

My Body, My Life: A Sexual Health Unit for High Functioning Autistic Support Students at the High-School Level

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Overview:

This curriculum unit is designed for use with high functioning autistic students in grades 9 - 12 with low to average cognitive abilities in the public schools. It is intended to supplement any current or available units. This unit which focuses on sexual health instructions can be used to teach adolescents with autism spectrum disorders and other social challenges about sexually transmitted infections (STIs), the Human Immunodeficiency Virus (HIV) /Acquired Immunodeficiency Syndrome (AIDS), and pregnancy prevention.

The following topics are covered in the unit (1) body parts and function, (2) the reproductive system; (3) public and private behaviors, (4) boundary issues, (5) self-esteem, (6) good touch bad touch, (7) reproduction, and (8) self-advocacy as it relates to developing friendships, sexual decision-making, sexually transmitted infections , HIV/AIDS and pregnancy prevention. Its main purpose is to introduce and reinforce concepts in the prevention of sexually transmitted diseases while catering to the wide spectrum of reading levels within these special education classes as students learn how to take charge of their sexual health by communicating effectively and making responsible decisions. It is the hope of the author that the information provided here will help this population to reduce the risk of contracting HIV/AIDS, other STDs and prevent unwanted pregnancies through behavioral change.

Lesson Sequence.

Lesson 1: 'My body: Myself,' is an introduction to the human body. Its major purpose is to ensure that all students know their body parts as well as some basic functions of these parts

Lesson 2: private and public body parts identify and discover the major functions of the private body parts. The female body parts to be described here are breast/ nipples, vagina, vulva, labia minor, labia majora, bottom. For males: penis, testicles, scrotum and bottom.

The level of the students drives what is taught here. Students are here introduced to genital cleanliness

Lesson 3 ‘Good touch- bad touch’ helps student determine what a good or bad touch is. It should especially help them to know when a good touch becomes a bad touch. Teach the students to associate touch with feelings examples (sad, happy, frightened, unloved, and unwanted), so they can easily identify appropriate and inappropriate touch. Teach the touching rules ensuring that students know that they can touch their own private body parts but these body parts should not be touched in public.

Lesson 4: ‘Self - Advocacy Skills.’ This aims to teach kids how to avoid bad touch, and sexual predators, protect themselves against unwanted sexual advances, prevent them initiating unwanted sexual advances , distinguish between healthy and unhealthy dating as well as provide them with information about reporting any form of abuse and rape .

Lesson 5 ‘My Changing Body’ reflects on puberty and its accompanying body changes; Help students to understand the changes their body goes through at puberty, build self - esteem as they grow and develop. Care should be taken here to educate girls about menstruation and how to take care of themselves during this period , good grooming skills should be introduced here as part of the students personal maintenance skills.

Lesson 6: ‘Me a Parent? Not Time Yet.’ This lesson focuses on pregnancy and pregnancy prevention methods. Here students explore the female and male reproductive system, pregnancy stages and how to take care of oneself during pregnancy. They are taught the responsibilities of parenting and pregnancy prevention methods as well as introduced to Teen pregnancy, and related problems associated with being a teen parent. Students should become aware that not having sex is the only way that is 100 percent guaranteed to prevent pregnancy.

Lesson 7: STIs! No Thank You. Students are taught about a variety of Sexually transmitted diseases and their symptoms. Teacher teaches about the more common STD first, Chlamydia, Gonorrhea Syphilis, and then move on to others less popular Sexually Transmitted Infections. Prevention methods as well as symptoms of these diseases should be taught to students. They should be taught about their responsibility to be tested for STI infections if they become sexually active and their responsibility to tell their partner that they have an STI.

Lesson 8.HIV/AIDS Students should be taught that there is no cure for this disease, although effective treatments are available. This disease as well as any other sexually transmitted disease can be prevented .Discuss signs and symptoms of HIV/ AID, examples (diarrhea that will not go away, heavy night sweats, persistent dry cough, swollen lymph node, etcetera) teach students how to protect themselves from getting HIV/AIDS. Teach them how the disease is not spread. Discuss the importance of knowing their partners HIV/ AIDS status before getting into a relationship. They should also be informed about the importance of knowing their HIV/AIDS status, getting treated for an HIV/ AIDS infection, and the local service providers for people infected with HIV/ AIDS.

Lessons 6-8 covers a vast amount of information, it is suggested that these lessons be broken down into manageable parts, for the class purpose, for example each sexually transmitted disease that the teacher plans to cover could be a separate teaching topic. The

lesson on HIV/AIDS could be broken down into a number of subtopics; examples, Facts about HIV/AIDS, HIV/ AIDS transmission and prevention, signs and symptoms of HIV/AIDS.

Rationale

Nature of Autism

According to the U. S. Department of Education (2004) “Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences” (p.1). Autism is often associated with a wide range of disorders – thus the term Autism Spectrum Disorder. Chief among this range of disorders is speech or language impairment where students with these disorders may be non-verbal, have poor expressive language skills or poor receptive language skills or both.

The U.S. Department of Education defines speech language impairment as a “communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that adversely affects a child's educational performance” (p.1). From experience working with the autistic population it has been observed that often their reading and maturational levels are below that of their peers, many have difficulties with expressive language skills, and learn best through the use of visuals and social stories. The numbers of autistic students in our society are on the increase. Children who are diagnosed with the autism spectrum disorders often lack social skills that would present them with appropriate behaviors across all environments and therefore this lack can negatively impact that of their sexual behaviors.

