents. While you don't want to water down the importance and the severity of this topic, be cognizant of those who may feel awkward in discussions around sex outside of marriage or a committed, long-term, and mature relationship.

The Simulation Experience

The Simulation Experience is the culmination and hands-on lesson that sets this program apart from most instructional units on pregnancy prevention. In an ideal situation, all students taking this course would be able to take a RealCare® Baby home over the same weekend so they could share the experience and reflect on it together upon return to class. However, in reality, most classrooms do not have enough RealCare® Babies to do that. Given this, you may want to begin sending the RealCare® Baby home with students as soon as the first unit begins. Unit 3, Lesson 2: The Simulation Experience, provides details on explaining how the RealCare® Baby works. Pull information from that lesson, or do that lesson first; and show the RealCare® Baby II and RealCare® Baby II-plus Student Video that comes with this curriculum. A number of forms are included in that lesson which need to be sent home and signed by the student and the student's parent/guardian before you send the RealCare® Baby home. Please refer to that lesson for the instructions and all the student materials associated with



taking the Baby home.

How well students care for Baby should not be equated to exactly what would be expected with a real infant. A perfect score with no rough handling or missed care may not be a realistic expectation.

The benefit of the infant simulator is that a novice can practice care giving skills without the risks involved with a real infant. With an infant simulator, failure to support the head is merely a learning experience or a lower grade. The number of times the head is not supported may depend on the age of the student or the manner in which the student carried the Baby.

A Final Note ...

As you begin to plan this course, consider your own attitudes toward sex education and your comfort level with the topic. This topic is of great interest to students – even those that may not outwardly express it. Yet, the topic of sex bombards them daily – in the media, in the hallways at school, in issues with friends and peers. If you are uncomfortable with the topic, students will sense it and be less inclined to be open in their discussions. The goal of this curriculum is to provide all the information and tools students need to be equipped to handle the pressures society puts on them related to sexuality. We want them to feel comfortable asking questions and having frank discussions on this important topic with you, their parents, their faith leaders, and their peers. It is not an issue to be avoided or quickly dismissed. The number of teen pregnancies and STI cases in the US is increasing. The best way to counteract this trend is through education, encouragement, and a positive attitude toward sexuality. This can be a difficult and sensitive topic to teach for yourself, your students, and their parents or guardians. Keep in mind that every student has different goals, values and circumstances. Some may in fact already be parents, or be pregnant. Therefore, remain as empathetic and unbiased as possible when providing information and leading discussions.

¹ Finer, L. and Henshaw S. (2006). Estimates of abortion incidence 2001-2003. *Perspectives on Sexual and Reproductive Health*, 38(2):90-96.

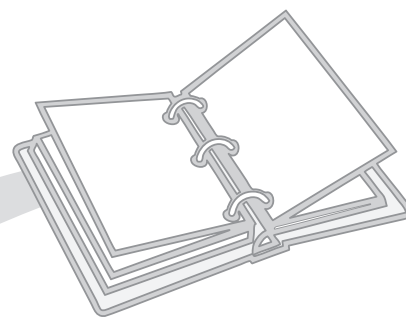
² Klepinger, D. H., Lundberg, S., & Plotnick, R. D. (1999). How does adolescent fertility affect the human capital and wages of young women? *Journal of Human Resources*, 34(3), 421-448.

³ Maynard, R. A., Editor. (1997). *Kids having kids: Economic costs and social consequences of teen pregnancy*. Washington, DC: The Urban Institute.

⁴ National Campaign to Prevent Teen Pregnancy. (2002). *Not just another single issue: Teen pregnancy prevention's link to other critical social issues*. Washington, DC.

⁵ Weinstock H et al., Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000, *Perspectives on Sexual and Reproductive Health*, 2004, 36(1):6-10.

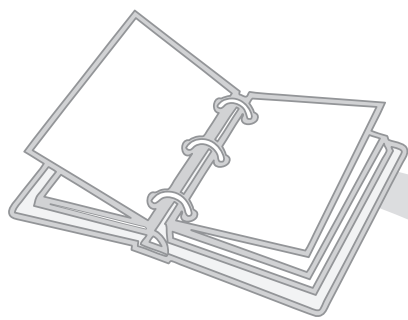
⁶ Douglas Kirby, PhD; B.A. Laris, MPH; Lori Roller, MSW, MPH; ETR Associates (2006). *Sex and HIV education programs for youth: Their impact and important characteristics*



Curriculum Structure

The *Healthy Choices: Relationships, Sexuality and Family Planning* curriculum is composed of the following lessons. Approximate lesson times are included.

Unit	Lesson	Title	Approximate Time
		Pre-learning Survey and Assessment	30 minutes
1		Communication and Interpersonal Skills	
1	1	Views, Plans and Values	45 minutes
1	2	The Influences Around Us	45 minutes
1	3	Communication and Self Esteem	45 minutes
1	4	Communication in Relationships	45 minutes
1	5	Relationships	45 minutes
2		Sexual Wellness	
2	Section 1	<i>Sexuality, Responsibilities of Sexual Activity and the Benefits of Abstinence</i>	
2	1	Reproductive Systems, Fertilization, Conception	45 minutes
2	2	Family Planning: Birth Control – Parts 1 and 2	90 minutes
2	3	Benefits of Abstinence	45 minutes
2	4	HIV and STIs	45 minutes
2	Section 2	<i>Human Reproduction and the Responsibilities of Pregnancy</i>	
2	5	Pregnancy and Prenatal Development	45 minutes
2	6	Alcohol and/or Drugs and Fetal Development	45 minutes
2	7	Birth Process	45 minutes
3		Impact of Unplanned Pregnancy	
3		<i>Responsibilities of Parenting: Infant Care and Costs</i>	
3	1	Care and Needs of an Infant – Introducing Baby	45 minutes
3	2	The Simulation Experience	45 minutes
3	3	The Reality Is...Impact of a Baby on Goals, Relationships, and Time	45 minutes
3	4	Cost of Baby	45 minutes
3	5	Summary and Assessment	45 minutes



Unit 1: Communication and Interpersonal Skills

This unit lays the foundation for great teaching and discussion about all of the topics in this curriculum. A self assessment of the student's background, goals, influences, and views about sex and sex education begin the process of learning about all the factors that affect our relationships. One of the goals of the curriculum is to provide students with the tools to make healthy decision for themselves in their relationships, and to understand that decisions they make result in consequences – good and bad, so that they can make healthy decisions that will result in their living well, loving well and, if they decide, marrying well. We are created to need one another. Relationships are part of who we are – from the moment of birth until we take our last breath we pursue the fulfillment and security that comes from healthy relationships. They often define who we are and how we view ourselves and the world around us.

As you begin this unit, bring in your own experiences as much as possible. Real-life anecdotes help bring concepts to life and help students feel more comfortable in sharing their views and experiences. During this course, there may be times when a student does not feel comfortable sharing with the large class. Be sure that students understand that they are not required to share when they are feeling uncomfortable. If they need to talk with someone about a situation that they are going through, direct them to the school counselor or a school administrator that can be of help.

NOTE: Give students the Pre-summative Assessment prior to beginning the first unit. This test will be given again at the end of the learning experience to compare student learning before and after the course. The Pre-summative Assessment is located in the Unit One Student Materials folder. The Pre/Post-summative Assessment Answer Key is located at the end of this unit.



Pre-Summative Assessment

Name: _____

Class Period: _____

- Classify the following statements correctly by writing the name of its correct communication style next to each statement.
- Physical boundaries in a relationship should go no further than the person at the highest/lowest point on the continuum. Circle the correct answer.

Statement

Communication Style

- ____ If you talk to me that way again, I'm going to punch you.
- ____ I don't need to subject myself to your talking to me that way.
- ____ Do you mind not talking to me that way?

- a. Passive statement
- b. Aggressive statement
- c. Assertive statement

- For each of the following examples of pressure, label them correctly by writing the letter of the correct type of pressure it shows.

Pressure Type

Example

- a. Unspoken Pressure
- b. Spoken Pressure

- ____ The Huddle
- ____ Rejection
- ____ The Put Down
- ____ The Example
- ____ Reasoning
- ____ The Look

- Match each of the following active listening techniques with its correct definition.

Technique

Definition

- ____ Empathizing
- ____ Body language
- ____ Parroting
- ____ Reflecting feelings /Validating
- ____ Paraphrasing
- a. Rephrasing the message in your own words.
- b. Showing understanding and valuing the opinion
- c. Nod, look engaged, show you're paying attention
- d. Expressing care and sensitivity to sender's feelings/opinions
- e. Repeating the message

- Another term for indirect pressure is:
 - unspoken pressure
 - verbal pressure
 - having someone else do the pressuring
 - gossiping
- Which of the following are characteristics of someone with high self esteem? (Choose all that apply)
 - Handles positive and negative emotions
 - Attempts new tasks and challenges
 - Take pride in accomplishments
 - Fears failure
 - Disrespects others and self
 - Vulnerable to peer pressure
- Two risks of low self esteem are: _____ and _____.
- Three characteristics of an unhealthy relationship are: _____, _____, and _____.
- Two important hormones that send messages to the female body are _____ and _____.
- Which of the following work better than any other methods of birth control?
 - sponge
 - oral contraceptive
 - birth control implant
 - spermicide
 - female condom

Pre-Summative Assessment (cont.)

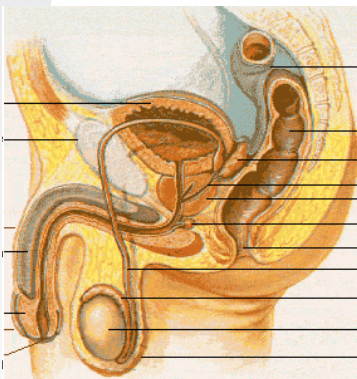


11. Match the following STIs with their symptoms/affect on the body by placing the letter of the symptom/affect next to the STI.

STI	Symptom/Affect
____ Human papillomavirus	a. Usually has no symptoms
____ Gonorrhea	b. Symptoms in males include a thick, yellow penile discharge.
____ Chlamydia	c. Cervical cancer and/or genital warts
____ Trichomoniasis	d. Frothy, yellow-green vaginal discharge.

12. Correctly label the male illustration by inserting the following terms in their correct location:

penis	seminal vesical	prostate gland
cowper's gland	vas deferens	epididymis
testes	scrotum	

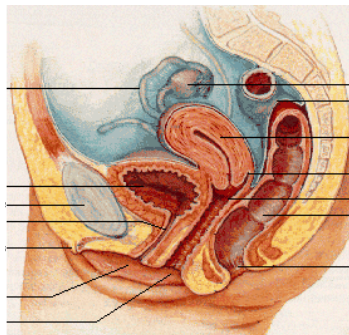


13. If a female who is having sex does not know how to predict when she is in her fertile time, but she wants to prevent pregnancy, she should:

- Not worry about it because she most likely won't get pregnant anyway
- Always protect herself as though she is in her fertile time, because she doesn't really know

14. Correctly label the female illustration by inserting the following terms in their correct location:

cervix	ovaries	uterus
clitoris	fallopian tubes	vagina



15. For each of the following statements, label them as T (true) or F (false)

- It is possible for a female to get pregnant while on her period, especially after the first day of her period
- In the real world, the IUD and the implant are the 2 most effective methods of temporary birth control.
- It is possible to get pregnant or to get someone pregnant the first time you have sex
- There is just 1 day during a female's cycle that she can get pregnant

16. What is the main reason most are women more susceptible to pregnancy using the calendar method?

- Their cycles are not a consistent number of days from cycle to cycle.
- They don't have an accurate understanding of their fertile time
- Their body temperature is not regular
- They ovulate more than once per month

Pre-Summative Assessment (cont.)

17. Identify whether each of the following STIs are caused by a virus or a bacterium by placing the correct letter next to each STI.

STI	Cause
_____ Chlamydia	a. Bacterium
_____ Gonorrhea	b. Virus
_____ Genital herpes	
_____ Syphilis	
_____ Human papillomavirus	
_____ Hepatitis B	
_____ HIV	

18. Which of the following are 100 percent effective in preventing pregnancy for perfect users?

- a. Condom
- b. Oral contraceptives
- c. Injectable contraceptives
- d. Cervical cap
- e. Abstinence

19. Which of the following are 100 percent effective in preventing STIs?

- a. Spermicides
- b. Condom
- c. Abstinence
- d. Emergency contraception
- e. IUD

20. Which of the following are positive possible aspects of being sexually abstinent? Choose all that apply.

- a. Better relationship with partner
- b. Easier to attain goals
- c. No chance of pregnancy or STIs
- d. Increased self image
- e. Decreased stress

21. Match the following steps in the development of a fetus with the correct trimester in which it occurs by placing the letter of the trimester next to the step.

Step	Trimester
_____ Heart starts beating	a. First
_____ Skin is covered with waxy substance called vernix	b. Second
_____ Eyebrows, eyelashes, and hair start to grow	c. Third
_____ Fetus can hear voices and recognizes mother's voice	
_____ Brain is physically fully formed	
_____ Fetus gains the most weight (1/2 pound per week) and grows longer	

22. Which of the following are typical symptoms/discomforts of pregnancy? Choose all that apply

- a. Extra energy
- b. Thick, healthy hair
- c. Nausea
- d. Gain of 20-30 pounds
- e. Infrequent urination

23. How many stages of pregnancy are there?

- a. one
- b. two
- c. three
- d. four

24. Match each of the following phases of labor in stage 1 with its dilation measurement by placing the letter of the stage next to the measurement.

Measurement	Phase
_____ 0-3 centimeters	a. Early
_____ 4-8 centimeters	b. Active
_____ 8-10 centimeters	c. Transition

Pre-Summative Assessment (cont.)



25. Which of the following are common pregnancy complications? Choose all that apply
- a. Spina bifida
 - b. Rh incompatibility
 - c. Gestational diabetes
 - d. Still birth
 - e. Toxemia
26. What amount of alcohol is safe to drink during pregnancy?
- a. none
 - b. 1 oz. per day
 - c. 2 oz. per day
 - d. 3 oz. per day
27. Which of the following are potential life-long problems of a drug-affected infant or an infant born with FASD?
- a. Hyperactivity
 - b. Learning disabilities
 - c. Poor coordination
 - d. Mood swings
 - e. Delayed development
 - f. All of the above
28. Which of the following are impacted by an unplanned pregnancy in a teen? Choose all that apply.
- a. Education
 - b. Friendships
 - c. Finances
 - d. Family relationships
 - e. Personal relationships



Pre/Post-Summative Assessment — Answer Key

1. Classify the following statements correctly by writing the name of its correct communication style next to each statement.
4. Physical boundaries in a relationship should go no further than the person at the highest/lowest point on the continuum. Circle the correct answer.

Statement

Communication Style

- b If you talk to me that way again, I'm going to punch you.
- c I don't need to subject myself to your talking to me that way.
- a Do you mind not talking to me that way?

- a. Passive statement
- b. Aggressive statement
- c. Assertive statement

2. For each of the following examples of pressure, label them correctly by writing the letter of the correct type of pressure it shows.

Pressure Type

Example

- a. Unspoken Pressure
- b. Spoken Pressure

- a The Huddle
- b Rejection
- b The Put Down
- a The Example
- b Reasoning
- a The Look

3. Match each of the following active listening techniques with its correct definition.

Technique

Definition

- d Empathizing a. Rephrasing the message in your own words.
- c Body language b. Showing understanding and valuing the opinion
- e Parroting c. Nod, look engaged, show you're paying attention
- b Reflecting feelings/Validating d. Expressing care and sensitivity to sender's feelings/opinions
- a Paraphrasing e. Repeating the message

5. Another term for indirect pressure is:

- a. **unspoken pressure**
- b. verbal pressure
- c. having someone else do the pressuring
- d. gossiping

6. Which of the following are characteristics of someone with high self esteem? (Choose all that apply)

- a. **Handles positive and negative emotions**
- b. **Attempts new tasks and challenges**
- c. **Take pride in accomplishments**
- d. Fears failure
- e. Disrespects others and self
- f. Vulnerable to peer pressure

7. Two risks of low self esteem are: _____ and _____.

Any of the following: vulnerable to peer pressure, feels insecure, disrespects self and others, doesn't feel valuable, fears failure, uses drugs and alcohol, behaves destructively

8. Three characteristics of an unhealthy relationship are: _____, _____, and _____.

Any of the following: economic abuse, male privilege, coercion and threats, using children, intimidation, emotional abuse, isolation.

9. Two important hormones that send messages to the female body are **estrogen** and **progesterone**.

10. Which of the following work better than any other methods of birth control?

- a. sponge
- b. oral contraceptive
- c. **birth control implant**
- d. spermicide
- e. female condom

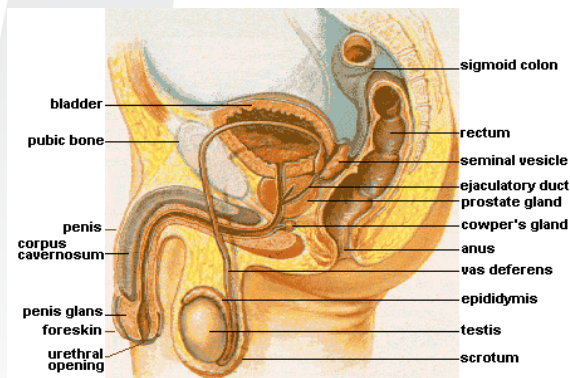
Pre/Post-Summative Assessment — Answer Key (cont.)

11. Match the following STIs with their symptoms/affect on the body by placing the letter of the symptom/affect next to the STI.

STI	Symptom/Affect
<u>c</u> Human papillomavirus	a. Usually has no symptoms
<u>b</u> Gonorrhea	b. Symptoms in males include a thick, yellow penile discharge.
<u>a</u> Chlamydia	c. Cervical cancer and/or genital warts
<u>d</u> Trichomoniasis	d. Frothy, yellow-green vaginal discharge.

12. Correctly label the male illustration by inserting the following terms in their correct location:

penis	seminal vesical	prostate gland
cowper's gland	vas deferens	epididymis
testes	scrotum	

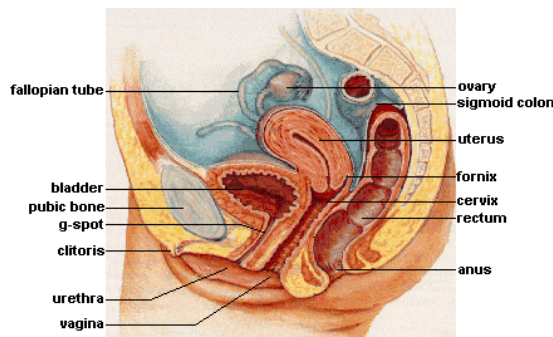


13. If a female who is having sex does not know how to predict when she is in her fertile time, but she wants to prevent pregnancy, she should:

- a. Not worry about it because she most likely won't get pregnant anyway
- b. Always protect herself as though she is in her fertile time, because she doesn't really know**

14. Correctly label the female illustration by inserting the following terms in their correct location:

cervix	ovaries	uterus
clitoris	fallopian tubes	vagina



15. For each of the following statements, label them as T (true) or F (false)

- T It is possible for a female to get pregnant while on her period, especially after the first day of her period
- T In the real world, the IUD and the implant are the 2 most effective methods of temporary birth control.
- T It is possible to get pregnant or to get someone pregnant the first time you have sex
- F There is just 1 day during a female's cycle that she can get pregnant

16. What is the main reason most are women more susceptible to pregnancy using the calendar method?

- a. Their cycles are not a consistent number of days from cycle to cycle.
- b. They don't have an accurate understanding of their fertile time**
- c. Their body temperature is not regular
- d. They ovulate more than once per month



Pre/Post-Summative Assessment — Answer Key (cont.)

17. Identify whether each of the following STIs are caused by a virus or a bacterium by placing the correct letter next to each STI.

STI	Cause
<u>a</u> Chlamydia	a. Bacterium
<u>a</u> Gonorrhea	b. Virus
<u>b</u> Genital herpes	
<u>a</u> Syphilis	
<u>b</u> Human papillomavirus	
<u>b</u> Hepatitis B	
<u>b</u> HIV	

18. Which of the following are 100 percent effective in preventing pregnancy for perfect users?

- a. Condom
- b. Oral contraceptives
- c. Injectable contraceptives
- d. Cervical cap
- e. Abstinence**

19. Which of the following are 100 percent effective in preventing STIs?

- a. Spermicides
- b. Condom
- c. Abstinence**
- d. Emergency contraception
- e. IUD

20. Which of the following are positive possible aspects of being sexually abstinent? Choose all that apply.

- a. Better relationship with partner**
- b. Easier to attain goals**
- c. No chance of pregnancy or STIs**
- d. Increased self image**
- e. Decreased stress**

21. Match the following steps in the development of a fetus with the correct trimester in which it occurs by placing the letter of the trimester next to the step.

Step	Trimester
<u>a</u> Heart starts beating	a. First
<u>c</u> Skin is covered with waxy substance called vernix	b. Second
<u>b</u> Eyebrows, eyelashes, and hair start to grow	c. Third
<u>b</u> Fetus can hear voices and recognizes mother's voice	
<u>a</u> Brain is physically fully formed	
<u>c</u> Fetus gains the most weight (1/2 pound per week) and grows longer	

22. Which of the following are typical symptoms/discomforts of pregnancy? Choose all that apply

- a. Extra energy
- b. Thick, healthy hair**
- c. Nausea
- d. Gain of 20-30 pounds**
- e. Infrequent urination

23. How many stages of pregnancy are there?

- a. one
- b. two
- c. three**
- d. four

24. Match each of the following phases of labor in stage 1 with its dilation measurement by placing the letter of the stage next to the measurement.

Measurement	Phase
<u>a</u> 0-3 centimeters	a. Early
<u>b</u> 4-8 centimeters	b. Active
<u>c</u> 8-10 centimeters	c. Transition

Pre/Post-Summative Assessment — Answer Key (cont.)



25. Which of the following are common pregnancy complications? Choose all that apply
- a. Spina bifida
 - b. Rh incompatibility**
 - c. Gestational diabetes**
 - d. Still birth**
 - e. Toxemia**
26. What amount of alcohol is safe to drink during pregnancy?
- a. none**
 - b. 1 oz. per day
 - c. 2 oz. per day
 - d. 3 oz. per day
27. Which of the following are potential life-long problems of a drug-affected infant or an infant born with FASD?
- a. Hyperactivity
 - b. Learning disabilities
 - c. Poor coordination
 - d. Mood swings
 - e. Delayed development
 - f. All of the above**
28. Which of the following are impacted by an unplanned pregnancy in a teen? Choose all that apply.
- a. Education**
 - b. Friendships**
 - c. Finances**
 - d. Family relationships**
 - e. Personal relationships**

Views, Plans and Values**Lesson Overview**

In this lesson, students take a survey which requires them to consider their goals, their view of themselves, and their views about sex education, sexual activity, and parenting. They also prioritize their values and compare their views with those of classmates.

Key Points

- A good place to start in learning anything is to understand what you already know prior to the learning experience.

- Understanding your goals and values, and how they are influenced by others is an important step in self awareness.

Lesson Objectives

After completing this lesson, students will be able to:

- Define values
- Have a better understanding of their views about parenting, sexuality, and values
- Identify long-term and short-term goals in their lives

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Survey and Assessment Tool	• Attitude Survey and Self Assessment Tool	Print/photocopy the <i>Survey and Self Assessment Tool</i>	15 minutes
LEARN: Plans and Values	• <i>Prioritize Your Values</i> worksheet	Print/photocopy the <i>Prioritize Your Values</i> worksheet.	20 minutes
SUMMARIZE: Course Schedule and Parent/Guardian Letter	• Course Schedule • Parent/Guardian Letter	1. Print/photocopy the course schedule. 2. Make additions/changes to the Parent/Guardian letter as needed, then print/photocopy.	10 minutes

Educational Standards Supported

National Family and Consumer Science Standards: Reasoning for Action 1-4; 1.1.; 6.1;

National Health Standards: 2.12.1; 2.12.8

FOCUS: Survey and Self Assessment Tool

15 minutes

Purpose:

In this activity students complete a Survey and Self Assessment Tool. This tool is designed to have them begin thinking about their future plans, and the influences outside of themselves that impact their views. The questions in the tool will elicit answers that are topics you will discuss in the class over the whole unit. When this Survey and Self Assessment Tool is given at the end of the unit, you and the students will be able to track changes in their views prior to and after the learning experience.

Materials:

- *Survey and Self Assessment Tool*

Facilitation Steps:

1. Give each student a copy of the Attitude Survey and Self Assessment Tool. Explain that this tool is designed to get them thinking about their future plans as they relate to having children, their views about having children, and the influences outside of themselves that impact their views.
2. After 10 minutes, have students turn to a partner and briefly share and discuss their answers for a few of questions.
3. Have students report back to the group by asking a question, such as how similar were your views in the opinion questions?
4. Provide a closing statement/observation about this activity.



Survey and Self-Assessment Tool

Infant Simulator Impact Scale (ISIS) (Roberts & McCowan, 2000)

Name: _____

Class Period: _____

Directions: Answer the following questions by placing an “x” in the appropriate box, writing your response in the space provided, or circling the best answer.

For the following statements, rate your level of agreement from 1 (strongly disagree) to 4 (strongly agree)

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I would be very upset if I found out I was pregnant (or if I found out my girlfriend was pregnant).	1	2	3	4
2. It is very important to be married before having children.	1	2	3	4
3. Having a baby negatively affects a couple’s relationship.	1	2	3	4
4. Parenting is a skill that takes time and patience to learn.	1	2	3	4
5. Parenting involves a great deal of commitment and time.	1	2	3	4
6. Birth control interferes with sexual activity.	1	2	3	4
7. If someone does choose to have sex, there are birth control methods that work very well to protect against pregnancy.	1	2	3	4
8. Discussion of parenting/birth control issues should be done at school.	1	2	3	4
9. Discussion of parenting/birth control issues should be done at home.	1	2	3	4
10. Caring for a baby does not require much money.	1	2	3	4
11. I could afford to raise a baby as a teenager.	1	2	3	4
12. Having a baby would make me feel better about myself.	1	2	3	4
13. I could easily raise a child and continue my education.	1	2	3	4
14. There are many ways to show that you care for someone instead of being sexually active.	1	2	3	4
15. Peer pressure causes most teens to become sexually active.	1	2	3	4
16. The best way to avoid pregnancy and contraction of a Sexually Transmitted Infection is through abstinence.	1	2	3	4
17. If someone chooses to have sex, they need to choose a birth control method and a way to protect themselves from Sexually Transmitted Infections.	1	2	3	4
18. My future would be better if I had a baby.	1	2	3	4
19. Being a teen parent would make me more popular with my friends.	1	2	3	4

Survey and Self-Assessment Tool (cont.)



Infant Simulator Impact Scale (ISIS) (Roberts & McCowan, 2000)

- | | | | | |
|---|---|---|---|---|
| 20. When I have sexual desires I do not think about being a parent. | 1 | 2 | 3 | 4 |
| 21. Teenagers should abstain from sexual behaviors. | 1 | 2 | 3 | 4 |
| 22. Taking care of an infant is a large responsibility. | 1 | 2 | 3 | 4 |
23. I have discussed parenting/birth control issues at: (Check all that apply.)
- ☐ Home
 - ☐ School
 - ☐ Church
 - ☐ Home & Church
 - ☐ Home
24. The best age to start being sexually active is:
- ☐ 14-16
 - ☐ 17-19
 - ☐ 20-22
 - ☐ 23-25
 - ☐ When you are in a committed, life-long relationship (married).
25. What percentage of your teenage friends have babies?
- ☐ 50% or more
 - ☐ 25% to 49%
 - ☐ 10% to 24%
 - ☐ less than 10%
26. What is the best age to start having a family?
- ☐ 17-19
 - ☐ 20-22
 - ☐ 23-25
 - ☐ 26 or older
 - ☐ When you are in a committed, life-long relationship (married).
27. What percentage of your teenage friends are sexually active?
- ☐ Almost everyone (90% or more)
 - ☐ Most (50% to 89%)
 - ☐ Many (25% to 49%)
 - ☐ Some (10% to 24%)
 - ☐ Few (less than 10%)
28. What would you do if you became pregnant or got someone pregnant?
- ☐ Keep the baby
 - ☐ Put the baby up for adoption
 - ☐ Have an abortion
 - ☐ Place the baby in foster care



Survey and Self-Assessment Tool (cont.)

Infant Simulator Impact Scale (ISIS) (Roberts & McCowan, 2000)

29. To what degree does your faith affect your sexual behavior?

- ☐ Very much
- ☐ Somewhat
- ☐ Slightly
- ☐ Not at all

30. How many children do you want to have, total in your life? _____

31. If you want to have children someday, when do you want to have them, and why do you want them then?

When? _____

Why then? _____

What skills do you need to be a good parent? _____

32. What are your strengths (e.g., loyal, smart)? _____

33. What would you like to be better at? _____

34. Are there areas of your life you feel you have good control over? ☐ Yes ☐ No
If so, what are they? _____

35. Do you feel that your decisions now affect your future plans? ☐ Yes ☐ No
If so, to what extent: ☐ Minimally ☐ To some extent ☐ To a large extent
Give examples _____

36. Order the following according to their level of influence on your decisions and the way you live your life, with 1 having the most influence and 5 or 6 having the least influence.

- ___ Parents/Family
- ___ Friends
- ___ Media
- ___ Church/Faith
- ___ School
- ___ Other (fill in) _____

Thank you for your cooperation!

Unit One—Lesson One
Views, Plans and Values

LEARN: Plans and Values

20 minutes

Purpose:

Students identify their personal values as they relate to relationships and the values of other students.

Instructor Information:

Values are certain morals or attributes that a person holds as important. Values guide people's decisions, and in turn guide their lives. If students are sure of their values and let values guide them in their relationships, it will help them to succeed in life and ultimately as parents someday.

The popular media bombards students with countless images of relationships. These images can be positive or

negative and may shape the way students view relationships

Materials:

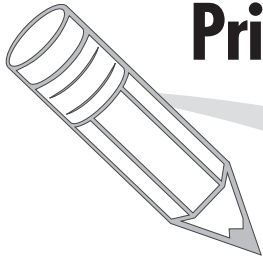
- *Prioritize Your Values* worksheet

with others in their lives, from parents to boyfriends and girlfriends. The following activity and discussion is meant to get students thinking about where their values come from and how they might unknowingly be influenced by the popular media. The discussion should also get them thinking about how other people's values may be quite different from their own, and how a relationship with someone whose values are different from their own would be challenging.

Facilitation Steps:

1. Give each participant a copy of the *Prioritize Your Values* worksheet and have them complete it on their own.
2. Have students pair up with a partner to compare their answers.
3. Conduct a large group discussion by asking students the following questions:
 1. *What are values?* Define "values" either with the Instructor Information or in your own words.
 2. *What values in your list of 10 are most important to you in your relationship with your parents? With friends? With a boyfriend or girlfriend?* List these on the chalk board/white board.
 3. *How did you learn your values?* (from parents, friends, church, TV, etc.)
 4. *Why are these values important to you?*
 5. *Do your values contribute to a respectful, healthy relationship? Why or why not, explain.*
4. Ask if any pairs of students had the same answers. (It's unlikely that any two people will have exactly the same answers.) Draw the conclusion that when we interact with or are exposed to media and influences, we should remember that everyone has different values which drive their thoughts, messages, and motivation.
5. Have the pairs list five values they can agree on if they were raising a child together. After a couple of minutes, have pairs share whether they were able to come up with five they could agree on, ask who compromised easily and who didn't agree easily. Ask students if they think deciding which values to teach a child would be difficult. Why or why not? Ask how important it is to partner with someone in raising children who has the same or similar values? Why?

Unit One—Lesson One
Views, Plans and Values



Prioritize Your Values

Unit One—Lesson One
Views, Plans and Values

Name: _____

Class Period: _____

From the list below choose the top 10 values that are most important to you, numbering them from 1 (most important) to 10 (least important).

- | | |
|---|--|
| ☐ Kindness | ☐ Spirituality |
| ☐ Friendship | ☐ Cooperation |
| ☐ Family | ☐ Responsibility |
| ☐ Power | ☐ Creativity |
| ☐ Affection | ☐ Leadership |
| ☐ Love | ☐ Loyalty |
| ☐ Helping others | ☐ Stability |
| ☐ Honesty | ☐ Ethics/Morality |
| ☐ Purity | ☐ Money |
| ☐ Independence | ☐ Wisdom |
| ☐ Respect | ☐ Fame |
| ☐ Recognition | ☐ Freedom |

Unit One—Lesson One
Views, Plans and Values

1

SUMMARIZE: Course Schedule and Parent/Guardian Letter

5 minutes

Purpose:

In this activity students will learn about the units and lessons in the course, and review the parent/guardian letter to be sent home for students to discuss with their parent/guardian.

Materials:

- *Course Schedule*
- *Parent Guardian Letter*

Facilitation Steps:

1. Summarize the lesson by explaining how decision making skills and values play an important role in your future plans. Tell students that the next lesson will help us better understand how we are influenced by people and things around us.
2. Hand out the *Course Schedule* and discuss briefly. Ask if there are any questions or concerns about the topics that will be covered in this course.
3. Hand out the *Parent/Guardian Letter*. Have students read it. Explain that the purpose of the letter is to inform parents/guardians about the topics that will be discussed in the course, and the purpose of these topics. Parental/guardian involvement is an important part of this course, and will help to ensure that communication between the parent/guardian, student, and the school/teacher remains open and productive. Answer any questions or concerns.

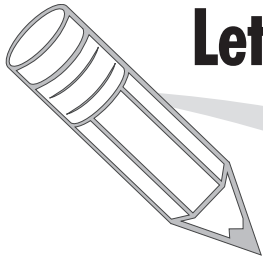
Unit One—Lesson One
Views, Plans and Values



Course Schedule

Unit	Lesson	Title	Approximate Time
		Pre-learning Survey and Assessment	30 minutes
1		Communication and Interpersonal Skills	
1	1	Views, Plans and Values	45 minutes
1	2	The Influences Around Us	45 minutes
1	3	Communication and Self Esteem	45 minutes
1	4	Communication in Relationships	45 minutes
1	5	Relationships	45 minutes
2		Sexual Wellness	
2	Section 1	<i>Sexuality, Responsibilities of Sexual Activity and the Benefits of Abstinence</i>	
2	1	Reproductive Systems, Fertilization, Conception	45 minutes
2	2	Family Planning: Birth Control – Parts 1 and 2	90 minutes
2	3	Benefits of Abstinence	45 minutes
2	4	HIV and STIs	45 minutes
2	Section 2	<i>Human Reproduction and the Responsibilities of Pregnancy</i>	
2	5	Pregnancy and Prenatal Development	45 minutes
2	6	Alcohol and/or Drugs and Fetal Development	45 minutes
2	7	Birth Process	45 minutes
3		Impact of Unplanned Pregnancy	
3		<i>Responsibilities of Parenting: Infant Care and Costs</i>	
3	1	Care and Needs of an Infant – Introducing Baby	45 minutes
3	2	The Simulation Experience	45 minutes
3	3	The Reality Is...Impact of a Baby on Goals, Relationships, and Time	45 minutes
3	4	Cost of Baby	45 minutes
3	5	Summary, and Assessment	45 minutes

Unit One—Lesson One
Views, Plans and Values



Letter to Participant's Family

Unit One—Lesson One
Views, Plans and Values

Date: _____

Class: _____
Class name

Dear Parent or Guardian,

Your child will be participating in a health unit entitled, *Healthy Choices: Relationships, Sexuality and Family Planning*. Your child will be receiving age-appropriate, medically accurate information on goal setting, identifying their values and the impact of various influences, communication, abstinence, contraception options, STI prevention, and unplanned pregnancy. At the conclusion of this unit, students will bring home an infant simulator, the RealCare® Baby. This will give them an idea of the time and effort involved in parenting.

To help with the success of this learning experience, I'd like to invite you to participate in several activities during the course of this unit. As we come to those activities, your son/daughter will bring home the necessary worksheet or questions that will initiate discussion between the two or three of you.

Parents/guardians play a critical role in helping their teens avoid becoming sexually active, and communication is the key. Nine out of ten students surveyed said it would be easier to postpone sexual activity if they were able to have open, honest conversations with their parents. Teens who feel closely connected to their parents are more likely to abstain from sex, wait until they are older to begin having sex, have fewer sexual partners, and use contraception more consistently.¹

Parent-child connectedness is a condition characterized by the quality of the emotional bond between parent and child, and the degree to which this bond is both mutual and sustained over time. What are the underlying factors that contribute to a state of connectedness between parent and child? There are a number of determinants that affect this:

- Physiological behaviors - provide basic needs: food, clothing, shelter, etc.
- Build and maintain trust
- Demonstrate love, care, and affection
- Share activities
- Establish and maintain structure in the home
- Maintain effective verbal communication
- Prevent, negotiate and resolve family conflicts

Some ideas for helping you to continue or expand the learning experience by keeping the communication open:

- Choose a time that's good:
 - *Create a moment*: For example, say "I just want three minutes", and then stop after three minutes
 - *Expand a moment*: If you see a sexual situation on television which your son/daughter is watching, don't turn the channel – talk about it. Ask what they think about the situation shown, provide opportunity for them to ask you questions or to share your values.
 - *Turn a moment*: For example, while driving in the car – sprinkle your values and messages often and in short spurts during your conversations with your child.
- Consider your child's age, life experiences, and level of knowledge as you discuss sexually-related topics.
- Sort through all the grey areas of a specific topic, particularly as they relate to your values. Are you clear about your own values? Might you send any mixed messages? For example, what would you say if your 12 year old asked, "When do you think its okay for 2 people have sex?" What would you say if your child were 16? 20? Would your answer be different if your 12 year old were a girl or a boy?

If you have any questions regarding the upcoming lessons, please contact me at (phone number) or (e-mail address).

Sincerely,

Health Teacher

1. Blum, R.W. & Rinehard, P.M. (1998). Reducing the Risk: Connections that make a difference in the lives of youth. Center for Adolescent Health and Development, University of Minnesota, Minneapolis, MN.

http://www.teenpregnancy.org/works/pdf/Parental_Influence.pdf

Unit One—Lesson One
Views, Plans and Values

The Influences Around Us**Lesson Overview**

This lesson includes a discussion about peer pressure, its various forms, and its influence on our decisions. Students evaluate various popular media and the effect it can have on personal values related to sexual messages and behavior.

Key Points

- We need to be aware of the influences around us and their impact on our values and ultimate decisions.
- Peer pressure can take a number of different forms, both spoken and unspoken, and can lead to risky, disapproved, or personally unwanted behavior.
- Students can learn to identify peer pressure tricks, which is the first step toward resisting them.

Lesson at a Glance**Lesson Objectives**

After completing this lesson, students will be able to:

- Recognize different forms of spoken and unspoken pressure
- Describe how peer pressure can affect how they think and behave
- Evaluate the influences of popular media on their views and values

Make students aware that ways to resist peer pressure will be addressed after this in a separate lesson.

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Peer Pressure	Class discussion	Class discussion	5 minutes
LEARN: Media Influences	• Short sections of popular songs • Large poster board collage of magazine advertisements • DVD movie trailers • Short clips of television commercials • Other popular media	1. Record on CD short sections of popular songs that talk about relationships positively or negatively – any current popular songs will do. 2. Compile on a large poster board a collage of magazine advertisements showing relationships 3. Record on a DVD movie trailers (previews found at the beginning of DVD movies or in the “extra features” section) 4. Record short clips of television commercials (both for products and for upcoming shows/movies) that show relationships 5. Gather any other popular media displaying relationships both positively and negatively	15 minutes

LEARN: Peer Pressure Forms	• <i>Peer Pressure</i> Power Point presentation • <i>Peer Pressure</i> Forms worksheet	1. Prepare <i>Peer Pressure</i> PowerPoint presentation for display 2. Print or photocopy the <i>Peer Pressure Forms</i> worksheet, creating enough for each small group you will divide the class into.	15 minutes
SUMMARIZE: Let's Talk About Peer Pressure	Class discussion	Class discussion	10 minutes

Educational Standards Supported

National Family and Consumer Science Standards: Reasoning for Action 1; 3

National Health Standards: 2.12.1-2.12.5

FOCUS: Peer Pressure**5 minutes****Purpose:**

In this activity, students think about different kinds of peer pressure and how they respond to it.

