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ABSTRACT

This competency-based secondary learning guide on preventing teen pregnancy is part of a series that are adaptations of guides developed for adult consumer and homemaking education programs. The guides provide students with experiences that help them learn to do the following: make decisions; use creative approaches to solve problems; establish personal goals; communicate effectively; and apply management skills to situations faced as an individual, family member, student, and worker. Each learning guide includes the following sections: a general introduction and guidelines for using the material; a checklist for users for advance planning; introduction to the guide; specified competencies, with student outcomes/evaluations, definitions, key ideas, teacher strategies/methods, suggested student activities, sample assessments, and supplementary resources. Four competencies are addressed: predict the consequences for self, partner, and families in case of pregnancy; explain the reproductive systems; evaluate methods of birth control and prevention of sexually transmitted diseases; and determine the risks associated with sexually transmitted diseases and the procedures in diagnosis and treatment. Twenty-one supplements contain information and activity sheets on the following: feelings about parenting, child rearing costs, the juggling act, reproductive system, birth control, and sexually transmitted diseases. A bibliography contains 32 items. (YLB)

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Preventing Teen Pregnancy

CE 070 224

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**PROJECT CONNECT SECONDARY GUIDE
FOR CONSUMER & HOMEMAKING EDUCATION**

Illinois State Board of Education
Department of Adult, Vocational and Technical Education
Carl D. Perkins Vocational and Applied Technology Education Act
of 1990

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General Guidelines

The terms "teacher" and "student" are used throughout to describe the instructor and participants.

STRATEGIES (for teachers) and ACTIVITIES (for students) as stated in the guide are not always parallel to the numbering system.

Teachers need to carry out preassessment activities to determine level of student competency. Previous work or educational experiences may be such that the teacher will choose not to do some of the competencies.

Key to Symbols – The following symbols are used throughout the guides to designate enhancement activities:

-  related basic skills, giving particular attention to language arts and mathematics
-  related decision-making and problem-solving skills, including the application and transferability of these skills to personal, family, and work responsibilities to be demonstrated
-  enrichment activities according to student abilities and experiences
-  interrelationship of concepts to personal, family, and work
-  influence of technology on the subject matter, application of knowledge, and related work
-  pre- and/or posttest assessment activities

Checklist for Users

Before addressing any of the competencies, the teacher should check in advance to see what materials or preparations are needed.

Competency #1 – Predict the consequences for self, partner, and families in case of pregnancy.

- _____ Duplicate Supplement 1, "How Would You Feel About Being a Parent?" to assess teens' feelings about being a parent.
- _____ Duplicate Supplement 2, "Parenting Costs," to discuss costs involved in teen parenthood; it can be enlarged for a bulletin board or display.
- _____ Collect information showing financial expenses for the birth of a baby and/or cost of raising a child.
- _____ Contact a resource person to present information on expenses of childbirth and/or raising a child.
- _____ Duplicate Supplement 3, "Am I Ready for Parenting?," on questions to ask when considering parenthood.
- _____ Duplicate Supplement 4, "Parenting and Life Plans," for students to complete statements of goals.
- _____ Duplicate Supplement 5, "Child Rearing Task Costs," for students to match child rearing tasks and costs.
- _____ Duplicate Supplement 6, "Parenthood: Why and When."
- _____ Duplicate Supplement 7, "Effects a Baby Can Have."
- _____ Duplicate Supplement 8, "The Juggling Act," related to activities and adjustments with a baby.

_____ Duplicate Supplement 9, "Case Studies."

_____ Have articles or newspaper clippings available on financial costs of raising a baby (to supplement materials provided by students).

Competency #2 – Explain the reproductive systems.

_____ Duplicate Supplements 10 and 11 on female and male reproductive systems.

_____ Duplicate Supplements 12 and 13 for evaluating students' knowledge of parts and functions of reproductive systems.

_____ Develop a list of slang terms associated with sex in preparation for discussion activity.

Competency #3 – Evaluate methods of birth control and prevention of sexually transmitted diseases.