Autistic students are considered to be amongst the most vulnerable in our society and are highly dependent on the adults in their lives for protection. Some of these students remain in the public education system until age 21. They are often trusting, unaware of danger, and lack the necessary social skills to survive independently. Often these students are considered as non-sexual beings and are not taught proper public sexual behaviors. As a result, some are often seen openly demonstrating inappropriate sexual behaviors, examples, masturbating publicly in the class room, or wherever they get the urge. Others will undress themselves publicly especially when bothered by weather conditions. Some do get pregnant without being able to take care of their child and are often at a disadvantage because some parents over protect them and fail to provide proper education about sex, sexual behaviors and sexual health issues.

Health education classes in the schools reportedly fail to meet their needs when it comes to sexual health education, therefore, the responsibility rests on classroom teachers to present sexual health education that is age appropriate, in a non-judgmental fashion, as they model appropriate social behaviors across the curriculum.

As a special education teacher in the school district of Philadelphia, with responsibility for a group of high functioning autistic students, the necessity to design a curriculum unit on

sexually transmitted diseases and pregnancy prevention for this group of students became evident while attending the Teachers Institute of Philadelphia training sessions. This curriculum is intended for a group of high functioning autistic students at the high school level whose ages range from 14 to 21 years. Once these students enter high school they often remain until they are 21 years old, the time of graduation. These students often remain in a self-contained classroom throughout the greater portion of the day except for when they go to breakfast and lunch for half an hour, gym for one hour, or to work (if they are eighteen years or older), for two hours twice per week or attend the occasional general assembly where they have to return to their classroom if the noise is too loud for them.

The designed unit will meet all expectations of the goal and role of the National Sexuality Education Standards Core Content and Skills, K-12 Curriculum. Their goal is, “to provide clear consistent and straightforward guidance on the essential minimum core content for sexuality education that is developmentally and age appropriate for students in grades K-12” (p.1). The role of the standards is to provide a rich learning experience for students, clear expectations about what students should know and do by the end of a particular period or unit of learning. The National Sexuality Education Standards seek to “address both the functional knowledge related to sexuality and the specific skills needed to adopt healthy behaviors thus reflecting the tenets of social learning theory, social cognitive theory, and the social and ecological model of prevention” (p. 9).

The topics and key indicators covered by the standards are as follows: (1) Anatomy and Physiology, (2) Puberty and adolescent development, (3) Identity, Pregnancy and Reproduction, (4) Sexually Transmitted Diseases and HIV, (5) Healthy Relationships, and (6) Personal Safety. Standards most often do not address the needs of special education students, therefore the need for this curriculum unit. The unit developed here for autistic students will fulfill the required goal and role of the national and state standard as it combines age appropriate materials with specially designed instructions that meet the requirement of these students for learning about Sexually Transmitted Infections, HIV/AIDS, and pregnancy prevention strategies.

STIs, HIV/ AIDS and Teen Pregnancy in the USA Today

The American Heritage Dictionary of the English Language, Fourth Edition (2010) defines Sexually Transmitted Disease as “any of various diseases, including chancroid, chlamydia, gonorrhea, and syphilis, that are usually contracted through sexual intercourse or other intimate sexual contact.”

The online medical dictionary states that “Sexually transmitted disease (STD) is a term used to describe more than 20 different infections that are transmitted through exchange of semen, blood, vaginal fluids, and other body fluids; or by direct contact with the affected body areas of people with STDs.” Sexually transmitted diseases are also called venereal diseases or Sexually Transmitted Infections. According to the Centers for Disease Control and Prevention (CDC) (STIs, venereal diseases) “are among the most common infectious diseases in the United States today.” STDs are sometimes referred to as sexually transmitted infections, since these conditions involve the transmission of an infectious organism

between sex partners and often the infection does not produce obvious symptoms so it is not detected as a disease. STDs have become common among teens. Because teens are more at risk for getting STDs, it's important to learn what they can do to protect themselves.

STIs are serious health problems. According to Cates, J., Herndon, N., Schulz, S. & Darroch, J. (2004), "Untreated STDs may lead to serious complications including infertility, chronic pain, cervical cancer or death. STDs can be passed from a pregnant woman to her fetus or infant with serious complications" (p.5).

"Untreated gonorrhea and chlamydia silently cause at least 24,000 women in the U.S. to become infertile. Untreated syphilis can lead to serious long-term complications, including brain, cardiovascular, and organ damage. Syphilis in pregnant women can also result in congenital syphilis (syphilis among infants), which can cause stillbirth, death soon after birth, physical deformity and neurological complications in children who survive. Untreated syphilis in pregnant women results in infant death in up to 40 percent of cases. People with gonorrhea, chlamydia, or syphilis are at increased risk for HIV" (CDC 2012).

Young people represent 25 percent of the sexually experienced population but accounts for nearly half of the new STDs. "Young, sexually active Americans are disproportionately affected by the nation 'epidemic of sexually transmitted diseases (STDs)', including HIV. But many youth hesitate to discuss the topic with parents, teachers, doctors, or others who could help." STIs are serious health problems (Cates, Herndon, Schulz, & Darroch 2004, p.4).

Despite the fact that teenage pregnancy is on the decline in the United States, the country continues to be the area with the most teen pregnancies in the developed world. Many young people continue to engage in sexual risk behaviors. The results of a nationwide Youth Risk Behavior Survey conducted by the CDC reported in June 2010 that "Nationwide, 46.0% of students 13-19 had ever had sexual intercourse, 5.9% of students had had sexual intercourse for the first time before age 13 years Nationwide 13.8% of students had had sexual intercourse with four or more persons during their life. Among the 34% that had had sexual intercourse during the previous 3 months, 39% did not use a condom the last time they had sex 77% did not use birth control pills or Depo-Provera to prevent pregnancy the last time they had sex. Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy. An estimated 8,300 young people aged 13–24 years in the 40 states reporting to CDC had HIV infection in 2009 More than 400,000 teen girls aged 15–19 years gave birth in 2009" (CDC MMWR 2010, p.15).

