An effective sexuality program provides a comprehensive view of sexuality, begin-
ning with medically accurate information. The lessons and learning experiences in
this chapter establish a baseline of appropriate terminology as well as a foundation
for understanding more complex issues found in subsequent chapters. By participat-
ing in student-centered, interactive activities within a supportive classroom envi-
ronment, students will learn accurate information and develop their skills. These
lessons serve as a starting point for sexuality discussions, leading to lessons on
pubertal changes found in Chapter Two.
TIPS ON HOW TO TEACH STUDENTS EFFECTIVELY

Creating a safe, nonthreatening environment is essential for the success of any sexuality education program. The most effective sexuality educators are those who are comfortable with talking about sexuality, knowledgeable about the subject, and honest and nonjudgmental in their responses to students. Facilitation of student-friendly discussions is also needed.

To help educators acquire or strengthen their skills, professional development conferences and workshops are available. There are also online courses and webinars to keep teachers up to date on the latest research, effective teaching strategies, national and state standards, and advances in technology. It is recommended that you refer to local and state organizations for information on available trainings and resources.

Other tips to consider when teaching sexuality education lessons include

- Addressing both the positive and negative aspects of sexuality, rather than simply using “scare tactics.”
- Talking on the students’ level. If students only know “slang” terms (not vulgarity) when asking legitimate questions, you can initially accept their questions while encouraging the use of medically accurate and classroom-appropriate terminology for future discussions.
- Being cautious of using terminology that implies heterosexuality. Many of the lessons in this book use the word “partner” rather than “boyfriend” or “girlfriend,” particularly in scenarios or role-plays. By using “gender-neutral” names (“Chris” and “Pat”), you are less likely to disenfranchise students who are gay, lesbian, or bisexual.
- If possible, arranging chairs in a semicircle or “concentric horseshoe” setup so that students can see one another during class discussions.
- Allowing for both sexes to participate in activities equally. Although it may sometimes be appropriate to separate males and females for certain topics or activities, allowing lessons to be coed encourages open lines of communication, the sharing of feelings, and different points of view.
- Not moralizing or judging. A teacher’s role is to encourage health-enhancing behaviors, not to impose personal values on students. Set personal boundaries for the sharing of personal information and encourage students to do the same.
- Being sensitive to students’ personal histories. It is possible that some issues raised during class discussions (for example, sexual abuse, unplanned pregnancy, or STIs) may create discomfort for some students. Inform students of available trusted adults within the school and community for counseling and referrals.
- Taking a positive approach to sexuality education, focusing on what is sexually healthy rather than sexually unhealthy, and acknowledging that sexual feelings are normal and natural.
Most of the lessons in Chapter One are designed for middle school students, providing basic information on the female and male reproductive anatomy. Some lessons, however, may be used as a review with high school students or as a diagnostic assessment of what students know and are able to do.

Also, as with all lessons presented in the classroom setting, you need to evaluate these lessons before integrating them into an existing curriculum. You should follow state mandates and local guidelines, and should obtain approval of a district advisory committee or curriculum review panel to determine which lessons are most appropriate for the intended population.
LESSON 1: PEOPLE SEARCH

Level: Middle school
Time: 30–40 minutes

National Health Education Standard
1. Core Concepts

National Sexuality Education Standards: Performance Indicator
• Describe male and female sexual and reproductive systems including body parts and their functions.

Rationale
Sometimes people do not feel comfortable talking about their sexual body parts. This interactive activity introduces students to the skill of communicating respectfully and without embarrassment about reproductive anatomy. It will also serve as a diagnostic assessment of what students already know and do not know about the male and female reproductive systems.

Materials and Preparation
Copies of “Reproductive Anatomy People Search” worksheet
Copies of “Reproductive Anatomy and Physiology Vocabulary” worksheet

Procedure
1. Explain to students that they are going to be playing a game similar to bingo. It will be a people search in which they will try to find classmates who can answer questions or who fit particular descriptions. The topic will be male and female reproductive anatomy. Ask students to be respectful of their classmates, whether they can answer a question or not.

2. Distribute the “Reproductive Anatomy People Search” worksheet, and ask if students understand the task. Reinforce that they should not print their name on someone’s paper unless they can justify what is written. Also, tell them that the activity is being timed, and that they will have five minutes to get all the boxes filled in. If someone does, that student should yell out “BINGO!”

3. If someone gets all sixteen boxes filled with names and yells “bingo,” that student should come to the front of the room. If no one gets all the boxes filled in after five minutes, call “TIME!” and have all students sit down. Ask how many people almost got all the boxes filled. Find the student who got the most boxes filled in and have her come to the front of the room. If there is a tie, have both students come to the front of the room.

4. Begin going over the sheet by asking the “bingo winner” who signed the first box (top left). When that person’s name is given, call on him to give the answer. In this case, the answer should be “fallopian tubes.” Ask the person who signed that box to explain what he knows about the fallopian tubes and fertilization. Check for understanding and accuracy. Expand on the answer by asking the class to add anything not mentioned by the person who signed his name.
5. Continue with the same procedure given in the previous step, going over all boxes and statements. Facilitate discussions and clarify any misinformation.

6. At the end of the game, when the last box has been discussed, thank the bingo winner and the class for participating in the activity.

7. Hand out the “Reproductive Anatomy and Physiology Vocabulary” worksheet.

8. Pair off students or form small groups. Based on the information discussed in the people search, students should complete the worksheet by reading each definition and choosing the correct vocabulary word from the word bank to match the definition with the correct term. For your reference, the worksheet’s answer key is as follows:


9. Conclude the lesson by asking the processing questions.

10. For an optional assignment, any student who wishes to do so may bring his people search sheet home and discuss the activity and content with a parent or guardian. If the adult signs the sheet, confirming she discussed the answers with her child, the student obtains five extra credit points on the next test or quiz.

**Processing**

1. What is one thing you learned today that you did not know or understand before?

2. Where did you learn about your body? Where did you learn about the bodies of members of the opposite sex?

3. Who has spoken with a parent or guardian about sex? What was it like? Comfortable or uncomfortable? Who brought up the topic?

4. How many of you talked about this topic in elementary school? Who taught it? Was the conversation comfortable or uncomfortable? Why?

**Assessment**

- Students correctly provide information on the male and female reproductive systems during the people search.

- Students accurately complete the “Reproductive Anatomy and Physiology Vocabulary” worksheet.

- Students complete the optional assignment and have it signed by a parent or guardian, to receive extra credit points.
**Reproductive Anatomy People Search**

*Directions:* Find out what other people in this room know about reproductive anatomy and physiology by completing this people search. Walk around the room with this paper and a pen or pencil and find others who “fit” with the statements in the boxes that follow. When you find someone, have that person print his or her name in that box. No person may sign your sheet more than once. *You are allowed to sign one box yourself.* The objective is to get all boxes filled in with the names of different peers. If you get all sixteen boxes filled before the five-minute time limit is up, yell “BINGO!”

*Note:* Do not sign your name if you cannot honestly answer the question!!!

**Find Someone Who . . .**

<table>
<thead>
<tr>
<th>1. Knows where an egg gets fertilized in the female reproductive system</th>
<th>2. Knows the name of the gland in males that secretes a chemical forming part of the fluid that carries sperm</th>
<th>3. Can name the male organ of intercourse by which urine and semen are discharged from the body</th>
<th>4. Knows the name of the male reproductive glands where sperm are produced</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Knows what the cervix is, including its location</td>
<td>6. Knows the difference between an erection and ejaculation</td>
<td>7. Knows the name of the organ where the baby grows during pregnancy</td>
<td>8. Knows the name of the white fluid sperm live in</td>
</tr>
<tr>
<td>9. Knows the name of the folds of skin that surround and protect the external sex organs in the female</td>
<td>10. Knows the name of the opening in the female that serves as the organ of intercourse, the passage for menstrual discharge, and the birth canal</td>
<td>11. Knows the name of the small, sensitive, erectile organ located at the upper end of the vulva (external genitals)</td>
<td>12. Has a urethra</td>
</tr>
<tr>
<td>13. Knows where the mammary glands are located in the female</td>
<td>14. Knows the name of the sac holding the testes</td>
<td>15. Is a male and can explain what menstruation is</td>
<td>16. Has had a discussion about sex with a parent or guardian</td>
</tr>
</tbody>
</table>
Reproductive Anatomy and Physiology Vocabulary

Directions: Working with a partner or in small groups, complete this worksheet by writing the correct vocabulary word for each of the definitions provided. A word bank has been provided to assist you in completing this worksheet.

