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ABSTRACT

Designed for eighth grade health classes, the guide serves to present early adolescents with information about drugs, relations between the sexes, difficulties and problems which are likely to arise in these areas, and probable consequences of various courses of action. The specific topics addressed in the unit are: (1) decision making; (2) family and peer relationships; (3) alcohol, tobacco, and other drugs; (4) reproduction, pregnancy, birth, and pregnancy prevention; (5) sexually transmitted diseases; and (6) problems of teenage pregnancy. Objectives, instructional activities, and student handouts are included for each topic. Transparency reproductions are included for topic 4. (BA)

Instructional Guide

Grade 8 Health Unit

1985

Montgomery County Public Schools
Rockville, Maryland

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Introduction

Overview and Purpose

The topics of this unit are decision making; family and peer relationships; alcohol, tobacco, and other drugs; reproduction, pregnancy, birth, and pregnancy prevention; sexually transmitted diseases; and problems of teenage pregnancy. Carefully selected material is presented in these areas as part of instructional activities which address questions, concerns, and problems critically affecting the lives and health of early adolescents.

A list of the objectives of the unit, organized by topics, appears as the last section of this introduction. The numbering of the instructional and performance objectives is retained throughout the guide as it appears in this listing: a Roman numeral for the topic, an Arabic numeral for the instructional objective, and a lower case letter for the performance objective. The instructional activities in the guide are given titles. Student handouts are labeled as such. An introduction for each topic discusses the essential learning covered in the topic.

The purpose of this unit is to present early adolescents with information about drugs, relations between the sexes, difficulties and problems likely to arise in these areas, and probable consequences of various courses of action—and to do this in a context which:

- provides clear and accurate information to dispel misconceptions and orient students to the seriousness of the related health issues
- emphasizes the moral and social responsibilities of the individual to self, family, peers, and the community
- engages students in realistic decision making in emotionally laden and potential problem areas
- informs students of related health dangers to themselves and others, and of sources of strength and help in the family, school, and community

This unit supports other goals of health education, of student counseling, and of the educational program as a whole as much by the manner in which the unit is taught as by the content. These goals relate to helping students through the transition from childhood into young adulthood by having them discover that:

- this transition is part of the normal, human experience
- their classmates are sharing similar joys, doubts, anxieties, and yearnings
- their parents and the school staff understand this transition and are supportive of students as they make their way through it

Values

The presentation of the basic health information in a context that emphasizes decision making and relationships provides the moral basis for this unit. The decision-making portion emphasizes alertness to situations which may present difficulties or dangers to students or others; consideration of possible alternatives for dealing successfully with such situations; and choosing alternatives on the basis of deliberation, the most reliable information available, responsible judgment about the consequences, and consistency with family values and the law. In short, it emphasizes thoughtfulness and self-control. The relationships aspect is clearly an integral part of this, since the situations are all interpersonal ones. Here the stress is on consideration for others; what those close to the student—family, peers, and school personnel—are like, what their needs are, and how they can provide the student with help and themselves be helped.

The unit *stresses saying* "NO" as a means of avoiding situations which might be dangerous or prove overwhelming, and as a technique to be practiced should a student find

himself or herself in a situation where great pressure is being brought to bear.

Thus, in the teaching of the unit, *moral values are stressed*, through both the course materials and the manner in which they are approached. These include the values of deliberation, self-control, self-respect, and understanding and consideration of others. Recognition of the vital importance of the family to both the individual and society is the basis for instruction in family life and human development. The sex education portion of the unit is presented in a way which upholds the ideas of restraint, commitment, and adherence to family values. Students are given accurate information and made aware that our society does not condone casual, irresponsible sexual activity.

The State bylaw identifies two important goals for Family Life and Human Development programs:

> . . . to build an understanding of the rational and ethical basis of moral values generally accepted in our society, and to develop the foundation for making responsible choices of behavior that will reflect respect for the individual and for others in the family and community.

Instructional Focus

Each section is organized so that factual material on a topic can be presented before decision making related to the topic. The content is largely factual and should be used to correct common misunderstandings. The decision making concentrates on situations and problems likely to arise during early adolescence. The approach is to make the problem situations realistic but not overwhelming, absorbing but not personalized with regard to what is shared in the classroom.

More information and exercises are included in these sections than can be covered in the few days allotted to a section. The teacher must be selective and concentrate on what is most critical for the students to learn. Throughout the unit, there are charts, diagrams, and quizzes which, along with the introduction to each topic, help the teacher and the student to concentrate on essential learning.

The Place of Decision Making and Relationships in the Unit as a Whole

The topics of decision making and family and peer relationships, although containing information and activities in their own right, are designed to be taught in conjunction with the remaining four topics. There are a number of reasons for this:

- The topics of decision making and relationships provide a meaningful and socially responsible context in which to teach and learn material in topics III-VI (alcohol, tobacco, and other drugs; reproduction, pregnancy, birth, and pregnancy prevention; sexually transmitted diseases; and problems of teenage pregnancy).
- Not only are the interpersonal and decision-making contexts needed for responsible teaching and learning in these health areas, but they also add the interest required for effective teaching. Taught as straight factual material, the health content of the course is less likely to be learned and retained.
- Most eighth graders are at a stage of development when they are not likely to be interested in decision making as a separate topic and activity. They tend to have strong opinions and to seek quick answers to questions. It follows that the teacher should not try to focus very much on the decision making *per se*, but on specific, interesting situations which pose appropriate health questions for these adolescents and motivate them to think through their answers. However, a simple decision-making model and some basic aids to thinking about relationships need to be presented to help students think through tough questions.

The decision-making and relationships aspects of the unit should give meaning and seriousness to the basic health information, while the health topics should in turn motivate students to think more deeply about the meaning and value of various kinds of relationships and the importance of fully considering difficult decisions before taking action.

Topic I includes decision-making activities which provide an opportunity for the students to become acquainted with one another and with the teacher, with the purposes of the unit, and with the manner in which instruction will be conducted, particularly with regard to seriousness of purpose, grading, protection of privacy, and respect for personal values and individual differences. Topic II, family and peer relationships, provides background for information, discussion, and problem solving related to social relations and personal characteristics: growth, separation, and closeness; likes and dislikes; loyalty and pride; embarrassment and fears; striving and popularity; etc.

Eighth graders come to this unit anticipating the content in topics III-VI. Evaluation of the pilot of this unit shows that attempts to begin it with a study of decision making

and/or relationships in the abstract may lead to student disappointment and boredom. Moreover, there is no need to approach topics I and II in the abstract. These topics may be taught either at the start of the course or a bit later. But both decision making and relationships must be *about something*, and from the very first, they can and should be made interesting through use of information and activities from the later topics of the unit. There is no danger of neglecting decision making and relationships because they are woven all through the unit as the necessary background for the health information.

While the first two topics run throughout the unit, the remaining topics build on one another and the sequence in which they appear in the guide will be the sequence to which teachers should generally adhere in teaching the unit.

Family Life and Human Development Education

Family life and human development is a major aspect of health education which is required by State Board of Education bylaw. Three topics in this unit—reproduction, pregnancy, birth, and pregnancy prevention; sexually transmitted diseases; and problems of teenage pregnancy—fall within focus areas II and III of family life and human development. The bylaw defines these focus areas and mandates many aspects of instruction in them, including safeguards for students, parents, and teachers. It specifies requirements for parental permission, selection and use of curriculum materials, and citizen involvement in developing, monitoring, and evaluating the family life and human development program.

Teachers of the unit should be familiar with MCPS Regulation IGP-RA, "Implementation of Programs on Family Life and Human Development," which contains both the state bylaw and the MCPS guidelines for implementing it. Among the many important stipulations in the regulation are those regarding parental permission and use of instructional materials. Written parental consent is required for a student to take the portions of this unit dealing with reproduction, pregnancy, birth, and pregnancy prevention; sexually transmitted diseases; and teenage pregnancy (topics IV, V, and VI). Students who do not take one or more of these topics will be assigned to an alternative unit in physical education.

Any instructional materials containing content which falls within focus areas II and III as defined in the regulation can be used in the unit only if they have been specifically approved for the unit by the Health Evaluation and Selection Committee and the Citizens Advisory Committee on Family Life and Human Development. Principals and teachers are responsible for seeing that only approved materials are used. The approval procedure for Health Education materials is outlined in the regulation on family life and human development. The regulation also specifies that the parents of students to be instructed in the content of focus areas II and III must be given an opportunity to review the materials to be used in connection with that content.

Teacher Qualifications

In order to teach the topics of this unit on reproduction, pregnancy, birth and pregnancy prevention; sexually transmitted diseases; and problems of teenage pregnancy, the teacher must be certified in health education, or have taken the MCPS in-service course HE-06, "Family Life and Human Development," or another approved training program.

The local school, area, and central offices have staff prepared to provide assistance for teachers of this unit. A teacher who feels uncomfortable with a topic or concept to be presented should seek such assistance before teaching that portion of the unit.

Legal Matters and MCPS Regulations

The nature of the topics in this unit may elicit questions from students or requests for help in sensitive areas which will require the teacher's knowledge of MCPS policies and procedures and related legal matters. The teacher should have enough knowledge in these areas to know when to seek help. A student's problem may be beyond the competence of the teacher, or the teacher may simply feel unwilling or unable to respond to a particular student concern. A number of resources are available to students and their families. A teacher may refer a student to the school nurse, a counselor, a pupil personnel worker, or a school administrator. The procedures for obtaining such services are available from the school principal. The teacher may also suggest that the student consult with the family doctor or with personnel at the Montgomery County Social Services office. Encouraging students to talk things over within

their own families remains, of course, a primary concern of the teacher.

When students are comfortable with an adult, they may ask questions and seek advice in some very sensitive areas. The following paragraphs are summaries of information for dealing with serious problems which adolescents may bring to a teacher.

Students must be made aware that conversations with a teacher are *not* privileged conversations, nor are they protected under the law if some illegal activity is being discussed. Before such a conversation begins, the teacher should inform the student of the reporting obligation the teacher has. For example, possession of dangerous weapons must be reported to the principal. Students should also be aware of regulations regarding search and seizure. A principal or the principal's designee may, in the presence of another adult, search a student believed to be carrying an illegal item. Students' lockers are also subject to search.

One area of protected communication is drug counseling. The policy on drug abuse, contained in MCPS Regulation IGO-RA, "Drug Abuse and Guidelines for Drug Abuse Counseling," provides that if a student seeks information or advice on how to overcome a drug abuse problem, the student may talk freely with a staff member, and that the communication, in this respect, is confidential and protected under the law. The student should also be aware that the teacher is urged to discuss the advisability of parental involvement with the student "at the earliest possible time," and that, if the student's health or safety is threatened, the parents/guardians and school health office will be notified. If a student is observed using, possessing, or distributing drugs or alcohol on school property, the incident must be reported by the teacher to the principal, and by the principal to the parent guardians and to the police (under MCPS Regulation IGO-RA and MCPS Regulation COF-RA, "Intoxicants on MCPS Property").

Child abuse and child neglect are areas in which teachers must know and follow MCPS procedures if they wish to help students and protect themselves (MCPS Regulations JHC-RA, "Child Abuse," and JHC-RB, "Child Neglect"). In general, the policy requires that employees report suspected cases of child abuse to the police and suspected cases of child neglect to the Department of Social Services. School employees are immune from liability in making these reports; but "failure to report . . . might result in legal action being brought against the staff member and disciplinary action by the school system. Any doubt regarding a suspected incident should be resolved in favor of the child . . . ."

Teachers should be aware that their advice may be sought by students regarding the most personal family or individual problems. Suicide is such a special problem. Teachers should develop sensitive ears. There is a common misconception that those contemplating suicide don't talk about it and that those who talk about suicide don't kill themselves. Any adolescent who talks about taking his/her life should be listened to and his/her declarations reported immediately to the appropriate counselor.

Privacy

The issue of privacy is compounded by the fact that our society does not have a clear definition of what is appropriate to talk about and what is too private to be discussed in a group. Family standards vary widely in this respect, and youngsters may differ even from their family members in what they perceive as requiring privacy. It is essential, therefore, that teachers think through this issue very carefully, guard against instructional activities that may intrude on a student's privacy, and be prepared to guide a student away from disclosures that might cause embarrassment or concern to him/her or to the family.

These guidelines will help protect the privacy of students:

- Discuss with students the need for privacy and the fact that there are varying attitudes about what should remain private.
- Avoid questionnaires or worksheets which deal with personal things such as fears or dreams.
- Make it a rule that no names be used in discussion. Instead of specific names, students can use broad, generic labels like "a boy in this school," "a teacher I once had," or "some parents."

Voluntary Nature of Activities

Although the activities in this curriculum have been carefully designed to support the personal growth of students and at the same time to avoid embarrassing, stigmatizing, or scapegoating any youngster, it is nonetheless true that people—especially youngsters in a period of transition—vary in their sensitivity to issues. To cite an extreme example, a youngster who has recently lost a parent

through either death or traumatic divorce may not, in a group setting, want to explore the concept of separation and loss. Teachers cannot possibly know everything about their students' lives and cannot predict with assurance what will or will not be painful to a particular youngster. Students must know that they have the right to opt out of an activity quietly and unobtrusively or to opt out of the sharing part of it.

In this regard, teachers must always be sensitive to the fact that the power of group pressure can make youngsters conform to group norms by participating in the group activity. It is essential, therefore, that students have an unobtrusive, private way of communicating to the teacher their desire to opt out and that they must be *assured* that other students will not be made aware of the reason why they are pursuing different activities or remaining silent. A major theme running through this curriculum is the awareness of differences among individuals and the approach that these differences are natural, healthy, and to be valued. Accepting the right of individuals to opt out is but one example of respect for differences.

Answering Students' Questions

How the teacher answers the students' questions in class is centrally involved with the issues of privacy and of the voluntary nature of sensitive classroom work. A student's question may be more revealing than the student intends, so the teacher must be attentive to protecting the student from his/her inadvertent violations of his/her own privacy. At the same time, the teacher should, in answering, be careful not to give more of an answer than the student is prepared to handle. There is always the need to consider carefully just what it is that the student is asking. These considerations apply not only to the student asking a particular question, but to all of the rest of the students who will be hearing the answer.

Question answering also involves the teacher's feeling of competence and degree of comfort with the subject matter. For all of these reasons, some suggestions are offered here on answering students' questions on sexual or other sensitive topics:

- Before teaching the class, review terminology so that you are thoroughly familiar with it and feel comfortable with both the terms and their definitions.
- Use and explain the appropriate terms when responding to questions asked by students.
- Try to respond to *any* question without showing surprise or embarrassment.
- Make responses direct and to the point: avoid unnecessarily lengthy discussions.
- If you don't know the answer to a particular question, don't hesitate to say so. You may want to promise to find the answer to bring back to the class or to have a student volunteer to look it up, depending on the question.
- Discussions about techniques of human sexual intercourse or about abortion are not appropriate. If a specific question is asked in these areas, a brief definition, for example, may be given, and the suggestion made that a parent, physician, nurse, or appropriate religious leader should be a good source of further information. These same sources should be used for referral when students' questions indicate that they may be seeking help for themselves in these areas.
- Consider having a question box or developing some other method for students to submit questions they may hesitate to ask aloud.
- If a student seems embarrassed, or for any reason does not wish to take part in the class discussion, respect his/her privacy.
- If a student seems genuinely troubled by an answer, or by the general class discussion, try to talk with him/her privately about it rather than in front of the class.
- Make clear that it is important for each individual to develop personal standards in regard to sexual as well as other matters, and suggest that the students initiate family discussions about their personal standards.
- Show respect for all points of view expressed.
- If a question is asked about your personal sexual life or your personal religious beliefs, let the student know that you understand his/her interest but that these are personal and private matters.
- Take care that any examples used in the classroom remain general or completely anonymous, so that no person's or family's privacy is invaded.
- Be prepared for a lively discussion. Once students find that an expression of their points of view and their questions are encouraged, you may be surprised by their enthusiasm.

Role of Teachers with Regard to Parents/ Guardians

During the transition into adolescence, students are apt to begin questioning many of the ideas, actions, and values of the adult members of their family, their teachers, and authority figures generally. It is also a period when young people have a particularly strong need for parental guidance and a supportive family.

It is neither appropriate nor healthy for the school to undermine parental authority and values in any way. Teachers should avoid posing questions or creating role-play situations in which a parent or an authority figure is "the bad guy." In supporting students, the teacher should be cautious about "putting down" other people. It is more constructive for the teacher to use open-ended questions to help students consider the feelings and problems of all age groups.

List of Objectives by Topic

Topic I - Decision Making

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate decision-making skills by applying them to the thoughtful resolution of adolescent health problems.

Performance Objectives: The student should be able to:

a) Identify and illustrate the steps of a decision making process.

b) Apply a decision-making process to a variety of situations and problems common in adolescence.

c) Analyze and evaluate application of a decision making process from the standpoints of completeness, correct use of information, organization and clarity, and outcome.

Topic II Family and Peer Relationships

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate knowledge of information and attitudes important to moral and healthy family and peer relationships.

Performance Objectives: The student should be able to:

a) Identify various types of relationships and compare them on a number of variables, including individual needs and family structures.

b) Identify factors influencing relationships, including individual needs and stereotyping, and illustrate how they do so.

Instructional Objective 2: Upon completion of the unit, the student should be able to apply and analyze decision-making skills to promote moral and healthy family and peer relations.

Performance Objective a: The student should be able to describe, demonstrate, and analyze a decision-making process applied to adolescent problems with family and peer relationships.

Topic III — Alcohol, Tobacco, and Other Drugs

Instructional Objective 1: Upon completion of the unit, the student should be able to cite the dangers of the use of alcohol, tobacco, and other drugs and common misconceptions about their use and effects.

Performance Objective a: The student should be able to name and explain two dangers and two common misconceptions about the use of alcohol, two of each regarding the use of tobacco, and two of each regarding other drugs.

Instructional Objective 2: Upon completion of the unit, the student should be able to evaluate information and attitudes related to the use and abuse of alcohol, tobacco, and other drugs.

Performance Objectives: The student should be able to:

a) Discuss and analyze information and misunderstandings about the use and abuse of alcohol, tobacco, and other drugs.

b) Compare and evaluate attitudes toward

and reasons for the use and abuse of alcohol, tobacco, and other drugs

Instructional Objective 3: Upon completion of the unit, the student should be able to apply and analyze decision-making skills related to the use of alcohol, tobacco, and other drugs.

Performance Objective a: The student should be able to describe, demonstrate, and analyze a decision-making process applied to adolescent problems with alcohol, tobacco, and other drugs.

Topic IV—Reproduction, Pregnancy, Birth, and Pregnancy Prevention

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate knowledge of basic information and processes related to reproduction, pregnancy, and birth.

Performance Objectives: The student should be able to:

a) Name, recognize, and state the functions of the major parts and processes of the male and female reproductive systems

b) Define and explain the menstrual cycle and its relation to fertility

c) Recognize important facts about fetal development and birth

d) Give examples of the importance of prenatal care for both the mother and the child

Instructional Objective 2: Upon completion of the unit, the student should be able to identify and evaluate methods of pregnancy prevention.

Performance Objectives: The student should be able to:

a) Identify the methods of pregnancy prevention

b) List some of the advantages, disadvantages, and side effects and cite the effectiveness of each method

Topic V—Sexually Transmitted Diseases

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate knowledge of information and attitudes related to sexually transmitted diseases.

Performance Objective a: The student should be able to demonstrate knowledge of important terms and other basic information related to sexually transmitted diseases.

Instructional Objective 2: Upon completion of the unit, the student should be able to identify some of the major sexually transmitted diseases, describe their symptoms and effects, how they are transmitted, and the effectiveness of current treatment for each.

Performance Objective a: The student should be able to identify the three major sexually transmitted diseases, describe their symptoms and effects, how they are transmitted, and the effectiveness of current treatment for each.

Topic VI—Teenage Pregnancy and Problems of Teenage Parenthood

Instructional Objective 1: Upon completion of the unit, the student should be able to cite and discuss the burdens teenage premarital sexual activity places upon youth, their families, and society.

Performance Objective: The student should be able to cite some of the local and national data indicative of the problems caused by teenage premarital sexual activity.

Instructional Objective 2: Upon completion of the unit, the student should be able to cite the dangers and difficulties surrounding adolescent pregnancy and birth and the problems of teenage parenthood.

