



**Reproductive
Health and Safety
Education**

5th grade

2010-2011

**Community School of Davidson
Davidson, North Carolina**

Did You Know?

Sexuality education begins at birth.

1. Contrary to the notion that sexuality education occurs when a child learns about “the birds and the bees”, it occurs daily from birth onward. Sexuality, an individual’s total personality as a male or female, is continuously being influenced by outside factors. A child’s family has the greatest influence on his/her attitudes, feelings and beliefs about sexuality, but media messages, peer group standards, personal experiences, accurate or inaccurate information, and developmental level are factors as well. Learning occurs both informally and formally. Informally, children learn through observation of and interaction with others. This type of learning can have both positive and negative effects, depending on the experience and the child’s interpretation. Formal instruction provides the child with developmentally appropriate information which promotes respect for and responsibility toward Family Living, Ethical Behavior and Human Sexuality. It reinforces and supports family and personal values, promotes healthy attitude development, and provides opportunities for practicing skills needed for responsible decision-making.
2. According to a parent poll conducted by The Center For Population Options, Washington, D. C., “television ranked second only to parents as the primary source of their children’s (aged 3 - 11 years) learning about sex”. Unfortunately, the sexual messages from television too often promote myths, misconceptions, lack of responsibility and lack of respect for self and others.
3. Teenage pregnancy is an epidemic that has not gone away. Research shows the sexual experience level of: 9th is 38.4%, 10th is 44.4%, 11th is 62.8% and 12th is 69.1% in North Carolina. On average, teenagers begin sexual activity about age 16. In Mecklenburg County, 4.4 girls between the ages of 12 and 19 become pregnant

each day and 2.7 give birth. There were 1,281 teenage pregnancies in Mecklenburg County in 2007.

The question that plagues health workers, social workers, parent(s)/guardian(s), educators and politicians is why? Why are more and younger teens becoming sexually active? Reasons cited include: poor refusal and communication skills, lack of self-esteem, social pressure, poor decision-making skills, absence of goals and the need to be loved.

4. Our community's institutions have a role in sexually educating young people. The best and most effective sexuality education occurs when there is a broad base of community support. This support is the result of a combined effort by parent(s)/guardian(s), place of worship, health agencies, physicians, health care providers, community centers, businesses, the media, youth organizations, and the schools to provide children with positive role models, accurate information about sexuality, positive values, and opportunities for healthy social interactions with others.

Each lesson in this unit contains activity sheets and student lesson evaluations. It is suggested that students make folders prior to the unit where all of their activity sheets and lesson evaluations can be kept. You can check the students' understanding and feelings periodically by referring to their lesson evaluations. You can also keep parent(s)/guardian(s) involved by sending student folders home weekly throughout the course of the unit.

It should be noted that students are not required to participate in any activity. They may do so voluntarily. In addition, you should emphasize that students are not to ask personal questions or reveal personal family information.

Reproductive Health and Safety Education
GRADE 5: LESSON INFORMATION

LESSON	TITLE	CONTENT	PARENT(S)/ GUARDIAN(S) INVOLVEMENT
1	Things I Would Like to Know	Promote Communication; Classroom Guidelines	Yes
2	Thinking about My Future: Are My Goals Realistic? Are They Healthy?	Goal Setting Skills	Yes
3	Showing Respect: Is It Important?	Promoting Respect for Self and Others	Yes
4	Learning about Gender Roles	Knowledge and Respect for Varying Gender Roles	Yes
5	Body Changes: Growing Into Manhood	Physical Changes Associated with Puberty; Care and Respect for the Body/Video	Yes
6	Body Changes: Growing Into Womanhood	Physical Changes Associated with Puberty; Care and Respect for the Body/Video	Yes
7	Emotional Growth and Development: Your Changing Feelings	Emotional Changes Associated with Puberty	No
8	Avoiding HIV Infection	Identify Behaviors That Spread and Do Not Spread HIV Infection	Yes
9	Responsibilities of Parenthood/ Guardianship	Promoting Respect for Family Living; Appreciating Parental Responsibility	Yes
10	Being Responsible: Thinking About My Decisions	Using Decision-making Skills	Yes
11	The “Stuck CD” Skill	Assertive Communication: Saying “No”	Yes
12	My Feelings about Reproductive Health and Safety Education	Review of Unit; Relating Knowledge to Student Attitudes, Feelings and Beliefs	Yes

GRADE: 5

LESSON: #1

TIME: 50 Minutes

NCSCOS: 1.01, 1.02, 3.02

THEMES: RSPT, RSPN, BHVR, CNTR, CNSQ, PGI, FMRL, CLDV

TITLE: Reproductive Health and Safety Education: Things I Would Like To Know

MATERIALS:

- Chart: Classroom Guidelines
- “Things I Would like to Know” activity sheet
- “Classroom Guidelines” homework sheet
- Evaluation sheet

CONCEPT: Open communication about how learning about Reproductive Health promotes respect for self and others.

CONTENT: The general purpose of this introductory lesson is to establish certain classroom guidelines that will help to establish a respectful atmosphere for learning. By encouraging students to communicate their questions, curiosities and concerns, the teacher will help to dispel many of the myths and misconceptions that children have.

As males and females enter the years of late childhood (pubescence), they are naturally inquisitive about matters of family life and human sexuality. Questions students ask generally fall into three categories:

1. Requests for information
2. “Am I normal?” questions
3. Permission seeking questions

Students are sometimes shy or embarrassed about verbalizing their own questions, curiosities, or concerns for fear of being laughed at or ridiculed. Teachers are sometimes uncomfortable for fear of being unable to answer a question or out of embarrassment themselves. An anonymous question box might help alleviate some of these concerns. (Review information about utilizing an Anonymous Question Box in “Teaching Techniques” area of this lesson booklet)

TEACHER NOTE: Remember that you are not expected to be an expert, but you are expected to help children find answers to questions they may have. You may decide that some questions are inappropriate for classroom discussion. If a question box is used, the teacher does not have to answer every question in it. Avoid general discussion of topics not covered in the unit but realize that some students will ask questions about birth control, abortion, and homosexuality. Individual student concerns should be addressed

after class. Certain value-laden questions might best be referred to parent(s)/guardian(s), clergy, guidance counselor, or physician. The teacher is not obliged to answer every question in class. We have added the politically correct terms for you at some of the questions. Please help them understand what that means-“politically correct”

Commonly asked (unedited) fifth grade questions:

1. How does the sperm get in a man?
2. How long is the menstruation stage?
3. How can a woman tell if she is pregnant?
4. How do unmarried people have babies?
5. How does the mother get milk in her breasts?
6. What happens to the sperm in the woman’s body if there is no egg?
7. Why do you grow hair under your arms?
8. What if a little person had a baby; would it be a little person?
9. What is sex?
10. When the man and woman get together does the man push the sperm out or does it come out by itself?
11. Does it hurt to have a wet dream?
12. When does a girl menstruate?
13. How do you keep people from knowing you are on your period?
14. Does menstruation hurt?
15. Why are some babies’ special needs? Disfigured? (they would say retarded/deformed)
16. How are Siamese, (medical term is conjoined identical twins), twins born?
17. What is an invitro- baby? (Test tube babies would be what they would say)
18. Why can some men not be fathers?
19. Why can some women not be mothers?
20. How does a woman get pregnant?
21. Does it hurt to have a baby?
22. How does a baby go to the bathroom in the mother’s stomach?
23. Can a woman have sex if she is pregnant?
24. How old does a girl have to be to get pregnant?

25. How old does a boy have to be before he can be a father?
26. Why does the penis get big?
27. How can a white woman have a black baby?
28. How does a baby come out of a woman's stomach?
29. How can you tell when the sperm is coming out?
30. Why are some girls flat and others are big?
31. Why am I so short? Tall?
32. Why do some people grow faster than others?
33. How does a baby start?
34. Why doesn't a baby drown inside its mother?
35. What is birth control?
36. Why do some babies die before birth?

OBJECTIVES: Students will be able to:

1. Define sex and sexuality.
2. Name at least one reliable source of information about Reproductive Health and Safety Education
3. Begin practicing classroom guidelines established for the unit.
4. Begin to communicate questions, concerns and curiosities they have about Reproductive Health and Safety Education.

PROCEDURE:

Say: Today we are beginning a unit on Family Reproductive Health and Safety Education. . This is a very special unit. It deals with issues that will help you to better understand why and how males and females are alike and how they are different. It will help you to understand the changes you go through as you grow and mature. It will help you to understand the importance of healthy family living.

When you and I were born, we were born either male or female. This is called our sex or gender. From birth, each of us began to develop a personality, a way of feeling, thinking and acting as a male or female. This is called our sexuality. People with a healthy sexuality feel good about themselves and others. They show respect for themselves and others. They develop healthy attitudes about family living. They learn to make responsible choices about their sexual behavior.

Ask and discuss:

1. How and where have you already learned about sexuality? (Responses should include: parent(s)/guardian(s), other adults, church, school, television, books, magazines, movies, other children. (Explain that some sources are more reliable than others.)
2. Which sources promote respect and understanding? Which sources promote disrespect and misunderstanding?
3. How many of you have ever talked with your parent(s)/guardian(s) or other adults about human sexuality? Your changing body? The reproductive system? Where babies come from? Explain that many times parent(s)/guardian(s) are waiting for their children to ask them things while children are waiting for their parent(s)/guardian(s) to tell them things.
4. Do you think that by learning correct information in a respectful way it will be easier for you to ask questions or discuss your concerns? Why/why not?

Say: I want each of you to feel good about who you are and about who you will become. I want you to feel it is okay to ask questions. I want you to know I will not have all the answers, but I will try to help you find answers. I also want to involve your parent(s)/guardians(s). It is important that they know about the new things you are learning. In order for all of us to feel more comfortable as we learn about Reproductive Health and Safety Education, let us all agree to follow some classroom guidelines. (Display classroom guideline chart. Discuss each rule.)

PROCESSING:

Ask:

1. Do you think it is important to learn about Reproductive Health and Safety Education? Why/why not?
2. Do you think it is important for all of us to follow the classroom guidelines? Why/why not?

ACTIVITY :

Distribute a copy of “Things I Would Like To Know” activity sheet to each student. Explain to students that this activity will give them an opportunity to communicate some of their questions, curiosities and concerns. Tell students that they are not to put their name on their paper. Explain that you will be using the sheets only to determine their needs.

CLOSURE:

Say: Today you learned that we all have sexuality, or personality as a male or female. You learned that some sources of information about sexuality promote respect and understanding while others promote disrespect and misunderstanding. You also learned it is okay to communicate with your parent(s)/guardian(s) and others your questions, concerns and curiosities. As we continue with the unit, you will be learning more about Reproductive Health.

EVALUATION:

Allow 3 - 5 minutes for completion of evaluation sheet.

HOMEWORK:

Students should take the guidelines sheet home, discuss it with their parent(s)/guardian(s). Each person should sign the sheet. Students are to bring the sheet back to class to be placed in their folders.

Reproductive Health Classroom Guidelines

In CSD classrooms, the following guidelines are observed to ensure that all students can gain knowledge and learn skills in a comfortable, safe environment. The knowledge and skills will enable them to abstain from sexual intercourse until they are married.

- We will not ask personal questions.**
- We will learn and use correct words, not slang.**
- We will show respect for one another's feelings and personal values.**
- We will not embarrass others by what we say or do.**
- We may "pass" on any activity if we choose.**
- The teacher will be open to inquiry and will try to help you find answers to your questions.**

Reproductive Health Guidelines

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- The teacher will be open to inquiry and will try to help you find answers to your questions.

Please sign this sheet after you and your child have discussed the importance of following these classroom guidelines.

Student Signature: _____

Parent(s)/Guardian(s) Signature: _____

“Things I Would Like To Know”

Directions: Do not write your name on this paper. Simply write any questions, concerns, or curiosities you may have about the following areas:

A. Body Changes

- 1.
- 2.
- 3.
- 4.
- 5.

B. My Changing Feelings

- 1.
- 2.
- 3.
- 4.
- 5.

C. Where Babies Come From

- 1.
- 2.
- 3.
- 4.
- 5.

D. Males - Females

- 1.
- 2.
- 3.
- 4.
- 5.

“Things I Would Like To Know”

1. Today I learned _____

2. I did not know _____

3. I feel _____

4. During this class I would like to learn (know) _____

GRADE: 5

LESSON: #2

TIME: 50 Minutes

NCSCOS: 1.02, 3.02

THEMES: RSPT, RSPN, BHVR, CNTR, CNSQ, PGI, FMRL

TITLE: Thinking About My Future: Are My Goals Realistic? Are They Healthy?

MATERIALS:

- “Are My Goals Realistic? Are They Healthy?” activity sheet
- Evaluation sheet

CONCEPT: Setting realistic goals promotes self-esteem and increases one’s chances for leading a happy, healthy, productive life.

CONTENT: Goal-setting enables children to focus on the idea of being capable and having control over their own destiny. Children who are taught to set realistic, short-term goals are more inclined to use goal-setting skills needed to achieve success in future endeavors.

Although most pubescent children lack the knowledge and cognitive development needed to realistically make long-term plans, they should be encouraged to think about their hopes for the future. In addition, they need to be taught that present goal choices will impact their choices for the future.

OBJECTIVES: Students will be able to:

1. Differentiate between long-term and short-term goals.
2. Differentiate between realistic and unrealistic goals.
3. Describe how present goal choices impact their future.

PROCEDURE:

Say: In our last lesson you learned the classroom guidelines that will be used during this unit of study. We discussed the importance of having and showing respect for yourself and others. Today’s lesson will give you an opportunity to explore your own power, your own ability to decide about your future. By making healthy choices, you show respect for yourself.

Ask: How many of you have ever tried to imagine what your life might be like in middle school? High school? After high school? (Encourage students to discuss what they hope to do or accomplish as they go through their teens. Example: involvement in sports, cheerleading, clubs, part-time jobs, dating, driving a car, trips.) Explain that a goal is something a person hopes to do or accomplish.

Say: Some goals are short-term, things we hope to accomplish today, this week, or this month. Others are long-term goals; things we hope to accomplish next year, ten years from now, even thirty years from now.

Ask: Do you think our short-term goals affect our chances of achieving our long-term goals? Why/why not? (Explain that our present choices do affect our future.) For example, a child who wants to excel at sports and/or academics in high school needs to establish short-term goals of being physically active, eating properly, getting proper rest, learning and practicing new skills.

Say: Some goals people set for themselves are unrealistic, or impossible to reach. People who set unrealistic goals are not as happy and healthy as those who set realistic goals. An example of an unrealistic goal would be: I will buy a large house without having the money to pay for it. Let us see if we can make this a more realistic goal. Can you think of some necessary steps that would make buying a house possible? Guide students to think about the following steps, then list on the board:

1. Finish high school.
2. Go to college or learn a trade.
3. Get a job to earn money.
4. Budget and save money.
5. Determine how much you can afford to spend.
6. Buy a house you can afford.