1. _________________: where an egg is fertilized in the female reproductive system
2. _________________: the name of the small, sensitive erectile organ located at the upper end of the vulva (external genitals) in females
3. _________________: the name of the hollow, muscular organ where the baby grows during pregnancy
4. _________________: the name of the male reproductive glands where sperm are produced
5. _________________: the name of the male organ of intercourse by which urine and semen are discharged from the body
6. _________________: the monthly discharge of blood and other fluids from the uterus
7. _________________: the external sex organs of the female where the mammary glands are located
8. _________________: the lower end or “neck” of the uterus or womb
9. _________________: the name of the sac of skin holding the testes
10. _________________: the name of the folds of skin that surround and protect the external sex organs in the female
11. _________________: the name of the white fluid sperm live in
12. _________________: an opening in the female that serves as the organ of intercourse, the passage for menstrual discharge, and the birth canal
13. _________________: found in both sexes; in females, the tube through which urine is discharged from the body; in males, the tube through which both urine and semen are discharged from the body
14. _________________: the name of the change that occurs in the male during sexual excitement, whereby the penis fills with blood and becomes firm or hard
15. _________________: a discharge of semen from the male penis

Word Bank

<table>
<thead>
<tr>
<th>Scrotum</th>
<th>Vagina</th>
<th>Urethra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ejaculation</td>
<td>Penis</td>
<td>Menstruation</td>
</tr>
<tr>
<td>Breasts</td>
<td>Cervix</td>
<td>Fallopian tubes</td>
</tr>
<tr>
<td>Labia</td>
<td>Semen</td>
<td>Clitoris</td>
</tr>
<tr>
<td>Uterus</td>
<td>Erection</td>
<td>Testes</td>
</tr>
</tbody>
</table>
LESSON 2: WORD ASSOCIATION ACTIVITY: “SEX”

Level: Middle school
Time: 30–40 minutes

National Health Education Standard
1. Core Concepts

National Sexuality Education Standards: Performance Indicator
• Describe male and female sexual and reproductive systems including body parts and their functions.

Rationale
Students will be involved in an anonymous word association activity to identify what words come to mind when they hear or see the word “sex.” Once a master list is complete, discussion will follow, centering on the positive and negative connotations of words associated with sex. The brainstorm list will include more than anatomical terms, and this serves as a good introductory activity to illustrate how sex involves more than simply the act of intercourse. At the conclusion of the lesson, the term “sexuality” will be defined. Students will be able to distinguish between the terms “sex” and “sexuality.”

Materials and Preparation
Front board or newsprint and markers
Small squares of paper, all the same size and color
Small box or other container to anonymously collect slips of paper

Procedure
1. Ask students if they have ever played a word association game. Give a simple example: if someone says the word “up,” one student may think of the word “down,” whereas another student may think of the word “sky.” Give some other simple examples.
2. Explain that for the lesson, a word association game is going to be played in which everyone will have the same word to think about. That word is “sex”!
3. Hand out the pieces of paper. Tell students to anonymously write down at least three to five words that come to mind when they hear or see the word “sex.” Explain that this word can mean many things to different people, and that there are no right or wrong answers.
4. It should be emphasized that there may be some “slang” or “street” words associated with the word “sex.” Explain that the goal in class is to use acceptable language. If a “scientific” word is not known, students are allowed to write down the word they know or may have heard. They should not share what they write with anyone else. Allow a few minutes for students to write their responses. Then tell them to fold their paper in half two times. Go around and collect the slips of paper in a box, a hat, or some other container.

5. Ask for a student to volunteer to serve as the recorder on the front board (or newsprint). In large letters near the top of the board, he should write “sex”. You will then begin to open the slips of paper and read the terms out loud. As they are read, the recorder will list the words on the board. Basing your decision on the developmental level and particular makeup of the class, you should determine which words can be written as is and which words need to be modified.

For example, if the word “boobs” is written, you may say the word out loud, but then ask the class for the more acceptable scientific word (“breasts”). “Breasts” would then be the word written on the board. In some instances, students may write words that are not appropriate to say out loud, but that can still be added to the list if they can be modified. One way to handle this would be to say something like, “The word written on this paper is a slang word dealing with the mouth of one person coming into contact with the sex organs of another person. Rather than write that word on the board, we will simply write the words ‘oral sex.’”

6. As you open and read more slips of paper, and words are mentioned more than once (which will definitely happen), instead of writing the entire word again, ask the recorder to simply put a check mark next to that word.

7. Continue until all words on all slips of paper have been read.

8. Have students look at the list and discuss the following questions:
   a. Are there any items whose meaning you do not know?
   b. Are there any items you do not think belong on the list (because of inaccurate information, because they are not related to the topic, and so on)?

9. Continue the discussion by asking students the processing questions. Allow them to discuss how common slang terms are used on a daily basis and whether or not they are appropriate.

10. Write the word “sexuality” on the board. Ask students: “What does the word ‘sexuality’ mean? How is it different from the word ‘sex’?” After a brief discussion, write the definitions of sex and sexuality on the board. Have students copy them in their notebook.

   **Sexuality**—everything about you as a male or female. It is how you see and express yourself as a sexual person. It is an important part of your total personality, and includes your knowledge, attitudes, values, and behaviors. Everyone is a sexual being, starting at birth and ending at death.

   **Sex**—refers to whether a person is male or female. It also is commonly used as an abbreviation to refer to sexual intercourse.
11. To conclude the activity, inform the students that the day’s discussion on human sexuality included most of the terms and concepts to be further explored within a family life and human sexuality unit. In this unit, students will

- Learn the difference between “sex” and “sexuality”
- Receive correct, up-to-date information about male and female reproductive anatomy
- Have the opportunity to ask any legitimate questions and to share knowledge, opinions, and values with each other
- Participate in open, honest discussion about the important topic while also being encouraged to communicate with parents or guardians
- Contribute to an atmosphere of trust while respecting themselves and others
- Understand their responsibility for their actions as sexual beings and that sexuality is a normal and healthy part of our lives

12. As a closure activity, read the following scenario aloud to the class: “In third-period study hall, your friend Alex says, ‘So, I heard you talked about sex in health class today. How can you spend a whole period talking about having intercourse?’” Give students a few minutes to reflect on the scenario. Then have them answer Alex’s question in their notebook using at least five words from the brainstorm list that do not involve sexual intercourse. After students share their answers and have a brief class discussion, summarize the activity by explaining to the class why there is a lot more to being a “sexual being” than just the act of intercourse.

Processing

1. Which words were mentioned the most (had the most check marks next to them)? Why do you think many students in class associated these words with the word “sex”? 

2. How many words needed to be changed to the “scientific” or appropriate terminology? 

3. Where do young people hear inappropriate or slang terms? (peers, the media, music, and so on) 

4. Which words have a “positive” connotation? Which have a “negative” connotation? Can some have both? 

Assessment

- Students correctly distinguish between the words “sex” and “sexuality” in their notebook by writing two words that specifically relate to sex (intercourse, gender) and two words that relate to the much broader term “sexuality” (interpersonal relationships, gender roles, sexual orientation, affection, intimacy, body image).
- Students copy the master list of words from the board into their notebook.
- Students respond to the closing scenario in their notebook.
LESSON 3: MYTHS OR FACTS?

Level: Middle school
Time: 30–40 minutes

National Health Education Standards
1. Core Concepts
3. Accessing Information

National Sexuality Education Standards: Performance Indicators
- Describe male and female sexual and reproductive systems including body parts and their functions.
- Identify accurate and credible sources about sexual health.

Rationale
Students believe they know correct information about female and male reproductive systems. This activity allows students to explore what facts they do know and some of the myths they may also have heard.

Note: Prior to teaching this lesson, you should be prepared to accurately answer all of the myth or fact statements included at the end of this lesson. The answer key is provided.

Materials and Preparation
- Teacher copy of “Myth or Fact Statements,” with individual statements cut apart
- Large envelope for individual statements to be placed into
- Three small signs reading “Myth,” “Fact,” and “Not Sure” to be placed in three different sections of the room
- Copies of “Accessing Reliable Information on the Internet” handout

Procedure
1. Explain to the students that they will be reviewing information they may already know about the female and male reproductive systems. Stress that the activity is not about competition, but rather about exploring what truths and myths people have about the human body and human reproductive systems.

2. Ask each student to take one of the slips of paper out of the envelope without telling any other students what the statement reads. If a student feels uncomfortable with his statement, allow him to choose another one from the envelope.

3. Explain that students will have five minutes to mingle with their peers and read each other’s statements. Their goal is to have a correct statement at the end of the activity. To do this, each student will need to respectfully approach another student, at which point the following interaction should occur:
   a. Student A asks his peer (Student B) to read her statement aloud.
   b. Student B reads her own statement aloud.
c. The students jointly decide which one is more likely to be a true statement.

d. If either student wants to exchange statements, he or she can ask to do so. If a student believes her statement is a fact rather than a myth, she does not have to exchange with her peer. (Again, the goal is to end up with a factual statement.)

e. Next, the students each go to another peer and repeat the reading of statements. They should repeat this process with several other students.

4. After five minutes have passed, ask students to stand in one of the three areas of the room—marked by a sign reading “Myth,” “Fact,” or “Not Sure”—depending on the statement they are left holding.

5. After all students are standing under the appropriate sign, ask them to read their statement aloud, one at a time. As the students are doing this, you can decide to correct misinformation by having other students in the class state if they agree or disagree with their reasoning. After brief discussion, you should verify whether all answers are myths or facts.