_____ Duplicate Supplement 14, "Myth or Fact?"

_____ Duplicate Supplement 15, "Birth Control Choices."

_____ Invite a representative from a family planning agency or the local health clinic to provide information on birth control methods. The representative might also bring in sample birth control products for discussion.

_____ Have available a file of community resources on birth control, including names, addresses of doctors, clinics, and programs.

_____ Duplicate Supplements 16, "Birth Control Methods Chart," 17, "Effective or Ineffective Methods of Birth Control," and 18, "Myth or Fact?"

Competency #4 – Determine the risks associated with sexually transmitted diseases and the procedures in diagnosis and treatment.

_____ Duplicate Supplements 19, "Common STDs," and 20, "Signs and Symptoms of Having a Sexually Transmitted Disease," for discussion and as take-home materials.

_____ Duplicate Supplement 21, "Myth or Fact?"

_____ Invite a resource person to talk about STDs.

_____ Gather information about what states have laws allowing minors to obtain testing and treatment of STDs without consent or notification of parents.

Introduction

More than one million females under the age of twenty become pregnant each year. Of these, about 600,000 give birth. Pregnancy during adolescence has special risks because a young female is still growing before age 20. Teenage mothers are more likely than other age groups to have low birth-weight babies who, in turn, have a high mortality rate (Merki & Merki, 1994).

Adolescent pregnancy is a national problem that affects every income and ethnic group in the country. Although the fear of AIDS has changed the sexual behavior of many Americans, more teenagers than ever are sexually active. According to the U.S. Center for Disease Control (CDC), 51.5% of girls ages fifteen to nineteen engaged in premarital sex in 1988 and 29% used no contraception. For boys ages fifteen to nineteen, the rate was 60% (Seltzer, 1991).

Pregnancy is a leading reason high school girls drop out of school. The physical, social, and economic consequences of teenage mothers and their babies are severe.

Teen parents often experience serious educational, vocational, and financial problems. The Center for Population Options states that one in three families started by teens ends up on public assistance; of parents who are not high school graduates, 39% live in poverty. The issues surrounding early parenthood apply to both girls and boys. If a teenage boy becomes a father, he may need to drop out of school to help support his child. Generally, adolescents who do not complete their education, find it extremely difficult to support themselves. Thus, a cycle of dependence may be established—one of depending on parents or relatives, or on public assistance (*Life Planning Education*, 1989).

Teens often fail to recognize the reality of parenthood. They may have limited experience with child care; two hours of babysitting does not prepare them for the twenty-four hour job of parenting. They may have unrealistic ideas about costs associated with being a parent. Most importantly, they may have succumbed to the myth of the "Gerber baby" that is perpetuated by television shows and commercials that always present a healthy, smiling infant to the viewer (*Life Planning Education*, 1989).

It has been estimated that three-quarters of all teen pregnancies in this country are unplanned (Merki & Merki, 1994). This can be due to being unknowledgable, careless, or by taking risks.

The United States is in the midst of an epidemic in which millions of people a year are infected by sexually transmitted diseases: many are teenagers.

STD's are spread primarily by close sexual contact and sexual intercourse. There are many different types of STDs, ranging from pubic lice, which although annoying is relatively benign, to Acquired Immune Deficiency Syndrome (AIDS), which is invariably fatal (*Growing Up Caring*, 1987). The most prevalent STD in the U.S. today is chlamydia which infects approximately one in every thirteen sexually active women under the age of twenty-five. Genital warts may affect as many as 40% of all teenage girls (Seltzer, 1991).

Teenagers often feel invulnerable and immortal when it comes to AIDS. The numbers of teenage AIDS patients infected through heterosexual intercourse nearly doubled in 1990. Although heterosexual sex accounts for only 5% of the total number of AIDS cases, it is responsible for 14% of all teenage cases. Only 10% of all AIDS patients are female, but in the teenage population, 25% are female (Seltzer, 1991).

Sexual activity has consequences, and these must be considered ahead of time. Many young people believe that advance planning interferes with spontaneity, the free expression of love and affection, and that this is somehow wrong. But NOT planning in advance is irresponsible and unfair to oneself and to others (*Growing Up Caring*, 1987).

COMPETENCY ONE

Predict the Consequences for Self, Partner, and Families in Case of Pregnancy.