Ask and discuss: Have you ever reached a goal you set for yourself? What plans did you have to make? Did you have any problems along the way? How did you overcome them? By reaching your goal, how did you feel?

ACTIVITY:

Distribute “Are My Goals Realistic? Are They Healthy?” activity sheets. Explain that the activity will give students an opportunity to think about some short-term and long-term goals they have for themselves.

PROCESSING:

1. Do you think you have the power to achieve your goals? Why/why not?
2. What can you do now to help you become happy, healthy, productive adults?
3. Why do you think it’s important to learn about goal setting in Reproductive Health?

CLOSURE:

Say: Today you learned that the choices you make and the goals you set for yourself now affect your future. Try to set realistic, healthy goals. Remember, you are capable, you are special, and you can be what you want to be.

EVALUATION: Allow 3 - 5 minutes for completion of evaluation sheet.

HOMEWORK: Ask students to share and discuss their goals with their parent(s)/guardians(s).

“Are My Goals Realistic? Are They Healthy?”

Directions: This activity will give you a chance to think about some of your short-term and long-term goals. Think about realistic goals. Then make a plan for reaching them.

1. By the end of the week, my goal is to _____
_____.

In order to reach this goal, I will have to:

- a.
- b.
- c.
- d.

This goal is a healthy one because _____
_____.

2. By the end of the month, my goal is to _____
_____.

In order to reach this goal, I will have to:

- a.
- b.
- c.
- d.

This goal is a healthy one because _____
_____.

3. By the time I go to middle school, my goal is to _____
_____.

In order to reach this goal, I will have to:

- a.
- b.
- c.
- d.

This goal is a healthy one because _____
_____.

“Are My Goals Realistic? Are They Healthy?”

1. By the time I finish high school, my goal is to _____
_____.

In order to reach this goal, I will have to:

- a.
- b.
- c.
- d.

This goal is a healthy one because _____
_____.

2. For a job or career, my goal is to _____
_____.

In order to reach this goal, I will have to:

- a.
- b.
- c.
- d.

This goal is a healthy one because _____
_____.

3. When I am a married adult and have my own family, my goal is to _____
_____.

In order to reach this goal, I need to:

- a.
- b.
- c.
- d.

This goal is a healthy one because _____
_____.

Evaluation sheet

**“Thinking About My Future: Are My Goals Realistic?
Are They Healthy?”**

1. Today I learned _____

2. I did not know _____

3. I feel _____

GRADE: 5

LESSON: # 3

TIME: 50 Minutes

NCSCOS: 3.02

THEMES: ABST, RSPT, RSPN, BHVR, CNTR, PGI, CNSQ, FMRL

TITLE: Showing Respect: Is It Important?

MATERIALS:

- “Showing Respect: Is It Important?” activity sheet
- Evaluation sheet

CONCEPT: Healthy attitudes about Reproductive Health and Safety are based on respect for self and others.

CONTENT: Children who are taught at an early age to show respect for themselves and others are more inclined to develop healthy attitudes about family life and human sexuality. Many preadolescent children, however, begin rejecting adult standards of behavior in favor of peer group behavioral standards. Although this is a normal part of the growth and development process, it may cause a strain in a child’s family and social relationships.

In order to reinforce the value of respectful behaviors to self and others, children must be provided, in addition to appropriate role models, opportunities to explore and express their changing attitudes, feelings and beliefs about themselves and others.

OBJECTIVES: Students will be able to:

1. Describe how an individual can show respect for himself/herself.
2. Describe how children can show respect for different family members.
3. Describe how family members can show respect for them.
4. Describe how friends show respect for one another.
5. Describe how personal, family and peer relationships are enhanced when respect is shown.

PROCEDURE:

Say: In our last lesson you learned the difference between long-term and short-term goals, realistic and unrealistic goals, and how the goals you set today will affect your future. Today you will be learning how showing respect for ourselves and others is important to healthy sexuality and relationships with others.

Write respect on the board. Ask students to volunteer to tell what the word means to them. (Webster's dictionary defines respect as: to feel or show honor or esteem for; consider or treat with deference or courtesy.)

Say: People can show respect for themselves and others in many different ways.

Ask and discuss:

1. Do you show respect differently to different people? Why/why not?
2. Do you think babies need to be respected by their parent(s)/guardians(s)? Why/why not?
3. How do parent(s)/guardians(s) show respect for their babies and young children?
4. How and when did you learn to show respect for your parent(s)/guardians(s)? For yourself? For your friends?
5. Have you ever not shown respect to yourself? Your parent(s)/guardians(s)? Other adults? Friends? What happened as a result? How did it make you feel?
6. Has anyone ever not shown you respect? How did it make you feel?
7. Do you think friends should show respect for one another? Why/why not?
8. Do you think your parent(s)/guardians(s) show you respect differently now than when you were young children? How?
9. Do all people deserve and need respect? Why/why not?

ACTIVITY:

Distribute "Showing Respect: Is it Important" activity sheets. Explain to students that the activity will give them an opportunity to describe respectful behaviors in their own relationships and to describe their feelings about these behaviors.

PROCESSING:

1. Did you have difficulty thinking of how you give and receive respect?
2. Do you think you give enough respect to yourself? Do you think you give enough respect to your family? Do you think you give enough respect to your friends? If not, would you be happier if you showed more respect?

3. Do you think you receive enough respect from your family? Do you think you receive enough respect from your friends? If not, what can you do to receive more respect from others?
4. How do you feel when you give respect? When you receive respect?
5. Ask for volunteers to share their completed statements about the importance of respect to healthy living.

CLOSURE:

Say: Today you learned that having respect for yourself and others is important. By showing respect, we are more inclined to receive respect from others.

EVALUATION:

Allow 3 - 5 minutes for completion of evaluation sheet.

HOMEWORK: Ask students to share the activity with their parent(s)/guardians(s).

“Showing Respect: Is It Important?”

Directions: How much respect do you give and receive? Complete the following statements to find out:

1. I show respect for my body when I:

- a.
- b.
- c.
- d.
- e.

When I respect my body I feel _____

2. I show respect for my family when I:

- a.
- b.
- c.
- d.
- e.

When I show respect for my family I feel _____.

3. I show respect for adults when I:

- a.
- b.
- c.
- d.
- e.

When I show respect for adults I feel _____.

4. I show respect for my friends when I:

- a.
- b.
- c.
- d.
- e.

When I show respect for my friends I feel _____ .

“Showing Respect: Is It Important?”

1. I show respect for my own feelings and beliefs when I:

- a.
- b.
- c.
- d.
- e.

When I show respect for my own feelings and beliefs I feel _____ .

2. My family members show respect for me when they:

- a.
- b.
- c.
- d.
- e.

When my family members show me respect I feel _____ .

3. My friends show respect for me when they:

- a.
- b.
- c.
- d.
- e.

When my friends show me respect I feel _____ .

Complete the following statement:

Giving and receiving respect makes me a happier and healthier person because ...

Evaluation Sheet

“Showing Respect: Is It Important?”

1. Today I learned _____

2. I did not know _____

3. I feel _____

GRADE: 5

LESSON: #4

TIME: 50 Minutes

NCSCOS: 1.02

THEMES: RSPT, RSPN, BHVR, CNTR, CNSQ, MLI, PGI, FMRL, CLDV

TITLE: Learning About Gender Roles

MATERIALS: - “Looking at Gender Roles” activity/homework sheet
- Evaluation sheet

CONCEPT: An individual’s self-concept and expectations of self are influenced by Gender-role identity.

CONTENT: One of the tasks of late childhood is to begin establishing a male or female gender role identity. Research shows that children in all cultures learn at a very early age what behavior is expected of them in terms of their gender, and can identify toys, occupations, colors, games and clothes as “male” or “female.”

It is important to realize that in our complex society there exists a wide spectrum of acceptable gender roles. The purpose of this lesson is not to change students’ thinking about gender roles, but to help them become more aware of gender roles as a factor influencing personal and family relationships. Therefore, it is necessary for the teacher to be aware of his/her own beliefs and attitudes about gender roles in order to assist students in exploring theirs. Religious beliefs, cultural and ethnic traditions, media messages, peer group standards, and personal and family values all influence the particular gender role expectations and behaviors individuals may seek to emulate.

OBJECTIVES: Students will be able to:

1. Define gender role.
2. Discuss how one learns about gender roles.
3. Describe their own attitudes, feelings and beliefs about gender roles.

PROCEDURE:

Say: In our last lesson you learned how important it is to show respect for others. Today we are going to look at gender roles. A role is made up of particular ways of thinking, of being, or behaving that has been given a label or name. For example, a person labeled as the “class clown” would be expected to do silly things that make others laugh, since that is what people think when they hear the word “clown”.

Some of the decisions we make every day are about our gender role identity. We learn at a very early age what behavior is expected of us in terms of our gender, and we can identify toys, occupations, colors, and clothes as “female” or “male”. We are about to explore your own concepts about gender-role behaviors.

Read the following story aloud. Allow one minute for students to reach the answer before beginning the group discussion.

A father and his son are driving to a tryout. On the freeway, they have a car accident. The father is killed and the boy is brought to the hospital in an ambulance. They immediately wheel him into the operating room. The surgeon looks at the boy, and becomes quite upset. “I can not operate on this child! He is my son!” How is that possible?

When the minute is up, ask how many know the answer. Let those who know explain it to those who don’t. Then discuss ways in which we make assumptions regarding the respective roles of men and women.

The solution: The surgeon is the boy’s mother. An alternative version would have a mother and child in the accident, with the mother being killed. The nurse in the emergency room would be the child’s father.

ACTIVITY:

Say: This next activity is designed to help you see how we adopt gender roles, and observe and record gender-role behaviors and expectations according to our beliefs. It is okay for people to have different ideas concerning gender-role expectations and behaviors. This activity is not designed to change your thinking about gender roles, but to help you become more aware of gender roles as a factor in influencing personal and family relationships.

Distribute a copy of “Looking At Gender Roles” to each student. Read and explain the directions. Allow time for students to complete the sheet. Discuss the items with the class. Encourage students to look for similarities and differences in each other’s answers.

PROCESSING:

Ask and discuss:

1. How do children learn about their gender roles? (Discussion should include: family, church, community, friends, and media.)
2. Do you think there is only one gender role for all males? Females? Why/why not? (Explain that in this country there are many differing ideas about how males

- and females should look, think and behave; that gender roles are determined, in part, by an individual's unique talents, interests and abilities as well as by differing family, religious, cultural and ethnic upbringing. For example: a male ballet dancer; a female airplane pilot.)
3. Do you think there are some things only females should do? Males? Why/why not?
 4. Have you ever wanted to do something but did not because you were a female or a male? Why/why not?
 5. Have you ever not wanted to do something but did it anyway because you were a female or male? Why/why not?
 6. Do you think people should be able to choose their own gender roles? Why/why not?
 7. How would you like to live in a world where you could not tell the sexes apart, where there were no gender roles?

CLOSURE:

Say: Today you learned about sex roles and how they affect our self-concepts and our relationships with others. Each of us makes choices daily about our gender roles. Be aware of the influences on your choices. Make choices that are in your best interest, that reflect your family and personal values, and that make you feel good about yourself. Remember, you are special and no one else is just like you.

EVALUATION: Allow 3 - 5 minutes for completion of evaluation sheet.

HOMEWORK: Take the activity sheet home. Read and discuss the questions at the bottom of the page with your parent(s)/guardian(s).

“Looking at Gender Roles”

DIRECTIONS: As you read the following list, check the behavior according to how you feel and what you believe about gender role expectations.

Because I am a male/female, (circle one), I would not.....

- | | |
|---|-------|
| 1. learn to cook. | _____ |
| 2. back out of a fight. | _____ |
| 3. try to join a club or team whose members were
mostly of the opposite sex. | _____ |
| 4. play with a doll. | _____ |
| 5. dress like the opposite sex in a play. | _____ |
| 6. baby-sit. | _____ |
| 7. play baseball. | _____ |
| 8. get in a fist fight. | _____ |
| 9. let my hair grow long. | _____ |
| 10. wash dishes. | _____ |
| 11. kiss my father. | _____ |
| 12. hit a male. | _____ |
| 13. climb a tree. | _____ |
| 14. cry. | _____ |
| 15. wear beads or jewelry. | _____ |
| 16. kiss my mother. | _____ |
| 17. hit a female. | _____ |
| 18. take ballet lessons. | _____ |
| 19. help clean the house. | _____ |
| 20. wash a car. | _____ |
| 21. mow the lawn. | _____ |

Make a list of words that describe what you think it means to be male:

Make a list of words that describe what you think it means to be female:

Summary: Discuss the following questions with your parent(s)/guardian(s):

1. How does being a male or female affect how you act and what you do?
2. Are there things you would like to do but feel you can't because you are a male/female?

“Learning About Gender Roles”

1. Today I learned _____

2. I did not know _____

3. I feel _____

GRADE: 5

LESSON: # 5

TIME: 50 Minutes

NCSCOS: 1.01, 1.02

THEMES: RSPT, RSPN, BHVR, CNTR, CNSQ, PGI, FMRL, CLDV

TITLE: Body Changes: Growing Into Manhood

MATERIALS:

- Classroom guidelines chart
- Video: *Let's Talk Puberty for Boys (Disney Education)*
- DVD and TV monitor
- 4 large sheets of chart paper and markers
- "Male Reproductive System" definition sheet
- "Male Body Changes" homework sheet
- "Male Reproductive System" diagram sheet
- Evaluation sheet

CONCEPT: Knowledge about physical changes associated with puberty promotes comfort with and respect for the human body.

Some teachers find that their students are more willing to ask questions and actively participate in the learning process if they separate males and females during the two lessons on body changes. Lessons 5 and 6 are to be taught in same gender classes. The other lessons may be taught to a mixed group. You may decide which arrangement is best for you and your students.

CONTENT: Usually between the ages of 11 and 15, depending on individual growth rates, puberty begins in males. This is a period of rapid growth when a number of dramatic physical changes occur. The entire process of puberty can take anywhere from one to six years, although the average length is four years.

During the time of puberty the pituitary gland begins to manufacture chemical substances called hormones. One such hormone is testosterone, which is responsible for the enlargement of the penis, testes and other reproductive organs.

Testosterone also directs development of secondary sex characteristics such as a deepening of the voice resulting from growth of the larynx (voice box), growth of facial and body hair, broadening of shoulders, increase in skin oil and perspiration, rapid skeletal and muscular growth, and production of sperm cells. Once a male begins producing sperm cells, he will have reached puberty and will be physically capable of fathering a child. Although a male's reproductive system will be physically capable of producing sperm cells at puberty, he still will have many years to go

before he will become an adult. Adolescence is the period of time that will enable him to develop socially, mentally, emotionally and morally. The male reproductive system and related functions include:

1.