Instructor Information

Peer pressure is real at every age. Everyone wants to fit in and be accepted. Peer pressure can be positive or negative; for example someone encouraging you to try out for the school play, or someone pressing you to drink alcohol. The following lesson is designed to demonstrate that peer pressure DOES exist, and to show how peer pressure can affect behavior. In relationships and decisions for life, students need to notice peer pressure when it is occurring, and hopefully start to be able to resist negative peer pressure and stick to their personal values as they grow and mature.

Facilitation Steps:

1. Ask students: What is peer pressure? Do you experience it in your life? What sorts of things might friends encourage us to do that is against our better judgment? [list these on the board]
2. Ask students: What are some ways that people use to put pressure on us? For example, do they insult you or call you names? Threaten you with not being your friend anymore? Tell you that you won't be "cool" if you don't do it? Keep bugging you about it? Ask the class to share examples.
3. Have students take a minute to think on their own about a time they felt pressured to do something they didn't really want to do.

LEARN: Media Influences

15 minutes

Purpose:

Students evaluate the effect that popular media can have on their personal values related to sexual messages and behavior.

Materials:

- Short sections of popular songs that talk about relationships positively or negatively – any current top 40 songs will do.
- A collage of magazine advertisements showing relationships
- Movie trailers (previews found at the beginning of DVD movies or in the “Extra Features” section)
- Short clips of recorded television commercials (both for products and for upcoming shows/movies)
- Any other popular media displaying relationships both positively and negatively

Facilitation Steps:

1. Show students as many popular culture examples as you have time for. Compare and contrast the values discussed at the beginning of class with the values shown in the pop culture media examples in class.
2. Ask the following questions:
 - What kinds of values seem to be important in the relationships shown? How do they differ from the values you learned from your parents?
 - Do any of these examples reflect values that are important to you? Why do you think that is the case?
 - Do the examples contribute to a respectful, healthy relationship? Why or why not?
 - If you had children, would you teach them the values shown? Why or why not?
 - What values would you like to teach your children some day? Explain.
 - Do you think the songs you heard:
 - Promote sexual activity outside of marriage?
 - Help you work through feeling in a positive or negative way?
 - Suggest that actions be based on feelings, impulse, and/or commitment?
 - Encourage teens to have self-control?
 - Confuse “love” with “sex”?
 - Encourage selfishness, which is the opposite of love?
 - Promote lust (uncontrolled sexual desire) or mature love?
 - Give a message that is healthy for teens? Why or why not?
- Regarding the television clips:
 - Does television use sex to attract the audience and sell products?
 - What television shows have you seen that have a sexual message?
 - What commercials have you seen that have a sexual message?
 - Do television shows or commercials show the consequences?
 - Do they ever talk about protection, or are you made to believe that protection is being used?
3. Magazine ads: Show a collage that you have made by clipping advertisements from magazines and tabloids. Ask students how sex is used to try to sell a product.

LEARN: Peer Pressure Forms**15 minutes**

Lesson adapted with permission from: thecoolspot.gov through the National Institute on Alcohol Abuse and Alcoholism

Purpose:

In this activity students learn about the various forms of peer pressure and in small groups analyze various scenarios to identify which form of peer pressure is being used. A brief class discussion on peer pressure concludes the activity.

Materials:

- *Peer Pressure* Power Point presentation
- *Peer Pressure Forms* worksheet

Facilitation Steps:

1. Divide the class into small groups of 4-5 students.
2. Give each group a set of peer pressure forms and have them lay them out on the desk/table in front of them.
3. Have each group select a spokesperson to hold up the group's answer choice
4. Tell students you're going to read a scenario, and after you've read it, they should discuss which form of pressure is being used in this scenario, from the peer pressure forms they have in front of them.
5. Read each scenario giving a few seconds for the groups to discuss and select an answer.
6. Have each group's spokesperson hold up the paper strip for the form they think is being demonstrated.
7. Read aloud each choice; then announce the correct answer.
8. Ask students to explain their choices; allow time for Q&A

Answers for the Scenarios:

Scenario A – Team Fans: Rejection

Scenario B – Substitute Teacher: The Put Down

Scenario C – The Math Test: Reasoning

Scenario D – The Party: The Huddle

Scenario E – The Dance: The Look

Scenario F – The MP3 Player: The Example

9. Show PowerPoint slides and conduct a class discussion and teaching on peer pressure.

- In the scenarios, were there any situations in which the peer pressure could be seen as positive? Think about “The Example”—how might Mom see having an MP3 player as a good thing for her daughter? What might be some positive and negative consequences for Nicky? How might this be different if Nicky were a boy? Which other role play demonstrated that having a certain thing can help someone feel like they fit in? (“The Look”)
- Peer pressure takes many forms—
 - Spoken pressure (also called direct pressure) is when someone asks you directly to do something, or says things to you that push you toward a certain choice. Examples: Rejection, Put Down, Reasoning
 - Unspoken pressure (also called indirect pressure) is when nothing is actually said to you, but because you see others doing something, you feel pressure to do the same. Examples: The Huddle, The Look, The Example
- Peer pressure evokes a broad range of feelings—
 - Positive: pride, importance, belonging, etc.
 - Negative: confusion, insecurity, isolation, etc.
- Discussion Questions:
 - Is peer pressure always deliberate?
 - Does peer pressure always say something negative about the person or people exerting the pressure? Give examples.
 - Are there any advantages or disadvantages in being (or trying to be) friends with someone outside your normal social group, as in “The Huddle”?
 - Think about the “Reasoning” scenario. Is it more important among peers to just seem to succeed on school tasks or to really succeed on

school tasks?

- Is peer pressure exclusive to teenagers? Explain your answer.

Peer Pressure Role Play Scenarios

Scenario A – Team Fans (Answer: “Rejection”)

Characters: Josh – a boy who has just moved to the area
Several other boys who are local team fans

Setting: Outside the building before or after school or in the cafeteria during lunch

Several boys are standing together discussing their favorite team. Josh walks past. One boy calls out to him and asks who his favorite team is. Josh answers with the name of another city team. All the boys laugh and turn away from Josh. Another boy calls out, “I guess YOU won’t be at our (team name) party Sunday!” Josh walks away.

Scenario B – Substitute Teacher (Answer: “The Put Down”)

Characters: Brianna – a polite, respectful middle school student
Other less respectful and somewhat rowdy students
Mr. /Ms. Morgan – substitute teacher

Setting: A middle school classroom

Brianna enters the class, greets the substitute, sits down, and prepares to work. Other students enter, notice the substitute, and start spreading the word that there’s a sub. The bell rings, and other students continue to stand and talk, etc. The substitute asks each of the other students to take their seats and quiet down for the morning announcements. Brianna remains seated quietly while other students continue laughing, messing around, and throwing paper wads, some directed at Brianna. Brianna ignores the disruption. One student calls Brianna a chicken and adds noises; then others make comments to her about her being a brown-nose or teacher’s pet.

Scenario C – The Math Test (Answer: “Reasoning”)

Characters: Pete – a kid who didn’t study for a math test
Other students, friends of Pete, who did not study but have a “cheat sheet”
Mr. /Ms. Ramos – the math teacher

Setting: a middle school classroom

Pete comes into the classroom and hears the teacher say there’s a math test. Pete mutters something about his mom’s reaction to another failed math test. Friends overhear Pete and tell him not to worry; they’ve got him covered with the “cheat sheet.” Pete hesitates and expresses

concern about cheating and getting caught. Friends give him reasons why they think it’s fine—such as everyone does it, they’ve done it before, and they didn’t get caught.

Scenario D – The Party (Answer: “The Huddle”)

Characters: Katrina – a nice girl who likes a cool boy and wants to be popular
Mick – the cool boy that Katrina likes
Other cool kids

Setting: an end of school year party

Mick and other kids are gathered in a huddle around one student who is showing them a new music video on a portable media player. They are enjoying the video. Katrina walks in. A few in the group turn and briefly look at her and then at Mick. They don’t acknowledge her and turn back to the video. Mick smiles at her and then gives his attention back to the video and the group. She approaches the group, but they don’t turn to include her.

Scenario E – The Dance (Answer: “The Look”)

Characters: Diana – a shy girl wearing simple, plain clothing
Rafe – Diana’s shy best friend, also dressed in a plain way
Other “popular” students wearing stylish jeans and casual shirts

Setting: a school dance

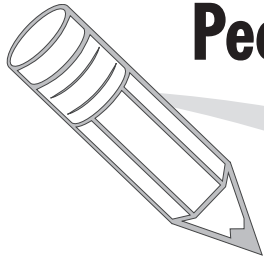
The students in the stylish clothes are dancing and laughing. Diana and Rafe enter and stand apart, watching the others. One or two of the popular students notice Diana and Rafe and give them “the look,” which can include looking them up and down, rolling their eyes, slightly shaking their heads in disapproval, and the like. They also nudge their friends—without saying anything—to look as well.

Scenario F – The MP3 Player (Answer: “The Example”)

Characters: Nicky – a girl who wants to fit in. Other girls who are friends with each other and who all have MP3 players with earbuds
Nicky’s mom

Setting: the mall

Nicky’s mom drops her at the mall to get new athletic shoes and other team equipment. As Nicky is walking to the shoe store, she passes the girls listening to their MP3 players and sharing their earbuds. Instead of going to the shoe store, Nicky heads for the electronics store and gets an MP3 player. When her mom meets her, Mom asks where Nicky’s new shoes and equipment are.



Peer Pressure Forms

Unit One—Lesson Two
The Influences Around Us

Spoken pressure:

REJECTION

Threatening to leave someone out or end a friendship.

Spoken pressure:

PUT DOWN

Insulting or calling names to make someone feel bad.

Spoken pressure:

REASONING

Giving reasons to do something or why it would be OK to do it.

Unspoken pressure:

THE HUDDLE

A group stands together talking or laughing, maybe looking at something you can't see, with their backs out to others.

Unspoken pressure

THE “LOOK”

Kids who think they're cool give a look that means: “We're cool and you're not.”

Unspoken pressure:

THE EXAMPLE

Popular kids simply buy or wear or do something, and because they set an example, others want to follow.

Unit One—Lesson Two
The Influences Around Us

SUMMARIZE: Let's Talk About Peer Pressure

5 minutes

Purpose:

This activity summarizes the concepts taught in this lesson and has students reflect on their own use of and response to peer pressure.

Facilitation Steps:

Conduct a class discussion summarizing the main points in this lesson – on both media influences and peer pressure.

1. Ask the following questions – either as a way to summarize or to get a response and generate discussion.
 - Which kind of pressure is hardest for you to resist?
 - How can you prepare yourself for these situations? (Note that we'll be discussing refusal skills in an upcoming lesson.)
 - Is it harder to resist friends or people you don't know?
 - Have you ever tried to pressure a friend? Why?
 - Would you risk losing a friend over something you felt strongly about?
 - What are some factors that influence your decisions?
 - What consequences are you thinking of when someone tries to pressure you?

2. Read the following statements to the class and have them raise their hands if the statement applies to them. The intent is to have people in the group identify others with whom they have something in common. Because of the sensitivity of this topic, you may adapt this strategy and ask students to simply think their responses.
 - I have used unspoken pressure against someone.
 - I have had unspoken pressure used against me.
 - I have used spoken pressure against someone.
 - I have had spoken pressure used against me.
 - I have used unspoken pressure to help someone.
 - I have had unspoken pressure used to help me.
 - I have used spoken pressure to help someone.
 - I have had unspoken pressure used to help me.

Suggested Follow-up activities to Peer Pressure Lessons**Activity: Writing Assignment**

Have students write a one-page essay describing two of their most important relationship values, and how those values compare to values seen in the popular media.

Activity: Observation Assignment

Ask students to make note of peer pressure they see being used in at least two of the following places within a given time frame (before the next class, by the end of the week, etc.) and name the type of pressures exhibited. If possible, they should state whether or not the pressures were successful and how they knew. (Ground rule: nothing too personal or embarrassing.

- in school (academically)
- at the library
- at the mall
- between two adults
- between two younger children
- in school (socially)
- at a team or group practice
- at home
- at work

Unit One—Lesson Two
The Influences Around Us

Lesson Three

Communication and Self Esteem



Lesson Overview

In this lesson students learn communication and negotiation skills, and learn about how self esteem affects our communication and relationships.

Key Points

- Different people have different styles of communicating, and because of this people with different styles of communicating may have difficulty understanding each other
- Good communication skills build healthy relationships and prevent misunderstandings
- Communication occurs both verbally and non-verbally

- We should all have skills for building/keeping up our self esteem

Lesson Objectives

After completing this lesson, students should be able to:

- Describe good communication skills
- Describe characteristics of high self esteem
- Describe characteristics of low self esteem
- List and describe active listening techniques
- Turn a negative self-talk statement into a positive one

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Self-Reflection	Blank piece of paper and pencil for each student	Ensure that students have paper and pen/pencil to complete this activity.	10 minutes
LEARN: Communication Skills	• <i>Communication</i> PowerPoint Presentation • <i>Self Esteem</i> handout • Using <i>Good Communication Skills</i> handout • <i>Communication Skills</i> worksheet	1. Prepare <i>Communication</i> PowerPoint for display 2. Print/Photocopy <i>Self Esteem</i> Handout 3. Print/Photocopy <i>Using Good Communication Skills</i> handout 4. Print/Photocopy <i>Communication Skills</i> worksheet	30 minutes
SUMMARIZE: What Have We Learned?	Class discussion	Class discussion	5 minutes

Education Standards Supported

National Family and Consumer Sciences Standards: 13.1-4; 13.6

National Health Standards: 2.12.8; 2.12.9; 4.12.2; 4.12.3; 7.12.3

FOCUS: Self Reflection

5 minutes

Purpose:

Students reflect on times they were or were not assertive in speaking up for themselves.

Instructor Information:

Clear communication is important in any relationship. To contribute to a solid relationship, students should practice good communication skills. Also, sometimes in a romantic relationship, there comes a time when one person has to set limits on intimate behavior. The following activities give students good ideas and practice in assertive communication.

Materials:

- Students' blank paper and pencil

Facilitation Steps:

1. Have students take out a sheet of paper and pen/pencil.
2. Have students write down a few sentences describing a situation from their lives in which they did not, or are not speaking up for themselves. Explain that the activities in this lesson are intended to help students become more assertive in speaking up for themselves in a variety of situations
3. Explain the following to students:
Not speaking up for ourselves can happen in a variety of situations or may even depend on who we're talking with or how we're feeling at the time. One possible issue with not being self-assertive is that of self esteem.
4. Conduct a class discussion by asking the following questions. There are no specific right or wrong answers, but you can lead the discussion to direct toward better answers. The answers students share will be enlightening for you - to get a better understanding of where they are in their thoughts on this, and it will enlighten them on the various thoughts of their peers and on your thoughts on this.
 - What is self esteem? If someone has high self esteem, would you think they were conceited? What's the difference between having high self esteem and being conceited?
 - How does a person get high self esteem? Is it from something they do? Is it based on how popular or good looking they are? Is everyone entitled to have high self esteem?
 - How does making good or bad choices for yourself affect your self esteem? Give some examples.
 - Why do you think some people have high self esteem and others have low self esteem? Do you have control over your sense of self esteem? Do you think self esteem can be raised or lowered over our lifetime?
 - Do other people influence your sense of self esteem? If someone tends to lower your self esteem, what could you do about it?
 - How does comparing yourself to others affect your self esteem? Why is it not a good idea to compare yourself with others?
 - What are some ways to improve your self esteem?
5. Note that people will treat us according to the value we place on ourselves. Tell students that each of them is valuable beyond measure.

LEARN: Communication Skills**30 minutes****Purpose:**

Students learn about self esteem, how to improve it, and how it affects communication with others. They learn about, and practice, various communication, refusal, and negotiation skills.

Instructor Information:

It's inevitable that there will be conflict in any relationship. How that conflict is handled can be the determining factor in whether people are torn apart or brought closer together. When people have poor communication skills, the result is misunderstandings, anger, and distancing. Good communication skills, on the other hand, can bring people back together in an even stronger way, because they now have overcome a conflict together. The following skills can help improve communication in relationships: Listen carefully (don't interrupt or think of what you're going to say next), try to see things their way, show empathy rather

Materials:

- *Communication* PowerPoint Presentation
- *Self Esteem* handout
- *Using Good Communication Skills* handout
- *Communication Skills* worksheet

than defensiveness when they share a problem or criticism about you, stay focused on the current conversation (don't bring up other issues), use "I" messages rather than "you" messages, try to compromise – as much as it fits with your own values, and admit when you're wrong – this shows maturity. Remember that the goal of effective communication skills should be mutual understanding and finding a solution that pleases both parties, not 'winning' the argument or 'being right'.

Facilitation Steps:

1. Display the *Communication* PowerPoint slides, interjecting comments, examples, information from the Instructor Information, and questions as you go. Sample questions during the presentation:
 - Slide 2: Ask how many students feel they have good communication skills?
 - Slides 3-4: Have students think about a time when they or someone they were talking with used communication do's and communication don'ts. Ask if any one has an example they'd like to share and ask how that communication technique either helped with discussion or did not help it. Give personal examples if you have any.
 - Slide 5: Ask students to think about which communication style they tend to use most. Give examples of how each style would respond to a question. For example, if the question were posed: Where should we go out to eat?
Passive: I don't care – wherever you want to go is fine with me
Aggressive: We have to go out for pizza, that's what I want and there are no other options.

Assertive: I'd like to have pizza for dinner, how does that sound to you?

- Slide 6: Use a statement with the word "I" as the subject, not the word "you." This guideline is one of the most important and one of the most surprising. Consider the following examples regarding lateness:
 1. "You are frequently late for dates."
 2. "You are very prompt for dates."
 3. "I feel annoyed when you are late for dates."
 4. "I appreciate your arriving for dates on time."
 Statements 1 and 2 are "you" statements. People become defensive around "you" statements and are less likely to hear what you say when it is phrased this way. Statements 3 and 4 are "I" messages and create good peer relationship. People are more likely to remain open to your message when an "I" statement is used. Use "I" statements so the effectiveness of your comments is not lost.
- Slide 7: Give examples of parroting, paraphrasing, and reflecting feelings for a statement. Example: "I hate taking piano lessons, but my mom is forcing me to continue. It's driving me crazy."

Parroting: You hate taking piano lessons but your mom is making you do it and it's driving you crazy.

Paraphrasing: You really want to quit taking piano lessons because you dislike it so much.

Reflecting Feelings: It sounds like you're frustrated with your mom for making you take piano lessons. Demonstrate good and poor body language for active listening.

- Slide 14: Have students come up with an example of positive self talk for each of the three statements and ask for volunteers to give an example. Examples of positive self talk for each of the three statements:
 - This problem is so bad, it has no solution.
 - ***I'm confident that I can come up with a good solution***
 - ***I may not come up with the perfect solution, but I can come up with something that will work.***
 - I'll never get an A in this class.
 - ***I'm just as capable of doing well in this class as anybody else.***
 - If there is any possibility that something could go wrong, I should worry about it a lot.
 - ***I shouldn't worry about things that are out of my control, or that may not even happen.***

2. Have students get with a partner and hand out the *Communication Skills* worksheets – 1 per pair
3. Have pairs take turns giving examples of the communication skills for each of the statements on the worksheet. Circulate and answer questions as needed.
4. Have pairs share some of their answers for the various statements.



Self Esteem — Keep It UP!

Benefits of high self-esteem

- Increased respect
- Increased ability to reach goals
- Increased willingness to try
- Increased feelings of value

Risks of low self-esteem

- Vulnerable to peer pressure
- Feels insecure
- Disrespects others and self
- Doesn't feel valuable
- Fears failure
- Uses drugs and alcohol
- Behaves destructively

A person who has high self-esteem:

- Acts independently
- Assumes responsibility
- Takes pride in accomplishments
- Tolerates frustration
- Attempts new tasks and challenges
- Handles positive and negative emotions
- Offers assistance to others

Components of self-esteem:

- Belonging
- Willingness to take risks
- Uniqueness – celebrate your different-ness
- Power (personal)
- Productivity
- Support
- Solitude
- Humor
- Gratification difference (and know the difference between needs and wants)
- Mentors and models
- Re-seeding – giving back to others

Improving your self-esteem

- Use positive self-talk: I can do this. I am capable. I am a good person. I have value. I have talents and skills. I am loved (by parents, siblings, friends, God). I am lovely/beautiful/handsome just the way I am.
- Act with integrity- doing what you know is right
- Interpret messages from others: Consider who is doing the talking and where they're coming from (their own self image, the values and views, their emotions or situation at the time)
- Choose supportive friends
- Accept yourself

Unit One—Lesson Three
Communication and Self Esteem



Using Good Communication Skills

Good Communication is Important

- Prevents misunderstandings
- Builds Healthy Relationships
- Expresses yourself

Speaking Skills

- Voice volume
- Tone and Pitch
- “I” Messages and “You” Messages
- Empathy

Communication Do's

- Look the person in the eyes
- Ask questions
- Hear the person out
- Resist distractions
- Be open minded
- Assume responsibility to a two-way dialogue

Communication Styles

- Passive
- Aggressive
- Assertive

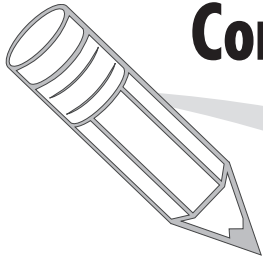
Active Listening Skills

- Parroting: Repeating the message
- Paraphrasing: Rephrasing the message in your own words
- Reflecting Feelings/Validating: Showing understanding and valuing of the opinion, even if you don't agree
- Empathizing: Expressing care and sensitivity to the message sender's feelings, opinions, experience
- Body Language: Nod, look engaged in what the person is saying, respond with short comments or questions to show you're paying attention

Communication Don'ts

- Interrupt
- Raise your voice or yell
- Call names or label
- Blame, force or threaten
- Monopolize the conversation
- Laugh at people
- Assume you understand
- Make snap judgments
- Say “always or never”
- Offer advice when it's not asked for

Unit One—Lesson Three
Communication and Self Esteem



Communication Skills

Unit One—Lesson Three Communication and Self Esteem

Name: _____

Date: _____

With your partner, take turns giving examples of how to say or respond to the given phrase in the way indicated.

You need to get a student in your group project to do her share of the work. Tell her that she needs to get her section of the report done by tomorrow.

Passive statement: _____

Aggressive statement: _____

Assertive statement: _____

For each of the following statements, use the communication skills shown to rephrase the statement.

You need to be home right after school. I don't want you going to the mall after school. I've heard that kids have been hanging out there and doing drugs and fighting. I'm concerned about your safety and that you might get into a situation where you can get into trouble.

✧ Parroting: _____

✧ Paraphrasing: _____

✧ Reflecting feelings/Validating: _____

✧ Empathizing: _____

I'm not sure it's a good idea to have sex at my age or before marriage. Even though I really like John, I don't feel OK when we have sex. I just try to pretend it will be over quickly. Sometimes I just pretend I'm not even having sex.

✧ Parroting: _____

✧ Paraphrasing: _____

✧ Reflecting feelings/Validating: _____

✧ Empathizing: _____

I don't know about my mother. One minute she's so nice and helps me and the next minute she is screaming at me for something.

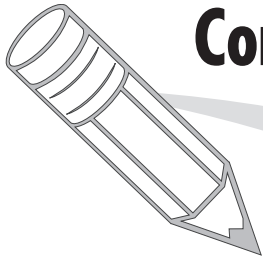
✧ Parroting: _____

✧ Paraphrasing: _____

✧ Reflecting feelings/Validating: _____

✧ Empathizing: _____

Unit One—Lesson Three
Communication and Self Esteem



Communication Skills — Answer Key

Name: _____

Date: _____

With your partner, take turns giving examples of how to say or respond to the given phrase in the way indicated.

You need to get a student in your group project to do her share of the work. Tell her that she needs to get her section of the report done by tomorrow.

- | | |
|-----------------------|--|
| Passive statement: | Would you mind working on your section of the report for tomorrow? |
| Aggressive statement: | You better have your section of the report done by tomorrow. |
| Assertive statement: | You really need to get your section of the report done by tomorrow. We have a due date and our grade will be affected if it's not in on time. Please don't let the group down. |

For each of the following statements, use the communication skills shown to rephrase the statement.

You need to be home right after school. I don't want you going to the mall after school. I've heard that kids have been hanging out there and doing drugs and fighting. I'm concerned about your safety and that you might get into a situation where you can get into trouble.

- | | |
|------------------------------------|--|
| ✧ Parroting: | So you'd like me to be home after school because you've heard that kids are going to the mall after school and getting into trouble. |
| ✧ Paraphrasing: | So, you know that my friends and I like to go to the mall after school sometimes, and you've heard about kids doing drugs and fighting there so you'd like me to stop going there after school. Is that right? |
| ✧ Reflecting feelings /Validating: | I understand how you feel concerned about my safety and that I could get into trouble just by being around there after school, given what goes on there. |
| ✧ Empathizing: | I imagine you feel worried when I'm at the mall after school. |

I'm not sure it's a good idea to have sex at my age or before marriage. Even though I really like John, I don't feel OK when we have sex. I just try to pretend it will be over quickly. Sometimes I just pretend I'm not even having sex.

- | | |
|------------------------------------|--|
| ✧ Parroting: | So, you don't feel OK when you have sex. |
| ✧ Paraphrasing: | Sometimes you can't even admit to yourself that you're having sex. |
| ✧ Reflecting feelings /Validating: | I understand that you're feeling uncomfortable about having sex with John because you really aren't sure it's right. |
| ✧ Empathizing: | I can see how you must be worried about having sex with John |

I don't know about my mother. One minute she's so nice and helps me and the next minute she is screaming at me for something.

- | | |
|------------------------------------|--|
| ✧ Parroting: | So, your mother is nice one minute and screams at you the next. |
| ✧ Paraphrasing: | She's inconsistent, so you don't know what to do. Is that right? |
| ✧ Reflecting feelings /Validating: | I can understand how you feel confused because your mother is changing all the time. |
| ✧ Empathizing: | I imagine you must feel frustrated with not know how to behave or what she'll do next. |

Unit One—Lesson Three

Communication and Self Esteem

SUMMARIZE: What Have We Learned?

5 minutes

Purpose:

Reflect on learning and summarize/review the main points of today's lesson.

Facilitation Steps:

1. Conduct a class discussion by asking the following questions:

- *What are some benefits of high self esteem?*
 - *Increased respect*
 - *Increased ability to reach goals*
 - *Increased willingness to try*
 - *Increased feelings of value*
- *What are some risks of low self esteem?*
 - *Vulnerable to peer pressure*
 - *Feels insecure*
 - *Disrespects others and self*
 - *Doesn't feel valuable*
 - *Fears failure*
 - *Uses drugs and alcohol*
 - *Behaves destructively*
- *Give me some examples of the characteristics of a person with high self esteem.*
 - *Acts independently*
 - *Assumes responsibility*
 - *Takes pride in accomplishments*
 - *Tolerates frustration*
 - *Attempts new tasks and challenges*
 - *Handles positive and negative emotions*
 - *Offers assistance to others*
- *What are some ways to improve your self esteem?*
 - *Use positive self-talk: I can do this. I am capable. I am a good person. I have value. I have talents and skills. I am loved (by parents, siblings, friends, God). I am lovely/beautiful/handsome just the way I am.*
 - *Act with integrity- doing what you know is right*
 - *Interpret messages from others: Consider who is doing the talking and where they're coming from (their own self image, the values and views, their emotions or situation at the time)*
 - *Choose supportive friends*
 - *Accept yourself*
- *What are the three communication styles?*
 - *Passive*
 - *Aggressive*
 - *Assertive*
- *What are some ways to demonstrate active listening?*
 - *Parroting*
 - *Paraphrasing*
 - *Reflecting Feelings/Validating*
 - *Empathizing*
 - *Body Language*
- *What tends to happen when you use "You" statements in a discussion?*
 - *People become defensive around "you" statements and are less likely to hear what you say when it is phrased this way.*

Unit One—Lesson Three
Communication and Self Esteem

Lesson Four

Communication In Relationships



Lesson Overview

Students will apply communication skills learned in the previous lesson to scenarios, situations, and in an interview/discussion with a parent/guardian.

Key Points

- We should be able to express feelings without blaming
- We need good negotiation, assertiveness and refusal skills in everyday life
- Empathy is listening and understanding another person's needs and feelings

Lesson Objectives

After completing this lesson, students should be able to:

- Apply good negotiation and refusal skills in various scenario situations
- Provide responses to sexual pressure lines
- Use refusal skills to posed sexual pressure situations
- Reflect on their ability to use good communication techniques in an interview/discussion

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: I Don't Think So!	• <i>I Don't Think So!</i> handout	Photocopy and cut the <i>I Don't Think So!</i> Scenarios.	15 minutes
LEARN: "Lines" and Responses and "What Ifs"	• <i>Lines and Responses - Refusal Skills</i> worksheet	Print/Photocopy the <i>Lines and Responses - Refusal Skills</i> worksheet, and cut the sheets in half.	25 minutes
SUMMARIZE: Homework Activity	• <i>Effective Communication: Parent/Guardian Interview/Discussion</i> worksheet	Print/Photocopy <i>Effective Communication: Parent/Guardian Interview/Discussion</i> worksheet for homework	5 minutes

Education Standards Supported

National Family and Consumer Science Standards: 13.1-13.4; 13.6

National Health Standards: 2.12.3; 2.12.7; 2.12.9; 4.12.1- 3; 5.12.5; 5.12.6; 7.12.1-3

FOCUS: I Don't Think So!

15 minutes

Purpose:

Students will be presented with some situations in which they may possibly find themselves, and will consider possible refusal lines to have ready. This activity gets them thinking about the fact that they have control and can use good communication skills to help them through uncomfortable situations.

Instructor Information:

By conducting this in groups, instead of individually, it allows the participants in a group to support one another's efforts. It also depersonalizes the scenarios.

Materials:

- *I Don't Think So!* handout

Facilitation Steps:

1. Break the class into groups of 3 or 4.
2. Distribute one *I Don't Think So!* Scenario to each group. Tell the groups they will be taking turns both convincing another group to do whatever is on their scenario, and then having the other group trying to convince them to do whatever is on their scenario. They are to take 2-3 minutes to discuss possible refusal lines and negotiation skills to respond to the group that will try to convince them to do something. The back and forth will continue as long as time permits or you (the instructor) feel it is useful.
3. Choose two groups to come to the front of class and do their communication exchange. You can have 1 student from each group do the entire exchange or let students take turns with each exchange.
4. After the two groups at the front of the class finish their role play, ask the class how realistic it was. Ask them to share other statements they have heard on either side of that type of situation.
5. Have students write down one or two refusal lines they remembered from the exchange or the class evaluation/discussion.
6. Continue with the other groups.



I Don't Think So!

Scenarios

Your best friend has started hanging out with some new kids at school. You start to really miss your friend, so you are happy when you are invited to hang out with this new crowd. When you arrive, everyone is smoking marijuana. You don't want to smoke, but you don't want to be left out.

You spent a lot of time on your math homework last night. Your friend went out with some mutual friends and didn't get hers done. She wants you to share your answers with her. You don't want to.

A friend wants you to skip class to go to a new blockbuster movie. You don't want to go, because you know it's wrong; besides you have an English test next hour.

A friend has been drinking and wants to drive to get some food. He wants you to go with him.

Someone you like a lot wants you to take pictures of yourself without all your clothes on and send them to his iPhone.

A friend wants you to have some alcohol/marijuana/meth. You don't want to. You say no, but he continues to pressure you.

You are at your friend's house, and his parents are away on vacation. His older brother who just graduated from high school comes home with some friends and goes to the fridge and starts to drink a beer. He offers one to your friend and one to you. Your friend takes the beer and starts to drink it. You don't want to.

Unit One—Lesson Four
Communication In Relationships

LEARN: "Lines" and Responses and "What Ifs"**25 minutes****Purpose:**

Students learn about and practice responding to lines and what ifs.

Instructor Information:

This activity is designed to help students acquire the refusal and communication skills needed to respond to sexual pressure. It provides a plan

Materials:

- *Lines and Responses - Refusal Skills* worksheet

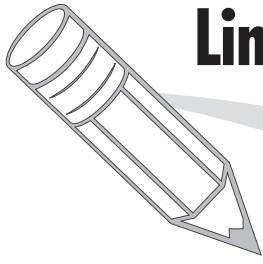
Facilitation Steps:*Responding to Lines*

1. Divide the class into groups of 3-4 people.
2. Explain that while you may be motivated to abstain from sex, without practice negotiating for abstinence, it can be difficult to follow through with the decision. This activity provides an opportunity to begin developing a vocabulary and skills in talking with a partner about limits and boundaries that will help them abstain from risky sexual behavior.
3. Have the small groups assign a recorder for each group. Explain that each small group will be given a sheet of paper that has a short scenario written on it about two people trying to negotiate a potential sexual situation. Each group is to read their scenario together, and then work together to create the next line in the dialogue. Then they are to pass their sheet on to the next group. Each group will create the next line of dialogue for the sheet they receive until the sheets get back to their original groups.
4. Distribute one Lines and Responses half sheet to each group. Note that each group has a different line for Partner A. Give groups a couple of minutes to develop their response in the dialogue, and then instruct them to pass it to the next group.
5. When all sheets have gone around the room and are back with the original group, have two members of that group read partner A and partner B lines.
6. Conduct a class discussion around each group's dialogue and their opinions of Person 2's response to sexual pressure.

"What If" Responses

7. Explain that sometimes certain words aren't good to use as responses to sexual pressure.
8. Read the following sample "what if" questions to the class and ask for a common answer to each.
 - a. What if I get pregnant?
 - *Answer:* I'll marry you
 - b. What if we can't afford a baby?
 - *Answer:* My parents will help out
 - c. What if I get a disease?
 - *Answer:* I'm clean, aren't you?
 - d. What if someone finds out?
 - *Answer:* I'm not going to tell, are you?
 - e. What if we break up?
 - *Answer:* I love you so much I could never break up
9. Repeat each of the above questions and their answers; but this time ask the class for a thoughtful response to each answer. For example: What if I get pregnant? *Answer:* I'll marry you *Possible response:* I'm not ready to get married yet, I'm too young.

Unit One—Lesson Four
Communication In Relationships



Lines And Responses — Refusal Skills

Unit One—Lesson Four
Communication In Relationships

Instructions: Line Person is pressuring Response Person to have sex. Come up with an effective next line in this dialogue and then pass the sheet to the next group.

Line Person: I love you. Let me show you how much.

Response Person:

Line Person:

Response Person:

Line Person:

Response Person:

Instructions: Line Person is pressuring Response Person to have sex. Come up with an effective next line in this dialogue and then pass the sheet to the next group.

Line Person: If you get pregnant, I'll marry you.

Response Person:

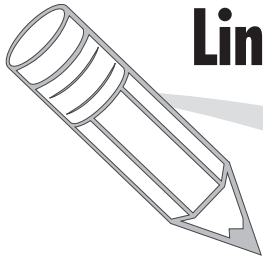
Line Person:

Response Person:

Line Person:

Response Person:

Unit One—Lesson Four
Communication In Relationships



Lines And Responses — Refusal Skills (cont.)

Instructions: Line Person is pressuring Response Person to have sex. Come up with an effective next line in this dialogue and then pass the sheet to the next group.

Line Person: We've had oral sex, so let's take it to the next level.

Response Person:

Line Person:

Response Person:

Line Person:

Response Person:

Instructions: Line Person is pressuring Response Person to have sex. Come up with an effective next line in this dialogue and then pass the sheet to the next group.

Line Person: I know you've had sex with other guys, so it's not like you're a virgin or something.

Response Person:

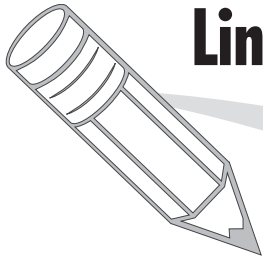
Line Person:

Response Person:

Line Person:

Response Person:

Unit One—Lesson Four
Communication In Relationships



Lines And Responses — Refusal Skills (cont.)

Instructions: Line Person is pressuring Response Person to have sex. Come up with an effective next line in this dialogue and then pass the sheet to the next group.

Line Person: If you loved me, you'd show me how much.

Response Person:

Line Person:

Response Person:

Line Person:

Response Person:

Instructions: Line Person is pressuring Response Person to have sex. Come up with an effective next line in this dialogue and then pass the sheet to the next group.

Line Person: It's a great feeling. I want to share with you how great it is. One time is not a big deal.

Response Person:

Line Person:

Response Person:

Line Person:

Response Person:

Unit One—Lesson Four
Communication In Relationships

**SUMMARIZE: Homework Activity: Parent/Guardian Interview/
Discussion****5 minutes****Purpose:**

This activity summarizes the lesson on refusal skills. It also provides an opportunity for students to practice using good communication skills and get an understanding of a parent's/guardian's history and perspectives on rules for relationships.

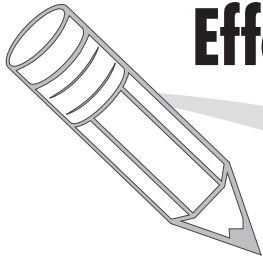
Materials:

- *Effective Communication: Parent/Guardian Interview/Discussion* worksheet

Facilitation Steps:

1. As a summary to the previous activity on lines and responses, remind students that it's okay to just say no, too. If you don't have a clever response, the word "no" should be respected in any situation.
2. Hand out the *Effective Communication: Parent/Guardian Interview/Discussion* worksheet.
3. Tell students to read through the questions and add at least 1 or 2 more of their own questions. Tell students to set up a time before the next class to have this interview/discussion. Note that if a student's parent/guardian will not be available to do the activity before the next class, they can interview a teacher or administrator with whom they have a good relationship, the parent of a friend, or another adult with whom they have a good relationship.
4. Tell students to take a few minutes after the interview/discussion to reflect on what they learned by filling in the Reflection questions on the worksheet.
5. Explain the expectations for this assignment:
 - Additional question(s) noted
 - Clear answers to questions written on worksheet
 - Effective communication skills self-evaluated using the *Communication Skills* handout
 - Reflection questions completed
6. Address any questions or concerns.

Unit One—Lesson Four
Communication In Relationships



Effective Communication: Parent/Guardian Interview/Discussion

Unit One—Lesson Four
Communication In Relationships

Interviewer Name : _____

Date: _____

Interviewee: _____

Relationship to interviewer: _____

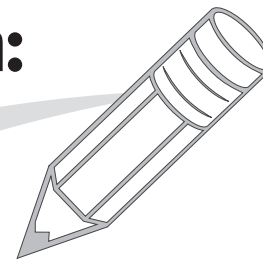
Directions:

Keep the following points in mind while conducting the interview/discussion:

- Find a time that is convenient for both of you, allowing for about 30 minutes of uninterrupted time.
- Use the verbal and non-verbal communication skills learned in class.
- If possible, record the interview, but take notes on this page.
- Ask follow-up questions if you want to know more about an answer.
- Have fun!

1. What were some of the big issues in society when you were my age?
2. What did you like to do when you were a teenager? What school activities were you involved in?
3. What did you want to be when you grew up?
4. What were your family's expectations of you regarding goals, friends, dating/marriage?
5. What were your parents' attitudes/rules about dating? Did you discuss sexually-related topics with them?
6. What rules or expectations do you have for me about dating and relationships?
7. What is the reasoning behind these rules and expectations?
8. What is the most challenging thing for you about being the parent of a teenager?
9. Did you like participating in this interview/discussion? If so, what did you like about it?