Student Outcomes

- Identify problems that a teen could face if she became pregnant.
- Identify problems affecting parent(s) of teens in case of teenage pregnancy.
- Identify costs associated with teenage pregnancy.

Definition

costs – giving up something for something else

Key Ideas

Parenthood requires responsibility, commitment, maturity, and sacrifice. The realities of parenthood are often overlooked by teens.

Teenage parenting changes a teen's responsibilities and obligations. It makes it difficult to finish school, harder to cope with the demands of child care, and it limits a teen's future opportunities.

Parenthood can be very rewarding when teenagers are ready to face up to the responsibilities of parenting. Teenagers need to be prepared emotionally, financially, and intellectually to raise a child.

The impact of teenage pregnancy affects not only the teens, but also one or both of their parents. Teenage parents generally face more problems than older parents. Some of these problems are as follows:

- babies being born with health problems
- dropping out of school
- difficulty finding a job
- becoming dependent on welfare (*Life Planning Education*, 1989)

Teenage pregnancy may affect one or both sets of parents of the teen(s). The parents may have to

- assist the teen(s) physically and financially.
- alter their future plans to help the teenage parent(s).
- let the teenager(s) live with them until the financial stress is eased.
- be left with the total support of the grandchild if their child refuses to assume that responsibility.

Parenting involves many issues including time, money, health, energy, change in social lifestyle, emotional well-being, and intellectual and career development. When parents are ready for the responsibilities of raising children, they usually are willing to make sacrifices. When parents are too young or not ready to take on the responsibility and make sacrifices for their children, the cost may be too high (*Parenting Education*, 1990).

Teacher Strategies/Methods

1. Assess how a teen would feel about being a parent. (See Supplement 1.)
2. Discuss the intentions of the teenager regarding parenting. The following questions may give clues as to the readiness of the teen to parent:
 - How would you feel about assuming the responsibility for the care of a child?
 - How will you acquire the necessary skills for being a parent?
 - Are you ready to change your lifestyle for a child?
3. Discuss the future plans of the teenager. (This can give the teen some clues to the consequences of parenting.) Ask questions such as
 - What are the top five priorities in your life?
 - What are your plans for the future? (e.g., education, career)
 - How would having a child alter these plans?(These may also be asked of those who already are parents.)
4. Discuss with the students problems that teen parents often face (e.g., babies have health problems; teen drops out of school):
5. Emphasize the special problems that occur when teens become pregnant before they are prepared for parenting. Discuss the consequences to the teen mother, teen father, the baby, and others.
6. Identify the risks associated with teenage pregnancy such as health risks, socioeconomic risks (e.g., pressure to marry or difficulty finding a job), and emotional risks.
7. Discuss impacts of teen pregnancy on the partner and/or the responsibility to the child. Consider discussing the possibility of marriage and the pros and cons for the couple and child.
8. Clarify some of the emotional risks and decisions involved with teenage pregnancy such as whether to terminate the pregnancy, to put the baby up for adoption, or to decide to keep the baby.
9. Stress the costs involved in being a teen parent (see Definition for clarification of costs). Use Supplement 2, "Parenting Costs," to lead discussion. Also, consider cost of pregnancy, birth, and health care for an infant.
10. Help students recognize some of the effects of teen pregnancy on the parent(s) of the teen(s) (e.g., physical, financial, future planning, living arrangements, and responsibility).



11. Discuss with students the changes that take place in a home after the baby arrives (e.g., lack of sleep; giving much time to the baby).
12. List possible expenses for having and raising a child (pregnancy and birth to age eighteen). Make this list accessible to students, incorporate it into a discussion, or have students devise the list as an activity.
13. Invite a resource person or parent to present information on the expenses of pregnancy and childbirth and/or raising a child.
14. Emphasize the importance of delaying pregnancy until she/he is ready for the responsibility.