Performance Objective: The student should be able to:

a) Cite and discuss medical risks associated with pregnancy and birth which are much greater in cases of adolescent pregnancy

b) Cite and discuss health risks to the infant which are much greater in cases of adolescent pregnancy

c) Cite and discuss social difficulties associated with adolescent pregnancy

d) Cite and discuss difficulties, advantages, and techniques of saying NO to peer pressures typically faced by adolescents

Topic I—Decision Making

Objectives

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate decision-making skills by applying them to the thoughtful resolution of adolescent health problems.

Performance Objectives: The student should be able to:

a) Identify and illustrate the steps of a decision-making process

b) Apply a decision-making process to a variety of situations and problems common in adolescence

c) Analyze and evaluate application of a decision-making process from the standpoints of completeness, correct use of information, organization and clarity, and outcome

Introduction to the Topic

The essential learning covered by this topic has to do with self-restraint and thinking things through. This includes learning that, if one takes the time, one most often can come up with more possible solutions (alternatives) to a problem than first appears to be the case; that sharing with others and listening to their views increases the number of alternatives; and that careful evaluation of the alternatives increases the chances of selecting the best alternative. These are the points which need to be stressed while the students are learning the decision-making model itself and how to use it.

As noted in the introduction to the health unit as a whole, the decision-making model by itself may not have a lot of appeal to eighth graders. Not much time should be spent on the decision model: its steps, their sequence, and definitions. Rather, the students should move quickly into the interesting work of making decisions, using problem situations from this topic or later ones, and thus learning the model as they do so. The pilot experience exemplified the common sense proposition that what interests one group of students may not interest another. The teacher should select from the large number of problem situations provided—or make up others—making sure that they fit the interests and abilities of the particular class.

The teacher should distinguish in his or her own mind—and for the class if they are ready for it—between the process in decision making (the way a person has gone about deciding) and the outcome (the choice of an alternative). This distinction is particularly important in evaluating the students' decision making. Keep in mind that outcomes, being derived from preferences and values, acquire a personal and sometimes even a private character. Outcomes (preferences, judgments, values) are shared and evaluated, of course, but usually in special situations: within a family, among friends, in a discussion group, etc. The more personal the outcomes or values, the more likely it is that sharing and evaluating them should be a matter of choice on the part of the person(s) involved. Process, the way in which one goes about making a decision, is taught as an important part of this unit, and it can be evaluated with considerable objectivity.

This distinction has important implications for fairness in grading students' decision making. A teacher may personally disagree with a student's preferences as manifested by his/her choice of an alternative. But it is the decision-making *process* that is the focus of the learning, and fairness requires that the teacher, in grading, focus on this. The student's chosen alternative in a decision about dating, for example, or about the performance of household tasks, might not be the one the teacher would prefer. But the grading of that choice should reflect the process the student went through to arrive at it, not whether the

teacher agrees with the student's chosen outcome.

In focusing on process, the teacher should keep in mind—and may want to emphasize to the class—that this does not mean that he/she is not interested in each student's outcomes. The teacher should make it clear that he/she takes an active interest in the students' opinions and ideas and is willing to discuss them, in class or in private, as may be fitting. It is the personal character of values, not their lack of importance, which makes the teacher so careful to distinguish them in his/her evaluation of the students' work.

The teacher can make the above points while explaining to students how their work on decision making will be evaluated. Three *process* criteria stand out for the teacher to use:

- **Completeness**

  - Are all of the steps present in the decision making?

  - Has all of the information needed and available been used?

- **Correct Use of Information**. Does the process indicate that the decision maker understood the information available and used it at the appropriate step?

- **Organization and Clarity**. Is the information presented clearly and organized within each step in a manner that clarifies and advances the logic of the decision making?

This last criterion, even more than the others, is an aspect of learning to write and express oneself. The amount of emphasis the teacher places upon this aspect of decision making will vary with the extent to which he/she wishes to make writing and communicating, as such, a part of the decision-making unit. It obviously plays a part, but the teacher should not emphasize it to the point at which students are deprived of ample opportunity to explore alternatives and make decisions.

After students have an initial grasp of the criteria for judging a decision-making process, the examples in the handouts should be used to reinforce this knowledge. Students may be grouped to examine examples, decide what procedural weaknesses they represent, and then report to the class for comparison and discussion.

ACTIVITY: **The Ages of Decision**

The purpose of this activity is to get students thinking about decision making. They may be able to do this more easily and objectively by first considering decision making among young children. Have them consider, as a class or in smaller groups, the following situations from the standpoint of a child of 4 or 5 years of age and then from the standpoint of a child of about 10:

- Two children are playing in the yard. One takes a favorite toy from the other
- At dinner, the family considers the desirability of a move to another part of the country.
- The child, having wandered too far from home, finds himself/herself in an unfamiliar neighborhood.
- At dinner, the main dish being served is one the child does not like.
- A birthday gift arrives through the mail and turns out to be something the child does not like.

Point out to the students that the younger one is, the more likely that one's decisions will be made automatically or will be made for one by parents or other adults. Discuss the extent to which this remains true in early adolescence. Both elements of this discussion, the automatic quality of much decision making and the degree of autonomy one has in making decisions, can be continued in the activity "How Many Decisions?"

ACTIVITY: **How Many Decisions?**

The purpose of this activity is to have students become aware of their own decision making, the number of decisions they make every day, and the fact that some of them may merit more attention than they are getting. Have students brainstorm the many decisions they have made today, regardless of how simple those decisions may have been. Remind students that brainstorming is not judgmental and that all responses are acceptable. Example:

You had to decide

- To get out of bed on time rather than be late to school
- To brush your teeth, comb your hair
- What to wear
- What to eat for breakfast
- Whether to prepare some more for a test or risk a lower grade
- How well to do your assignment
- What to eat for lunch
- Whether to dress for PE
- With whom to sit on the school bus
- Whether to do something different after school

Help students to see that of the many decisions made in one day, some are more important than others and perhaps merit more attention than they are given.

Ask:

- Are any kinds of decisions harder to make than others?
- If so, which kinds are harder?
- Do you spend about the same amount of time on the harder and the easier ones?
- If you were to spend more time on the harder decisions, how would you spend it? (Elicit any decision-making procedures the students already use, even if they are simple and informal, and then suggest the advantage of following a more formal procedure for some decisions.)

ACTIVITY: **Finding Alternatives**

Materials: Handout, "Finding Alternatives"

The purpose of this activity is to help students develop skills in exploring alternative responses to a problem. Distribute the handout and go over directions with students. Have students complete the handout independently and then discuss their responses in small groups of three or four.

Ask:

- Did you find it difficult to think of four alternatives?
- What new alternatives did other classmates come up with?
- Why is it important to discover as many alternatives as possible?

Finding Alternatives

A decision needs to be made. Once we have identified the problem or situation requiring a decision, we are ready to identify alternatives. Alternatives are various courses of action that can be chosen as solutions to a problem.

Practice Sessions:

Your teacher has asked you to prepare a project that is due tomorrow. The assignment was given a week ago, and you have forgotten it until just now when you were reminded that it is due tomorrow. What are your choices? (alternatives)

1.

2.

3.

4.

Since we are sometimes not aware of all the alternatives available to us, we have to check with others—maybe friends or parents—who are aware of other choices. Check the list of the person next to you. See whether he/she has some ideas that you can add to your list. List them below:

1.

2.

3.

ACTIVITY: **The Six Steps of the Decision-Making Model**

Materials: Handout, "Labeling and Sequencing the Six Steps of the Decision-Making Process," or an overhead projection of it

Name and explain each of the six steps. Give examples to illustrate each step as you go along.

Six Steps of the Decision-Making Process

1. Identify the problem.
2. Generate alternatives.
3. Evaluate alternatives.
4. Decide on the best alternatives.
5. Make plans and act on decisions.
6. Check out how it worked.

Have the students use the handout to become familiar with the meaning of the steps as well as their sequence.

After further activities and practice using the model, the same handout may be used to assess Performance Objective I-1-a. Students should be able to correctly match and sequence all six steps of the model to meet the objective. As a more advanced assessment activity, ask the students to give, in their own words, descriptions and/or short illustrations of each of the steps.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Labeling and Sequencing the Six Steps of the Decision-Making Process

Directions: Read each of the descriptions of the steps in the decision-making model carefully. Match each description with the appropriate label by placing the letter on the label in the space to the left of the description. Then write the steps in the correct order on the bottom of the page.

Description	Label
Review the outcome of decision. Go through the steps again if you are dissatisfied.	a) Make plans and act on decisions.
Plan specific ways your decision can be acted out. Act out your decision.	b) Evaluate alternatives.
Determine the consequences of each decision or solution List the pluses and minuses of each.	c) Identify problem.
Identify just what the problem or decision is. What are your needs and the situation for this?	d) Check out how it worked.
List as many possible solutions as you can.	e) Generate alternatives.
Select the alternative that is best for you. It may be a combination of alternatives.	f) Decide on best alternatives.

The six steps in order are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

ACTIVITY: **Practice in Decision Making**

(Note: These problem situations may also be used for topics II and III.)

The purpose of this activity is to practice using the decision-making model. Divide students into pairs. Have students decide who will be *A* and who will be *B* in each pair (they can also practice reversing their positions). Reproduce the problem situations and cut into individual problem sections. Distribute the problems one at a time. Students should be reminded to apply *all* six steps, using paper and pencil as necessary for recording alternatives. Travel around to each pair to be sure students are using the model and answering questions. Have students keep the decision-making model in front of them for easy reference. Overhead projection of the model is also helpful. Stress the importance of coming up with as many sound alternatives as possible before deciding on any one.

Some sharing of results of each step should be conducted at the end of each problem situation:

- Which step is *easiest* to apply?
- Which is the *hardest* to apply? Why?
- What roadblocks might you run into at each step?
- How can they be overcome?

Possible roadblocks:

- Risk
- Fear
- Pressure from others
- Not feeling sufficiently involved in the problem
- Avoiding a decision
- Accepting an undesirable alternative
- Withdrawing from the process
- Unrealistic solution
- Not seeing any alternatives
- Not knowing how to evaluate an alternative

Practice in Decision Making

1. *A* and his/her closest friend are planning to go to the movies on Saturday. They are looking forward to having this time all to themselves. Both of them are good friends with *B*, who overhears them talking about the outing and says something which indicates that he/she assumes they will have no objection to his/her going along.

2. *A* and *B* have the same problem. They have both been invited to a basketball game. They are to be driven by a friend's older brother and are concerned because they think there will be a lot of beer drinking in the car before and after the game.

3. *A* is a teenager who babysits. *B* is a parent *A* works for. *A* is planning to raise his/her babysitting rates and has not yet informed *B* when he/she arrives at *B*'s house to begin babysitting.

4. *A* is a good student in English class. *B* is a student in the same class. *A* has spent two days working on a class assignment and has finished it early. *B* has not done any work on the assignment and asks to borrow *A*'s work.

5. *A* is the older brother/sister of *B*. *A* must come directly home from school three days a week to watch *B*. Tomorrow some friends are planning an outing after school and ask *A* to come along.

6. *A* calls and asks *B* to a school dance. *B* does not want to go to the dance with *A*, although *B* has not yet been asked by anyone else.

ACTIVITY: **More Problem Situations**

These additional problem situations, "English Test," "Waiting," and "Lost on the Moon," may be used in a number of ways. They may be used for continued practice of the decision-making model, for analysis and evaluation of the use of the model, or for assessment of students on their proficiency in using the model. They also may be used with topics other than topic I, for example, with family and peer relations. When these are used for practice and analysis, the teacher should continue to stress how important it is to continue to work on the development of alternative responses to difficult situations. Closely tied to this is the idea that one often can, by working at it and consulting with others, come up with better alternatives than one would have thought possible when first presented with a problem.

Name _____ Date _____ Period _____

STUDENT HANDOUT

English Test

You studied all week for a test in English. During the test, you see your good friend cheating by using someone else's test from another class. When the tests are returned, you get a C and your good friend gets an A. The teacher compliments your good friend on how well he/she did and tells you that you should study more.

Follow the steps of the decision-making model to solve this dilemma.

Step 1: _____

Step 2: _____

Step 3: _____

Step 4: _____

Step 5: _____

Step 6: _____

ACTIVITY: Waiting

The purpose of this activity, in addition to practice in decision making, is to explore the issue of responsibility. Get four volunteers to read the play taken from *Inchworm: A Sourcebook of Activities for Adolescent Growth* (MCPS). The teacher can be narrator of the play. Give practice time for the volunteers.

Pose these questions to the students:

- What was the decision that each child had to make?
- What solution(s) did they reach?
- What do you think you would have done?
- If all four children had gone through the decision-making model, what alternatives do you think they would have decided on?
- In your opinion, who is responsible in this story for staying at home until the repairman calls?

Waiting

Narrator: It was a fine spring day—outside. Inside, Linda put down her book and ran to answer the phone, which had finally rung.

Linda: Hello. . . . Oh, hi. . . . Yes, I will. Just as soon as she comes home. . . . I'll remember. . . . Thank you. Bye.

Narrator: Linda hung up the phone. She went to the window and stared out at what she was sure was the nicest day this spring. And maybe the nicest spring day ever. Then she picked up the book and began reading again for the umpteenth time. She had almost gotten to the bottom of the page when her brothers and sister shouted to her from downstairs.

Eddie: Who called?

Karen: Was that him?

Linda: Who?

Karen: The repairman.

Linda: No. It was Mrs. Schwab.

Tommy: Who?

Linda: Mrs. Schwab. You know, Mom's friend, Mrs. Schwab.

Tommy: Oh.

Eddie: What did she want?

Linda: For Mom to call her back when she comes home.

Eddie: About what?

Linda: I don't know, Eddie. I didn't ask.

Eddie: Oh, Linda?

Linda: Yes, Eddie?

Eddie: Let's all go to the park. Everybody's there. I know they are.

Linda: We can't, Eddie. You know that.

Eddie: You can ride my new bike. I'll let you.

Linda: No, Eddie. You know Mom told us to stay inside and do our jobs and wait until the repairman called.

Eddie: Well, I finished my jobs and besides I didn't tell Mom I would listen for the phone.

Linda: You did, too.

Eddie: No, I didn't. Maybe you did, but I didn't.

Linda: She asked all of us, Eddie . . . together. I was just the only one polite enough to answer her, and besides you didn't say you wouldn't.

Eddie: I didn't say I would, either. In fact, I didn't say anything at all.

Linda: Saying nothing at all is an answer, too, Eddie. Saying nothing at all means "I understand" and "All right, okay." When I said okay, I thought we were all involved.

Eddie: Well, you can stay around here all day if you want. But I'm not hanging around with you. C'mon, Karen. You didn't say anything either, did you?

Karen: No, but maybe we should stay.

Linda: If you go, it just isn't fair, Eddie.

Eddie: Why not? It only takes one person to answer the phone.

Karen: I guess you're right. C'mon, Tommy, I guess that means you can go, too.

Linda: This just isn't fair. You heard Mom tell all of us how important it is for someone to be here to answer the phone when the repairman calls. Mom and Dad won't be home until late this afternoon. What if he calls and nobody answers? What about that?

Eddie: Then he'll just have to call again later, or he can call back tomorrow.

Linda: But Mom said the refrigerator has to be fixed today. You heard her.

Eddie: Then she should have stayed home to answer the phone. It's her refrigerator.

Linda: And where do you keep your food, Eddie Evans?

Eddie: Well, she's the one who wants to talk to him. Not me.

Linda: But she had to go shopping, so we could all eat dinner tonight.

Eddie: And I have to go to the park. Now!

Linda: What for?

Eddie: To see my friends, that's what.

Linda: You don't *have* to see them now. You just *want* to see them. There's a big difference, Eddie.

Eddie: Boy! You really feel important, hanging around this crummy old house all day and answering the phone.... Hello... hello... hello... telling everybody just what they should do. Boy!

Linda: It is important. Eddie. You heard what Mom said.

Eddie: C'mon, Tommy.

Tommy: You go ahead; I'll stay with Linda.

Eddie: You didn't tell Mom you'd stay.

Tommy: I know, but I'd like to keep Linda company.

Eddie: C'mon, Karen, let's go. Why are you sitting there with your jacket on?

Karen: I can't decide whether I should go or stay.

Eddie: Oh, brother! I'm leaving.

Narrator: Linda turned around in her chair so that she couldn't look out the window and see her brother running off toward the park. Tommy walked back into the next room and Karen sat down with her jacket on, staring at the phone.

ACTIVITY: **Lost on the Moon**

The purpose of this activity is to obtain experience with both individual and group decision-making. Pass out individual worksheets. Read the directions and allow 5 to 10 minutes for students to rank the items individually. Randomly divide the group into smaller groups of four. Explain to students they must rank the items by reaching total group agreement (consensus). Before beginning, remind students to:

- View differences of opinion as a help rather than a hindrance in decision making
- Approach the ranking task on the basis of logic
- Support a ranking only if they agree to some extent
- Not participate in voting, averaging, or trading of rank positions because all group members *must* agree

Score individual and group rankings by the differences between their answers and the correct answers. For example, if the answer was 9 and the correct answer was 12, the net difference is 3. Three becomes the score for the particular item. Total the scores. Read the answer and the explanation to the students as they are scoring their worksheets.

ANSWERS TO EXERCISE

	Correct Rank	Rationale for Ranking
box of matches	15	No oxygen on moon
food concentrate	4	We can live for some time without food.
50 feet of nylon rope	6	For travel over rough terrain
parachute silk	8	Useful for carrying things
portable heating unit	13	Lighted side of moon is hot.
two .45 caliber pistols	11	Some use for propulsion
one case dehydrated milk	12	Needs water to work
two 100 lb. tanks of oxygen	1	No air on moon
stellar map	3	Needed for navigation
life raft	9	Has some value for shelter or carrying
magnetic compass	14	Moon's magnetic field is different.
5 gallons of water	2	You can't live long without this.
signal flares	10	No oxygen on moon
first aid kit containing injection needles	7	First aid kit might be needed but needles are useless.
solar powered FM receiver-transmitter	5	For communication

Name _____ Date _____ Period _____

STUDENT HANDOUT

Lost on the Moon
Decision Form

Individual Ranking	Individual Score	Group Ranking	Group Score

Imagine that you belong to a space crew scheduled to rendezvous with a mother ship on the lighted surface of the moon. However, mechanical difficulties have forced your ship to crash-land 200 miles from the rendezvous point. The rough landing damaged much of the equipment aboard.

Survival depends on reaching the mother ship. Below are listed the 15 items left intact after landing. Your task is to rank them in terms of their importance to your crew in its attempt to reach the rendezvous point, 200 miles away. Place number 1 by the most important item, number 2 by the second most important, and so on through number 15, the least important.

box of matches

food concentrate

50 feet of nylon rope

parachute silk

portable heating unit

two .45 caliber pistols

one case dehydrated milk

two 100-pound tanks of oxygen

stellar map of the moon's constellations

first aid kit containing injection needles

solar powered FM receiver-transmitter

five gallons of water

life raft

magnetic compass

signal flares

0-20 Excellent
20-30 Good
30-40 Average
40-50 Fair
over 50 Poor

Individual Total _____ Group Total _____

Topic II—Family and Peer Relationships

Objectives

Instructional Objective II-1: Upon completion of the unit, the student should be able to demonstrate knowledge of information and attitudes important to moral and healthy family and peer relationships.

Performance Objectives: The student should be able to:

a) Identify various types of relationships and compare them on a number of variables, including individual needs and family structures

b) Identify factors influencing relationships, including individual needs and stereotyping, and illustrate how they do so

Instructional Objective II-2: Upon completion of the unit, the student should be able to apply and analyze decision-making skills to promote moral and healthy family and peer relations.

Performance Objective a: The student should be able to describe, demonstrate, and analyze a decision-making process applied to adolescent problems with family and peer relationships.

Introduction to the Topic

The most essential learning connected with the activities of this topic has to do with the students coming to think more about their relationships with those around them, what individual needs cause people to interfere with or hurt one another, and what needs can be used to enable people to help one another.

Again, there is more material presented than can be used in the time allotted. You can be selective, using what works best for a particular class. Problem situations presented in connection with this topic can be used when studying other topics, and vice versa. Learning in connection with the topic of relationships should come up in the study of all of the topics, reinforcing and enriching the unit as a whole.

There are enough problem situations in each topic and in the unit as a whole so that some can be set aside for use as assessments. Furthermore, the same situations can be used for both practice and assessment, to see how the students are progressing.

ACTIVITY: **Ideas About Relationships**

Materials: Handouts

This activity gives students an opportunity to express opinions about relationships. It then uses their input as a basis for providing them with a structure for thinking about and discussing relationships. This structure should include the fact that relationships can be organized in terms of different contexts; e.g., the family, friends, the neighborhood, larger communities (local and national), and various organizations (social, work, political, educational, religious, etc.). Relationships can be further structured in terms of variables such as role, status, closeness, duration, responsibility, etc. (See second handout.)