6. After all statements have been read and discussed, ask the students to return to their seat.

7. Distribute the “Accessing Reliable Information on the Internet” handout. Discuss the main points with students, stating that anyone can post information on the Internet, and that often the information may be inaccurate or deceiving. Explain to students that in future lessons they will be using the information in this handout to access reliable information on a variety of topics related to human sexuality.

**Processing**

1. How comfortable were you completing this activity?
2. What statements did you feel comfortable about? Uncomfortable about?
3. What is one thing you learned today that you did not already know or understand?
4. Which statements were many people unsure of?
5. What information do you think the class is lacking about the male and female reproductive systems?

**Assessment**

- Students state whether their statement is a myth or a fact, with peers or the instructor validating or correcting their answers.
- Students identify accurate and credible sources pertaining to sexual health based on the information provided in the “Accessing Reliable Information on the Internet” handout.

**Answer Key**

Myth or Fact Statements

1. Females need two ovaries to have a baby.
2. If a male has only one testicle, he can still get a female pregnant.
3. An egg is about the size of a poppy seed.
4. Some females can start getting their menstrual periods as early as the fourth grade.
5. Males can control nocturnal emissions (wet dreams).
6. If she has unprotected sex, it is possible for a female to get pregnant at any time during her menstrual cycle (including when she is having her period).
7. Pre-seminal fluid from a male has enough sperm in it to get a female pregnant.
8. In a male’s body, the testicles are always the same size.
9. A male can urinate and ejaculate at the same time.
10. Only males can experience a hernia.
11. Sperm can live for up to five days in a female’s reproductive system.
12. Both females and males have a prostate gland.
13. Identical twins occur when two different sperm fertilize one egg.
14. Each fallopian tube is about four inches long and has a diameter as wide as a piece of spaghetti.
15. A healthy male makes one hundred million to three hundred million sperm per day.
16. The uterus is about the size and shape of an upside-down pear.
17. Only males have a urethra.
18. A baby grows in a female’s vagina.
19. Only females have fallopian tubes.
20. Most male babies born in the United States are circumcised.
21. The male epididymis stores mature sperm.
22. Sperm and semen are the same thing.
23. Sperm cells have tails to help them move.
24. Egg cells have tails to help them move.
25. If a female has not gotten her first period, she cannot get pregnant.
26. A female urinates and releases the menstrual lining through the same opening in her body.
27. Males are not able to reproduce after they turn seventy years old.
28. Females usually release two eggs per menstrual cycle (each month).
29. The coccyx is the narrow bottom part of the uterus extending into the vagina.
30. There are three openings to the outside from the female pelvis.
Accessing Reliable Information on the Internet

Accessing information is a basic health skill. Intelligently navigating the Internet can bring you credible health information and access to services. Unfortunately, not all Internet sites are reliable. The following questions can assist you in determining whether a site is a legitimate source of information:

1. Is the site from a nonprofit organization (.org), government agency (.gov), or educational institution (.edu)? These sites tend to be more reliable than sites from commercial organizations (.com).

2. Is the information based on research and scientific evidence? How do you know?

3. Are the author or authors clearly identifiable, with provided credentials and contact information?

4. Some .com sites do have valuable and credible information. How can you ensure that the site is providing correct information?

5. Is the site selling something, rather than simply supplying information?

6. Be suspicious of sites that consist of personal opinions and testimonials. If the site relies mostly on testimonials rather than scientific research, you should not trust these sites to be accurate and legitimate.

7. How up to date is the information on the site? How do you know?
LESSON 4: THE HUMAN SEXUAL RESPONSE CYCLE, PART 1

Level: High school
Time: 40 minutes

National Health Education Standards
1. Core Concepts
4. Interpersonal Communication

National Sexuality Education Standards:
Performance Indicators
• Describe the human sexual response cycle, including the role hormones play.
• Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior.

Rationale
Often, the reason young people get themselves into risky situations is that they are not taught how to recognize signs and symptoms of sexual response and the accompanying physical and emotional changes in their body. By being aware of the signs and phases of sexual response, teens can decide how comfortable or uncomfortable they may feel in regard to physical intimacy. This can help empower them to make the conscious decision to discontinue what they are doing at any point by assertively communicating their wishes to their partner.

Many sexuality education curricula focus on the role that sexual intercourse plays in the reproductive process. Unfortunately, those same curricula often neglect to discuss the pleasurable feelings that can be associated with sex, and that those feelings are normal and natural. For those students who make a conscious choice to be sexually active, information on sexual communication, arousal, and response can contribute to a more positive, healthy view of sexuality. This lesson attempts to provide such information and includes a handout summarizing clinically accurate information about the phases of the human sexual response cycle. Because the brain is involved in these responses, no two people will experience the human sexual response cycle exactly the same way.

Note: As with any controversial topic, you should modify the learning experiences so they are within district and state guidelines and are developmentally and age appropriate.

Materials and Preparation
Four sheets of newsprint, taped around the room, and a marker
Copies of “The Human Sexual Response Cycle” handout
Set of 21 index cards, each listing one of the changes that occur in males or females during any of the four phases of the human sexual response cycle (sample statements included at the end of this lesson)
Masking tape, preferably cut into one-inch pieces
Copies of “Teens and Sexual Behavior: What Do You Think?” homework
Procedure

1. Introduce the lesson by asking students, “Why do people have sex?” Although responses may vary, the two most common reasons students will give are “to reproduce” and “for pleasure.”

2. Write the word “pleasure” on the newsprint. Have students brainstorm ten things, including activities, that may bring them pleasure. (Some examples may be food, being with friends or family, pets, sports or games, listening to music, chatting on the computer, kissing or other sexual behaviors). After a brief discussion on why these things are pleasurable, have students record them in their notebook.

3. Explain that abstinence from intercourse has benefits for teenagers and adults, especially because of possible negative consequences. Note to the students that most people decide to engage in sexual behaviors to bring them pleasure at some point in their lives.

4. Give a brief overview of research into the human sexual response cycle by saying, “William Masters and Virginia Johnson, two pioneers in the field of sexuality research, provided the most thorough information about how human bodies respond to sexual stimulation. Although there is some controversy among researchers about the validity and relevance of their research, the Masters and Johnson model is one of the most widely held theories to explain this aspect of human sexuality.”

5. Distribute the “The Human Sexual Response Cycle” handout to each student. Because this information is clinical, there may be some words that students are not familiar with or have questions about. Allow time to go over the provided information and answer questions.

6. Begin the index card activity:
   a. On four separate sheets of newsprint taped around the room, write the four phases in the human sexual response cycle in large letters—“EXCITEMENT” (also referred to as the arousal phase), “PLATEAU,” “ORGASMIC,” and “RESOLUTION.”
   b. Hand out the index cards with the male and female sexual response changes written down. In a large class, each student may only get one card. In a smaller class, some students may get more than one card.
   c. Explain that students are to read the statement on their index card and decide (1) if the change occurs to males, females, or both; and (2) what phase of the human sexual response cycle the information represents. If they are not sure, they can ask other students in the class for advice.
   d. On making a decision, students should tape each index card under one of the four phases written on the newsprint. Masking tape, cut into small pieces, should be available for students to use.
   e. When they have completed this task, they may return to their seat.
f. Have the class look over the four categories to determine whether all of the cards are placed in the correct category. Students may refer back to their handout to assist them with this review. If cards are placed incorrectly, have students explain why each is incorrect and what changes they would make. Note that cards occasionally may actually fall under more than one heading.

Note: Explain that not all phases are the same for everyone, and that sexual response is experienced differently by all individuals, depending on a variety of factors.

g. When all cards have been placed correctly, end the index card activity.

7. Ask the class the processing questions.

8. Hand out copies of the “Teens and Sexual Behavior: What Do You Think?” homework for students to complete according to the directions provided. During the next class session, students should be prepared to share their opinions with their peers and hand in the completed assignment.

**Processing**

1. What new information did you learn from the handout on the human sexual response cycle?

2. Many of the terms discussed today have been medical or in scientific language. Which terms were you familiar with? Which terms were you unfamiliar with?

3. Refer to the first piece of newsprint, dedicated to the Excitement phase. Why might some couples never reach the first phase? (There is no attraction or “chemistry,” they see each other more as friends than as romantic partners, they are turned off, and so on.)

4. If one or more partners decide to stop after the Excitement phase, is this okay? What might be some reasons for this? (He likes the other person, but wants to “take it slow”; she is not ready to move or comfortable moving on to the next phase; he recently got out of a failed relationship and needs time to sort out his feelings; she wants to remain abstinent; and so on.) Does the other partner have an obligation to respect that decision?

5. Which phase or phases involve the most physical or sexual contact?

6. If one partner forces or coerces another partner to do something against his or her will, what might some of the consequences be? (There can be emotional or physical harm, lack of trust in your partner, lack of trust in future relationships, legal consequences for sexual assault and rape, and so on.)

**Assessment**

- Students provide correct responses in the index card activity involving the description of the human sexual response cycle.
- Students complete their homework assignment.
The Human Sexual Response Cycle

In the 1950s and 1960s researchers William Masters and Virginia Johnson developed something that they called the human sexual response cycle. Since that time, there have been other models and descriptions of what actually happens during a sexual act, but the Masters and Johnson model is still widely accepted by most researchers.