Effective Communication: Parent/Guardian Interview/Discussion (cont.)



Interview Reflections

I learned _____

I was surprised about _____

The most difficult part of this interview/discussion for me was _____

I enjoyed/ did not enjoy this interview/discussion. (Circle your answer) Why? _____

I used the following communication skills while conducting this interview/discussion

Relationship Continuum



Lesson Overview

In this lesson students learn about the various aspects of healthy and unhealthy relationships and the advantages of setting boundaries in a relationship.

Key Points

- Understanding the characteristics of healthy and unhealthy relationships help us make healthy choices in who we associate with
- Infatuation and love are different

- Relationships typically develop and become closer over time

Lesson Objectives

After completing this lesson, students should be able to:

- Describe the characteristics of healthy and unhealthy relationships
- Understand the advantages of setting boundaries in a relationship and how views on boundaries might vary from person to person

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Do You Know These People?	• <i>Do You Know These People?</i> worksheet	• Print/Photocopy the <i>Do You Know These People?</i> worksheet	10 minutes
LEARN: Is it Still Good to You?	• <i>Relationship</i> PowerPoint Presentation • Set of <i>Is It Still Good</i> characteristic cards • Set of <i>Is It Still Good</i> relationship spectrum signs • Masking tape	• Print/photocopy the set of <i>Is It Still Good</i> characteristic cards, and cut apart. • Print/photocopy the <i>Is It Still Good</i> relationship spectrum signs • Obtain masking tape	15 minutes
LEARN: Boundaries, Power and Control	• Blank paper for small group activity • <i>Power and Control Relationship Wheel</i> handout	• Ensure that students have sheets of paper or provide several sheets of butcher paper for each small group, and marker or pen for small group activity • Print/photocopy the <i>Power and Control Relationship Wheel</i> handout	15 minutes
SUMMARIZE: Homework Activity	• <i>Unit 1 Quiz: Communication and Interpersonal Skills</i>	• Print/photocopy the <i>Unit 1 Quiz: Communication and Interpersonal Skills</i>	5 minutes

Education Standards Supported

National Family and Consumer Science Standards: 13.1-4; 12.6

National Health Standards: 1.12.8-9; 2.12.3; 2.12.9; 3.12.4; 4.12.1-4; 5.12.1-2

FOCUS: Do You Know These People?**10 minutes****Purpose:**

In small groups students read a story about a relationship and address questions related to it.

Materials:

- *Do You Know These People?* worksheet
- Reference back to *Self Esteem – Keep it UP* handout from lesson 2

Facilitation Steps:

1. Have students form small groups of 3-4 people.
2. Pass out the *Do You Know These People?* worksheet and have groups read the story and discuss the questions and their views.
3. Tell groups to assign someone in the group to be the recorder and to write down their group's ideas for answers.
 - After 5 minutes conduct a class discussion by asking groups to share their answers to various questions. For question #3, share that the biggest issue for this couple is communication. They need to share how they feel with each other rather than with their friends. You need to communicate honestly with your significant other. But before you can do that, you need to have a clear perception of what you feel about that person. Also, you need to hear how they feel about the relationship. If you have different views, it either needs to be worked out, or the relationship needs to end.
4. Explain that in this lesson we will be discussing healthy and unhealthy relationships to help students identify the qualities and characteristics of both.
 - Ask the question: Thinking back to our discussion about self esteem, (refer students back to the *Self Esteem – Keep it UP* handout) how do you think Maria's self esteem affects this relationship? Do you think she has high level of self esteem?

Unit One—Lesson Five
Relationship Continuum



Relationship Continuum: Do You Know These People?

Unit One—Lesson Five
Relationship Continuum

Directions: As a group, read the following story; then discuss and write down your group's answers to the questions that follow.

Maria and Tony have been known each other for quite a while and have just started dating. Maria is so excited about Tony; it's all she talks about. She is ready for full commitment and feels that this is it – he's the one. Tony on the other hand, sees this as a casual dating relationship. He wants to meet and date other girls in the future. Maria is just someone to hang out with and have fun. Tony hears from a friend that Maria is very serious about this relationship and has plans for it to remain intact for years to come. She begins calling Tony frequently and becomes jealous when he wants to spend time with his guy friends. Tony starts feeling smothered in this relationship, but doesn't know how to tell Maria that he's just not that serious about her. He doesn't want to hurt her feelings or get her angry.

1. Where is this relationship headed?
2. Do you think this couple has potential?
3. What is the biggest issue for this couple?
4. List some things that might happen if Maria and Tony become sexual in their relationship?
5. If Maria knew that Tony was not that serious, or that his view of a long-term relationship was 6 months to a year, do you think she would have sex with him anyway?
6. Thirty-three percent of U.S. girls get pregnant by age 20. What if Maria became pregnant? Go down the entire path of what might happen next? (e.g. what might happen first, then what might happen, then what might happen after that, etc.)
7. What is the likelihood that either Maria or Tony could contract an STI? How would that affect their relationship?
8. How might Maria's relationship with her parents affect her relationship with Tony?

Unit One—Lesson Five
Relationship Continuum

LEARN: Is It Still Good to You?**15 minutes****Purpose:**

Students will participate in an interactive activity designed to help them describe healthy and unhealthy characteristics of relationships.

Materials:

- Set of *Is It Still Good* characteristic cards
- Set of *Is It Still Good* relationship spectrum signs
- Masking tape

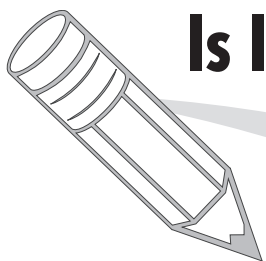
Facilitation Steps:

1. Before class, place the relationship spectrum signs on the wall from left to right in this order: Healthy, Somewhat Healthy, Neutral, Somewhat Unhealthy, Unhealthy. Provide a foot or two of space between signs to give enough room for characteristic cards to be placed. Tear off enough 1” strips of masking tape for each characteristic card to be hung. Place the *Is It Still Good* characteristic cards (which you have cut apart) in a pile on a table at the front of the classroom.
2. Explain to students that they will be randomly choosing a card. On the card is a characteristic in some relationships, such as “listens to you”. They will decide whether the characteristic is healthy, somewhat healthy, neutral, somewhat unhealthy, or unhealthy. Once they’ve decided, they will, using a piece of masking tape, place the cards where they think they belong on the wall spectrum.
3. Have the students return to get another card and continue doing this until all the cards are on the wall.
4. Once the cards are all placed on the wall, process the activity. Go to each section, starting with Healthy, and ask:
 - a. What characteristics in this section do you believe should go somewhere else?
 - b. Why would you change it?
 - c. Why would be okay to leave it here, as well?
5. Processing this activity reveals that many of the characteristics can sometimes be healthy or unhealthy. The context of the behavior is very important. It also allows the students to discuss in a neutral way behaviors that might be occurring in their own intimate relationships. You must be careful to validate the reasons that students chose to place the cards where they placed them and to allow for other possibilities, as well.

Note: With younger students, such as 14-15 year olds, you may choose to leave out the somewhat healthy and somewhat unhealthy signs in order to make the activity more concrete.

You may also choose to have the students create the characteristic cards themselves. This would help ensure that the language on the cards makes sense to them, includes behaviors that are familiar to them, and are developmentally appropriate for the group with which you are working.

Unit One—Lesson Five
Relationship Continuum

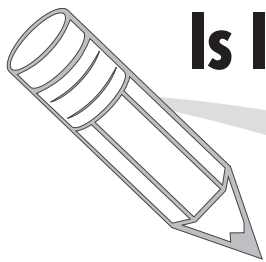


Is It Still Good — Characteristic Cards

Unit One — Lesson Five
Relationship Continuum

Ignores your feelings	Disrespects you
Teases you	Makes fun of you, and then tells you was just a joke
Withholds approval, appreciation, or affection when you disagree	Gives you the silent treatment
Criticizes you, calls you names, and yells at you	Humiliates you in public
Gives you a hard time about spending time with your friends or family	Tells you that you are too sensitive

Unit One—Lesson Five
Relationship Continuum

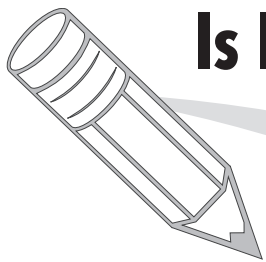


Is It Still Good — Characteristic Cards (cont.)

Unit One — Lesson Five
Relationship Continuum

Only wants you to wear things that they like	Hurts your feelings when you are down
Restrains you physically during an argument	Forces you to do things that they want you to do
Feels that love means that you can control your partner	Assault (Hits you or hurts you physically)
“Twists” your words around against you	Makes decisions for you
Threatens to break up with you/leave you	Interrupts you and doesn’t listen to your point of view

Unit One—Lesson Five
Relationship Continuum

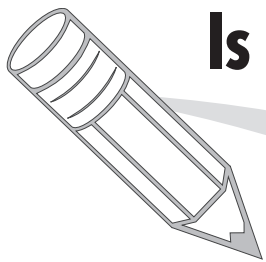


Is It Still Good — Characteristic Cards (cont.)

Unit One — Lesson Five
Relationship Continuum

"Accidentally" hits or pushes you	Jealous when you talk to others
You find yourself walking on eggshells	You express your opinions less freely
You feel emotionally unsafe	Shouts at you
Hopes things will change, especially through love and understanding	You find yourself doubting your memory
You feel insecure, trapped, and powerless	Afraid of your partner

Unit One—Lesson Five
Relationship Continuum

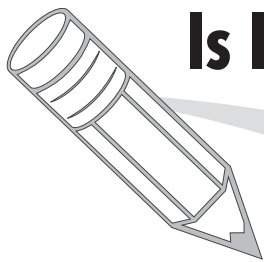


Is It Still Good — Characteristic Cards (cont.)

Unit One — Lesson Five
Relationship Continuum

They demand to have sex even if you don't want to	Name calling
Blames you for everything that is wrong	Sexual harassment
Genuinely listens	Genuinely listens non-judgmentally
Being emotionally affirming and understanding	Values your opinions
Wants sex all the time	Hurts emotionally when you hurt emotionally

Unit One—Lesson Five
Relationship Continuum

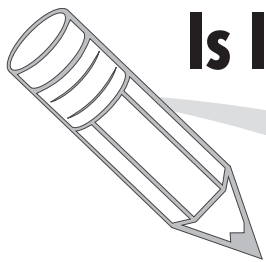


Is It Still Good — Characteristic Cards (cont.)

Unit One — Lesson Five
Relationship Continuum

Supportive	Respects your right to have your own feelings, friends, activities
Joint decision-making	Being responsible for self (actions)
Honesty	Trust
Uses the phrase “If you loved me, you would _____” to convince you to do what they want	Clear communication
Gets mad and won’t stop talking until the issue is settled	Compromises

Unit One—Lesson Five
Relationship Continuum

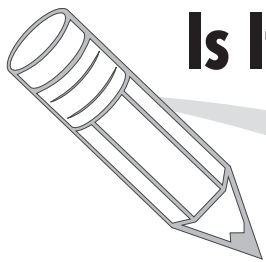


Is It Still Good — Characteristic Cards (cont.)

Unit One — Lesson Five
Relationship Continuum

Compliments you	Won't take no for an answer
Sharing	Can disagree without being put down
Identifies shortcomings (seeks counseling)	Fairness
Positive-ness	Cares about your safety and best interest
Security	Partner is a priority

Unit One—Lesson Five
Relationship Continuum

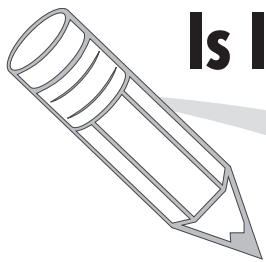


Is It Still Good — Characteristic Cards (cont.)

Unit One — Lesson Five
Relationship Continuum

Positive validation	Being able to apologize
Self-respect	Sharing your past
You can identify your personal needs	Commitment
Continues own friendships and interests	Accepting each other's right to say "no" and the right to change their mind
Arguments	Wants you to account for the money that you spend

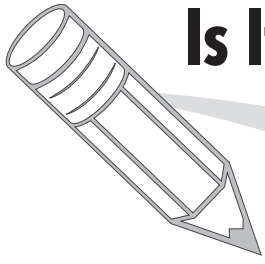
Unit One—Lesson Five
Relationship Continuum



Is It Still Good — Characteristic Cards (cont.)

Unit One — Lesson Five
Relationship Continuum

Encourages you to try new things	Supports your dreams
Confronts you	Participates in activities that you like, even if they don't particularly like it
Laughs at your jokes	

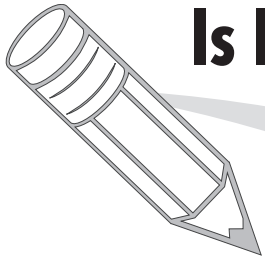


Is It Still Good — Spectrum Signs

Unit One — Lesson Five
Relationship Continuum

Neutral

Unit One—Lesson Five
Relationship Continuum

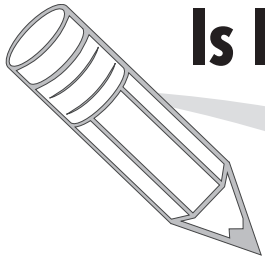


Is It Still Good — Spectrum Signs (cont.)

Unit One—Lesson Five
Relationship Continuum

**somewhat
unequal**

Unit One—Lesson Five
Relationship Continuum

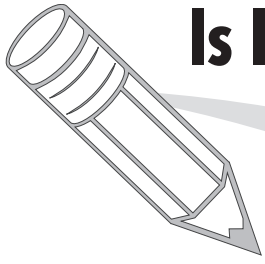


Is It Still Good — Spectrum Signs (cont.)

Unit One — Lesson Five
Relationship Continuum

**somewhat
Healthy**

Unit One—Lesson Five
Relationship Continuum

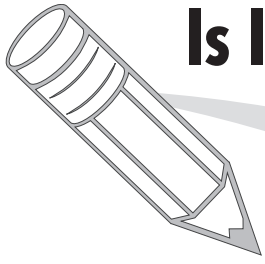


Is It Still Good — Spectrum Signs (cont.)

Unit One — Lesson Five
Relationship Continuum

unreal

Unit One—Lesson Five
Relationship Continuum



Is It Still Good — Spectrum Signs (cont.)

Unit One — Lesson Five
Relationship Continuum

Is It Still Good —
Spectrum Signs (cont.)

Unit One—Lesson Five
Relationship Continuum

5

LEARN: Boundaries

15 minutes

Purpose:

Students will participate in a class discussion on the various stages in relationships and the importance of drawing boundaries on the intimacy involved. A discussion on power and control in relationships (dating or friendships) is also part of the activity.

Instructor Information:

Relationships start with an attraction, which can involve physical appearance, athletic ability, sense of humor, intelligence, etc. Sometimes the attraction seems inexplicable, and transcends a person's normal judgment. Have you ever known someone who was attracted to someone that wasn't good for them? When attraction becomes infatuation, a person becomes almost obsessed with the other person. They have "fallen in love". In their eyes that person can do no wrong. Being in infatuation is like being on "drugs" in a way. It's a natural "high." The problem is that your judgment abilities are impaired. Two problems can occur: For some, as the "drug" begins to wear off, the person looks for ways to keep that feeling, so they may want the relationship to move to a sexual one. For others, the person who is infatuated may do anything the other requests, including having sex, even though that would not be what the infatuated person really wants – they just want to hang on to the object of their affection, whatever the cost.

Materials:

- Blank sheet of paper and pen – for each small group
- *Power and Control Relationship Wheel* handout

Being in infatuation is not the same as loving someone. Love recognizes the other's faults, but loves that person anyway. They care about the other person and are willing to make sacrifices to help that person in whatever they're going through. In other words, they want what's best for that person. When love is mature, there is mutual caring for and a commitment to each other. This level of commitment extends to the aspect of parenting and caring for children that might come from the sexual intimacy involved at this level of love. It is important that a couple examine their commitment level, their readiness, and their capability to care for their children because children make many demands on time, attention, finances, and the parental love and care love that parents must give. When sexual intimacy occurs before this deep level of commitment is reached, it often leads to the birth of children who lack committed, mature, and capable parents; particularly when the couple is incapable of fulfilling the caretaking role.

Facilitation Steps:

1. Divide the class into small groups of 2-4. Each group should have a blank piece of paper and a pen/pencil.
2. Tell the groups to list the physical behaviors that might be part of a relationship. They should list everything they can think of. Caution them about not being graphic here – just general information.
3. After 1-2 minutes, conduct a large group discussion by drawing a line on the board and asking groups to tell you what's on their lists. Write these along the line in order.
4. After listing the behaviors, share information from the Instructor Information section. Then, ask the following question:
 - What might happen when two people in a relationship want to be in different places on the continuum? Possible answers might be: Someone would be uncomfortable if they were pressured to do something they didn't want to. Someone might be angry or confused.
 - Ask: How would communication help this situation?
 - Explain that every person in a relationship has the right to set boundaries in that relationship. The person whose views about the physical behaviors are on the lower end of the continuum has priority in every case. Any relationship should go only as far as that person is willing to go.

5. List the following on the board and conduct a brief discussion asking the questions shown.

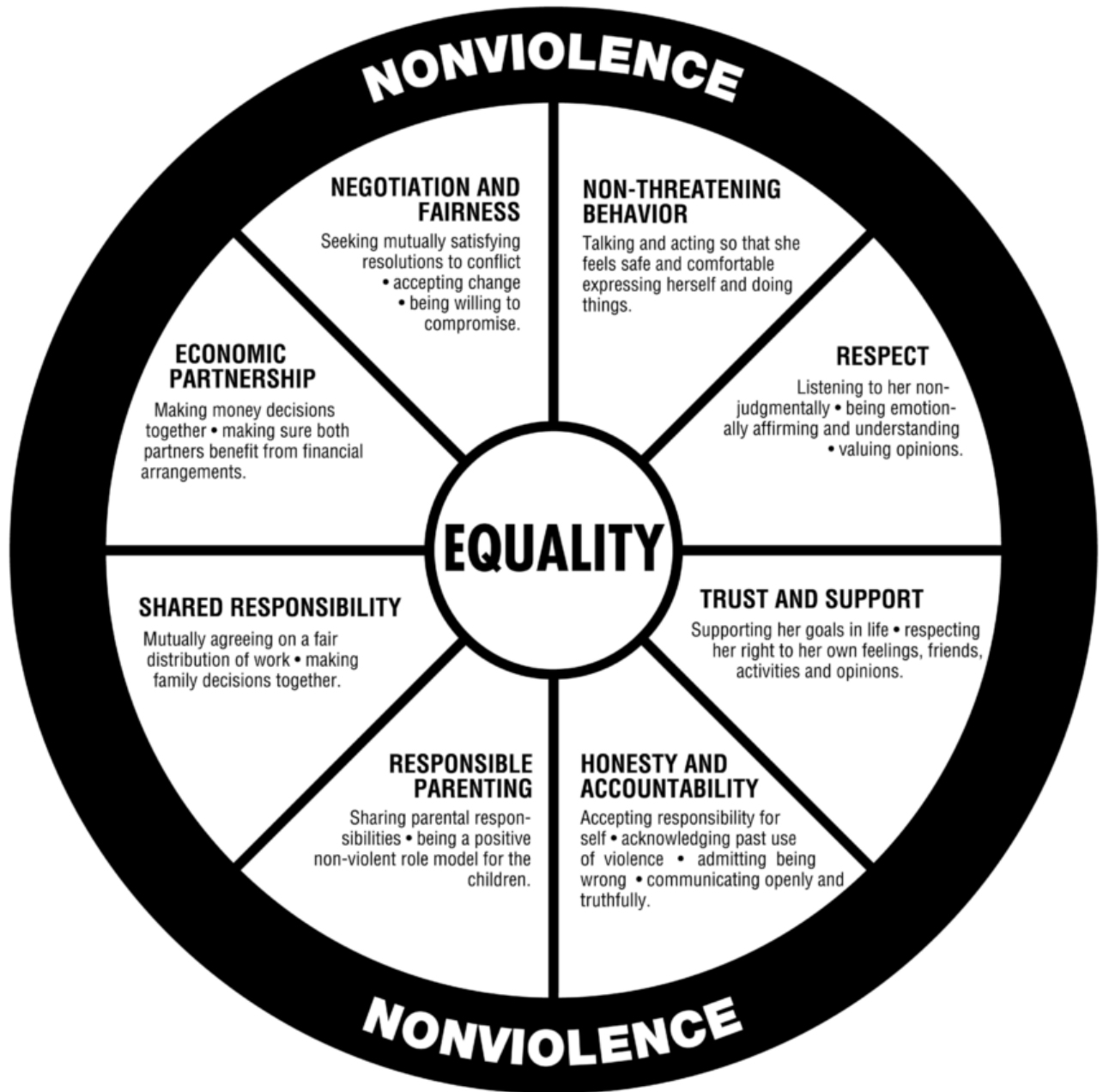
Relationship	Age	Characteristics
First boy/girl interaction: mostly by phone		
Group dating		
Casual dating – one to one/ occasionally		
Serious dating – see only each other at least weekly		

- Ask the class at what age they would consider these types of relationships appropriate, why?
- For each relationship ask what characteristics one would be looking for or notice in someone when they engage in these relationships. For example, in group dating one might notice how their friends (boys and girls) interact and treat one another. They would be looking at friendliness, leadership, (Remind them of the values list etc. from Lesson 1.) Note that answers will vary.
- NOTE: Another option for this step is to have students discuss this topic in pairs or small groups, and then conduct a brief class discussion by having the pairs/groups share what they decided. This gives quieter students a chance to share their opinions in a smaller setting.

6. Hand out the *Power and Control Relationship Wheel* handout to each student.
7. Go through each of the aspects of an unhealthy relationship shown on the Power and Control Relationship Wheel.
8. Tell students that if they or someone they know is in this kind of relationship, they should be sure the person's parents, a school administrator or professional, or another trustworthy adult is aware of the situation, or help the person find a the right resource to go to.
9. Explain that sometimes people get into these kinds of relationships with “good friends” and discuss how most of the sections in this wheel should also be considered in a non-sexual, friendship type of relationship with the same or the opposite sex.
10. Explain that lack of self-esteem and poor communication skills can be factors in someone getting into a situation where they are subjected to power and control by another person. Refer back to the earlier lessons on self esteem and communication in relationships.



Power And Control Relationship Wheel



Source: DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802

Unit One—Lesson Five
Relationship Continuum

5

**SUMMARIZE: Unit 1 Assessment:
Communication and Interpersonal Skills**

5 minutes

Purpose:

The Unit 1 Assessment serves as the formative assessment to check student understanding of the information presented in the unit lessons. These lessons addressed the issues of goal setting, influences, self esteem, communication skills and boundary setting in relationships.

Materials:

- *Unit 1 Quiz: Communication and Interpersonal Skills*

Facilitation Steps:

1. Give each student a copy of the *Unit 1 Quiz* and give them 5 minutes to complete it.
2. Collect the quizzes and review their answers using the *Answer Key*. If you find that students are consistently getting a certain question or questions wrong, consider representing the information in a different way or check understanding through verbal questioning.

Unit One—Lesson Five
Relationship Continuum

Unit 1 Quiz: Communication And Interpersonal Skills

1. Another term for direct pressure is: (Circle your answer.)

- a. spoken pressure
- b. physical pressure
- c. bullying
- d. nagging

2. For each of the following examples of pressure, label them correctly by writing the letter of the correct type of pressure it shows.

Pressure Type

- a. Unspoken Pressure
- b. Spoken Pressure

Example

- ___ Rejection
- ___ The Example
- ___ Reasoning
- ___ The Look
- ___ The Put Down
- ___ The Huddle

3. List two benefits of high self esteem.

4. List two risks of low self esteem.

5. List three ways to improve self esteem.

6. Three communication styles are _____, _____, and _____.

7. List three ways to demonstrate active listening:

8. Effective communication uses: "I" statements "You" statements. (Circle the correct answer.)

9. True or False: In order to validate someone's feelings, it's important to agree with what they say. (Circle the correct answer.)

TRUE FALSE

10. True or False: Every person in a relationship has the right to set boundaries in that relationship. (Circle the correct answer.)

TRUE FALSE

Unit 1 Quiz: Communication And Interpersonal Skills — Answer Key

1. Another term for direct pressure is: (Circle the correct answer.)
- spoken pressure**
 - physical pressure
 - bullying
 - nagging
2. For each of the following examples of pressure, label them correctly by writing the letter of the correct type of pressure it shows. Having a baby negatively affects a couple's relationship.

Pressure Type

- Unspoken Pressure
- Spoken Pressure

Example

- b Rejection
 a The Example
 b Reasoning
 a The Look
 b The Put Down
 a The Huddle

3. List two benefits of high self esteem. *Any of the following are acceptable answers:*
Increased respect, Increased ability to reach goals, Increased willingness to try, Increased feelings of value
4. List two risks of low self esteem. *Any of the following are acceptable answers:*
Vulnerable to peer pressure, Feels insecure, Disrespects others and self, Doesn't feel valuable, Fears failure, Uses drugs and alcohol, Behaves destructively
5. List three ways to improve self esteem. *Any of the following are acceptable answers:*
- **Use Positive Self-Talk: I can do this. I am capable. I am a good person. I have value. I have talents and skills. I am loved (by parents, siblings, friends, God). I am lovely/beautiful/handsome just the way I am.**
 - **Act with Integrity- doing what you know is right**
 - **Interpret Messages from others: Consider who is doing the talking and where they're coming from (their own self image, the values and views, their emotions or situation at the time)**
 - **Choose Supportive Friends**
 - **Accept yourself**
6. Three communication styles are passive , aggressive , and assertive .
7. List three ways to demonstrate active listening: *Any of the following are acceptable answers:*
Parroting, Paraphrasing, Reflecting Feelings/Validating, Empathizing, Body Language
8. Effective communication uses: "I" statements "You" statements. (Circle the correct answer.)
9. True or False: In order to validate someone's feelings, it's important to agree with what they say. (Circle the correct answer.)
TRUE FALSE
10. True or False: Every person in a relationship has the right to set boundaries in that relationship. (Circle the correct answer.)
 TRUE FALSE

Unit One—Lesson Five
Relationship Continuum

Additional Resources

Print Materials:

Epidemic by Meg Meeker, MD (2002, LifeLine Press)

Strong Fathers, Strong Daughters by Meg Meeker, Margaret Meeker, MD; (Regnery Publishing, 2006)

What Kids Need to Succeed by Dr. Peter Benson, Judy Galbraith, Pamela Espeland (Free Spirit Publishing, 1998)

The Case for Marriage by Linda Waite and Maggie Gallagher (Broadway Books, 2001)

Men are from Mars, Women are Venus by Dr. John Gray (HarperCollins Publishers, 2004)

The Seven Principles for Making Marriage Work by John Gottman and Nan Silver (Three Rivers/Random House, 1999).

The Five Love Languages by Dr. Gary Chapman (Moody Publishers, 1992)

Questions Kids Ask About Sex by Melissa Cox/Tom Fitch, editors (Baker Publishing Group, 2008)

Web Sites:

WAIT training
www.waittraining.org

Resource Center for Adolescent Pregnancy Prevention
www.etr.org/recap/

The National Campaign to Prevent Teen and Unplanned Pregnancy
www.thenationalcampaign.org

Healthy Teen Network
www.healthyteennetwork.org

Minnesota Organization on Adolescent Pregnancy Prevention and Parenting (MOAPPP)
www.moappp.org

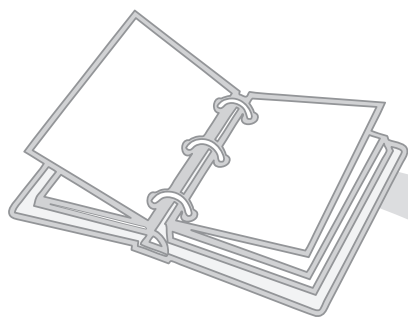
Tubman
www.tubman.org

Publications:

The Consequences of Unintended Childbearing: A White Paper by Cassandra Logan, Ph D., Emily Holcombe, Jennifer Manlove, PhD. and Suzanne Ryan, PhD., (Child Trend, Inc. May 2007)

The Fog Zone: How Misperceptions, Magical Thinking, and Ambivalence put Young Adults at Risk for Unplanned Pregnancy, by Kelleen Kay, Katherine Sullentrop, and Corinna Sloup (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2009)

Briefly... Teen Pregnancy Rates in the United States, 1988-2006 (The National Campaign to Prevent Teen and Unplanned Pregnancy, January, 2010)



Unit 2: Sexual Wellness

This unit introduces or reminds students of the anatomy and physiology of the human reproductive system. The process of fertilization, conception, pregnancy, and birth are covered, along with fetal development and the effects of drugs and alcohol on a developing fetus. Detailed information and discussion about family planning and birth control as well as STI prevention is covered, with an emphasis on abstinence as being the best and most effective method of birth control and STI prevention.

Because the unit covers a variety of information, it is separated into two sections:

- Section 1: Sexuality, Responsibilities of Sexual Activity, and the Benefits of Abstinence
- Section 2: Human Reproduction, and Responsibilities of Pregnancy

The issue of abortion is not addressed in this curriculum because of its controversial nature.

Background Information

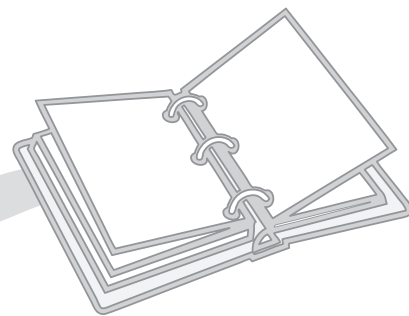
The decade between ages 15 and 25 is one of the most life-changing decades in a person's life. It is typically during this timeframe that a person begins to drive a car, finishes high school, makes a career decision, moves out on his/her own whether at college or other, assumes a job, marries, and has children. To help students prepare for and work through these life-changing stages, it is important for them to evaluate their goals and to understand how sexual activity outside of a committed (marital) relationship and unprotected sexual activity can largely impact the direction their life takes during this decade.

Becoming pregnant—or causing a pregnancy—and having a child are critical, life-changing events with generational effects. Yet at present, half of all pregnancies in the United States are reported by women themselves to be unplanned. Among unmarried women in their 20s, fully 7 in 10 pregnancies are unplanned, reflecting the fact that a significant proportion of sexually active, unmarried young adults—who themselves say they do not want to be parents right now—are not fully protecting themselves from pregnancy by the careful, consistent use of contraception.¹

The question is why. Why are so many pregnancies unplanned and, in particular, why is contraceptive use so uneven? Cost and access barriers can make contraception hard to secure—especially the better methods—and some women become pregnant unintentionally due to a contraceptive failure. But there are other barriers and explanations as well, such as fear, misinformation and ambivalence that have not been well documented.¹

Facts about teen pregnancy:²

- Three out of ten teenage girls in the United States get pregnant at least once before age 20 -- that amounts to 745,000 teen pregnancies each year.
- The United States has the highest teen pregnancy rate in the industrialized world -- twice as high as in England or Canada and eight times as high as in the Netherlands or Japan.
- Two-thirds of all teen pregnancies occur among 18-19-year-olds
- Almost 50% of teens have never considered how a pregnancy would affect their lives.
- Parenthood is the leading reason why teen girls drop out of school. Less than half of teen mothers ever graduate from high school and fewer than two percent earn a college degree by age 30.
- Children of teen mothers do worse in school than those born to older parents -- they are 50 percent more likely to repeat a grade, are less likely to complete high school than the children of older mothers, and have lower performance on standardized tests.
- Pregnant teens are far less likely to receive timely and consistent prenatal care than those who get pregnant at a later age. The children of teen mothers are more likely to be born prematurely and at low birth weight and are two times more likely to suffer abuse and neglect compared to children of older mothers. Teen mothers are also more likely to smoke during pregnancy, and often teen mothers are not at adequate pre-pregnancy weight and/or do not gain the appropriate amount of weight while pregnant.
- Two-thirds of families begun by a young unmarried mother are poor. More than half of all mothers on



welfare had their first child as a teenager.

- Teen mothers are likely to have a second birth relatively soon -- about one-fourth of teenage mothers have a second child within 24 months of the first birth -- which can further impede their ability to finish school or keep a job, and to escape poverty.
 - Eight out of ten fathers don't marry the mother of their child. These absent fathers pay less than \$800 annually for child support, often because they are poor themselves. Children who live apart from their fathers are also five times more likely to be poor than children with both parents at home.
 - The daughters of young teen mothers are three times more likely to become teen mothers themselves
1. The Fog Zone: How Misperceptions, Magical Thinking and Ambivalence put Young Adults at Risk for Unplanned Pregnancy, Kelleen Kaye, Katherine Suellentrop and Corinna Sloup, 2009, The National Campaign to Prevent Teen and Unplanned Pregnancy.
 2. Stayteen.org



Section One

*Sexuality, Responsibilities of
Sexual Activity, and
the Benefits of Abstinence*

Lesson One

Reproductive Systems, Fertilization, Conception



Lesson Overview

In this lesson, students learn about male and female reproductive anatomy and the process of fertilization and conception. A discussion on misconceptions about avoiding pregnancy concludes the lesson.

Key Points

- The male and female reproductive systems are complex physiological structures designed to initiate and support reproduction of the human species.

Lesson Objectives

After completing this lesson, students will be able to:

- Identify the anatomical points of the male and female reproductive systems
- Describe the physiology of the male and female reproductive systems
- Describe the process involved in fertilization

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Human Reproductive Systems Puzzle	• <i>The Female and Male Reproductive System Puzzle</i>	• Print/photocopy <i>The Female and Male Reproductive System Puzzle</i> for each student.	10 minutes
LEARN: Human Reproductive Systems	• <i>Human Reproductive Systems PowerPoint</i> • <i>Presentation Notes: Male and Female Reproductive Systems</i>	• Prepare <i>Human Reproductive Systems PowerPoint</i> presentation for viewing. • Print/photocopy the <i>Presentation Notes: Male and Female Reproductive Systems</i> for each student.	15 minutes
LEARN: Chances of an Unplanned Pregnancy	• Empty wastebasket and tennis ball or other lightweight ball • Paper squares or M&Ms/Skittles	• Obtain an empty wastebasket and tennis ball or other light weight ball • Cut enough paper squares (any color but red) for three quarters of students in the class • Cut enough red paper squares for one quarter of students in the class • OR – use colored M&Ms/Skittles with a one quarter red to other colors ratio	10 minutes
SUMMARIZE: “Mythconceptions”	• White board or flip chart	Class discussion	10 minutes

Unit Two—Lesson One
Reproductive Systems, Fertilization, Conception

1

Education Standards Supported

National Family and Consumer Science Standards: Reasoning for Action 3, 4, 12.1, 12.3

National Health Standards: 1.12.4, 5.12.2

1

FOCUS: Human Reproductive Systems Puzzle

10 minutes

Purpose:

Students work in groups to complete a puzzle, testing their knowledge of the male and female reproductive systems.

Materials:

- *Male and Female Human Reproductive Systems Puzzle*

Facilitation Steps:

1. Have students form small groups to work on the puzzle together, filling in the group's decisions on their own copies of the puzzle.
2. After 10 minutes, have students set aside their puzzles and introduce the next activity, which will provide answers to the puzzle.

Unit Two—Lesson One

Reproductive Systems, Fertilization, Conception



The Female And Male Reproductive System Puzzle

Name: _____

Class: _____

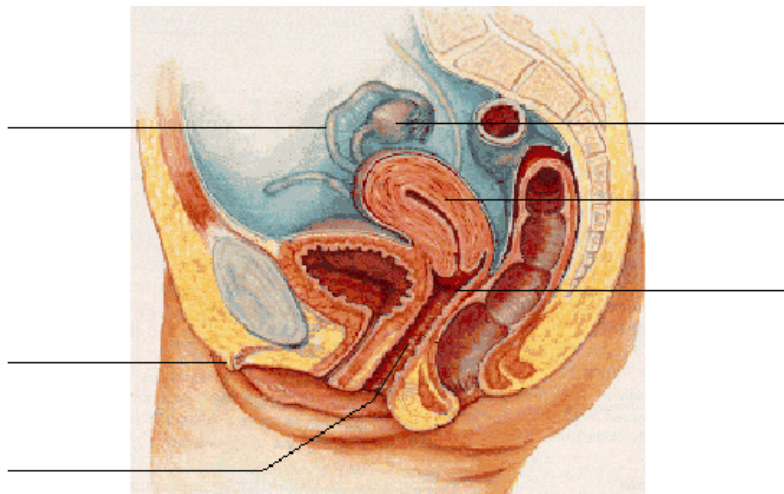
Female Reproductive System

With your group, correctly fill in the blanks in the description of the female reproductive system below. Use each word from the vocabulary list only once. Use the bolded words to correctly fill in the blanks in the female anatomy illustration below.

cervix	fallopian tubes	ovulation	progesterone
clitoris	fertilized	menstruation	sperm cell
corpus	hymen	ovaries	uterine wall
egg cells	labia	ovum	uterus
estrogen	lining	puberty	vagina

The reproductive system in a girl begins to mature during a period of time known as _____. Two hormones: _____ and _____ are instrumental in bringing this process about. The female reproductive system contains two almond shaped organs called the _____. This is where the _____ are produced. Approximately once a month, a mature egg, or _____ is released and enters one of the _____. This process is known as _____. The egg flows down toward the _____, where, if it has been _____, it will attach to the _____. If the egg is not fertilized by the male _____ it will leave the body along with the _____ of the uterus and a small amount of blood. This process is called _____. The uterus (womb) is a hollow, pear-shaped organ where the developing fetus resides. The uterus has two parts: the _____, which is the lower part that opens into the vagina, and the main part of the uterus, called the _____, which can easily expand to hold the developing baby. A channel through the cervix allows sperm to enter and menstrual blood to exit.

The _____ is the organ where intercourse occurs. A thin membrane of skin located at the entrance to this organ is called the _____. The outside of the organ consisting of two folds of skin (located on either side of the entrance) is called the _____. A small, round and sensitive area of skin between these folds and at the top is known as the _____.



The Female And Male Reproductive System Puzzle (cont.)



Male Reproductive System

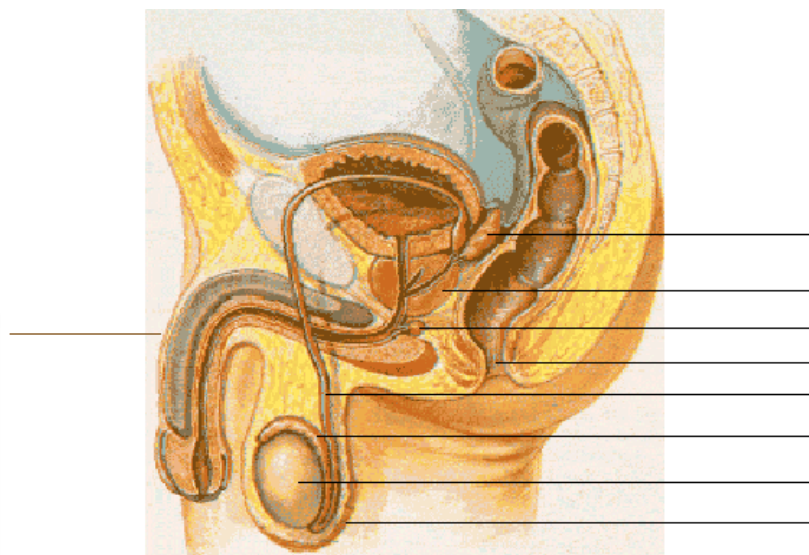
With your group, correctly fill in the blanks in the description of the male reproductive system below. Use each word from the vocabulary list only once. Use the bolded words to correctly fill in the blanks in the female anatomy illustration below.

cowper's gland	erection	scrotum	testes
chromosomes	penis	semen	testosterone
ejaculation	prostate gland	seminal vesicle	urethra
epididymis	puberty	sperm	vas deferens

One second function of the male reproductive system is the production of sex hormones, the primary one being _____. Like the female sex hormone (estrogen) this is responsible for developing sex organs. It kicks in at _____ and generates the production of sperm, while causing some secondary characteristics such as facial hair and a deeper voice.