OBJECTIVES: Students will be able to:

1. Describe the influence of the pituitary gland on male puberty.
2. Describe the physical changes associated with male puberty.
3. Use correct terminology when referring to male reproductive anatomy and function.
4. Describe healthful behaviors promoting male growth and development.

PROCEDURE:

Say: *In our introductory lesson to this unit on Reproductive Health and Safety Education, we all agreed to follow some classroom guidelines. Before we begin today's lesson, I would like for you to quickly review the rules. (Allow time for review.)*

Say: *Our next two lessons will be teaching you how your bodies will change from those of children into those of adolescents. Today we will be discussing how and why males grow and develop. (Explain to students that it is important for females to learn about male growth and development so that they might better understand and respect their fathers, brothers, uncles, grandfathers and male friends.)*

Distribute “Male Reproductive System” diagram and definition sheets. Have students write the name of the parts of the reproductive system on the diagram sheet as you explain the functions.

Say: *The human body grows and develops according to its own unique “time clock.” Some people mature faster or slower than others, and yet all of these people are normal. Usually between the ages of 11 - 15, a male's body begins a period of rapid growth and development. About this time in late childhood, called pubescence, a gland at the base of the brain, the pituitary gland, begins to release powerful chemicals called hormones that cause the body to grow and mature. These changes do not happen overnight. They happen over a period of 1 - 6 years, depending on a male's own growth rate.*

ACTIVITY:

- Show the DVD segment.
- Explain to students that the video will describe the male reproductive system. It will explain in detail how a male's body changes as he goes through puberty. It also explains how a male can show care and respect for his body as he goes through these growing years.

PROCESSING:

Ask and discuss:

1. Why do you think it is important for us to know what is happening with the other gender?
2. Do all males go through puberty at the same time? Why/why not?
3. How will a male know when he is going through puberty?
4. Although a male is capable of fathering a child when his body reaches puberty, is he ready to be a father? Why/why not?
5. By understanding how the male reproductive system works, will it be easier for males to ask questions and discuss concerns with their parent(s)/guardian(s) or other trusted adult? Why/why not?
6. What is a nocturnal emission?

After viewing the DVD, review the various changes that happen during puberty by asking the class to contribute to a list which the teacher writes on the board. This can also be done by dividing the class into groups. Give each group a large sheet of paper and a magic marker. Ask the group to "brainstorm" a list of puberty changes. Assign one student from each group to record their groups' answers. After a few minutes, end the brainstorming sessions and review each group's list. Use this review as an opportunity to clear up any misconceptions and to list on the board changes that are not included in any group's list. During this review, you can use the background information below to make sure that students have addressed all the changes. You can also reinforce the many new vocabulary words introduced in the DVD. See definitions below:

CLOSURE:

Say: Today you learned how and why a male's body grows and matures. You also learned that special care and respect should be given to the body as a male goes through puberty. In our next lesson you will be learning how and why a female's body grows and matures.

EVALUATION: Allow 3 - 5 minutes for completion of evaluation sheet.

Male Reproductive System Definitions

Sex Hormones – chemicals that are made in the body, and give a signal to the body to start puberty changes.

Testosterone – the main sex hormone in boys.

Estrogen and Progesterone – the two main sex hormones in girls.

Penis – the primary male sex organ consisting of a shaft and a wider tip

Pubic Hair – hair that starts to grow above the penis during puberty

Testicles – sex organs that make testosterone and sperm

Scrotum – the skin that covers the testicles

Foreskin – the loose skin around the top of the penis in some boys

Circumcision – An operation that removes the foreskin in some boys

Sperm – tiny, tadpole-shaped male reproductive cells

Semen – a whitish fluid, that carries sperm out of the penis through the urethra

Urethra – a tube that carries urine, and sometimes semen, out of the body through an opening at the tip of the penis

Erection – a hardening of the penis that happens when a boy is sexually excited or sometimes for no reason at all. Must occur before ejaculation.

Ejaculation – the release of semen from the penis

Nocturnal Emissions/Wet Dream – the passage of semen out of the penis during sleep that may happen to some boys

Prostate gland - a gland that produces a milky fluid that passes into the urethra to help sperm cells move.

Teachers Background Information: Puberty Fact Sheet: Boys

During the preteen and teen years, boys go through the physical and emotional changes of puberty. During this time, a boy's sex, or reproductive, organs begin to develop. First the testicles and scrotum enlarge. Later, the penis grows longer, then wider. The testicles begin to make sperm, male reproductive cells, and the hormone testosterone. A boy ejaculates for the first time, releasing semen, a mixture of sperm and other fluids, from the opening in the tip of the penis. Curly, wiry, dark hair, called pubic hair, grows around the sex organs. Hair also grows under the arms and on the face. More abundant and darker body hair may appear on the arms, legs, back and/or chest. Boys go through a growth spurt during puberty, a period of rapid growth during which there is a marked increase in both height and weight. Strength increases and the body takes on a more "manly" shape. Nutritional needs change. Perspiration increases and has a new odor. There is more oil in and acne may become a problem. The "Adam's apple" becomes more prominent and the voice may "break" at times. Not surprisingly, these dramatic physical changes are often accompanied by moods swings and other emotional changes. This fact sheet explains these changes in more detail. Note that it covers information not included in the video itself. It is not intended to be a student handout and is merely provided as background information for the educator.

First Signs

For most boys, the first outward sign of puberty comes when his testicles and scrotum begin to grow larger. During childhood, these sex organs don't grow very much. During puberty, they undergo a growth spurt and start to grow larger at a much faster rate. During puberty boys also begin to grow pubic hair. Often, this is the first change that boys themselves notice. Testicle growth usually comes first, but testicle growth can be hard for . Some boys begin to grow pubic hair at about the same time their testicles start to grow.

When Does Puberty Begin?

Puberty starts at different ages for different boys. Some boys start to develop when they're only nine. Others don't start until they're fourteen. There are also some perfectly normal and healthy boys who start even earlier or later than this. However, marked pubertal development before the age of nine (some experts say age eight) and failure to show any signs of development by age fourteen (some experts say age fifteen) should be evaluated by a doctor. Starting earlier or later than their peers can be difficult for boys. It's important to reassure boys that, sooner or later, we all go through puberty and wind up with adult bodies.

The Male Sex Organs

The sex organs on the outside of a man's body are the penis and the scrotum. The penis

itself has two visible parts, the shaft and the glans. The shaft is the bigger part of the penis that extends out from a males body. The glans is the head of the penis at the end of shaft. In boys who have been circumcised, the skin of the glans is visible. In boys who have not been circumcised the glans is covered by the foreskin. The foreskin is part of the special skin covering of the penis. Circumcision is an operation that removes the foreskin of the penis and is usually done when a baby is only a few days old. In the past, nearly all male babies born in the United States were circumcised. Over the years, things have changed. Today only about 65% of babies are circumcised. More boys than ever are reaching puberty with their foreskins still intact.

When a male baby is born, the foreskin and glans are usually attached. If it has not been removed by circumcision, the foreskin will work itself free. Eventually, the foreskin becomes loose enough, so that it can be retracted—i.e., pulled back over the glans and down the shaft of the penis. However, it may take a number of years before the foreskin becomes fully retractable and the foreskin should never be forced to retract. The urinary opening is the small slit at the tip of the penis. It is the opening at end of the urethra. The urethra is a hollow tube that runs the length of the penis. Urine and semen leaves the body through the urethra and the urinary opening. But, a one-way valve inside the body prevents urine and semen from traveling through the urethra at the same time. The scrotum is a loose bag of skin that lies beneath the penis. Inside the scrotum are two egg shaped organs called testicles, where sperm are produced. Each testicle is divided into eds of little sections. Inside each section are tiny, thread-like, and tightly coiled tubes. Unwound and stretched out end to end, they'd reach the length of several football fields! During puberty, a boy begins to make sperm inside these tubes. In fact quite a large number of sperms are made, as many as three million per hour in each testicle. The testicles also make the male hormone testosterone. During puberty a boy begins making increasing amounts of this hormone. Testosterone causes many of the body changes that occur during puberty.

The epididymis sits atop and behind the testicle. There are two of them--one for each testicle. The epididymis can be felt as a soft and cord-like structure at the upper end and back of each testicle. (Boys sometimes mistake the epididymis for some sort of abnormal growth.) Sperm are made in the testicles, but they mature in the tightly coiled set of tubes that make up the epididymis.

Stages of Genital Development

Doctors divide the growth and development of the genital organs into five stages.

Stage 1 (Childhood)

This is the childhood stage, before puberty begins. The sex organs do not change very much during this stage. As the rest of the body grows, the penis, scrotum, and testicles grow a little bit larger, too, but not by very much.

Stage 2 (Testicles and Scrotum Develop)

Stage 2 is the beginning of puberty. The testicles and scrotum begin to enlarge. However, the penis itself doesn't grow much larger during this stage. As the testicles enlarge, the scrotum gets longer. Both the testicles and the scrotum hang lower. The skin of the scrotum gets thinner and looser. The scrotum is more baggy and the testicles no longer fill the scrotal sac. The skin of the scrotum also reddens or gets darker in color.

Stage 3 (Penis Lengthens)

Stage 3 begins when the penis starts to grow longer. It doesn't get much wider during this stage. The skin of the penis and scrotum continue to deepen in color in this stage. The scrotum and testicles also continue to grow during this stage. If a boy's pubic hair didn't start growing during Stage 2, he may notice his first pubic hairs during this stage. If he already has pubic hair, it may get darker and curlier during this stage.

Stage 4 (Penis Widens)

In Stage 4, the penis grows wider and the glans becomes more developed. The penis also continues to grow longer, but the major changes are in its width and in the glans. The skin of the scrotum and penis continues to darken in color. The testicles continue to grow and the scrotum hangs lower. Most boys have pubic hair when they start Stage 4. But, there are some who don't develop pubic hair until they are in Stage 4.

Stage 5 (Adult)

Stage 5 is the adult stage. The testicles are fully grown. They are usually about 1 3/4 inches long and between 14 and 27 ml. in size. The scrotum is also fully developed, and the skin of both the scrotum and penis are darker in color. The penis is now fully developed.

Stages of Pubic Hair Growth

Pubic hair begins to grow during puberty. It usually starts during stage 2 or stage 3 of genital development. Sometimes it may start as late as stage 4. Doctors also divide pubic hair growth into five stages, described here.

Stage 1 (Childhood)

This is the childhood, or pre-puberty, stage. There is no pubic hair. There may be some hair on the lower belly and around the genitals in this stage. If so, it's the light, downy type of hair that grows on the belly and elsewhere on the body. This childhood hair is short, fine, and soft. It has little color and is not pubic hair.

Stage 2 (First Pubic Hairs Appear)

This stage starts when the first pubic hairs appear. The first hairs are straight or only a bit curly. They have some color, but not much. They are longer than the childhood hairs seen in Stage 1. These first hairs usually grow around the base of the penis, where it joins the body. There may be just a few of them. A boy may have to look very closely to see them.

Stage 3 (Growth Continues)

In this stage, the pubic hair is curlier, coarser, and darker in color. It covers a wider area and there is more of it, but still not a lot. The hair growth may extend to the scrotum.

Stage 4 (Almost Adult)

The pubic hairs are now as dark, curly, and coarse as adult pubic hair. There is a good deal more pubic hair than there was in Stage 3. The hair growth may have a triangle pattern, but it doesn't extend to the thighs. It doesn't cover as wide an area as it will in Stage 5.

Stage 5 (Adulthood)

This is the adult stage. The pubic hair is coarse and curly. It now reaches to the edge of the thigh on either side. It usually grows in an upside down triangle pattern, extending up toward the belly button and out onto the thighs. Some adults, particularly Chinese and other Asians, may not have as full a growth of pubic hair as is usually found in other races.

Erections

During an erection the tissue inside the penis fills with blood. This tissue has millions of tiny spaces. Usually, the spaces are empty and the penis is limp and soft. When a male has an erection, these spaces fill with so much blood that the tissue becomes stiff and hard. The penis swells, becomes erect, and stands out from the body. Some boys mistakenly think there is a bone inside the erect penis. Males have erections throughout their lives. Even unborn babies inside their mothers' wombs have erections. But, during puberty, boys begin having erections more often than ever before. At times, just thinking about sex is enough to cause an erection. But erections aren't always sexual in nature. This is especially true during puberty. Boys may have erections when they aren't doing or thinking about anything even remotely sexual. "Spontaneous" erections can be

embarrassing, and many boys develop coping mechanisms to avoid being seen with an erection. (Sitting down, using books or a note book or hands in their pockets to hide the erection.)

Ejaculation

Ejaculation is the name for the process by which semen is released from the penis. During ejaculation, muscles in the sex organs contract. These contractions pump sperm up into the main part of the body. There, they mix with other fluids. This mixture is a creamy, white fluid called semen. Muscle contractions pump the semen through the urethra, the hollow tube that runs the length of the penis. The semen then spurts out the urinary opening in the tip of the penis. On the average, a teaspoon or less of semen comes out of the penis during an ejaculation. But, this small amount of semen can contain millions of sperm! Ejaculation is usually accompanied by strong and pleasurable sensations, known as orgasm. Some boys have their first ejaculation very early in puberty. Other boys don't start to ejaculate until later. Some boys have their first ejaculation when they're asleep. When a boy ejaculates while he's asleep it's called a nocturnal emission, or a wet dream. More commonly, the first ejaculation occurs as a result of masturbation, the deliberate stimulation of the sex organs to provide sexual pleasure. Although wet dreams are mentioned in the Let's Talk Puberty For Boys DVD, neither orgasm nor masturbation are. However, because nearly all boys masturbate during puberty, questions regarding these topics may arise. For help in dealing with these questions, see "Answering Questions about Puberty and Sexuality".

Puberty Growth Spurt

During puberty, boys go through a period of extra-fast growth, known as the growth spurt. Before he hits puberty, the average boy is growing at a rate of about two inches per year. Once the height spurt begins, growth speeds up. A boy's rate of growth may nearly double, so he adds almost four inches to his height in a single year. A boy gets taller because the height spurt makes the bones in the trunk of his body and legs grow longer. Some bones start the growth spurt before others, though. The bones in the feet and hands start to grow before other bones. Feet normally reach adult size before a boy reaches adult height. Girls go through a height spurt during puberty, too. But girls typically start their height spurts earlier than boys. For girls, the growth spurt happens early in puberty. It is one of the first changes. For boys, the growth spurt is not an early change. It happens later in puberty.

During his puberty growth spurt, boys get heavier as well as taller. Part of the extra-fast weight gain is due to the growth of bones and internal organs. Part of it is also due to the bigger muscles boys grow at this time. A boy's strength increases during puberty. Some of this increase in strength comes from the increase in muscle size. However, muscle size alone isn't enough to explain all of the increase in a boy's strength. The extra strength is due, in large part, to the effect of testosterone on the muscle tissue. Until puberty and the production of sufficient testosterone body building exercises won't produce large

muscles. Puberty also causes dramatic changes in a boy's body proportions. His whole body begins to look less like a boy's body and more like a man's.