Students complete the handout "Ideas About Relationships" with the understanding that there will be class discussion based on their answers, but only on answers they choose to reveal. The papers will not be collected.

Ask: What *kinds* of relationships did you write about? Put the responses on the board. Then use the handout "Ideas About Relationships—Contexts" to acquaint the students with a simple classification of kinds or contexts of relationships, and engage them in the task of regrouping their responses in terms of the system provided.

Ask: Did your thoughts about kinds of relationships fall more into some categories than others? Why? Did you come up with kinds of relationships that do not fit within the system (e.g., pen pals, hot-line worker and caller, homeowner and door-to-door salesperson)? Emphasize that the system is a convenience to help one think about relationships, where and how they are likely to be formed, how they are alike and how they are different, etc. There is no one *right* system or classification for doing this.

Ask: What aspects or characteristics of relationships did you write about? Give one or two examples to start the students thinking along these lines. Again, after getting an array of student responses on the board, show them the handout "Ideas About Relationships—Variables," and see how their responses fit into the classification in the handout. You will need to define and illustrate the terms *role* and *status*. Two definitions and some illustrations are given in the handout.

As with the classification of kinds of relationships, it is important for the students to understand that they can add to or otherwise change the classification of relationship variables. The point is solely to get them to thinking about a variety of aspects of relationships. This should enhance their discussion of relationships throughout the course.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Ideas About Relationships

1. A good relationship is _____

_____

2. A poor relationship is _____

_____

3. A close relationship is _____

_____

4. An unfair relationship is _____

Name _____ Date _____ Period _____

STUDENT HANDOUT

Ideas About Relationships—Contexts

(Where and How You Get to Know People)

Family
Friends
Communities
  Neighborhood
  Local
  State
  National
Organizations
  Social
  Work
  Political
  Educational
  Religious

(Can you think of others?)

Name _____ _____ Date _____ Period _____

STUDENT HANDOUT

Ideas About Relationships—Variables

Role is the behavior expected of an individual because of the position he or she has in society. It can be any kind of position; for example, the position of being a *parent*, leading to expectations about caring for one's children; the position of *leader*, leading to expectations that the person has certain leadership abilities; the position of *older person*, leading to expectations of somewhat more responsible and reserved behavior; the position of *doctor*, leading to expectations about ethics in practice.

You can apply the idea of "role" to any position; then ask yourself what behaviors you expect of a person because he or she is in that position.

Status is the way you regard a person because of his or her role; that is, the distinction, popularity, prestige, respect—or lack of them—that go with the role. For example, the role of *nuclear physicist* carries a certain amount of prestige because of the learning involved and the importance of the job. The role of *professional athlete* also carries high status, but for different reasons. The roles of *thief* and *confidence man* carry quite different statuses than the first two examples.

Variables

Responsibility
Closeness
Compatibility
Smoothness
Duration
Predictability
(Can you think of others?)

ACTIVITY: **Things Which Affect Relationships**

Materials: Handout

Use the students' writing about relationships in the previous activity—or any other writing—to give them practice using the relationship variables given in the previous handouts. Stimulate the students to further develop the concept of relationships by having them consider the following:

- Some things that may influence the quality of relationships
- Why some relationships last longer than others
- Some of the things that cause relationships to end
- Some of the risks involved in establishing a relationship
- Some difficulties likely to occur in a close relationship

To help them with thinking about these topics, give them the handout connected with this activity. Go over it with them to make sure that they understand the concepts.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Things Which Affect Relationships

What about us makes us enter into relationships? What is it that makes the relationships last or change or come to an end? Here is a list of things to consider when discussing and trying to understand relationships.

We have many needs, and use relationships in different ways to try to satisfy these needs. Some of these needs are:

- Love
- Hunger and Thirst
- Competence or Power
  A person needs to feel able to do things; needs to feel that he or she is not helpless.
- Self-esteem
  A person needs to feel worthwhile, valued, and valuable
- Esteem
  A person needs to be able to admire and look up to some things and people.
- Togetherness and Closeness
  A person needs to feel a part of things, not alone; able to share them with others.
- Loyalty
  A person needs to feel counted upon and able to count upon others in relation to shared feelings and ideas.
- Constancy and Predictability
  A person needs to have some idea of what's coming next; he/she needs to feel that things make sense, that things are not topsy-turvy and unpredictable.
- Individual Differences
  While we all have the needs listed above, we feel them and express them in different ways. How do these individual differences in the strength of a need, or in the directness or style with which it is expressed, affect our relationships?
- Cultural Differences
  These may be considered a part of individual differences, but are worth considering in their own right Do we do things differently or sometimes even think about things differently because of cultural differences?
- Generalization and Stereotype
  - Our need to predict leads us to make generalizations, and we do this even when we don't have a lot of information on which to base the generalization—perhaps only one or two experiences with a person or activity. Sometimes, as in an emergency, it may be necessary to generalize on the basis of limited information, *but we should always be aware when we are doing this.*
  - Sometimes negative attitudes or emotions about certain individuals or groups cause us to limit our information about them so that we can more easily assign them negative characteristics or actions. Assigning characteristics in this manner is called *stereotyping.* It's a lot like name-calling. We should be aware when we are doing this, too—and ask ourselves why.

ACTIVITY: **Family Structures, Roles, and Responsibilities**

Materials: Handout

This activity provides the student with an opportunity to become acquainted with a variety of family structures and to consider how the structures affect the roles and responsibilities of each family member.

Begin by having the students consider a variety of family structures. Include:

Family with foster children	Extended
	Communal
Single adult	Nuclear
Family with step-parent (step-sibling)	Group home
	Childless
Single parent	

Ask the students to think about how the different structures may affect life within them, e.g., chores or privacy or sharing within an extended family structure as opposed to a nuclear one.

From this go on to consider more fully family structures and other variables as they affect roles and responsibilities within the family. Use the handout to foster this consideration, asking the student to think about how and why each variable in the handout affects roles and responsibilities of the individuals in the family.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Family Structures, Roles, and Responsibilities

Listed below are some things which affect the roles and responsibilities of members of a family. List how you think the role and responsibilities of an eighth grade student would be affected by these different factors; then briefly say why you think so.

Factors **What Effects and Why**

1. Type of family structure

2. Size of family

3. Ages of each member

4. Economic stability of family

5. Ethnic background

6. Religious beliefs

7. Communication within family

8. Sex of family member

ACTIVITY: **Is It True That . . .?**

Materials: Handout

This activity goes beyond the realm of the family to consider an important aspect of relationships in general stereotyping. Its purpose is to remind students that not all things or people are always what they seem. Frequently, people jump to conclusions or make generalizations about others. This most often occurs when behaviors or ideas that someone associates with a group of people are applied to individuals. When this happens, there is a high risk of making judgments that are not true.

Review with the students the information on generalizing and stereotyping given in the handout "Things Which Affect Relationships." Then brainstorm a list of generalizations which may or may not be true. Examples:

- Policemen never break the law.
- All politicians are crooked.
- People with big feet are clumsy.
- Teenagers are troublemakers.

Distribute the handout "Is It True That . . .?" and go over the directions with the students. Students should not comment on the contents of the statements until they have completed the form.

Discussion of the statements should focus on the all-inclusiveness and vagueness of many of the terms in the statements, the difficulty of saying something that would indeed be true of all or even most members of a group, and hence, the dangers of generalizing about people or labeling segments of the population.

With some classes, the teacher may want to lead a discussion of why such sweeping statements are so popular and to relate this question to the needs discussed in connection with the handout "Things Which Affect Relationships."

Students may discuss the following questions for the purpose of exploring how generalizations may make people feel and the harm that can be done to relationships when generalizations are made about people unfairly: Are there some general statements that are hard to change your mind about, even when you know better? What does this indicate about the need behind the generalization?

Name _____ Date _____ Period_____

STUDENT HANDOUT

Is It True That . . .?

Place a "T" by a statement that you believe is true; a "GT" beside a statement that you believe to be generally true, i.e., true more often than not; and an "F" by a statement you think false, i.e., false more often than not.

_____ 1. All teachers are boring.
_____ 2. Girls are silly.
_____ 3. Redheads have bad tempers.
_____ 4. Kids grow up.
_____ 5. Everyone has likes and dislikes.
_____ 6. Men don't cry.
_____ 7. Jocks are dumb.
_____ 8. Cigarette smoking can be hazardous to your health.
_____ 9. Doctors are rich.
_____ 10. Southerners are lazy.
_____ 11. Americans are open and friendly.
_____ 12. Fat people are good cooks.
_____ 13. Boys are tough.
_____ 14. Women are bad drivers.
_____ 15. Old people are sickly.

ACTIVITY: As You Like It

No two people are alike even in their preferences of flavors of ice cream or the temperature of a room. The purpose of this activity is to examine how people have different physical responses to a common environment and to consider how people react to such differences. Describe this situation to students: The temperature in this room is 78°F. Some people are comfortable; others are perspiring. The temperature of a room may be comfortable or uncomfortable depending upon the individual. How do people behave in such situations? Do we always respect differences and needs of others?

Ask the students to begin thinking of situations similar to the example in which physical differences or personal preferences are factors. Examples:

- Water temperature at a swimming pool
- The volume of music in a room
- Amount of light in a room
- Different accents in which people speak English
- Eating ethnic foods
- Talking to people who use a lot of gestures or stand very close to the persons they are addressing

Discussion may focus on these questions:

- How often do people ask about the comfort of others?
- When you are physically uncomfortable, what is an appropriate way to let that be known?
- After you express discomfort, what do you expect others to do? What is your own responsibility?
- Brainstorm a list of ways in which people in a group can be sensitive to needs of others.
- How can relationships be helped or hurt by a lack of respect for or sensitivity to the different needs of people in a group?

ACTIVITY: Media Images

A few days before this activity, divide the class into four groups. Assign each group to cover either TV, movies, music, or magazines. In each group, students are to look for popular and influential figures. In their classroom presentations, they should name the figures they have chosen, and state why they think the persons chosen are influential.

Class discussion should then focus on what the appeal is that underlies their choice of these figures, i.e., what needs of adolescents make them feel the appeal of these media figures. The discussion for each popular figure should include the issue of whether the appeal of that individual is good or bad in its effects on young people and particularly how it influences the behavior of adolescents toward those around them.

ACTIVITY: Sex Role Stereotyping

Materials: Story, "The Nurse's Dilemma"

Earlier class work on generalization and stereotyping should provide a meaningful transition to consideration of sex role stereotyping as one important aspect of stereotyping.

"The Nurse's Dilemma" is an excellent way of opening the subject of sex role discrimination. The simple answer to the puzzle, when told, reveals the preconception which caused the problem in the first place: the automatic linking of the nurse's role (and status—the teacher may want to remind the students of the definition of status) with the female. The dilemma can thus serve to stimulate discussion of our automatic assumptions about the role, status, and proper activities of males and of females.

Examples from the class can be used to continue the exploration of sex role stereotyping. How pervasive is it? Which attributes do we automatically link to males and which ones to females? What inequities does this cause in school, at work, and in social relations?

The Nurse's Dilemma

Read the following story to the class. Don't tell them it has to do with sex role stereotyping. (The same story can be told about a father and daughter with the mother as a neurosurgeon.) A mother and her daughter were driving to a ballet performance. On the way, they were in an accident. The mother was killed and the daughter was brought into the emergency room of the local hospital. Nurse Jones was called in to treat the girl. The nurse took one look at the girl and said, "I can't treat this girl; she's my daughter!" How is this possible?

Discussion Points:

a) Did it take you long to get the answer? What are our assumptions that makes it difficult to get the answer immediately?

b) What other gender role stereotyping is evident in the story?

c) Are you aware of stereotypes that you share with your male and female friends?

ACTIVITY: Complete the Picture; Then Decide

This activity is based on a number of problem situations, briefly outlined. The problem situations can be used in different ways: (1) to foster empathy by having the students put themselves in the situations and fill them out more completely; (2) to continue exploring and analyzing relationships by applying the variables they learned earlier to the relationships in these problem situations; and then (3) to apply a decision-making model to arrive at a favored alternative outcome.

The problem situations may be presented one at a time or in groups so as to give students a choice. Students may work on them individually or in groups, depending upon the stage of their progress in the unit. In any case, you should use one of the problems to illustrate the process involved.

An illustration using the example of Kathy in the cafeteria (Situation A of "Complete the Picture . . .") could begin by asking the students to imagine themselves as Kathy. (In most groups, boys as well as girls should be able to do this, and considerable benefit may be derived by calling students' attention to any differences between the way boys and girls view the situation and Kathy. This in turn can be related to stereotyping.) What are Kathy's feelings? How many different kinds of feelings might she have? Do we have to choose, or might she have a number of quite different feelings at the same time?

Phase 2 of the activity should broaden the inquiry in two ways. The students should move from Kathy to consideration of the feelings of her tormentors. If this task surprises the students, remind them that we are talking not only about constructive feelings but also about mean or destructive ones. Then move to the level of needs. What needs might Kathy be satisfying in the situation and what might be the needs of the students insulting her? You may need to give examples to help the students distinguish between feelings and needs. Kathy might, for example, be experiencing shame and a need to protect her self-esteem, or fear and a need for closeness and support, or rage and a need for self-control. Those doing the insulting may be feeling weak and a need to act powerful, or angry and a need to express rage, or awkward and a need to act in a way which seems to them sophisticated and competent.

Phase 3 of the activity calls for the students, individually or in groups, to amplify the original situation and then apply a decision-making model to it. Only a few sentences need be used to amplify the initial skeleton situation, e.g., "Kathy is the class president. She was very popular but is now sponsoring a drive to keep the halls and cafeteria clean." Note that this amplication could be used as the first part of this activity, to be followed by the exploration of feelings and needs, and then by the decision making. Whichever order is chosen, the point is to tie together what has been learned about relationships, including empathy, and relate it to decision making.

Assessment: More dilemmas are provided than are needed for practice alone. Thus some may be used for assessment when the students are ready. Sometimes the same activity used for practice may be repeated as an assessment activity to see how much progress the students have made.

Complete the Picture, and Then Decide

A. Kathy is standing in the cafeteria. Some students make insulting remarks as they pass her.

B. Joey has just been suspended. His parents are very strict and he's walking very slowly toward home.

C. Ms. Taylor is a teacher. She is in her classroom and can't begin her lesson because the students are making noises, yelling, and throwing things.

D. Bill, who is short, chubby, and pretty much a loner, finds himself one of the two remaining passengers on the bus. Jill, across the aisle from him, is one of the most popular girls in his class.

E. In class discussion one day, everyone in the class appears to agree, quickly and easily, that students should have more to say about what they study in class; the teacher is about to go on to the next issue. Gabriel has felt disagreement with the class on a number of similar issues, but has not said anything.

F. Rachel, who is new to the school, spots four of her newly made friends and classmates in the hall. They are in a tight little group, secretive, and laughing very hard.

G. A popular student athlete in the school has been stopped in the hall by the assistant principal. He is vehemently denying involvement in a recent prank fire alarm as Don approaches. Don saw him set off the alarm.

Topic III—Alcohol, Tobacco, and Other Drugs

Objectives

Instructional Objective 1: Upon completion of the unit, the student should be able to cite the danger of the use of alcohol, tobacco, and other drugs and common misconceptions about their use and effects.

Performance Objective a: The student should be able to name and explain two dangers and two common misconceptions about the use of alcohol, two of each regarding the use of tobacco, and two of each regarding other drugs.

Instructional Objective 2: Upon completion of the unit, the student should be able to evaluate information and attitudes related to the use and abuse of alcohol, tobacco, and other drugs.

Performance Objectives: The student should be able to:

a) Discuss and analyze information and misunderstandings about the use and abuse of alcohol, tobacco, and other drugs

b) Compare and evaluate attitudes toward and reasons for the use and abuse of alcohol, tobacco, and other drugs

Instructional Objective 3: Upon completion of the unit, the student should be able to apply and analyze decision-making skills related to the use of alcohol, tobacco, and other drugs.

Performance Objective a: The student should be able to describe, demonstrate, and analyze a decision-making process applied to adolescent problems with alcohol, tobacco, and other drugs.

ACTIVITY: **What Do You Know?**

Materials: Chalkboard and chalk; or butcher paper, easel, and magic markers; handout

This activity is to serve as both a review and a springboard for adding to the students' stock of information about drugs. Have the students brainstorm, quickly eliciting from them as much information as possible on tobacco, then alcohol, then other drugs. The category "other drugs" may be subdivided depending on the teacher's perception of which drugs may need special attention at the time.

The teacher can use the handout as a way of finding out the degree of the students' understanding of drugs. Since this is best done in relation to the information students are to be provided in this unit, the teacher should keep in mind the structure in the handout. This will enable the teacher to structure the students' responses to include topics they might not think of, e.g., what the drug is (what it looks like, how it is taken); what its effects are (physiological, short- and long-term effects on behavior and health); and what attitudes and reasons surround its use.

Since the students should not be expected to master a great deal of information about drugs, the teacher should concentrate on a few drugs, the general classes of drugs they belong to, their effects upon behavior and health, and those kinds of situations in which the lives of eighth graders are most likely to be touched by drugs.

Name _____ Date _____ Period _____

STUDENT HANDOUT

What Do You Know?
(General Drug Information)

Type	Examples	Effects	Dependence† Physical	Dependence† Psychological
Stimulants	amphetamines, caffeine, cocaine	euphoria, paranoia, agitation, insomnia, convulsions, coma, death, suppression of hunger, hallucinations, psychosis, chest pain, respiratory failure,* perforated nasal septum* *(cocaine only)	Yes	Yes
Depressants	barbiturates, alcohol, opiates (opium, morphine, cocaine, heroin), Quaalude	Relaxation, sleep, anesthesia, coma, death. Opiates cause constipation and suppress coughs. Alcohol also causes brain and liver damage. Alcohol intake by either parent around time of conception or by mother during pregnancy may harm fetus severely.	Yes	Yes
	PCP (Phencyclidine)	Same as general depressants with the addition of hallucinogen-type effects. Possible long-term insanity.	Yes	Yes
Hallucinogens	LSD, mescaline, psilocybin, DMT (Dimethyltryptamine)	Hallucinations, sensory disruption, possible recurrences, possible panic or paranoia, possible long-term insanity.	No†	Yes
Marijuana	hashish (resin from the plant)	Sensory disruption, stimulation of hunger, drowsiness, apathy, inability to concentrate, lung damage at least 17 times greater than with tobacco cigarettes, lower sex hormone level. Brain cells may lose alignment. Remains in the body 30 days or longer	No†	Yes
Tobacco		Stimulation; relaxation; increased risk of various types of cancer, emphysema, and heart attacks; raised blood pressure; premature wrinkling and discoloration of skin; premature aging.	Yes	Yes

†Psychological dependence can be even more devastating than physical dependence in many cases.

Revised December 1983

ACTIVITY: **Drugs and Their Effects**

Materials: Handouts

The teacher should go over the material in the handouts with students, highlighting key terms and ideas and encouraging questions along the way. Student attainment of some basic information is important. However, popular terms may change; even conclusions about the specific effects of some drugs are subject to change. The teacher, therefore, should exercise professional judgment about just how much and which information to cover, and should stress basic ideas, including types of drugs, their effects, and the ease with which dependency can result from their use.

A few basic ideas are provided in the handout "Drugs and Their Effects—Important Terms and Ideas." The teacher should feel free to add to these ideas, at the same time keeping in mind the importance of not overwhelming the student with information. The most important ideas should be illustrated and compared repeatedly by using examples of different drugs.

The handout "Drugs and Their Effects—True or False?" can be used for reinforcement or evaluation.

The handout "Drug Vocabulary" can be used as a game to reinforce knowledge of terms.

Answer Key to True or False
(pp. 38-39)

1. True
2. False
3. True
4. True
5. True
6. False
7. True
8. True
9. True
10. True
11. False
12. True
13. True
14. False
15. True
16. True
17. True
18. True
19. False
20. True
21. True
22. True
23. True
24. False
25. True
26. True
27. True
28. True
29. False
30. True
31. True
32. False
33. True
34. True
35. True
36. True
37. True
38. False
39. True
40. False
41. True
42. True
43. False
44. True
45. False
46. False
47. True

Answer Key to Drug Vocabulary
(p. 40)

1. psychological
2. depressant
3. withdrawal
4. hallucinogen
5. marijuana
6. dosage
7. PCP
8. cocaine
9. caffeine
10. tolerance
11. smoking
12. not
13. dust (refers to angel dust)
14. stimulant
15. BAC
16. alcohol
17. Rx
18. amphetamines
19. drug
20. LSD
21. addict

Name _____ Date _____ Period _____

STUDENT HANDOUT

Drugs and Their Effects—Important Terms and Ideas

1. **Drug.** A substance other than food that, when taken into the body, causes changes which may be beneficial or harmful. We often associate "drugs" with substances taken as medicines or taken nonmedically for their psychological and/or physiological effects.