The 2009 CDC Youth Risk Behavior Surveillance System provided the following information about high school students in Philadelphia: 63% ever had sexual intercourse, 15% had sexual intercourse for the first time before 13 years, 26% had sexual intercourse with four or more persons during their life, and 46% had sexual intercourse with at least one person during the 3 months before survey, 37% had unprotected sex. In 2010, the Philadelphia Department of Public Health identified "a 38% increase in gonorrhea infections and a 7.2% increase in Chlamydia infections among adolescents aged 15-19." One in eight teenage girls (15-19 years of age) is diagnosed with either Chlamydia or gonorrhea. The

office declared that “STD rates among teens in Philadelphia are significantly higher than disease rates observed in other comparable cities.”

In conclusion the “Risk of Chlamydia among 10-14-year-olds is five times the national average. New HIV infections are up 40% over the past three years. Sexually transmitted diseases (STDs) have reached epidemic proportions among teens.” (Philadelphia Health Commissioner Letter to colleagues, 2012, p. 1).

As with unintended pregnancies, the transmission of HIV/AIDS and the majority of other STIs are associated with behaviors. An important way of preventing these diseases is for people to modify their behavior in ways that reduce the risks of infection. The writer believes that in order for any behavior to be changed one must be provided with the information, the motivation, tools, and skills necessary to change behaviors. To change behaviors in adolescents one has to provide them with information that is relevant and age appropriate. Not only is it the responsibility of schools to provide age appropriate sexual health information in a timely manner to the students, but it is the parent’s responsibility as well. “Parental communication about sex education topics with their teenagers is associated with delayed sexual initiation and increased birth control method and condom use among sexually experienced teenagers” (Martinez, Abma, Copen 2010, p.1). Therefore it is important for people with autism and learning disabilities to have age appropriate, comprehensive sexuality education. That is to say “sexuality education should include not only facts about sex and biology, but must also teach people to manage and enjoy relationships, make responsible choices and distinguish right from wrong” (Module 2, Human Rights 2004, p.24).

For the intellectually disabled, individual sexuality education teaches them to recognize if someone is trying to take advantage of them so they can recognize inappropriate sexual advances early on and better protect themselves from exploitation and/or be able to report incidents of suspected sexual abuse. Education also helps people with disabilities “avoid making social mistakes that might make them look foolish or might be mistaken for criminal activity” (AAIDD 2012, p.1). Appropriate sexuality education also helps them to understand some of the “possible consequences of sexual activity, such as the risk of pregnancy or of acquiring a sexually transmitted disease and teaches them how to protect themselves from some of the unintended outcomes of sexual activity.” (AAIDD, 2012 p.1.) According to the World Health Organization (1975), “Sexuality is an integral part of the personality of everyone: man, woman and child; it is a basic need and aspect of being human that cannot be separated from other aspects life” (p.1).

Objectives/Learning Goals:

The goal of this curriculum is to: (1) increase high functioning autistic students’ knowledge about the transmission and prevention of HIV/AIDS and other contributing STDs, (2) help them discover that they are responsible for their sexual health and empower them to take control of their sexual health.

The Objectives

- Aid students to develop and increase self-advocacy skills regarding sexual behaviors.
- Aid students to reduce the risk of contracting sexually transmitted diseases.
- Discover strategies to prevent unwanted pregnancies.
- Discover acceptable and responsible public and private behaviors using social stories, visuals, PECS, and other media.
- Raise students awareness of health issues associated with the HIV virus, teen pregnancy and sexually transmitted diseases.
- Discover that HIV/AIDS and other Sexually transmitted disease are preventable diseases.
- Accurately identify and describe the function of each body part, and discriminate between public body parts and private body parts.
- Distinguish between good touch and bad touch.
- Promote meaningful communication skills amongst a group of autistic students.

Strategies

Children diagnosed as high functioning autistic students learn best when information is presented to them at their level and in no more than 2 or 3 simple steps as well as when materials are hands on and engaging. They are at their optimum learning levels when information is repeated using visuals and a Picture Exchange Communication System (PECS) or taught through the use of social stories. Throughout this unit, the use of visuals, social stories and PECS will be employed so that even a high functioning autistic child who is classified as a non-reader or whose reading level is at the pre-primer level, will be fully engaged just as well as the students who are reading on the High School level. The information presented will be developed around the comprehension level that is pre-primer through grade 6 in order to accommodate all. My autistic class follows the Life Skills Curriculum. Since we do not follow a science or health core curriculum, the curriculum developed here will be adapted to the Personal Maintenance Domain in our Life Skills Curriculum. The lessons designed and presented for these students will be taught repeatedly throughout their years in high school since they remain in high school in a self-contained class for almost six or seven years.

A number of my students are diagnosed as being intellectually disabled, students who are Autistic and intellectually disabled need constant reminding and reinforcement to learn... While teaching them one finds that one often needs to repeat the same topic several times before they fully understand. The students need to be questioned to ensure they have understood the information. Using dolls or puppets in the teaching process might help the student have a clearer idea of lessons on sexuality (AAIDD 2012). During this unit, students will use a variety of visual aids, examples, dolls and puppets, role play, coupled with note-taking strategies for writing informational paragraphs on acceptable private and public behaviors. They will use modeling, and social stories that describe situations in a meaningful format which is clearly understood. This hopefully will encourage the students to learn

abstract concepts in a concrete fashion, especially in the areas of Anatomy and Physiology, Puberty and Adolescent Development, Identity, Pregnancy and Reproduction, Sexually Transmitted Diseases and HIV, Healthy Relationships, and Personal Safety. They will expand their vocabulary by learning words specifically associated with these topics. They will build word walls to guide them in remembering those words. They will also use those words effectively in their final projects. Students will examine grammar topics such as capitalization, punctuation, editing and proofreading and apply these conventions to the writing, revising, and editing of their report or projects. Pamphlets on the various STDs will be sent home with the students so that they can share with their parents what they have been learning. Their parents will be an integral part of this curriculum unit. They will be informed of the lessons being taught and encouraged to use the opportunity to reinforce what is been taught in class with their children. Coloring pages, puzzles and games will be designed around the various concepts taught in the sexual health classes to ensure that, even the lowest level learner can grasp the information taught.