A second function of the male reproductive system is the production of male sex cells called _____, which occurs in the _____ of the _____. These oval shaped glands are protected by a pouch of skin called the _____. Its purpose is to protect the testes which are located outside the body so that they keep the sperm at a cooler temperature, thus making the sperm more viable. Like the female egg, sperm have 23 _____. When sperm and egg unite and the egg is fertilized, they form a cell with 46 chromosomes.

Next to the testes is a series of coiled tubes, call the _____. This is where the sperm are allowed to mature and are stored. Leading from the epididymus is the _____. During _____ or orgasm, the walls of this structure contract reflexively, propelling the sperm forward. The sperm moves from the vas deferens to the _____, the tube that leads outside of the body and which carries both urine and semen. Along the way, sperm are nourished by a sugary fluid from the _____, a chemical fluid from the _____, and fluid from the _____, which are two small glands near the bladder. These fluids combine with the sperm to form _____, which is carried to the external male reproductive organ, the _____. Before a male can ejaculate, the spongy tissue surrounding the penis become engorged with blood, causing the penis to become stiff. This is known as an _____.

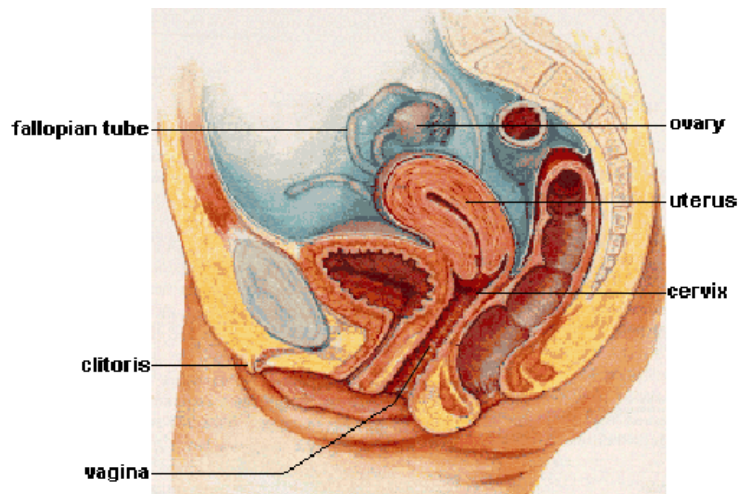


The Female And Male Reproductive System Puzzle — Answer Key

Female Reproductive System

The reproductive system in a girl begins to mature during a period of time known as **puberty**. Two hormones: **estrogen** and **progesterone** are instrumental in bringing this process about. The female reproductive system contains two almond shaped organs called the **ovaries**. This is where the **egg cells** are produced. Approximately once a month, a mature egg, or **ovum** is released and enters one of the **fallopian tubes**. This process is known as **ovulation**. The egg flows down toward the **uterus**, where, if it has been **fertilized**, it will attach to the **uterine wall**. If the egg is not fertilized by the male **sperm cell**, it will leave the body along with the **lining** of the uterus and a small amount of blood. This process is called **menstruation**. The uterus (womb) is a hollow, pear-shaped organ where the developing fetus resides. The uterus has two parts: the **cervix**, which is the lower part that opens into the vagina, and the main part of the uterus, called the **corpus**, which can easily expand to hold the developing baby. A channel through the cervix allows sperm to enter and menstrual blood to exit.

The **vagina** is the organ where intercourse occurs. A thin membrane of skin located at the entrance to this organ is called the **hymen**. The outside of the organ consisting of two folds of skin (located on either side of the entrance) is called the **labia**. A small, round and sensitive area of skin between these folds and at the top is known as the **clitoris**.



The Female And Male Reproductive System Puzzle — Answer Key (cont.)

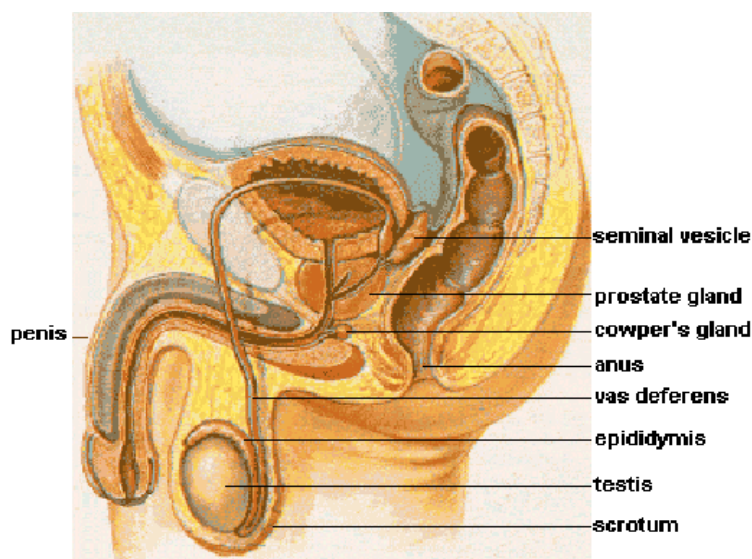


Male Reproductive System

One function of the male reproductive system is the production of sex hormones, the primary one being testosterone. Like the female sex hormone (estrogen) this is responsible for developing sex organs. It kicks in at puberty and generates the production of sperm, while causing some secondary characteristics such as facial hair and a deeper voice.

A second function of the male reproductive system is the production of male sex cells called sperm, which occurs in the seminiferous tubules of the testes. These oval shaped glands are protected by a pouch of skin called the scrotum. Its purpose is to protect the testes which are located outside the body so that they keep the sperm at a cooler temperature, thus making the sperm more viable. Like the female egg, sperm have 23 chromosomes. When sperm and egg unite and the egg is fertilized, they form a cell with 46 chromosomes.

Next to the testes is a series of coiled tubes, call the epididymis. This is where the sperm are allowed to mature and are stored. Leading from the epididymus is the vas deferens. During ejaculation or orgasm, the walls of this structure contact reflexively, propelling the sperm forward. The sperm moves from the vas deferens to the urethra, the tube that leads outside of the body and which carries both urine and semen. Along the way, sperm are nourished by a sugary fluid from the seminal vesicle, a chemical fluid from the prostate gland, and fluid from the Cowper's gland, which are two small glands near the bladder. These fluids combine with the sperm to form semen, which is carried to the external male reproductive organ, the penis. Before a male can ejaculate, the spongy tissue surrounding the penis become engorged with blood, causing the penis to be come stiff. This is known as an erection.



LEARN: Human Reproductive Systems

15 minutes

Purpose:

Students learn about the anatomy and physiology of the male and female reproductive systems.

Materials:

- *Human Reproductive Systems* PowerPoint presentation
- *Presentation Notes: Male and Female Reproductive Systems*

Facilitation Steps:

1. Present the *Human Reproductive Systems* PowerPoint slides. As you discuss the various slides, incorporate information from the male and female reproductive systems worksheet answer key that students completed during the Focus activity. Have them correct any errors they made on the puzzle as you present the correct information. Take time to answer any questions that may arise. Information shown below is also included in the Student Materials folder. Copy and hand it out to students if you want them to have information for reference in studying for the Post-summative assessment.

- Slide 4: When we talk about the menstrual cycle, we are really talking about fertility. For a woman, fertility means two things: the ability to get pregnant and the ability to sustain that pregnancy through delivery. Understanding the menstrual cycle really means understanding when a woman can and cannot get pregnant. Many people focus on understanding the period, and for good reason. That is the part of the cycle that can be seen and experienced directly. But when talking about the menstrual cycle, in many ways the period is the least important aspect of the process. The most important is the time that a woman is releasing an egg (also called an ovum). This time is called ovulation.

There are four main parts of woman's cycle

- Preparing the body to get pregnant.
- Releasing an egg
- Protecting a possible pregnancy
- Getting ready to start the process again (the period)

A quick note about hormones. There are many important hormones that are a part of this process. Hormones are chemical messengers from one part of the body telling the rest of the body that something is going on. When you hear people talk about the menstrual cycle, you might hear them talk about luteinizing hormones, follicular stimulating hormones, and others. For the sake of understanding your body on a basic level, you really only need to know about two: estrogen and progesterone.

Preparing the body to get pregnant. Before a woman releases an egg, her body needs to prepare to accept the egg and to help the man's sperm to meet the egg. Inside her ovaries are her eggs. Around the eggs are a structure called a follicle. Every cycle, many follicles activate and start maturing the egg inside of them. The egg grows and gets ready to be released. Usually, only one egg is released per cycle, but sometime more than one is released. To let the body know that it is about to release an egg, the follicle releases the hormone estrogen. The estrogen causes the uterus to start filling up with blood and nutrients to host a possible pregnancy. It also causes the cervix to open a little more, to help sperm enter, and to produce a fluid that is thin and stretchy. This fluid helps to keep sperm alive in her body and to transport sperm to the waiting egg. A woman can start producing this fluid, called fertile mucus, up to 5 or more days before ovulation. A man's sperm can live in her body up to 5 days if she is producing fertile mucus.

Releasing an egg. Eventually, one of the many eggs that are maturing are released by the follicle. The egg travels from the ovary and then rests in the Fallopian tube. It will wait there for up to 24 hours. If the egg is not fertilized by sperm within 24 hours of being released, the egg will dissolve and be absorbed through

the Fallopian tube. Sometimes a woman releases more than one egg during her cycle. If she does, the second egg will be released within 24 hours of the first egg. This means that she might have 2 days in her cycle that an egg exists and could be fertilized. The time before the release of an egg that she is making fertile mucus and that sperm can survive in her body (5 days) plus the day or two that an egg might be present to be fertilized by the man's sperm is called her **fertile time**. A woman can only get pregnant for 7 days out of her entire cycle. But be careful! Most women do not have an accurate understanding of this process and do not know how to tell which 7 days in their cycle are their fertile time. If one is having sex and is trying to prevent a pregnancy, but has not had proper training in fertility awareness, it is wise to assume that a woman can get pregnant at any time in her cycle and always use another method of birth control.

Protecting a possible pregnancy. The follicle's job is not done after it releases an egg. Once the egg is released, the follicle becomes a new structure called the corpus luteum (latin for "yellow body"). The corpus luteum sends out two hormones; the first is estrogen, which continues to tell the body to produce blood and nutrients in the uterus for a possible pregnancy. The second is progesterone. Progesterone is important because it causes the body to hold the endometrium in place. The endometrium is the lining of the uterus that fills up with blood and nutrients to support a possible pregnancy.

If an egg is fertilized, it will take 7 or 8 days to travel down into the uterus and attach to the endometrium. This is called implantation. The medical definition of a pregnancy is a fertilized egg that has implanted in the uterus. The progesterone from the corpus luteum also causes the body to close the cervix to keep out more sperm and bacteria. Both the holding of the endometrium in place and the closing of the cervix protect a possible pregnancy.

Getting ready to start the process again (the period). The corpus luteum will produce progesterone for about 2 weeks. If the corpus luteum does not receive a signal that there is an actual pregnancy, it will stop making progesterone. Without progesterone, the body will stop holding the endometrium in place, and all the blood and nutrients stored in the uterus are shed, or let go. This is the menstrual blood, also called a period. And now the process can begin again.

If the corpus luteum does receive a signal that there is an actual pregnancy, it will continue to make progesterone. The body will hold the endometrium in place and support the pregnancy. There is no release of the blood and nutrients in the body because they are nourishing the pregnancy. There is no period.

- Slide 7: Each milliliter of semen contains millions of sperm, but the majority of the volume consists of secretions of the glands in the male reproductive organs.¹
- Slide 9: During each normal menstrual cycle, one egg (ovum) is usually released from one of the ovaries, about 14 days before the next menstrual period. Release of the egg is called ovulation. The egg is swept into the funnel-shaped end of one of the fallopian tubes.

At ovulation, the mucus in the cervix becomes more fluid and more elastic, allowing sperm to enter the uterus rapidly. Within 5 minutes, sperm may move from the vagina, through the cervix into the uterus, and to the funnel-shaped end of a fallopian tube—the usual site of fertilization. The cells lining the fallopian tube facilitate fertilization.

If a sperm penetrates the egg, fertilization results. Tiny hairlike cilia lining the fallopian tube propel the fertilized egg (zygote) through the tube toward the uterus. The cells of the zygote divide repeatedly as the zygote moves down the fallopian tube. The zygote enters the uterus in 3 to 5 days. In the uterus, the cells continue to divide, becoming a hollow ball of cells called a blastocyst. If fertilization does not occur, the egg degenerates and passes through the uterus with the next menstrual period.

If more than one egg is released and fertilized, the pregnancy involves more than one fetus, usually two (twins). Such twins are fraternal. Identical twins result when one fertilized egg separates into two embryos after it has begun to divide.

Development of the Blastocyst: Between 5 and 8 days after fertilization, the blastocyst attaches to the lining of the uterus, usually near the top. This process, called implantation, is completed by day 9 or 10.²

1. www.netdoctor.co.uk

2. www.merck.com/mmhe/



Presentation Notes: Male And Female Reproductive Systems

Female Fertility

When we talk about the menstrual cycle, we are really talking about fertility. For a woman, fertility means two things: the ability to get pregnant and the ability to sustain that pregnancy through delivery. Understanding the menstrual cycle really means understanding when a woman can and cannot get pregnant. Many people focus on understanding the period, and for good reason. That is the part of the cycle that can be seen and experienced directly. But when talking about the menstrual cycle, in many ways the period is the least important aspect of the process. The most important is the time that a woman is releasing an egg (also called an ovum). This time is called ovulation.

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- Preparing the body to get pregnant.
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A quick note about hormones. There are many important hormones that are a part of this process. Hormones are chemical messengers from one part of the body telling the rest of the body that something is going on. When you hear people talk about the menstrual cycle, you might hear them talk about luteinizing hormones, follicular stimulating hormones, and others. For the sake of understanding your body on a basic level, you really only need to know about two: estrogen and progesterone.

Preparing the body to get pregnant. Before a woman releases an egg, her body needs to prepare to accept the egg and to help the man's sperm to meet the egg. Inside her ovaries are her eggs. Around the eggs are a structure called a follicle. Every cycle, many follicles activate and start maturing the egg inside of them. The egg grows and gets ready to be released. Usually, only one egg is released per cycle, but sometime more than one is released. To let the body know that it is about

to release an egg, the follicle releases the hormone estrogen. The estrogen causes the uterus to start filling up with blood and nutrients to host a possible pregnancy. It also causes the cervix to open a little more, to help sperm enter, and to produce a fluid that is thin and stretchy. This fluid helps to keep sperm alive in her body and to transport sperm to the waiting egg. A woman can start producing this fluid, called fertile mucus, up to 5 or more days before ovulation. A man's sperm can live in her body up to 5 days if she is producing fertile mucus.

Releasing an egg. Eventually, one of the many eggs that are maturing are released by the follicle. The egg travels from the ovary and then rests in the Fallopian tube. It will wait there for up to 24 hours. If the egg is not fertilized by sperm within 24 hours of being released, the egg will dissolve and be absorbed through the Fallopian tube. Sometimes a woman releases more than one egg during her cycle. If she does, the second egg will be released within 24 hours of the first egg. This means that she might have 2 days in her cycle that an egg exists and could be fertilized. The time before the release of an egg that she is making fertile mucus and that sperm can survive in her body (5 days) plus the day or two that an egg might be present to be fertilized by the man's sperm is called her **fertile time**. A woman can only get pregnant for 7 days out of her entire cycle. But be careful! Most women do not have an accurate understanding of this process and do not know how to tell which 7 days in their cycle are their fertile time. If one is having sex and is trying to prevent a pregnancy, but has not had proper training in fertility awareness, it is wise to assume that a woman can get pregnant at any time in her cycle and always use another method of birth control.

Protecting a possible pregnancy. The follicle's job is not done after it releases an egg. Once the egg is released, the follicle becomes a new structure called the corpus luteum (latin for "yellow body"). The corpus luteum sends out two hormones; the first is estrogen, which continues to tell the body to produce blood and nutrients in the uterus for a possible pregnancy. The second is progesterone. Progesterone is important

Presentation Notes: Male And Female Reproductive Systems (cont.)



because it causes the body to hold the endometrium in place. The endometrium is the lining of the uterus that fills up with blood and nutrients to support a possible pregnancy.

If an egg is fertilized, it will take 7 or 8 days to travel down into the uterus and attach to the endometrium. This is called implantation. The medical definition of a pregnancy is a fertilized egg that has implanted in the uterus. The progesterone from the corpus luteum also causes the body to close the cervix to keep out more sperm and bacteria. Both the holding of the endometrium in place and the closing of the cervix protect a possible pregnancy.

Getting ready to start the process again (the period). The corpus luteum will produce progesterone for about 2 weeks. If the corpus luteum does not receive a signal that there is an actual pregnancy, it will stop making progesterone. Without progesterone, the body will stop holding the endometrium in place, and all the blood and nutrients stored in the uterus are shed, or let go. This is the menstrual blood, also called a period. And now the process can begin again.

If the corpus luteum does receive a signal that there is an actual pregnancy, it will continue to make progesterone. The body will hold the endometrium in place and support the pregnancy. There is no release of the blood and nutrients in the body because they are nourishing the pregnancy. There is no period.

- Each milliliter of semen contains millions of sperm, but the majority of the volume consists of secretions of the glands in the male reproductive organs.¹
- During each normal menstrual cycle, one egg (ovum) is usually released from one of the ovaries, about 14 days before the next menstrual period. Release of the egg is called ovulation. The egg is swept into the funnel-shaped end of one of the fallopian tubes.

At ovulation, the mucus in the cervix becomes more

fluid and more elastic, allowing sperm to enter the uterus rapidly. Within 5 minutes, sperm may move from the vagina, through the cervix into the uterus, and to the funnel-shaped end of a fallopian tube—the usual site of fertilization. The cells lining the fallopian tube facilitate fertilization.

If a sperm penetrates the egg, fertilization results. Tiny hairlike cilia lining the fallopian tube propel the fertilized egg (zygote) through the tube toward the uterus. The cells of the zygote divide repeatedly as the zygote moves down the fallopian tube. The zygote enters the uterus in 3 to 5 days. In the uterus, the cells continue to divide, becoming a hollow ball of cells called a blastocyst. If fertilization does not occur, the egg degenerates and passes through the uterus with the next menstrual period.

If more than one egg is released and fertilized, the pregnancy involves more than one fetus, usually two (twins). Such twins are fraternal. Identical twins result when one fertilized egg separates into two embryos after it has begun to divide.

Development of the Blastocyst: Between 5 and 8 days after fertilization, the blastocyst attaches to the lining of the uterus, usually near the top. This process, called implantation, is completed by day 9 or 10.²

1. www.netdoctor.co.uk
2. www.merck.com/mmhe/

LEARN: Chances of an Unplanned Pregnancy**15 minutes****Purpose:**

Students will play a game to help them understand the risks they take if they choose to be sexually active.

Materials:

- Enough paper squares or M&Ms/Skittles (any color except red) for three quarters of the students in your class
- Enough red squares or M&M/Skittles for one quarter of the students in your class
- Box or bowl for students to draw one square or candy from

Facilitation Steps:

1. Go around the room and have students draw a square/candy from the box/bowl
2. Tell the students that each piece of paper/candy represents an incident of unprotected sexual intercourse. Tell the students that if they have unprotected intercourse just once they have a 1 in 4 chance of conception occurring. Explain that normally, fertile couples have a 25 percent chance of getting pregnant each cycle, and a cumulative pregnancy rate of 75 to 85 percent over the course of one year.
3. Tell students that have a red piece of paper/candy to stand up. They have conceived. Ask students how they would feel if they became pregnant right now.
4. Talk about what needs to happen in order for a female to become pregnant. Reminding them of the information from the previous activity. If a couple has intercourse during the time the female is fertile she is more likely to become pregnant. A woman can only get pregnant during her fertile time. However, when her fertile time is may change from cycle to cycle. Without extensive training to determine when her fertile time is, a woman should assume she might be in her fertile time every time she has sex. If you don't know, you are taking a huge risk.

SUMMARIZE: “Mythconceptions”

10 minutes

Purpose:

Students learn about the myths and realities of pregnancy possibilities.

Materials:

- Flipchart or white board

Myth	Reality
If you have sex while standing up, having the girl on top, or jumping up and down after sex, you can't get pregnant.	Sperm are NOT gravity challenged – they have a way of getting to the target, regardless of the gravity pull. Once they are in the vagina, they can get a woman pregnant.
You can't get pregnant the first time you have sex.	As long as a female has released an egg or will release an egg within the next 5 days, she can get pregnant if she has sex with a man.
You can't get pregnant while having a period.	Sometimes a woman's fertile time starts even when she is still having her period.
The rhythm method (tracking ovulation and avoiding sex during that time) is very effective because you can only get pregnant while you're ovulating	With proper training, charting, knowledge of the body and fertility, some people can use the rhythm method well. But it takes a lot of work and understanding of the body. Without proper training, the rhythm method is as bad at preventing pregnancy as guessing.
You can't get pregnant if your partner pulls out before ejaculating.	Two out of 10 couples using this method still get pregnant each year. It is also not a good method for any male who is new to sex, who does not know his body well, and whose body is changing from day to day. Because of this, withdrawal may not be a good method for most teens and anybody new to sex.
You can trust your partner to pull out his penis before ejaculating.	The heat of the moment can remove all plans for safety—and then it's too late. Also, this method won't protect either person from STIs.
Condoms are only 50% effective.	Condoms are 98% effective – when used consistently and correctly .) Much of the effectiveness information about condoms relates to the fact that couples either don't plan ahead, so don't use them every time, or they don't put them on correctly, so they either break or leave a gap for semen to enter the vaginal area. First-year effectiveness rating among typical condom users is 86%. This includes pregnancies resulting from errors in condom use.
You can only get pregnant 1 day during your menstrual cycle.	There is only one day that you ovulate. You are more likely to become pregnant between days 8 and 15.

Facilitation Steps:

1. Have students form small groups.
2. Ask the groups to spend a few minutes discussing common things they have heard that they think are wacky about how to prevent pregnancy. For example, some people say that if a girl jumps up and down after sex, she won't get pregnant.
3. After 2 minutes, ask the groups to share items they discussed. List these on the left-hand side of the flip chart.
4. Discuss with participants the importance of finding out what's true and what's not true about these items.
5. For each idea listed, discuss the important truth or understanding involved. For example, the jumping up and down belief is an attempt to keep the sperm from meeting the egg, which invites the opportunity to discuss actual ways of keeping the sperm from meeting the egg, such as barrier methods.
6. On the right-hand side of the flipchart, list the useful information from each item. Add information from the chart above as you see fit.

Lesson Two

Family Planning: Birth Control



From: ReCAP: Resource Center for Adolescent Pregnancy Prevention

<http://www.etr.org/recapp/index.cfm?fuseaction=pages.LearningActivitiesHome>

Lesson Overview

In this lesson students learn about the various contraceptive options.

Key Points

- There are a wide variety of contraceptive options, with

various advantages, disadvantages, and effectiveness rates, but abstinence is the most effective method.

Lesson Objectives

After completing this lesson, students will be able to:

- Identify and explain the use of at least three methods of contraception
- Identify the availability of these methods in the community
- Discuss the optimal time to communicate with partners about contraceptive use.

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: David and Rosa	• <i>David and Rosa</i> story handout	• Print/photocopy <i>David and Rosa</i> story for each student	15 minutes
Note: This lesson will need to be continued during the next class session if you have 45 minute class times.			
LEARN: Contraceptive Methods Research	• Birth control samples (including card with the word "ABSTINENCE" written on it) • <i>Contraceptive Options</i> worksheet for each student	• Gather written materials about each birth control method for the small group work. (Information about birth control methods can be printed from www.plannedparenthood.org/health-topics/birth-control-4211.htm.) • Print/photocopy <i>Contraceptive Options</i> worksheet for each student	20 minutes
LEARN: Contraceptive Options Presentations	• <i>Contraceptive Options</i> worksheet for each student - continued	NA	30 minutes

Unit Two—Lesson Two

Family Planning: Birth Control

2

SUMMARIZE: Accessing information	• Flipchart • WHO handout	• Identify stores, clinics and agencies in the community which sell or distribute the contraceptive methods to be discussed. Collect contact information for clinics and agencies. • Print/photocopy the WHO handout: <i>Comparing Effectiveness of Family Planning Methods</i>	5 minutes
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Education Standards Supported

National Family and Consumer Science Standards: 13.1-3, 13.6

National Health Standards: 1.12.5-7; 2.12.9; 3.12.1-5; 5.12.3-5, 5.12.7; 7.12.1-3

FOCUS: David and Rosa**15 minutes**

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Purpose:

This discussion prepares students for learning about the variety of birth control methods.

Materials:

- *David and Rosa* handout

Facilitation Steps:

1. Tell the students that you will be talking about abstinence and contraceptive methods today.
2. Give each student a copy of the *David and Rosa* handout. Ask them to read the scenario to themselves. After the students have finished reading the scenario, ask them to divide into groups of three to discuss the questions written below the story on the handout. Give the students about 5 minutes to complete this task.
3. Ask the small groups to share their answers to the questions with the whole group. Give reinforcement when students discuss responsible choices and give healthy advice. Correct misinformation as needed.

Questions:

- A. What is happening in the scenario (in your own words)?
- B. What risks are David and Rosa taking? What are some of the possible consequences of their current behaviors? Possible responses might be:

(-)	(+)
Pregnancy	Feels good
STIs including HIV	Brings more intimacy to their relationship
Emotional regret	Experience, satisfies curiosity
Stresses on their relationship	
Parents might find out	

- C. Why do you think David and Rosa are not using contraception consistently? Possible responses

might be:

- Worried about getting "fat" or getting "cancer" (misinformation about the birth control pill)
 - Doesn't feel good
 - Not always available
 - Not knowledgeable about options
 - Embarrassed to talk about or obtain contraceptives
- D. How could David and Rosa reduce their risks and lower the chances for an unwanted consequence? Possible responses might be:
 - Abstain from sexual intercourse (100% effective in pregnancy prevention)
 - Use contraception correctly and consistently
 - E. What advice do you have for David and Rosa? Possible responses might be:
 - Talk about their needs and expectations with each other
 - Get more information (from library, Internet, clinic, etc.)
 - Visit a family planning clinic
 - Return to being abstinent — find other ways to be intimate with each other
 - Use contraception correctly and consistently — always use condoms to help prevent against STIs
 - F. Who should take primary responsibility for preventing pregnancy (by either abstinence or

contraception)? Answer: Both David and Rosa!

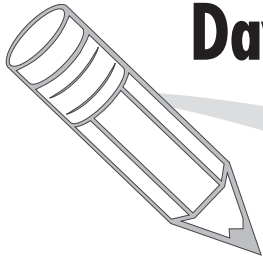
4. Ask the class what they think of when they hear the term “birth control.”

Possible answers may include: pills, condoms, IUD, emergency contraception.

5. Tell students that there are a variety of birth control methods for couples to use if they do not want to conceive.

- Only one type is only used by the male (ask students if they can identify it), and others are used only by the female.
- There are hormonal, barrier, and other types.
- Some of the methods have a higher effectiveness rate against pregnancy than others.
- Some are easy to use and others are more difficult.
- Some are more expensive than others.
- Some require a clinic visit and/or a prescription.
- Some are permanent and some are temporary.
- There are three methods that work better in the real world than any other methods. These are the implant and the two IUCs (intrauterine contraceptives).

6. Explain that the next activity in this lesson will involve researching the various types of birth control methods. Tell them to think about why there are so many options when they are researching the different types of birth control methods.



David And Rosa

Unit Two—Lesson One
Reproductive Systems, Fertilization, Conception

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David is a junior in high school. He is a good student and hopes to go to college when he graduates. Rosa is also a junior and is also a good student. She hopes to be an airline pilot one day. David and Rosa met over the summer at a party hosted by a mutual friend. They have been dating for five months. They began having sex a few weeks ago. They both say they are in love with each other. David has had two previous sexual partners before Rosa. David is Rosa's first sexual partner. Rosa discusses almost everything with her best friend Jennifer, including her relationship with David. Rosa heard from Jennifer that birth control pills can make girls get fat, and she also heard something about birth control pills causing cancer. David and Rosa are using condoms ... most of the time. They definitely do not want to get pregnant; it's just that sometimes they run out or sometimes they just don't feel like using them.

Answer the following questions about David and Rosa in your small group:

1. What is happening in the scenario (in your own words)?
2. What risks are David and Rosa taking? What are some of the possible consequences of their current behaviors?
3. WHY do you think David and Rosa are not using contraception consistently?
4. How could David and Rosa reduce their risks and lower the chances for an unwanted consequence?
5. What advice do you have for David and Rosa?
6. Who should take primary responsibility for preventing pregnancy (by either abstinence or contraception)?

Unit Two—Lesson One

Reproductive Systems, Fertilization, Conception

LEARN: Contraceptive Options

20 minutes for research work, 30 minutes for each group to present during next class period

Purpose:

Students research about a form of birth control and prepare to present their findings by peer teaching about the method.

Materials:

- *Contraceptive Options* handout

Facilitation Steps:

1. Tell students that they are now going to learn about some specific methods of birth control. Any of these, if used consistently and effectively every time, will do a pretty good job of preventing pregnancy--varied, but better than nothing.¹ Dual usage is best – using a condom (to prevent STIs and pregnancy prevention) along with another form of birth control.
2. Have students form small groups of two or three students. Give each small group a form of contraception and a pamphlet or other written material on that contraceptive option. Some of the contraceptives to have on hand to distribute to the small groups include:
 - Male condom
 - Female condom
 - Diaphragm/Cervical Cap (Femcap)
 - Sponge
 - Oral Contraceptives (birth control pills)
 - Vaginal ring (NuvaRing)
 - Patch (Ortho Evra)
 - Birth Control Implant (Implanon)
 - Birth control shot (Depro-Provera)
 - IUD
 - Emergency contraception (morning after pill)
 - Spermicides (foam, jelly, film, etc.). Note: These got a bad rap in the 90s.
 - Basal thermometer for Periodic Abstinence (rhythm method, fertility awareness method)
 - A card with the word "ABSTINENCE" on it
3. Hand out the *Contraceptive Options* worksheet to each student. Tell the groups that they will have about 15-20 minutes to fill in the information on the worksheet about their method. Tell the students that they will later present their method to the entire class. Tell the students to feel free to use their written material, flipchart paper, markers, etc. in preparing their presentation. Have group members assign roles, such as recorder, reporter, etc. and remind them that each person in the group needs to contribute to the work. Visit each group to assist the students as needed.

NOTE: If you have time in class, you may have groups start doing their presentations. Otherwise, have the presentations begin the next class period.

1. Hand out, or have students take out the *Contraceptive Options* worksheet from the previous class session (if you did not have time for the groups to research and do their presentations in one session). Have students fill in the information about each method as it is presented.
2. Ask each group to come to the front of the room and present their method (two –three minutes per group). Listen carefully to each group's presentation in order to correct and/or complete information about each method. Mention the stores, clinics and agencies in the community which provide the contraception methods — if not mentioned. Make sure each group gets a round of applause for their work.

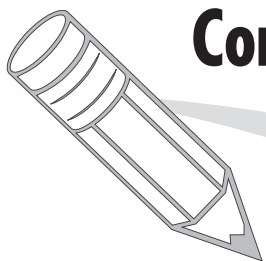
¹ Effectiveness ratings for the following contraceptive options:

- Male condom (15%)

- Female condom (21%)
- Diaphragm (16%)
- Spermicides (29%)
- Withdrawal 27% (CT, 2007)

Considering using nothing is 85%, all of these methods are much better than nothing.

Method	Type	Effectiveness (typical use)	Cost	Rx needed?	STI protection?
Male Condom	Barrier	85%	.50-\$1 each	no	yes
Female condom	Barrier	79%	.50-\$1 each	no	yes
Diaphragm/Cervical Cap	Barrier	84%	\$15-\$75+\$8-\$17/spermicide jelly	yes	no
Implants/Injectables	Hormonal	99%	\$35-\$75/shot	yes	no
Spermicides	Other	85%	20-40 applications/ \$8	no	no
Calendar method	Natural	88%	0	no	no
Oral contraceptives	Hormonal	92%	\$15-\$50/mo	yes	no
Vaginal Ring	Hormonal	92%	\$15-\$50/mo	yes	no
Withdrawal	Natural	82%	0	no	no
Patch	Hormonal	99%	\$15-\$50/mo	yes	no
Sponge	Barrier	84%	3/\$9-\$15	no	no
Abstinence	Natural	100%	0	no	yes
IUD	Other	99%	\$175-\$650	yes	no



Contraceptive Options

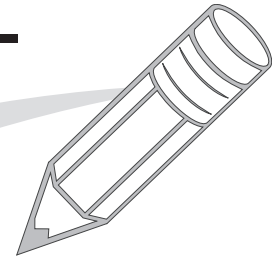
Name _____

Class _____

For each of the following contraceptive methods, fill in the correct information as it is presented.

Barrier Method: Male Condom	Barrier Method: Female Condom
Effectiveness with perfect use	Effectiveness with perfect use
How it works	How it works
Cost	Cost
How to get it (Rx needed?)	How to get it (Rx needed?)
Advantages/Disadvantages	Advantages/Disadvantages
Protection against STIs?	Protection against STIs?
Barrier Method: Diaphragm/Cervical Cap	Barrier Method: Sponge
Effectiveness with perfect use	Effectiveness with perfect use
How it works	How it works
Cost	Cost
How to get it (Rx needed?)	How to get it (Rx needed?)
Advantages/Disadvantages	Advantages/Disadvantages
Protection against STIs?	Protection against STIs?
Hormonal Method: Oral Contraceptives (birth control pill)	Hormonal Method: Vaginal Ring
Effectiveness with perfect use	Effectiveness with perfect use
How it works	How it works
Cost	Cost
How to get it (Rx needed?)	How to get it (Rx needed?)
Advantages/Disadvantages	Advantages/Disadvantages
Protection against STIs?	Protection against STIs?
Hormonal Method: Patch	Hormonal Method: Birth Control Implant
Effectiveness with perfect use	Effectiveness with perfect use
How it works	How it works
Cost	Cost
How to get it (Rx needed?)	How to get it (Rx needed?)
Advantages	Advantages
Disadvantages	Disadvantages
Protection against STIs?	Protection against STIs?

Contraceptive Options — (cont.)



Hormonal Method: Emergency Contraception (morning after pill)	Other Method: IUD
Effectiveness with perfect use	Effectiveness with perfect use
How it works	How it works
Cost	Cost
How to get it (Rx needed?)	How to get it (Rx needed?)
Advantages	Advantages
Disadvantages	Disadvantages
Protection against STIs?	Protection against STIs?
Other Method: Spermicides (foam, jelly, film)	Other Method: Calendar Method (rhythm method, fertility awareness method)
Effectiveness with perfect use	Effectiveness with perfect use
How it works	How it works
Cost	Cost
How to get it (Rx needed?)	How to get it (Rx needed?)
Advantages/Disadvantages	Advantages/Disadvantages
Protection against STIs?	Protection against STIs?
Other Method: Abstinence	
Effectiveness with perfect use	
How it works	
Cost	
How to get it (Rx needed?)	
Advantages/Disadvantages	

2

SUMMARIZE

5 minutes

Purpose:

Students discuss the best time to talk about sexual expectations in a relationship.

Materials:

- World Health Organization handout: *Comparing Effectiveness of Family Planning Methods*

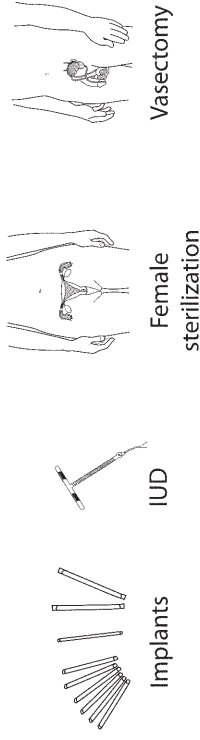
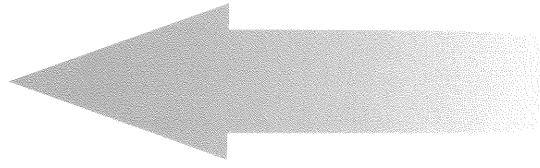
Facilitation Steps:

1. After the presentations, ask the group about the best time a couple should talk about their sexual expectations for a relationship. If a couple does decide to have sex, when should they talk about birth control? Emphasize that these conversations should take place BEFORE the "heat of the moment." These discussions show maturity and responsibility.
2. Answer any lingering questions about the various forms of contraceptives. Mention that we did not cover the permanent forms in this activity: vasectomy (men) and tubal ligation (women).
3. Have students think about their own lives. Have them remember what they wrote in an early class about when they want to have a child. Have them think about these questions, but this is very personal. It should not be discussed or written down, just a mental exercise:
 - a) When would it make the most sense for me to have a child?
 - b) What do I want to do before I have a child (school, get a job, a place of my own)?
 - c) What can I do to make sure I have a child when it is right for me?
 - d) What method of birth control would I use and why?
4. If the group is comfortable with this, ask a few students to share what they might recommend that students their age say to a partner about sexual expectations and/or birth control use.
5. End this session by reminding students that the best choice for all those that are not in a committed life-long relationship, such as marriage, is abstinence. Not only because it is the most effective method for prevention of pregnancy and STIs, but because it eliminates the psychological, financial, and social issues that accompany intimate involvement at this age. List on the flipchart paper the names and phone numbers of local clinics and agencies that provide reproductive health education and services (local health department, Planned Parenthood, school clinic, community-based agency, etc). Encourage students to write these numbers down. Even if they don't need the numbers now, they may need them in the future, and they may want to share them with friends.
6. Hand out the World Health Organization handout: *Comparing Effectiveness of Family Planning Methods*.

Unit Two—Lesson Two
Family Planning: Birth Control

Comparing Effectiveness of Family Planning Methods

More effective
Less than 1 pregnancy per
100 women in 1 year



How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

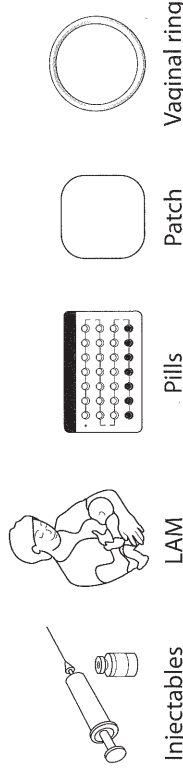
Vasectomy: Use another method for first 3 months

Injectables: Get repeat injections on time

Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night

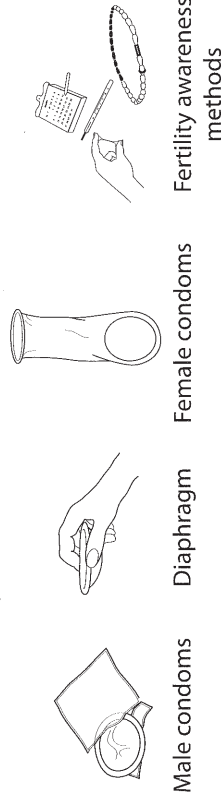
Pills: Take a pill each day

Patch, ring: Keep in place, change on time

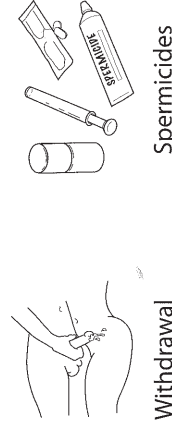


Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.