2. **Over-the-Counter Drug (OTC).** A drug sold without a doctor's prescription; for example, aspirin, cough syrup, laxatives.

3. **Prescription Drug (Rx).** A drug sold only upon receipt of a written order (prescription) from a doctor.

4. **Physical Dependence.** Frequent use of a drug may change the body chemistry so that the drug becomes a normal part of the individual's body chemistry. What happens then is that a person who stops taking the drug becomes ill. For example, someone who is dependent on quaalude and stops taking it will become nervous, have trouble sleeping, develop tremors, and possibly go into convulsions.

5. **Psychological Dependence.** Frequent use of a drug may produce or accompany feelings and actions which an individual finds it difficult to do without. The individual who stops taking the drug may experience anxiety, irritability, sleepiness or insomnia, inability to concentrate—in general, disruption of habitual activities. For example, a smoker, on giving up smoking, may become short tempered, prone to overeating, or unable to concentrate on daily work activities.

6. **Tolerance.** As a person uses a drug, the body gradually becomes used to the dosage being taken. The person must then increase the dosage in order to get the same effects he/she got when first taking the drug.

7. **Withdrawal Symptoms.** This term refers to the feelings of discomfort or illness people get when they stop taking a drug on which they have become physically dependent.

8. **Addiction.** Addiction is generally considered to occur when a person has both a psychological and a physical dependence upon a specific drug or group of drugs. The World Health Organization has recently stated its conclusion that a strong psychological dependence qualifies as dependence. Much of the discussion among experts centers about the question of degree: *how* uncomfortable, disorganized, and/or ill you have to be before being considered addicted. *Any* degree of these discomforts, however, shows one's dependence on the drug and holds the promise of increasing dependence with continued use.

9. **Blood Alcohol Content (BAC).** The percentage of alcohol in the blood. In many states a driver with .10 percent (one tenth of one percent) blood alcohol content is considered to be driving while intoxicated (DWI).

Name _____ Date _____ Period _____

STUDENT HANDOUT

Drugs and Their Effects—True or False?

Please mark either true or false next to each statement.

1. Stimulants speed up most body processes.
2. Stimulant drugs tend to make you hungry.
3. Stimulant drugs can increase blood pressure.
4. Abusers of stimulant drugs get sick when they discontinue use of the drugs.
5. Abusers of stimulant drugs must increase their intake eventually to get the same effect they got at first.
6. Codeine is a stimulant drug.
7. Cocaine is a stimulant drug.
8. Caffeine is a stimulant drug.
9. Depressant drugs slow down body processes.
10. Narcotics are depressant drugs.
11. Depressant drugs are apt to make you hungry.
12. Heroin is a depressant drug.
13. Heroin is a narcotic drug.
14. Caffeine is a narcotic drug.
15. Constipation is a side effect of narcotic use.
16. PCP can cause hallucinations.
17. Marijuana can interfere with motor coordination.
18. Marijuana's effects can last up to 12 hours.
19. Marijuana's effects last only about an hour.
20. Alcohol is broken down faster in the body than marijuana.
21. Marijuana can affect short-term memory.
22. Smoking marijuana is more dangerous than smoking tobacco, according to latest studies.
23. Marijuana use can increase heart rate and blood pressure.
24. It has been proven that marijuana use can cause birth defects.
25. It has been proven that marijuana affects the body's ability to fight off infection.
26. Tobacco use can lead to an increase in cancer risk.
27. Tobacco use can raise blood pressure.
28. Tobacco use causes premature aging of skin.
29. Nicotine is a nonaddicting poison.
30. Cigarette smokers experience a condition known as "tolerance."
31. "Tolerance" means that as a person uses a drug, the amount he/she needs for the wanted effects is increased.
32. "Tolerance" means that as a person uses a drug, the amount he/she needs for the wanted effects is decreased.
33. If a person has a physical dependence on a drug, his/her body chemistry has changed.
34. If a person has a physical dependence on a drug, he/she will get sick if he/she does not receive the drug.
35. Physical dependence is experienced with nicotine use.
36. When a person goes through withdrawal, it is because he/she has not gotten a drug that he/she has become physically dependent upon.
37. If a person has a physical dependence on a drug, he/she is addicted.

38. OTC drugs are not dangerous.
39. Caffeine is found in chocolate.
40. LSD is a stimulant.
41. Premature aging of the skin is often an effect of tobacco use.
42. In many states, a driver with a blood alcohol content of .10 percent is considered to be driving while intoxicated.
43. Anyone can write an order for a prescription.
44. A danger of accepting drug products from a friend or stranger is that you don't really know what it is you're getting.
45. Drugs affect all people the same way.
46. "Angel dust" is another name for alcohol.
47. Finding things you are good at helps improve your feelings about yourself, and when you feel good about yourself, you are less likely to abuse drugs.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Drug Vocabulary

Find and circle 21 vocabulary words dealing with drugs. The words can be found across, down, up, backwards, or diagonally. Write the words in the spaces provided.

P	S	Y	C	H	O	L	O	G	I	C	A	L
D	E	P	R	E	S	S	A	N	T	B	N	A
A	N	E	C	L	D	O	S	A	G	E	N	L
N	I	N	C	S	S	X	R	C	G	C	O	A
A	M	I	C	S	E	D	G	O	U	N	I	W
U	A	E	A	T	F	T	N	Q	R	A	T	A
J	T	F	I	I	K	I	A	H	D	R	C	R
I	E	F	N	M	C	T	L	I	L	E	I	D
R	H	A	E	U	Z	S	C	O	P	L	D	H
A	P	C	L	L	M	U	O	R	F	O	D	T
M	M	L	S	A	P	D	H	Q	A	T	A	I
B	A	C	G	N	I	K	O	M	S	J	D	W
H	X	P	O	T	E	N	L	I	P	C	P	O

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____

ACTIVITY: **Why Drugs?**

Materials: Handouts from topic II

Two earlier handouts about relationships, "Ideas About Relationships—Variables" and "Things Which Affect Relationships," may be used to structure discussion of attitudes that teenagers have about drugs and reasons why individuals use them or don't use them. This should be the opening discussion of drugs, incorporating earlier learning about relationships and the recently reviewed information on drugs, while laying the groundwork for decision making about drug use. The succeeding two activities provide for further discussion about drugs, centering about peer relations and common misconceptions.

Discussion should be open and exploratory. Help the students to avoid quick conclusions and pat answers by posing successive questions and encouraging the students to do the same with one another.

Briefly review the handout about relationship variables with the students; then perhaps begin the discussion by asking how the students think drug use may affect one's role and status among peers. This wide-open question should elicit a variety of answers. Move on to the other relationship variables and ask how drug use might affect each; e.g., *responsibility* between two friends, one of whom is using drugs, or both of whom are using drugs; *closeness* within a small group, all of whom are using drugs; and the *effects* on that group's relation with others.

Focus on teenage attitudes toward drug use, then proceed to a quick review of needs and a discussion of what needs may be involved in drug use or in avoiding the use of drugs. The students may expect only cautions and warnings about drugs and thus an emphasis on how needs may push people to use drugs; however, there should be discussion of how the *same needs* may cause people to *avoid* drugs. Drug use may satisfy—at least temporarily—a need for togetherness and closeness among the users; but the same need may be satisfied among a group of those who abstain and take common pride in their resulting fitness and time for concentration on scholarship or sports.

ACTIVITY: **Come-ons and Put-downs**

Materials: Handout

The purpose is to continue discussion of relationships and drugs, stimulating the discussion through consideration of the kinds of things people say to one another in order to encourage or justify actions.

One way of using the handout would be to challenge the students to add to the list even before they have it explained to them. They will probably be able to do this; and it should prove entertaining as well as fruitful to then ask them to state what kinds of phrases they have come up with and how they are used by people. The students may call these put-downs, reasons, pressures, scare tactics, etc. The essential point is that they are phrases used to encourage or justify one's own actions or someone else's. Get the students to think and talk about this aspect of relationships in connection with drug use. Why the need to get others involved? (Don't be a wet blanket.) To threaten by implication? (Be a sport.) To reassure? (What harm can there be?) To challenge? (Don't be chicken. Prove it.) To dare, to invite, to exhort, or to ridicule others? Go back to needs and tie into the discussion the need for excitement, the need for group support, and the need for models to emulate.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Come-ons and Put-downs

Don't be a wet blanket.

It's cool.

Why not? What harm can there be?

Be a sport.

Don't be chicken.

Prove it.

I don't care.

I'll show 'em.

You can always stop.

Cool it, kid!

ACTIVITY: True or False? Common Misunderstandings About Alcohol, Tobacco, and Other Drugs

Materials: Handout

This activity can be used to continue discussion and to pull together basic information about drugs and what has been discussed about relationships, attitudes, needs, and drug use.

One way of using the handout is to give it as a true-false test, followed by discussion of whether individual statements are true or false and why. Even after it has become clear to the students that all the statements are false, the teacher should continue going through them, discussing the *ways* in which they are false and making sure that the students understand this.

Once the statements have been reviewed in this manner, a second focus for discussion could be on why people believe these false ideas to be true. In some cases, it may simply be lack of information. It might sometimes be because people are believing what they want to believe; believing what makes them more comfortable and what makes it unnecessary for them to change.

Name_____ Date _____ Period_____

STUDENT HANDOUT

True or False About Alcohol, Tobacco, and Other Drugs

	True/False
1. Drinking can improve driving by stimulating the driver to be more alert.	_____
2. Most alcoholics are unable to work, and are skid row bums or close to it.	_____
3. Only prescription drugs can have harmful effects on your body.	_____
4. Alcohol is a stimulant.	_____
5. Marijuana does not affect driving.	_____
6. Smoking marijuana is safer than smoking cigarettes.	_____
7. If you buy drugs from a friend, you can be pretty sure they are safe.	_____
8. Some drugs are safe for everyone.	_____
9. Cigarette smoke can't harm you unless you are smoking the cigarette yourself.	_____
10. If you've been drinking, all you need is some good, strong coffee to bring you back to normal.	_____

ACTIVITY: Facing Problem Situations

Information and understanding gained in this section on drugs and in the previous sections on decision making and relationships need to be practiced, discussed, analyzed, and evaluated through application to realistic problem situations like those included in this activity.

Again, the decision-making model can be applied to the problem situations in a number of ways. The students may work individually, in groups, or as a whole class. The students should have become comfortable enough with the decision-making activity to share rather freely. Keep in mind the cautions which have been stressed regarding sharing and the preservation of privacy. The overall goal is the application of problem-solving skills to show a grasp of the relevant information and an ability to come up with alternatives, to evaluate them, and then to analyze and evaluate one's own decision-making procedures. Remember that the decision-making exercise, after sufficient practice, becomes a kind of culminating activity for each section and for the unit as a whole, and that the problem situations can be used for both practice and assessment.

Facing Problem Situations— The Marijuana Story

Directions: The teacher reads or tells the story to the class and then asks the students to rank the five characters in order, from the one whose actions they most approve of (#1) to the one whose actions they least approve of (#5).

In the discussion that follows, ask students to explain why they ranked the characters as they did. Also, have them give alternative actions that each character could have taken.

Tom, a high school student, moves with his parents to a new community in October. He is rather shy and doesn't make friends easily. Most of his fellow students regard him as a "brain" because he is taking accelerated courses in science and math. His parents want him to go to a good college and have decided that he is not to go out on school nights; he must stay home and study.

Pam is in Tom's history class. They have talked some, but mostly about school. She thinks he's cute and has been trying to coax him into asking her out for a date. Tom, however, has never considered this because Pam is a cheerleader and a member of the popular group at school, and anyhow, Tom has to stay in and study most of the time.

One Tuesday afternoon, Pam decides to take action and asks Tom over for the evening to listen to records. Tom is surprised, but quickly says yes. At dinner that night he tells his parents that he is going over to a friend's house to work on a science project and will be home around ten o'clock. At seven he makes his escape.

He goes to Pam's house and soon they are in the basement recreation room talking and listening to the stereo. About 8 o'clock Pam reaches into her pocket and pulls out a plastic bag. She asks Tom if he'd like to smoke some grass. Tom takes the bag and looks inside it. He is curious about marijuana; he has never seen it before.

Suddenly Pam's father walks in. He halts and stares at the couple and then grabs the bag from Tom. He looks at Tom and then at his daughter. "Is this marijuana?" he shouts. Pam looks down and Tom sits there, speechless. "Pam," says her father. "You go to your room while I take this punk to the police station. What's your name, son?" Tom is scared. He blurts out the name of one of the kids in his class rumored to sell drugs.

Pam's father leads Tom to the car muttering about slum punks and bad apples that ruin the whole barrel. Once in the car, he calms down and asks Tom where he lives. Tom tells him his address, hoping he won't be taken to the police station.

Finally, they arrive at Tom's house and in the heat of the confrontation, no introductions take place. Pam's father departs shortly saying, "The only reason I brought him home is that I don't want to put a kid in jail because he's had the misfortune of a bad upbringing."

Tom's mother starts out on a rampage of verbal abuse. "How long has this been going on? After all I've done for you, now you slap me in the face. We gave you everything." His father motions him to go to his room and says, "Get some sleep. We'll talk about this in the morning when we've all calmed down."

In the morning, Tom finds his father has gone to work early and his mother has some news for him. "Your father and I had a long talk last night and I finally persuaded him to go along with my decision. From now on you'll do all of your studying at home. Weekends you'll work in your father's store

and all of your earnings will be put away for your college education."

Facing Problem Situations

A. Bill has been hoping for a long time to become part of Pete's crowd. They're leaders in the school and fellow athletes. The first time Bill is with the gang socially is in a small group at Pete's house. Pete's parents are away. He opens the refrigerator in the rec room and the other boys laugh knowingly at seeing it filled with beer. It is clear that this is going to be a drinking party. Bill doesn't drink.

B. Sally is out with Ben. In the few weeks since he has had his driving license, they have been out a good deal and she has come to feel very close to him. Tonight he seems different though, more reserved and tense. Making a bit of a show of it, he takes out a cigarette and begins to smoke. Sally recognizes it as marijuana.

C. Sam is in the house alone. His parents have just left for the evening and his older sister is out, too. There are open packs of cigarettes around because his father and sister both smoke. Sam has always disliked the smell of cigarette smoke. But tonight, for some reason, he has a desire to try a cigarette, just to see what it's like.

D. Becky is at Sandra's house, in her room. Becky admires Sandra. She is surprised at the amount of freedom Sandra has. Her parents never seem to bother her. Tonight the girls have been together for hours, gossiping, listening to music, and dancing a bit. Sandra goes to her dresser, removes a pill from a package that must have been taped to the underside of one drawer, and swallows it. Soon she's dancing quite wildly.

E. Greg and Charles have been friends a long time. Greg is more venturesome, while Charles is a steady, careful kind of person. So Greg is surprised one afternoon, when they have Charles's house to themselves because his parents are away for the weekend, to see Charles get a bottle of liquor from his closet and to hear him announce that they should do some drinking to see what it's like and to learn how well they're able to hold their liquor. They ought to know this, says Charles, so that they'll be able to manage all right when they begin going out and drinking. When Greg looks doubtful, Charles becomes insistent, declaring that friends should do these things together, that it's a lot safer than drinking alone.

ACTIVITY: **Saying NO**

To use this kind of activity, the teacher should have experience in guiding improvisations and simulations and should make use of the references provided on the subject.

Improvisation and simulation techniques can be used to give the students an opportunity to act out preferred alternatives from decision-making exercises. When the class possesses some degree of comfort and skill with these techniques, one student may play the situation in such a way as to oppose or cause difficulty for his partner's enactment of a preferred alternative, e.g., making it difficult for the partner to refuse to participate or to leave the situation.

In the context of drug use and peer pressure, saying NO is a general alternative so important that it merits special attention. It also calls for practice. Students need to become comfortable with the different ways of saying NO to a proposal of involvement with drugs. One can decline directly or indirectly, with varying degrees of firmness, in a calm manner, or with hostility that disrupts a relationship, etc. Using situations from the activity "Facing Problem Situations," or others, have the students role play various ways of declining offers or pressures to use drugs. As the partners become more comfortable with this, let them make the pressures more realistic, even to the point of ridiculing or using threats of ostracism.

Topic IV—Reproduction, Pregnancy, Birth, and Pregnancy Prevention

Objectives

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate knowledge of basic information and attitudes surrounding reproduction, pregnancy, and birth.

Performance Objectives: The student should be able to:

a) Name, recognize, and state the functions of the major parts and processes of the male and female reproductive systems

b) Define and explain the menstrual cycle and its relation to fertility

c) Recognize important facts about fetal development and birth

d) Give examples of the importance of prenatal care for both the mother and the child

Instructional Objective 2: Upon completion of the unit, the student should be able to identify and evaluate methods of pregnancy prevention.

Performance Objectives: The student should be able to:

a) Identify the methods of pregnancy prevention

b) List some of the advantages, disadvantages, and side effects, and cite the effectiveness of each method

Introduction to the Topic

There are advantages to the teacher personally introducing this section rather than relying on activities which call for use of instructional materials. The students may be either eager or anxious about the subject to be studied, and the teacher's manner in making introductory remarks can—better than any movie or paper activity—set a tone for the course which will be conducive to learning.

Insofar as the teacher can reflect enthusiasm combined with seriousness of purpose for the work to come, similar attitudes will be fostered among the students. You may also allay apprehension by a clear, brief presentation of the objectives of the section. You may put these on the board (or present them as handouts or on a projector) and explain them. You should amplify the statements of the objectives with an explanation of the general purposes and value of studying the reproductive system, pregnancy, and birth. These purposes might be elicited from the students through questioning and then discussed. A few such purposes are suggested here:

- Students are naturally curious about these topics and have a right and need to know about them.
- While these topics are talked *about* a great deal, they are surrounded with lots of feelings, and this seems to result in much incorrect information being learned. Accurate information is needed and can be provided in the classroom situation through study and honest sharing.
- Decisions about reproduction, pregnancy, and birth are serious ones and carry long-term implications. It is good to begin early to learn about the anatomy, physiology, and related factors which underlie these decisions.

INSTRUCTION BY TEACHERS SHOULD BE SENSITIVE TO VARIOUS RELIGIOUS VIEWS. STUDENTS SHOULD BE REFERRED TO PARENTS AND RELIGIOUS LEADERS FOR MORE DETAIL.

ACTIVITY: **The Reproductive Systems**

Materials: Films, charts, diagrams (see list of CAC-approved resources for the section*) and handout

A variety of activities may be used to present information about the parts and processes of the reproductive systems: viewing films, slides, and charts.

As the list of terms and the diagrams make clear, the amount of information which may be studied is great. A major task for the teacher is, as always, one of deciding *what* is most important and *how* to focus on it. Knowledge of hormonal controls and other body chemistry may be mentioned as background but should *not* be viewed as something eighth grade students can be expected to retain in such a short unit of study. Focus can probably best be attained by considering what basic information about anatomy and physiology the students need in order to understand their own body changes, their own physical reactions, and the information about sexually transmitted diseases which comes later in the unit. Definitions of terms are included in the first handout. You should not expect the students to learn all of the terms and definitions in this handout and may want to abbreviate it or to indicate which of the terms the students are expected to master.

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*In accordance with Maryland State Department of Education Bylaw 13A.04.01 and MCPS Regulation IGP-RA, "Implementation of Programs on Family Life and Human Development," the Montgomery County Citizens Advisory Committee on Family Life and Human Development must review and recommend all books, films, and other material before they can be used for any instruction that falls within focus areas II and III.

Name _____ Date _____ Period _____

STUDENT HANDOUT

The Reproductive Systems

The Male Reproductive System

a) The scrotum is a sac which maintains constant temperature for the testes to function.
b) Testes (testicles) produce sperm cells and testosterone.
c) The penis is the male organ through which urine and semen pass.
d) The epididymis is the storage place for sperm cells while they mature.
e) The vas deferens serves as a transport system for sperm cells and is the final storage area for sperm cells.
f) The urethra is a tube through which semen, sperm cells, and urine pass out of the body.
g) The seminal vesicles are glands which produce part of the semen.
h) The prostate gland produces part of the semen.
i) Cowpers glands produce pre-ejaculatory fluid, which neutralizes acid left in the urethra after urination.