Students will view videos on self -advocacy skills, private and public behaviors in order to visualize the situations. They will also be involved in role playing to demonstrate self-advocacy skills; for example, a role play entitled “Just Say No” developed around unwanted sexual advances could help them demonstrate the concept learnt in self-advocacy skills. Each student will choose from any of the following culminating activities for the Unit.

- Develop a set of rules for public and private sexual behaviors.
- Develop a set of self – advocacy skills for sexual behaviors.
- Students will use various websites coupled with VIZZLE (a program for autistic students) to develop, edit, and illustrate a pamphlet on STI Prevention 101 for autistic students.
- Develop a power point presentation of how HIV/AIDS is spread or how it can be prevented.
- Students will create a wall chart demonstrating appropriate sexual behaviors.
- Students will carry around an egg for a week to demonstrate the responsibility that goes with pregnancy/taking care of a baby.
- Due to the fact that some parents may have an objection to the teaching of sexual health education to their autistic child, a letter informing the parent of the content of the unit and requesting parental permission for each child to be included in the sexual health class will be sent to each parent prior to the implementation of the unit. Any child whose parents object should be placed into another class under the supervision of another teacher and given alternative classwork to do while the lessons are in session. The Philadelphia School District Core Content Unit on HIV/Aids presents a sample parental permission letter; this could serve as a guide when developing the parental permission letter for this unit.

Lastly, the Madeline Hunter seven steps Direct Instruction Model will be used for instructions. This model includes the following steps:

1. Anticipatory set (Do Now): This provides a “hook” for students to see the relevance of the learning or to otherwise become receptive to learning the subject matter.

2. Objectives/Standards: This Identify specifically what the student will be able to do, understand, and/or care about as a result of the lesson.
3. Teaching & Modeling: Provide a model or example of what is expected as the end product of the learning
4. Guided practice: Students work on activities or exercises relevant to the subject matter under the teacher's direct guidance.
5. Check for understanding. Evaluate the students practice sets to make sure that they "got it"
6. Independent practice: Once students have acquired the learning, have them repeat the practice to provide reinforcement of the learning. Closure -- Actions or words by the teacher that provide cues to students that they have learned the subject matter or a summary of the lesson. Home work: For added practice of the concepts taught

Classroom Activities

This section presents lesson plans for several of the lessons described in the Lesson Sequence (included as the second section of this curriculum unit).

Lesson 1

Topic My Body: My Life

Time: 1 hour

Standards PA State Standard Use proper names for body parts including male and female anatomy. AP.2.CC.1.

Objective Introduce and describe the human body using a body diagram and a social story
Do Now: Name five body parts and tell what you use these body parts to do.

Guided Practice: First, discuss the "do now" then chart the body parts and their functions given by students as you correct names and functions where necessary. Next generate a list of body parts with the aid of students, and then provide students with the following list of body parts: head , hair face, forehead, eyes, eyebrow, nose, nostrils, lips, mouth, tongue, teeth, ears, cheeks, chin, neck, shoulders, breast, arms, elbow, wrist, hand, palm, fingers, thumb, waist, belly, hip, thighs, vagina, penis, legs, knees, calves ankles, shin, heels, toes, back, buttock (bottom/butt). Next the teacher will assist students to label the body parts of a model using the generated list. Students then point out these body parts on themselves.

Lastly students read the picture story to identify position of and basic functions of the exterior parts of the body.

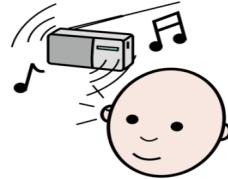
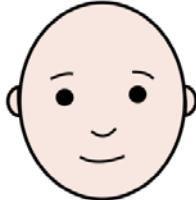
.

 On top of my body
 is my head

 I can cover my
head with a hat

. On top of my head is my hair ,  long

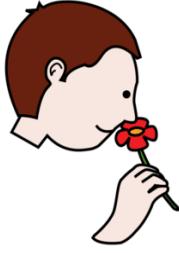
or short , I'll style it the way I can . On each side of my head are my ears 