Body and Facial Hair

Besides pubic hair, underarm and facial hairs start to grow during puberty. On average, boys start growing underarm hair a year or two after the first pubic hairs appear. Usually, the first facial hairs will appear at the outer corners of the upper lip. At first, there won't be many and they may not be very dark in color. The first facial hairs don't usually appear until a boy's sex organs are fairly well developed. As a boy continues to mature, his facial hair will get thicker and darker. His beard and mustache may be the same color as the hair on his head, or they may be a different color. By the end of his teen years, a boy's beard and mustache may be as full and thick as they're ever going to be. However, many men keep developing facial hair into their 20's. Darker hair may also start to grow on a boy's chest. Some boys grow hair on their shoulders, backs, or buttocks. Some grow hair on the backs of their hands. Some boys have quite a bit of body hair; others have very little. Hairiness, or the lack there of, is usually determined by ethnic and family background.

Boys may begin to shave during the later stages of puberty. African-American men need to be especially careful about shaving. They are more likely to develop ingrown hairs. Shaving with a blade razor cuts hair at an angle, leaving a sharp tip. After shaving, curly hair can pull back under the skin's surface or loop over and grow back into the skin. This can cause angry, inflamed bumps on the surface of the skin. Also, African-American skin is more likely to form abnormal scars known as keloids. Those subject to keloids must be especially careful. Even a little nick from shaving could leave a noticeable scar.

Deeper Voice and Breast Changes

As a boy goes through puberty his voice becomes lower and deeper. This happens because the vocal cords grow thicker and longer, and this changes the tone of his voice. One can see as well as hear the results of this growth. The larynx, or "voice box", contains the vocal chords and it grows larger, resulting in a more pronounced "Adam's Apple." The voice also "breaks" at times, suddenly shifting to a higher pitch and a squeaky tone. Boys often find this change especially embarrassing. Many people think that breast development only happens to girls. They're wrong. Boys' breasts don't change as dramatically as girls' do, but they do change. The areola, the ring of colored flesh around his nipple, gets wider and darker. The nipple itself gets larger. Many boys also have some temporary swelling of one or both breasts during puberty. This is a normal change that happens to more than half of all boys going through puberty. The swelling is more noticeable in some boys than in others. Sometimes it's enough to make a boy worry that he's going to grow breasts and turn into a girl.

Perspiration, Pimples, and Body Odor

During puberty, the output from one's sweat glands increases and special sweat glands in the underarm and genital area become active for the first time. This means more perspiration in these areas. A boy may also notice more sweat on his forehead, upper lip,

neck, and chest when he exercises. A boy's body odor changes during puberty. Sweat, by itself, doesn't cause an unpleasant odor. It is nearly odorless. But bacteria that live on human skin break the sweat down, and this causes an odor. These bacteria can be particularly active in the armpits and genital area. These areas are often warm and moist, which encourages the breeding of bacteria. Good personal hygiene (daily bath or shower, clean underwear) could help to control undesirable body odor.

Pimples, as well as whiteheads, and blackheads, are also common problem during puberty. Doctors call all these skin problems acne. They all start with oil glands and clogged pores. Every hair on ones body has its own follicle and on the lower part of each follicle there's an oil gland. These glands make an oil called sebum. Sebum flows from the gland and along the hair shaft. It comes out an opening, or pore, in the skin's surface. As the sebum flows out, it carries away dead skin cells from the walls of the hair follicle. During puberty oil glands make more sebum. More skin cells also come off the wall of the hair follicles. The dead skin cells tend to stick together more than they did before puberty, and may clump together, and form a plug that blocks the pore and trap sebum. Whiteheads, blackheads and pimples may result.

Blackheads may appear like a spot of dirt that is trapped under the skin. Actually the blackness is oxidized sebum and cannot be washed away. Pimples occur when bacteria infect the trapped sebum. Excessive washing does not help acne. Any boy who has a problem with acne should talk to a doctor about it. African-American men and other men of color need to be especially careful about the use of skin products. Abrasive soaps or scrubs can cause permanent patches of lighter or darker skin and should never be used. African-American skin is more likely to form abnormal scars known as keloids. If a boy is subject to keloids, he must be especially careful. Even popping a pimple could leave a noticeable scar.

Good Diet and Exercise

Because of the puberty growth spurt, it's especially important that a boy gets enough of many different nutrients. To get all the nutrients he needs, he must eat a variety of foods. A boy needs sufficient calcium, and zinc, to support the growth of his bones. He also needs vitamins, like vitamin D, to carry the calcium to the bones. Remember this is the time when ones bones are supposed to be growing longer, thicker and stronger. Not getting enough minerals and vitamins can permanently weaken a boy's bones and stunt his growth. Studies show that boys are likely to get only half, or less, of the calcium they need in their diet. Teenagers should be especially careful to eat foods that are rich in calcium. These include: whole milk, calcium-fortified non-fat milk, yogurt, cheese, other dairy products, calcium-fortified cereals, calcium-fortified orange juice, broccoli, kale, green beans and tofu. Teenagers should get at least 1300 mg of calcium daily. An 8 oz. glass of whole milk, or fortified non-fat milk, contains about 300 mg. Fortified orange juice usually provides about the same amount of calcium as milk.

Besides eating right, everyone needs regular exercise. Because his heart and lungs grow larger during puberty, a boy's body can handle more exercise. And it needs it. Exercise

helps a boy achieve his best weight. In fact, not exercising may be the most important factor that causes people to be overweight. It may be even more important than overeating, although the two tend to go together. But exercise is more than just a tool to help a boy keep his weight down. Exercise strengthens a boy's heart, increases his energy level, and sends more oxygen to all parts of his body. Exercise also helps deposit calcium in his bones.

Answering Questions about Puberty and Sexuality

When teaching about puberty and sexual maturation, a teacher will want to create an atmosphere that is conducive to open yet safe communication. While a teacher will wish to answer as many questions as possible, it will probably be necessary, given the sensitive issues involved in addressing sexuality issues, to decide the parameters within which questions will be answered. Although topics such as masturbation, sexual intercourse, conception, and birth are not covered in the Let's Talk Puberty For Boys DVD, questions may arise in relation to them.

An important reason for setting boundaries is that children mature and develop at different rates and a safe environment must be created for all students in the classroom. Setting boundaries will also contribute to good classroom management. It is possible to set limits in a gentle and affirming way, without hurting the feelings of the student who has asked the question. Possible ways of doing this might be to say: 'I know you'll have lots of questions but I may not be able to answer all of them in class,' 'That's something we might come back to when you're a bit older', or 'That's a good question, but I'd prefer you talk to your mom or dad about that.'

HOMEWORK ACTIVITY: Answer Sheet - “Male Body Changes”

Tell students to complete the activity at home. Ask them to share the activity with their parent(s)/guardians(s).

1. puberty
2. pituitary, hormones
3. shoulders
4. muscles and bones
5. bathe, perspiration
6. voice
7. hair
8. reproductive
9. testes, sperm
10. adolescent
11. nocturnal emission/ejaculation
12. exercise, proper nutrition, rest

Student Definition Sheet

“Male Reproductive System”

- A. SCROTUM - A loose sac of skin that holds the testes
- B. TESTES - Two glands that produce the male hormone testosterone; produce sperm cells in sexually mature males
- C. PROSTATE GLAND - Gland that produces a milky fluid that passes into the urethra to help sperm cells swim
- D. URETHRA - Tube that carries urine and sperm out of the body but at different times
- E. PENIS - Organ used for urination and sexual intercourse
- F. SPERM - Male reproductive cell

Not part of reproductive system:

- G. BLADDER - Sac that holds and stores liquid waste (urine)
- H. RECTUM - The end of the large intestine; stores solid waste (feces)
- I. ANUS - Opening where solid waste (feces) leaves the body

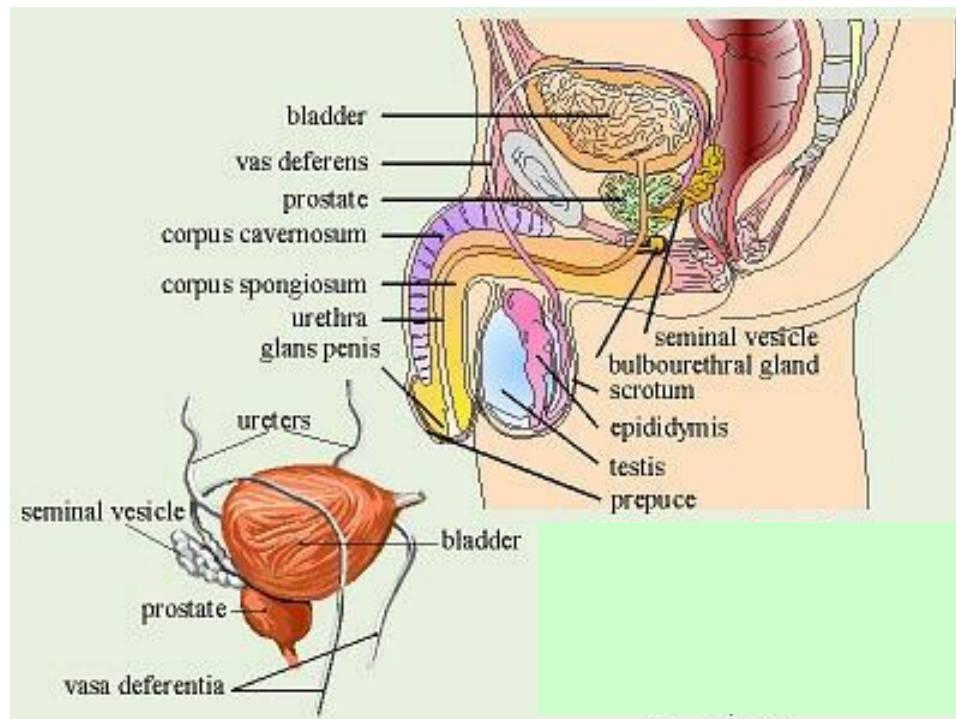
Directions: Use the following list of words to help you fill in the blanks.

reproductive	bones	perspiration	proper nutrition
shoulders	voice	nocturnal emission	rest
hair	bathe	sperm	hormone
muscles	exercise	pituitary	testes
adolescent		puberty	

1. A male usually begins to go through _____ between the ages of 11-15.
2. Puberty begins when a male’s _____ gland begins to release growth _____ into his blood.
3. A male’s _____ will broaden.
4. His _____ and _____ will get stronger.
5. He will need to _____ regularly because his skin will produce more oil and _____.
6. His larynx will thicken, causing his _____ to deepen.
7. He will begin to grow body _____ under his arms, on his face, and around his reproductive organs.
8. Once a male reaches puberty, his _____ system will begin to mature.
9. His _____ will produce _____ cells.
10. He will now be called an _____ because he is no longer a child.
11. It is not unusual for an adolescent male to have a _____ while he is asleep. This allows excess sperm cells to leave his body.
12. _____, _____ and _____ are especially important to a male’s health as his body grows and matures.

Male Reproductive System

Student



Evaluation sheet **“Body Changes: Growing Into Manhood”**

1. Today I learned _____

2. I did not know _____

3. I feel _____

GRADE: 5

LESSON: #6

TIME: 50 Minutes

NCSCOS: 1.01, 1.02

THEMES: RSPT, RSPN, BHVR, CNTR, CNSQ, PGI, FMRL, CLDV

TITLE: Body Changes: Growing Into Womanhood

MATERIALS:

- Classroom Guidelines Chart
- Video: Let's Talk about Puberty: For Girls (Disney Educational)
- VCR and TV monitor
- "Female Reproductive System" definition sheet
- "Female Reproductive System" diagram sheet
- "Female Body Changes" homework sheet
- Evaluation sheet

CONCEPT: Knowledge about physical changes associated with puberty promotes comfort with and respect for the human body.

Lessons 5 and 6 are to be taught in same sex classes. The other lessons may be taught to a mixed group. You may decide which arrangement is best for you and your students.

CONTENT: Puberty in females usually begins between the ages of 8 and 14, depending on a female's individual "time clock." This is a period of rapid growth when a number of important physical changes occur in a female's body. The entire process of puberty can take anywhere from one to six years, although the average is three years. In general, females experience puberty about two years before males. These changes are directed by the pituitary gland, a pea-sized gland located at the base of the brain. The pituitary gland is described as a master control gland because it manufactures chemical substances called hormones that control body functions. Hormones travel throughout the bloodstream to the ovaries where thousands of immature egg cells have been stored since a female's birth. These eggs are female reproductive cells.

In the ovaries, the hormone estrogen is produced. Estrogen and the pituitary hormones cause many of the changes associated with puberty such as growth spurts, hair growth under the arms and around the pubic area, an increase in skin oil and perspiration, widening of the hips, breast development and maturation of the reproductive system.

The female reproductive system, located internally in the lower abdomen, consists of two ovaries, two fallopian tubes, a uterus (womb) and a vagina (birth canal). At puberty, one of the ovaries will release a mature egg cell. This is called ovulation. This egg cell finds its way into one of the fallopian tubes which is attached to the uterus. The walls of the uterus have been growing thicker and filling with blood to nourish the egg cell if it should be fertilized by a male sperm cell. If the egg cell is not fertilized, it will dissolve and leave the body along with a small amount of blood, mucous and tissue from the uterus. This monthly discharge, called menstruation, signals that a female has reached puberty. The female, now in the stage of development called adolescence, is physically capable of becoming a mother. Even though a female's reproductive system is capable of producing a baby at puberty, she is still years away from adulthood. Adolescence is the period of time that will allow her to develop socially, emotionally, mentally and morally.

The FEMALE REPRODUCTIVE SYSTEM and related functions include:

1. Eggs (ova) - female sex cells; following puberty, one mature egg cell is usually released monthly from an ovary.
2. Fallopian Tubes - tubes that carry egg cells from the ovary to the uterus; place where fertilization occurs.
3. Fertilization - the joining of an egg cell and a sperm cell; the beginning of new life.
4. Menstruation - a monthly bloody discharge containing an unfertilized egg cell, mucous and lining of the uterus.
5. Ovaries - two glands that contain thousands of immature egg cells; produce the female hormone estrogen.
6. Ovulation - when an egg cell is released from an ovary into a Fallopian tube; occurs about two weeks before menstruation.
7. Uterus - also known as the womb, a muscular organ where a fertilized egg cell grows and develops into a baby.
8. Vagina - muscular passageway from the uterus to outside the body; birth canal.
9. Cervix - narrow muscular neck and opening of the uterus.
10. Labia - folds of skin on either side of the vaginal opening and the opening of the urethra.

11. Breasts - mammary glands which produce milk for babies.

Not part of the female reproductive system:

12. Urethra - the tube leading from the bladder to outside the body.
13. Bladder - sac that collects and stores liquid waste (urine).
14. Rectum - lower end of the large intestine; stores solid waste (feces).
15. Anus - opening at the lower end of the digestive tract where solid waste (feces) leaves the body.