The Female Reproductive System

a) External organs are called the vulva.
   (1) Mons veneris—fatty cushion over pubic bone
   (2) Inner labia—protective folds of skin surrounding the openings of the urethra and vagina
   (3) Outer labia—protective folds of skin surrounding the openings of the urethra and vagina
   (4) Clitoris—small sensitive organ found above the opening to the urethra
b) Internal reproductive organs:
   (1) Hymen—thin membrane that may partially cover the entrance to the vagina
   (2) Vagina—muscular tube, 3-5 inches long from vulva to uterus, which can stretch greatly
   (3) Cervix—the neck and opening of the uterus
   (4) Uterus—pear-shaped muscular organ for housing the growing fetus
   (5) Fallopian tubes—trumpet-shaped tubes located on either side of the uterus for the transportation of the egg cell
   (6) Ovaries—two almond shaped organs, which develop egg cells and produce the two hormones estrogen and progesterone

The Menstrual Period and the Menstrual Cycle

a) The menstrual period is the shedding of the lining of the uterus, which results in a bloody discharge from the vagina, lasting about 4-7 days.
b) The menstrual cycle is the period of time from day one of the menstrual period to the day before the next menstrual period (approximately 28 days).

Maturation of the Ovum and Ovulation

Each month, usually one egg cell completely matures within its follicle. Two weeks before the next menstrual period occurs, the egg cell breaks out of the follicle and is picked up by the fringed ends of the fallopian tube. Wavelike motions of the cilia within the fallopian tube pass the ovum down the tube toward the uterus. If the ovum is not fertilized by a sperm within 12 to 24 hours after ovulation, the ovum disintegrates.

Some Problems That Can Occur with the Menstrual Cycle

a) The menstrual periods can be irregular in both occurrence and duration, particularly in early adolescence. This is generally because the reproductive system hasn't matured completely.
b) There may be dysmenorrhea or menstrual cramps, which may be due to heavy periods or to a drop in the hormone level. Not all women have menstrual cramps, and new medications to alleviate them are available (with a physician's prescription).
c) Some women may experience premenstrual tension or irritability. This may be due to a change in the hormone level before the menstrual period.

Menopause

Menopause is that time in a woman's life—usually sometime between the ages of 50 and 55—when production of female hormones gradually decreases until she no longer ovulates or gets a menstrual period. There may be physiological reactions to the cessation of hormone production, and also some psychological reactions regarding the end of childbearing years, the "empty nest syndrome," or "growing older." By no means do all women experience physical or psychological discomfort from menopause.

ACTIVITY: The Menstrual Cycle and Fertility

Materials: Three handouts

The terms and definitions in the handout "The Reproductive Systems" include those pertinent to the menstrual cycle, and the two activities and objectives may be merged. The menstrual cycle is presented here separately to emphasize the central importance of knowledge of the menstrual cycle for an understanding of reproduction, pregnancy, and the other topics of the unit.

The teacher should review the definition and the various aspects of the menstrual cycle with the students, being certain that they understand the cycle and its relation to fertility. The diagram can be particularly helpful in this discussion.

The handout "True-False Questions on Common Misunderstandings About Sexuality" can be used at either the beginning or the end of work on the menstrual cycle. As a true-false quiz, it can provide a springboard for discussion of material in the section that has been presented and of material yet to be learned. It can also serve in part as a review and an assessment of where the students are with regard to learning the material.

The answers to the questions:

1. False	6. False	11. False
2. False	7. False	12. True
3. False	8. False	13. True
4. False	9. False	14. False
5. False	10. False	15. False

The handout "Toxic Shock Syndrome" should be distributed and discussed.

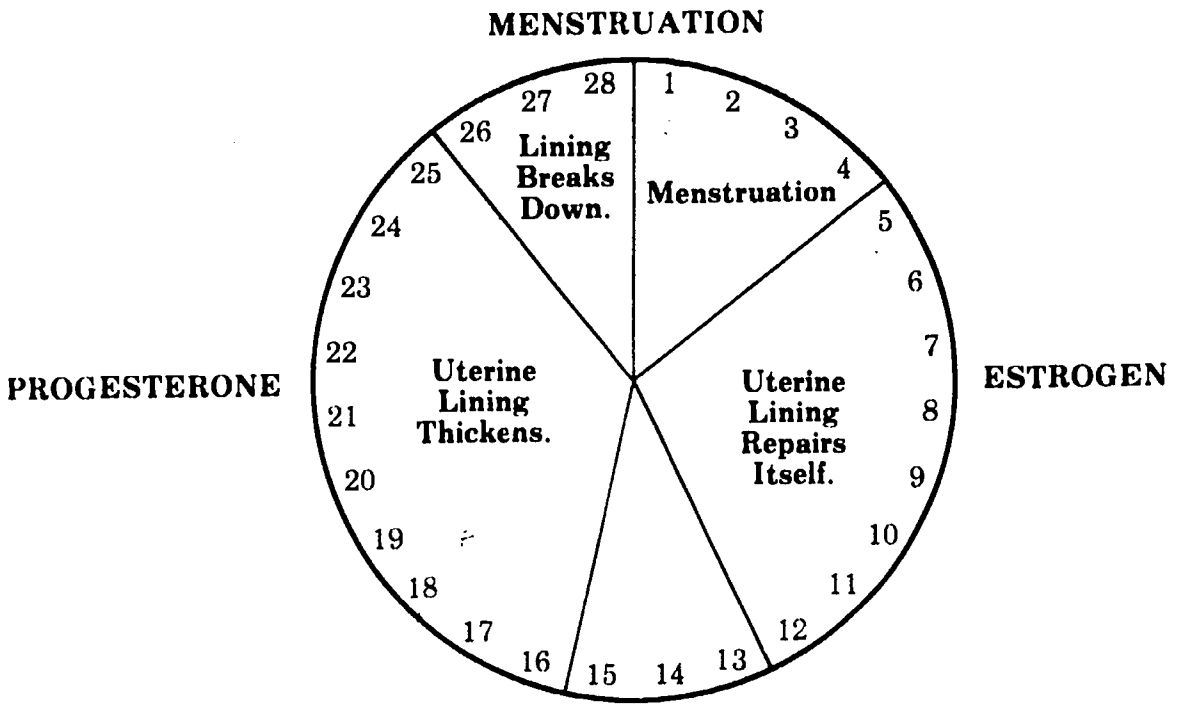
Name _____ Date _____ _____ Period _____

STUDENT HANDOUT

The Menstrual Cycle

1. The average menstrual cycle lasts approximately 28 days. Day 1 of the cycle is when the menstrual period or "bleeding" begins.

The average menstrual period or menstruation lasts approximately 4 to 7 days. Approximately a half cup of discharge is lost during this time.



2. A hormone from the pituitary gland causes eggs (ova) to begin developing in both ovaries. As the eggs are developing, estrogen is produced in higher quantities. The estrogen causes the lining of the uterus to repair itself after menstruation.

3. One egg matures faster than the others, and around the middle of the cycle the mature egg erupts from the ovary. This is ovulation.

4. After ovulation, the crater left from the egg changes into a yello . olister (cor luteum) and this corpus luteum begins producing the hormone progesterone. Progesterone auses the lining of the uterus (endometrium) to get extra thick with blood and tissue to prepare for a possible pregnancy.

5. Meanwhile, the egg is picked up by the fallopian tube and travels through the fallopian tube, pushed by tiny hairs called cilia. If the e , is not fertilized within 24 hours of ovulation, it dies and disintegrates.

6. The corpus luteum, meanwhile, continues to produce progesterone for about 10 to 12 days. If no fertilized egg is present, the corpus luteum breaks down; progesterone production stops; and the lining of the uterus, without the progesterone to keep it thickened, breaks down. Menstruation begins, and the cycle starts all over again.

7. A woman is most likely to become pregnant if she has intercourse around the middle of her cycle. Sperm cells can live in the fallopian tubes from 3 to 5 days.

8. Most teenagers have irregular cycles, which will become more regular as they get older.

9. Menstrual cycles can be temporarily upset by illness, stress, emotional upsets, almost anything. This is normal, and the cycles will return to normal eventually.

10. Pregnancy stops the menstrual cycle.

11. Menstrual cycles occur from puberty until menopause (change of life) when women stop ovulating, and stop menstruating, and the estrogen level drops significantly.

Name _____ Date _____ Period _____

STUDENT HANDOUT

True-False Questions on Common Misunderstandings About Sexuality

1. During her menstrual period, a woman should not take a bath or shower, shampoo her hair, or ride a bicycle.
2. If a girl does not have a hymen, this means she has engaged in sexual intercourse.
3. A man must have regular sexual intercourse or he will go insane.
4. Each person is allotted just so many sexual experiences, and when that number is used up, the person can no longer be sexually active.
5. Sexual intercourse must be avoided during pregnancy.
6. Sterilization in adulthood will lessen a man's or woman's sex drive.
7. A woman's sex life will cease after menopause.
8. If a woman urinates immediately after intercourse or has intercourse standing up, she will not become pregnant.
9. Masturbation is a cause of insanity.
10. Masturbation is practiced only by males.
11. A mother who breast-feeds cannot become pregnant.
12. Abstinence is the most reliable method of birth control.
13. Marriages where both partners are aged 19 or younger are the most apt to be unsuccessful.
14. It is necessary for either the bride or groom to be sexually experienced in order for the marriage to be a success.
15. A pregnant woman who is frightened by an animal may have a baby with a birthmark that resembles that animal.

STUDENT HANDOUT

Toxic Shock Syndrome (TSS)

Information approved by the Medical Advisory Committee, September 8, 1982

TSS is a rare but serious illness, caused by the bacterium staphylococcus aureus. According to studies by the Federal Center for Disease Control, about 800 cases of TSS were reported in 1980 among 52 million menstruating women in the United States.

Symptoms include:

- a sudden high fever, usually 102°F or over
- vomiting and/or diarrhea

If these symptoms develop, contact your doctor immediately. If you are using a tampon, remove it. You may not have TSS, but you should make certain, because in rare cases TSS can be fatal if not diagnosed and treated.

There may be other signs:

- sudden drop in blood pressure
- dizziness
- sunburn-like rash

The Food and Drug Administration (FDA) offers this advice:

1. You can almost entirely avoid the low risk of getting TSS by not using tampons.
2. If you choose to use tampons, you can reduce the risk of toxic shock by changing your tampon every 2 or 3 hours, and by not using tampons at night.
3. If a doctor has told you that you have had TSS or if you believe you have had the disease, do not use tampons until you check with your doctor.

ACTIVITY: **Fetal Development and Birth**

Essentially, this objective calls for illustrating some basic ideas, and then encouraging sufficient discussion for their reinforcement and for an airing of questions and concerns.

Again, it is important not to get bogged down in detail—in terminology or in biochemical processes. A minimum of terms and physiology is required to vividly present the stages of fetal growth and the process of birth. Some of the important ideas to get across are given in the handout. The teacher should go over these with the class, explaining and perhaps adding to the information in the handout.

An approved MCPS film showing pregnancy and the birth process might be used either to introduce the topic or to summarize facts which have already been discussed. The showing of such a film is highly recommended.

Name _____ Date _____ Period_____

STUDENT HANDOUT

Major Ideas About Fetal Development and Birth

1. The first three months are the most important for the fetus. This is when the internal organs and nervous system are being formed.
2. The placenta is the link between mother and baby, although the two blood systems rarely come in contact in normal pregnancies. Nutrients, oxygen, chemicals, etc., pass through the placenta and affect the developing embryo.
3. At eight weeks, the embryo is known as a *fetus*. Everything that will be found in the full-term baby is present.
4. At seven months, the baby is considered viable; it could live on its own if born, although special care would be needed.
5. During the last two months of pregnancy, the baby is putting on fat to protect and insulate it after birth.
6. During labor, the amniotic sac breaks, and contractions push the baby head first through the cervix, through the vaginal tract, and out.
7. Most births are uncomplicated, with head arriving first, although breech births (seat first) sometimes occur, as do births with an arm or foot first. Sometimes caesarean sections (surgical births) are necessary because of the baby's size, or for some other medical reason.

ACTIVITY: **Prenatal Care**

Materials: Handout

This activity should build upon the previous one, particularly the information on the fetus and the stages of fetal growth, to emphasize the importance of prenatal care.

Statements of recent research results indicating the susceptibility of the embryo and fetus may be used to point out the importance of prenatal care. Important points to be made here are given in the handout.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Important Ideas About Prenatal Care

1. The placenta is the close link between the mother and developing baby. Nutrients, oxygen, chemicals, and some microorganisms pass through the placenta, travel through the umbilical cord (which is two arteries and a vein), and go directly into the baby's blood system. Carbon dioxide and other waste products pass from the baby, through the umbilical cord, through the placenta, to be filtered by the mother's circulatory system.
2. Drugs in the mother's bloodstream can pass through the placenta and affect the developing baby. Therefore, women are told to avoid all medications, even aspirin, unless specifically prescribed by a doctor.
3. Tobacco use should be stopped during pregnancy. Oxygen supply to the developing baby is limited whenever the mother smokes. Mothers who smoke tend to have babies with low birth weights. Newborns who weigh 5½ pounds or less at birth are more likely to develop health problems in early infancy than babies who weigh more.
4. Alcohol use should be limited or stopped altogether during pregnancy. Alcohol passes through the placenta quickly. A developing baby feels a drink almost as fast as the mother. Children of mothers who are moderate to heavy drinkers run the risk of being born with a fetal alcohol syndrome, which can be characterized by physical abnormalities and/or mental retardation.
5. Mothers should concentrate on good nutrition during pregnancy so the developing baby gets enough nutrients to ensure proper development.

ACTIVITY: **Pregnancy Prevention**

Materials: Transparencies

Utilizing an overhead projector, present information about the methods of pregnancy prevention on the transparencies. (Sample charts are attached showing the information given on the transparencies.)

Point out that two actions—douching and withdrawal—do not appear on the charts. These actions are not effective for preventing pregnancy and therefore are not listed as methods on the charts. However, present the following information about these actions to the students:

- Douche—While it is possible for sperm to reach the inside of the cervical canal in about one minute or less, the time elapsing before douching is usually much greater, hence the ineffectiveness of douching. It is also possible for the douche to force some sperm higher into the reproductive tract rather than washing them out.
- Withdrawal—This practice is unreliable since sperm are often present on the penis in the first few drops of fluid excreted with sexual excitement, before ejaculation. It is also possible for sperm deposited just outside the vaginal opening to swim up through the vagina and fertilize the ovum.

Emphasize that complete or total abstinence is the only 100% "sure" method of pregnancy prevention. However, there are a number of methods which are acceptable and useful for different married couples at different times of their lives. Summarize these methods, using the transparencies, of which charts are provided on the following pages.

Sample Assessment Measures for Instructional Objective 2:

A brief objective test may be given covering major points made in the presentation. Samples of questions which might be included:

1. *Question:* What is the most reliable method of natural family prevention? *Answer:* total abstinence.
2. *Question:* Name at least four methods of pregnancy prevention which require professional medical advice or health services. *Answer:* natural family planning, diaphragm, oral contraceptive pill, IUD, sterilization (vasectomy, tubal ligation), combinations of methods.
3. *Question:* Name three barrier methods of pregnancy prevention which are available without a medical prescription. *Answer:* condom, contraceptive sponge, contraceptive foam, combinations.
4. *Question:* Name two actions thought to prevent pregnancy but which are not effective. *Answer:* douche, withdrawal (other answers are possible for this question).
5. *Question:* What non-barrier, nonsurgical, nonchemical method of pregnancy prevention is 100% effective? *Answer:* total abstinence.

Methods of Pregnancy Prevention

1. Abstinence (total abstinence, complete abstinence)

Commonly Viewed Advantages	Commonly Viewed Disadvantages	Possible Physical Side Effects	Effectiveness
Requires no medical consultation, no purchases. The most effective method. Approved by most religious faiths.	Requires self-control by both husband and wife. Requires restraint/abstinence in drug/alcohol use, which lowers inhibitions. Usually not recommended for married couples.	Harmless. (Would cause stress for most married couples.)	*100%*

Methods of Pregnancy Prevention

2. Natural Methods (Periodic abstinence)

Type	Commonly Viewed Advantages	Commonly Viewed Disadvantages	Possible Physical Side Effects	Effectiveness*
Basal Body Temp.	No medication required. Approved by many religious faiths.	Must go to doctor, clinic, or trained person for instruction. Requires several months preplanning. Requires strict routine, accurate records	May cause stress for married couples.	*Varies. If followed faithfully, 80%+.*
Mucus (Billings)	Same	Same	Same	*Same*
Symto-thermal	Same	Same	Same	*Same*
Calendar	Same	Difficult for women with irregular cycles. Highly unreliable; cycles may vary due to stress, illness, alcohol, etc.	Same as above. Pregnancy.	*Not effective.*

**Effectiveness will vary greatly, from near zero to the figure given, depending upon whether the method is used consistently and properly.*

Methods of Pregnancy Prevention

3. Barrier Methods

Type	Commonly Viewed Advantages	Commonly Viewed Disadvantages	Possible Physical Side Effects	Effectiveness*
Condom	Easily available. Physically harmless. Disposable, inexpensive. Effective, if used carefully. Some protection against STDs. Improved effectiveness when combined with contraceptive foam, cream, or jelly.	May break, tear, or slip off. Must be put on before intercourse every time. May dull sensation slightly (not usually a problem for younger men). Not accepted by some religious groups.	None.	*80% (87 to 99% when combined with foam.)*
Contraceptive Sponge	Easily available. Disposable. Effective, if used carefully. Possibly effective for 24 hours.	Must be left in place for 6 hours after intercourse. Not accepted by some religious groups.	Small chance of irritation. Slight risk of Toxic Shock Syndrome if left in place for extended period of time.	*80%+*
Contraceptive Foam, Cream, or Jelly	Easily available. Inexpensive. Useful when combined with condom or diaphragm.	Cannot be depended on if used alone. Must be used just before intercourse. May be messy. Not accepted by some religious groups.	Possible minor irritation.	*less than 80% unless used with condom or diaphragm.*

**Effectiveness will vary greatly, from nearly zero to the figure given, depending upon whether the method is used consistently and properly.*

Methods of Pregnancy Prevention

3. Barrier Methods (continued)

Type	Commonly Viewed Advantages	Commonly Viewed Disadvantages	Possible Physical Side Effects	Effectiveness*
Diaphragm	Safe. Effective when used properly. Not permanent.	Must be fitted by a physician. Correct technique for insertion must be learned. Special care of diaphragm required. Must be used consistently with jelly or cream. Inconvenient. Not accepted by some religious groups.	Minimal. (Vaginal irritation is possible. but very rare.)	*85-90%*
Cervical Cap	Similar to diaphragm. May be left in place longer.	Similar to diaphragm. Not yet available.	If left in place for a long period, might be associated with Toxic Shock.	*Similar to diaphragm.*

**Effectiveness will vary greatly, from nearly zero to the figure given, depending upon whether the method is used consistently and properly.*

Methods of Pregnancy Prevention

4. Oral Contraceptives (The Pill)

Commonly Viewed Advantages	Commonly Viewed Disadvantages	Possible Physical Side Effects	Effectiveness*
Very effective. Convenient. Usually lighter menstrual flow. Sometimes prescribed for women suffering from hormonal imbalance or cramps. May protect against some types of cancer. Helps protect against anemia.	Health risk for some women, particularly those over 40 who smoke. Requires 6-month checkups with periodic lab test. Must be taken for 21 or 28 consecutive days each month without missing a day. Depends upon the particular type prescribed. Not accepted by some religious groups.	Possible physiological complications, particularly for smokers over 40 (circulatory, liver, etc.)	*Almost 100%*

**Effectiveness will vary greatly, from near zero to the figure given or higher, depending upon whether the method is used consistently and properly.*

Methods of Pregnancy Prevention

5. Injectable Contraceptives

Type	Commonly Viewed Advantages	Commonly Viewed Disadvantages	Possible Physical Side Effects	Effectiveness*
Female (Seldom used, experimental)	Does not require daily attention. Not permanent. Menstrual periods may cease.	Cannot be reversed until body has used up all medicine injected. Period of sterility cannot be predicted (varies greatly). Not accepted by some religious groups.	Has caused breast cancer in beagles, although not shown to have caused human cancer. May cause some side effects.	*Effective, but length of effectiveness is unpredictable.*
Male (Experimental, not generally available)	Convenient. Would not be permanent.	See side effects. Not accepted by some religious groups.	Severe, sometimes including feminization (breast growth, etc.). This problem remains to be solved.	*Unknown*

**Effectiveness will vary greatly, from near zero to the figure given, depending on whether the method is used consistently and properly.*