Suggested Student Activities

1. Using Supplement 3, "Am I Ready for Parenting," identify questions that a person or couple should ask when considering parenthood.
2. Using Supplement 4, "Parenting and Life Plans," complete statements of goals to accomplish. Identify whether each goal would be affected by parenthood.
3. Identify the costs (something given up for something else) associated with parenting. (Use Supplement 5, "Child Rearing Task Costs.") 🔦 ⬆️ ⬇️
4. Identify sacrifices that would need to be made by a parent. Use case situations (see Supplement 6, "Parenthood: Why and When") and answer the questions. 🔦 ⬇️
5. Using Supplement 7, "Effects a Baby Can Have," identify positive and negative effects having a baby could have in each of the boxed areas. For example: A positive effect in social life is that a baby could lead to making new friends; a negative effect in social life may be the loss of opportunities to go out and spend time with friends. 🔦 ⬇️
6. Identify some adjustments that must be made once the baby arrives. Categorize the adjustments as to whether they affect the mother, the father, or other family members (Ohio Department of Education, 1989). For example: adjusting sleep patterns to coincide with baby's needs could affect the mother, father, and others.
7. Identify activities that you as a student do in a day. Identify whether the activities could be completed with a baby. Identify adjustments that would need to be made to get the activities done. (Use Supplement 8, "The Juggling Act.") 🔦
8. Using Supplement 9, "Case Studies," identify problems associated with each parenting situation. Discuss possible solutions to the problems. 🔦 ⬆️
9. Find current articles and/or newspaper clippings on the financial cost of raising a child. Consider the cost of more than one child, the income of parent(s) necessary for raising a child, expenses to the family such as home buying and school, and unexpected expenses such as illnesses and injuries. An alternate activity could be to interview parents or others to determine expenses. 📖 ⬇️

Sample Assessments

Knowledge

1. List ten problems that a teen could face if she became pregnant. (Or include two examples each of financial, emotional, social, and physical/health, and education problems.)
2. List five problems that affect parents of teens in case of teenage pregnancy.

Application

1. In a group or individually, research the costs of pregnancy. Locate cost information on testing, prenatal care of the mother, maternity clothes, delivery costs including doctor and hospital, layette, and so on. Identify sources of assistance to the pregnant teen.
2. List concerns of a teenage parent. For each concern, list two people who could be depended upon for emotional or financial support.
3. Develop a list of people a teen could turn to in the event of an unplanned pregnancy (e.g., father-to-be, parents, clergy, school personnel, and/or family planning counselors).
4. List career goals and ambitions. Identify how each goal or ambition might be affected in the event of becoming a parent.

Supplementary Resources

Books

Images. (1993). This is a three-part human sexuality book series which explores physical changes, sexual choices, and sexual challenges (including STDs, AIDS, and self-esteem). This learning package has a wide range of hands-on classroom activities and is a Healthy Living Award winner from *What's New in Home Economics*. Available from Vocational Biographies, P.O. Box 31, Saulk Centre, MN 56378. (800) 255-0752.

Teen parenting series. (1991). A four-book series that targets teen parents with realistic, practical guidance about pregnancy and parenting a child, birth to age three. Available from Morning Glory Press, 6595 San Harold Way, Buena Park, CA 90620. (714) 828-1998. This series is also a Healthy Living Award winner from *What's New in Home Economics*. Purchase price: \$36.95.

Articles

Caldas, S. (1994, January). Teen pregnancy: Why it remains a serious social, economic, and educational problem in the U.S. *Phi Delta KAPPAN*, pp. 402-406.

Lee, I. (1994, February). Meeting the challenge of teen pregnancy. *What's New in Home Economics*, pp. 44, 46.

Males, M. (1994, January). Poverty, rape, adult/teen sex: Why pregnancy prevention programs don't work. *Phi Delta KAPPAN*, pp. 407-410.

Scott-Jones, D. (1993, November). Adolescent childbearing, Whose problem? What can we do? Kappan Special Report. *Phi Delta KAPPAN*, pp. K1-11.

Curriculum Guide

WISE² for Teens. (1992). Curriculum includes 215 classroom-tested activities on critical life skills topics including self-esteem, chemical dependency, and teen pregnancy. A Healthy Living Award winner from *What's New in Home Economics*. Available from WISEP for Teens, P.O. Box 2387, Merced, CA 95344. (209) 384-03681. (Call for cost information.)