OBJECTIVES: Students will be able to:

1. describe the influence of the pituitary gland on female puberty.
2. describe the physical changes associated with female puberty.
3. use correct terminology when referring to female reproductive anatomy and function.
4. describe healthful behaviors promoting female growth and development.

PROCEDURE:

Say: In our last lesson you learned that males usually begin to go through puberty between the ages of 11 -15. This is the time a male's body, including his reproductive system, grows and matures. Today you will be learning how and why a female's body grows and matures.

(Explain that it is important for males to learn about female growth and development so they might better understand and respect their mothers, sisters, aunts, grandmothers and female friends.)

Distribute "Female Reproductive System" diagram and definition sheets. Have students write the name of the parts of the reproductive system on the diagram sheet as you explain the functions.

Say: A female's body, just as a male's, begins to go through puberty when her pituitary gland releases growth hormones into her blood. This can happen anytime between the ages of 8 and 14 and usually lasts one to six years, depending on a female's individual "time clock." In general, females begin to go through puberty about two years before males. The growth hormones travel to a female's ovaries. The ovaries are reproductive glands which are inside the body. They contain thousands of tiny sex cells called eggs (ova). Once the growth hormone reaches

the ovaries, it causes them to begin producing a special female hormone called estrogen. It is estrogen that causes a female's body to develop into a woman's.

ACTIVITY: Show the DVD.

Explain to students that the video will describe the female reproductive system. It will explain in detail how a female's body changes as it goes through puberty. It will explain also how a female can show care and respect for her body, especially during these growing years.

PROCESSING:

Ask and discuss:

1. Do all females go through puberty at the same time? Why/why not?
2. How will a female know when she is going through puberty?
3. How will a female know when she has reached puberty?
4. Although a female is physically capable of becoming a mother at puberty, is she ready to be a mother? Why/why not?
5. By understanding how the female reproductive system works, will it be easier for females to communicate their questions and concerns with their parent(s)/guardian(s) or other adult? Why/why not?
6. Why is it important to know what is going on during puberty with the other gender?
7. Do you have any questions?

General puberty questions

1. Acne-review causes and prevention
2. Body hair (need for shaving legs is mentioned in video)
3. Mood changes due to hormones
4. Body odor/need for deodorant
5. Crushes

How girls show respect for self

1. Get plenty of sleep and exercise
2. No drugs, alcohol, or tobacco products
3. Eat healthy foods
4. Shower regularly, use deodorant, and change pads/tampons regularly

CLOSURE:

Say: Today you learned how and why a female's body grows and matures. You also learned that special care and respect should be given to the body as a female goes through puberty.

When we attend the presentation for our class on Family Living, Ethical Behavior and Human Sexuality, you will be learning how the male and female reproductive systems work together to begin new life. You will learn how a baby begins, how it grows and develops inside its mother's uterus, and finally, how it is born. Before our class trip, you might want to ask your parent(s)/guardian(s) to tell you about your own birth.

EVALUATION: Allow 3 - 5 minutes for completion of evaluation sheet.

Background Information: Puberty Fact Sheet: Girls

During the preteen and teen years, girls go through the physical and emotional changes of puberty. During puberty girls develop breasts and grow pubic and underarm hair. Hair may also grow on the arms, legs, and face. Girls also go through a growth spurt, a period of rapid growth during which there is a marked increase in both height and weight. Fat pads develop on their hips and their bodies begin to take on a more womanly shape. During puberty, the reproductive organs mature and girls also begin to menstruate, i.e., to start having menstrual periods. Puberty also affects girls in many other ways. Nutritional needs change. Perspiration increases and has a new odor; there is more oil in the hair and skin; pimples and acne may become a problem. Not surprisingly, these dramatic physical changes are often accompanied by mood swings and other emotional changes. This fact sheet explains these changes in more detail. Note that it covers information not included in the video itself. It is not intended to be a student handout and is merely provided as background information for the educator.

First Signs

For most girls the first sign that puberty has started is the development of breast buds (see below) and/or the growth of pubic hair. Less commonly, the appearance of underarm hair is the first sign. Unlike boys, who may miss the first signs of their genital development, girls usually recognize these first signs of puberty.

When Does Puberty Begin?

Puberty starts at different ages for different girls. Some girls start when they are only seven or eight or even younger. Other girls don't start until they are nearly fourteen years old. But most girls start when they're eight and a half to eleven years old.

[Technical Note: In the past, on average, breast and pubic hair development started around eleven or twelve. But, in 1997, a new study by Marcia Herman-Giddens, involving over 17,000 white and African-American girls, showed girls developing at younger ages. The mean ages of onset of breast development for African-American and white girls were 8.87 years (SD, 1.93) and 9.96 years (SD, 1.82), respectively; and for pubic hair development, 8.78 years (SD, 2.00) and 10.51 years (SD, 1.67), respectively. But, even at 7 years of age, 27.2% of African-American girls and 6.7%, of white girls showed breast and/or pubic hair development. At age 8, 48.3% of African-American girls and 14.7% of white girls had begun development.]

Stages of Breast Development

Doctors divide the growth and development of breasts into five stages.

Stage 1 (Childhood)

This is the childhood stage, before puberty begins. The breasts have not started to develop. The nipples are the only raised part. Otherwise, the breasts are flat.

Stage 2 (Breast Buds)

Stage 2 begins with the formation of a small, flat button-like breast bud under one or both of the nipples. The breast bud raises the nipple, making it stick out from the chest. The areola, the colored ring of flesh around the nipple, gets bigger and wider. One breast bud may develop before the other. The breast buds may be quite sore and tender, and girls and/or their mothers may mistake a breast bud for cancer or some other abnormality. However, breast buds are a normal part of pubertal development.

Stage 3 (Breasts Become Larger)

In Stage 3 the breasts become larger. The areolas also continue to get bigger. They stand out more from the chest. A girl may notice that the nipples, too, are getting larger. In this stage, the breasts are adult in shape, but they are smaller than they will be in the adult stage.

Stage 4 (Areola and Nipple Become Larger)

In Stage 4 the areola and nipple continue to enlarge. They form a separate little mound on the breast. They stick out above the rest of the breast. Some girls skip Stage 4 and go directly to Stage 5. Some never develop beyond Stage 4. Still other girls develop a raised mound again in Stage 5.

Stage 5 (Adult)

Stage 5 is the adult stage. The nipple and areola no longer form a separate mound on the breast. The breasts are fully developed. However, some girls' breasts do continue to grow somewhat even after they've reached this stage.

Stages of Pubic Hair Growth

Pubic hair begins to grow during puberty. For some girls the stages of pubic hair growth coincide with the same numbered stage of breast development. But, pubic hair development may happen earlier or later than the corresponding breast development. Doctors also divide pubic hair growth into five stages.

Stage 1 (Childhood)

This is the childhood, or pre-puberty, stage. There is no pubic hair. There may be some hair on the vulva in this stage. If so, it's the light, downy type of hair that also grows on the belly and other places. This childhood hair is short, fine, soft and has little color. It is not pubic hair.

Stage 2 (First Pubic Hairs Appear)

This stage starts when the first pubic hairs appear. The first hairs are straight or only a bit curly. They have some color, but not much. They are coarser and longer than the childhood hairs seen in Stage 1. These first hairs usually grow on the edges of the outer lips. There may be just a few of them. A girl may have to look very closely to see them.

Stage 3 (Growth Extends to Mons)

In this stage, pubic hair grows on the outer lips and mons. The hairs grow mostly on the center of the mons, above the lips. There are more pubic hairs than in Stage 2, but still

not very many. The hairs are also darker and curlier in this stage.

Stage 4 (Growth Continues)

There is a good deal more pubic hair than there was in Stage 3. It covers more of the mons. The pubic hairs are now as dark, curly, and wiry as adult pubic hair. But they do not cover as wide an area as they will in Stage 5. You can see the beginnings of the upsidedown triangle pattern. The pattern is not yet as clear as it will be in the adult stage.

Stage 5 (Adult)

This is the adult stage. The pubic hair is wiry and curly. It now reaches to the edge of the thigh on either side. It usually grows in an upside down triangle pattern. In some women, though, the pubic hair grows up toward the belly button or out onto the thighs.

Underarm and Body Hair

Besides pubic hair, girls start to grow underarm hair during puberty. On average, girls start growing underarm hair about a year after the first pubic hairs appear. More and darker hair may also start to grow on a girl's arms and legs. Many girls want to remove hair from their legs and/or underarms. Some females also remove unwanted hair from their upper lips, other parts of their face, or from their "bikini line." Shaving is the most popular method of removing unwanted hair. It's cheap, easy, and fairly safe, though a girl may nick herself a lot before she learns how to do it. There's one big drawback, though. Hair grows back quickly. African-American women who shave may be more likely to develop ingrown hairs. Shaving along the "bikini line" is especially likely to cause a problem. They also need to be especially careful with hair removal products. African-American skin is more likely to form abnormal scars known as keloids. If you're subject to keloids talk to a doctor before using any form of hair removal. Even a little nick from shaving could leave a noticeable scar.

Female Sex Organs

Some female sex, or reproductive, organs are visible on the outside, while others are hidden away inside a girl's body. The sex organs on the outside of a woman's body are collectively called the vulva. The vulva has several important parts. The mons is a pad of fatty tissue at the top of the vulva. Wiry, curly pubic hair covers the mons in grown women. The two outer lips are two folds of skin below the mons. They are also called the outer labia. The two inner lips lie between the outer lips. They are also called the inner labia. The clitoris is located at the top of the inner lips. The inner lips join at the top. The folds of skin where the lips join form a sort of hood. The tip of the clitoris peeks out from under this hood. The rest of the clitoris lies under the skin where it can't be seen. The clitoris has many nerve endings and is very sensitive to sexual stimulation. Straight down from the clitoris lies the urinary opening, through which urine leaves the body. The vaginal opening lies below the urinary opening. It leads to the vagina, a muscular tube inside the body that connects the vulva to the cervix. The sex organs on the inside of a woman's body are called the reproductive organs. These organs allow a woman to reproduce, that is to have a baby. In addition to the vagina, there are a number of other reproductive organs.

The **ovaries** store the female reproductive cells, called ova (plural of ovum). During puberty each ovary grows to approximately the size and shape of an unshelled almond. Some of the ovum inside the ovary begin to mature and, at some point, a ripe ovum will be released from the ovary for the first time. The release of a ripe ovum is called ovulation. The ovaries also produce the female sex hormone called estrogen. **Estrogen** causes many of the changes that happen during puberty. Along with the hormone progesterone, estrogen also helps to regulate the menstrual cycle—the cyclical process of ovulation and thickening of the uterine lining followed by the breakdown and shedding of the lining during a menstrual period. One of the two uterine tubes catches the mature ovum released by the ovary and transports it to the uterus. Uterine tubes are also called **Fallopian tubes**. Fertilization occurs when an ovum joins with a sperm cell. If fertilization occurs, it happens in one of the uterine tubes.

The **uterus** is a hollow organ with a lining that is very sensitive to the hormones produced by the ovaries. It is a very expandable organ that holds and nourishes the fetus while it grows into a baby during the nine months of pregnancy. The uterus is also known as the womb. During puberty the uterus grows and is the approximate size and shape of an upside down pear in an adult woman. The lining of the uterus grows thicker over the course of the menstrual cycle and is shed during the menstrual period. The **cervix** is the lower part of the uterus, which protrudes into the top of the **vagina**. The **cervical canal** is a narrow tunnel in the center of the cervix that leads from the vagina into the uterus. The cervix and cervical canal must expand to many times their normal size during childbirth.

Having Periods

In some cultures a girl's first period is celebrated as a rite of passage into womanhood. It marks the beginning of that time of life when she can have children. Of course in developed cultures like ours it will still be a number of years before she is ready to take on the responsibilities of motherhood. Nevertheless, some girls may want to do something special to share this experience with their mom or dad.

On average a girl will have her first period, or start menstruating, between her twelfth and thirteenth birthday. This age varies a bit between different racial and ethnic groups. For example, among white girls in this country, the average age for the first period is twelve years and ten and a half months. Among African-American girls, it's twelve years and two months. These are only average ages, and a healthy normal girl may get her first period any time between the ages of nine and fifteen and a half. Most girls have their first period either towards the end of Breast Stage 3 or early in Breast Stage 4. A girl's period may last anywhere from two to seven days. The average is three to five days. The length a period may vary from one time to the next. The menstrual blood may be bright red, light pink, or even brownish in color. Girls may notice thick clumps, or clots, of blood in their menstrual blood. During the entire period, there may be a total of from 1-2 tablespoons to 1/3 of a cup of menstrual blood. When a girl is having her period she needs to protect against unwanted stains on her clothing, bed sheets, etc. The most commonly used forms of protection are tampons and pads. Tampons are small, tightly-rolled cylinders of cotton or other absorbent material which are inserted into the vagina to absorb the menstrual flow. At the bottom of the tampon is a string which hangs out of the

vaginal opening. The tampon is removed by pulling gently on the string. Tampons may come with an applicator that is used for insertion. After insertion the applicator is thrown away, but should not be flushed down the toilet. Tampons should be changed every four to eight hours. Most brands of tampons come in three or four different absorbency ratings. Junior is the lowest rating. These tampons absorb the least but they're usually the smallest and thinnest tampons. This means they're the easiest to insert and best for first use. Remind girls to consult with mother or father before they try their first tampon.

Pads are made from layers of soft, absorbent material. Pads attach to a girl's underpants. They are held in place by sticky strips on the pad's underside.

Most women have menstrual cramps at some time in their lives. Usually, the pain is only mild to moderate and does not prevent normal activities. But many girls have cramps bad enough to keep them home from school. About one in ten has severe cramps. Girls with cramps severe enough to interfere with their normal activity should see a doctor. Cramps are felt in the lower abdomen. The pain may radiate to the lower back or down the thighs. Ibuprofen and Naproxen sodium can be used for relief of menstrual cramp pain. Young people should always consult with their parents before using any over the counter medication. Heat and simple exercises can also help.

Menstrual Cycle

The **menstrual cycle** is a series of changes that take place in the reproductive organs of a girl who is old enough to ovulate and have periods. The menstrual cycle begins with the first day of bleeding of a girl's period. The first day of the period is Day 1 of the menstrual cycle. The cycle continues with Day 2, Day 3 and so on, until the next menstrual period starts. The day the next period starts is Day 1 of that next menstrual cycle. One complete cycle runs from the first day of one period to the first day of the next period.

The length of the menstrual cycle varies from one cycle to the next and from woman to another. In adult women, a menstrual cycle is usually somewhere between twenty one and thirty five days long. The average is about twenty eight days. But very few women actually have their periods every twenty-eight days, year in and year out. Young girls, who have just started having periods, are especially likely to have irregular menstrual cycles.