Methods of Pregnancy Prevention

6. Intrauterine Device

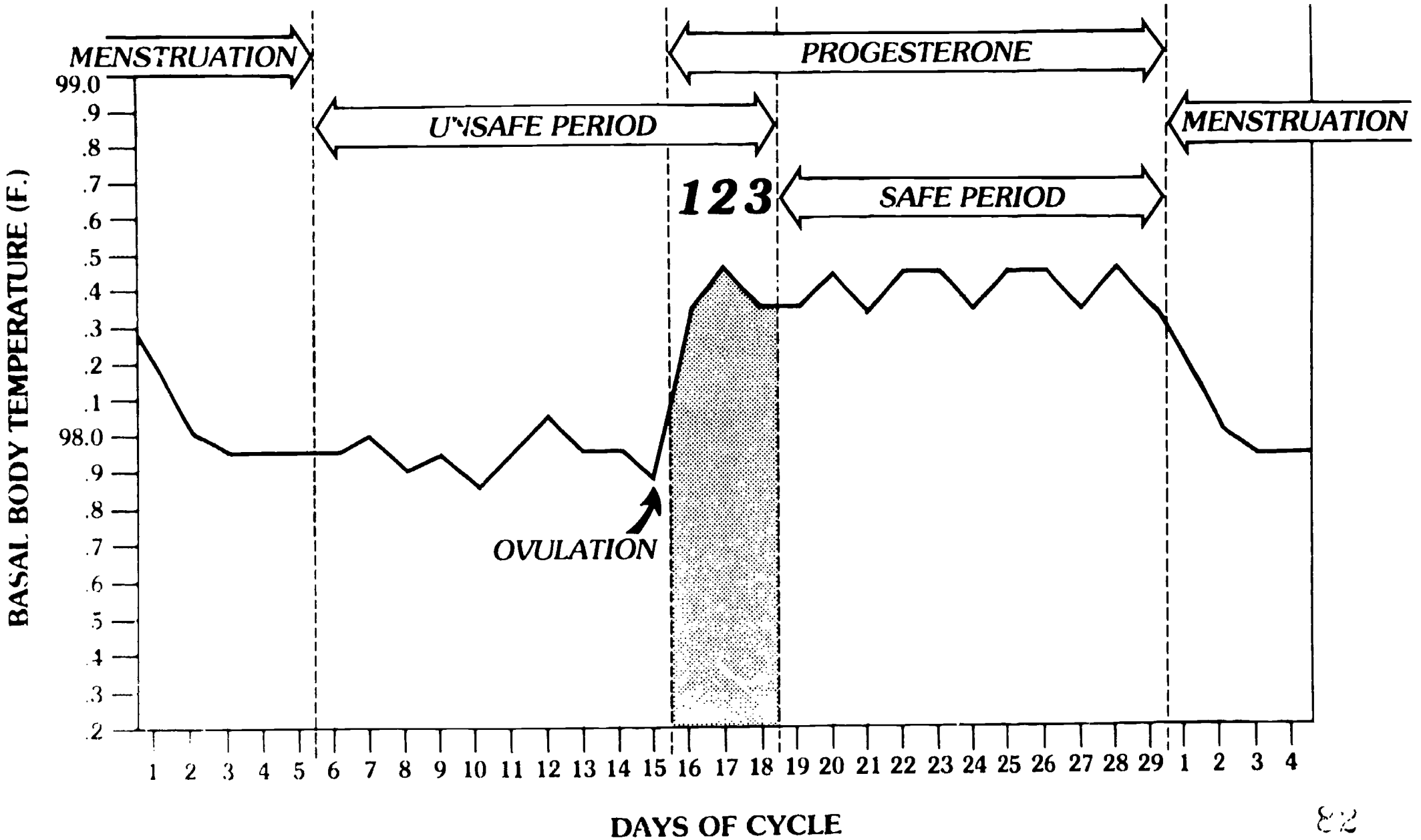
Commonly Viewed Advantages	Commonly Viewed Disadvantages	Possible Physical Side Effects	Effectiveness
Convenient. Almost as effective as oral contraceptives. Available through physicians. Can be removed by physician.	Undesirable side effects. Medical risk to some women. May be expelled by the uterus. Not usually recommended for adolescents. Requires 6-month medical checkups. Not accepted by some religious groups.	Greater chance of pelvic infection. Perforated uterus (rare). Ectopic pregnancies not prevented. Spotting, cramps in some women. Usually heavier menstrual flow.	*97-98%*

Methods of Pregnancy Prevention

7. Surgical Sterilization

Type	Commonly Viewed Advantages	Commonly Viewed Disadvantages	Possible Physical Side Effects	Effectiveness
Male (Vas-ectomy)	Usually done in physician's office or clinic. Discomfort lasts just a few days. Permanent; requires no further attention.	Soreness for a few days. Relatively expensive. Usually cannot be reversed (undone). Not accepted by some religious groups	Possible psychological effects. Possible ill effects from surgery. Probably no other side effects (10-year study).	*Almost 100%*
Female (Tubal Ligation)	Permanent. No physical side effects. Outpatient procedure, or brief hospital stay.	Irreversible (usually). Medical procedure. Relatively expensive. Not accepted by some religious groups.	Possible emotional trauma. Possible ill effects from surgery. Probably no other side effects.	*Almost 100%*

Rhythm Method by Basal Body Temperature



NAME: Jane Doe AGE: 22 **SYMPTO-THERMAL CHART**

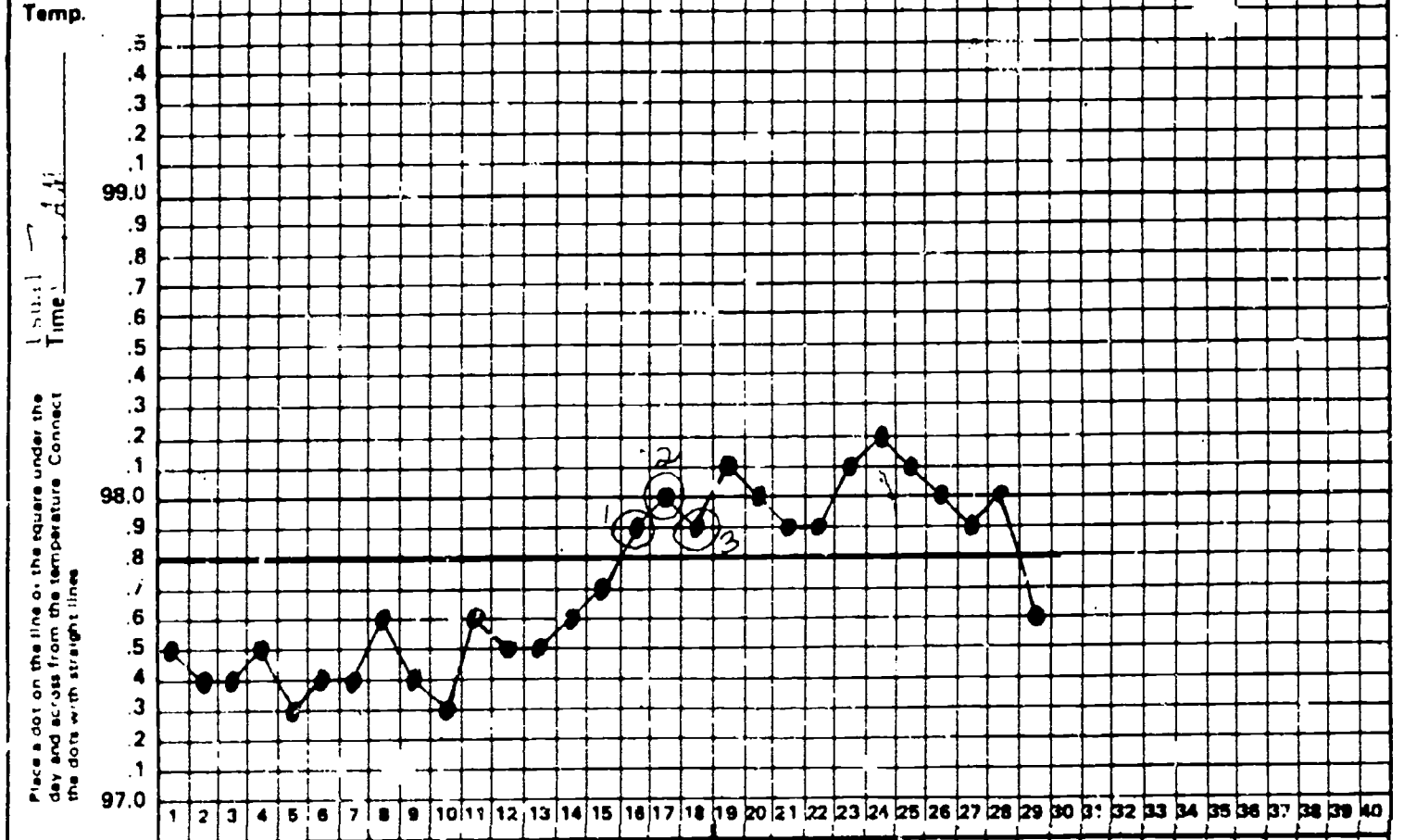
PHONE: 234-6789 CYCLE #: 4 SEND TOP COPY TO: Instructor

DATE: Nov 11 THRU Dec 8

Date	Nov	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9
mucus COLOR CONSISTENCY SENSATION		Menses	Menses	Menses	Menses	Menses	Dry	Dry	very sticky	very sticky	Cr. sticky	Cr. sticky	Clear, wet	Clear, wet	Cl. wet, slippery	Cl. wet, slippery	Cloudy, milky	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Menses
SYMBOL		M	M	M	M	M	D	D	Y	Y	Cr	Cr	Cl	Cl	P	1	2	3	4	D	D	D	D	D	D	D	D	D	D	M
CERVIX									LFC	LFC	LFC	SHC	SHC	SHC	HSO	HSO	HSC	LFC	LFC	LFC										
COITUS								X											X											
Day of cycle		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

Temp.

Instruction: Take temperature at the same time each day. Place a dot on the line of the square under the day and across from the temperature. Connect the dots with straight lines.



comment

Phase I

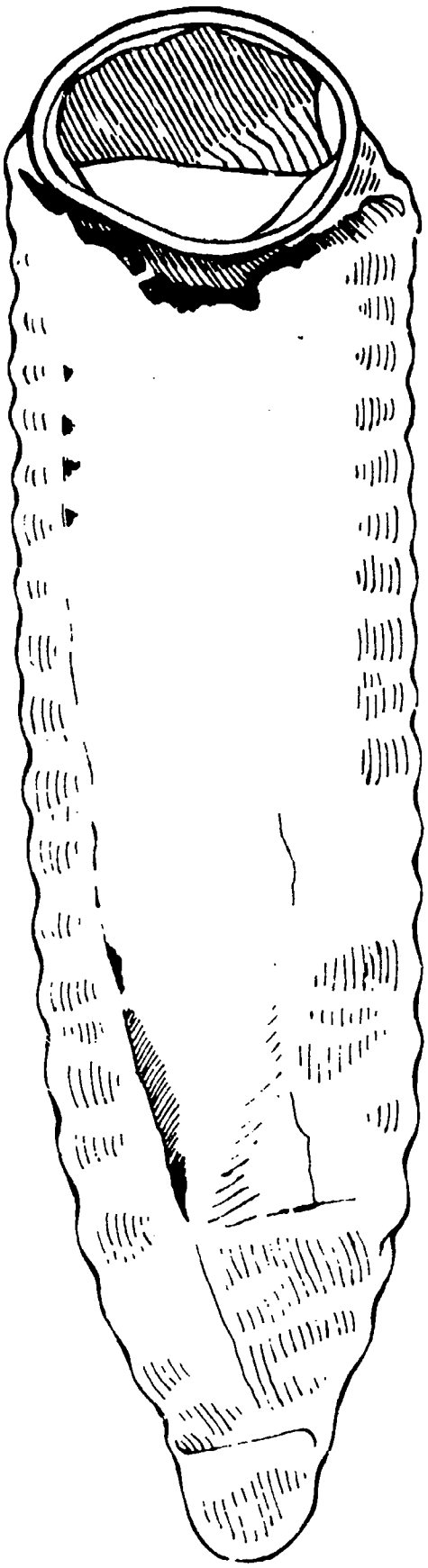
Phase II

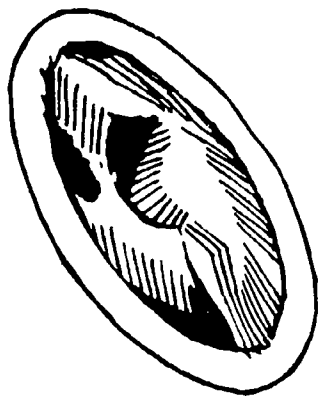
Phase III

1 ovi. late

Beginning of Phase III: PM of Day 8

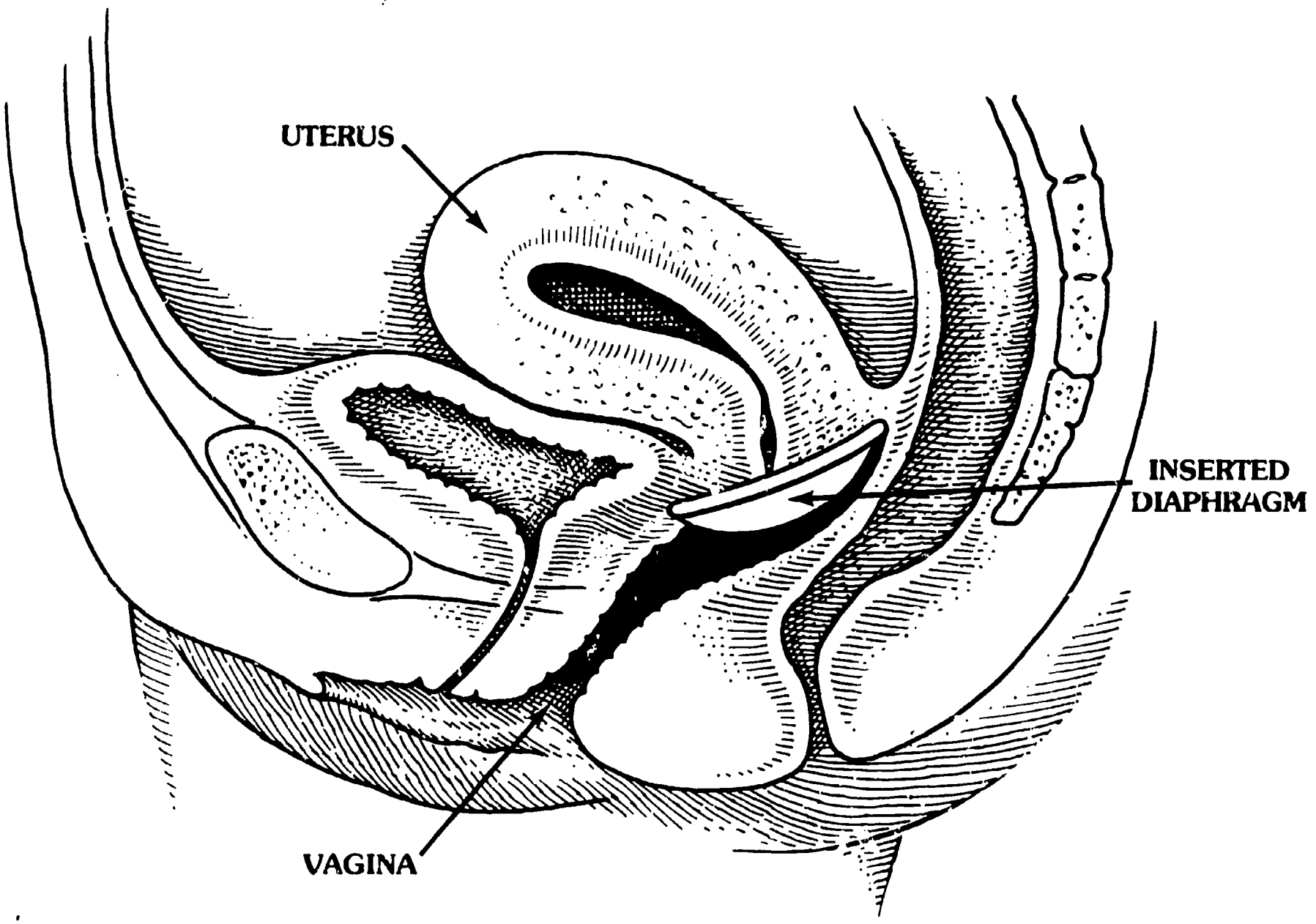
Length of Phase I: 14 Total Days in This Cycle: 28