Within their response cycle, Masters and Johnson divided the sex act into four phases:

1. Excitement
2. Plateau
3. Orgasmic
4. Resolution

The following descriptions are based on their model, outlining what happens during the physical act of sex. Although the response is similar for both males and females, there is much variation among individuals.

1. The **Excitement** phase marks the beginning of sexual arousal. Sexual arousal usually begins in the brain and occurs in response to words, images, senses, or physical contact, like kissing or hugging. Several things happen during this phase in anticipation of sexual interaction. Pulse rate, blood pressure, and breathing rate all increase. Blood is sent to the penis in males, causing an erection. In females, blood causes the clitoris to swell, the labia expand and open more, and the vagina becomes lubricated. The female’s breasts may also enlarge, making the nipples erect and more sensitive. In both sexes, the body becomes more sensitive and receptive to touch.

2. In the **Plateau** phase, physical arousal builds as pulse and breathing rates continue to increase. The penis becomes fully erect and sometimes secretes a few drops of pre-seminal fluid (which often contains active sperm). The clitoris remains sensitive to stimulation. Vaginal lubrication continues. The degree of arousal may fluctuate during this phase. This phase is often referred to as “foreplay,” or the kissing, hugging, touching, or other forms of sexual stimulation that precede coitus, or intercourse.

3. The **Orgasmic** phase is the third and shortest phase of the cycle. It is usually described as the high point of sexual arousal. During orgasm, blood pressure and heart rate reach their peak. The muscles in the vaginal walls and the uterus contract rhythmically, as do the muscles in and around the penis as the male ejaculates. Occasionally, one or more partners may not reach the phase of orgasm. Although this is frustrating for some, most people can still experience sexual pleasure and intimacy without having an orgasm.

4. During the **Resolution** phase, both men and women tend to experience enhanced intimacy and a sense of well-being. Arousal slowly subsides and returns to normal. The males experience a refractory period, during which they are unable to achieve another erection or orgasm. The length of the refractory period varies; for one man it may last a matter of minutes, and for another it may last several hours.

It is important to keep in mind that the brain and related structures are responsible for the secretion of hormones influencing sexual feelings and response. The major hormones involved include androgens, estrogens, progestin, oxytocin, dopamine, vasopressin, and serotonin. Most researchers and scientists agree that the brain is considered the most important organ involved in sexual response.
Index Card Activity

Sample Body Changes and Teacher Answer Key

Excitement Phase
- Increased muscle tension
- Slight increase in heart rate and blood pressure
- Swelling of the clitoris and labia
- Erection of the penis
- Increased vaginal lubrication
- Slight swelling of the breasts, making the nipples more erect
- Sexual thoughts and feelings
- Stimulation caused by thoughts, words, images, senses, or physical contact

Plateau Phase
- Fully erect penis
- Testes engorged with blood
- Fluid appearing at the tip of the penis
- Sometimes referred to as “foreplay”

Orgasmic Phase
- Sudden release of muscle tension in series of contractions followed by relaxation
- Spike in pulse rate, breathing rate, and blood pressure
- Ejaculation or discharge of semen
- Usually the shortest phase of the cycle
- The high point, or “peak” of sexual stimulation
- Possibly a phase not experienced by one or both partners

Resolution Phase
- Swelled and erect body parts return to normal
- General sense of relaxation and enhanced intimacy
- Loss of erection of the penis, followed by a refractory period
Name: ________________________________

**Teens and Sexual Behavior: What Do You Think?**

*Directions:* Choose two of the following six statements dealing with teens and sexual behavior. For each of the two statements you choose, (1) indicate whether you agree or disagree with the statement, and (2) give two specific reasons, two specific examples, or a combination of both to back up your opinion.

1. Abstinence from intercourse has benefits for teenagers and adults.
2. Young teenagers are not mature enough for sexual relationships that include intercourse.
3. Teenagers in romantic relationships can express their feelings without engaging in sexual intercourse.
4. Teenagers who date need to discuss sexual limits with their dating partners.
5. Teenagers considering sexual activity should talk to a parent or guardian or other trusted adult about their decisions, including those related to contraception and disease prevention.
6. Individuals need to respect the sexual limits set by their partners.

**Response to statement ______:**

________________________________________________________________________

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**Response to statement ______:**

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LESSON 5: THE HUMAN SEXUAL RESPONSE CYCLE, PART 2

Level: High school
Time: 40 minutes

National Health Education Standards
1. Core Concepts
4. Interpersonal Communication

National Sexuality Education Standards: Performance Indicators
- Describe the human sexual response cycle, including the role hormones play.
- Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior.

Rationale
In this lesson, students will be given the opportunity to ask questions related to human sexuality using an anonymous Question Box format. Lesson 4, “The Human Sexual Response Cycle, Part 1,” used clinical and scientific terminology related to intercourse and intimate sexual behavior. The Question Box activity allows students to ask questions related to any aspect of human sexuality “in their own words.”

The anonymous nature of the Question Box enables students to feel more comfortable asking questions related to any aspects of human sexuality. You can provide support to students by letting them know that most kids their age have similar questions and worries. Let students know that if they want to ask questions privately, they are able to do so during certain periods of the day. In some cases, particularly those pertaining to sexual abuse, harassment, “textual harassment,” or “cyberbullying,” teachers are legally obligated to refer students to counselors, psychologists, or administrators, and possibly to report the information to authorities.

Materials and Preparation
- Small box with an opening large enough to insert small, folded pieces of paper, which will serve as the Question Box
- Small, identical pieces of paper for each student

Procedure
1. Review the homework assignment from Lesson 4 for twenty minutes. You should ensure that all students have completed their homework and adequately responded to at least two of the six statements from their take-home assignment.
2. Engage students in a discussion of their varied responses to the take-home assignment. Because these are values-based statements, students are entitled to their personal opinions. However, you should attempt to guide the discussion toward the most health-enhancing behaviors. For example, if a student does not agree with statement 6, “Individuals need to respect the sexual limits set by their partners,” you are obligated to explain the potential ethical and legal issues involved with that decision.

3. After all statements have been discussed, collect student papers. You can use these as a formative assessment by checking students’ comprehension of Lesson 4’s basic objectives.

4. Begin the Question Box activity:
   a. State to students:

   In the previous lesson, you were given a fact sheet on the human sexual response cycle. Some of the terms and words used in this clinical explanation may not have been familiar to you. In the follow-up to that lesson, you are going to have an opportunity to ask questions about the phases of the human sexual response cycle. You will also be able to ask any questions related to male and female reproductive anatomy, hormones, thoughts and feelings about becoming sexually mature, dating, what is “normal,” and any other concerns you may have. This will be done by using an anonymous Question Box.

   b. Explain that questions may have a specific answer, or they might be open-ended questions that different people might answer differently, depending on their religious beliefs and their family or personal values. Then outline the rules in regard to appropriate and inappropriate questions by stating:

   Here are some rules to determine which questions are acceptable: first, a question is not okay if it has a person’s name on it or in it. Second, it is not okay if the question makes fun of or puts down anyone or any group. Third, a question is not okay if I believe it is not appropriate for students of your age to discuss. This does not mean that it is not a good question—it may instead be a question to be discussed with a parent or guardian or school counselor. Finally, if a question uses slang or street language, yet is otherwise legitimate, I will change the wording so it is more acceptable to say in class.

   c. Hand an identical small slip of paper to each student. Ask students to write anonymously any questions pertaining to the subject on the paper, and then to fold it in half so that no one can see it. If a student has more than one question, he should write additional questions below the first one. Remind students that questions are to be anonymous and that no one should know who wrote which questions. You are the only person who will see the questions. Allow students about three to four minutes to come up with questions. If a student does not have any questions, she is to write, “I do not have any questions at this time” on the slip of paper.

   d. When all students have completed their questions, collect them in the Question Box.
e. After all questions are collected, take out one of the slips of paper. If the question is acceptable to read as written, read it aloud. Then ask if anyone has an answer or opinion related to the question. If no one does, answer the question yourself. If you do not know the answer to a question, inform the class of this, and then find out more information pertaining to the question and inform the class at a later date.

f. Continue going through the Question Box until all questions have been answered, if time permits. Some questions may be answered during the next class.

5. State the following, and then ask the processing questions:

The previous day’s lesson on the human sexual response cycle included a very clinical description of what actually happens physiologically and emotionally during sexual arousal. The reality is that sexual and physical relationships are different for everyone. All people, whether they are having sex or not, are sexual human beings. Your sexuality is an important part of who you are as a total person. Having a close physical relationship with someone you care about and who cares about you can be one of life’s most enjoyable and satisfying experiences. It is important, however, to be aware of the potential negative consequences of engaging in sexual behaviors.

**Processing**

1. What are some possible negative health consequences of becoming sexually active? (Possible answers may include an unplanned pregnancy or a sexually transmitted infection, guilt, and loss of self-esteem.)