During a menstrual cycle a female has a period, ovulates, the ovum travel to the uterus, begins to shed the uterine lining and then has another period which starts her next cycle. In a typical cycle of 28 days the timing of these events will be approximately as follows:

During the first five days, the uterine lining is being shed and the girl is having her period. At the same time ova begin to mature in her ovaries.

During days 6-13 ova continue maturing. Also the uterine lining begins to grow thick and rich in nutrients.

On day 14 of a typical twenty eight day cycle ovulation occurs. Usually only one ovum is released.

During days 14-19 the ovum travels through the uterine tube toward the uterus. The uterine lining continues to thicken.

On about day 20 of the typical cycle the ovum reaches the uterus.

During days 21-28 the ovum, if it hasn't been fertilized, will dissolve and the uterine lining will be shed. Bleeding will begin on day 29 which is the first day of the next cycle.

When a woman reaches a certain age her menstrual cycles stop, and she experiences what is called **menopause**. Her ovaries stop producing a ripe egg each month. She no longer has her monthly period, and she is no longer able to have a baby. Menopause usually occurs between forty five and fifty five years of age.

Perspiration, Pimples, and Body Odor

During puberty, the output from ones sweat glands increases and special sweat glands in your underarms and genital area become active for the first time, and this means more perspiration in these areas. A girl may also notice more sweat on his forehead, upper lip, neck, and chest when she exercise.

A girl's body odor also changes during puberty. Sweat, by itself, doesn't cause an unpleasant odor. It is nearly odorless. But bacteria that live on human skin break the sweat down, and this causes an odor. These bacteria can be particularly active in the armpits and genital area. These areas are often warm and moist conditions and that encourages the breeding of bacteria. Good personal hygiene may be sufficient to control undesirable body odor.

Pimples, as well as whiteheads, and blackheads, are also common problem during puberty. Doctors call all these skin problems acne. They all start with oil glands and clogged pores. Every hair on ones body has its own follicle and on the lower part of each follicle there's an oil gland. These glands make an oil called sebum. Sebum flows from the gland and along the hair shaft. It comes out an opening, or pore, in the skin's surface. As the sebum flows out, it carries away dead skin cells from the walls of the hair follicle. During puberty oil glands make more sebum. More skin cells also come off the wall of the hair follicles. The dead skin cells tend to stick together more than they did before puberty, and may clump together, and form a plug that blocks the pore and trap sebum. Whiteheads, blackheads and pimples may result. Blackheads may appear like a spot of dirt that is trapped under the skin. Actually the blackness is oxidized sebum and cannot be washed away. Pimples occur when bacteria infect the trapped sebum. Excessive washing does not help acne. Any girl who has a problem with acne should talk to a doctor about it.

African-American women and other women of color need to be especially careful about the use of skin products. Abrasive soaps or scrubs can cause permanent patches of lighter or darker skin and should never be used. African-American skin is more likely to form abnormal scars known as keloids. If a girl is subject to keloids, she must be especially careful. Even popping a pimple could leave a noticeable scar.

Puberty Growth Spurt

During puberty, girls go through a period of extra-fast growth. Before she hits puberty, the average girl is growing at a rate of about two inches per year. Once the height spurt begins, growth speeds up. A girl's rate of growth may nearly double, so she adds almost four inches to her height in a single year. A girl gets taller because the height spurt makes the bones in the trunk of her body and legs grow longer. Some bones start the growth spurt before others, though. The bones in the feet and hands start to grow before other bones. Feet normally reach adult size before a girl reaches adult height. On the average, a girl adds a total of about nine inches to her height during the three to four years of rapid growth.

Boys go through a height spurt during puberty, too. But boys typically start their height spurts later than girls. For girls, the growth spurt happens early in puberty. It is one of the first changes. For boys, the growth spurt happens later in puberty.

During her puberty growth spurt, girls get heavier as well as taller. Part of the extra-fast weight gain is due to the growth of bones and internal organs. Part of it is also due to the extra fat tissue girls grow at this time. This added fat tissue helps give girls their curvier, more feminine look. Puberty also causes dramatic changes in our body proportions. Her whole body begins to look less like a girl's body and more like a woman's.

Good Diet and Exercise

Because of the puberty growth spurt, it's especially important that a girl gets enough of many different nutrients. To get all the nutrients she needs, she must eat a variety of foods. A girl needs sufficient calcium, and zinc, to support the growth of her bones. She also needs vitamins, like vitamin D, to carry the calcium to her bones. Remember this is the time when a girl's bones are supposed to be growing longer, thicker and stronger. Not getting enough minerals and vitamins can permanently weaken her bones and stunt her growth. Studies show that girls are likely to get only half, or less, of the calcium they need in their diet. Teenagers should be especially careful to eat foods that are rich in calcium. These include: whole milk, calcium-fortified non-fat milk, yogurt, cheese, other dairy products, calcium-fortified cereals, calcium-fortified orange juice, broccoli, kale, green beans and tofu. Teenagers should get at least 1300 mg of calcium daily. An 8 oz. glass of whole milk, or fortified non-fat milk, contains about 300 mg. Fortified orange juice usually provides about the same amount of calcium as milk. Besides eating right, everyone needs regular exercise. Because a girl's heart and lungs grow larger during puberty, her body can handle more exercise. And it needs it. Exercise helps a girl achieve her best weight. In fact, not exercising may be the most important factor that causes people to be overweight. It may be even more important than overeating, although

the two tend to go together.

But exercise is more than just a tool to help a girl keep her tummy flat and her weight down. Exercise strengthens a girl's heart, increases her energy level, and sends more oxygen to all parts of her body. Exercise also helps deposit calcium in her bones.

Definitions for Girl's Reproductive System

Sex Hormones - chemicals that are made in the body, and give a signal to the body to start puberty changes.

Testosterone - the main sex hormone in boys.

Estrogen and Progesterone - the two main sex hormones in girls.

Pubic Hair - the hair between the legs that starts growing during puberty

Vulva - the female sex organs on the outside of the body

Urethra – a tube that carries urine out of the body through the urinary opening

Urinary Opening – the opening through which urine leaves the body

Labia - folds of skin that are part of the vulva and protect the area under them

Clitoris - the tip of this organ is found in the area where the top of the inner labia come together

Uterus – an internal sex organ that is also called the womb

Ovaries - the two sex organs, each about the size of a walnut, that are located on each side of the womb

Fallopian Tubes – two tubes, one or the other of which will carry an egg from an ovary to the womb

Cervix - a very narrow opening to the womb, also called the neck of the womb

Vagina - a muscular passage leading from the womb to an opening between the girls legs

Ova - tiny female reproductive cells that might one day help to make a baby

Ovulation – the step during the menstrual cycle when the egg leaves the ovary

Menstruation – the step during the menstrual cycle when the lining of the womb slowly passes out through the vagina, also called a period.

Vaginal Discharge - a little clear or whitish fluid that may start to leave the vagina a year or two before the first period

HOMEWORK ACTIVITY: “Female Body Changes”

Tell students to complete the activity sheet with their parent(s)/guardian(s).

Homework Answer Sheet:

1. puberty
2. pituitary, hormones
3. estrogen
4. hips, hair, breasts
5. ovulate, egg
6. menstruate
7. reproductive
8. adolescent
9. bathe, perspiration
10. proper nutrition, rest, exercise

“Female Reproductive System”

- A. OVARY - one of two glands that contain thousands of immature egg cells; produce the female hormone estrogen.
- B. EGG - ova; female sex cell; thousands are present at birth.
- C. FALLOPIAN TUBE - one of two small tubes that carry an egg cell to the uterus; place where fertilization occurs.
- D. UTERUS - muscular organ where a baby grows and develops before birth.
- E. CERVIX - the muscular opening to the uterus.
- F. VAGINA (birth canal) - a muscular passageway leading from the uterus to the outside of a female's body.
- G. LABIA - folds of skin on either side of the vaginal opening and the opening of the urethra.
- H. BREASTS - mammary glands which produce milk for babies.

Not part of the reproductive system:

- I. URETHRA - the tube leading from the bladder to outside the body.
- J. BLADDER - sac that collects and stores liquid waste (urine).
- K. RECTUM - lower end of the large intestine; stores solid waste (feces).
- L. ANUS - opening at the lower end of the digestive tract where solid waste (feces) leaves the body.

Homework Sheet **“Female Body Changes”**

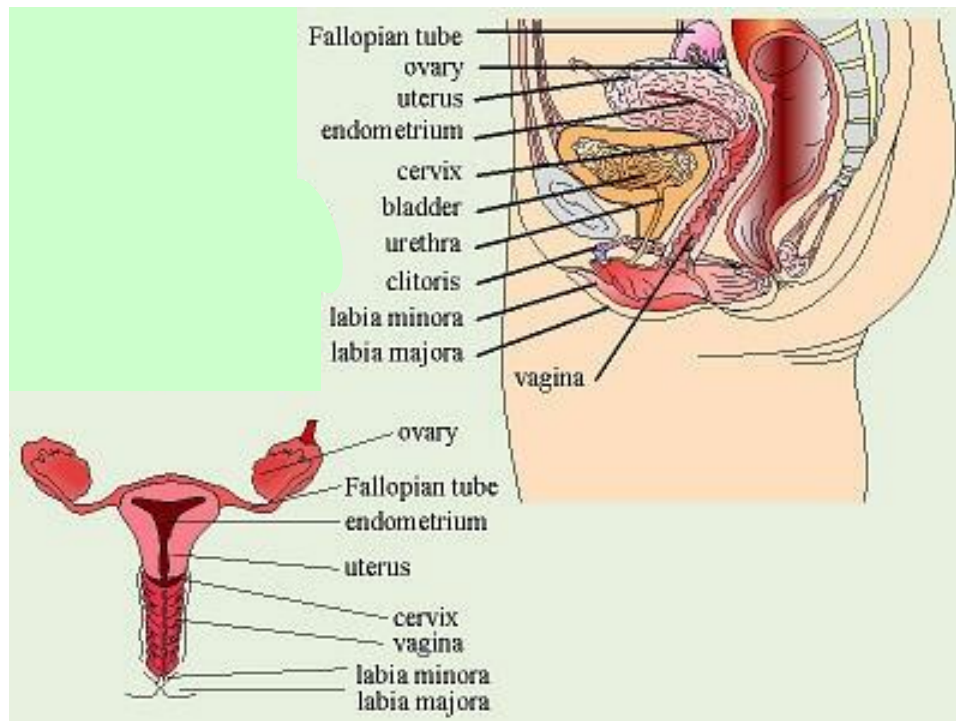
Direction: Use the following list of words to help you fill in the blanks.

hormones	estrogen	pituitary	puberty
ovulate	hair	hips	egg
adolescent	reproductive	menstruate	breasts
bathe	perspiration	proper nutrition	rest
exercise			

1. A female usually begins to go through _____ between the ages of 8 and 14.
2. Puberty begins when a female’s _____ gland begins to release growth _____ into her blood.
3. _____ is a female hormone produced by the ovaries. It causes a female’s body to mature into that of a woman.
4. Among the physical changes a female experiences during puberty will be a broadening of her _____ and growth of _____ under her arms and around her pubic area. Also, her _____ will begin to develop.
5. At puberty, a female will _____ for the first time. This means that one of her ovaries will release a mature _____ cell. This will happen about once each month.
6. A couple of weeks after ovulation, a female will _____. The menstrual flow is normal and usually lasts from 3 - 5 days.
7. Once a female reaches puberty, her _____ system will begin to mature.
8. She will now be called an _____ because she is no longer a child.
9. As a female goes through puberty, she needs to _____ regularly because her skin produces more oil and _____.
10. _____, _____ and _____ are especially important to a female’s health as her body grows and matures.

Female Reproductive System

Student



1. Today I learned _____

2. I did not know _____

3. I feel _____

GRADE: 5

LESSON: #7

TIME: 50 Minutes

NCSCOS: 1.01, 1.02, 3.02

THEMES: RSPT, RSPN, BHVR, CNTR, CNSQ, FMRL

TITLE: Emotional Growth And Development: Your Changing Feelings

MATERIALS:

- “How Would You Feel? What Would You Do?” activity sheet
- Evaluation sheet

CONCEPT: Knowledge about emotional changes associated with puberty enhances self-esteem.

CONTENT: Pubescent males and females experience a wide array of emotions resulting, in part, from glandular changes associated with puberty. It is common for children of this age to have confusing feelings that deal with:

1. Accepting oneself
2. Body changes
3. Changing family relationships
4. Maintaining different kinds of friendships
5. Masculinity and femininity
6. Maturation stages
7. Maintaining good health habits

OBJECTIVES: Students will be able to:

1. Describe the effects that hormones have on their emotions.
2. Identify appropriate ways of dealing with their changing feelings.

PROCEDURE:

Say: In our last two lessons you learned how and why males’ and females’ bodies grow and develop as they go through puberty.

Ask: Does anyone remember the name of the gland that causes these physical changes? (Pituitary gland)

Say: You have been learning a great deal about your own body, especially about changes to the reproductive system as your body matures.

Say: Your body is made of trillions of cells. But, tell me, is that all we are, just cells? (allow time for discussion) Explain that humans are very complex, that we also

have emotional, social, mental and moral sides that continue to grow and develop for our entire lives.

Say: The same hormones that cause your body to grow and mature can also affect your feelings. You might be feeling happy one moment and sad the next. You might have worried feelings that seem to come out of nowhere. You might feel secure with your family and friends one day, then insecure the next. You might find yourself giggling or crying without even knowing why.

Explain that hormones are very powerful chemicals that often cause unexpected and confusing mood swings for preadolescents and adolescents. This is a normal part of growing up.

Say: It might be helpful to realize you are not alone. As you continue to grow, you are learning appropriate ways of handling your changing feelings.

Ask and discuss:

1. Why is it important for males to learn about a female's changing feelings. (Promotes respect and understanding.)
2. What can you do when you are upset or experiencing confusing feelings? (Suggest that talking to a parent, trusted adult or older adolescent is often helpful.)

Ask and discuss:

1. Why is it important for females to learn about a male's changing feelings? (Promotes respect and understanding.)
2. What can you do when you are upset or experiencing confusing feelings? (Suggest that talking to a parent, trusted adult or older adolescent is often helpful.)

Discussion Points: Feelings and Emotions

1. Moodiness: discuss hormones and mood swings, moods or feelings change quickly
2. Friendships: with maturity and independence comes less time spent with parents and more time spent with peers
3. Become less self confident: shy, blushing, modest in some social settings
4. Develop logic and reasoning skills: able to anticipate consequences of actions
5. Opinions: develop strong opinions about family, school, you may feel strongly about things that affect your family or friends.

Ask: Name three ways you can handle changes in feelings during puberty.

Distribute “How Would You Feel? What Would You Do?” activity sheets. Explain to students that this activity is designed to help them identify feelings associated with common occurrences. Tell them to describe appropriate ways of handling these feelings.