Withdrawal, spermicides: Use correctly every time you have sex



Less effective
About 30 pregnancies per
100 women in 1 year



Sources:

Steiner MJ, Trussell J, Mehta N, Condon S, Subramaniam S, Bourne D. Communicating contraceptive effectiveness: a randomized controlled trial to inform a World Health Organization family planning handbook. *Am J Obstet Gynecol* 2006;195(1):85-91.

World Health Organization/Department of Reproductive Health and Research (WHO/RHR), Johns Hopkins Bloomberg School of Public Health (JHSHPH)/Center for Communication Programs (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

Trussell J. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates W Jr, Guest F, Kowal D, eds. *Contraceptive Technology, Nineteenth Revised Edition*. New York: Ardent Media, Inc., in press.

Unit Two—Lesson Two
Family Planning: Birth Control

Lesson Three

Benefits of Abstinence



Lesson Overview

Students learn about the benefits of remaining abstinent and examine their personal reasons to be abstinent at this point in their life.

Key Points

- Abstinence is the best option for a variety of reasons
- It's important to examine one's personal reasons for being abstinent
- It's helpful to identify the people who will and will not help you stay abstinent

Lesson Objectives

After completing this lesson, students should be able to:

- Explain the benefits of abstaining from sexual activity
- Identify and explain personal reasons to remain abstinent
- Identify the factors (people, situations, and environment) that will help them remain abstinent.

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Defining Abstinence	• Flipchart, marker	Class discussion	5 minutes
LEARN: Sex or Abstinence	• Flipchart, marker	Class discussion	10 minutes
LEARN: Choosing Abstinence	• <i>Choosing Abstinence</i> worksheet • <i>Abstinence Family Activity</i> worksheet	• Print/photocopy the <i>Choosing Abstinence</i> worksheet for each student. • Print/photocopy the <i>Abstinence Family Activity</i> worksheet for each student.	25 minutes
SUMMARIZE: Why Abstinence?	Class discussion	Class discussion	5 minutes

Education Standards Supported

National Family and Consumer Science Standards: Reasoning for Action 1, 3, 4

National Health Standards: 2.12.1-2; 5.12.2-3, 5.12.5-7; 6.12.2, 6.12.4; 7.12.1-3

FOCUS: Defining Abstinence

5 minutes

From: ReCAPP: Resource Center for Adolescent Pregnancy Prevention

<http://www.etr.org/recapp/documents/freebies/W4SAbstinence200212.pdf>

Materials:

- Flipchart

Purpose:

Students consider the definition of abstinence and reasons for it.

Facilitation Steps:

1. Write the word “abstinence” on flipchart paper, and then ask students to tell you what abstinence means to them. Take a few responses.
2. Ask the class: What are reasons to consider abstinence? Possible answers: *protection from STIs, pregnancy, emotional harm, spiritual harm, etc.*
3. Ask students if people their age think about sex. Tell them that thinking about sex, having curiosity about sex, and learning about sex from their parents, school and books is normal and healthy. Explain the difference between thinking about sex and actually having sex. Tell the group that most young people their age think about sex, yet most are not having sex.
4. Write down a working definition for abstinence on flipchart paper.
ABSTINENCE is avoiding sexual intercourse with another person. Sexual intercourse can be vaginal, oral, or anal. Tell students that we are not including kissing or touching in this definition of abstinence.

LEARN: Sex or Abstinence**10 minutes**

From: ReCAPP: Resource Center for Adolescent Pregnancy Prevention

<http://www.etr.org/recapp/documents/freebies/W4SAbstinence200212.pdf>

Materials:

- Flipchart

Purpose:

Students participate in a discussion about why people choose to be sexually active or abstinent.

Facilitation Steps:

1. Ask students to tell you some reasons why somebody their age might have sex. Write their answers on flipchart paper. Encourage students to explain their answers. Some reasons might be:
 - feels good
 - in love
 - curious
 - prove manhood/womanhood
 - bored
 - feel pressured
 - not lose boyfriend/girlfriend
 - want to feel close
2. Ask students to tell you some reasons why somebody their age would choose **NOT** to have sex. Write their answers on flipchart paper. Encourage students to explain their answers. Some reasons might be:

- avoid pregnancy
- religious reasons
- develop deeper friendship
- avoid STIs and HIV
- not ready
- not to upset parents

Separate their answers into two columns. If the group does not come up with many reasons, you may want to add some of the reasons listed above.

3. Tell students that we are now going to work on an activity that will show us the benefits of being abstinent from sexual intercourse.

LEARN: Choosing Abstinence

25 minutes

From: ReCAPP: Resource Center for Adolescent Pregnancy Prevention

<http://www.etr.org/recapp/documents/freebies/W4SAbstinence200212.pdf>

Purpose:

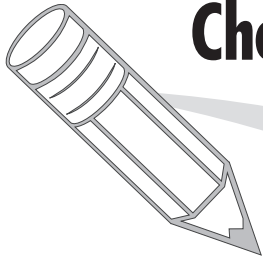
Students complete a worksheet that helps them think about personal reasons why and ways to help them be abstinent.

Materials:

- *Choosing Abstinence* worksheet
- *Abstinence Family Activity* worksheet

Facilitation Steps:

1. Distribute the *Choosing Abstinence* worksheet. Use the directions below to explain how to complete the worksheet.
 - Inside the circle, ask students to write a personal goal. Remind them of the goals they set in a previous session.
 - In the space above the circle, ask them to write reasons why they don't want to have sex.
 - In the space above and to the left of the circle, ask them to write things that help them stay abstinent.
 - In the space above and to the right of the circle, ask them to write things that might make them want to have sex now or in the next few years.
 - In the space below and to the left of the circle, ask them to write the names of people who support them in remaining abstinent.
 - In the space below and to the right of the circle, ask them to write the names of people who might pressure them to have sex now or in the future.
2. Ask students to complete the worksheet individually. Tell them that they will share only the things they feel comfortable discussing later with a partner.
3. After five minutes, ask everyone to find a partner. Tell pairs to only share answers that they feel comfortable sharing. They will have three to five minutes to share with their partners.
4. Reconvene the group and facilitate a discussion using the following questions:
 - Did you and your partner have similar answers? Which ones were the same?
 - Were there any items that you did not feel comfortable discussing with your partner? Which ones?
 - How would having sex affect the accomplishment of your goals?
 - What are some ways to show affection to someone you may have romantic feelings for?
 - If somebody your age wanted to have sex, what would you tell him or her?
 - Do you think abstinence is a realistic option for young people?
5. Pass out the *Abstinence Family Activity* worksheet and ask students to complete it with their parents.



Choosing To Be Abstinent

Unit Two—Lesson Three
Benefits of Abstinence

Name _____ Class _____

I don't want to have sex at this point in my life because:

Things that help me stay abstinent:

Things that might make me want to have sex
now or in the next few years:

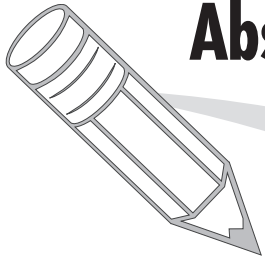
Personal Goal:

People who help me stay abstinent:
now or in the next few years:

People who might pressure me to have sex

Unit Two—Lesson Three

Benefits of Abstinence



Abstinence Family Activity

Unit Two—Lesson Three
Benefits of Abstinence

Name _____

Class _____

1. Show your parent, guardian, faith leader or other trusted adult the *Choosing to be Abstinent* worksheet you completed during the class session. Explain what you wrote and ask what he or she thinks of the worksheet. Write their responses here:

2. Ask your parent/guardian to tell you three good things about waiting to have to sex. Write their responses here:

- _____
- _____
- _____

3. Ask your parent/guardian to give you three suggestions on how you can remain abstinent. Write their responses here:

- _____
- _____
- _____

Self-control is the ability to follow rules that you set for yourself in order to succeed in life. Self control is a sign of maturity, responsibility, respect for yourself, and respect for others. Choosing sexual abstinence is about making wise, responsible decisions and exercising self control. Do you think teens who control themselves sexually are better able to control themselves and make good decisions in other areas of their lives as well? Explain.

Do you think someone who is able to exercise self control is a strong person? Why?

Unit Two—Lesson Three

Benefits of Abstinence

3

SUMMARIZE: Why Abstinence?

5 minutes

Purpose:

Students verbalize important reasons for being abstinent. The teacher summarizes and reinforces the rationale for being abstinent.

Materials:

- Flipchart

Facilitation Steps:

1. Ask the group to tell you what they think are the most important reasons for people their age to choose abstinence. Try to get most everyone to participate. Write their responses on flipchart paper. Acknowledge the importance of their reasons.
2. Explain that self-control is the ability to follow rules that you set for yourself in order to succeed in life. Self control is a sign of maturity, responsibility, respect for yourself, and respect for others. Choosing sexual abstinence is about making wise, responsible decision and exercising self control.
3. Summarize by saying that there are good reasons for young people to abstain from sex. Many young people believe in and practice abstinence. Abstinence can be a sign of real emotional maturity. Abstinence eliminates the risk of unwanted pregnancy, sexually transmitted infections, and HIV — the virus that causes AIDS. In fact, abstinence from vaginal, anal and oral sex is the only 100% effective means of preventing pregnancy and STIs. Abstaining from sexual intercourse contributes in a positive way to a couple's relationship because it eliminates the pressure and issues that come with sexual activity in a relationship, and frees the couple to spend time pursuing important interests and goals together or separately. It is important to remember that there are people who can support your decision to practice abstinence.
4. Remind students to complete the *Abstinence Family Activity* worksheet for homework and to return it for discussion during the next class.

Unit Two—Lesson Three

Benefits of Abstinence



Lesson Overview

In this activity students learn about the types, symptoms, transmission methods and treatments for various STIs, and are made aware of how easily and comprehensively they can spread.

Key Points

- STIs travel very easily from one person to the next.
- A person may not have noticeable symptoms but still have an STI.

- Engaging in sexual activity puts one at risk of becoming infected with an STI.
- The only 100 percent effective way to avoid STI infection is to NOT engage in sexual activities.

Lesson Objectives

After completing this lesson, students should be able to:

- Understand the communicable nature of STIs
- Describe the symptoms, treatment, and method of transmission for at least three STIs
- Identify whether a given STI is a virus or bacterium

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: STI Network	• Index cards – 1 per student	• Obtain enough index cards for each student to have one card. • Place a red mark in the lower corner of one of the cards	10 minutes
LEARN: STI Game	• <i>STI and HIV Facts</i> handout • <i>STI Game Questions</i>	• Print/photocopy the <i>STI and HIV Facts</i> handout or print from the CDC website	30 minutes
SUMMARIZE: Section Quiz	• <i>Sexuality, Responsibilities of Sexual Activity and the Benefits of Abstinence</i> Section Quiz	• Print/photocopy the section quiz: <i>Sexuality, Responsibilities of Sexual Activity and the Benefits of Abstinence</i>, one per student	5 minutes

Education Standards Supported

National Family and Consumer Science Standards: Reasoning for Action 1-4

National Health Standards: 1.12.5, 1.12.6, 1.12.8, 1.12.9, 3.12.2-3.12.4, 5.12.2, 5.12.3, 5.12.5-5.12.7, 7.12.1-7.12.3

FOCUS: STI Network

10 minutes

Purpose:

This activity demonstrates to students how comprehensively STIs spread.

Instructor Information:

From ASHA: ashastd.org/learn/learn_statistics.vs.cfm

Diseases that are spread through sexual contact are usually referred to as “sexually transmitted diseases”—STDs for short. In recent years, however, many experts in this area of public health have suggested replacing STD with a new term—sexually transmitted infection, or STI.

Why? The concept of “disease,” as in STD, implies a clear medical problem, usually some obvious signs or symptoms.

Materials:

- Index cards – one per student, place a small dot in a corner of just one of the cards to be handed out.

But in truth several of the most common STDs have no signs or symptoms in the majority of persons infected. Or they have mild signs and symptoms that can be easily overlooked. So the sexually transmitted virus or bacteria can be described as creating “infection,” which may or may not result in “disease.” This is true of chlamydia, gonorrhea, herpes, and human papillomavirus (HPV), to name a few.

For this reason, in some of the published literature, the term “disease” is being replaced by “infection.”

Facilitation Steps:

1. Just before class privately ask one student not to participate in the activity. Do not give this student a card.
2. Open the activity by writing STI and STD on the board. Ask students if they know what these acronyms stand for. Explain the difference in the use of the terms STI vs STD, using the instructor background information.
3. Hand out the cards to each student. Have students draw an axis on their card to divide it into four quadrants. Explain that are to go around and get four signatures (one in each quadrant) on their card, from four different people.
4. After everyone has four signatures, have students sit down.
5. Ask the student with the card that has the dot to stand up.
6. Ask the students who have this person's name on their card to stand up.
7. Ask the students who have names of any of the people standing up on their card to stand up.
8. Continue this process until everyone (but the one who did not participate) is standing.
 - Note how quickly the STI spread from only one person.
 - Also point out that when someone has had multiple sex partners, the next person they have sex with will be subjected to any STIs found in people that person previously had sex with.
9. Point out that the student who did not participate in the activity did not contract an STI.

4

LEARN: STI and HIV Facts and Game

25 minutes

Purpose:

Students play a game to learn about the types, symptoms, transmission methods and treatments for various STIs.

Materials:

- *STI and HIV Facts* handout, or Fact Sheets from the CDC website
- *STI Game Questions*
- Prizes for winning team, such as piece of candy, if desired.

Facilitation Steps:

1. Hand out the *STIs and HIV Facts* handout to each student. If you would like to provide more detailed information on each STI, go to the CDC website. Enter STDs into the website's search engine; a list of the STIs appears. You can select the fact sheet for each of these, and print them out.
2. Go through some of the facts for each type of STI, addressing and questions students may have.
3. Divide the class into three teams. Assign 3 different team names, such as X, Y, Z.
4. Decide which team will go first.
5. Each team member will get to represent their team. No team member should be able to select a topic more than once in a row.
6. Use your method of choice to determine which team gets to respond. Calling out their team name is one idea. Slamming hands onto a desk is another.
7. Track team scores on the board.
 - Have a prize available for the winning team.
 - Feel free to modify how competitive this game is based on your audience. You may also use fewer or more teams.

Unit Two—Lesson Four

HIV and STIs



STI/STD and HIV Facts

From the Centers for Disease Control

Bacterial Vaginosis (BV): Bacterial Vaginosis (BV) is the name of a condition in women where the normal balance of *bacteria* in the vagina is disrupted and replaced by an overgrowth of certain bacteria. It is sometimes accompanied by discharge, odor, pain, itching, or burning.

Any woman can get BV, but you're at **higher risk** of getting it if: you have a new sex partner or multiple sex partners.

Chlamydia: Chlamydia is a common sexually transmitted disease (STD) caused by the *bacterium*, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Young women are most vulnerable to this STD/STI. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia is known as a "silent" disease because about three quarters of infected women and about half of infected men have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure. One dose treatments are available to cure this STI.

In women, the bacteria initially infect the cervix and the urethra (urine canal). Women who have symptoms might have an abnormal vaginal discharge or a burning sensation when urinating. When the infection spreads from the cervix to the fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), some women still have no signs or symptoms; others have lower abdominal pain, low back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods. Chlamydial infection of the cervix can spread to the rectum.

Men with signs or symptoms might have a discharge from their penis or a burning sensation when urinating. Men might also have burning and itching around the opening of the penis. Pain and swelling in the testicles are uncommon.

Chlamydia can be transmitted during vaginal, anal, or oral sex. Chlamydia can also be passed from an infected mother to her baby during vaginal childbirth.

Gonorrhea: Gonorrhea is a sexually transmitted disease (STD). Gonorrhea is caused by *Neisseria gonorrhoeae*, a *bacterium* that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus. Symptoms in males include a thick, yellow penile discharge.

Gonorrhea is spread through contact with the penis, vagina, mouth, or anus. Ejaculation does not have to occur for gonorrhea to be transmitted or acquired. Gonorrhea can also be spread from mother to baby during delivery.

People who have had gonorrhea and received treatment may get infected again if they have sexual contact with a person infected with gonorrhea. One dose treatments are available to cure this STI.

Genital herpes: Genital herpes is a sexually transmitted disease (STD) caused by the herpes simplex *viruses* type 1 (HSV-1) and type 2 (HSV-2). Most genital herpes is caused by HSV-2. Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. When signs do occur, they typically appear as one or more blisters on or around the genitals or rectum. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur. Typically, another outbreak can appear weeks or months after the first, but it almost always is less severe and shorter than the first outbreak. Although the infection can stay in the body indefinitely, the number of outbreaks tends to decrease over a period of years. The anti-viral treatments include Acyclovir, Famciclovir, and Valacyclovir.

STI/STD and HIV Facts (cont.)

From the Centers for Disease Control



Syphilis: Syphilis is a sexually transmitted disease (STD) caused by the *bacterium* *Treponema pallidum*. It has often been called “the great imitator” because so many of the signs and symptoms are indistinguishable from those of other diseases. Syphilis is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal, or oral sex. Pregnant women with the disease can pass it to the babies they are carrying. Many people infected with syphilis do not have any symptoms for years, yet remain at risk for late complications if they are not treated. Although transmission occurs from persons with sores who are in the primary or secondary stage, many of these sores are unrecognized. Thus, transmission may occur from persons who are unaware of their infection.

The primary stage of syphilis is usually marked by the appearance of a single sore (called a chancre), but there may be multiple sores. The chancre is usually firm, round, small, and painless. It appears at the spot where syphilis entered the body. The chancre lasts 3 to 6 weeks, and it heals without treatment. However, if adequate treatment is not administered, the infection progresses to the secondary stage. A long-acting form of penicillin is required to cure syphilis.

Skin rash and mucous membrane lesions characterize the secondary stage. This stage typically starts with the development of a rash on one or more areas of the body. The rash usually does not cause itching. In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. The signs and symptoms of secondary syphilis will resolve with or without treatment, but without treatment, the infection will progress to the latent and possibly late stages of disease.

The latent (hidden) stage of syphilis begins when primary and secondary symptoms disappear. Without treatment, the infected person will continue to have syphilis even though there are no signs or symptoms; infection remains in the body. This latent stage can last for years. In the late stages of syphilis, the disease may subsequently damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Signs and symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. This damage may be serious enough to cause death.

Pelvic inflammatory disease: Pelvic inflammatory disease (PID) is a general term that refers to infection of the uterus (womb), fallopian tubes (tubes that carry eggs from the ovaries to the uterus) and other reproductive organs. It is a common and serious complication of some sexually transmitted diseases (STDs), especially chlamydia and gonorrhea. PID can damage the fallopian tubes and tissues in and near the uterus and ovaries. PID can lead to serious consequences including infertility, ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb), abscess formation, and chronic pelvic pain. PID occurs when *bacteria* move upward from a woman's vagina or cervix (opening to the uterus) into her reproductive organs. Many different organisms can cause PID, but many cases are associated with gonorrhea and chlamydia, two very common bacterial STDs.

Symptoms of PID vary from none to severe. When PID is caused by chlamydial infection, a woman may experience mild symptoms or no symptoms at all, while serious damage is being done to her reproductive organs. Because of vague symptoms, PID goes unrecognized by women and their health care providers about two thirds of the time.

Trichomoniasis: Trichomoniasis is a common sexually transmitted disease (STD) that affects both women and men, although symptoms are more common in women. It is caused by a single-cell parasite and it is the most common curable STD in young, sexually active women. Most men with trichomoniasis do not have signs or symptoms; however, some men may temporarily have an irritation inside the penis, mild discharge, or slight burning after urination or ejaculation.



STI/STD and HIV Facts (cont.)

From the Centers for Disease Control

Some women have signs or symptoms of infection which include a frothy, yellow-green vaginal discharge with a strong odor. The infection also may cause discomfort during intercourse and urination, as well as irritation and itching of the female genital area. In rare cases, lower abdominal pain can occur. Symptoms usually appear in women within 5 to 28 days of exposure.

Human papillomavirus: Human papillomavirus (pap-ah-LO-mah-VYE-rus) (HPV) is the most common sexually transmitted **virus** in the United States. There are more than 40 HPV types that can infect the genital areas of males and females. These HPV types can also infect the mouth and throat. Most people who become infected with HPV do not even know they have it. HPV is passed on through genital contact, most often during vaginal and anal sex. HPV may also be passed on during oral sex and genital-to-genital contact. HPV can be passed on between straight and same-sex partners—even when the infected partner has no signs or symptoms.

A person can have HPV even if years have passed since he or she had sexual contact with an infected person. Most infected persons do not realize they are infected or that they are passing the virus on to a sex partner. It is also possible to get more than one type of HPV at the same time. Most HPV has no symptoms and goes away on its own; however, some HPV can lead to genital warts and other types of HPV can lead to cervical cancer. Pap smears are the main way to check the health of the cervix and to catch signs before cervical cancer develops. One of the many treatment options available is cryotherapy or freezing.

There are two types of vaccines to protect against the worst types of HPV. Getting vaccinated can protect against the types of HPV most likely to cause cervical cancer or warts. Some states require HPV vaccination for all students.

Hepatitis B: Hepatitis B is a **virus** that infects the liver. You can have hepatitis B and not know it. You may not have symptoms. If you do, they can make you feel like you have the flu. But as long as you have the virus, you can spread it to others. A mother who has the virus can pass it to her baby during delivery.

Hepatitis B is caused by the hepatitis B virus. It is spread through contact with the blood and body fluids of an infected person. Among other causes, having sex with an infected person without using a condom is one way to contract Hepatitis B.

Sometimes the virus causes a long-term infection, called chronic hepatitis B. Over time, it can damage your liver. Over 90% of the cases of Hepatitis B will go away on their own.

There is a vaccination for Hepatitis B. Anybody who is planning to ever have sex or work in the health profession should be vaccinated. Some states require Hepatitis B vaccination for all students.

The Human Immunodeficiency Virus: The Human Immunodeficiency virus, commonly known as HIV is spread when infected bodily fluids from one person enter another person's body. Pre-cum, semen, vaginal fluids, blood, and breast milk are the fluids that can transmit the **virus**. Unprotected sex is the most common way people get infected with HIV in the U.S., followed by sharing needles. Women who are HIV positive can pass HIV to their baby before or during delivery or through breastfeeding after birth. HIV attacks the very cells which normally defend the body against illness. Eventually, HIV weakens the immune system to such an extent that the body can no longer fight off other diseases and infections.

HIV and AIDS are part of a continuum. HIV is the virus that infects the body and AIDS is the most advanced stage of HIV. So, not everyone who has HIV has AIDS, but, everyone who has AIDS is infected with HIV. How quickly someone with HIV advances to AIDS depends on many different factors. One important factor is how soon after HIV infection a person is diagnosed and gets into care. Also, just like any other health problem, different people's bodies respond differently to HIV. So, it is important to get tested, get care if you are positive and protect yourself and your partner(s).

Unit Two—Lesson Four

HIV and STIs



STI Game Questions

1. What are the two most common viral STIs? *HPV/genital warts and herpes*
2. With which STI can small, painful sores develop in the genital area? *herpes*
3. Flat or round bumps that may take the appearance of cauliflower are a symptom of this STI. *HPV/genital warts*
4. Which STI has a vaccine available to help protect people against it? *hepatitis B*
5. How are herpes and HPV/genital warts contracted? *skin-to-skin contact*
6. Symptoms in males include a thick, yellow penile discharge. *gonorrhea*
7. Which STI is commonly referred to as the “silent epidemic” because most people will have no symptoms. *chlamydia*
8. Untreated chlamydia and gonorrhea can lead to this complication in females. *PID*
9. Which STI are female youth most vulnerable to? *chlamydia*
10. A painless sore will develop at the site where this STI enters the body. *sypphilis*
11. Use of antibiotics, vaginal douches, and hygiene sprays are some ways to get rid of this infection, which is not an STI. *yeast infection*
12. Which STI has the symptom of a foul smelling, milky vaginal discharge? *BV*
13. The symptoms of this STI include a frothy or bubbly vaginal discharge. *trichomoniasis*
14. Which two “ulcerative” STIs make it easier to become infected with HIV? *syphilis and herpes*
15. Approximately what percentage of adults will “clear” or recover from hepatitis B? *90%*
16. Which two STIs have one-dose treatments available to cure them? *chlamydia and gonorrhea*
17. Which STI requires a long-acting form of penicillin to cure it? *syphilis*
18. The recommended relief for symptoms of which STI is rest, abstaining from alcohol and reducing protein intake. *hepatitis B*
19. Cryotherapy or freezing is one of the many treatment options available for this STI. *HPV/genital warts*
20. Acyclovir, Famciclovir, and Valacyclovir are the anti-viral treatments for which STI? *herpes*

Unit Two—Lesson Four

HIV and STIs

SUMMARIZE: Sexuality, Responsibilities of Sexual Activity and the Benefits of Abstinence Section Quiz**10 minutes****Purpose:**

This activity reinforces information students learned in the section and gauges their understanding of the content. The results of this quiz will help you and the students identify areas where reinforcement of the concepts may need to be addressed in preparation for the final test.

Materials:

- *Abstinence Family Activity* worksheet
- Unit 2, Section 1 Quiz: *Sexuality, Responsibilities of Sexual Activity and the Benefits of Abstinence*

Facilitation Steps:

1. Ask students to take out their homework assignment, the completed *Abstinence Family Activity* worksheet.
2. Ask for volunteers to share any comments their family/trusted adult made regarding good things about waiting to have sex and suggestions on how to remain abstinent. Collect the worksheets.
3. Hand out the section quiz *Sexuality, Responsibilities of Sexual Activity and the Benefits of Abstinence* to each student, allowing 5 minutes to complete.

Unit Two—Lesson Four

HIV and STIs



Section 1 Quiz: Sexuality, Responsibilities Of Sexual Activity, And The Benefits Of Abstinence

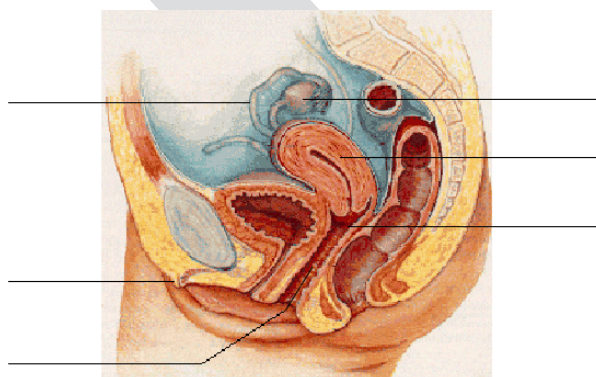
1. Correctly label the female illustration by inserting the following terms in their correct location:

cervix ovaries uterus
clitoris fallopian tubes vagina

Name: _____

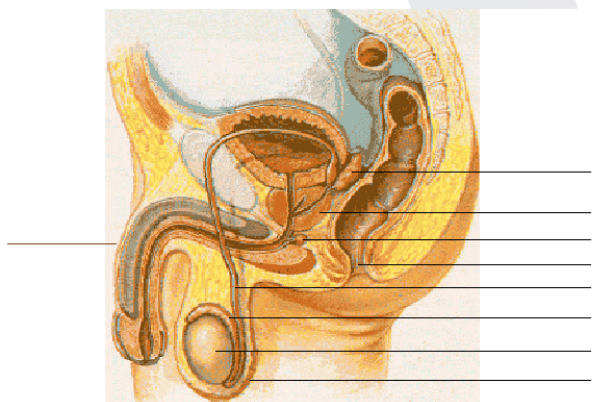
Class: _____

2. The female reproductive system contains two almond shaped organs called the _____.
3. Two important hormones that send messages to the female body are _____ and _____.
4. The female egg is released from the ovary to the _____ where it waits to be fertilized.
5. One ejaculation of a male contains how many sperm?
- hundreds
 - thousands
 - millions
 - tens of millions



6. Sperm are stored and mature in the _____.
7. The oval shaped glands called _____ are protected by a pouch of skin called the _____.
8. Correctly label the male illustration by inserting the following terms in their correct location:

penis seminal vesical prostate gland
cowper's gland vas deferens epididymis
testes scrotum



9. Which of the following are barrier contraceptive methods? Choose all that apply.
- condom
 - vaginal ring
 - patch
 - diaphragm
 - IUD

10. The 100% effective means of preventing pregnancy and STIs is _____.

11. Match the following STIs with their symptoms/affect on the body by placing the letter of the symptom/affect next to the STI.

STI	Symptom/Affect
_____ Chlamydia	a. One or more blisters on or around genital area/rectum leaving ulcers (sores) in affected area
_____ Human papillomavirus	b. Bacterium that grows and multiplies in areas of reproductive tract and can grow in mouth, throat, eyes, anus
_____ Gonorrhea	c. Known as the "silent" disease because irreversible damage can occur in women before they know they have it
_____ Genital herpes	d. Cervical cancer or genital warts

Unit Two—Lesson Four

HIV and STIs

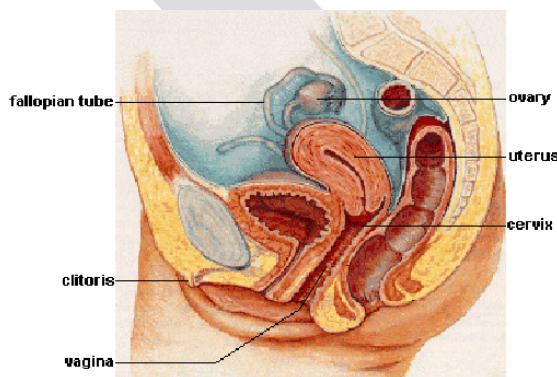


Section 1 Quiz: Sexuality, Responsibilities Of Sexual Activity, And The Benefits Of Abstinence — Answer Key

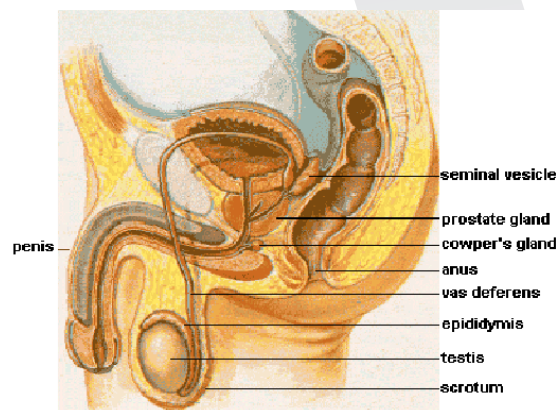
1. Correctly label the female illustration by inserting the following terms in their correct location:

cervix ovaries uterus
clitoris fallopian tubes vagina

2. The female reproductive system contains two almond shaped organs called the ovaries.
3. Two important hormones that send messages to the female body are estrogen and progesterone.
4. The female egg is released from the ovary to the fallopian tubes where it waits to be fertilized.
5. One ejaculation of a male contains how many sperm?
- hundreds
 - thousands
 - millions**
 - tens of millions



6. Sperm are stored and mature in the epididymis.
7. The oval shaped glands called testicles are protected by a pouch of skin called the scrotum.
8. Correctly label the male illustration by inserting the following terms in their correct location:
- penis seminal vesical prostate gland
cowper's gland vas deferens epididymis
teste scrotum



9. Which of the following are barrier contraceptive methods? Choose all that apply.

a. condom **d. diaphragm**
b. vaginal ring e. IUD
c. patch

10. The 100% effective means of preventing pregnancy and STIs is abstinence.
11. Match the following STIs with their symptoms/affect on the body by placing the letter of the symptom/affect next to the STI.

STI	Symptom/Affect
<u>c</u> Chlamydia	a. One or more blisters on or around genital area/rectum leaving ulcers (sores) in affected area
<u>d</u> Human papillomavirus	b. Bacterium that grows and multiplies in areas of reproductive tract and can grow in mouth, throat, eyes, anus
<u>b</u> Gonorrhea	c. Known as the "silent" disease because irreversible damage can occur in women before they know they have it
<u>a</u> Genital herpes	d. Cervical cancer or genital warts

Unit Two—Lesson Four

HIV and STIs

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SECTION RESOURCES

Websites:

Centers for Disease Control
www.cdc.gov

MTV and the Kaiser Family Foundation's Emmy Award winning It's Your (Sex) Life public information campaign.
www.itsyoursexlife.com

Planned Parenthood:
www.plannedparenthood.org

American Social Health Association:
www.ashastd.org

ReCAPP: Resource Center for Adolescent Pregnancy Prevention
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.LearningActivitiesHome>

California Family Health Council
www.teensource.org

National Campaign to Reduce Teen and Unplanned Pregnancy
<http://www.thenationalcampaign.org/>

World Health Organization
www.who.int

Unit Two—Lesson Four

HIV and STIs



Section Two

Human Reproduction and the Responsibilities of Pregnancy

Lesson Five

Pregnancy and Prenatal Development



Note: If you have the Realityworks Pregnancy Simulation curriculum and the Pregnancy Profile® Vest, you may use that in place of this lesson.

Lesson Overview

In this lesson, students learn about the initial stages of pregnancy and the characteristics of fetal development by month, within the three trimesters of pregnancy.

Lesson Objectives

After completing this lesson, students should be able to:

- Identify first signs of pregnancy
- Describe common physical and emotional pregnancy symptoms and discomforts
- Identify the various characteristics of fetal development and categorize them within each of the trimesters of pregnancy

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Trimester Characteristics Mix-up	• <i>Trimester Characteristics</i> sheet • <i>Trimester Development</i> handout	• Print/photocopy the <i>Trimester Characteristics</i> sheet and cut out along dotted lines • Print/photocopy the <i>Trimester Development</i> handout – one per student	15 minutes
LEARN: Pregnancy and Prenatal Development	• <i>Pregnancy Symptoms and Discomforts</i> worksheet • <i>Pregnancy and Prenatal Development</i> PowerPoint	• Print/photocopy the <i>Pregnancy Symptoms and Discomforts</i> worksheet – one per pair of students • Prepare the <i>Pregnancy and Prenatal Development</i> PowerPoint for presentation	25 minutes
SUMMARIZE: Prenatal Development Review	• <i>Prenatal Development Review</i> questions • <i>Parent/Guardian Labor and Delivery Interview</i> worksheet	• Print/photocopy the <i>Parent/Guardian Labor and Delivery Interview</i> worksheet for homework assignment	5 minutes

Education Standards Supported

National Family and Consumer Science Standards: 12.1- 12.3, 15.3, 15.4

National Health Standards: 1.12.2, 1.12.6, 4.12.4

FOCUS: Trimester Characteristics Mix-up

15 minutes

Purpose:

Students participate in an activity to learn about the characteristics of each of the trimesters of pregnancy.

Materials:

- *Trimester Characteristics* sheet
- *Trimester Development* handout

Facilitation Steps:

1. Cut the trimester characteristics sheet along dotted lines.
2. Write the words First Trimester, Second Trimester, and Third Trimester on a white board or chalk board, next to each other.
3. Mix up the developmental characteristics in a hat or other container.
4. Have each student take turns drawing a characteristic and taping it under the trimester they think it belongs in.
5. After all characteristics have been taped on the board, hand out the Trimester Development handout.
6. Change the lists by moving the characteristics to the appropriate place as needed, explaining as you work.



Trimester Characteristics

Sperm joins the egg in the fallopian tube.	Able to feel pain.
Cells rapidly divide. The embryo floats toward the uterus.	Vocal cords are used to cry silently.
Embryo impacts itself in the wall of the uterus.	Muscles get longer and are easier to move.
Backbone, spine, spinal cord, brain and nervous system form.	Mother feels kicking and movement inside her. Fetus is cushioned in amniotic fluid.
Lungs, intestines and beginning of urinary system start to develop.	Adult taste buds are formed.
Heart starts beating.	Eyebrows, eyelashes, and hair start to grow.
Placenta starts working.	Fetus is able to grasp things with hands.
Spine and spinal cord grow quickly.	Kicking continues.
Facial features become visible.	Fetus can hear voices and recognizes mother's voice.
Muscle system is formed.	Fingernails and fingerprints appear.
Movement begins.	Sex organs are formed.
Embryo is about one-half inch long.	Fetus is covered with downy hair called lanugo.
Arms, leg, fingers and toes form.	Fetus inhales amniotic fluid to practice breathing.
Brain waves can be measured.	Skin is covered by a waxy substance called vernix.
Heart is almost completely developed.	Nourishment from the mother through the umbilical cord continues.
Baby teeth form in the gums.	Fetus sleeps most of the day.
Brain is physically fully formed.	Fetus gains the most weight and grows longer.
	Fetus starts growing quickly in size.

Unit Two—Lesson Five

Pregnancy and Prenatal Development



Trimester Characteristics

First Trimester (conception to 12 weeks)	Second Trimester (13 to 24 weeks)	Third Trimester (25 weeks to birth)
The sperm joins the egg in the fallopian tube. Cells rapidly divide. The embryo floats toward the uterus. Embryo implants itself in the wall of the uterus. Backbone, spine, spinal cord, brain and nervous system form. Lungs, intestines, and beginnings of urinary system start to develop. Heart starts beating. Intestines are developing and the appendix is in place. Placenta starts working. Spine and spinal cord grow quickly. Facial features become visible. Muscle system is formed. Movement begins. Embryo is about 1 half-inch long. Arms, legs, fingers and toes form. Brain waves can be measured. Heart is almost completely developed. Baby teeth form in the gums. Brain is physically fully formed. Able to feel pain. Vocal cords are used to cry silently.	Muscles get longer and are easier to move. Mother feels kicking and movement inside her. Fetus is cushioned in liquid called amniotic fluid. Adult taste buds are formed. Eyebrows, eyelashes, and hair start to grow. Fetus is able to grasp things with hands. Kicking continues. Fetus can hear voices and recognizes mother's voice. Fingernails and fingerprints appear. Sex organs are formed. Fetus starts growing quickly in size.	Fetus is covered with downy hair called lanugo. Fetus inhales amniotic fluid to practice breathing. Skin is covered by a waxy substance called vernix. Nourishment from the mother through the umbilical cord continues. Fetus sleeps most of the day. Fetus gains the most weight (½ pound per week) and grows longer.

Unit Two—Lesson Five

Pregnancy and Prenatal Development

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LEARN: Prenatal Development

25 minutes

Purpose:

Through a PowerPoint presentation, students learn about pregnancy and the characteristics of each of the trimesters of pregnancy.

Materials:

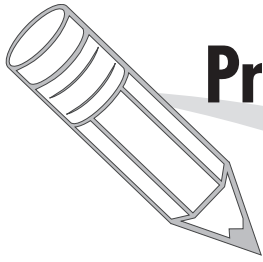
- *Pregnancy Symptoms and Discomforts* worksheet
- *Pregnancy and Prenatal Development* PowerPoint

Facilitation Steps:

1. Start this activity by having students get into pairs and completing the *Pregnancy Symptoms and Discomforts* worksheet. Give them 5 minutes to complete it. Tell them that the answers will be displayed in the PowerPoint presentation they're about to hear. (Note: Answers are also included on the next page in this guide.)
2. Ask students to share some of the symptoms they came up with and their associated thoughts – positive or negative about those symptoms.
3. Present the *Pregnancy and Prenatal Development* PowerPoint, answering any questions that may arise.
 - Slide 4: This photograph of a tiny fetus in its unruptured amniotic sac was taken after surgery for an ectopic pregnancy in 1972. This picture demonstrates the development of a baby at only six weeks after conception. Photograph by University of Minnesota Medical Photographer, Robert Wolfe.
 - Slide 9: This is an important month. Usually any baby before 23 weeks (around the 7th month) cannot survive. Even at 23 weeks, many babies do pass away. There are some exceptions though and there have been babies that survived at 22 and even at 21 weeks. Babies born that early need very intensive care and will spend months in the hospital before coming home.
 - Slide 12: This slide references a You Tube video (4:38). Copy the file into your Windows Explorer address line. This video shows development of the fetus from conception to birth.