2. “Being involved in a consensual, respectful sexual relationship can be a healthy expression of affection and caring when it is with the right person, at the right time, and for the right reasons.” What does this statement mean to you? Do you feel that most teens are mature and responsible enough to have a sexual relationship? Why or why not?

3. “Sexuality education classes should provide teens with the knowledge and skills to make healthy decisions about their sexual health.” Do you agree or disagree with this statement? Explain.

**Assessment**

- Students actively participate in the in-class discussion of the previous lesson’s homework assignment, demonstrating the ability to verbalize appropriate rationales for their opinions on the two statements they chose to write about.
- Students participate in the Question Box activity and follow-up discussion.
LESSON 6: WHAT TO EXPECT AT THE DOCTOR’S OFFICE

Level: Middle school, High school

Time: 40–50 minutes

National Health Education Standards

1. Core Concepts
3. Accessing Information
4. Interpersonal Communication
8. Advocacy

National Sexuality Education Standards:

Performance Indicators

• Identify medically-accurate resources about pregnancy prevention and reproductive health care.
• Identify accurate and credible sources about sexual health.
• Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care).
• Advocate for sexually active youth to get STI/HIV testing and treatment.
• Demonstrate communication skills that foster healthy relationships.

Rationale

This lesson covers basic medical care, including exams for males and females, dealing with the reproductive system. With this knowledge, teens develop a better understanding of their individual rights related to accessing information and resources for sexual health. In addition, having students of both sexes learn about each other’s exams and procedures supports understanding and healthier relationships between them.

Materials and Preparation

Copies of “What Should You Expect at the Doctor’s Office?” worksheet

Diagrams of female and male reproductive systems on large wall charts or Smart Boards. (Alternately, 3-D male and female reproductive system models may also be used—some district science departments have these.)

Nonlatex medical glove

For examinations on females: breast self-exam (BSE) model, Pap smear (HPV) test swab, empty specimen tube, and speculum

For examinations on males: testicular self-exam (TSE) model, empty specimen or blood tube, and swab

Additional resources from local clinics, doctor’s offices, or health departments (optional)

Copies of “Fact Sheet: Reproductive Health Services for Teens” handout
**Procedure**

1. Begin class by placing students into mixed-sex groups of four to five. Students can also be placed in same-sex groups if requested. Distribute copies of the “What Should You Expect at the Doctor’s Office?” worksheet, one copy per student.

2. Give groups five to ten minutes to answer the questions on the worksheet. Any questions they do not know can be left blank to be completed after the class demonstration and discussion of the “Fact Sheet: Reproductive Health Services for Teens” handout.

3. As students are completing the worksheet, circulate from group to group to note when students have finished writing down what they know, and to get a sense of which questions certain groups have answered correctly.

4. After group time is done, ask the students to face toward the diagrams or models of the female and male reproductive systems. With guidance from you, groups will complete their worksheets, filling in any missing information through the class discussion.

5. Begin the discussion by starting with the “Females” portion of the worksheet, explaining why it is important for teen girls and adult women to seek medical care for the reproductive system. Then, follow the same process for the “Males” part of the worksheet. If you noted earlier that a group had correct information for any question, ask that group to share their answers. Although this lesson can be easily led by you, allowing students to share information with one another supports effective communication skills and the acceptance of going to medical professionals to maintain one’s health.

6. When discussing specific examinations, you or a student can refer to a diagram or model for a better representation of what a patient can expect. Also, when discussing the examinations for males and females, show the props used, if available. (Also, please ensure your school or department supports the use of these props.) For example, when explaining the Pap smear or HPV testing procedure, the speculum can be shown and explained.

7. When explaining the breast and testicular self-exams, you can pass the BSE and TSE models around the room so that students can note possible nodules. You can also distribute additional handouts or brochures covering proper BSEs and TSEs.

8. When students have completed the worksheet, ask them the processing questions. After all questions are answered, distribute the “Fact Sheet: Reproductive Health Services for Teens” handout, asking students to read the information to themselves. Ask if they have additional questions from the fact sheet.

9. For homework, assign extended response questions. Ask students to answer the following questions based on the day’s lesson and the information in the “Fact Sheet: Reproductive Health Services for Teens” handout. Tell them that responses should be clear and concise, and that any questions involving personal views, values, or opinions should be backed up with rationale statements.
a. Based on the state you live in, what are three laws (county, state, or federal) pertaining to reproductive and sexual health care services (contraception, including emergency contraception; pregnancy options; safe surrender policies; prenatal care; and so on)? Note the source from which you received your information. If it was from the Internet, did the URL end in .org, .edu, or .gov? (These sources are not going to sell you a product, and are usually reliable, up to date, and unbiased.)

b. How do you feel about these laws? Do you think they are necessary? Fair? If you were a parent and your teen needed to use these confidential services without your knowledge or consent, do you think you would feel differently? Why or why not?

**Processing**

1. What is one thing you learned today that you did not already know or understand before?
2. When do people need to go to a medical professional when it comes to their sexual health?
3. What would you tell a friend who was hesitant about going to a medical professional about his or her sexual health?
4. How can learning about the examinations for members of the opposite sex affect personal relationships?

**Assessment**

- Students correctly complete their worksheet from the small group and class discussions.
- Students provide valid answers to the extended response questions.
What Should You Expect at the Doctor’s Office?

Directions: Answer the following questions to the best of your group’s ability.

Females
1. List and explain some reasons why a female might go to a doctor’s office or clinic (specifically dealing with her reproductive system).

2. What type of doctor could a female go to?

3. Following are some common exams. What would each entail?
   a. Breast exam:
   b. Pap smear (most young women usually get their first Pap smear around the age of twenty-one, or earlier if they are sexually active):
   c. Pelvic exam:
   d. Sexually transmitted infection (STI) tests:
   (continued)
What Should You Expect at the Doctor’s Office? (continued)

Males
1. List and explain some reasons why a male might go to a doctor’s office or clinic (specifically dealing with his reproductive system).

2. What type of doctor could a male go to?

3. Following are some common exams. What would each entail?
   a. Hernia exam:
   b. Testicular exam:
   c. Prostate exam (the American Cancer Society usually recommends that men get their first prostate exam around the age of forty-five):
   d. Sexually transmitted infection (STI) tests:
Fact Sheet: Reproductive Health Services for Teens

What Are Reproductive Health Services?
Reproductive health services help maintain your sexual health. Reproductive health services include

- Sources of information on reproductive health
- Counseling related to pregnancy options, abuse, rape, and sexually transmitted infections (STIs)
- Prenatal care
- Birth control
- Screening and testing for STIs
- Screening for cancers of the reproductive organs (breasts, ovaries, uterus, cervix, and testicles)

Where Can Teens Go for Reproductive Health Services?
Across the United States, a small percentage of schools offer health resource centers where teens can go for confidential health services. If one is not available in your school, there are many clinics, doctor's offices, hospitals, and voluntary health agencies offering reproductive health services to teens. Most county health departments also provide free, confidential services and screenings. Reproductive health counseling can help teens decide about sexual activity, become better informed about contraceptive options, and reduce the risk of unplanned pregnancies and STIs.

Although state and local laws vary, at many clinics, reproductive checkups and exams, contraceptive options, and testing and treatment for STIs are free or offered for a sliding-scale fee to teens under eighteen years of age. (Planned Parenthood [www.plannedparenthood.org/health-center/] makes it easy to find a health center near you by simply typing in your zip code on its website.)

Do Teenagers Need Permission from Parents or Guardians?
In general, teenagers can receive pregnancy counseling, birth control, pregnancy tests, and screening for STIs without the knowledge or consent of their parents or guardians. In the case of abortion, some states require the permission of at least one parent or guardian if you are under the age of eighteen. In other states, notification of a parent or guardian is required. If a teen feels she cannot tell a parent or guardian, a judge can grant her permission for an abortion through a process called judicial bypass. The judge will meet confidentially with the teen to discuss her circumstances to decide whether to allow the abortion.

Why Do Teens Need Reproductive Health Services?
The national teen pregnancy rate has declined almost continuously over the last two decades. Between 1990 and 2008 the teen pregnancy rate declined by almost 42 percent. According to recent national data, this decline is due to a combination of the increased percentage of teens waiting to have sexual intercourse and the increased use of contraceptives by teens. Giving teens better access to sexual health information and making reproductive services available to teens can help lower the risk of unplanned pregnancies and sexually transmitted infections.

LESSON 7: ANATOMY MATCHING GAME

Level: Middle school, High school
Time: 40 minutes

National Health Education Standards

1. Core Concepts
4. Interpersonal Communication

National Sexuality Education Standards:
Performance Indicators

- Describe male and female sexual and reproductive systems including body parts and their functions.
- Demonstrate communication skills that foster healthy relationships.

Rationale

This lesson serves as an introduction to reproductive anatomy for middle school students. It may also be useful for high school classes for reviewing information previously learned in middle school health or biology.

Within the lesson, students will be able to identify anatomical parts of the male and female reproductive systems; state whether a given body part can be found in the male, the female, or both; and describe the function of each part. Students will participate in a matching game in which they are given a card with a body part and must attempt to find another student who “matches” their card in a variety of ways.