Videos

Four parenting teenagers: Four different decisions. (1990). A 51-minute video that dramatizes the emotional, ethical, and financial problems involved in adoption, marriage, abortion, and single parenthood. Available from Illinois Collaboration on Youth (ICOY), 321 ½ S. 6th Street, Suite 200, Springfield, IL 62701. (800) 252-8045. Free loan. Also available from Sunburst Communications, 39 Washington Avenue, P.O. Box 40, Pleasantville, NY 10570-0040. (800) 431-1934. Purchase price: \$249.00.

The job of your life: The reality of teen parenthood. (1990). An unusual 15-minute video that discusses stressful lifestyles, the dimensions of teen pregnancy, and the impact on education and income levels. Available from Opportunities for Learning, 941 Hickory Lane, P.O. Box 8103, Mansfield, OH 44901-8103. (419) 589-1700. Purchase price: \$119.00.

Lifetime—A parent too soon video. (1990). A seven-minute video that uses a mystical "Oz-like" game host and animated video graphics to deliver the message to teens that you can make your own positive choices. Available from Prevention Resource Center, 822 S. College, Springfield, IL 62704. (800) 252-8951. Free loan.

Mother may I? (1993). A video that portrays a pregnant teen who has trouble discussing the matter with her parents. Available from Churchill Media, 12210 Nebraska Avenue, Los Angeles, CA 90025. (800) 334-7830. Purchase price: \$89.00.

Parenthood: Choices and challenges. (1991, November). This 30-minute video interweaves commentary from real-life parents with that of experts to provide models of parenting styles. It shows that parenting requires different skills at different stages. Winner of the Healthy Living Award from *What's New in Home Economics*. Available from Sunburst Communications, 39 Washington Avenue, P.O. Box 40, Pleasantville, NY 10570-0040. (800) 431-1934. Purchase price: \$189.00.

Power of choice: Self-esteem. (1990). In this 30-minute video, one of a series of twelve, students learn they are responsible for the choices they make. An entertaining way to address serious issues, which includes recommendations for improving self-esteem. A Healthy Living Award winner from *What's New in Home Economics*. Available from Live Wire Video, 3315 Sacramento Street, San Francisco, CA 94118. (415) 564-9500. Purchase price: \$64.95.

Real people: Meet a teenage mother. (1992). An 18-minute video that documents the struggles of a 15-year-old mother. Produced by Sunburst Communications. Available from Anson Schloat, 175 Tompkins Avenue, Pleasantville, NY 10570-9973. (800) 833-2004. Purchase price: \$149.00.

Teenage father. (1990). A 38-minute video that demonstrates how an unplanned pregnancy can have long-range implications for both the teenage fathers and mothers. Available from Sunburst Communications, 39 Washington Avenue, P.O. Box 40, Pleasantville, NY 10570-0040. (800) 431-1934. Purchase price: \$199.00.

You're in the picture: Stories of teen dads. (1990). A 23-minute video that depicts four young men who offer advice of how to keep from being a teen dad and tell about the realities and struggles of teen fatherhood. Available from Prevention Resource Center, 822 S. College, Springfield, IL 62704. (800) 252-8951. Free loan.