Unit Two—Lesson Five

Pregnancy and Prenatal Development



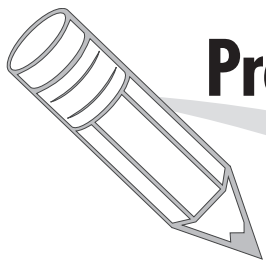
Pregnancy Symptoms And Discomforts

With your partner fill in the symptoms that might be associated with each category, and any feelings or thoughts, positive or negative you have about that symptom. Be prepared to give reasons for your response.

Category	Symptom	Your Feelings/Thoughts
Physical		
Emotional		

Unit Two—Lesson Five

Pregnancy and Prenatal Development



Pregnancy Symptoms And Discomforts — Answer Key

Unit Two—Lesson Five
Pregnancy and Prenatal Development

Category	Symptom	Your Feelings/Thoughts
Physical	Monthly period stops	
	Fainting or lightheadedness	
	Nausea and possible throwing up	
	Blemishes may disappear or become noticeable	
	Increased tiredness	
	Appetite increases	
	Unusual food cravings/combinations- for some people	
	Gain of 20-30 pounds	
	Hair becomes thick and healthy	
	Breasts get larger and may be sore	
	Frequent urination or leaking urine	
	Stretch marks	
	Constipation	
	Varicose veins	
	Navel flattens or pops out a belly grows	
	Lower back pain	
	Can feel the baby move	
	Trouble sleeping	
	Swelling of feet and hands	
	Center of gravity shifts, causing unsteadiness	
	Braxton-Hicks contractions	
Emotional	Crying for no reason	
	Worrying about parenting abilities	
	Worrying about the baby	
	People make a fuss and try to be more helpful	

Unit Two—Lesson Five

Pregnancy and Prenatal Development

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SUMMARIZE: Prenatal Development Review

5 minutes

Purpose:

This activity provides a brief review of the information on pregnancy and prenatal development.

Materials:

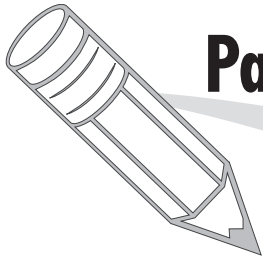
- *Parent/Guardian Labor and Delivery Interview* worksheet

Facilitation Steps:

1. Conduct a review by posing some questions to the class about the information presented, such as:
 - What are some physical symptoms of pregnancy? (See previous page)
 - What are some emotional symptoms of pregnancy? (See previous page)
 - How many trimesters are there during pregnancy? (3 trimesters)
 - What is a critical month in pregnancy, before which a fetus has little chance of surviving? (7th month/23 weeks)
 - Use the Trimester Development handout for additional ideas on questions, or come up with your own.
2. Hand out the *Parent/Guardian Labor and Delivery Interview* worksheet. This will be due for the next class: Students are to interview their parent/guardian about their birth. If they are adopted, they should interview their parent/guardian about the adoption process – meeting the child, adopting them, and bringing them home. They are to bring in the interview worksheet for the next class to be used in a small group activity.

Unit Two—Lesson Five

Pregnancy and Prenatal Development



Parent/Guardian Labor And Delivery/Adoption Interview

Unit Two—Lesson Five
Pregnancy and Prenatal Development

Date: _____

Class: _____

Class name

Interview your parent/guardian about how your birth went. If you are adopted, interview about the process for meeting you, adopting you, and bringing you home.

For Birth Children:

How did you feel when you found out you were pregnant?

How did the pregnancy go? What symptoms did you have?

Did you have any complications during pregnancy?

What did you do when you felt the first labor contraction?

How long were you in labor?

When did you go the hospital? How did you get to the hospital?

How did the delivery process go? How long did delivery take?

How long did you stay in the hospital after I was born?

How did the coming home day go?

For Adopted Children:

How did you find me?

How long did it take before you could get me?

How did you come to get me?

How did the coming home process go?

What else can you tell me about the adoption process for adopting me?

I have been interviewed for this assignment

Parent/Guardian signature

Unit Two—Lesson Five

Pregnancy and Prenatal Development

Lesson Six

Prenatal Exposure to Drugs or Alcohol



Note: If you have the Realityworks *Understanding Prenatal Drug Exposure* curriculum and demonstrator, or the *Understanding Prenatal Alcohol Exposure* curriculum and manikin, use those in place of this lesson.

Lesson Overview

This lesson discusses Fetal Alcohol Spectrum Disorders (FASD) as well as the effects of alcohol and drug use on a fetus and newborn baby; describes the impact of those disorders on individuals in their infancy, school years, and adulthood; lists the financial, family, and social costs of prenatal drug and alcohol exposure, and stresses the importance of abstaining from drinking any type or amount of alcohol during pregnancy and of not using any type of drug in any amount during pregnancy, unless under the supervision of a physician.

Key Points

- Drug or alcohol use during pregnancy has devastating effects on the fetus and the newborn baby.
- Drug and alcohol use during pregnancy has long-term effects on individuals in their infancy, school years, and adulthood; and impacts families and society financially and socially.
- It is critical to abstain from any type of alcohol use during pregnancy and from any drug use unless under the supervision of a physician.

Lesson Objectives

After completing this lesson, students should be able to:

- Gain awareness of the facts and concepts surrounding

prenatal alcohol or drug exposure.

- Document their initial knowledge about prenatal alcohol or drug exposure before the start of the lesson.
- Define FAS and FASD.
- Describe how nutrients, oxygen, and other substances (e.g., alcohol or drugs) reach a developing fetus.
- List the effects of prenatal alcohol or drug exposure.
- Explain what happens developmentally when a pregnant woman and her fetus consume alcohol or drugs.
- Identify the long-term consequences of prenatal alcohol or drug exposure for individuals, families, and society.
- Identify guidelines for FASD prevention.
- Identify resources for additional information about prenatal alcohol exposure and its consequences.
- Determine strategies to help a family or mother when prenatal alcohol exposure is a possibility, or when FAS has been diagnosed by a medical professional.
- Summarize important information from the lesson.

Instructor Information

At any time during pregnancy, a woman's alcohol consumption can harm her growing fetus.¹ The broad range of birth defects that may result from prenatal alcohol exposure is termed Fetal Alcohol Spectrum Disorders (FASD). The most severe of these birth defects is Fetal Alcohol Syndrome (FAS).

A woman's use of alcohol during pregnancy can affect her child physically and mentally throughout his or her life, and can lead to behavioral and/or learning prob-

lems that may become especially evident when the child attends school.¹ The effects of prenatal alcohol exposure may be disabling and have lifelong implications for individuals, families, and society. Any form of FASD is 100 percent preventable.^{1,3} Research is clear that completely abstaining from alcohol use during pregnancy prevents all FASD conditions. If a woman does not drink alcohol at any time during her pregnancy, these birth defects will not occur.

Definitions

Fetal Alcohol Spectrum Disorders

(FASD): Umbrella term for a spectrum of disorders caused by prenatal alcohol exposure that includes physical, mental, behavioral, and learning disabilities.¹

Fetal Alcohol Syndrome (FAS):

Abnormal facial features, growth deficiency, and central nervous system problems resulting from prenatal alcohol exposure.^{1,4} It is the most severe form of FASD.¹

FAS and FASD

FAS has three major diagnostic criteria:¹

1. Distinctive, abnormal facial features
2. Growth deficiencies
3. Central nervous system problems (structural and/or functional)

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: What Do You Know?	• <i>Understanding Prenatal Alcohol and Drug Exposure Lesson Pre-test.</i>	• Print or photocopy the <i>Understanding Prenatal Alcohol and Drug Exposure Lesson Pre-test</i> for each student.	5 minutes
LEARN: Facts and Statistics About Prenatal Alcohol and Drug Exposure	• <i>Facts and statistics about Prenatal Alcohol and Drug Exposure</i> PowerPoint presentation	• Prepare to present the <i>Facts and statistics about Prenatal Alcohol and Drug Exposure</i> PowerPoint presentation	25 minutes
SUMMARIZE: Review	• Understanding Prenatal Alcohol and Drug Exposure Review Questions	• Class review	5 minutes

Educational Standards Supported

National Family and Consumer Science Standards: 4.1, 4.2, 4.5, 4.6., 6.1, 7.1, 7.2, 7.3, 7.4, 7.5, 12.1, 12.2, 12.3, 13.1, 13.2, 13.3, 3.4, 13.5, 13.6, 15.1,15.2.5.3

National Health Standards: 1.12.5-8; 2.12.1-2, 2.12.10; 3.12.4; 5.12.1-2, 5.12.4-7; 6.12.1-3; 7.12.1-3; 8.12.1-4

FAS is the most severe of the Fetal Alcohol Spectrum Disorders (FASD).¹ Behavioral and cognitive problems associated with FAS may include reduced cognitive ability, learning disabilities, attention deficits, hyperactivity, poor impulse control, and social, language, and memory deficits.⁶ The effects of prenatal alcohol exposure are not genetic or hereditary.⁷ An individual with a disorder on the fetal alcohol spectrum cannot pass the disorder on to a child. The sole cause of FASD is alcohol consumption during pregnancy.

Note: As you teach and discuss the topic of prenatal alcohol exposure, keep in mind . . .

- Alcohol use is widespread. Some participants may be using alcohol already, and some may have a friend or family member who has a drinking problem.
- Alcoholism is a disease that can result in denial and shame.
- Foster a supportive and constructive atmosphere in the classroom. Focus on our *individual responsibility* for our choices in order to avoid the possible perception of blame, shame, and the judging of others.
- Emphasize the need to respect each other's points of view and individual differences, and to treat each other with dignity, respect, and kindness.

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Unit Two—Lesson Six

Prenatal Exposure to Drugs or Alcohol

FOCUS: What Do You Know?

5 minutes

Purpose:

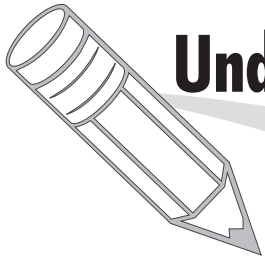
This activity measures students' knowledge about prenatal alcohol and drug exposure before the start of the lesson, and makes them aware of the many facts surrounding prenatal drug and alcohol exposure.

Materials:

- *Understanding Prenatal Alcohol and Drug Exposure Lesson Pre-test*

Facilitation Steps:

1. Give each student a copy of the *Understanding Prenatal Alcohol and Drug Exposure Lesson Pre-test*. Allow students 5 minutes to complete.



Understanding Prenatal Alcohol and Drug Exposure Lesson

Pre-test

Unit Two—Lesson Six
Prenatal Exposure to Drugs or Alcohol

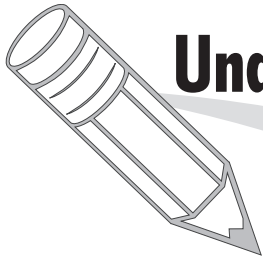
Date: _____

Class: _____
Class name

1. FAS stands for: _____
2. FASD stands for: _____
3. What disabilities can result from FASD? Choose all that apply.
 - a. Physical
 - b. Mental
 - c. Behavioral
 - d. Learning disabilities
4. Who can diagnose FAS?
 - a. A teacher
 - b. A parent
 - c. A doctor
 - d. A psychologist
5. Two features of an infant/child with FAS are _____ and _____.
6. Teratogens are:
 - a. over-the-counter drugs that are safe for an unborn child
 - b. agents that cause physical or developmental defects in an unborn child
 - c. rarely prescribed for pregnant females
 - d. any over-the-counter or prescription drug
7. Two examples of teratogens are: _____ and _____.
8. Which of the following are features of a drug-affected infant? Choose all that apply.
 - a. Piercing cry
 - b. Irritability
 - c. Lethargy
 - d. Drowsiness
 - e. Continual tremors

Unit Two—Lesson Six

Prenatal Exposure to Drugs or Alcohol



Understanding Prenatal Alcohol and Drug Exposure Lesson

Pre-test — Answer Key

1. FAS stands for: Fetal Alcohol Syndrome
2. FASD stands for: Fetal Alcohol Spectrum Disorder
3. What disabilities can result from FASD? Choose all that apply.
 - a. **Physical**
 - b. **Mental**
 - c. **Behavioral**
 - d. **Learning disabilities**
4. Who can diagnose FAS?
 - a. A teacher
 - b. A parent
 - c. **A doctor**
 - d. A psychologist
5. Two features of an infant/child with FAS are _____ and _____.

Any of the following are correct:

- *Small head circumference*
- *Flat midface*
- *Indistinct ridge between nose and lips (philtrum)*
- *Narrow upper lip*
- *Flat nose bridge*
- *Subtle hand abnormalities*
- *Non-inherited skin folds covering inner corners of the eyes (normal for many Asian and Native American individuals)*
- *Unusually small chin*
- *Minor ear abnormalities*
- *Small size for gestational age*
- *Unusually thin arms and legs*
- *Upturned nose*

6. Teratogens are:
 - a. over-the-counter drugs that are safe for an unborn child
 - b. **agents that cause physical or developmental defects in an unborn child**
 - c. rarely prescribed for pregnant females
 - d. any over-the-counter or prescription drug
7. Two examples of teratogens are: _____ and _____.
 - **Any of the following are correct: alcohol, mercury, nicotine, isotretinoin (brand name Accutane®, a treatment for strong acne), and phenytoin (brand name Dilantin®, a treatment for epilepsy).**
8. Which of the following are features of a drug-affected infant? Choose all that apply.
 - a. **Piercing cry**
 - b. **Irritability**
 - c. Lethargy
 - d. Drowsiness
 - e. **Continual tremors**

Unit Two—Lesson Six

Prenatal Exposure to Drugs or Alcohol

6

FOCUS: Facts and Statistics about FAS, FASD, and Drug Exposure

25 minutes

Purpose:

During this activity students learn facts and statistics about prenatal alcohol and drug exposure, the disabilities it can cause, and the importance of not drinking or taking drugs while pregnant. They also learn where families of babies with FAS, FASD, and prenatal drug exposure can seek information.

Materials:

- *Facts and Statistics about Prenatal Alcohol and Drug Exposure* PowerPoint presentation

Facilitation Steps:

1. Tell students that they are about to learn the facts about prenatal alcohol and drug exposure and the disabilities associated with FAS, FASD, and drug-affected babies.
2. Explain that FAS, FASD, and drug-affected babies are completely preventable through education and by abstaining from alcohol and drugs during pregnancy.
3. Present the PowerPoint presentation, pausing to discuss information of special interest to students.
Note: This is a lengthy presentation (50+ slides), so you may wish to preview it to decide which slides to ignore and which to focus on.

SUMMARIZE: Lesson Review

5 minutes

Purpose:

This activity reinforces the information students learned in the lesson as an aid for review in preparation for the section quiz.

Materials:

- Understanding Prenatal Alcohol and Drug Exposure Review Questions

Facilitation Steps:

1. Choose from the following review questions to review the information presented in the Learn activity of the lesson.

Review Questions:

1. What are Fetal Alcohol Spectrum Disorders (FASD)?

An umbrella term for a spectrum of disorders caused by prenatal alcohol exposure that includes physical, mental, behavioral, and learning disabilities.³

2. What is Fetal Alcohol Syndrome (FAS)?

A medical diagnosis concluded from the following signs:³

- Distinctive, abnormal facial features
- Growth deficiencies
- Central nervous system problems

3. What causes FAS and FASD?

Exposure to alcohol as a fetus; a woman drinking alcohol when she is pregnant.^{3, 4, 5}

4. What **type** of alcohol is safe to drink during pregnancy?

None. Exposure to any type of alcohol is unsafe for a developing fetus.^{4, 6}

5. What **amount** of alcohol is safe to drink during pregnancy?

None. There is no known safe amount of alcohol that can be consumed during pregnancy.^{4, 6}

6. How do drugs or alcohol reach a developing fetus?

When a pregnant woman has a drink or takes drugs, the alcohol or drug readily moves across the placenta into the fetus's bloodstream through the umbilical cord.⁷

7. Describe five things that can happen to a fetus when

a pregnant woman drinks alcohol.

The alcohol enters the fetus's bloodstream and the following damage can occur to the fetus (depending on the developmental stage):

- Heart, lung, and/or kidney defects^{5, 8}
- Vision and/or hearing problems⁵
- Genital changes⁵
- Dental and palate abnormalities (e.g., small teeth, cleft palate)⁵
- Brain damage⁵

8. What are the features of an infant/child with FAS?

- Small head circumference
- Flat midface
- Indistinct ridge between nose and lips (philtrum)
- Narrow upper lip
- Non-inherited skin folds covering inner corners of the eyes (normal for many Asian and Native American individuals)
- Flat nose bridge
- Upturned nose
- Unusually small chin
- Minor ear abnormalities
- Small size for gestational age
- Unusually thin arms and legs
- Subtle hand abnormalities

9. True or false: FAS and FASD are 100 percent preventable.

True^{3, 4}

10. What are some of the problems an individual with FASD can have throughout his or her life?
- *Reduced cognitive ability⁸*
 - *Learning disabilities^{3, 8}*
 - *Attention and memory problems^{3, 8}*
 - *Hyperactivity⁸*
 - *Poor coordination⁸*
 - *Judgment and reasoning difficulties⁸*
 - *Communication problems³*
 - *Difficulties with school⁸*
11. What can friends and family do to help a pregnant woman deliver a healthy baby?
- *Explain that ANY amount and ANY type of alcohol or drugs can hurt a developing fetus.*
 - *Keep several social activities in mind other than drinking alcohol or using drugs that you and your friends enjoy doing.*
12. What can you do to help the family of a baby with FASD or a drug-affected baby?
- *Encourage them to seek community services.*
 - *Encourage them to visit their local school district's early childhood and family education programs.*
 - *Go with them as they learn about and arrange for available services.*
 - *Offer to stay with the baby to relieve caregiver stress.*
13. What is the difference between prescription and nonprescription drugs?
- *Prescription drugs are prescribed by a doctor and used under a health professional's supervision.*
 - *Nonprescription drugs can be purchased at a pharmacy or drug store without a prescription.*
14. What are examples or types of social drugs, illicit drugs, and dietary supplements?
- *Examples of social drugs are alcohol, nicotine, and caffeine.*
 - *Examples of illicit drugs are heroin, cocaine, marijuana, and methamphetamine.*
 - *Examples of dietary supplements are vitamins, minerals, and medicinal herbs.*
15. What are teratogens, and what are three examples?
- *Agents that cause physical or developmental defects in an unborn child.*
 - *Examples are alcohol, mercury, nicotine, isotretinoin (brand name Accutane®, a treatment for strong acne), and phenytoin (brand name Dilantin®, a treatment for epilepsy).*
16. What types of drugs are safe to use during pregnancy without a doctor's guidance?
- None. Only a doctor can tell a pregnant woman if a drug is safe for a developing baby.³*
17. List five things that can happen to an unborn child when a pregnant woman uses drugs.
- *Small head size⁴*
 - *Sleep disturbances^{4, 5, 6}*
 - *Irritability^{4, 5, 6}*
 - *Jitteriness^{4, 6}*
 - *Feeding difficulties^{4, 5}*
18. What are the features of a drug-affected infant?
- *Painful facial expression*
 - *Piercing cry*
 - *Continual tremors*
 - *Small size for gestational age*
 - *Unusually thin arms and legs*
19. True or false: Prenatal drug exposure is completely preventable.
- True.*
20. What are some of the problems an individual exposed to a mother's drug use during pregnancy can have throughout his or her life?
- *Hyperactivity⁵*
 - *Attention deficits⁵*
 - *Loss of control⁵*
 - *Mood swings⁵*
 - *Abnormal or delayed development⁴*
 - *Increased susceptibility to infectious diseases⁷*

- Breathing problems⁸
- Hearing problems⁸
- Vision problems^{6, 8}
- Learning disabilities^{5, 6, 8}
- Behavioral problems⁵
- Neurobehavioral symptoms⁶

Endnotes

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12. Substance Abuse and Mental Health Administration. (2007). *The physical effects of fetal alcohol spectrum disorders*. Retrieved from http://www.fasdcen-ter.samhsa.gov/documents/WYNK_Physical_Effects.pdf



Lesson Overview

Students learn about the stages of labor and delivery and various complications of pregnancy. A brief presentation on common birth defects is also included.

Key Points

- Labor is intense and painful, but rewarding when complete.
- Complications can arise during pregnancy, labor, and delivery of a baby.
- Genetic and prenatal factors can affect an infant's health.

Lesson Objectives

After completing this lesson, students should be able to:

- Describe characteristics of the three stages of labor
- Identify at least three complications of pregnancy and their characteristics
- Identify at least three common birth defects and their characteristics

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: When I was Born	Completed homework assignment: <i>Parent/Guardian Labor and Delivery Interview</i> worksheet	Ensure that students bring in their completed homework assignment	10 minutes
LEARN: Labor and Delivery	<i>Labor and Delivery</i> PowerPoint presentation - Birth video	- Prepare the <i>Labor and Delivery</i> PowerPoint for presentation - Obtain a video depicting a birth	30 minutes
SUMMARIZE: Labor, Delivery and Complications Review	<i>Labor and Delivery</i> review questions	Class Discussion	5 minutes
SECTION QUIZ	Unit 2, Section 2 Quiz: <i>Human Reproduction and the Responsibilities of Pregnancy</i>	Print/photocopy the Unit 2, Section 2 Quiz: <i>Human Reproduction and the Responsibilities of Pregnancy</i> for each student.	10 minutes

Education Standards Supported

National Family and Consumer Science Standards: 15.3, 15.4, 12.1-12.3

National Health Standards: 1.12.4, 1.12.6, 3.12.4, 7.12.1-7.12.3

FOCUS: When I Was Born

15 minutes

Purpose:

This activity allows students to share their birth or adoption experience stories with a partner and with the class if time permits. Students love sharing their stories, and the moms and dads love telling them. Some students may live with a family member. These would be their guardian for the time being, even if it is not their legal guardian. Other students may be in foster care or temporary foster care. If so, you may want to modify this activity for those students, however you see fit.

Materials:

- *Parent/Guardian Labor and Delivery Interview worksheet*

Facilitation Steps:

1. Have students sit with a partner.
2. Tell students to share with their partner the story of their birth or adoption.
3. After 10 minutes reconvene the large group.
4. Ask if there are any interesting stories or details that anyone would like to share.

LEARN: Labor and Delivery**30 minutes****Purpose:**

Students learn about the stages of labor and the complications that may arise during pregnancy. Information about several common birth defects is also included.

Materials:

- *Labor and Delivery* PowerPoint presentation
- Birth video of your choice

Facilitation Steps:

1. Present the *Labor and Delivery* PowerPoint presentation. The presentation includes information on common pregnancy complications and several common birth defects.
 - Slide 8: An ectopic pregnancy is a condition in which a fertilized egg settles and grows in any location other than the inner lining of the uterus. The vast majority of ectopic pregnancies occur in the Fallopian tube (98%), however, they can occur in other locations, such as the ovary, cervix, and abdominal cavity. An ectopic pregnancy occurs in about one in 50 pregnancies.
2. Address any questions students may have during the presentation.
3. Show a video depicting the birth process and address any questions students may have after the video.

SUMMARIZE: Labor, Delivery, and Complications Review

5 minutes

Purpose:

This activity provides students with a short review on the stages of labor and common pregnancy complications.

Materials:

- *Labor and Delivery* review questions (below)

Facilitation Steps:

1. Conduct a short review of the stages and phases of labor by asking the following questions:
 - What are the symptoms of labor initiation?
Contractions, ruptured amniotic sac (water breaks)
 - How long does early labor typically last?
8 hours
 - What is the dilation measure of early labor?
0-3 centimeters
 - What are the characteristics of early labor contractions?
5-20 minutes apart, and mild to irregular lasting about 30-45 seconds each
 - How long does active labor typically last?
4-8 hours
 - What is the dilation measure of active labor?
4-8 centimeters
 - What are the characteristics of active labor contractions?
3-5 minutes apart, and more pronounced, lasting about 60 seconds each
 - How long does transition labor typically last?
½ hour – 2 hours
 - What is the dilation measure of transition labor?
8-10 centimeters
 - What are the characteristics of transition labor contractions?
2-3 minutes apart, intense, lasting about 60-90 seconds each
 - What are some common pregnancy complications?
Tubular pregnancy/ectopic pregnancy, caesarian section, toxemia, gestational diabetes, Rh incompatibility, still birth, miscarriage, premature birth
2. Answer any questions students may have.

7

Section Quiz: Human Reproduction and the Responsibilities of Pregnancy

10 minutes

Purpose:

This activity reinforces information students learned in the section and gauges their understanding of the content. The results of this quiz will help you and the students identify areas where reinforcement of the concepts may need to be addressed in preparation for the final test.

Materials:

- Unit 2, Section 2 Quiz: *Human Reproduction and the Responsibilities of Pregnancy*

Facilitation Steps:

1. Hand out the section quiz *Human Reproduction and the Responsibilities of Pregnancy* to each student, allowing 10 minutes to complete.

Unit Two—Lesson Seven

Birth Process



Section 2 Quiz: Human Reproduction And The Responsibilities Of Pregnancy

Name: _____

Class: _____

1. Match the following steps in the development of a fetus with the correct trimester in which it occurs by placing the letter of the trimester next to the step.

Step	Trimester
___ Adult taste buds are formed	a. First
___ Fetus inhales amniotic fluid to practice breathing	b. Second
___ Fetus is covered with downy hair called lanugo	c. Third
___ Sex organs are formed	
___ Heart is almost completely developed	
___ Brain waves can be measured	

2. Which of the following are typical symptoms/discomforts of pregnancy? Choose all that apply.
- Extra energy
 - Limp, lackluster hair
 - Nausea
 - Gain of 40-50 pounds
 - Frequent urination
3. The three phases of labor within stage 1 are _____, _____, and _____.
4. Which of the following are common pregnancy complications? Choose all that apply.
- Ectopic pregnancy
 - Miscarriage
 - Gestational diabetes
 - Premature birth
 - Muscular dystrophy
5. How long does active labor typically last?
- 1-3 hours
 - 4-8 hours
 - 9-12 hours
 - 13-18 hours
6. What is the dilation measure of transition labor?
- 0-3 centimeters
 - 4-8 centimeters
 - 8-10 centimeters
7. What are the characteristics of early labor contractions?
- 5-20 minutes apart, mild to irregular and lasting 30-45 seconds each
 - 3-5 minutes apart, and more pronounced, lasting about 60 seconds each
 - 2-3 minutes apart, intense, lasting about 60-90 seconds each
8. Match the following features of an infant with prenatal drug or alcohol exposure to the correct exposure type by placing the correct letter next to the feature.
- | Feature | Exposure Type |
|-------------------------------|------------------------------|
| ___ Painful facial expression | a. Prenatal drug exposure |
| ___ Piercing cry | b. Prenatal alcohol exposure |
| ___ Flat midface | |
| ___ Minor ear abnormalities | |
9. True or False: Prenatal drug exposure, FAS, and FASD are completely preventable. Circle the correct answer.
- True False

Unit Two—Lesson Seven

Birth Process



Section 2 Quiz: Human Reproduction And The Responsibilities Of Pregnancy — Answer Key

1. Match the following steps in the development of a fetus with the correct trimester in which it occurs by placing the letter of the trimester next to the step.

Step
b Adult taste buds are formed
c Fetus inhales amniotic fluid to practice breathing
c Fetus is covered with downy hair called lanugo
b Sex organs are formed
a Heart is almost completely developed
a Brain waves can be measured

Trimester
 a. First
 b. Second
 c. Third

2. Which of the following are typical symptoms/discomforts of pregnancy? Choose all that apply.
 a. Extra energy
 b. Limp, lackluster hair
 c. **Nausea**
 d. Gain of 40-50 pounds
 e. **Frequent urination**
3. The three phases of labor within stage 1 are early, active, and transition.
4. Which of the following are common pregnancy complications? Choose all that apply.
 a. **Ectopic pregnancy**
 b. **Miscarriage**
 c. **Gestational diabetes**
 d. **Premature birth**
 e. Muscular dystrophy
5. How long does active labor typically last?
 a. 1-3 hours
 b. **4-8 hours**
 c. 9-12 hours
 d. 13-18 hours
6. What is the dilation measure of transition labor?
 a. 0-3 centimeters
 b. 4-8 centimeters
 c. **8-10 centimeters**
7. What are the characteristics of early labor contractions?
 a. **5-20 minutes apart, mild to irregular and lasting 30-45 seconds each**
 b. 3-5 minutes apart, and more pronounced, lasting about 60 seconds each
 c. 2-3 minutes apart, intense, lasting about 60-90 seconds each
8. Match the following features of an infant with prenatal drug or alcohol exposure to the correct exposure type by placing the correct letter next to the feature.

Feature
a Painful facial expression
a Piercing cry
b Flat midface
b Minor ear abnormalities

Exposure Type
 a. Prenatal drug exposure
 b. Prenatal alcohol exposure

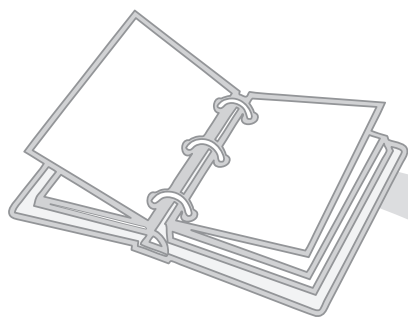
9. True or False: Prenatal drug exposure, FAS, and FASD are completely preventable. Circle the correct answer.

True

False

Unit Two—Lesson Seven

Birth Process



Unit 3: Impact of Unplanned Pregnancy

This unit provides detailed information and practice in the care and nurturing of an infant, and discusses the social, financial, and personal costs of having a baby. The infant care simulation experience gives students a hands-on, round-the-clock encounter with the RealCare® Baby, shedding light on the intensive and constant demands of an infant. The lesson on costs of a baby requires students to research the costs for infant equipment and supplies. The goal of this unit is to help students have a clear understanding of the practical issues that parenting presents, and the long-term impact of becoming a parent. Several lessons, including the Care Simulation (taking the RealCare® Baby home) refer you to the Basic Infant Care program (located on this CD) for details on conducting the lesson, as well as the student materials associated with them. Please adapt those lessons as you see fit for your students.

Lesson One

Care and Needs of an Infant – Introducing Baby



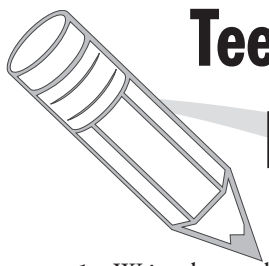
Refer to Unit 2, Lesson 1: Introducing Baby, from Basic Infant Care. Use materials and facilitation steps from that lesson for this one. Adapt as needed for your students.

Homework Assignment: due at the end of this week

1. Print/photocopy and hand out the *Teen Pregnancy Project* assignment sheet to each student and briefly address any questions students may have about the assignment. Explain that the *Baby Costs* worksheet will be assigned to be worked on individually, and then as a group in Lessons 3 and 4. Assign a due date of the last day of class for this unit (Lesson 5 of this unit).

Unit Three—Lesson One

Care and Needs of an Infant — Introducing Baby



Teen Pregnancy Project

Due Date: _____

Lesson created by: Cherie Bien-Coffman, So. Washington County Schools, MN

1. Write down all the things you do in a week that require money. (School lunch, gas, transportation costs, snacks, entertainment, etc.)
 - Total that amount and multiply by 4 to get your monthly total for your personal expenses.
2. Online/at store: *Baby Cost* worksheet
 - Search for the costs of these items. Be sure to add all the columns and calculate a grand total.
3. Write an in-depth, deep thinking, personal report summarizing all your findings, including answers to the questions below. The report should be typed in New Times Roman, 12 point font and double spaced. Your report will be graded on depth of thought along with grammar, spelling, neatness, etc.
 1. Do you currently have a job and would it cover all your expenses if you become a parent NOW?
 2. What types of personal things or expenses would you have to cut down or eliminate?
 3. What other expenses would there be in the future for your baby that you might not have thought about? (ask parents, brainstorm)
 4. Would your parents be able to afford to help you out? How would your family feel about you having a child and asking for extra financial assistance from them? How would you feel about asking for their money for your child?
 5. What other sources of income would you need or could you get?
 6. How would your life change if you became a parent at this time? How much do you value hanging out, going places, and having fun at this point in your life? Would you be able to give up the freedom to do these activities to care for a child?
 7. What qualities would you like a future parenting partner to have? Explain.
 8. Shaken baby syndrome is serious and preventable. Explain what might cause a parent to shake a child. How would you prevent that from happening to you?
 9. Rate yourself on these qualities- 1 the least amount, 5 the greatest:
Behave appropriately for your age, responsible, resourceful, patient, good sense of humor, flexible, calm in an emergency. What would you have to improve on? How?
 10. Predict how finishing school and moving toward completing your education goals would be affected if you became a parent while you are still in school.
 11. At this point in your life, are you prepared to be a single parent/supportive spouse, give up dating, and be a good parent? Yes/no and why or why not?
 12. **Females only:** Eighty percent of teen mothers live below the poverty level for 10 years after they become parents. Think about how you feel and behave if you can't get what you want now. Predict how you would respond to living a lifestyle based on your current income (or job you could qualify for now) while getting an education.)
 13. **Males only:** Think about how you feel and behave when you don't get what you want. Predict how you would respond to living a lifestyle based on your current income (or job you could qualify for now) and having to pay child support at 17 percent of your salary while getting an education.
 14. How ready are you for parenting RIGHT NOW? Explain.
 15. Explain one important fact you learned from this unit of study.
 16. What was one of the most important things you learned about yourself during this unit of study?

Your report should also contain:

- The cost of what you personally need to spend (figured from #1 above and the total of the *Baby Cost* worksheet to get your total expenses. Include how much you would need to make to cover these expenses- hourly/ weekly/monthly/annually.
- Completed *Baby Cost* worksheet.

Unit Three—Lesson One

Care and Needs of an Infant — Introducing Baby

Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants



Note

This lesson was developed in conjunction with the added features of temperature sensing and clothing detection on the RealCare® Baby. Each article of clothing that comes with Baby contains a magnetic disk that Baby tracks when it is on. Baby is able to track several layers of clothing. For example, Baby can have on an infant body suit, a clothing set (top and bottom or sleeper), and outerwear. This tracking option helps determine whether Baby was dressed appropriately for cold weather conditions. It also helps determine whether Baby was changed for bedtime, or at any other time during the day, which would be typical when caring for an infant. The temperature sensing device within Baby indicates whether Baby was subjected to extreme temperatures (hot or cold) over an extended period of time. All of this data is shown on the Simulation Report, discussed in this lesson.

Lesson Overview

In this lesson participants learn about hypothermia and hyperthermia, and safety precautions related to exposing infants to extreme temperatures. They learn about the dangers of leaving an infant in a car, and an infant's ability to adapt to environmental conditions. Safe and appropriate clothing for infants based on environmental conditions is also discussed. Finally, participants learn about how the RealCare® Baby tracks extreme temperature conditions and clothing changes during the simulation experience.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify good and poor temperature conditions for an infant
- Describe the physiological effects of hypothermia
- Describe the physiological effects of hyperthermia
- Identify safety precautions regarding infants and environmental conditions
- Describe the heating dynamics of a car
- Understand the potential legal issues related to leaving an infant alone in a car
- Identify appropriate infant clothing for environmental conditions, safety and comfort
- Describe the impact that clothing and changing an infant have on the physical, intellectual, emotional and social aspects of infant development

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Hypothermia and Hyperthermia	- Slide Presentation: <i>Safe and Comfortable Temperatures and Clothing for Infants</i>– Slides 1-11 <i>Comfy, Cozy, Cool and Collected</i> Worksheet	- Prepare slide presentation for viewing - Print/copy <i>Comfy, Cozy, Cool and Collected</i> Worksheet (2 sided)	10 minutes
LEARN: Danger in the Unattended Car	- Slides 12-19 <i>Never Leave Your Child Alone in the Car!</i> Fact Sheet	Print/copy <i>Never Leave Your Child Alone in the Car!</i> Fact Sheet	10 minutes
LEARN: Comfy Cozy, Cool and Collected	- Slides 20-24 <i>Comfy, Cozy, Cool and Collected</i> Worksheet, and answer key	Print/copy <i>Comfy, Cozy, Cool and Collected</i> Worksheet (2 sided)	10 minutes
LEARN: RealCare® Baby and Temperature Sensing/ Clothing Detection	- Slides 25-26 <i>Simulation Report – Baby Temperature and Clothing</i> handout <i>Dressing an Infant and PIES</i> worksheet and answer key	- Print/copy the <i>Simulation Report – Baby Temperature and Clothing</i> handout - Print/copy <i>Dressing an Infant and PIES</i> worksheet	10 minutes
REVIEW: Scenarios	- Slide 27 <i>Clothing Selection Scenarios</i> worksheet and answer key	Print/copy <i>Clothing Selection Scenarios</i> worksheet	10 minutes

National FACS Education Standards Supported: Reasoning for Action – 4; 4.2, 4.4; 12.1-3; 15.2

National Health Education Standards Supported: 1.12.2-3, 7, 9; 2.12.6; 5.12.1; 7.12.1-3; 8.12.3-4

FOCUS: Hypothermia and Hyperthermia**10 minutes****Purpose:**

Students learn about how an infant's body reacts to temperature fluctuations, its ability to heat up/cool down on its own, and the extreme physical reactions of hypothermia and hyperthermia.

Materials:

- Slide presentation – slides 1 – 11
- *Comfy, Cozy, Cool and Collected* worksheet (2 sided)

Facilitation Steps:

1. Hand out the *Comfy, Cozy, Cool and Collected* worksheet to each student. Have students turn over their worksheet and fill in answers as you conduct a class discussion and present the following slides.
2. Show slides 1-11 and use the following content to present the information. Have participants fill in the back of their worksheet with the appropriate information as it is presented. Answer questions as needed.

Slide 2: What is hypothermia? [From WHO (World Health Organization) and WebMD]

- Hypothermia occurs when the body gets cold and loses heat faster than the body can make it. “Hypothermia occurs when the newborn’s temperature drops below 36.5C (97.7F): 36-36.5C (96.8-97.7F) is mild hypothermia (cold stress); 32-36C (89.6-96.8F) is moderate hypothermia; less than 32C (89.6F) is severe.”¹

Slide 3: What can happen from hypothermia?

- Hypothermia is an emergency condition and can quickly lead to unconsciousness and death if heat loss continues.

Slide 4: What are some symptoms of hypothermia?

- It is very important to know the symptoms of hypothermia and get treatment quickly. Often a hiker or skier’s body temperature will quickly drop before others notice that something is wrong. If someone begins to shiver violently, stumble, or can’t respond to questions, it may be hypothermia and you need to warm him or her quickly. An infant will not have the same symptoms as an adult. Because they are nonverbal, it is important for the parent/caregiver to be observant of an infant’s symptoms.

- In infants the symptoms are: bright red, cold skin and listlessness

Slide 5: Why are infants at greater risk?

From: World Health Organization. (1997). Thermal protection of the newborn: A practical guide. Geneva, Switzerland: World Health Organization.

- “Due to certain characteristics such as a large body surface area in relation to weight, a large head in proportion to the body, and little subcutaneous fat, newborns – especially low birth weight babies – are at increased risk of heat loss. When heat loss exceeds the infant’s ability to produce heat, its body temperature drops below the normal range and it becomes hypothermic.”¹
- “The newborn infant regulates body temperature much less efficiently than does an adult and loses heat more easily.”¹
- It is difficult for babies to produce heat by shivering.
- “Hypothermia of the newborn occurs throughout the world and in all climates and is more common than believed. This condition is harmful to newborn babies, increasing the risk of illness and death.”¹
- Babies cannot regulate their body temperature as well as adults.

Hypothermia not necessarily related to the outdoors

Hypothermia isn’t always the result of exposure to extremely cold outdoor temperatures. An older person may develop mild hypothermia after prolonged exposure to indoor temperatures that would be tolerable to a younger or healthier adult — for example, temperatures in a poorly heated home or in an air-conditioned home.