Materials and Preparation

Set of twenty-nine cards (or enough cards for everyone in the class to have at least one) with a reproductive organ or other term on each card. (A list of possible terms used in this activity is included at the end of this lesson.) Cards should be large enough for the entire class to see clearly from the back of the room. (Note: In a small class, each student can be given two cards. Students then have to “trade” with someone to end up with two cards that match in some way.)

Anatomical charts, 3-D models, or other projected pictures of the male and female reproductive systems for students to use as a reference

Procedure

1. Hand out one card to each student. Explain that the lesson’s objective is for students each to match up with someone else who has a card that relates to their own. Tell them that some cards of the same sex can match up, and some cards of the opposite sex may match up. Further, there are no exact right or wrong answers. Every time the activity is done, slightly different matches may occur.
Explain that matches may be based on any of the following criteria:

- The cards represent comparable anatomical structures in males and females.
- The cards represent body parts that are near to one another within either the male or the female reproductive system.
- The cards represent items performing the same physiological function.

2. Tell students to walk around the room to find someone whose card matches theirs; once they have paired off, they should sit down together. Students who have not found a partner should meet in the center (or at the front) of the room, where you can assist them in making a match. Occasionally, it may be necessary to have a triad or to rematch students who may not know the true meaning of their cards. When students have paired off and are sitting down, give them two minutes to discuss the following questions:

   a. Describe the body part on your card as if you are that body part. (For example: “I am the testes. I am a gland.”)
   b. What sex are you found in?
   c. Where are you located in the body?
   d. What is your job or function?
   e. How or why are you matched up with your partner?

3. Ask volunteers to share the answers for their pair. For this, the partners will stand, show their cards to the class, and answer the discussion questions just given. When they have offered their rationale for why they paired off, ask the class if they have any questions.

4. To conclude the lesson, ask the processing questions.

**Processing**

1. What terms were the easiest to pair with?
2. What terms were the most difficult to pair with?
3. How well does the class seem to understand the female reproductive system? Explain.
4. How well does the class seem to understand the male reproductive system? Explain.
5. When do people need to use the terms reviewed today?

**Assessment**

- Each student pair shares correct information, including what different parts are and how they function.
- Students demonstrate assertive communication.
# Suggested Terms for Reproductive Anatomy Cards

<table>
<thead>
<tr>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
</tr>
<tr>
<td>Testes</td>
</tr>
<tr>
<td>Epididymis</td>
</tr>
<tr>
<td>Prostate gland</td>
</tr>
<tr>
<td>Estrogen</td>
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<tr>
<td>Vas deferens</td>
</tr>
<tr>
<td>Urethra</td>
</tr>
<tr>
<td>Seminal vesicle</td>
</tr>
<tr>
<td>Semen</td>
</tr>
<tr>
<td>Breasts</td>
</tr>
<tr>
<td>Sperm</td>
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<tr>
<td>Testosterone</td>
</tr>
<tr>
<td>Foreskin</td>
</tr>
<tr>
<td>Y chromosome</td>
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<tr>
<td>Vaginal fluids</td>
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<tr>
<td>X chromosome</td>
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<tr>
<td>Vagina</td>
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<tr>
<td>Labia</td>
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<tr>
<td>Vulva</td>
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<tr>
<td>Menstruation</td>
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<tr>
<td>Hymen</td>
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<tr>
<td>Clitoris</td>
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<tr>
<td>Cervix</td>
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<tr>
<td>Uterus</td>
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<tr>
<td>Ovulation</td>
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<tr>
<td>Fallopian tubes</td>
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<tr>
<td>Ovaries</td>
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<tr>
<td>Endometrium</td>
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<tr>
<td>Ovum</td>
</tr>
</tbody>
</table>
LESSON 8: UP CLOSE AND PERSONAL

Level: Middle school
Time: 40 minutes

National Health Education Standards
1. Core Concepts
4. Interpersonal Communication

National Sexuality Education Standards:
Performance Indicators
• Demonstrate communication skills that foster healthy relationships.
• Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others.
• Describe male and female reproductive systems including body parts and their functions.

Rationale
Health is affected by a variety of positive and negative influences within society. This Up Close and Personal (UCP) lesson will stimulate discussion about some of the internal and external influences in society affecting attitudes and behaviors among youth. In addition, students will practice positive communication skills, including using appropriate anatomy and physiology terminology.

Note: It is unlikely that you will get through all sentence stems in one class session. You can decide which statements would be most appropriate for your students. Choices may be based on background information discussed in previous lessons, students’ developmental level, restrictions you may have concerning what topics can and cannot be discussed, and your own comfort level in facilitating discussion.

Because UCP lessons deal mainly with the affective or emotional domain, they have a greater potential for personal disclosure on the part of students. You should be aware of and prepared to handle this. Sometimes it simply involves reminding the class that what is said in class stays in class. At other times, it may involve discussing issues with students privately to offer advice, resources, and support.

Materials and Preparation
Small lamp (optional)
Up Close and Personal sheet with several UCP sentence stems. (Note: Prior to teaching this activity, you should familiarize yourself with “Facilitating a UCP Session,” which can be found at the end of the lesson.)

Procedure*
1. Ask students to form a circle with their chairs. Turning off the overhead lights and using a lamp may make the environment more conducive to an informal discussion.

*Unfinished sentences have been a useful learning tool for many years. The specific format used in this lesson has been adapted from the book Up Close and Personal: Effective Learning for Students and Teachers (Raleigh, NC: Lulu Press, 2007), by teacher, colleague, and friend Robert Winchester. Robert can be contacted at trustinbob@aol.com.
2. Introduce the activity in the following manner:

Today we are going to do an activity called Up Close and Personal. It is simple to do, but for it to go smoothly, there are some rules to follow.

First, understand this is not group therapy. Instead it is an opportunity for you to talk about how you feel about yourself, relationships, likes, dislikes, things that have come up in class, memories, and life in general. Although I will be facilitating the activity, I will also be sitting in the circle and participating along with everyone else.

The activity is in the following format: I will read an unfinished sentence. Each of you will think about how you would finish this same unfinished sentence. Someone in the circle will then raise his or her hand and state his or her completed sentence. He or she will point to his or her right or left to determine which way around the circle we will proceed.

When going around the circle, there should be no talking by anyone else. If something is said that you want to respond to or comment on, you must wait until we have gone all the way around the circle. If you cannot think of anything to say, or choose not to respond when it is your turn, you may simply say, “Pass” or “Come back to me.” Everyone, including the teacher, is allowed to pass.

When we have gone around the entire circle, I will ask anyone who passed if he or she would like to respond at this time. I will also ask for any questions or comments about anything that was said when going around the circle. At this point, there can be open discussion.

Please note that during this activity, no names should be mentioned at any time. Instead, say something like, “I know someone who . . .”

In addition, as with other lessons, what is said in class stays in class. However, please do not share anything that is too personal, that makes you feel uncomfortable, or that you wish to keep to yourself.

3. Once the rules have been explained and agreed on, read the first sentence stem aloud. After allowing a few moments for reflection, ask a student volunteer to start by stating his completed sentence. That student will then point to his left or right to note in which direction the remaining students will be given a chance to complete the sentence. Students then give their responses until everyone around the circle has spoken or passed.

4. At times, a student may simply not be ready to respond to a particular question. When this happens, remind her to pass, noting that she can answer after everyone else has spoken. It is also not unusual for many students to have the same response to a question or statement. “Repeats” reinforce the important concept that although all people are unique, they often share many of the same thoughts, feelings, and values.

5. After all students have responded, open up the discussion by asking if anyone has any questions or comments about anything that was said. Encourage students to talk in more detail about why they completed the sentence the way they did. Students may also ask others in the circle, including the teacher, to expand on their answer. Students may do so, or they may choose to pass.
6. Continue the circle discussion for as long as it is viable, constantly monitoring and enforcing the rules. When the discussion on a given sentence has run its course, move on to the next unfinished sentence.

7. Share the processing statements.

8. All UCP sessions should end with some brief closure in the form of another unfinished sentence. Examples include the following: “Today I learned . . .” “I learned that I . . .” “Right now I feel . . .” and “Something I want to say to one of my classmates is . . .”

9. Conclude the day’s activity by summarizing what occurred in the session, making appropriate connections to the subject matter and curriculum. Then thank the class and say, “This ends our Up Close and Personal class for today.”

10. Specific to this particular UCP session, assign homework in which students must write a reflection paper (of at least two to three paragraphs). A possible prompt is, “Based on what I learned about anatomy and physiology during today’s UCP discussion, one thing I will consider changing about my attitudes, my future behavior, or both is . . .”

   This assignment allows students to reflect on and develop changes in attitudes and behaviors over time. When shared with the class in a subsequent lesson, it further allows the student, the class, and the teacher to observe changes in knowledge, attitudes, and values.

Processing

1. If anyone has any concerns or questions about what was discussed during our UCP session today, he or she can speak to me privately after class or can bring it up for discussion during our next class session.