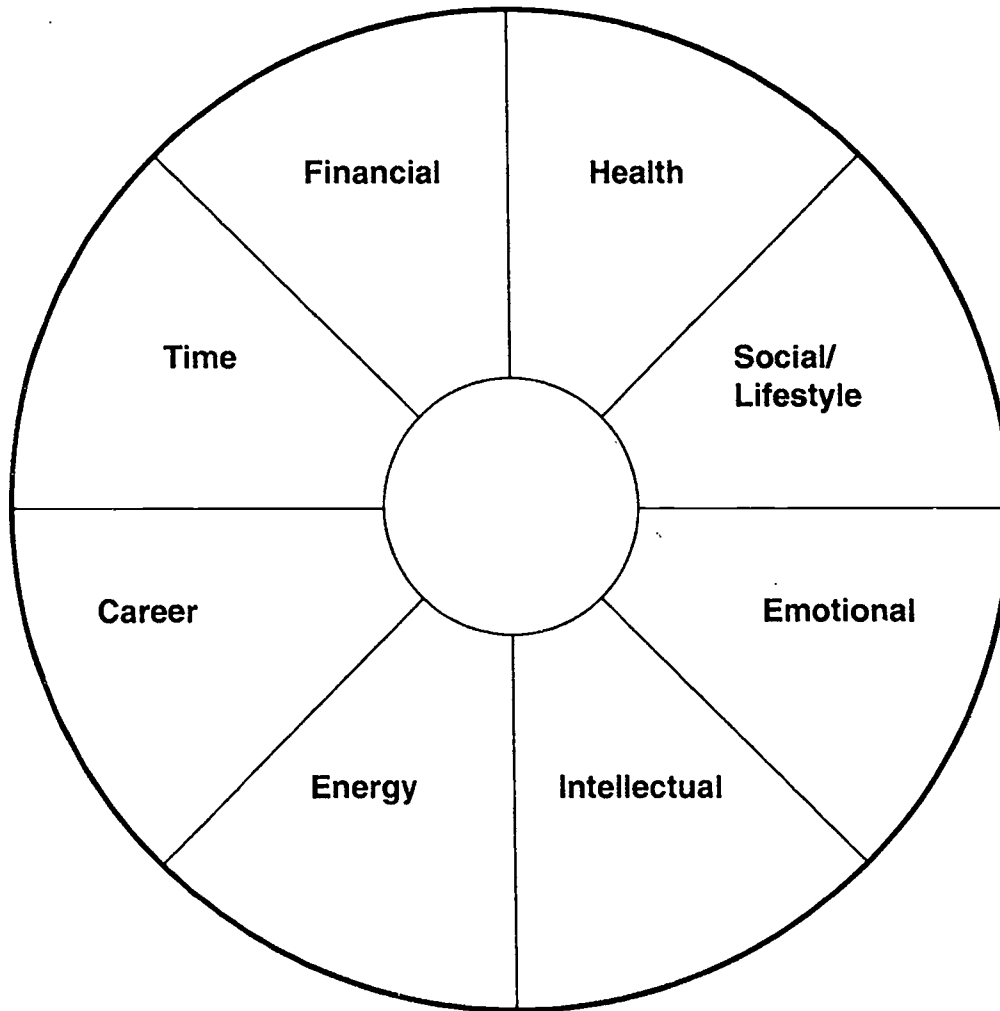
SUPPLEMENT 1

How Would You Feel About Being a Parent?

DIRECTIONS: Complete the following checklist by placing an X in the space that best describes your answer.

	Agree	Disagree	Not Sure
1. Caring for a child is a tedious and boring job.	_____	_____	_____
2. A good reason for having children is that they can help a parent do work.	_____	_____	_____
3. It is only with a child that a person can feel completely free to express love and affection.	_____	_____	_____
4. Having children gives a person a special purpose in life.	_____	_____	_____
5. It is important to have children so that the family traditions are carried on.	_____	_____	_____
6. A person ought to think seriously about the inconveniences caused by children before having children.	_____	_____	_____
7. Having children around is a great mental strain.	_____	_____	_____
8. Considering the pressures from family and friends, a person really does not have much choice about whether or not to have children.	_____	_____	_____
9. Children can limit a person in what she/he can do and in where she/he can go.	_____	_____	_____
10. One thing a person should think about when deciding to have children is whether or not the person can afford it.	_____	_____	_____
11. A person with children is looked up to in a community more than a person without children.	_____	_____	_____
12. One of the best things about having children is that a parent is never lonely.	_____	_____	_____
13. Raising children is a heavy financial burden for most people.	_____	_____	_____
14. When a person has children, she/he has to give up a lot of things she/he enjoys.	_____	_____	_____

Parenting Costs



Adapted from *Parenting education: A semester consumer and homemaking course for students in grades 10, 11 and 12.* (1990). Ripley: West Virginia Department of Education, Curriculum Technology Resource Center.

Am I Ready for Parenting?