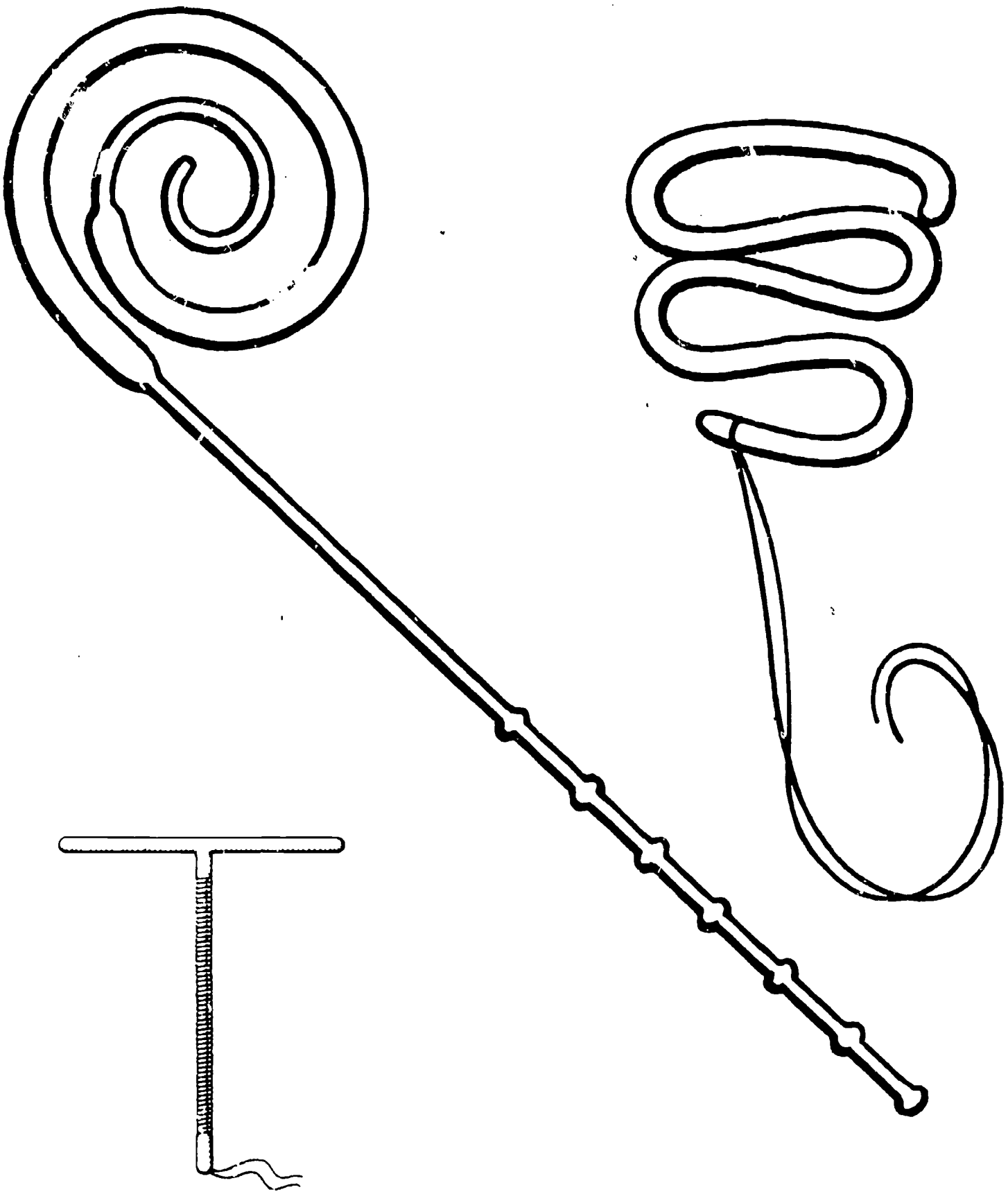


Condom

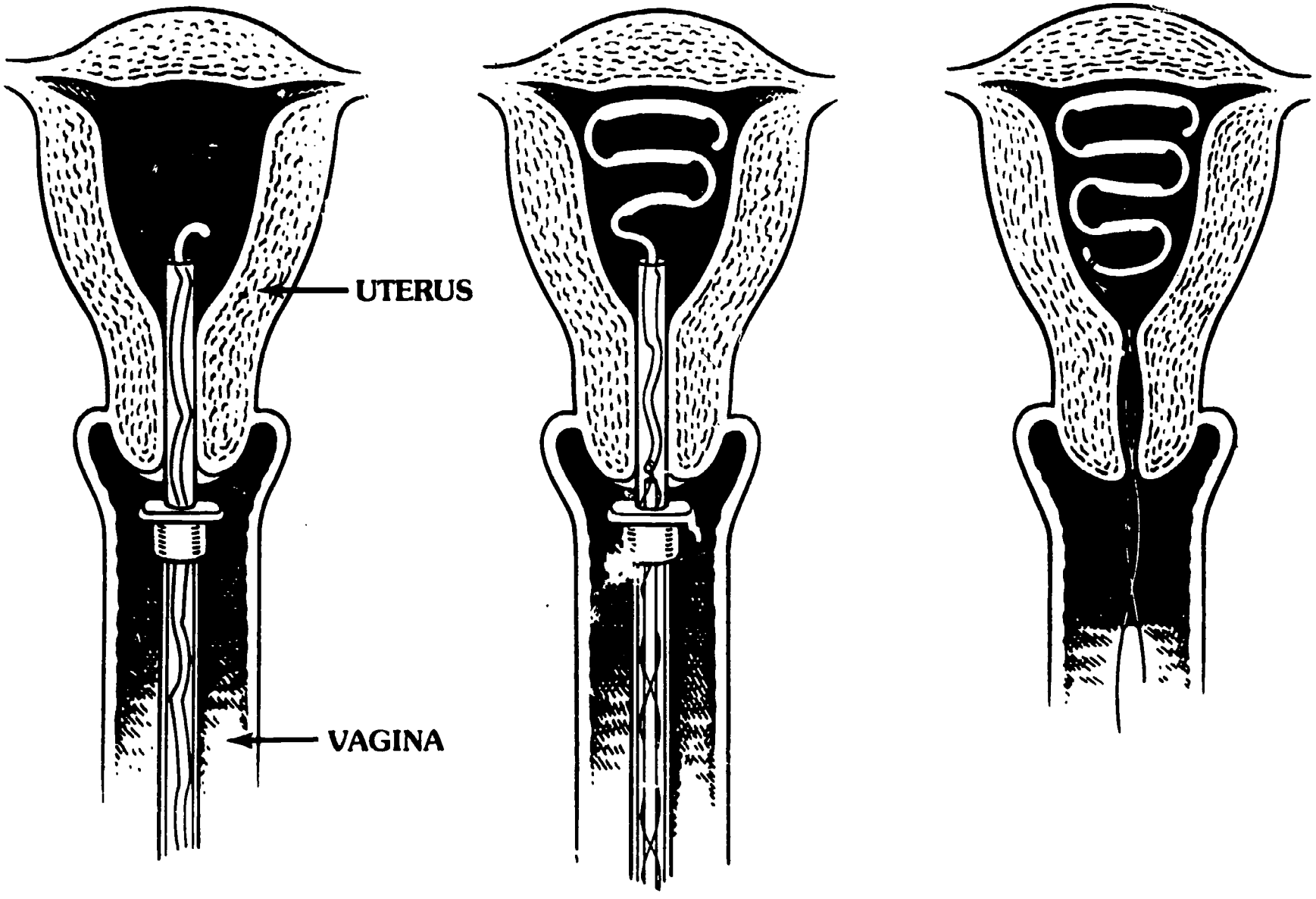
Diaphragm



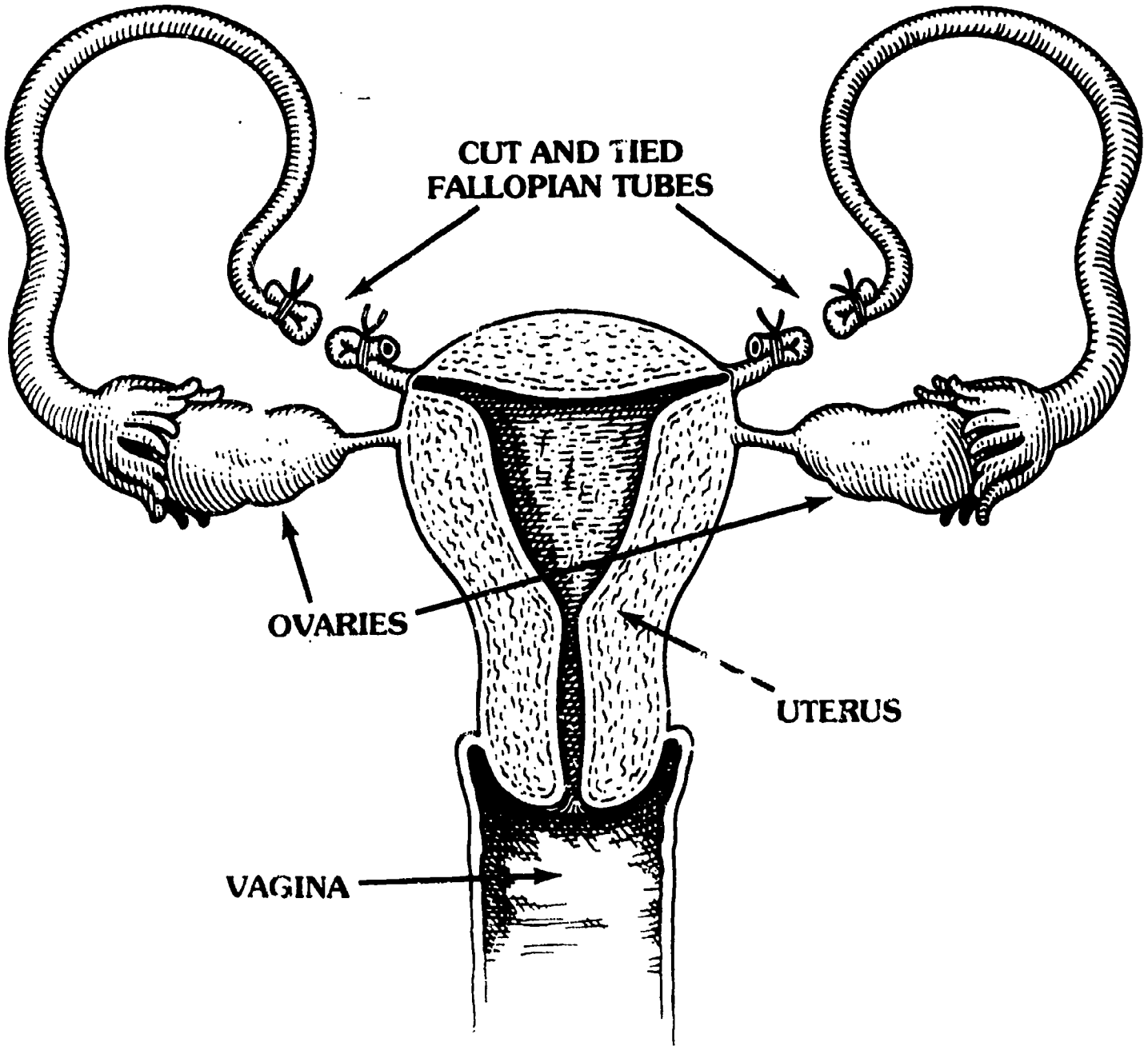
Intrauterine Devices



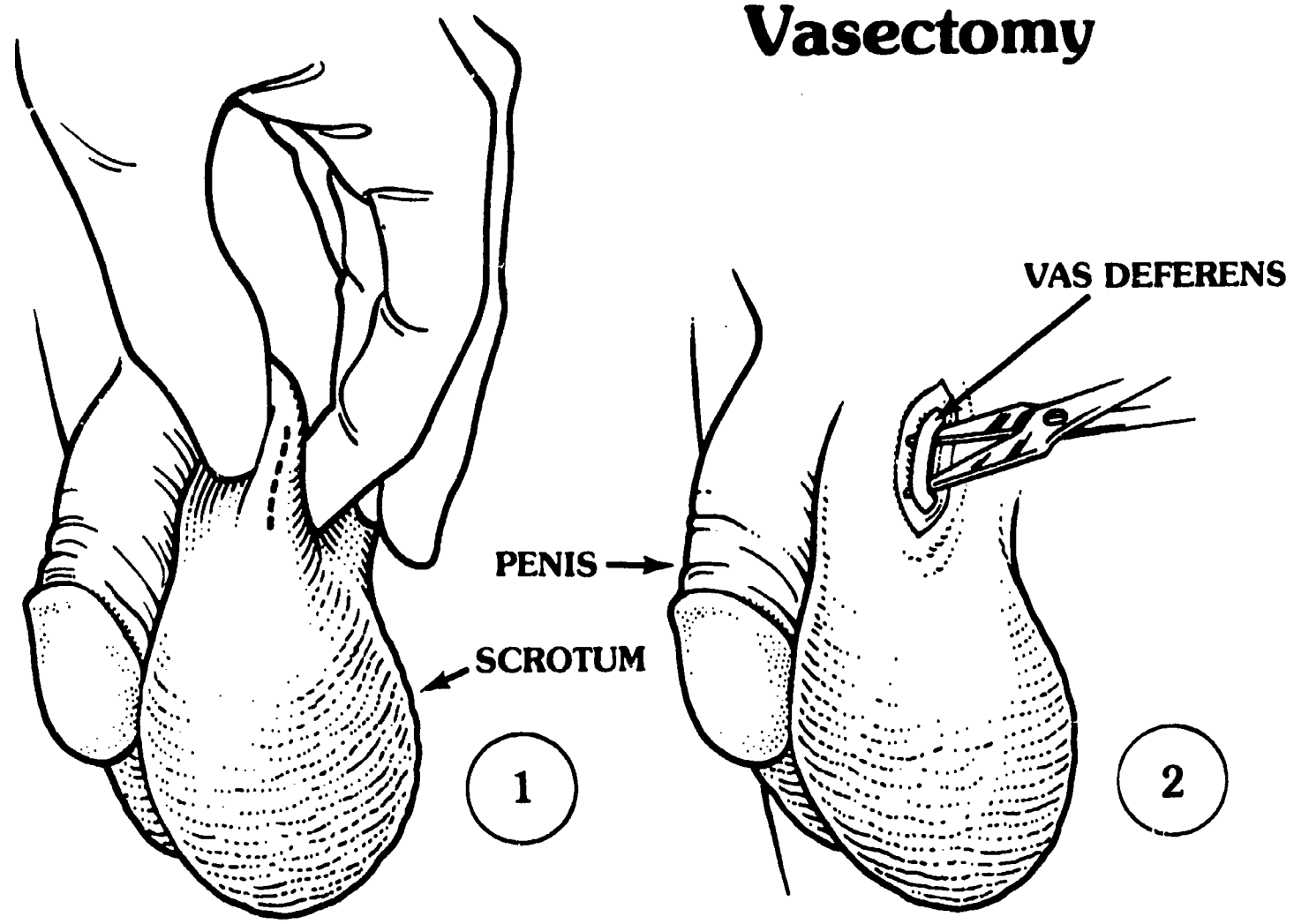
Insertion of IUD

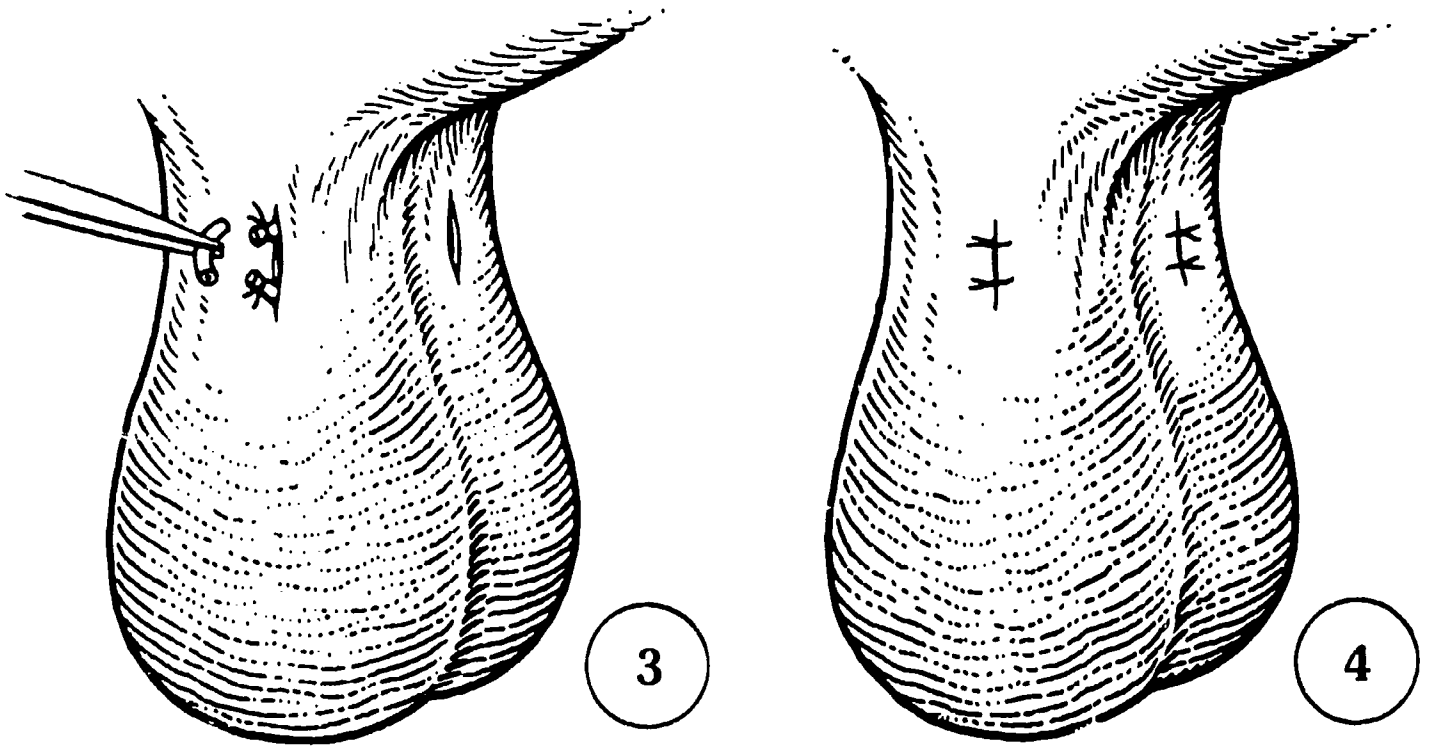


Tubal Ligation



Vasectomy





From Education for Sexuality
by John T. Bu... and Linda Brewer Meeks
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Topic V—Sexually Transmitted Diseases

Objectives

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate knowledge of information and attitudes related to sexually transmitted diseases.

Performance Objective a: The student should be able to demonstrate knowledge of important terms and other basic information related to sexually transmitted diseases.

Instructional Objective 2: Upon completion of the unit, the student should be able to identify some of the major sexually transmitted diseases, describe their symptoms and effects, how they are transmitted, and the effectiveness of current treatment for each.

Performance Objective a: The student should be able to identify the three major sexually transmitted diseases, describe their symptoms and effects, how they are transmitted, and the effectiveness of current treatment for each.

ACTIVITY: **Basic Information on Sexually Transmitted Diseases**

Materials: Handout

The purpose of this activity is to convey basic information about the most common sexually transmitted diseases. As always, there is need to be alert to student concerns, fears, and misapprehensions. This information is best conveyed through lecture and discussion. Audiovisual resources may be used to support or introduce the topic. The handout summarizes the important information on this topic. You may wish to use it to give students something to refer to during or after a presentation.

STUDENT HANDOUT

Basic Information on Sexually Transmitted Diseases

Syphilis

I. Signs and Symptoms—First appear 10 to 90 days after infection
   A. Chancre (a sore) appears where the spirochetes (germs that cause the disease) enter the body. The chancre usually appears on or around the genital area but can occur anywhere the germ enters the body. The chancre disappears without treatment in about two weeks, but the disease is still active.
   B. Secondary stage of syphilis—Occurs from a few weeks to six months after the chancre. The disease at this point has spread throughout the body. Signs could be *sores, a rash, whitish patches in the mouth or throat, hair falling out in patches, low fever, swollen lymph glands, and/or pain in the bones or joints.* A person may have any or none of these symptoms. These symptoms go away in less than a month without treatment, but the disease remains active within the body.
   C. Latent syphilis—The disease organisms are spreading and multiplying in the body though the person at this stage is no longer infectious. The disease can, however, be passed from a pregnant woman to her developing baby (see IV A. below).
   D. Final stage—Heart disease, insanity, paralysis, blindness, or death. These effects may develop anywhere from 10 to 20 years after infection.

II. Mode of Transmission (how spread)—Close physical contact with an infectious person. This means close physical contact with someone who has the disease and is able to pass it on. Most people are infectious (can spread the disease) for two years after getting it, unless they are cured during that time.

III. Treatment—Penicillin (or other antibiotics) in larger than average dosage.

IV. Important Considerations
   A. Syphilis can affect an unborn developing baby after the seventeenth week of pregnancy. Pregnant women should get checked and treated for syphilis to protect their developing baby.
   B. A *specific* blood test is needed to test for syphilis, and it is not done during a regular physical checkup.

Gonorrhea

I. Signs and Symptoms—In males, first occur within two to eight days (often less) following exposure; two to eight days for females. However, 15% to 20% of infected males and most females who become infected have no signs or symptoms. This is dangerous because they *do* have the disease, will suffer its effects, and can transmit it.

   In the male, burning when urinating and a discharge of pus. Urination can be quite painful.

   In the female, symptoms are usually absent or very mild until a great amount of damage has been done

II. Mode of Transmission—Close physical contact with a person who has the disease. Usually attacks only mucous membranes: vagina, urethra, mouth or throat, rectum, or eyes.

III. Effects of the Disease
   A. Sterility/Infertility—in both males and females
   B. Blindness—in adults, as well as in babies who pass through an infected vaginal canal at birth
   C. Pelvic Inflammatory Disease—in women
   D. Gonorrheal Arthritis—occurs mostly in women

IV. Treatment—A *very large* dose of penicillin or other antibiotics.

V. Important Considerations—Most women may never know if they have gonorrhea. This means that they can carry the infection and infect others without knowing it, and may themselves become sterile.

Herpes II

I. Signs and Symptoms—Occur generally three to six days after infection. These include blister-like sores which appear on or around the penis, in the space between the anus and

scrotum, in the space between the anus and vulva, on the vulva, in the vagina, or on the cervix. The sores are generally painful. Lymph nodes in the groin become swollen. Signs and symptoms initially last about two weeks. These may be accompanied by flu-like symptoms. The disease tends to recur.

II. Mode of Transmission – Close physical contact with a person having an "active" case of the disease (blister-like sores present)

III. Treatment – No cure yet. Medication may be given to help dry up the blister-like sores, and to lessen the severity of the attack.

IV. Important Considerations
   A. There is no cure yet, although some new medications may help alleviate symptoms.
   B. Pregnant women who have an active case of Herpes II and are about to deliver their babies must have delivery by Caesarean section. This is because Herpes virus will attack the baby as it passes through the vaginal canal. When babies get Herpes II, it usually causes mental retardation or death.
   C. Women who have Herpes II run a greater risk of getting cervical cancer and should therefore be sure to have a Pap test at least once a year if not every six months.
   D. Herpes II can occur repeatedly. Once a person has Herpes II, the virus remains in his/her body and can cause recurring active cases in the person.

General Important Information

I. The STDs discussed above are at or near epidemic proportions today. Among communicable diseases, gonorrhea is almost as prevalent as the common cold, and Herpes II is a close third.

II. Promiscuity (indiscriminate sexual encounters) increases one's chance of getting an STD.

III. Specific tests and treatment for the above diseases are available free at the Montgomery County Public Health Clinic. Tests for these diseases are *not* routinely done during a general physical checkup, although a private physician can test for and treat sexually transmitted diseases if consulted.

ACTIVITY: **Definition of Key Terms**

Materials: Handouts

Because many of the terms involved in this section will be foreign to most students, it is important to devote time to ensuring that they are understood.