2. There are many people, including teachers, coaches, counselors, or school psychologists, who can assist you with any personal issues that you may want to share with them. Keep in mind that these individuals, as mandated reporters, must report any verbalization or indication that you may want to hurt yourself or hurt others, or revelations of abuse of any kind, to the appropriate authorities for follow-up and counseling services.

Assessment

- Students actively participate in the UCP activity. Even though some students may decide to pass on one or more questions, as long as they are actively listening and following the ground rules, they are “actively participating.”

- Students complete the homework assignment and share their response in a future class session.
Facilitating a UCP Session

- Facilitation is a skill that you can improve with practice.

- Silence is not a negative phenomenon. Silence often indicates that higher-level thinking is taking place.

- Going over ground rules at the beginning of each session is a needed and helpful technique to prevent inappropriate behavior.

- Unacceptable behavior should be stopped the moment it is recognized. To do this, pause the activity and point out the offense to the individual. For example, say, “What was just said is a put-down (or personal name), and it is not allowed in the circle discussion. Please do not do it again,” or “Please do not talk to your neighbor when you should be listening to the one person who is supposed to be talking.”

- If a student persists in breaking the activity’s rules, talk to him one-on-one after class. Let the student know that if his behavior continues, he may not be able to participate in the future. This almost always stops the offensive behavior.

- Remind students of the information teachers must report if shared:
  1. If they are going to hurt themselves
  2. If they are going to hurt others
  3. If they are being abused
Possible UCP Sentence Stems:
Anatomy and Physiology

1. Right now, I feel . . .
2. Sex is . . .
3. One thing I learned from my parents or guardians about sex and where babies come from is . . .
4. It may be embarrassing for some people to talk about sex because . . .
5. One thing I do not understand about my body is . . .
6. One thing I am curious about or do not understand about the bodies of members of the opposite sex is . . .
7. During our discussion this week about reproductive anatomy, one thing I was surprised about or found interesting was . . .
8. When we were learning the names of different body parts and what they do, I . . .
9. Abstinence is . . .
10. Someone is ready to have sex when . . .
11. Something I learned from friends or peers about sex and growing up is . . .
12. One thing I learned today is . . .
LESSON 9: SEXUALITY PRETEST

Level: Middle school, High school
Time: 35–40 minutes

National Health Education Standards
1. Core Concepts
2. Analyzing Influences
3. Accessing Information

National Sexuality Education Standards: Performance Indicators
- Describe male and female sexual and reproductive systems including body parts and their functions.
- Identify accurate and credible sources about sexual health.
- Define sexual abstinence as it relates to pregnancy prevention.
- Examine how alcohol and other substances, peers, media, family, society, and culture influence decisions about engaging in sexual behaviors.
- Identify prenatal practices that can contribute to a healthy pregnancy.
- Define STIs, including HIV, and how they are and are not transmitted.

Rationale
This group activity is designed to serve as a diagnostic assessment of what students already know in regard to human sexuality. This will be done by administering a questionnaire with thirty-three multiple choice questions at the start of a sexuality unit. By working in mixed-sex groups, students can pool their knowledge, learn from each other, and begin to feel more comfortable communicating about sexual issues with their classmates.

Materials and Preparation
Copies of “Sexuality Pretest” worksheet

Procedure
1. Divide the class into mixed-sex groups of four to six students each. Have each group choose one person to serve as the group leader. Arrange desks so groups cannot hear each other.

2. Hand out a copy of the sexuality pretest to each student. Read the directions aloud to the class to review rules, and then set the fifteen-minute time limit. Remind students to speak quietly so as not to share answers with the other groups. Tell them that because this is to serve as a diagnostic assessment, students are not allowed to use textbooks or other resources to look up answers.

Note: You may give some sort of incentive ahead of time, such as extra credit points or a free homework pass, to encourage all students to do their best. Students can also be rewarded if an average class score of at least twenty-five correct answers is recorded.
3. Next, the group leader should read each question quietly to the rest of the group members. As groups are working, circulate around the room to ensure that all students are participating in the group decision-making process. Every few minutes, remind the class of the remaining time.

4. At the end of the fifteen minutes, collect the papers from each of the group leaders.

5. Process the activity by having a volunteer from each group read a question and her group's answer. You will then give the correct answer. For each question, students will write down the correct answers on their sheet while you make corrections on the group leaders' sheets. Here is the answer key for your reference:

3. c  7. d  11. a  15. b  19. a  23. a  27. c  31. c
4. a  8. d  12. d  16. c  20. a  24. b  28. c  32. b

6. Ask the processing questions.

7. At the conclusion of the activity, record the number of correct responses for each group and return the sheets to the group leaders.

8. For homework, students can write in their notebook or journal three facts, statistics, or concepts about sexuality they learned from their peers while working in their group. They can also write down any answers that surprised them. Their responses can be discussed in the next class session.

   Note: If students have any questions or concerns about any of the questions or topics that they do not wish to share in class, they can discuss them privately with you. They also have the option of placing them in an anonymous Question Box, which should always be available somewhere in the classroom.

**Processing**

1. Which questions did most groups answer correctly? Where do you think you learned about this—parents or guardians, school, the media, other sources?

2. Which questions did several groups answer incorrectly? Why do you think these questions were more difficult to answer?

3. How did you feel working on this pretest with a coed group? Do you feel your group would have done just as well or better if it had been composed of all males or all females? Was it helpful to have opinions from both males and females when coming up with a group answer?

4. What are some things you learned in your group discussions that you found interesting or never knew much about before?

**Assessment**

- Students provide correct answers on the test.
- Students participate in the class discussion of the processing questions.
- Students complete the homework assignment and participate in a discussion in the next class session.
Sexuality Pretest

Directions: Your group has fifteen minutes to complete this pretest while working cooperatively. You are not expected to know all of the answers.

For each question, discuss the choices and decide on the best answer. Mark your group’s answer in the blank space next to the question number. If there is disagreement in the group, the group leader makes the final decision. Please discuss your possible answers quietly while in your groups, so other groups cannot hear you. When the time is up, the group leader’s sheet will be turned in to the teacher as the “official” answer sheet for your group. At that time, all the correct answers will be given, and all students should make any corrections to their own worksheet. The corrected group leader’s sheet will then be returned, and the group with the most correct answers will be the “winner.”

1. Which of the following medical doctors specializes in the diagnosis and treatment of disorders of the female reproductive system?
   a. Optician
   b. Pediatrician
   c. Gynecologist
   d. Dermatologist

2. Approximately how many teenage girls get pregnant in the United States each year?
   a. One hundred thousand
   b. Five hundred thousand
   c. Just under one million
   d. Just over ten million

3. “Monogamous” refers to
   a. the presence of only one testicle in the scrotum.
   b. a mound of fatty tissue located over the female’s pubic bone.
   c. having a sexual relationship with only one person.
   d. removal of a single lump rather than the entire breast to treat breast cancer.

4. The most effective method of preventing pregnancy and sexually transmitted infections (STIs) is
   a. abstinence.
   b. the birth control pill.
   c. contraceptive foam.
   d. condoms.
5. Advantages of sexual abstinence include which of the following?
   a. It is free.
   b. You do not need a doctor’s prescription.
   c. You do not have to worry about an unplanned pregnancy or STIs.
   d. All of the above

6. How many sperm are released during an average ejaculation?
   a. One hundred thousand to five hundred thousand
   b. Five hundred thousand to one million
   c. One hundred million to five hundred million
   d. Over one billion

7. Women who drink alcohol and smoke cigarettes regularly during
   their pregnancy increase the chances of giving birth to which of the
   following?
   a. A premature baby with a low birth weight
   b. A baby with fetal alcohol syndrome
   c. A baby with certain types of birth defects
   d. All of the above

8. Which of the following is believed to be the most common STI in the
   United States?
   a. HIV
   b. Syphilis
   c. Gonorrhea
   d. HPV (genital warts)

9. Which STI can generally be cured with antibiotics?
   a. Chlamydia
   b. HPV (genital warts)
   c. Genital herpes
   d. HIV

10. An STI that can cause precancerous cells on the cervix is
    a. HPV (genital warts).
    b. syphilis.
    c. gonorrhea.
    d. pubic lice.

11. In most girls, menstrual periods usually last about
    a. three to six days.
    b. three to six hours.
    c. twenty-four hours.
    d. twenty-eight days.
Sexuality Pretest (continued)

12. Which of the following statements is true?
   a. Sexual intimacy is generally more satisfying and fulfilling in a loving relationship.
   b. A person has the right to refuse any sexual behavior.
   c. People with disabilities have sexual feelings and the same need as all people for love, affection, and physical intimacy.
   d. All of the above

13. The advantage of using condoms as a birth control method is that they
   a. can be bought in drugstores easily.
   b. do not have dangerous side effects and can reduce the risk of STIs.
   c. do not need a prescription to be purchased.
   d. All of the above

14. Estrogen, which causes changes in girls’ bodies during puberty, is produced by the
   a. thyroid gland.
   b. pituitary gland.
   c. ovaries.
   d. uterus.

15. Testosterone, which is responsible for changes in boys’ bodies during puberty, is produced by the
   a. scrotum.
   b. testes.
   c. pituitary gland.
   d. liver.