PROCESSING:

Ask and discuss:

1. How would you feel about situation 1 (2, 3, 4, 5)?
2. Do all people feel the same way? Why/why not?
3. How would you handle your feelings in situation 1 (2, 3, 4, 5)?
4. Are some ways of handling feelings more appropriate than others? Why/why not?

CLOSURE:

Today you learned that hormones affect your feelings just as they affect your body growth. We discussed some ways you can handle your feelings appropriately. It is important to talk to your parent(s)/guardian(s) about the changing you. Let them know what your questions and concerns are. Ask for their guidance, understanding and support. Let them know when you are willing to take on new responsibilities. Let them know if you need reassurance. Do not forget to help each other.

EVALUATION: Allow 3 - 5 minutes for completion of evaluation sheet.
Activity sheet

“How Would You Feel? What Would You Do?”

Directions: Use the list of “feeling” words below to help you identify your own feelings about the following situations. Then describe how you could best handle the feeling.

happy	angry	insecure	peaceful
jealous	sad	foolish	annoyed
excited	at ease	joyful	accepted
nervous	embarrassed	proud	responsible

Situation 1: You are undressing and your parent(s)/guardian(s) come(s) in without knocking. You feel _____ . What would you do?

Situation 2: You drop your tray in the cafeteria and everyone laughs. You feel _____ . What would you do?

Situation 3: You are not invited to a friend’s party. You feel _____ . What would you do?

Situation 4: You are picked to be the captain of the ball team. You feel _____ . What would you do?

Situation 5: You are taller (shorter) than all of your friends. You feel _____ .

What would you do?

Evaluation sheet

“Emotional Growth and Development: Your Changing Feelings”

1. Today I learned _____

2. I did not know _____

3. I feel _____

GRADE: 5

LESSON: #8

TIME: 50 Minutes

NCSCOS: 1.02, 2.01, 2.02, 2.06, 2.07

THEMES: ABST, RSPN, BHVR, CNTR, CNSQ, PGI

TITLE: Avoiding HIV Infection

MATERIALS:

- “True/False” statement cards (in packets for groups’ use)
- Post “True” sign on one side of classroom; post “False” sign on opposite side of classroom.
- Masking tape
- “Can/Cannot” homework sheet

CONCEPT: Knowledge about how the HIV is spread helps one to avoid becoming infected.

CONTENT: AIDS is a communicable disease that is spread by specific sexual and drug taking behaviors. Children do not participate in the behaviors that cause the spread of AIDS. It is important to have knowledge about the spread of HIV in order to avoid becoming infected.

OBJECTIVES: Students will be able to:

1. Describe the major function of the immune system and relate the HIV infection to immune system health.
2. Identify body fluids where the HIV can live.
3. Identify sexual intercourse and the sharing of IV drug needles as major ways that spread the HIV infection.
4. Explain why abstinence from sexual intercourse and intravenous drug use helps prevent the spread of the HIV.

PROCEDURE:

1. Say: Today, we will begin discussing the disease called AIDS. It is caused by a germ which is known as HIV. (Write the letters **HIV** on the left side of the board in a vertical line.) Explain to students as you write beside of each letter that **H** stands for Human, **I** stands for Immunodeficiency, **V** stands for Virus. Explain that even though they often hear of a person having AIDS, that person is HIV infected, and can spread the virus to others.
2. Say: In order to discuss this disease known as AIDS, you need to be aware of what is being said about it. Ask students to share all the places where they have

heard about or read about the disease called AIDS. (List responses on the board.)
Discuss responses with students.

Ask: What is a communicable disease? (*a disease that can be spread from one person to another by direct or indirect contact*)

What does the immune system do for the body? (elicit responses) (*Helps to fight off invading germs such as bacteria and viruses.*)

What happens to a person when he/she becomes infected with HIV?
(elicit responses) (*The virus attacks the immune system and stops it from killing germs that enter the body.*)

Where does the virus live inside the body of an infected person? (*In the blood and other body fluids such as semen in the male.*)

3. Say: You have some knowledge about AIDS and the HIV. Let's be sure that you have your facts straight so that you can avoid becoming infected with the HIV.

ACTIVITY:

4. Divide the class into small groups. Provide each group with a packet of cards containing True or False statements about AIDS/HIV. Each group should read the cards in their packet, decide whether the statement is true or false, then tape the card under the appropriate heading when asked to do so.
5. Discuss each card that has been placed under each heading. If a card has been placed under the wrong heading, correct it.

PROCESSING:

1. Ask: Can AIDS be cured? (*No*)
2. Can a person avoid becoming infected with the HIV? (*Yes*)
3. What behaviors need to be avoided to insure that a person does not become HIV infected? (*Sharing needles to inject drugs; intimate sexual behaviors such as sexual intercourse.*)

CLOSURE:

Say: One way to defend against the spread of AIDS/HIV is to know about this disease. Knowledge is powerful medicine for those who learn how to use it. The surest way to avoid the AIDS virus is to avoid ways in which the virus is transmitted from one person to another. One of the easiest ways to avoid the HIV infection is to avoid illegal drug use and sharing needles to inject drugs. Another way to prevent becoming infected is to avoid intimate sexual activity such as sexual intercourse. Sexual intercourse is an adult behavior for persons who are

usually married. Remember, you are responsible for what you do. You have the knowledge to keep yourself healthy by deciding to avoid risky behaviors that spread the HIV.

EVALUATION: Allow 3 - 5 minutes for completion of evaluation sheet.

HOMEWORK: Distribute “Can/Cannot” homework sheet to each student. Students are to complete this assignment with parent(s)/guardian(s).

True/False Statements for Cards

TRUE:

- HIV/AIDS is spread by having sexual intercourse with an infected person.
- HIV/AIDS is spread by sharing drug needles with an infected person.
- AIDS is a deadly disease.
- There is no cure for AIDS.
- The HIV destroys the immune system so that it no longer works.
- The HIV is not spread the same ways as cold or flu germs.
- Children do not have to be afraid of catching the HIV through everyday contact with someone who has the disease.
- The HIV lives in blood and certain other body fluids.
- The spread of the HIV can be prevented.
- A protection against the spread of HIV/AIDS is education and knowledge.
- It’s okay for children to ask questions about AIDS.
- AIDS is a communicable disease.
- Sharing ear piercing needles should always be avoided.
- An HIV infected pregnant female can pass the virus to her unborn child.

FALSE:

- Only bad people get AIDS.
- You can catch the HIV from dirty toilet seats.
- You can catch the HIV from sneezes and coughs.
- You can catch the HIV from hugging someone.
- You can catch the HIV from touching someone.
- You can catch the HIV from door knobs.
- You can catch the HIV from eating and drinking after someone.
- You can catch the HIV by donating blood.

- You can catch the HIV from getting a shot at the doctor's office.
- You can catch the HIV from pets and mosquitoes.
- You can catch the HIV from swimming pools or showers.
- The cause of AIDS is unknown.
- It's safe to pick up used needles/syringes that you might find in a park.

Evaluation sheet

“Avoiding HIV Infection”

1. Today I learned

2. I did not know _____

3. I feel _____

“Can/Cannot”

In today’s class we discussed behaviors that spread the HIV which causes AIDS. Complete the lists below based on information provided in class and discuss the lists with your parent(s)/guardian(s).

List the ways one **can** become infected with the HIV that causes AIDS:

List ways one **cannot** become infected with the HIV that causes AIDS:

GRADE: 5

LESSON: #10

TIME: 50 Minutes

NCSCOS: 1.01, 1.02

THEMES: ABST, RSPT, RSPN, BHVR, CNTR, CNSQ, MLI, PGI, FMRL

TITLE: Responsibilities of Parenthood/Guardianship

MATERIALS:

- “Interviewing My Parent(s)/Guardians(s)” activity sheet
- Evaluation sheet

CONCEPT: Children who are given a realistic view of parental responsibilities are more apt to develop healthy attitudes about Family Living, Ethical Behavior and Human Sexuality.

CONTENT: Parenthood is one of the most important, if not the most important, role a human being can assume. However, it is frequently the role for which people have had the least amount of training. Too many young people grow up with a stereotyped picture of parenthood which emphasizes the joys and de-emphasizes the potential problems. In particular, they have little preparation for the long-range emotional, financial, social, mental, moral and physical responsibilities of parenthood.

Parent(s)/Guardians(s) have the greatest influence on a child’s attitudes about Reproductive Health and Safety Education. Healthy attitudes are reflected in a realistic view of the commitment, energy and resources needed to be responsible parents.

OBJECTIVES: Students will be able to:

1. list 10 responsibilities that parent(s)/guardians(s) of a new baby have.
2. describe how parent’(s)/guardian’(s) responsibilities change as children get older.
3. describe how an individual’s life changes when he/she becomes a parent.

PROCEDURE:

Ask: Define Birth Parent (biological mother and/or father); Foster Parent (non-biological parent who cares for and nurtures a child on a temporary basis); Adoptive Parent (non- biological mother and /or father who assumes permanent and legal responsibility for rearing the child as their own; Guardian (an adult who is legally responsible for the care and management of the personal needs and property of a child). In this lesson the term parent should be considered to include birth parent, foster parent, adoptive parent and guardian.

Say: In the presentation you learned how each of us began when a single sperm cell from our fathers fertilized an egg cell from our mothers. We grew and developed for nine months and then we were born. Our parents gave us a name, dressed us up and took us home where we began to live together as a family. We were very small at first, and each of us required a lot of care and attention.

Ask: Who gave us everything we needed? (Discussion should emphasize that both parent(s)/guardians(s) have a role in caring for a baby, that babies require constant care and attention.)

Ask: Do you think that we changed our parent(s)/guardian(s) lives when we entered the family?

Say: Let us see if we can figure out how a new baby changes his/her parent(s)/guardian(s) lives.

ACTIVITY:

On the board make 3 columns labeled Baby Needs, Cost, Time. First, ask students to brainstorm for everything they think a baby needs. List on chalkboard. (You might need to help them think beyond obvious physical needs of food, clothing, and shelter.) Then ask students to determine which needs cost money. (Put a \$ beside each.) Finally, ask students to determine which needs require parental/guardian time. (Put an X beside each.)

Example:

<u>Baby Needs</u>	<u>Cost</u>	<u>Time</u>
Home	\$	
Food	\$	
Clothes	\$	
Crib	\$	
Stroller	\$	
Diapers	\$	
High Chair	\$	
Bottles	\$	
Medical Care	\$	X
Holding		X
Rocking		X
Talking To		X
Toys	\$	
Baby Sitter	\$	X
Bathing		X
Loving		X
Changing		X
Feeding		X
Car Seat	\$	

PROCESSING:

Ask and discuss:

1. We can see by the list that babies cost money. Where does the money come from? (*parent(s)/guardians(s)working*)
2. If both parent(s)/guardians(s) work before the baby is born, and one parent/guardian quits to care for the baby after it is born, how will this affect the family income? (*less money is coming in and more is being spent*)
3. If both parent(s)/guardians(s) work after the baby is born, who will care for the baby? Will hiring a baby-sitter or putting the baby into day care cost money? (*Yes*)
4. We can see by the list that babies require a lot of time. Whose time is needed for baby care? Do you think that Mom should be responsible alone, or should Dad also give up his time? (*Discussion should include the added burden placed on single parent/guardians.*)
5. If babies require time and money, how does this change the lives of parent(s)/guardians(s)?
6. As babies grow and develop into children, do parental/guardian responsibilities end or do they just change? What things do you need now from your parent(s)/guardians(s) that require money and time?
7. Being a responsible parent(s)/guardians(s) is probably the biggest, most important job of all. Before deciding to be a parent, what do you think a person should be able to do?

HOMEWORK:

Distribute homework sheet to each student. Tell students to interview their parent(s)/guardians(s) to learn more about parental/guardian responsibilities. They may then report their findings to the class, if they choose.

CLOSURE:

Say: Today we discussed how a baby's arrival into the world changes his/her parent(s)/guardian(s) lives. Because of this, it is important to know not only the joys of being parent(s)/guardians(s), but also the commitment, time, energy and

money it takes. You might one day decide that you will want to marry and have a child of your own. It will be one of the most important decisions you will ever make. In our next lesson, you will learn more about responsible decision making.

EVALUATION: Allow 3 - 5 minutes for completion of evaluation sheet.

“Interviewing My Parent(s)/Guardian(s)”

Directions: To learn more about parental responsibilities and how a baby changes parent(s)/guardian(s) lives, ask your own parent(s)/guardians(s) a few questions. Write responses below. You may report your findings to the class, if you choose.

1. Was it easy or difficult having a new baby at home? Why/Why not?
2. Was having a new baby more expensive than you thought it would be? Why/Why not?
3. Did having a new baby take up more time than you thought it would? Why/Why not?
4. How did your life change after having a baby?
5. What advice would you give to someone before they decided to become a birth parent/adoptive parent/foster parent(s)/guardians(s)?

“Responsibilities of Parenthood/Guardianship”

1. Today I learned _____

2. I did not know _____

3. I feel _____

GRADE: 5

LESSON: #11

TIME: 50 Minutes

NCSCOS: 1.01, 1.02, 3.02

THEMES: ABST, RSPT, RSPN, BHVR, CNTR, CNSQ, PGI, FMRL

TITLE: Being Responsible: Thinking About My Decisions

MATERIALS:

- Decision-Making Model chart
- “Thinking About My Decisions” activity sheet
- Evaluation sheet

CONCEPT: Responsible decision-making is necessary for healthy family living and human sexuality.

CONTENT: Children who are taught early to become aware of the components of the decision-making process, and who are given opportunities to practice making and evaluating decisions, are more inclined to be good decision-makers during adolescence. Family values are the strongest influence on a child’s decisions, impacting a child’s knowledge, attitudes, feelings, beliefs and behaviors. However, community standards, media messages and peer group pressure are factors as well.

A simple, easy to use model of the decision-making process is:

MAKING DECISIONS



1. What is the problem?
2. What are some possible solutions? (do not stop with the first possibility)
3. For each solution, ask...
 - Is it fair?
 - How might other people feel?
 - Is it safe?
 - What are my family and personal values?
 - Will it work?
4. Make the best decision.
5. Is it working? If not, choose another solution.

OBJECTIVES: Students will be able to:

1. Implement the decision-making model.
2. Practice making responsible decisions.

PROCEDURE: (Ask volunteers to share information from their parent(s)/guardian(s) interview.)

Say: In our last lesson you learned that parent(s)/guardians(s) have many responsibilities to their children. In order to be responsible, parent(s)/guardians(s) have to make decisions that are in the best interest of the entire family. Let me give you an example of a situation that most parent(s)/guardians(s) have faced. (Read the following.)

Mr. and Mrs. Green are the parents of two small children who are 3 and 5 years old. Mr. Green's boss invited Mr. Green and his wife to dinner over a week ago. Accepting the invitation, Mr. and Mrs. Green arranged for a baby-sitter to take care of the children. At the last minute, the baby-sitter called to say she was sick and would have to cancel. It was too late to find another sitter.