 I hear with my ears. In front of my face  are my eyes,

 I see with my eyes. Between my eyes is my nose



, I smell with nose and I breathe

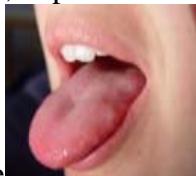


through my nose , below my nose is my mouth , I





eat, I breathe , I speak with my mouth. Inside my mouth are my teeth



and my tongue , I can taste with my tongue. I have lips



that kisses , smiles



or frowns, below



my lips is my chin



what is a face without a chin ? Some boys have a



beard



on their chin , below my chin is my neck

, my neck



turns my head to the left

to the right,

it helps

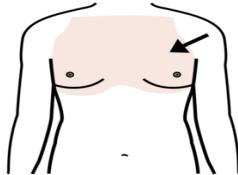


to nod my head up



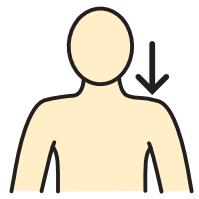
and down ,

and holds my head in place . Below

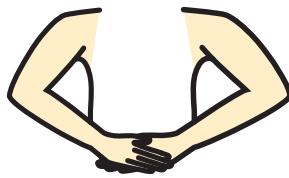


my neck is my chest,

it moves up and down when I breathe, shoulders



and arms



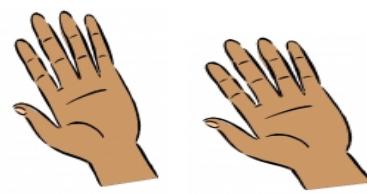
are attached to chest , my hands



attached to my arms . on my arms are wrists



where I put a watch or hands



that clap



and fingers, that touch and type



that hold a

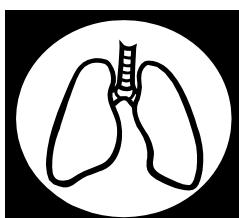


pencil when I write . I have a skin

that feels the cold and protects



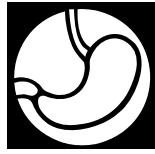
my body and all those special organs I have inside, lungs ,



that breathe , a heart



that pumps blood, a stomach



, that gets filled up when I eat my meals , and millions of cells that



make me , me. a butt



that I sit on, knees



that kneels , feet



that takes me wherever I go



On my body

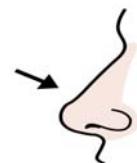


are private

parts , these you



will find between my knees



and my nose

and

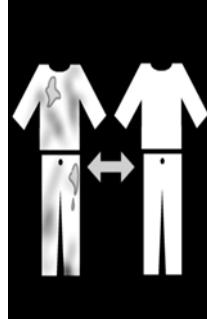


where my bathing suit

goes. My lips



are on my face it's not covered at all but the other private parts are

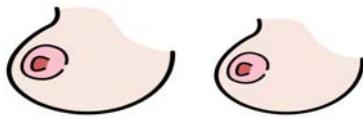


covered with clothes.



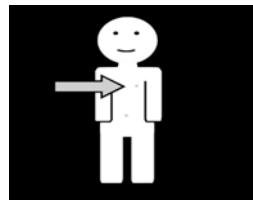
The butt

that I sit on is private ,

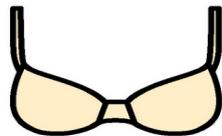


so are breasts

on the chest



that girls

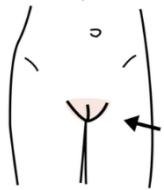


cover with a bra ,

my penis

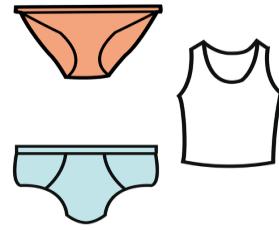


if I am a boy , and



my vagina

if I am a girl



lies between my legs and are covered with underwear

that goes under

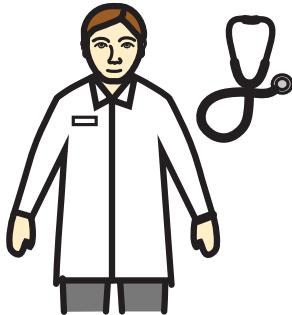


my clothes. Private parts are special, it is not okay for a stranger to

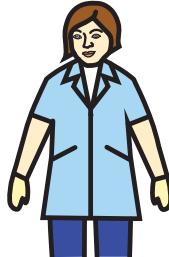
touch



my private body parts, Only my doctor,



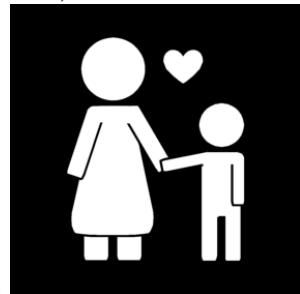
my nurse,



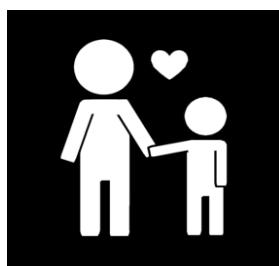
when I go for my check-up

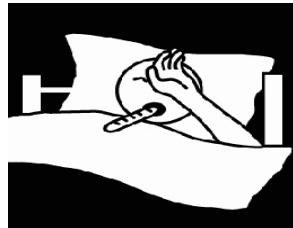


.Or my mom



or my dad





when I am sick



and need some help

to



bathe

or clean up myself.

Independent Practice: Students label body part of a human model.

Evaluation: Students who can't write will stick labels on to a model. Some non-readers can use coloring books on my body; others will fit together a ten piece puzzle on the human body. Those non-readers who finish their activity quickly can move on to complete other manageable activities. For the lower functioning autistic students or the non-readers who have 1:1 assistance, use play dough to create a human body then guide the student to stick pre-made labels of four or five body parts on to the created model. (Teacher made ten pieces puzzle for non-readers is created from human body model using the names of ten body parts discussed in class). Give students a labeled model of a human being then ask students to locate the parts on their own bodies.

Home Work: At the end of the lesson students will pair with each other to trace the outline of their body. They will take their outline home where they label the parts of their bodies on their outlines as homework then return their models to school to where they will paste/glue the outlines on to sturdy construction paper or card board for later use. Adult 1:1 assistance should be given to weaker students in the creation of their models and parent's assistance encouraged to facilitate homework activities

Lesson 6

Lesson Topic: Me a Parent? No, Not yet!