Areas To Consider	Questions To Ask When Considering Becoming a Parent	Am I Ready?
Education		
Job/Career		
Finances/Savings		
Place to Live		
Physical Readiness		
Emotional Readiness		
Marriage		

SUPPLEMENT 4



Parenting and Life Plans

DIRECTIONS: Complete the following sentences showing goals you would like to accomplish. Use the first thoughts that come to you.

____ I would like to finish _____

____ By the end of the year I want to _____

____ When I graduate, I would like to _____

____ I would like to have enough money to _____

____ The trait I want to change most about myself is _____

____ The kind of career I would like to have is _____

____ I would like to be the kind of friend who _____

____ One thing I would really like to try is _____

____ Someplace I'd really like to go is _____

____ One of my good qualities I would like to develop further is _____

After you have completed the statements, put a "P" in the blank in front of each statement if becoming a parent would affect whether you reach that goal.

____ Total the number of goals that would be affected by parenthood at this time.

Child Rearing Task Costs

DIRECTIONS: Match the costs on the right with the child rearing tasks on the left.

Child Rearing Tasks

- _____ 1. Providing clothing for a child
- _____ 2. Providing guidance for a child
- _____ 3. Providing a place for a child and the parents to live
- _____ 4. Providing care for a child 24 hours a day
- _____ 5. Helping teach a child to walk, talk, and get along with others
- _____ 6. Preparing breakfast, lunch, and dinner day after day
- _____ 7. Staying home with a sick child when you would rather be at a party
- _____ 8. Making cookies with a child
- _____ 9. Carrying a child with you almost everywhere you go
- _____ 10. Buying diapers, food, clothing, toys, car seats, crib, high chair, and so on
- _____ 11. Staying home to rear the child instead of having a career

Costs

- a. career costs
- b. emotional costs
- c. energy costs
- d. financial costs
- e. health costs
- f. physical costs
- g. social/lifestyle costs
- h. time costs

Parenthood: Why and When

DIRECTIONS: Read each situation and identify the sacrifices each parent faces. Describe how you would react if you were the parent in the situation. Explain how the sacrifices would affect the parents, the child, and society, now and in the future.

1. Philip and Anna were married right after their high school graduation. Philip has a job and wants to get an associate's degree in accounting. Anna is excited about having a child now, so the baby can "grow up" with them, but financially they will have to be very careful. Also, Philip admits that he is not sure he is mature enough to raise a child.
2. Rhonda is seventeen years old and has a four-month-old baby. She will graduate this year from high school. Rhonda has dreamed of living in her own apartment, having a car and nice clothes, and getting a good job. Since having her baby, she thinks she will not be able to do those things, and feels trapped living with her mother, stepfather, and sister.
3. Keeshia is sixteen years old and has an eighteen-month-old baby. She has very few friends. Keeshia used to go out three or four evenings a week with friends. Since her baby's arrival, she rarely goes out. Now she is responsible for her baby and must take the child with her. There is nobody at home willing to care for her baby, nor is there anyone else she trusts to care for her child. Keeshia's friends do not like it when Keeshia brings the baby with her.
4. Andre and Sapna have been married for five months. Andre is a high school dropout and Sapna is a high school sophomore. They are about to have their first child. Sapna wants to return to school after the baby is born. Andre is concerned about how this will affect the baby and really wants Sapna to stay home.

Discussion Questions:

- What are the basic issues involved in each case?
- With whom do you agree in each case? Why?
- In each case, what will the parents need to discuss before they make a decision?
- What should each parent do?
- If you were in each of these situations, what would you do?

SUPPLEMENT 7



Effects a Baby Can Have

Education/Career

Positive
Changes

Negative
Changes

Friends/Social Life

Positive
Changes

Negative
Changes

Finances/Money

Positive
Changes

Negative
Changes

Daily Routine/Leisure

Positive
Changes

Negative
Changes

SUPPLEMENT 8



The Juggling Act

Activity	Can it be Done with a Baby?	Estimate of Time Required	Adjustments Parents Need To Make To Get Activity Done
Shop for groceries	yes no		
Prepare meals	yes no		
Do laundry	yes no		
Clean house	yes no		
Make formula	yes no		
Study	yes no		
Attend classes at VoTech Center	yes no		
Rest	yes no		