Ask and discuss: (List student responses on board.)

1. What was the Green's problem?
2. Did they have more than one choice? (POSSIBLE ANSWERS - Mr. Green goes alone, Mrs. Green goes alone, they take the children with them, both parents go and leave the children alone, they cancel and hope the boss will understand.)
3. What might have happened and who might have been affected for each possible choice?
4. What was the best choice for the Greens? Why?

Explain that learning how to make responsible decisions is an important part of healthy family living because other people are affected by the decisions we make.

Ask volunteers to share examples of recent decisions they have made that have had positive or negative effects on themselves or others. Ask them to share how they made their decisions. (Did they think about all their choices? Did they think about who might be affected and what might happen for each choice? Were they influenced by other people? Did they consider their personal and family values?)

Tell students everyone makes bad decisions sometimes. This is usually the result of not thinking the decision through before acting. Refer to the Decision-Making Model. Go over each step. Ask students to apply the steps for the following activity.

ACTIVITY:

Distribute a copy of activity sheet “Being Responsible: Thinking About My Decisions” to each student. Allow time for students to individually read and fill in information about each situation . When all have finished, divide class into small groups to share their recorded information.

PROCESSING:

Reconvene the class to discuss each situation and how students used the Decision Making Model to complete their sheets.

Ask and discuss:

1. Did the Decision-Making Model help you? How?
2. What did you decide about situation 1? (elicit responses)
3. Why do you think decisions may differ?
4. What did you decide about situation 2: (elicit responses)
(Discussion should emphasize that child sexual abuse is never a child’s fault and that it should always be reported to a trusted adult.)
5. Why is it important for you to learn how to make responsible decisions?

CLOSURE:

Today you learned that good decision-makers are happier, healthier, more responsible people than are poor decision-makers. Learning how to make responsible decisions is an important part of healthy family living because other people are affected by the decisions we make. As we continue with our unit on Family Living, Ethical Behavior and Human Sexuality, our next lesson will allow you to practice communication skills to use when you want to tell someone no to behaving a certain way.

EVALUATION: Allow 3 - 5 minutes for completion of evaluation sheet .

HOMEWORK: I want you to share and discuss with your parent(s)/guardians(s) the activity we did in class today.

MAKING DECISIONS



1. What is the problem?
2. What are some possible solutions? (do not stop with the first possibility)
3. For each solution, ask...
 - Is it fair?
 - How might other people feel?
 - Is it safe?
 - What are my family and personal values?
 - Will it work?
4. Make the best decision.
5. Is it working? If not, choose another solution.

“Being Responsible: Thinking About My Decisions”

Directions: Use the Decision-Making Model to help you make decisions about the following situations.

Situation 1: *Your parent(s)/guardians(s) work and have finally agreed to let you come home after school instead of going to a baby sitter’s house. They have asked that you do your homework during this time and that you not allow anyone in the house while they are gone. One day a few of your friends come by to visit. They promise to be gone before your parent(s)/guardians(s) get home.*

1. What is the problem?
2. List your choices.
3. Who might be affected and what might happen for each choice?
4. What did you decide and why?

Situation 2: *A good friend of your parent(s)/guardians(s) is making you feel uncomfortable. He wants to touch parts of your body that you consider private, and then tells you to keep it a secret.*

1. What is the problem?
2. List your choices.
3. Who might be affected and what might happen for each choice?
4. What did you decide and why?

Evaluation sheet

“Being Responsible: Thinking About My Decisions”

1. Today I learned _____

2. I did not know _____

3. I feel _____

GRADE: 5

LESSON: #12

TIME: 50 Minutes

NCSCOS: 1.02, 3.01, 3.02

THEMES: ABST, RSPT, RSPN, BHVR, CNTR, CNSQ, PGI, FMRL

TITLE: The “Stuck CD” Skill

MATERIALS:

- CD Player and CD. (Prepare the CD by placing a small piece of tape on the unmarked side.)
- 2 volunteers to act out role-play scripts. (Prepare the volunteers ahead of time so they have time to read and think through the parts.)
- Script I and II (2 copies of each)
- “Stuck CD ” homework sheet

CONCEPT: You can tell someone “No” without getting angry, irritable or loud and risk losing a friendship.

CONTENT: Saying “No” can be a difficult thing for some children. Research indicates many individuals find themselves in undesirable situations because they do not know how to say “No”. Learning how to say “No” when you want to is the primary focus of this lesson. The “Stuck CD” method of communication is a valuable tool for each child to know and use.

OBJECTIVE: Students will be able to:

1. Maintain abstinence from a behavior by assertively responding to peer pressure.
2. Practice the “Stuck CD” technique to say “No”.

PROCEDURE:

1. Say: Last time we discussed how important it is to make good decisions. Whenever a person has decided not to participate in a certain behavior, then that decision should be firmly maintained. Sometimes making a decision means having to say “No” to someone both initially and perhaps over a period of time. It is often times hard to say “No” to a friend. Today, you will practice a technique that allows you to say “No” when someone is pressuring you to behave in a way that you have decided is not appropriate for you.
2. Ask two volunteers to come to the front of the room to participate in a role-play. Explain the following:

Situation: *Sandy calls Peggy on the phone. Sandy wants to borrow Peggy's new sweater to wear to the game on Friday night. Peggy does not want to loan it and makes one excuse after another.*

Let student volunteer act out Script I. Stop the action and ask the class:

- Do you think that Peggy lets Sandy wear her sweater?
 - Raise your hand if you ever said "yes" when you wanted to say "no" to a friend. (Let class respond)
3. Explain to students that a "Stuck CD" method would work well in this situation. Play your prepared CD and ask the students what is happening. Then explain the "Stuck CD" method.

Say: First you have your rule or decision. For example, if a store has a sign saying "No Eating in the Store", the rule is meant for everyone. A rule is a statement for everyone, not just the person you are talking to at the time. When using the "Stuck CD" method of communication, you make a statement which shows you have some understanding about the other persons feelings or needs (i.e., make a kind statement), but stick to your rule or decision.

Write on the board: **Stuck CD = Kind Statement + Rule Statement.**

Now, let's replay the sweater scene. This time Peggy will have a rule statement. Let students act out Script II.

4. Stop the action. Ask: What was different this time? (Peggy used the "Stuck CD" method) What were some of the kind statements? (*I understand your problem, You always look good in whatever you wear,...*)

Explain that the important thing to remember is to make a kind statement which may be different each time, and a rule statement which is always the same. (Move around the room asking different students if you may borrow whatever you see on their desk or person. Remind them to use a kind statement then a rule statement - making excuses is not allowed.)

ACTIVITY:

1. Divide class into pairs to let them practice this technique. Let pairs decide who will be the "Stuck CD" in the first situation.

Situation 1: Your friend wants to borrow some money from you but you do not want to loan him/her any money.

Say: Remember to make a kind statement then your rule statement. “Stuck CD” people think of your rule statement.. and remember the line. Begin! (Allow three minutes)

Ask: What were some of your rule statements? (elicit responses)

Now switch roles and let the other person be the “Stuck CD” using the following situation.

Situation 2: Your friend teases you about your clothes.

Say: Remember to make a kind statement then your rule statement. Stuck CD people think of your rule statement ... and remember the line. Begin! (Allow three minutes)

Say: That one was different. What were some of your rule statements? Say: I know a person who drove a teaser crazy by saying over and over, “I’m sorry I didn’t hear you.” Whatever your rule statement, stick to it. It isn’t any fun to tease a person who doesn’t get upset.

Switch again and try this one:

Situation 3: One of you wants to steal something from a store, the other does not.

Say: Remember to make a kind statement then your rule statement. “Stuck CD” people think of your rule statement.. and remember the line. Begin! (Allow three minutes)

PROCESSING:

1. Were there responses from your partner that made you more likely to change your mind?
2. How did it feel to firmly stand your ground?
3. Is standing your ground once you’ve made a decision something which is easy to do?
4. What kind of tactics do you use in order to try to influence a person to change a decision he/she has already made?

CLOSURE: Say: Today we’ve learned about and practiced the “Stuck CD” technique as a means of saying “No” when we want to. This technique allows you to be persistent and to keep saying what you want over and over again without getting angry, irritable or loud. I encourage you to use this techniques as often as you can when someone is pressuring you to do something you know is wrong.

EVALUATION: Allow 3 to 5 minutes for completion of the evaluation sheet.

HOMEWORK: Distribute “Stuck CD” homework sheet to each student. Ask students to complete the sheet with parent(s)/guardian(s). Bring back to class tomorrow to share responses.

Adapted from: Project Self-Esteem, A Parent Involvement Program for Elementary Age Children, p.147-149.

Script I

Sandy: “Hi, Peggy, I’m glad you’re home. I went shopping today and got a new pair of jeans to wear to the game Friday night, but I couldn’t find a sweater I liked. I know you plan to wear that new sweat suit you got for your birthday. So I thought, being that we’re such good friends, you might loan me your new sweater.”

Peggy: “Well, Sandy, I don’t know. I don’t usually loan my clothes.”

Sandy: “Of course you don’t ... not to others, but we’re friends and have been for a long time.”

Peggy: “My grandmother gave me that sweater for my birthday and I haven’t worn it yet. I’m not sure loaning it is the right thing to do.”

Sandy: “Come on Peggy. You want me to look as good as you will don’t you? Besides, you know I’ll take good care of the sweater. Please! Please! Pleaaaasssee!”

Peggy: “I know you’ll take care of it, but I haven’t worn it yet.”

Sandy: “Hey, if anyone sees you in it after I’ve worn it, you can say that we have a sweater just alike. No one will know the difference. Then you can let me wear it again sometime.”

Peggy: “No, I don’t think that’s the right thing to do. Then I’d be lying.”

Sandy: “So what am I supposed to do? I don’t have time to go shopping again before Friday. You want me to wear something old with my new jeans. Come on. I need a favor. Remember the time I loaned you my jacket.”

Peggy: “Well, Yeah. But that was only because I had torn my blouse and needed to cover myself until I could change.”

Sandy: “I’m going to be mad at you if you don’t do this for me.”

Peggy: Well gosh, Sandy. I guess I could if you’re going to be mad.

Script II

Sandy: “Hi, Peggy, I’m glad you’re home. I went shopping today and got a new pair of jeans to wear to the game Friday night, but I couldn’t find a sweater I liked. I know you plan to wear that new sweat suit that you got for your birthday. So I thought, being that we’re such good friends, you might loan me your new sweater.”

Peggy: “I understand your problem, Sandy, but I don’t loan my clothes.”

Sandy: “Of course you don’t ... not to others, but we’re friends and have been for a long time.”

Peggy: “Being your friend is a neat part of my life, but I don’t loan my clothes. I’m sorry.”

Sandy: “Come on Peggy. You want me to look as good as you will don’t you? Besides, you know I’ll take good care of the sweater.”

Peggy: “You always look good in whatever you wear, but I don’t loan my clothes.”

Sandy: “Hey, if anyone sees you in it after I’ve worn it, you can say that we have a sweater just alike. No one will know the difference. Then you can let me wear it again sometime.”

Peggy: “I know you don’t really mean that Sandy, I don’t loan my clothes.”

Sandy: “So what am I supposed to do? I don’t have time to go shopping again before Friday. You want me to wear something old with my new jeans. Come on. I need a favor. Remember the time I loaned you my jacket.”

Peggy: “I appreciated you letting me use your jacket, but my rule is I don’t loan my clothes.”

Sandy: “I’m going to be mad at you if you don’t do this for me.”

Peggy: “I’m sorry you’re going to get mad at me, but I don’t loan my clothes.”

Evaluation sheet

“The Stuck CD Skill”

1. Today I learned _____

2. I did not know _____

3. I feel _____

“Stuck CD”

Explain to your parent(s)/guardian(s) the communication skill that we practiced in class today. Then work together to complete this page.

Directions: Listed below are some statements that someone may use to get you to do something that you don't want to do. Read each statement. On the lines provided, write two broken record responses. Remember, **Stuck CD = kind statement + rule statement.**

1. “You’ll be sorry if you don’t.”

a) _____

b) _____

2. “Everybody else is doing it.”

a) _____

b) _____

3. “I won’t be your friend anymore if you don’t.”

a) _____

b) _____

4. “What’s wrong? You chicken or something.”

a) _____

b) _____

GRADE: 5

LESSON: #13

TIME: 50 Minutes

NCSCOS: 1.01, 1.02, 2.07, 3.02

THEMES: ABST, RSPT, RSPN, BHVR, CNTR, CNSQ, MLI, PGI, FMRL, CLDV

TITLE: My Feelings About Reproductive Health and Safety Education

CONCEPT: Positive feelings about Reproductive Health and Safety Education are necessary for healthy development.

CONTENT: The purpose of this lesson is to review basic concepts covered in previous lessons and to enable students to communicate further their feelings about their changing sexuality.

OBJECTIVE: Students will be able to:

1. Utilize the information learned in previous lessons to describe the importance of their own healthy growth and development.

PROCEDURE:

Say: *“You have learned many things about Reproductive Health and Safety Education as we have covered the material in this unit. Today we will be reviewing some of the things we have covered. Then you will have a chance to describe what Reproductive Health and Safety Education means to you.”*

Ask and discuss the following:

1. What have you learned about your sexuality that you did not know before?
2. Why is it important to learn about sexuality of both males and females?
3. How are males and females alike and different?
4. How does going through puberty change you?
5. In what ways are you becoming responsible for your decisions?
6. Who is responsible for your sexuality?
7. What does it mean to be a responsible parent?
8. What did you learn about male and female gender roles?
9. Why is it important to show respect to yourself and others?
10. How can you show respect for your own sexuality?
11. What is a goal? Why is goal setting important to healthy living?

12. What questions and comments do you have?

ACTIVITY: “My Feelings About Reproductive Health and Safety Education

Racewriting

“What are your feelings about growing up and the way your body is—or soon will be—changing? Are you excited, scared, or both? How far along are you? Do you wish you were further along? How do you feel about the changes you’ve noticed so far? Are you looking forward to the changes to come, or would you rather just forget the whole thing? If you’ve already well into puberty, do you remember what you felt like before? What questions do you still have? What are you feeling right now?”

Don’t start writing until your teacher says, “Go!” Remember, no lifting your pencil from the paper, write quickly, and don’t stop until you reach the bottom of the page or the teacher calls “Stop!”

CLOSURE:

This unit has covered many aspects of Reproductive. You will never stop learning about your sexuality because it involves every aspect of you: your bodies, your feelings, your relationships with others, your decisions, your knowledge and your behaviors. As you continue to grow and develop, your sexuality will also grow and develop. Be respectful of yourselves and others. Choose friends that help you to feel good about yourselves. Make decisions that are in your best interest and your family’s best interest. Set your goals realistically and work towards making them happen. You are special, you are capable and you are lovable.

HOMEWORK: Ask students to share their essays with their parent(s)/guardian(s).