PA Standards Identify medically accurate resources about pregnancy prevention and reproductive health care. **PR.8.A1.1**

Describe the signs and symptoms of pregnancy **PRB.8.CC.5**

Define sexual intercourse and its relationship to human reproduction **PR.8.CC.1.** •

Explain the health and benefits of various methods of contraception including abstinence and condoms **PR.8.C C.3**

Identify medically accurate resources about pregnancy prevention and reproductive health care. **PR.8.A1.1**

Identify medically accurate sources of pregnancy- related information **PR8.A1.1•**

Domain: Personal Maintenance

Objectives:

- Discover the pregnancy process
- Explore medically accurate pregnancy prevention methods
- Describe parents' responsibilities to children
- Explain reasons for not becoming a teen parent
- Identify, list or draw pregnancy prevention tools

Strategy: This lesson assumes that students have been taught about the human reproductive system. Employ the use of speakers, to assist with this lesson. Your school nurse could be a great resource here. Use videos or video clips where possible. A referenced list of the school district approved speakers and other resources is enclosed in the appendix, use this to your advantage to enrich the lessons. Be sensitive to the feelings of students in your group who are pregnant , have been pregnant or have a teen relative who is pregnant.

Do Now: Write down what you think pregnancy is, or draw a picture to show the meaning of the word pregnancy. What could you do to avoid getting pregnant or getting someone pregnant?

Guided Practice: Discuss the do now. List methods of pregnancy prevention given by students ensure that you correct any myths about pregnancy and or unsafe method of pregnancy prevention s soon as you have discussed .the methods of pregnancy prevention with your class.. Review the human reproductive system then discuss how pregnancy occurs using a pictorial story. Introduce and discuss medically safe pregnancy prevention methods (examples, for females -- oral contraception, cervical cap, diaphragm, hormone implant (Norplant) – hormone injection (Depo-Provera); for men – (condoms). Ensure that you have pictures of the prevention devices that you discuss or samples wherever possible. Tell students that the only method that is guaranteed to prevent pregnancy is not having sex Discuss parent's responsibilities to their children and chart these

Independent Practice: Students complete worksheets on pregnancy prevention methods and responsibilities of taking care of a baby or complete a puzzle on the human reproductive system, or label diagram of the male and female human reproductive system or draw pictures to show one parent child responsibility or pregnancy prevention method.

Exit ticket: Review pregnancy prevention methods and parents responsibilities to children.

Homework: Create a budget for taking care of a baby for 1 month. Carry around and care for an egg for one week to demonstrate their readiness to be a parent. Read and discuss pamphlets on pregnancy and pregnancy prevention with your parents. Or Complete puzzle on pregnancy prevention methods and parent responsibility.

Lessons 7 and 8

PA State Standards: Define STDS including STDs how they are / are not transmitted
SH.8.CC.3

Identify medically accurate information about STDs, including HIV **SH.8.A1.1.**

Compare and contrast behaviors including abstinence to determine the potential risks of STD / HIV transmission

Analyze the influence of alcohol and other drugs on safer sexual decision- making and sexual behaviors **SH.8. INF.1**

Demonstrate the effective communication skills to eliminate or reduce risks for STDs including HIV **SH. 8.1.C.1**

Domain: Personal Maintenance

Lesson Topic: STIs? No Thank You! (STI Prevention part 1)

Time: Five 60 minute periods

Strategy: Lesson 3 begins when all the lessons on pregnancy prevention are completed. Teacher ensures that he/she is confident talking about sex, and sex organs in the presence of students. Teacher teaches about the more common STD first, Chlamydia, Gonorrhea Syphilis, and then move on to others less popular, for HIV/ AIDS instructions, the American Red Cross Posters on HIV/ AIDS transmission and prevention are very useful tools. Check for students understanding throughout discussions. Break down vocabulary words into syllables to ease with pronunciation for example Chlamydia (Chla- my- di – a, syllables, Cla- .mi- di- a , Pronunciation) here the assistance of the speech language clinician is utilized to help students sound out and pronounce vocabulary words. This will help students, especially those students who are low level readers or non- readers to confidently pronounce and use the new vocabulary words. Students who write will enter the vocabulary words into their journals. Non-readers will be provided with the words and picture representation of each vocabulary words wherever possible. As deemed necessary social stories will be developed and simple case studies will be used to emphasize basic concepts especially for low level or non- readers. The lesson concludes with short video clips on The STIs discussed. The National Health Service (NHS) “Your health, Your Choices” provides excellent video clips on STIs at no cost to teachers. However, it is important to ensure computers are able to access these sites during school. It is very important to discuss the ideas presented in the video clips. Clip can be used to review the concepts taught in class on Sexually Transmitted Infections (STIs)

Objectives

- Be able to name at least three common sexually transmitted infections.
- Discover how sexually transmitted infections are transmitted and their prevention.
- Discuss symptoms of sexually transmitted infections.
- Learn the importance of getting treated for an STI infection.
- Tell how to get treatment for an STI and become acquainted with resources available if he/ she become infected with an STI

Do Now: Ask students to write down the name of any sexually transmitted disease they know of then tell if they know how people get these diseases. (Remind students that it is important to share with the class what they know because their ideas are very important and are respected).

Guided practice Discuss do now and chart the examples of STIs given by students as well as the method of transmission given. Introduce the topic STIs transmission and prevention. Define the Term STIs: tell students that there are many different STIs some are grouped as bacterial STIs others, Viral STIs and the rest protozoan STIs. Tell students that today we will be discussing 3 bacterial STIs in this lesson but in coming classes other types will be discussed. There are a number of pamphlets on STIs provided for them to take home, they are to share them with their parents and discuss the information presented in these pamphlets on STIs with their parents. Introduce the following STIs: Chlamydia; Gonorrhea, Syphilis. Tell students that these are bacterial STIs. Then discuss the method of transmission, how these diseases can be prevented, and symptoms of these diseases. Help students to pronounce the names of these STIs by breaking the words into syllables, example (Chlamydia - chla- my- di- a pronunciation cla- mi- di- a). Tell students that there are good and bad bacteria, each person has their own share of good bacteria. That helps to keep them well, bad bacteria makes one ill. Show students samples of bacteria. Discuss Transmission: How does the STI pass from one person to another? Tell students that these STIs are transmitted by having unprotected anal, oral or vaginal sex with an infected person or from a mother to her baby. Discuss Symptoms: How can people tell if they have an STI? Inform students that some STIs may not show symptoms (signs) that one has it but if a person is having sex the person should tell his/ her doctor that he/ or she is sexually active and should get tested for STI's. Chart the diseases and their symptoms Revisit responses to do now and clear up any misconceptions or any incorrect method of transmission given by students and give the correct method.