Work on the terms may precede or immediately follow the presentation of the material on STDs, depending in large part upon the language sophistication of the students. The two handouts provide for more flexible use than would be the case if the terms and their definitions were put on a single handout. Because the next handout, "Key Terms Related to Sexually Transmitted Diseases," does not have the definitions, it may be used by itself for student practice and/or testing of the students after the definitions have been explained and discussed with them. An additional handout, "Key Terms Defined," provides the definitions.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Key Terms Related to Sexually Transmitted Diseases (STDs)

1. STD:

2. Incubation Period:

3. Mode of Transmission:

4. Infected:

5. Infectious:

6. Pelvic Inflammatory Disease:

7. Ectopic Pregnancy:

8. Scar Tissue:

9. Caesarean Section:

10. Sterility/Infertility:

11. Epidemic:

12. Abstinence:

STUDENT HANDOUT

Key Terms Defined

1. STD—The abbreviation for the term "sexually transmitted disease." Any disease that is most commonly transmitted through intimate contact, including but not limited to sexual intercourse.
2. Incubation Period--The time it takes for a disease to become noticeable
3. Mode of Transmission—The way a disease is spread
4. Infected—Having a disease
5. Infectious—Being capable of spreading a disease to others
6. Pelvic Inflammatory Disease (P.I.D.)—Inflammation of and possible damage to the reproductive organs in women
7. Ectopic Pregnancy—A pregnancy occurring outside of the uterus, usually in the fallopian tube
8. Scar Tissue—Thick tissue which replaces damaged tissue
9. Caesarean Section—A surgical operation for the delivery of a fetus performed when birth by natural means is dangerous or impossible
10. Sterility/Infertility—The inability to produce offspring
11. Epidemic—A widespread outbreak of a disease
12. Abstinence—Voluntarily going without something or not doing something you would like to have or do

ACTIVITY: Quizzes for Practice and/or Evaluation

Materials: Handouts

Two quizzes which cover approximately the same material are included in this activity, one a true-false and the other a multiple choice quiz. The major difference between them is that the language in Quiz 1 is more difficult. Either quiz may be used as a pre- or post-test and/or for practice. You may want to select items from each test to construct a final test of the work in this section.

Answer Keys for STD Quizzes 1 and 2

Answers for Quiz 1

1. False
2. True
3. False
4. False
5. True
6. True
7. False
8. True
9. True
10. True
11. False
12. True
13. False
14. False
15. False
16. True
17. True
18. False
19. True
20. True
21. True
22. True
23. False
24. True
25. False
26. True
27. False
28. False
29. False
30. False
31. False
32. True
33. True
34. True
35. True
36. True
37. True
38. True
39. False
40. True
41. True
42. True
43. True
44. False
45. True
46. True
47. True
48. False
49. True
50. True

Answers for Quiz 2

1. C
2. A
3. A
4. A
5. A
6. B
7. C
8. C
9. A
10. B
11. C
12. A
13. C
14. C
15. A
16. B
17. C
18. B
19. A
20. B
21. A
22. B
23. C
24. C

Name _____ Date _____ Period _____

STUDENT HANDOUT

Sexually Transmitted Diseases, Quiz 1

True/False/I don't know (Use "T" for True; "F" for False; and "?" for I don't know.)

1. There are more cases of syphilis in the U.S. today than any other disease.
2. Syphilis is transmitted by close physical contact with an infected person.
3. The first sign of syphilis is pus and burning when urinating.
4. The first sign of syphilis is a sore where the gonococcus entered.
5. The first sign of syphilis is a sore where the spirochete entered.
6. The first sign of syphilis is a chancre.
7. The second stage of syphilis is a rash that can be easily identified.
8. The third stage of syphilis is called the latent stage. This is when all outward signs of the disease disappear and the person is no longer contagious.
9. The final stage of syphilis is called the destructive stage because that is when the signs of physical damage caused by the disease show up.
10. Syphilis can be cured during any of the stages.
11. Once a person is cured of syphilis, he/she never has to worry about getting it again.
12. The cure for syphilis is penicillin.
13. Gonorrhea is more easily identified than syphilis.
14. The first sign of gonorrhea is a sore where the gonococcus entered.
15. The first effect of gonorrhea in all men and women is pain and burning when urinating.
16. Gonorrhea can cause crippling and sterility if not cured.
17. Unchecked gonorrhea can cause an ectopic pregnancy to occur.
18. Men will always know when they have an STD.
19. Women may never know that they have an STD until there is damage done.
20. In Maryland, everyone is considered an adult in problems concerning STDs.
21. If a student thinks he/she has an STD and is checked for it, the results of the exam, as well as the exam itself, will be strictly confidential.
22. Gonorrhea occurs almost as often as the common cold.
23. Gonorrhea is more dangerous than syphilis.
24. If a student wants to be checked for an STD in Maryland, he/she can go to his/her own family physician or a public health clinic for a confidential check.
25. During a regular checkup, the doctor checks for syphilis and gonorrhea.
26. The check for syphilis is a special type of blood test.
27. Syphilis is spread to a newborn infant as it passes through the vagina.
28. Silver nitrate is put in the eyes of newborn infants to protect them against syphilis.
29. If a mother has gonorrhea, she can spread it to her developing fetus.
30. If a mother is treated for gonorrhea during the first four months of pregnancy, this will prevent possible defects from occuring in the fetus.
31. A woman will know she has gonorrhea because there will be a burning sensation every time she urinates.
32. At the present time there is no cure for Herpes II.
33. If venereal infection is localized in the penis or vagina, the use of a condom may prevent the spread of the disease.
34. The standard cure for gonorrhea is a large dose of penicillin.
35. If a person is allergic to penicillin, other antibiotics can be used to fight the infection of syphilis and gonorrhea.
36. Syphilis is caused by a microscopic organism called a spirochete.
37. Gonorrhea is caused by a coffee-bean-shaped organism called a gonococcus.
38. Treatment is available for Herpes II.
39. Both men and women will know if they have gonorrhea.
40. There is now a gonorrhea ep mic in the United States.
41. A sign of Herpes II is a clu r of blister-like sores around the genitals.

_____ 42 If the mother has an active case of Herpes II, the baby must be delivered by Caesarean section.
_____ 43. STDs can be caught over and over again.
_____ 44. It is impossible to have both syphilis and gonorrhea at the same time.
_____ 45. Gonorrhea can blind a person.
_____ 46. Syphilis can damage the nervous system, heart, eyes, ears, etc.
_____ 47. The first signs of gonorrhea occur about two to eight days after infection.
_____ 48. The signs of syphilis occur within the first week of infection.
_____ 49. Syphilis may not show up for 90 days after infection.
_____ 50. The second most prevalent communicable disease in the U.S. is gonorrhea.

Name _____ Date _____ Period _____

STUDENT HANDOUT

Sexually Transmitted Diseases, Quiz 2

Directions: Place the letter of the correct answer in the space provided in front of the question number.

____ 1. Syphilis and gonorrhea are caused by:
A. Injury
B. Body strain
C. Germs

2. Which of the following applies to syphilis and gonorrhea?
A. Two different diseases
B. Two names for the same disease
C. Two stages of the same disease

3. Gonorrhea and syphilis can be contracted at the same time.
A. True
B. False

4. At the present time, the cure for Herpes II is:
A. There is none.
B. A large dose of penicillin
C. Hot baths

5. In which sex would symptoms of gonorrhea most likely be noticed?
A. Male
B. Female
C. One as likely as the other

6. Which of the following statements is true?
A. Sexual contact causes STDs.
B. STDs are usually passed from one person to another through sexual contact.
C. STDs can be passed from one person to another only during sexual contact.

7. Against which of these diseases may a person be vaccinated?
A. Syphilis
B. Gonorrhea
C. Neither disease

8. Against which of these diseases does the body build up a natural immunity?
A. Syphilis
B. Gonorrhea
C. Neither disease

____ 9. If a woman has an active case of Herpes II and is about to deliver a baby,
A. It must be delivered by Caesarean section.
B. She should be cured immediately.
C. It should be delivered by natural delivery.

____ 10. If a person thought he/she had syphilis or gonorrhea, which would be the safest thing to do?
A. Ask a druggist for the right kind of treatment.
B. Tell a doctor what he/she suspects.
C. Get a physical examination.

____ 11. Which of these diseases can cause blindness?
A. Syphilis
B. Gonorrhea
C. Both syphilis and gonorrhea

____ 12. Syphilis can be passed from infected mother to unborn child.
A. True
B. False

____ 13. If the vas deferens of a man is blocked by scar tissue from a gonorrheal infection and the sperm cannot pass out, which of the following would the person be?
A. Blind
B. Arthritic
C. Sterile

14. Which new babies should have special drops of silver nitrate put in their eyes?
A. Those whose mothers are known to have gonorrhea
B. Those whose mothers are known to have syphilis
C. All new babies

15. Which of the following diseases is more likely to cause insanity?
A. Syphilis
B. Gonorrhea
C. Neither syphilis nor gonorrhea

____ 16. Once a person has contracted gonorrhea, he/she can never catch it again.
A. True
B. False

____ 17. According to the Center for Disease Control, the second most prevalent communicable disease in the U.S.A. is:
A. Syphilis
B. The common cold
C. Gonorrhea

____ 18. How would a woman most likely know she might have gonorrhea?
A. She notices a discharge from her vagina.
B. Her infected sexual partner tells her that he has it.
C. The infection has spread to her uterus and tubes and she has great pain.

____ 19. Could a person who had a chancre (the first sign of syphilis) pass syphilis along to other persons without realizing that the chancre was there or that he or she was sick?
A. Yes
B. No
C. Not likely

____ 20. If a man and woman both got infected with syphilis at the same time, and neither was treated, which could pass the disease on for the longest period of time?
A. The man
B. The woman
C. No difference

____ 21. If a man and a woman were both infected with gonorrhea on the same day, which would be the more likely to discover first that there was something wrong?
A. The man
B. The woman
C. One as likely as the other

____ 22. If the first sign of syphilis appears between 10 and 90 days after infection, where could this be on the body?
A. Around or on the "sex parts" only
B. Almost anywhere
C. On the mucous membrane only

____ 23. Suppose you thought you might just have contracted syphilis. You went to a doctor right away and were examined. He could find nothing wrong with you. You had no signs of syphilis. Your blood test was not "positive" for syphilis; that is, it was "negative." Which of the following would be true?
A. You could be sure now that you did not have syphilis.
B. If you *had* syphilis, you got over it without treatment.
C. You *might* have syphilis that has not yet shown up.

____ 24. If person *A* had direct contact with person *B*, who had infectious syphilis, which of the following could we count on as the most reliable way for *A* to get to a doctor and be treated for syphilis?
A. *A* gets a rash and a slight fever, and goes to a doctor to get something for it.
B. Sooner or later, *A* will have a blood test—for the Army, for a job, to get married, etc., and it will show positive.
C. *B* is treated for syphilis, and she tells the doctor that she either caught it from or gave it to *A*.

Topic VI—Problems of Teenage Pregnancy

Objectives

Instructional Objective 1: Upon completion of the unit, the student should be able to cite and discuss the burdens teenage premarital sexual activity places upon youth, their families, and society.

Performance Objective a: The student should be able to cite some of the local and national data indicative of the problems caused by teenage premarital sexual activity.

Instructional Objective 2: Upon completion of the unit, the student should be able to cite the dangers and difficulties surrounding adolescent pregnancy and birth and the problems of teenage parenthood.

Performance Objectives: The student should be able to:

a) Cite and discuss medical risks associated with pregnancy and birth which are much greater in cases of adolescent pregnancy

b) Cite and discuss health risks to the infant which are much greater in cases of adolescent pregnancy

c) Cite and discuss social difficulties associated with adolescent pregnancy

d) Cite and discuss difficulties, advantages, and techniques of saying NO to peer pressures typically faced by adolescents

ACTIVITY: Teenage Pregnancy and Its Consequences

Materials: Handouts plus audiovisual materials selected from the resources listed at the end of this unit

This activity should set an objective and straightforward tone for the whole section. The presentation should also emphasize that the information learned in this section and the activities engaged in are preparation for the future. The presumption is not that the students are likely to be currently engaged in sexual activity; rather, that they are interested in and wondering about how they will behave as they move closer to adulthood.

An equally important point of view which needs to be conveyed both implicitly and explicitly is a moral one. As noted in the introduction on the topic of values, our society does not reflect a consensus about correct action with regard to some of the issues dealt with in this section. The teacher should emphasize that this does not relieve an individual of responsibility for actions in these areas; that, on the contrary, it results in even greater individual responsibility to develop in these areas a code of conduct consonant with one's family values.

What follows is a suggested structure for introducing this section. The handouts provide information related to the structure. The teacher may want to begin the section by defining the problem, teenage premature sexual activity and pregnancy. Incidence figures provide one approach to presenting this problem. The teacher can then use the information in the handouts or from other sources to discuss the medical and social consequences of teenage pregnancy.

STUDENT HANDOUT

Teenage Sexuality and Pregnancy

(Information from *Fact Sheet.* Planned Parenthood of Metropolitan Washington, D.C., Montgomery County Office. September 9, 1980)

Montgomery County

- If Montgomery County follows national trends, over 1,600 females between the ages of 15 and 19 become pregnant every year. We know that in Montgomery County 523 teenagers gave birth in 1979 (most of these teens kept the baby and did not opt for adoption) and that at least 1,016 had abortions in 1978; some had miscarriages and some had deliveries or abortions outside of Maryland.
- By age 17 one in ten females in this county has experienced at least one pregnancy.
- Since 1977, over 500 teenage girls a year give birth in Montgomery County. In 1979, about 1,000 teenage girls had abortions in Montgomery County.
- In 1980, more than 1,500 girls between the ages of 10 and 19 became pregnant.

Nationally

- One in ten teenage girls become pregnant each year.
- Of the infants born in the last 3 years, 7.5% had mothers aged 10 to 19.
- Births to 17-year-olds have increased by 26% from 1977 through 1979.
- Nearly two-thirds of all teenage pregnancies are unintentional.
- From 1974 to 1978, reported abortions to adolescents aged 15 to 19 have increased by 121%.
- Only 30% of the sexually active teenage females use any form of contraception consistently. Seven out of ten who don't, do not believe they can become pregnant.
- In a study of teenage pregnancy, 35% of the teen pregnancies were found to be repeat pregnancies.

STUDENT HANDOUT

Medical Risks to the Teenage Mother

(Information from "Leaders Alert Bulletin," Nos. 29 and 30, The National Foundation/March of Dimes.)

Teenage mothers are vulnerable to many problems that may complicate any pregnancy. These problems are compounded by the teenager's own physical and emotional immaturity.

Teenage pregnancy is a crisis involving the young mother, her unborn child, her parents, her partner, and his family.

- The death rate caused by complications of pregnancy is much higher for girls who become pregnant before they turn 15.
- The young mother often suffers premature or prolonged, dangerous labor.
- The intense demands placed on her immature body by the fetus may result in serious depletions of the teenage mother's own nutritional reserves.
- Toxemia is a specific danger of young pregnancy.

STUDENT HANDOUT

Health Risks to the Baby of a Teenage Mother

(Information from "Leaders Alert Bulletin," Nos. 29 and 30, The National Foundation/March of Dimes, and from Dr. Asta-Maria Kenney of the Alan Guttmacher Foundation, Washington, D.C.)

- Babies born to teenagers are often very small, even if they are carried to term.
- Low birth weight is often associated with any one or a combination of the following:
  - immature organ systems (heart, lungs, kidney)
  - difficulty controlling body temperature and blood sugar levels
  - mental retardation
  - congenital malformations
  - the risk of dying in early infancy. For low birth weight babies, the risk is 17 times higher than for normal weight babies (5½ pounds or more).
- The death rate from complications of pregnancy and childbirth is 13% greater for 15- to 19-year-old girls than for women in their 20's.
- Babies born to teenagers are 2 to 3 times more likely to die in their first year than babies born to women in their 20's.
- Inadequate prenatal care. The adolescent mother often does not seek or obtain the needed prenatal care.
- Teen mothers are more apt to subject their children to abuse and neglect.
- Infants born to teen mothers are more likely to experience a variety of illnesses and accidents which require hospitalization than infants of mature adult parents.

STUDENT HANDOUT

Social Risks of Adolescent Pregnancies

(Information from "Leaders Alert Bulletin," Nos. 29 and 30, The National Foundation/March of Dimes, and from Dr. Asta-Maria Kenney of the Alan Guttmacher Foundation, Washington, D.C.)

	Age at First Birth	
Social Consequences	**Under 15 Years**	**15-17 Years**
Will not complete high school	90%	60%
Will not rise above poverty level	30%	20%
On welfare	(data not available)	72%
Marriage ending in separation or divorce	(data not available)	60%

The Social Consequences of Adolescent Pregnancy

- Two out of three pregnant girls drop out of school. Many never work, and 72% ultimately become dependent on welfare.
- Pregnancy is the most common reason for teenage girls to drop out of school.
- Three out of five pregnant teenage brides separate or divorce within five years after their marriage.

ACTIVITY: **Saying NO**

"Abstinence" might be a better title for this activity because it suggests a point of view and a broader range of actions than does saying NO. However, saying NO is more action oriented and probably provides a better springboard for developing the students' interest in an area they may never have thought much about. Saying NO also lends itself to consideration in many contexts other than the sexual.

What follows is a discussion structure for introducing and developing the idea of abstinence from sexual activity.

Saying NO:

- Considering many kinds of situations, when do you say NO? When is it easy and when is it difficult? Why?
- Saying NO can be viewed as a skill, and one can learn how to become better at dealing with it.
- To begin with, one can learn to assess in advance and avoid situations where the pressures may be so great as to make it very difficult to say NO.
- One can practice how to say NO with self-confidence. Students may want to consider situations in which they are uneasy or even fearful about saying NO, and what it would take for them to feel more self-confident about doing so.
- One can learn to use the support of parents in saying NO, to talk with parents to get the limits clear, and to use parental authority as a basis for saying NO.
- One can learn to use the support of peers in saying NO, to seek the support of like-minded peers, and to keep busy with peer activities.

ACTIVITY: **Saying NO—Problem Situations**

Materials: Handout "Problem Situations" and the other materials used in connection with topics I and II

This activity builds on the work on decision making in the earlier sections. Saying NO really encompasses two areas: (1) learning to anticipate and avoid situations where the pressures may prove too strong for the student to cope with, and (2) having the strength and skill to say NO when under pressure to act in a manner inconsistent with one's own better judgment.

The problem situations in the handout and in earlier sections plus the discussion structure for abstinence provide guidance for this activity. The possible consequences of saying NO should be explored in the initial discussion. As different consequences are suggested, there should be opportunity to discuss the manner of saying NO and how it affects these different consequences. This in turn can lead to discussion of the personal characteristics (self-confidence, determination, clarity about goals, etc.) involved in being able to say NO, and to discussion of the social supports (family, friends, organizations) which help in achieving these personal characteristics. The problem situations and the audiovisual presentations can be analyzed from the standpoint of what techniques, personal strengths, and social supports help in saying NO.

These same situations can then be analyzed from the standpoint of whether or not the individual should have been able to foresee and avoid situations which proved or might have proven too much to handle. What are likely danger signals? What are the internal (psychological) and external (social) cues that one is being tempted to get in over his or her head?

Problem Situations Related to Saying NO

1. Kathy is at a party with friends. While she is standing alone for a few minutes and feeling self-conscious, Mark and a friend come in. Mark's friend sees Kathy and immediately comes over and starts talking to her. Kathy had never met him before. In a few minutes he has his arm around her and is moving toward the patio doors.

2. Charlotte, who is 14, is going out with Rich, who is 16. It's the end of their second date, and when Rich drives Charlotte home, they discover that Charlotte's parents are out and won't be back for about two hours. Rich wants to come in just for a few moments and Charlotte lets him. Once in, he suggests they "take advantage of the situation."

3. You're walking home from the library alone at night. It starts to rain and a car pulls up beside you. The driver rolls down the window and offers you a ride. You've seen the person before, but are not sure where.

4. You go to a party with someone. You had a good time together, but now some couples are wandering off together. Your partner wants to do what everyone else is

doing. You don't want to and are uncomfortable with the situation.

5. You have gone out with this person once before. It was okay but you are not interested in continuing the relationship. The phone rings, and this person asks you to go to a movie next weekend. You don't want to go.

6. You and your date have been asked along by two older friends who drive. After getting hamburgers, your friends drive off to a deserted spot and begin kissing. This is your first date with this person and you feel very uncomfortable about this whole scene.

7. After a couple of dates, you're at a party and your date takes you into a separate room "to talk." While in there, your date moves close to kiss you. You really like your date a lot and want to go on but not too far.

8. You and a friend go to a school dance without dates. During the evening, you notice that one individual has been paying your friend a lot of attention and in fact seems to be putting a lot of pressure on your friend. It's probably none of your business, but you want to let your friend know that you're concerned and available for help if it's needed.