Infants less than one year old should never sleep in a cold room because infants lose body heat more easily than adults; and unlike adults, infants can't make enough body heat by shivering.

Slide 6: Precautions

- Keep rooms at comfortably warm temperature in winter months.
- Keep infant in warm clothes during winter.
- Dress infant appropriately if you must go outside – avoid being outside in extreme cold or heat.
- Never leave an infant in an unattended vehicle.

Slide 7: What is hyperthermia?

- Hyperthermia occurs when a person's body temperature produces or absorbs more heat than it can dissipate. Body temperature rises and remains above the normal; 98.6°F.
- When an infant is in an environment that is too hot the infant's temperature can rise above 37.5°C (99.5°F) and develop hyperthermia. Hyperthermia can occur just as easily as hypothermia, and is equally dangerous.

Slide 8: What can happen from hyperthermia?

- If an infant's temperature is not brought back to normal, hyperthermia may progress to heat exhaustion, a more serious condition in which the infant's temperature can climb to 103°F, requiring immediate medical attention.
- If untreated, heat exhaustion can progress to heat stroke, a much more serious condition in which the body temperature rises to over 103° F. The result: convulsions, coma, and often death. A child is said to have heatstroke if his body temperature rises above 103° degrees. When an infant has an illness related fever of 104-105°, organ damage does not usually occur; however when an infant has similar body temperatures with hyperthermia, it is much more serious and can lead to injury to various body organs, including the brain. A temperature of 107° is fatal.

Slide 9: What are some symptoms of infant hyperthermia?

Because many infants can't tell their parents or caregiv-

ers that they're thirsty, they can become dangerously dehydrated in hot weather, which also can lead to hyperthermia. Be alert to the following warning signs of dehydration in babies:

- Dry mouth or tongue
- Few tears when crying
- Few wet diapers (less than 6 a day)
- Dark yellow or smelly urine
- Sunken "soft spots," eyes, or cheeks
- Mottled, grayish, skin that's cool to the touch
- High fever
- Listlessness

Slide 10: Why are infants at greater risk?

- Infants aren't able to tell their caregiver that they're hot or thirsty.
- Infants' temperature-regulating systems aren't fully developed; they have fewer sweat glands than adults, so they sweat less. As a result, they're not as efficient as adults in keeping cool. In addition, their bodies can warm at a rate 3 to 5 times faster than an adult's; therefore, they are very susceptible to hyperthermia.

Some of the most common causes of hyperthermia are wrapping the infant in too many layers of clothes, especially in hot, humid climates; leaving an infant in direct sunlight or in a parked car in hot weather; putting a newborn infant too close to a heater; leaving the infant under a radiant warmer or in an incubator that is not functioning properly and/or checked regularly, or is exposed to the sun's rays. ¹

Slide 11: Precautions

- Keep rooms at a comfortably cool temperature during the summer.
- Dress infants in cool clothing in hot summer months. Use wide-brimmed hats in light colors if you take the infant outside.
- Use infant-safe labeled sunscreen/sunblock on infants over six months if outside. Avoid outdoors in extreme heat.
- Keep the infant hydrated during heat waves.
- Never leave infant in an unattended car.

LEARN: Danger in the Unattended Car**10 minutes**

Information for this activity is used with permission from: McLaren, C., Null, J., & Quinn, J. (2005, July). Heat stress from enclosed vehicles: Moderate ambient temperatures cause significant temperature rise in enclosed vehicles. *PEDIATRICS*, 116(1), e109-e112.

Purpose:

Participants learn about the incidents of child deaths due to the infant being left unattended in a hot car. Vehicle heating dynamics and information from a vehicle heat study are covered.

Materials:

- Slide presentation – slides 12 – 19
- *Never Leave Your Child Alone in the Car!* Fact Sheet

Facilitation Steps:

1. Ask the class to list some potential dangers of leaving an infant in a car – and write them on the board as dangers are shared. Possible answers: *Hypothermia* (infant becomes too cold), *hyperthermia* (infant becomes too hot), carjacking, injury if infant can get out of car seat.
2. Ask students why they think a parent would leave an infant in the car. Possible answers: Too much work getting them in and out of the car seat, just going in to pay for gas or get something really fast, tired and doesn't want to deal with the infant – just leave him/her in the car while they run an errand, infant fell asleep and parent doesn't want to wake them, so easier to leave them in the car, forgot they were back there, etc.
3. Show slides 12-19 and use the following information as you present:

Slides 12-14: Danger in the Unattended Vehicle and Hyperthermia Stats by Year and State.

- In the three-year period of 1990-1992, before airbags became popular, there were only 11 known deaths of children from hyperthermia.
- In the period from 1998-2010, when almost all young children are now placed in back seats instead of front seats, there have been roughly 500 known fatalities from hyperthermia...a ten-fold increase from the rate of the early 1990s. [Important note:

This in no way implies that it is advocated that children be placed in the front seat or that airbags be disabled.]

Slide 15: Why the Increase? The incidence of vehicle-related hyperthermia has increased dramatically with the advent of airbags. Since children no longer sit in the front seat, they are sometimes forgotten when out of sight in the rear seat. During the 12-year period from 1998-2009, there were 443 child vehicular hyperthermia deaths. More than half (51%) of these tragic deaths were because the child was “forgotten” by the caregiver. On average there were 37 deaths each year during this time interval; however there were only 3-4 year known deaths per year in the early 1990's prior to airbags becoming popular.

Slide 16: Hyperthermia Circumstances

- An examination of media reports about the 494 child vehicular hyperthermia deaths for a thirteen year period (1998 through 2010) shows the following circumstances:
 - i. 51% - child “forgotten” by caregiver (253 Children)
 - ii. 30% - child playing in unattended vehicle (150)
 - iii. 17% - child intentionally left in vehicle by adult (86)
 - iv. 1% - circumstances unknown (5)

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants

“Children that have died from vehicular hyperthermia in the United States (1998-2007) have ranged in age from 7 weeks to 13 years. The average age is approximately 24 months.” (33% less than 1 year old)

Slide 17: Legal Implications. Although all states have laws against endangering the welfare of a child, only 15 states presently have laws prohibiting leaving a child unattended in a car. However, it can be considered abuse or neglect, resulting in criminal charges.

Slide 18: Vehicle Heating Dynamics. Click the arrow at the bottom of the slide or double click on the picture to have the simulation work. Use the following information to explain the slide:

VEHICLE HEATING DYNAMICS

[From ggwether.com – Department of Geosciences - San Francisco State University]

- The atmosphere and the windows of a car are relatively “transparent” to the sun’s shortwave radiation (yellow) and are warmed little. However this shortwave energy does heat objects that it strikes. For example, a dark dashboard or seat can easily reach temperatures in the range of 180 to over 200°F.
- These objects (e.g., dashboard, steering wheel, and infant seat) heat the adjacent air by conduction and convection and also give off long-wave radiation (red) which is very efficient at warming the air trapped inside a vehicle.

VEHICLE HEAT STUDY

- Study of temperature rise in enclosed cars on 16 dates between May 16 and Aug. 8, 2002.
- Ambient temperatures were between 72 and 96°F
- Dark blue mid-size sedan with medium grey interior
- Also tested with windows “cracked”
- As the simulation progresses, note the quick rise in temperature with every passing 10 minute interval

STUDY CONCLUSIONS

- Average elapsed time and temperature rise:

- 10 minutes ~ 19°F
- 20 minutes ~ 29°F
- 30 minutes ~ 34°F
- 60 minutes ~ 43°F
- 1 to 2 hours ~ 45-50°F
- “Cracking” the windows had little effect
- Vehicle interior color probably biggest factor
- “Even at relatively cool ambient temperatures, the temperature rise in vehicles is significant on clear, sunny days and puts infants at risk for hyperthermia. Vehicles heat up rapidly, with the majority of the temperature rise occurring within the first 15 to 30 minutes. Leaving the windows opened slightly does not significantly slow the heating process or decrease the maximum temperature attained. Increased public awareness and parental education of heat rise in motor vehicles may reduce the incidence of hyperthermia death and improve child passenger safety.”
- Parents and other caregivers need to be educated that a vehicle is not a babysitter or play area ... but it can easily become tragedy. Increased public awareness and parental education of heat rise in motor vehicles may reduce the incidence of hyperthermia death and improve child passenger safety.

Slide 19: Prevention. NEVER leave an infant/child in a car – even for a minute! Place your purse/ briefcase/ jacket in the backseat with the infant. Place a teddy bear in the front seat in a visible location to remind you that the infant is in the back seat.

4. Hand out the *Never Leave Your Child Alone in the Car!* Fact Sheet.



Never Leave Your Child Alone in the Car!

Fact Sheet

Department of Geosciences

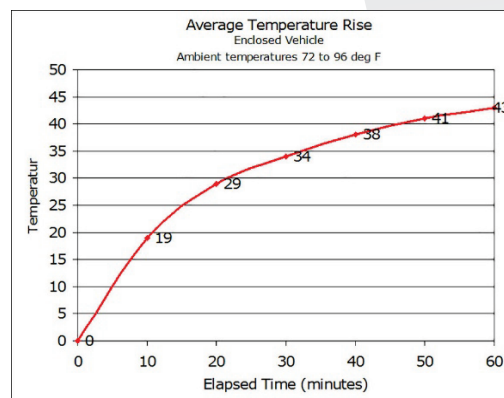
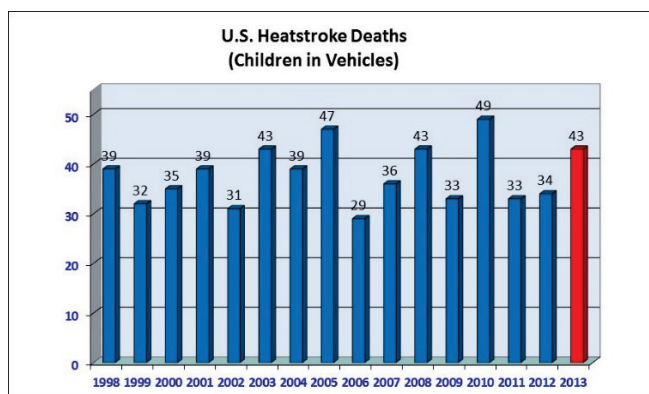


SAFETY RECOMMENDATIONS

- Never leave a child in an unattended car, even with the windows down.
- Be sure that all occupants leave the vehicle when unloading. Don't overlook sleeping babies.
- Always lock your car. If a child is missing, check the car first, including the trunk. Teach your children that vehicles are never to be used as a play area.
- Keep a stuffed animal in the car seat and when the child is put in the seat place the animal in the front with the driver.
- Place your purse or briefcase in the back seat as a reminder that you have your child in the car.
- Make "look before you leave" a routine whenever you get out of the car.
- Have a plan that your childcare provider will call you if your child does not show up for school.

HYPERTHERMIA DEATHS OF CHILDREN IN VEHICLES

- Total number of hyperthermia deaths of children left in cars, 1998-2010: 494+
- Average annual number of hyperthermia deaths of children in cars, 1998-2010: 38
- Heatstroke occurs when the body core temperature reaches 104 degrees F.
- A Child's body warms 3 to 5 times faster than an adult's.



Average Elapsed Time and Inside Vehicle Temperature Rise compared to Ambient Temperature

- 10 minutes = 19 degree increase
- 20 minutes = 29 degree increase
- 30 minutes = 34 degree increase
- 1 hour = 43 degree increase

Contact Information:

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Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants

3

LEARN: Comfy, Cozy, Cool and Collected

10 minutes

Purpose:

Participants consider and discuss comfortable environmental temperature ranges for themselves and for an infant, and learn about safe, appropriate, and comfortable infant clothing choices in light of environmental temperatures.

Materials:

- Slide presentation – slides 20 – 24
- *Comfy, Cozy, Cool and Collected* worksheet

Facilitation Steps:

1. Think/Pair Share Activity. Refer students to the *Comfy, Cozy, Cool and Collected* worksheet and have them work through questions 1-5 on the front of the sheet. Give them 2- 3 minutes to complete the questions.
2. Have students get with a partner to compare answers. Point out that part of being a caregiver is empathy and nurturing. The caregiver should always be thinking about the comfort of the infant. Even if the cold or hot temperature feels good to you, how might the infant in your care feel? Is the temperature at a comfortable level for an infant?
3. Have students turn over their worksheet and fill in answers as you conduct a class discussion and present the following slides. Show slides 20-24 and use the following content to present the information. Have participants fill in the back of their worksheet with the appropriate information as it is presented. Answer questions as needed.

Slide 20: Good environmental temperatures. Keep your home at a temperature of between 68 -72°F during winter months when you have the heat on. In the summer, this would be a bit cold when you would have the air conditioner on. A temperature of 75 - 80° would be more sensible in the summer and more environmentally friendly.

Dress your infant in one extra layer than you are wearing, and then check to ensure that he/she is not getting overheated. Don't over-bundle.

The American Academy of Pediatrics recommends that 'the infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfort-

able for a lightly clothed adult. Over-bundling should be avoided, and the infant should not feel hot to the touch.'¹

- a) Conduct a short class discussion on clothing. Ask participants the following questions: Think about what you are currently wearing for clothing.
- b) What are some reasons for your choices? (Warmth, dress code, style, comfort, status, etc.)
- c) What are the very basic reasons for wearing clothing? (Protection, health, comfort.)
- d) You have choices about what you wear, and probably don't consider why you wear what you do. As a caregiver, you will need to decide how to dress your infant. Why might this be a difficult task for a caregiver? (Babies can't tell you if they are hot or cold or if something is too tight.)
- e) What do you think are requirements for dressing an infant? What are the real clothing needs of babies? Clothing selection is as important for babies as it is for older children and adults. Parents need to make appropriate choices for their infants.
- f) Why do you think safety/protection is as important as comfort? What are some examples?

Slide 21: Clothing factors to consider

- Security and protection— Infants in the US need to be covered with some form of clothing. They may like being naked for a short period of time, but they need to be clothed for the most part – clothing is a source of security for them.

- Comfort is most important for infants. Infant clothing is designed to appeal to the parents and those purchasing clothing for infants. It doesn't matter to the infant as long as the clothing is comfortable.
- Allow for growth but don't buy clothing several sizes too large.
- Soft and lightweight fabrics are best for moderate temperatures.
- Knit fabric construction keeps its shape and is easy to care for.
- All cotton and cotton blends allow "breathability." (This means that the fabric allows for evaporation of body sweat for cooling the infant naturally in higher temperatures.)

Slide 22: Other clothing factors to consider

- Check overall clothing features for ease of changing and safety.
- Check care labels for washing instructions. Infant clothing should be machine washable in hot water to eliminate bacteria and germs.
- Check labels for flammability. Labels should indicate that the clothing is "flame resistant."
- Consider clothing colors. Dark colors absorb heat and keep infant warmer. Light colors reflect heat to keep infant cooler.

Slide 23: Safety and clothing

- Too many clothes or layers can cause overheating. If infant gets overheated from too much or the wrong weight clothing for the environment, infants can develop heat rash.
- If clothing is too loose, infant can get wrapped up in it and suffocate. Loose clothing is more likely to catch on fire.
- Clothing should fit more snug rather than tight.
- Infants' clothing should never have drawstrings.

Slide 24: Clothing selection

- Infants cannot tell the difference between newly purchased and hand-me-down clothing.
- Because infants grow quickly, fewer clothes are needed when they are younger. This will also save money.
- Good clothing design is usually simple and functional. Avoid scratchy lace or zippers at the neckline.
- In summer, infants need lightweight clothing and full coverage for sun protection. Any exposed areas need sunscreen. However, infants under six months should not use sunscreen; instead ensure that they are covered with shade or light clothing. Use wide brimmed hats for sun protection.



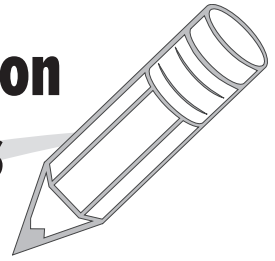
Comfy, Cozy, Cool and Collected

Name: _____

Date: _____

1. What is a comfortable temperature for you? _____
2. List 2 ways your body reacts when it's cold?
 - _____
 - _____
3. How long does it take you to recognize that you're too hot or too cold? _____
4. List 3 things you can do for yourself when you feel cold?
 - _____
 - _____
 - _____
5. List 2 ways your body reacts when it's hot?
 - _____
 - _____
6. List 3 things you do for yourself when you feel hot?
 - _____
 - _____
 - _____

Presentation Notes



1. Hypothermia: _____
2. Symptoms of hypothermia in infants: _____
—
3. Infants are at greater risk because:
 - _____
 - _____
 - _____
4. Precautions:
 - _____
 - _____
 - _____
 - _____
5. Hyperthermia: _____
6. Symptoms of hyperthermia in infants: _____

7. Infants are at greater risk because:
 - _____
 - _____
 - _____
8. Precautions:
 - _____
 - _____
 - _____
 - _____
 - _____
9. Best home temperature – winter _____
10. Best home temperature – summer _____
11. Three issues to consider when selecting infant clothing are:
 - _____
 - _____
 - _____



Comfy, Cozy, Cool and Collected - Answer Key

Unit Three—Lesson 1.1
Safe and Comfortable Temperatures and Clothing for Infants

1. What is a comfortable temperature for you? Answers will vary but should be in range of 68-80
2. List 2 ways your body reacts when it's cold?
 - Answers will vary but may include: shiver, goose bumps, crabbiness, etc.
 - _____
3. How long does it take you to recognize that you're too hot or too cold? Usually immediately or within a few minutes
4. List 3 things you can do for yourself when you feel cold?
 - Answers will vary but may include: Get under warm blanket, make hot
 - drink, turn up heat, put on warmer clothes, jump around to get blood flowing, etc.
 - _____
5. List 2 ways your body reacts when it's hot?
 - Answers will vary but may include: perspire, get flushed, get tired, crabbiness, etc.
 - _____
6. List 3 things you do for yourself when you feel hot?
 - Answers will vary but may include: Put on cooler clothes, get a
 - cold drink, turn up air conditioning/fan, put cool washcloth on face, etc.
 - _____

Presentation

Notes - Answer Key



1. Hypothermia: Occurs when the body gets cold and loses heat faster than the body can make it.
2. Symptoms of hypothermia in infants: Bright red, cold skin, very low energy.
3. Infants are at greater risk because:
 - They have a larger body surface area to mass ratio than adults, allowing greater heat loss.
 - They regulate body temperature much less efficiently.
 - It's difficult for them to produce heat by shivering.
4. Precautions:
 - Keep rooms at comfortably warm temperature in winter months.
 - Keep infant in warm clothes during winter.
 - Dress infant appropriately if you must go outside – avoid being outside in extreme cold or heat.
 - Never leave an infant in an unattended vehicle.
5. Hyperthermia: Occurs when a person's body temperature produces or absorbs more heat than it can dissipate. Body temperature rises and remains above the normal; 98.6°F.
6. Symptoms of hyperthermia in infants: Dry mouth or tongue; few tears when crying; few wet diapers; dark, smelly urine; sunken "soft spots" eyes or cheeks; mottled, graying skin – cool to touch; high fever; listlessness.
7. Infants are at greater risk because:
 - Unable to tell someone they're hot/cold, thirsty.
 - Temperature-regulating systems aren't fully developed.
 - Fewer sweat glands than adults, so not as efficient as adults in keeping cool.
8. Precautions:
 - Keep rooms at a comfortably cool temperature during the summer.
 - Dress infants in cool clothing in hot summer months. Use wide-brimmed hats in light colors if you take infant outside.
 - Use infant-safe sunscreen/sunblock on infants over 6 months if outside. Avoid outdoors in extreme heat.
 - Keep the infant hydrated – breast milk, formula, juice, water.
 - Never leave infant in an unattended car.
9. Best home temperature – winter 68-72° F
10. Best home temperature – summer 75-78° F
11. Three issues to consider when selecting infant clothing are: Answers will vary but should include any 3 of the following: Good clothing design is usually simple and functional. Avoid scratchy lace or zippers at the neckline. In summer, infants need lightweight clothing and full coverage for sun protection. If infant is over 6 months, any exposed skin needs infant-safe sunscreen. Use wide brimmed hats for sun protection. Too many clothes or layers can cause overheating. If infant gets overheated from too much or the wrong weight clothing for the environment, infants can develop heat rash. If clothing is too loose, infant can get wrapped up in it and suffocate. Loose clothing is more likely to catch on fire. Clothing should fit more snug rather than tight. Infants' clothing should never have drawstrings.

LEARN: The RealCare® Baby and Temperature Sensing/Clothing Detection

10 minutes

Purpose:

Participants learn about the temperature sensing and clothing detection ability of the RealCare® Baby, and view the related report data.

Materials:

- Slide presentation – slides 25 – 26
- *Simulation Report – Baby Temperature and Clothing* handout
- *Dressing an Infant and PIES* worksheet

Facilitation Steps:

1. Explain that the Baby will track any extreme temperature conditions if Baby is in that condition for an extended period of time.
2. Hand out the *RealCare Simulation Report* handout to each participant. Explain the graph as it relates to the information in the chart below it. Note the normal environmental temperature range and the extreme conditions – both high and low. Explain that the Baby will begin tracking when it is exposed to conditions outside the “normal” range. This pattern will climb (or decrease), indicating that it has been exposed to extreme temperatures for a lengthy period of time. **(See detailed notes regarding temperature sensing/clothing detection and reading the Simulation Report at the end of this lesson.)** Note that a real infant would have effects from the extreme condition exposure in a much shorter timeframe than the RealCare® Baby.
3. Explain the clothing change chart on the bottom of the report. Point out the following:
 - The Baby should be changed at least twice per day: once at night into a sleeper, and again in the morning for daytime wear. Note that a real infant would likely be changed at least one other time during the day as infants typically spit up, have diaper “blow-outs”, etc. that require changing into a clean outfit.
 - In addition, if the weather outside is cold, the Baby should have on an outfit as well as a bunting or something warm over the clothing if it is taken outside, such as being transported into a car.
4. Hand out the *Dressing an Infant and PIES* worksheet and have participants work in pairs to complete it. Alternatively, have participants fill out the work sheet individually as you present the information.
5. **Slides 25-26: Dressing an Infant and PIES.** Appropriate dressing can meet the physical, intellectual, emotional and social development of the infant in the following ways:
 - Baby can track several layers of clothing, so it could also have on an infant body suit, an outfit, and a bunting—all being tracked by Baby.
 - If the weather is very warm, you may want to suggest that Baby have on just an infant body suit or a light-weight outfit.
 - Remind participants to be careful with Baby’s head during changing of clothing. It will register head support issue or, if dropped, rough handling.
 - Of course, all of this is in addition to the diapers, which must be on Baby at all times.

Physical Development

- Appropriate clothing selection helps the child stay healthy, safe, and comfortable--reducing physical distress and promoting security.
- Movements during the dressing process helps infants exercise, later allowing them to cooperate with the change of clothing.
- Gentle touching during changing provides physical stimulation.
- Changing dirty diapers prevents diaper rash.

Intellectual Development

- Talking to the infant during the changing process enhances language development.
- Put a sleeper on the infant for bedtime – to begin a bedtime routine. Even if the infant won't sleep through the night, it starts to establish the process and attire as a routine. Conversely by changing in the morning, you're giving the infant cues to wire his brain: "this is what we do to get ready for the day," beyond the issue of keeping the infant clean.
- Positive parenting and bonding help with brain development.

Emotional Development

- There is a calming emotional aspect to having your wet or dirty clothes changed. An infant learns, "when my clothes are wet, they get changed."
- Bonding during clothing change makes the infant feel safe and secure, helping emotional development.
- Proper care helps the infant experience the process of being safe by meeting its needs.

Social Development

- Talking and or singing during the process can help the infant's brain development and strengthen bonding between parent and child.
- Changing sets up regular routines for social interaction between infant and parent.
- Positive physical and verbal communication help parent/child socialization.
- Infant may learn cooperation through parenting modeling.
- An attachment is formed between the parent and child as the infant anticipates a parent's response.

Important Information Regarding the RealCare® Baby Temperature Sensing and Clothing Detection Features

Charging the Babies: The internal temperature of the Babies rises with the charging (which takes about 5 hours to complete), and takes approximately 10 hours to go back to room temperature once it's charged. If you do not charge the Babies 24 hours in advance, be aware that the Simulation Report will show a spike in the temperature at the beginning of the simulation experience.

Clothing Detection:

Diaper and clothing changes are shown by time in the graph below. Different colors in the diaper row relate to the different diaper patch colors. The clothing detection works on multiple layers of clothing, so if the Baby is wearing an infant body suit, outfit, and outerwear, it will be shown on the graph. This sample report on the next page shows that on day one of the simulation that Baby had an infant body suit and sleeper from about 7:30 p.m. to about 9 a.m. the following morning, and then was changed into an outfit. Car seat time is discussed in the Flat Head Syndrome lesson.

RealCare® Baby Simulation Report

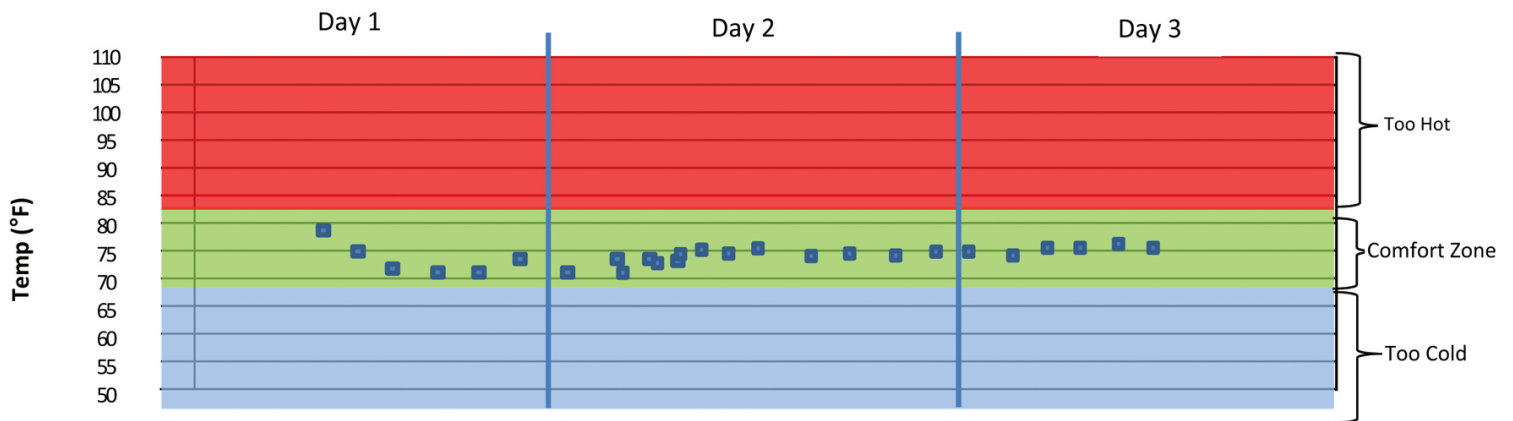


Baby Temperature and Clothing

NOTE: Actual report images may vary.

Baby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing clothing only appears if Baby detects no clothing during a significant period of time.

Look for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside the comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, Baby has been exposed to extreme temperatures for an extended period of time.



	3a	6a	9a	12a	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9P
Diapers																							
Outfit top																							
Outfit bottom																							
Infant body suit																							
Sleepwear																							
Outerwear																							

Car seat/ carrier																							

	Day 1	Day 2	Day 3
High temp	80°	76°	78°
Low temp	70°	74°	74°
Time out of safe temp range	0	0	0
Max time between change of clothes	15 hours	12 hours	3 hours
Time in car seat/carrier	6 hours	5 hours	4 hours

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants



Date: _____

Physical	Intellectual	Emotional	Social

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants



Dressing an Infant and PIES - Answer Key

Directions: Work with a partner to fill out the following chart. How can the PIES (physical, intellectual, emotional, and social) needs of infants be met through the process of dressing and changing their clothing? Be specific.

Answers may vary.

Physical	Intellectual	Emotional	Social
• The act of gently touching baby during the clothing changes provides physical stimulation for better physical development. • Changing dirty diapers prevents diaper rash; infant gets a clean bottom for better health. • Physical distress can be reduced to promote comfort and security. • With proper clothing for the environment, infant will be physically more comfortable; this can also prevent illness.	• When basic physical needs (safety, health and comfort) are met, intellectual development is promoted. • Talking with infant during the changing process helps with language development. • When changing infant from nighttime wear to daytime clothing and then repeating the process from day to night wear, routines are established for the infant. • The infant is learning to know a ritual – indicating a change. • Positive parenting and bonding skills help the infant's brain development. • A parent can use this time to label body parts—eyes, nose, toes, etc. which creates a repeated brain connection for the infant.	• When parents bond through the clothing change process, the infant feels safe and secure which helps its emotional development. • Gentle touching, singing and talking with infant during changing helps set a good emotional tone for positive parent-child interaction. • A good touch creates a sense of security for an infant and signals their needs are being met. • Infant smells better - which may actually have an impact on how a parent or caregiver may feel emotionally about the infant.	• Changing infant's clothing sets up regular routines for social interaction between parent and child. • Any positive communication through touching or verbalizing helps the parent-child socialization. • Infants might even learn cooperation and patience through parental modeling. • An infant's brain is stimulated by the facial response of a parent or caregiver – it promotes attachment which increases an infant's response to social interaction, and it promotes a back and forth relationship.

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants

3

REVIEW: SCENARIOS

10 minutes

Purpose:

As a review exercise, participants apply their learning in this lesson to scenarios where they determine the potential danger and anticipate vehicle heat levels. They also complete a group exercise using scenarios to determine the best clothing type for the given situation.

Materials:

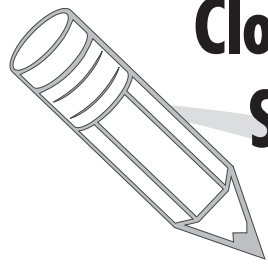
- Slide presentation – slide 27
- *Clothing Selection Scenarios* worksheet

Facilitation Steps:

1. As a review activity, display slide 27: Scenarios, and have students work in small groups of 2-3 to discuss their answers to the following questions you pose for each scenario:
 - a) Scenario 1: What condition is the infant at risk for? ***Hypothermia***
 - b) Scenario 2: What condition is this child at risk for? ***Hyperthermia***
 - c) Scenario 3: What is the major reason for children being left in a car – resulting in death? ***Forgotten by caregiver***
 - d) Vehicle Heating Dynamics Review: (***NOTE:*** Click on the picture to start the simulation. Stop the simulation at 6 seconds.)
Approximately how long will it take for this car to heat up to 99°? ***10 minutes***. To 109° ***20 minutes***
2. Hand out the *Clothing Selection Scenarios* worksheet and have participants get into pairs to work together. Assign 2 scenarios per pair and give them 5 minutes to read their scenarios and determine the best clothing choices. Explain that they should be thorough, considering hats, shoes, etc.
3. Ask for pairs to share their answers and go around the room asking for different scenario answers. Have them explain their choices. Discuss as a group, explaining the rationale for the correct clothing choices.

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants



Clothing Selection Scenarios

Name: _____

Date: _____

Scenario 1:

Maria is deciding how to dress her 3 month old son, Carlos. The weather is cool, about 60 degrees and rainy. She plans to go to the grocery store. What items of clothing do you suggest and why?

Scenario 2:

Charles is planning to take his 4 month old daughter, Jessica, for a stroller ride to the park. It's a sunny day with temperatures in the high 70's. What items of clothing do you suggest?

Scenario 3:

Karen and Jeremy are new parents of a three week old baby. Kaya was born in February and they are taking her to visit Jeremy's parents. The weather has been in the 30's and not much sun. The air is damp as if it was going to snow. What type of clothing do you suggest?

Scenario 4:

Renee is sitting for her friend's son, Justin. It's a hot summer day in the 80's. Because it is so hot and sunny, Renee decided to stay indoors. There is no air conditioning where her friend lives. What items of clothing do you suggest?

Scenario 5:

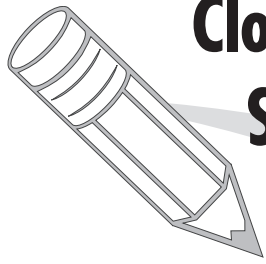
Keisha and Jerome are parents of a 2 month old baby boy, Alex. It's a lovely fall day with temperatures in the low 70's. The sun has been overshadowed by clouds with little chance of rain. They decide to go for a walk with Alex in a front carrier. What type of clothing do you suggest?

Scenario 6:

Carla and Jeff have just adopted a three month old baby, Nadia. They keep the temperature in their home around 70 degrees in the winter. They are putting Nadia down for her nap. What type of clothing do you suggest?

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants



Clothing Selection

Scenarios - Answer Key

Scenario 1:

Maria is deciding how to dress her 3 month old son, Carlos. The weather is cool, about 60 degrees and rainy. She plans to go to the grocery store. What items of clothing do you suggest and why?

Possible Answers: *T-shirt with a sweatshirt jacket and pants, infant socks or booties, a medium weight jacket as well. Reasons Why: Infants may be dressed similar to that of an adult, with perhaps an added jacket. It's not likely that the infant will get overheated on a day like this; no need for sun protection.*

Scenario 2:

Charles is planning to take his 4 month old daughter, Jessica, for a stroller ride to the park. It's a sunny day with temperatures in the high 70's. What items of clothing do you suggest?

Possible Answers: *T-shirt with a light weight jacket, sun hat, light weight shorts or pants, light weight socks. Reasons Why: All skin needs to be covered or protected by a cover.*

Scenario 3:

Karen and Jeremy are new parents of a three week old baby. Kaya was born in February and they are taking her to visit Jeremy's parents. The weather has been in the 30's and not much sun. The air is damp as if it was going to snow. What type of clothing do you suggest?

Possible Answers: *A one piece fleece sleeper with a t-shirt or infant body suit underneath; a bunting with covers for the hands and a hood, a cap.*

Reasons Why: *The newborn needs to be protected and kept warm from the lower temperatures, damp air and the possibility of snow while traveling results in the need for warmer clothing. Also available are car seat covers/buntings that zip over the seat and infant, allowing the infant to wear normal clothes and possibly a hat under the car seat bunting.*

Scenario 4:

Renee is sitting for her friend's son, Justin. It's a hot summer day in the 80's. Because it is so hot and sunny, Renee decided to stay indoors. There is no air conditioning where her friend lives. What items of clothing do you suggest?

Possible Answers: *An infant body suit, simple t-shirt or just a diaper.*

Reasons Why: *Infants can overheat quite easily and as long as they seem comfortable, the less clothing and the simpler the clothing the better.*

Scenario 5:

Keisha and Jerome are parents of a 2 month old baby boy, Alex. It's a lovely fall day with temperatures in the low 70's. The sun has been overshadowed by clouds with little chance of rain. They decide to go for a walk with Alex in a front carrier. What type of clothing do you suggest?

Possible Answers: *A medium weight sleeper or infant body suit with longer sleeves, a medium weight two piece outfit with a light to medium weight jacket, socks or booties, hat; or a lightweight outfit and the light/medium weight blanket that parent drapes over the outside of the carrier, and a hat if needed.*

Reasons Why: *Infants need protection in the cool fall air; the sun isn't quite as intense so protection from the sun might be minimal, a 2 month is still adjusting to temperature changes, and therefore needs light to medium weight clothing for this type of weather. Comfort is a factor with the front carrier as well.*

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants

Scenario 6:

Carla and Jeff have just adopted a three month old baby, Nadia. They keep the temperature in their home around 70 degrees in the winter. They are putting Nadia down for her nap. What type of clothing do you suggest?

Possible Answers: *A soft, comfortable sleeper with feet, a two piece pajama set with sock or booties.*

Reasons Why: *Three month olds may move around and could get cold with kicking off a blanket. The new parents should check and see if the infant seems too hot or too cold. Note: avoid excessive blankets to prevent SIDs or suffocation. Each group could be given a set of cards with the clothing matches plus a few “decoys” to select from.*

References:

¹ World Health Organization. (1997). *Thermal protection of the newborn: A practical guide*. Geneva, Switzerland: World Health Organization.

Additional Information:

Centers for Disease Control and Prevention. (2006, August 15). *Extreme heat: A prevention guide to promote your personal health and safety*. Retrieved from http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp

“Infants and children up to four years of age are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.”

KidsHealth. (2005, September). *Sudden Infant Death Syndrome (SIDS)*. Retrieved from <http://www.kidshhealth.org/parent/general/sleep/sids.html>

“SIDS is the leading cause of death among infants who are 1 month to 1 year old, and claims the lives of about 2,500 infants each year in the United States. It remains unpredictable despite years of research. Overheating from excessive sleepwear and bedding” is one potential risk factor.

Infant Baby Maternity.com. (n.d.). *Infant Crying*. Retrieved from <http://www.infantbabymaternity.com>

“Infants like to be warm. Being too cold or hot could be a reason an infant is crying. Check to see if he is too hot. If the infant’s skin is very red, or if he is sweating, he may need to have his clothing or blanket adjusted to cool him off. Temperature is an important thing to check to make the infant comfortable.”

McLaren, C., Null, J., & Quinn, J. (2005, July). *Heat stress from enclosed vehicles: Moderate ambient temperatures cause significant temperature rise in enclosed vehicles*. *PEDIATRICS*, 116(1), e109-e112. Retrieved from <http://ggweather.com/heat/> Department of Geosciences, San Francisco State University

Unit Three—Lesson 1.1

Safe and Comfortable Temperatures and Clothing for Infants

Flat Head Syndrome (Positional Plagiocephaly)



Note

This lesson was developed in conjunction with the added feature of tracking the length of time in a non-prone position (car seat/carrier) on the RealCare® Baby. This tracking feature exists in the car seat/carrier sold by Realityworks. Car seat/carrier detection kits are also available. If you do not have either the Realityworks car seat/carrier for use with your RealCare® Baby or the detection kit, no data on this issue will be tracked by the RealCare® Baby.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define positional plagiocephaly
- Describe the causes of positional plagiocephaly
- Identify steps to prevent positional plagiocephaly

Lesson Overview

In this lesson participants learn about *positional plagiocephaly*, or *flat head syndrome*, a condition that can develop when an infant spends too much time on its back.

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: The Need to Reposition	NA	NA	3 minutes
LEARN: Positional Plagiocephaly	• Slide presentation: <i>Positional Plagiocephaly</i>	• Prepare slide presentation for viewing	10 minutes
SUMMARY: Simulation Report	• Handout: <i>Simulation Report- Baby Temperature and Clothing</i> • Review questions • <i>SIDS Facts</i> handout	• Print/copy the <i>Simulation Report- Baby Temperature and Clothing</i> • Print/copy the <i>SIDS Facts</i> handout for distribution	10 minutes

National FACS Education Standards Supported: Reasoning for Action – 4; 4.2, 4.4; 12.1-3; 15.2

National Health Education Standards Supported: 1.12.2-3, 7, 9; 2.12.6; 5.12.1; 7.12.1-3; 8.12.3-4

FOCUS: The Need to Reposition

3 minutes

Purpose:

This activity introduces the condition of *positional plagiocephaly* (flat head syndrome).

Materials:

NA

Facilitation Steps:

1. Ask participants to think about how they sleep – do they lie still on their back all night? Do they turn, move, and sleep on their side sometimes? Do they sleep on their stomach sometimes? Ask them to think about how difficult it would be if they had to lay in the same position for hours at a time.
2. Write the following term on the board: ***positional plagiocephaly***. Explain that this is also known as flat head syndrome. Ask if anyone has a guess as to what this condition is. Explain that they will learn about this condition today, its causes, and means of prevention.

LEARN: Positional Plagiocephaly

10 minutes

Purpose:

Participants learn about positional plagiocephaly, its causes, and means of prevention.