Discuss Treatment: How the STIs are treated, whether or not the STI is curable or incurable and resulting problems when a person does not get treated early for an STI. Tell students that bacterial STIs are curable; antibiotics are used to cure these Bacterial STIs. Discuss Prevention: How can someone prevent getting the STI? Tell students that abstinence (not having sex at all) is the only way to prevent STIs. However if a person chooses to have sex the person should use a barrier to prevent the transmission of an STI condoms for anal, and vaginal sex, a dental dam or condoms for oral sex, and have sex with only one steady partner (monogamous relationship) who does not have a sexually transmitted disease and is committed only to having sexual relationship with him/ her.

Discuss Responsibility: What should people do if they find out they have an STI? Inform students that when a person finds out that he /she has a sexually transmitted disease the individual should see a doctor, inform their partner and encourage their partner to get tested and treated for the infection.

Independent Practice: Read a social story then answer questions, or complete a word search using STIs vocabulary or complete a coloring page on the STIs discussed and then place new vocab words on word wall.

Exit ticket: Homework: Provide students with brochures on chlamydia, syphilis, and/or gonorrhea. Students complete a teacher made quiz on the transmission, prevention and symptoms of these diseases. Read and discuss the information in their brochure with their parents. Students could watch “A Practical Guide to Sexually Transmitted Diseases,” a 23 minute video if there are problem behaviors or as preparation for follow up lessons on STDs. As a culminating activity to all the lessons on STIs and HIV/ AIDS, design a computerized jeopardy game using VIZZLE (a program for autistic students) on STIs. If VIZZLE is not used, or the teacher does not have access to technology, create the game using index cards and chalk board to facilitate students’ participation.

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Project Arrest Resource Center : this Center is located at Temple University Vivacqua Hall, Room 312 Broad Street and Cecil B. Moore Ave. (Entrance on Broad Street, next to Barnes and Noble Bookstore. This library is a holding for health education books, brochures, videos, curricula, anatomical models, diagrams and more. You are able to check on line at arrestlibrary.org for the availability of the materials prior to going to the library unfortunately there were no materials designated to the special needs students. However as a teacher you can adapt materials to suit your needs It's simple! Just select the materials you want, add them to your cart and, when you're done, check out. Your materials will be on their way to your school address! For more detail on who can use this service and how to order, see library.

Annotated Bibliography

Centers for Diseases Control and Prevention : this site provides accurate and reliable information on a wide variety of sexually transmitted diseases among these are Bacterial Vaginitis (BV) Chlamydia, Gonorrhea, Hepatitis Viral, Herpes Genital, HIV/ AIDS , Human Papilloma virus ,and Pelvic Inflammatory disease

Future of sex Education Initiative, (2012) National sexuality education: Core content standards and skills [a special publication of the Journal of school health] Retrieved from <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf> y Disease, (PID) Syphilis , Trichomonias other STDs and Pregnancy.
<http://www.cdc.gov/std/>

Girlshealth.gov was created in 2002 by the U.S. Department of Health and Human Services' (HHS) Office on Women's Health (OWH) their goal is to help girls (ages 10 to 16) learn about health, growing up, and issues they may face. Girlshealth.gov is an easy to use interactive website that, gives girls reliable and useful health information in a fun, easy-to-understand way as it promotes healthy living . The website also provides information to parents and educators to help them teach girls about healthy living . –

The Teenage Human Body: Operators Manual. This manual provides information on how to maintain one's body. There are eleven parts in the manual. Each part begins with a list of topics so that one can tell if it contains the information one is looking for. Related words are in the Index referencing specific pages. Designed for youth working alone or with an adult. Available From: Northwest Media, Inc. 326 West 12th Avenue Eugene, OR 97401541-343-6636 541-3430177 (fax)
| nwm@northwestmedia.com (email) <http://www.northwestmedia.co>

Todar's Online Textbook of Bacteriology (available at <http://textbookofbacteriology.net/>) is an excellent source not only on bacterial sexually transmitted infections, but also on some viral sexually transmitted infections

Standards

Core Concepts: Analyzing Influence (INF) .Accessing Information (AI) Decision Making (DM Interpersonal Communications (IC) Goal Setting (GS) Self-Management (SM) Advocacy (ADV)

Describe the signs and symptoms of and potential impact of STDs including HIV SH8 ;CC.I Identify medically accurate resources about pregnancy prevention and reproductive health care. PR.8.A1.1.

Apply a decision making model to various sexual health situation P R.8.DM.1

Demonstrate the use of effective communication and negotiation skills about the use of abstinence. PR.8. 1C.2

Explain the health and benefits of various methods of contraception including abstinence and condoms PR.8.C C.3

Identify medically accurate resources about pregnancy prevention and reproductive health care. PR.8.A1.1

Describe the signs and symptoms of pregnancy PRB.8.CC.5

Identify medically accurate sources of pregnancy- related information PR8.A1.1

Define STDS including STDs how they are / are not transmitted SH.8.CC.3

Identify medically accurate information about STDs, including HIV SH.8.A1.1.