16. Which of the following would be the best source of accurate information about puberty, growing up, and sexual development?
   a. Friends
   b. TV shows
   c. A health teacher or school nurse
   d. Teen magazines

17. Which of the following changes at puberty does NOT occur in boys?
   a. A growth spurt
   b. A deepening voice
   c. The beginning of ovulation
   d. Hair growth on the face, under the arms, and in the pubic area
Sexuality Pretest (continued)

18. Which of the following is true about abortion in the United States?
   a. People’s beliefs about abortion are based on their religious, cultural, and family values.
   b. People who are “pro-choice” support the right of a woman to choose whether or not to carry a pregnancy to term.
   c. People who are “pro-life” oppose abortion on the grounds that it is taking a human life.
   d. All of the above

19. Which of the following statements about birth control is false?
   a. You can purchase the birth control pill without a doctor’s prescription.
   b. It is advisable for young people who are considering sexual intercourse to talk with a parent or another adult about their decision to use contraception.
   c. Each contraceptive method has advantages and disadvantages.
   d. Emergency contraception, which is a pill taken after engaging in unprotected sex, works by preventing a woman’s ovaries from releasing eggs.

20. In regard to STIs and HIV,
   a. the organisms causing STIs and HIV are usually found in the semen or vaginal fluids and blood of an infected person.
   b. you can tell if someone has an STI just by looking at that person.
   c. HIV can be spread by casual contact, like shaking hands with an infected person.
   d. use of latex condoms can eliminate the chance of getting an STI or HIV.

   a. refers to when partners talk to each other during sex.
   b. is a form of sexual behavior practiced by some people, whereby the mouth of one person is used to stimulate the sex organs (genitals) of his or her partner.
   c. can spread certain types of sexually transmitted infections.
   d. Both b and c.

22. Approximately what percentage of American high school students have had sexual intercourse?
   a. 30 percent
   b. 50 percent
   c. 75 percent
   d. Over 90 percent
23. Being under the influence of alcohol or other drugs
   a. increases the risk of teens’ having sex because it may affect their judgment.
   b. decreases the risk of teens’ having sex.
   c. has no effect on the possibility of teens’ having sex.
   d. increases the percentage of teens who use condoms during sex.

24. John is pressuring Nancy to have sex. Nancy responds by saying “no,” giving a reason, and walking away. These are all examples of
   a. decision-making skills.
   b. refusal skills.
   c. goal-setting skills.
   d. passive behavior.

25. Which of the following statements is true?
   a. Believing all boys or all girls are or should be alike is a stereotype.
   b. Boys and girls receive messages about how they should behave from their family, their friends, the media, society, and their culture.
   c. There are laws that protect a woman’s or a man’s right to participate equally in athletic activities.
   d. All of the above

26. “Homophobia” refers to
   a. the fear of being gay.
   b. a disease whereby the blood has difficulty clotting.
   c. the strong negative attitude and irrational fear of someone who is gay.
   d. someone born with sex organs of both sexes.

27. Couples in healthy, intimate relationships
   a. have sex just about every day.
   b. spend all their free time together.
   c. maintain separate interests as well as shared ones.
   d. never have disagreements or arguments.

28. Soap operas, commercials, talk shows, music, and other forms of media
   a. always give accurate information and advice about sex and relationships.
   b. often show realistic and healthy role models and relationships.
   c. often present an unrealistic image of what it means to be male or female, what it means to be in love, and what parenthood and marriage are like.
   d. never stereotype the roles of men and women.
29. Gabriela gets a text message from her ex-boyfriend, Carlos. He is upset that she broke up with him. He threatens to spread a rumor on his social networking site that she has engaged in oral sex with a lot of different guys. This is an example of
   a. date rape.
   b. sexual harassment.
   c. sexual abuse.
   d. a healthy relationship.

30. Dating helps people experience and learn about companionship and intimacy. Which of the following is true about dating?
   a. Families may have different standards and rules about dating for boys and girls.
   b. When couples spend a lot of time together alone, they are more likely to become sexually involved.
   c. Gay and lesbian youth, like heterosexual youth, may or may not date.
   d. All of the above

31. When it comes to making good decisions, which of the following is true?
   a. Alcohol or drugs help you make healthier decisions.
   b. The best way to make a decision is to just go with your first instinct.
   c. People should carefully evaluate the consequences, advantages, and disadvantages of each choice when they make a major decision.
   d. Your individual and family values do not play a major role in your decisions about sex.

32. With respect to effective communication, which of the following is false?
   a. Males and females may sometimes communicate differently, which may cause miscommunication.
   b. Couples should not talk openly and honestly about their relationship and sex because it is embarrassing.
   c. Communication may be improved by listening well, stating feelings, and trying to understand the other person’s point of view.
   d. Being assertive and using messages beginning with “I” are helpful in communicating your thoughts and feelings to another person.

33. Some agencies, like local health departments, help teens with problems related to sex, relationships, or both because
   a. sometimes teens need to talk with an adult other than their parents.
   b. they can provide birth control and other services not requiring parental permission.
   c. their services are confidential and often cost little or no money.
   d. All of the above
LESSON 10: HOME-SCHOOL CONNECTION

TALKING ABOUT ABSTINENCE

Level: Middle school
Time: Varies

National Health Education Standards
1. Core Concepts
2. Analyzing Influences
4. Interpersonal Communication

National Sexuality Education Standards: Performance Indicators
• Define sexual abstinence as it relates to pregnancy prevention.
• Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.
• Demonstrate the use of effective communication skills to support one’s decision to abstain from sexual behaviors.

Rationale
Parents or guardians are the primary sexuality educators of their children. The role of the school is to supplement family teaching by providing students with accurate information as well as engaging them in practicing interpersonal skills. It is the parents or guardians’ responsibility to communicate family values and beliefs. The main purpose of the Home-School Connection activities is to provide teens and their parents or guardians with the opportunity to privately discuss issues related to human sexuality.

After completing the assignment, parents or guardians are requested to sign on the bottom. All responses from teens and parents or guardians on the Home-School Connection activity will be kept confidential. It will not be turned in to the teacher or graded. On the due date, students will be asked to voluntarily share any interesting comments or insights they learned or observed by participating in the assignment. Students and parents or guardians can choose to pass on any discussion they wish to keep private.

With family input and support, the overall goal is to encourage teens to become well-informed, caring, respectful, and responsible adults.

Materials and Preparation
Copies of “Talking About Abstinence” worksheet
Procedure

1. Explain to the class that they are going to have an assignment to complete with one or more parents or guardians.
2. Distribute the worksheet to all students and assign a due date.
3. On the day the assignment is due, check if students have completed the assignment by noting whether or not the sheet has been signed on the bottom. The assignment should not be collected or graded.
4. Ask for student volunteers to share results of the discussion they had with the adult or adults they interviewed. Do so using the processing questions, bearing in mind that all student comments and contributions should be voluntary.

   Note: Although students are encouraged to share what they learned by interviewing parents or guardians, they are not required to do so. Sharing and follow-up discussion are strictly on a voluntary basis.

Processing

1. Which family members did you choose to speak with?
2. How did you feel talking to family members about this topic? Were you comfortable with this discussion? Were your family members comfortable with this discussion?
3. Is it easy or difficult to talk to family members about issues related to human sexuality? Explain.
4. What stops or hinders people from communicating about sexuality? What can help people communicate effectively about sexuality?
5. What were some of the messages you received about abstinence and growing up to be a sexually responsible adult?
6. How did you feel about the messages or advice that your parents or guardians shared with you?
7. Did anything surprising come up during the conversation?
8. What did you learn from doing this assignment?

Assessment

- Students complete the assignment and bring a signed copy of the worksheet to class.
- Students participate in the follow-up discussion related to the assignment.
Talking About Abstinence

An important aspect of health education is human sexuality and healthy relationships. Parents or guardians, through their thoughts, personal values, and actions, are the primary sexuality educators of their children. The role of the school is to supplement parental teaching by providing students with accurate information and life skills. With your help, our goal is to encourage teens to become well-informed, caring, respectful, and responsible adults.

Directions: Parents or guardians are requested to sign the bottom of this handout. This is simply to ensure the student has completed the assignment. It will not be turned in to the teacher or graded. All comments from teens and parents or guardians on the Home-School Connection activity will be kept confidential.

With these guidelines in mind, please take a few minutes to discuss the following assignment with your son or daughter. Thank you in advance for your participation.

What Is Abstinence?

A person who decides to practice abstinence has chosen not to be sexually active. Although “sexual activity” can range from holding hands to sexual intercourse, most definitions of abstinence refer to “refraining from any form of sexual activity that may result in a pregnancy or a sexually transmitted infection.”

In today’s society, peer pressure and media messages can make the decision to practice abstinence more difficult. It is important for those teens who do decide to become sexually active to know potential consequences.

As a parent or guardian, what messages and values do you feel are important for your teen to hear from you about abstinence and growing up to become a sexually responsible adult?

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Parent or guardian signature(s): ____________________________________________

Student signature: _________________________________________________________