Materials:

- Slide presentation: *Positional Plagiocephaly*

Facilitation Steps:

1. Show slide presentation, *Positional Plagiocephaly*, and use the following information as you present:

Slide 2: Positional plagiocephaly. We know that “cephaly” in this word refers to the head, so we can conclude that this has something to do with the head. *Positional plagiocephaly* (which means “oblique head” in Greek), also known as *flat head syndrome*, is a condition most commonly found in infants. It is characterized by a flat spot on the back or one side of the head caused by remaining in one position for too long.

Slide 3: Recognizing flat head syndrome. Point out the flat surface on the infant’s head.

Slide 4: What causes flat head syndrome? Everyone’s skull is a bit asymmetrical. Many vaginally delivered infants are born with an oddly shaped head caused by the pressure of passing through the birth canal. Infant’s skulls are soft and made up of movable plates (which are necessary for an infant to make it through the birth canal). In between these plates are spaces, which allow the skull to expand so that the brain can grow. If the infant’s head always rests on the same spot, the skull plates move in a way that leaves a flat spot, according to the National Institutes of Health.

Infants spend a great deal of their time on their back. The longer they do that during the first 2 to 4 months of life, the more likely they are to develop a flattening of the head, depending on how the infant sleeps. This generally doesn’t cause developmental delays; it is typically cosmetic, and can usually be corrected. Infants that have unusually large heads, or who are born prematurely and have weaker than normal muscle tone are typically the more likely candidates for this condition.

Slide 5: Torticollis. Another cause of flat head syndrome is *torticollis*. Torticollis occurs when a tight or shortened muscle on one side of the neck causes the head to tilt to the other side, resulting in the infant favoring one side over the other to rest his head.

Slide 6: Back to sleep. Since 1992, when the American Academy of Pediatrics began recommending that infants sleep on their backs, the number of deaths due to Sudden Infant Death Syndrome or SIDS (the number one cause of death among infants younger than 1 year of age) has been cut in half, according to the CDC.

However, as the number of SIDS deaths has gone down, pediatricians have seen a dramatic increase in infants having flat head syndrome. About 13% of healthy infants have some form of positional plagiocephaly. This is a good trade-off for the reduction in SIDS.

Therefore, even though having your infant sleep on its back can lead to a flattened head, you should **not** stop placing your infant on its back to sleep, according to the American Association of Pediatrics and the National Institute of Health.

Slide 7: Prevention. Some ways to help prevent flat head syndrome are:

- Alternate turning the infant’s head to the left and right when you put him down to sleep.
- Put the infant to sleep at alternate ends of the crib.
- Change the position of the crib in the room or alternate the position of decorations (mobiles, pictures, etc.) as infants tend to turn their head to look toward the center of the room,

the doorway, a window, or interesting objects.

- Limit time in infant seats/car seats and swings. (Although these things don't place as much pressure on an infant's head as lying down, enough pressure is produced to create small deformities.)
- Cuddle, holding the infant upright or over your shoulder often during the day.
- Provide supervised tummy time [next slide].

Slide 8: Tummy time. (NOTE: Click on the picture to begin the film clip) Place the infant on his stomach for supervised play. Tummy time relieves pressure on the infant's skull and helps him to build muscles in his neck and upper body. Note that the infant in this scene does not like tummy time – this is typical as the infant is working to be able to look up. Tummy time should be limited to a few minutes at a time, but several times per day. The infant should not be left unsupervised in this position.

Ask participants why this would be the case. Answer: because their neck and upper body muscles are not developed, they are not able to keep their head up. This could reduce their ability to keep the nose and mouth unobstructed – the same reason it is not recommended to put an infant to bed on his/her stomach.

2. Explain that newborn infants sleep an average of 16-20 hours per day (not all at once), and since we know that they should sleep on their backs to possibly help reduce the possibility of Sudden Infant Death Syndrome (SIDS), the majority of an infant's day is spent on his back. Infants aren't able to turn themselves over until about 5-6 months of age. This occurs as they develop stronger neck and arm muscles. In the meantime, they are at the mercy of their caregiver to move them and get them off of their back for periods of time.

3. **Ask the following:**

- What are some typical times a caregiver would move an infant off his/her back?

Answers: When burping, holding (in football/side hold position), carrying, feeding (infant's head is not on flat mattress surface during this time), or after changing their diaper.

Note that there is another time you can intentionally move an infant off his back, and help the infant develop the skills needed to turn over, crawl, and build the neck and arm muscles needed for these activities. **Ask if anyone can remember what this is called:** *tummy time*. Tummy time is placing an infant on her tummy while being supervised by an adult. A good time to have the infant do a few minutes of tummy time is after changing the infant's diaper, because it's done several times a day and the parent/caregiver is holding/repositioning the infant. It's easier to remember to do the tummy time when you have a regular routine with which you can combine it.

References:

- CNN Health: <http://www.flatheadsndrome.info/>
- http://www.babycenter.com/0_plagiocephaly-flat-head-syndrome_1187981.bc

3

SUMMARY: RealCare Baby Report

10 minutes

Purpose:

This activity discusses how the RealCare Baby tracks the amount of time in a non-prone position (car seat/carrier) and how the data is displayed on the Simulation Report. Review questions help participants remember what they learned.

Materials:

- *Simulation Report – Baby Temperature and Clothing* handout
- Review questions (below)
- *SIDS Facts* handout

Facilitation Steps:

1. Hand out the *Simulation Report – Baby Temperature and Clothing* handout to each participant. Point out the area on the report that shows length of time the RealCare Baby spent in the car seat/carrier. Note that if Baby has spent most of its time in the carrier, this is an indication that a real infant would likely need more attention and more time off its back, being held, rocked, tummy time, etc. **(See sample Simulation Report and explanation at end of this lesson.)**
2. As a review conduct a class discussion by asking the following questions:
 - What is the more common term for positional plagiocephaly? **Flat head syndrome**
 - What does SIDS stand for? **Sudden Infant Death Syndrome**
 - What is the name of the campaign to reduce SIDS? **Back to Sleep**
 - Why has there been an increase in flat head syndrome in recent years? **Because infants are spending more time on their backs to avoid SIDS**
 - What are some other possible causes of flat head syndrome? **Preemie – (possible weaker neck muscles), torticollis**
 - What is torticollis? **Occurs when a tight or shortened muscle on one side of the neck causes the head to tilt to the other side**
 - What are some recommended ways to help prevent flat head syndrome? **tummy time, cuddle, lay infant on different end of crib for sleep, turn infant's head to other side for sleep, place interesting objects in different locations in infant's room, move crib to different location in room.**
3. Hand out the *SIDS Facts* handout. (Note: This Fact Sheet is also located in the *Basic Infant Care curriculum*, Lesson 2.6: Schedule and Tracking.

Unit Three—Lesson 1.2

Flat Head Syndrome (Positional Plagiocephaly)

RealCare® Baby Simulation Report

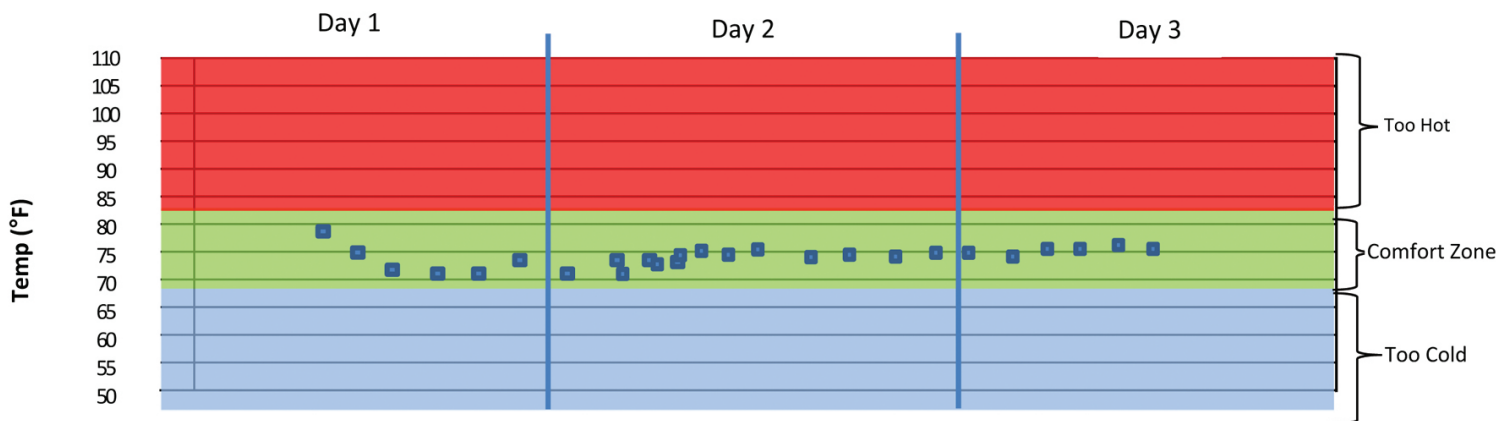


Baby Temperature and Clothing

NOTE: Actual report images may vary.

Baby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing clothing only appears if Baby detects no clothing during a significant period of time.

Look for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside the comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, Baby has been exposed to extreme temperatures for an extended period of time.



	3a	6a	9a	12a	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9p
Diapers																							
Outfit top																							
Outfit bottom																							
Infant body suit																							
Sleepwear																							
Outerwear																							

Car seat/ carrier																							

	Day 1	Day 2	Day 3
High temp	80°	76°	78°
Low temp	70°	74°	74°
Time out of safe temp range	0	0	0
Max time between change of clothes	15 hours	12 hours	3 hours
Time in car seat/carrier	6 hours	5 hours	4 hours

Unit Three—Lesson 1.2

Flat Head Syndrome (Positional Plagiocephaly)



SIDS Facts

What we know about SIDS:

1. It occurs in all kinds of families.
2. It occurs in seemingly healthy infants.
3. It has nothing to do with race or economic status.
4. It occurs most often in fall and winter months.
5. Most deaths happen before six months of age, and especially between one and four months of age.
6. It is the leading cause of death in infants between one month and one year of age.
7. It often happens quickly during sleep, and the infant shows no signs of suffering.
8. It occurs most often among boys, premature and low-birth weight infants, twins, and triplets.
9. It is determined as the cause of death only after all other causes have been eliminated through an autopsy, a thorough investigation of the death scene, and a review of the family history.
10. No one knows its cause.

Safe sleep top 10:

1. Always place the infant on his or her back to sleep, for naps and at night; it is the safest.
2. Always place the infant on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Always keep soft objects, toys, and loose bedding out of the infant's sleep area. Do not use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in the infant's sleep area, and keep any other items away from the infant's face.
4. Never allow smoking around the infant.
5. Keep the infant's sleep area close to, but separate from, where you and others sleep. The infant should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the infant into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the infant to take it. (If you are breastfeeding, wait until the infant is one month old or is used to breastfeeding before using a pacifier.)
7. Do not let the infant overheat during sleep. Dress the infant in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your health care provider.
10. To reduce the chance that flat spots will develop on the infant's head from too much time on his or her back, provide "tummy time" when the infant is awake and someone is watching; change the direction that the infant lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Unit Three—Lesson 1.2

Flat Head Syndrome (Positional Plagiocephaly)

Lesson Two

The Simulation Experience



Refer to Unit 4, Lesson 1: Simulation Experience, from Basic Infant Care. Use materials and facilitation steps from that lesson for this one. Hand out the *Time To Spare* - blank schedule to each student. This should be taken home and filled in during the simulation experience, using the color coding key at the bottom to indicate how much time for each hour the baby needed specific care events. Adapt as needed for your students.

Unit Three — Lesson Two
The Simulation Experience

Time To Spare

	6 a.m.	7 a.m.	8 a.m.	9 a.m.	10 a.m.	11 a.m.	noon	1 p.m.	2 p.m.	3 p.m.	4 p.m.	5 p.m.
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
	6 p.m.	7 p.m.	8 p.m.	9 p.m.	10 p.m.	11 p.m.	midnight	1 a.m.	2 a.m.	3 a.m.	4 a.m.	5 a.m.
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Color code: Blue=sleep; Red=work; Green=errands; Yellow=fun; Orange=eating; Purple=school												

Unit Three — Lesson Two
The Simulation Experience

Lesson Three

The Reality Is...Impact of a Baby on Goals, Relationships, and Time



Lesson Overview

This lesson provides an opportunity to share the results of taking home the RealCare® Baby and how its care impacted the students' time for other things. The lesson brings home the idea that a baby will impact not only time but relationships and goals.

Key Points

- Babies take a great amount of time over a 24-hour period.
- A baby's needs and schedule rule over everything else.
- Personal time becomes very limited when a baby is in

the picture.

- Relationships change with a baby in the picture.

Lesson Objectives

After completing this lesson, students will be able to:

- Evaluate the time needed on a 24-hour basis to care for an infant, in light of their own schedule needs
- Reflect on their attitudes and feelings during the simulation experience
- Consider the personal impact an infant would have on them at this time in their life

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Baby Check In	• Assessment Rubric • Returned students' RealCare® Baby with accessories • Returned students' <i>Participant Care Card</i> (laminated) • Scissors • Baby Wipes	• Prepare to collect from students the RealCare® Babies and the laminated Participant Care Cards. • Prepare to download information from each returning Baby and to print the simulation data report.	15 minutes
LEARN: Time to Spare	• Students' completed <i>Caregiver Journal</i> • Blank <i>Time to Spare</i> table • <i>Infant Schedule</i>	• Students' completed <i>Caregiver Journal</i> • Print/photocopy the blank <i>Time to Spare</i> table onto a transparency or use Smart board. • Print/photocopy the <i>Infant Schedule</i> onto a transparency or use Smart board.	20 minutes
SUMMARIZE: Simulation Reflection	• Papers with questions written at top	• Prepare blank sheets of paper with questions written on top. • Print/photocopy the <i>Baby Costs</i> worksheet for each student.	10 minutes

Unit Three — Lesson Three

The Reality Is...Impact of a Baby on Goals, Relationships, and Time

3

Education Standards Supported

National Family and Consumer Science Standards: Reasoning for Action 2, 3, 4; 1.1; 2.1;2.6; 15.1;15.3; 15.4

National Health Standards: 1.12.2; 1.12.7; 4.12.3; 5.12.1-2, 5.12.5; 7.12.1-3

FOCUS: Baby Check In**15 minutes****Purpose:**

This activity provides time for RealCare® Baby check in and simulation data download.

Note: Baby has a programmed stop time, so if you have programmed Baby to stop on the morning of the return day, it should be inactive by class time. If you need to stop the simulation, do so during this activity (see your Operating Handbook for details). The data can be viewed or printed out later.

Materials:

- Assessment Rubric
- Returned students' RealCare® Baby with accessories
- Returned students' *Participant Care Card* (laminated)
- Scissors
- Baby Wipes

Facilitation Steps:

1. Refer to the *Assessment Rubric* and note whether each student has returned his or her Baby and all accessories, including the *Participant Care Card* and *Parenting Journal*.
2. Use a pair of scissors to remove the wristband from the wrist of each student. Note the condition of the wristband. If it is stretched or not present at all, note it on the student's *Assessment Rubric*.
3. Give each student a baby wipe to wipe the Baby's arms, legs, torso, and face before returning it to the appropriate storage location. Wipe any accessories as well. Baby is now prepared for the next delivery.
4. Download the final simulation data from each Baby. Viewing and printing the data can be done right away for immediate feedback, or later, so you can prepare a report for each student. Provide feedback to students on their individual performance as soon as possible.
5. Poll the class and ask how many think they had a "difficult" Baby (needing a lot of attention), who had a "medium" Baby, requiring an average amount of attention, and who had an easy Baby, requiring not much attention. If you'd like, you can verify some of these with who you assigned to difficult, medium and easy schedules and share that. Sometimes students may think they had a difficult Baby when they actually had an easier one.

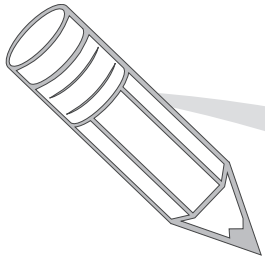
Stress the fact that students only had this baby for x hours (however many hours you sent the baby home with students), and that if they were parents, this would be multiplied by weeks and months, not to mention that they will be responsible for this child for at least the next 18 years.

Ask if anyone had any particularly interesting incidents occur while caring for Baby. Ask what they did if they were driving and baby cried or they were in the shower? What would they do in a real life situation? Would it be different?

Note: You may want to have students return the babies in the morning before school starts so they will not be bringing them to other classes and cause disruption. That way all of the reports could be prepared by the time they get to class.

Unit Three—Lesson Three

The Reality Is...Impact of a Baby on Goals, Relationships, and Time



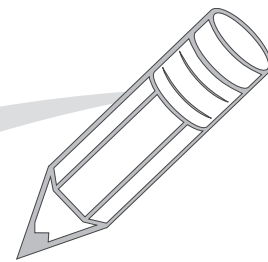
Baby Costs Worksheet

Name _____

Class _____

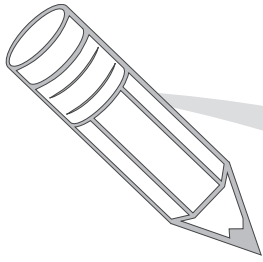
Item	Quantity for 1 year	Price per item	Total cost (annually)	Website/store
EQUIPMENT				
Crib/ Mattress	1			
Mattress pad	2			
Stroller system with car seat and carrier	1			
Bassinet or pack and play	1			
High chair	1			
Changing station	1			
Baby swing	1			
Bathtub	1			
SUPPLIES				
Childproof locks/latches	6 sets			
Electrical outlet plugs	6 sets			
Toys	Use your discretion			
Camera & film or memory card				
Crib sheets	2 sets			
Blankets	1 pkg.			
Burp cloths	2 pkgs.			
Diaper bag	1			
Pacifier	2			
Baby monitor	1			
MEDICAL				
Health insurance	For 1 year (you and baby)			
Cost of delivery	1 baby/natural birth			
Prenatal vitamins/baby vitamins	2 bottles			
Doctor visits				
CARE SUPPLIES				
Diapers	1 lg. pkg./month			
Baby shampoo	2 lg. bottles			

Baby Costs Worksheet (cont.)



Item	Quantity for 1 year	Price per item	Total cost (annually)	Website/store
Baby soap	4 lg. bottles			
Baby lotion	2 lg. bottles			
Diaper rash ointment	2 tubes			
Cotton balls	3 pkgs.			
Baby wipes	1 lg pkg./month			
Baby laundry detergent	2 lg. bottles			
Baby emergency kit	1			
CLOTHING COSTS				
Undershirts/onesies	1 pkg./month			
Pajamas	1 pkg./month			
Socks	1 pkg.			
Shoes	2 pairs			
Sweater/sweatshirt	2			
Snowsuit	1			
Hat, mittens	1 set			
Outfits	24/year			
Feeding Costs				
Bibs	1 lg. pkg.			
Formula				
Breast pump	1			
Infant cereal	8 boxes			
Baby food	400 jars			
Spoons/bowls	1 set			
Cups for 6-12 months.	1 pack			
Bottles	24 bottles			
OTHER				
Daycare				

Grand Total: _____



Baby Costs Worksheet

What other things not on this list would you want to buy for your baby?

How do you feel when you can't buy something?

When the government provides financial assistance to single and low-income parents, where does that money come from?

If you had a baby, where would you live? How much would monthly housing costs be for you and the baby (including rent and utilities)?

If you were able to secure a full time job, how much of that income would go to daycare costs? Explain.

Unit Three—Lesson Three

The Reality Is...Impact of a Baby on Goals, Relationships, and Time

LEARN: Time to Spare**15 minutes****Purpose:**

This activity gives students a better idea of how having a child would affect them socially and how they spend their time. The goal is to facilitate discussion about an infant's impact on personal time.

Instructor Information:

In addition to the large financial obligation, an infant also makes demands on a parent's time. Young infants sleep a lot (about 17 to 18 hours a day), but only a few hours at a time, including during the night. An infant rarely sleeps more than three or four hours at a time. That means the parents also must get up every three or four hours.

This schedule also cuts into a parent's daytime and evening activities. Running errands during the day and planning activities in the evening hours can be difficult

when you're not exactly sure when your infant needs to eat and sleep.

Materials:

- Students' *Caregiver Journal*
- Blank *Time to Spare* Table printed out on a transparency or use Smart board
- *Infant Schedule* printed out on a transparency or use Smart board

After a few weeks, a pattern will begin to emerge, and most infants DO learn to sleep through the night. However, the thing to remember is that, at least in the beginning, the infant's schedule is the one that determines the parent's actions, not the other way around. *Important note: Infants and young children need the security of a daily routine.*

Facilitation Steps:

1. Print the blank *Time To Spare* sheet onto an overhead transparency, or if you have a SmartBoard, use that for this activity.
2. Display the blank version on an overhead projector, explaining that this is a graph of the time a student spends doing various activities each day of the week. Ask students which hours of the day they spend in school. With an overhead marker, fill in the blocks of time the students say they would be in school. Then ask students which hours they spend doing homework. Fill those blocks in with a different color. Do any students have jobs? What hours does an average after-school or weekend job take up? Fill those blocks in with a third color.
3. Lay the *Infant Schedule* transparency over the top of the original transparency, or use Smart board.

The shaded blocks show how much time each hour is spent caring for an infant compared to the time students spend on everything they need to do. *Or, have students keep a journal of their schedules with Baby over the infant care simulation weekend, and then transfer that information to a blank Time To Spare overhead transparency.*

4. Conduct a discussion on the difference between the student's needs and the baby's needs.

Discussion questions:

- How would the student deal with all this time needed to care for an infant during their other activities (school, work, fun, sleep)?
- When would they do all the extra laundry, house cleaning, cooking and eating meals, and so on? Color in any spare time for this extra work.
- Is there any time left for sleeping, friends, and having fun?
- Could the students fit in their outside activities or after school jobs around an infant's schedule?
- Where would the infant go when the student was in school or working?
- How would that impact the students financially?
- When would the mother and father each have the baby and how they would "share the responsibilities"? How they would communicate with each other and their families, etc.?

Unit Three—Lesson Three

The Reality Is...Impact of a Baby on Goals, Relationships, and Time

Infant Schedules

[illegible]

Unit Three—Lesson Three

The Reality Is...Impact of a Baby on Goals, Relationships, and Time

SUMMARIZE: Simulation Reflection**15 minutes****Purpose:**

This activity provides time for students to share feelings, thoughts, and experiences about the simulation experience. The simulation and reflective discussion activity invites students to assess current readiness for the realities of parenting.

Materials:

- *Baby Costs* worksheet for each student
- Sheets of paper with any of the following questions written on top (one question per page):
 - What were your expectations about being the parent of an infant before you took Baby home?
 - What do you know now about the parenting of an infant after caring for Baby?
 - How ready are you for the responsibilities of being a parent?
 - What are the REWARDS of caring for an infant?
 - What are the CHALLENGES of care giving?
 - What knowledge might HELP you in meeting the responsibilities of parenting?
 - What attitudes might HELP you in meeting the responsibilities of parenting?
 - What attitudes might LIMIT you in meeting the responsibilities of parenting?
 - What skills might HELP you in meeting the meeting the responsibilities of parenting?
 - What life experiences might HELP you in meeting the responsibilities of parenting?
 - In what ways was caring for Baby easier than expected?
 - In what ways was caring for Baby harder than expected?
 - What did you learn from this experience?
 - What suggestions do you have the improving the experience with Baby?

Facilitation Steps:

1. Divide students into groups of three.
2. Give each group one or two sheets of paper on which you have written the above questions, and have them write down their answer to the question, leaving room for other answers. Have the groups pass the sheets of paper to the next group and answer the next questions. Repeat the process until all groups have answered all the questions. Each group can present one set of answers to the class.
3. If time permits, the following questions may also be used:
 - What kinds of emotions did you feel during the care simulation? Happy, sad, angry, frustrated, proud, bored, and/or resentful? When and where did you feel this way? Why?
 - How did your families and friends react at first? At the end of the care simulation?
 - How were you treated in public? Did anyone think

you had a real infant?

- How did the car seat carrier, and/or stroller make things easier or harder?
 - What changes, if any, would you make to the equipment used (features or items)?
 - Think about how your parents/guardian had to care for you as an infant. How do you think they handled the challenge?
4. Hand out the *Baby Cost* worksheet, one per student and explain the homework assignment. Verbally divide the class into 7 groups. Each student will be responsible for completing his/her portion of the worksheet, and bring it in for the next class session to share their research results with their group. Then the groups will present their finding to the class.
- Equipment
 - Supplies
 - Medical: Students may need to ask parents/guardians for assistance with this information
 - Care Supplies
 - Clothing Costs
 - Feeding Costs
 - Other (Daycare: Students should get costs for in-home and commercial type day care providers.)

Remind the class that they should try to find prices they think they can afford. They won't be shopping at the Baby Gap or Coach baby bags at this point in their life!

5. Remind students about the *Baby Costs* worksheet due the next class period.

NOTE: If you have the Realityworks Shaken Baby Simulator and accompanying curriculum, consider adding that as a lesson here. That information/lesson is also included in Unit 2, Lesson 3 of the Basic Infant Care curriculum (on this CD).

Shaken Baby Syndrome is a tragic result of frustration with an infant. The lesson explains what happens to an infant during a shaking, and the long-term effects. Students make a plan to manage frustration and sign a pledge to never shake a baby.



Lesson Overview

Students research and learn about the many costs of a baby over the first year.

Key Points

- Babies are expensive.
- It would be difficult to handle the financial responsibilities of having a baby for students at this point in their lives.

Lesson Objectives

After completing this lesson, students will be able to:

- Identify the costs for the variety of infant needs during the first year of life
- Evaluate their current budgets for current lifestyle
- Evaluate their ability to handle the financial responsibilities a baby would present

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Baby Costs - Research Findings	• Completed <i>Baby Costs</i> worksheet	NA	15 minutes
LEARN: Baby Costs	• Completed <i>Baby Costs</i> worksheet	Group presentations and class discussion	20 minutes
SUMMARIZE: Reflections Discussion	• Class discussion	Class discussion	10 minutes

Education Standards Supported

National Family and Consumer Science Standards: Reasoning for Action 2, 3, 4; 1.1; 2.1; 2.6; 15.1; 15.2

National Health Standards: 1.12.6; 5.12.2; 5.12.4; 5.12.5; 7.12.2; 7.12.3

FOCUS: Baby Costs — Research Findings

15 minutes

Purpose:

In this activity, students share the findings of their individual research homework with their group and come to consensus on the average costs for the various baby items in their section of the worksheet.

Facilitation Steps:

1. Conduct a brief discussion by posing the following questions to the class: How much do you think it costs to have a baby the first year? How about for 18 years? Jot responses down on the board.
2. Have students get into their assigned groups to come to a consensus on the costs they found for their area of the worksheet. **Note:** Students will likely have a range of costs, so have them come up with an average of costs. Circulate around the room and offer assistance as needed.

4

LEARN: Baby Costs

25 minutes

Purpose:

In this activity groups share their findings from their research homework assignment and group consensus discussion.

Materials:

- Completed *Baby Costs* worksheet

Facilitation Steps:

1. Have each group present their findings about the costs for their assigned area of the worksheet. Students who are listening should insert the amounts into their worksheets.
2. After all groups have shared their findings, have students tally the total. Compare results to the numbers students suggested and that you wrote on the board at the beginning of the lesson.

SUMMARIZE: Reflective Discussion

10 minutes

Purpose:

In this activity students engage in a class discussion on the financial implications of having a baby.

Facilitation Steps:

1. These reflection questions can be used for a whole class discussion, followed by a writing assignment of one written paragraph per question, for grading purposes.
 - What kind of financial choices do responsible, mature parents make?
 - What kind of time management choices do responsible, mature parents make?
 - How do our society and culture influence how people parent? (Think about expectations for money and material possessions, the media's portrayal of the roles and responsibilities of parenting, the effects of divorce and single parenting, wages, education level, cost of living, "me-first" attitude, etc.)
2. Present information on where parents can go to get community help and support when needed. Local agencies, government grants, and some churches have programs to assist low-income parents with housing, food and education. Note that while assistance is very helpful, it often does not provide enough funds to live a "comfortable" lifestyle.
3. Continue the class discussion on finances in parenting by asking the following questions:
 - How can parents save money when purchasing infant items?
 - Do you think your parents made sacrifices when you were a young infant? Explain.
 - Do you think your parents make sacrifices for you today? Explain.

Another option with these questions is to have students individually reflect on them and write a paragraph on each question.

Optional Class Activity: Interview with a Teen Mother (or Father)

One of the most powerful messages about how a baby changes your life comes from young, teenage mothers and fathers who have lived the experience. If you know of a young teen mother or father who is comfortable sharing his or her story, invite them to class for a discussion with your students.

Note: You could also include a class discussion on child support laws here.

Additional Resources:

Life in the Fast Lane:

<http://www.teenageparent.org/english/costofbaby2B.html>

The Cost of Raising a Baby: Baby Cost Calculator

<http://www.i-am-pregnant.com/encyclopedia/B/Baby-Cost-Calculator/>

How much does it Cost to Raise a Child in the United States?

<http://www.wisegEEK.com/how-much-does-it-cost-to-raise-a-child-in-the-united-states.htm>

MSN Money Raising Your \$221,000 Baby

<http://articles.moneycentral.msn.com/CollegeAndFamily/RaiseKids/RaisingYour290000Baby.aspx?GT1=33004>

Summary and Assessment



Lesson Overview

Students work in groups to discuss views on the impact being that being a parent at this point in their lives would have on them socially, emotionally, and financially. They review the information and key points from the entire course, and are assessed on their understanding of the information presented. Finally, they take the Student Survey and Self Assessment and compare their answers with those they give at the beginning of the course, to determine attitudinal changes over the course of instruction.

Key Point

- Information can impact attitudes as well as knowledge.

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Simulation Reflection	• Page from teacher guide • Students' completed assignment: <i>Teen Pregnancy Project</i>	• Print/photocopy the page in this teacher guide and cut up the topics for students/small groups to draw from a hat and discuss or write about	15 minutes
LEARN	• <i>Post Summative Assessment</i>	• Print/photocopy the <i>Post Summative Assessment</i> for each student.	20 minutes
SUMMARIZE	• <i>Survey and Self Assessment Tool</i>	• Print/photocopy the <i>Survey and Self Assessment Tool</i> for each student.	10 minutes

Education Standards Supported

National Family and Consumer Science Standards: Reasoning for Action 1-4

National Health Standards: 6.12.1-6.12.4; 7.12.1

FOCUS: Personal Impact of a Baby

10 minutes

Purpose:

This activity has students reflect on or discuss how an infant would impact them right now in terms of their schedule and their relationships with family and friends.

Materials:

- Printout of this page

Facilitation Steps:

1. Collect student’s completed homework assignment from lesson one of this unit: Teenage Pregnancy Project. Use a rubric to evaluate and grade student work on the project.
2. Print this page and cut out each topic below. Then have students draw one from a hat as their writing assignment topic, or let them choose which question to write about. NOTE: Consider having all students write about topic 8 as it is a great way to get students thinking about what they’ve learned in this unit/course and applying that learning to higher level thinking skills for their personal plans and goals.
3. If you prefer to make this a topic for small group discussion, have students form into small groups of 3-4 students and let each group draw one or two of the topics from a hat as a discussion topic.
4. Summarize by asking groups to share some of their thoughts on any of the topics shown below.

Topics:

1. How would having an infant right now affect your family life?	2. How would having an infant right now affect your social life?	3. Would an infant interfere with any of your extracurricular activities? What compromises would you have to make?
4. What would be the hardest thing for you to give up if you had an infant? (Socially) Why?	5. What types of activities may be hard for a parent to do with a young infant’s schedule?	6. Are there things you do now that you might have to give up if you had an infant? Explain.
7. If you are in a boyfriend/girlfriend relationship right now: How would having an infant affect your relationship?	8. Consider the goals you’ve listed during this unit of study, how would having an infant affect your ability to reach those goals?	

5

LEARN: Post Summative Assessment

20 minutes

Purpose:

This activity assesses student knowledge about the facts presented throughout the entire course of study.

Materials:

- *Post-Summative Assessment*

Facilitation Steps:

1. Distribute the *Post-Summative Assessment* to each student, allowing 20 minutes to complete.
2. Refer to the *Pre/Post-summative Assessment Answer Key* in Unit 1 of this guide to correct the assessments.

Unit Three — Lesson Five
Summary and Assessment

Post-Summative Assessment

Name: _____

Class Period: _____

- Classify the following statements correctly by writing the name of its correct communication style next to each statement.
- Physical boundaries in a relationship should go no further than the person at the highest/lowest point on the continuum. Circle the correct answer.

Statement	Communication Style
____ If you talk to me that way again, I'm going to punch you.	a. Passive statement
____ I don't need to subject myself to your talking to me that way.	b. Aggressive statement
____ Do you mind not talking to me that way?	c. Assertive statement

- For each of the following examples of pressure, label them correctly by writing the letter of the correct type of pressure it shows.

Pressure Type	Example
a. Unspoken Pressure	____ The Huddle
b. Spoken Pressure	____ Rejection
	____ The Put Down
	____ The Example
	____ Reasoning
	____ The Look

- Match each of the following active listening techniques with its correct definition.

Technique	Definition
____ Empathizing	a. Rephrasing the message in your own words.
____ Body language	b. Showing understanding and valuing the opinion
____ Parroting	c. Nod, look engaged, show you're paying attention
____ Reflecting feelings /Validating	d. Expressing care and sensitivity to sender's feelings/opinions
____ Paraphrasing	e. Repeating the message

- Another term for indirect pressure is:
 - unspoken pressure
 - verbal pressure
 - having someone else do the pressuring
 - gossiping
- Which of the following are characteristics of someone with high self esteem? (Choose all that apply)
 - Handles positive and negative emotions
 - Attempts new tasks and challenges
 - Take pride in accomplishments
 - Fears failure
 - Disrespects others and self
 - Vulnerable to peer pressure
- Two risks of low self esteem are: _____ and _____.
- Three characteristics of an unhealthy relationship are: _____, _____, and _____.
- Two important hormones that send messages to the female body are _____ and _____.
- Which of the following work better than any other methods of birth control?
 - sponge
 - oral contraceptive
 - birth control implant
 - spermicide
 - female condom

Post-Summative Assessment (cont.)



11. Match the following STIs with their symptoms/affect on the body by placing the letter of the symptom/affect next to the STI.

STI	Symptom/Affect
____ Human papillomavirus	a. Usually has no symptoms
____ Gonorrhea	b. Symptoms in males include a thick, yellow penile discharge.
____ Chlamydia	c. Cervical cancer and/or genital warts
____ Trichomoniasis	d. Frothy, yellow-green vaginal discharge.

12. Correctly label the male illustration by inserting the following terms in their correct location:

penis	seminal vesical	prostate gland
cowper's gland	vas deferens	epididymis
testes	scrotum	

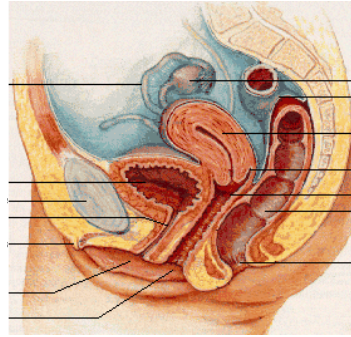


13. If a female who is having sex does not know how to predict when she is in her fertile time, but she wants to prevent pregnancy, she should:

- Not worry about it because she most likely won't get pregnant anyway
- Always protect herself as though she is in her fertile time, because she doesn't really know

14. Correctly label the female illustration by inserting the following terms in their correct location:

cervix	ovaries	uterus
clitoris	fallopian tubes	vagina



15. For each of the following statements, label them as T (true) or F (false)

- It is possible for a female to get pregnant while on her period, especially after the first day of her period
- In the real world, the IUD and the implant are the 2 most effective methods of temporary birth control.
- It is possible to get pregnant or to get someone pregnant the first time you have sex
- There is just 1 day during a female's cycle that she can get pregnant

16. What is the main reason most are women more susceptible to pregnancy using the calendar method?

- Their cycles are not a consistent number of days from cycle to cycle.
- They don't have an accurate understanding of their fertile time
- Their body temperature is not regular
- They ovulate more than once per month

Post-Summative Assessment (cont.)

17. Identify whether each of the following STIs are caused by a virus or a bacterium by placing the correct letter next to each STI.

STI	Cause
___ Chlamydia	a. Bacterium
___ Gonorrhea	b. Virus
___ Genital herpes	
___ Syphilis	
___ Human papillomavirus	
___ Hepatitis B	
___ HIV	

18. Which of the following are 100 percent effective in preventing pregnancy for perfect users?

- a. Condom
- b. Oral contraceptives
- c. Injectable contraceptives
- d. Cervical cap
- e. Abstinence

19. Which of the following are 100 percent effective in preventing STIs?

- a. Spermicides
- b. Condom
- c. Abstinence
- d. Emergency contraception
- e. IUD

20. Which of the following are positive possible aspects of being sexually abstinent? Choose all that apply.

- a. Better relationship with partner
- b. Easier to attain goals
- c. No chance of pregnancy or STIs
- d. Increased self image
- e. Decreased stress

21. Match the following steps in the development of a fetus with the correct trimester in which it occurs by placing the letter of the trimester next to the step.

Step	Trimester
___ Heart starts beating	a. First
___ Skin is covered with waxy substance called vernix	b. Second
___ Eyebrows, eyelashes, and hair start to grow	c. Third
___ Fetus can hear voices and recognizes mother's voice	
___ Brain is physically fully formed	
___ Fetus gains the most weight (1/2 pound per week) and grows longer	

22. Which of the following are typical symptoms/discomforts of pregnancy? Choose all that apply

- a. Extra energy
- b. Thick, healthy hair
- c. Nausea
- d. Gain of 20-30 pounds
- e. Infrequent urination

23. How many stages of pregnancy are there?

- a. one
- b. two
- c. three
- d. four

24. Match each of the following phases of labor in stage 1 with its dilation measurement by placing the letter of the stage next to the measurement.

Measurement	Phase
___ 0-3 centimeters	a. Early
___ 4-8 centimeters	b. Active
___ 8-10 centimeters	c. Transition

Post-Summative Assessment (cont.)



25. Which of the following are common pregnancy complications? Choose all that apply
- a. Spina bifida
 - b. Rh incompatibility
 - c. Gestational diabetes
 - d. Still birth
 - e. Toxemia
26. What amount of alcohol is safe to drink during pregnancy?
- a. none
 - b. 1 oz. per day
 - c. 2 oz. per day
 - d. 3 oz. per day
27. Which of the following are potential life-long problems of a drug-affected infant or an infant born with FASD?
- a. Hyperactivity
 - b. Learning disabilities
 - c. Poor coordination
 - d. Mood swings
 - e. Delayed development
 - f. All of the above
28. Which of the following are impacted by an unplanned pregnancy in a teen? Choose all that apply.
- a. Education
 - b. Friendships
 - c. Finances
 - d. Family relationships
 - e. Personal relationships

5

SUMMARIZE

10 minutes

Purpose:

This activity provides an opportunity for the teacher to summarize the main concepts in the entire course and to help students reflect as a group on what they learned and how this information has changed not only their knowledge, but their attitudes about engaging in sexual activity before they are physically, financially, socially, and emotionally ready to handle any potential results of that activity.

Materials:

- *Survey and Self Assessment Tool*

Facilitation Steps:

1. Give each student a copy of the *Survey and Self-Assessment Tool* (located in Unit 1 of this guide) to complete.
2. Give each student his or her *Survey and Self-Assessment Tool* completed in Unit 1, Lesson 1. Have students compare their answers to determine whether their attitudes have changed since the beginning of the course.
3. Conduct a brief class discussion asking such questions as:
 - a. Have your views about sex right now changed since the beginning of this course?
 - b. Have your views about becoming a parent at this point in your life changed or become more apparent?
 - c. Share one important fact you learned from this course.
 - d. What was one of the most important things you learned about yourself since the beginning of the course?

Unit Three—Lesson Five
Summary and Assessment