Compare and contrast behaviors including abstinence to determine the potential risks of STD / HIV transmission

Analyze the influence of alcohol and other drugs on safer sexual decision- making and sexual behaviors SH.8. INF.1

Demonstrate the effective communication skills to eliminate or reduce risks for STDs including HIV SH. 8.1.C.1.

Define sexual abstinence as it relates to pregnancy preventionPR.8.CC.2

Examine alcohol and other substances, friends, family, media, society and culture influence decisions about engaging in sexual behaviors. PR.8. INF.1.

.Demonstrate the effective use of communication skills to support one's decision to abstain from sexual behaviors. P R.8.1C.1.

Define sexual intercourse and its relationship to human reproduction PR.8.CC.1.

Use proper names for body parts including male and female anatomy. AP.2.CC.1.

Appendix

Glossary A useful lists of words and meanings of the terms used in sexual health education can be obtained from the National Sexuality Standards since it includes an excellent glossary in the last few pages.

School District of Philadelphia Approved Items The following list of approved items is obtained from the School District of Philadelphia Office of Health, Safety & Physical Education Human Sexuality Materials Review Please note: there may be a charge for speakers / materials and the names of contacts might change .

Speakers

Camp CAYA Workshops for Girl Contact: Karima Roepel, Life Coach 100 S. Broad Street Phila., PA 1911 0888-693-8494 coachk@campcaya.com .

Evolver House Motivating girls for character and excellence Contact: Cherl Wadlington, Executive Director 104 Church Street Phila., Pa 19106 215-592-8988 Cheryl@evolverhouse.org

2. Evolver House Motivating girls for character and excellence Contact: Cherl Wadlington, Executive Director 104 Church Street Phila., Pa 19106 215-592-8988 Cheryl@evolverhouse.org

3. Women Against Abuse (STAR) Teen Dating Violence Contact: Teresa White-Walston 11 S. Broad Street, Ste 1341 Phila., PA 19110 Teresa@woar.org

4. Lutheran Settlement House Bilingual Domestic Violence Program Contact: Susanna Gilbertson, Training & Education Supervisor 1340 Frankford Avenue Phila., PA 19125215-426-8610 x240 Sgilbertson@lutheransettlement.org

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5. Women's Anonymous Test Site (WATS) HIV 101 at Bartram Contact: Danielle M. Park1211 Chestnut Street, Ste 701 Phila., PA 19107 215-246-5210 dparks@healthfederation.org

6. Mountain Meadow Workshops for children w / LGBT parents Grades 3-8th : All Families are Special Contact: Carolyn Thompson 1315 Spruce Street, Ste 411 Phila., PA 19107 215-772-1107 / 267-979-0662 (cell) ctthompsonconsulting.com
7. Women of Faith & Hope Breast Cancer Contact: Novella Lyons 7143 Ogontz Ave Phila., PA 19138-2015 215-424-4180 Novellaklyons@wofah.org
8. Busy As A Bee Hormones & Reasoning – Decision Makin Bea Joyner, CEO (using poetry & writing) P.O. Box 45934 Philadelphia, PA 19149 215-533-2658 beajoyner@aol.com
9. Bryson Institute of the Attic Youth Center LGBTQ Issues Contact: Mason 255 S. 16th Street Phila., Pa 19150 215-545-4331 brysoninstitute@atticyouthcenter.org
10. Intercultural Family Services, Inc. (IFSI) Preventing HIV /AIDS in Asian Communities Through Education Evelyn Marcha-Hidalgo, CEO/Executive Director 4225 Chestnut Street Philadelphia, PA 19104 Tel.: (215) 386-1298 24 Hours ifsi@ifsinc.org
11. Congreso de Latinos Unidos HIV Prevention Education Contact: Zahira Soto, HIV Programs Manage 3439 North Hutchinson Street, Philadelphia, PA 19133 215-763-8870 zahiras@congreso.net

Videos: That's a Family – Groundspark.org It's Elementary Groundspark.org Juno (DVD)
 The Baby Borrowers (Episodes 1-5) – NBC Television Bullied – Teaching Tolerance
www.tolerance.org

Private Lives www.filmideas.com 101 Ways to Make Love Without Doin' It – ETR Associates 800-321-4407 School District of Philadelphia Office of Health, Safety & Physical Education Human Sexuality Materials Review
 Scenarios USA Assorted videos / lesson plan 80 Hanson Place, Ste 302 Brooklyn , NY 11217 718-230-5125 info@scenariosusa.org

Lipstick Reflections

Choices

Toothpaste Today I Found Out

From An Objective Point of View

He Said, She Said

Don't Dance with Death

Nightmare on AIDS Street

FACT SHEETS: By CHOICE <http://www.choice-phila.org/resources.htm> Birth Control
 Facts about Sexuality -Transgender Youth
 Female Genital Health and Hygiene
 Female and Male Anatomy
 HIV

Reproductive Health Services for Teens

Patient Rights and Responsibilities

Male Genital Health and Hygiene

Menstrual Cycle

Sexually Transmitted Infections (STIs)

Teen Rights and Pregnancy

WEBSITES:

www.Gurl.com - a teen site and community for teenage girls

www.Beinggirl.com Always / Tampax

www.educationworld.com - for teachers

www.Iwannaknow.org - American Social health Association

www.mysistahs.org- for girls/ women

www.kidshealth.org- the Nemours Foundation

www.cdc.gov/healthyyouth Federal government site

Books:

1. Puberty's Wild Ride Family Planning Council, Phila., PA For High School Students, HRCs, parents
2. Talk About Sex by Kemper and Rodriquez www.siecus.org (High School)
3. You Can Call Me Wiley, A story for Children about AIDS by Joan C. Verniero
4. Z's Gift, A story of a boy whose teacher gets AIDS By Neal Starkman ((Elementary