Case Studies

1. Carla is sixteen years old and her child, Sonny, is fourteen months old. She lives with her mother, who cares for Sonny while she attends school and holds down a part-time job as a cashier at the local restaurant. When Carla is home, Carla's mother expects Carla to care for Sonny and help with other household chores. Carla feels this is unfair because she must also study. She often fails to get the chores completed. She also leaves Sonny in the playpen much of the time. Carla's mother often nags Carla because Carla is not helping around the house or taking care of Sonny. Carla and her mother often fight over household tasks and over whether or not Carla is a good mother.
2. Nicolette is an eighteen-year-old senior with a one-year-old child. She is married to a young man who did not graduate from high school and does not have a job. They live with his mother, whose only source of income is Social Security. Nicolette attends school regularly. Their child has had some major medical problems, resulting in large medical bills. Nicolette is depressed about their financial situation. She is thinking of quitting school to get a job. There are only three months of school left before she graduates. Nicolette says her mother-in-law thinks that the situation is all Nicolette's fault.

COMPETENCY TWO

Explain the Reproductive Systems.

Student Outcomes

- Describe the functions of the parts of the female and male reproductive systems.
- Explain the process of conception.
- Make distinctions between sexual myths and facts.

Key Ideas

In order to prevent pregnancy, it is necessary to understand how the reproductive systems work.

Sexual maturity readies the bodies of girls for motherhood and boys for fatherhood (*Adult Sexuality*, 1986-1987).

A girl can get pregnant before her first period (*Life Planning Education*, 1989).

A baby may start to grow when a sexually capable young woman and a sexually capable young man have intercourse.

A girl can get pregnant her first time and every time she has sex. A girl cannot know of one absolutely safe time when she cannot get pregnant (*Life Planning Education*, 1989).

Definitions

reproduction	– the process of producing or making babies
conception	– union of an ovum and a sperm resulting in the beginning of pregnancy (Brisbane, 1994, p. 599)
fertilization	– occurs when one of the sperm cells from a man reaches the female egg cell after it has left a woman's ovary, but before it is discarded by her body (<i>Family Planning and Contraception</i> , 1986-1987)
sexual intercourse	– the joining of sexual organs
ovulation	– at maturity (around 11 or 12), a girl's ovaries begin to release one egg, or ovum, each month—when that process of ovulation begins, so will her ability to get pregnant (<i>Family Planning and Contraception</i> , 1986-1987)
sperm cells	– male reproductive cells; at maturity (around 13 or 14), a boy's testicles begin to produce and store sperm cells (<i>Family Planning and Contraception</i> , 1986-1987)

Teacher Strategies/Methods

1. Emphasize the importance of knowing how one's body works in order to prevent pregnancy.
2. Define the term "reproduction" (see Definitions) and emphasize the idea that it takes both a woman and a man to create a pregnancy.
3. Introduce the female reproductive system to the students (Supplement 10). The teacher should trace the egg from where it is made (ovaries), to how it is transported (fallopian tubes), to the uterus or womb (where the egg stays if it is joined with the sperm to grow into a baby). The teacher should stress that in order for pregnancy to occur, a sperm cell from the man must join with an egg cell from the woman.
4. Introduce the male reproductive system (Supplement 11). Review the system from where sperm are made (testes), how they are transported (vas deferens), and how they leave the man's body (penis).
5. Explain that the sperm and egg can join when a man and woman have sexual intercourse (slang: have sex, make love). Explain the act of sexual intercourse, emphasizing when pregnancy can occur.
6. Point out that there are many slang terms related to sexuality that are used by people. People use slang terms because they do not know the correct sexual terms or because they may not feel comfortable using them. Correct sexual terms will or should be used and slang is unacceptable (*Life Planning Education*, 1989).
7. Reinforce the fact that because of the frequency at which a woman releases an egg, it is very difficult to know when this is happening. Therefore, pregnancy is always possible. Explain what is meant by a woman's fertile time.
8. Stress that a man continuously produces sperm and can cause pregnancy at any time.
9. Stress that, at sexual maturity, a girl is always capable of getting pregnant, and she can never know of a specific time that she cannot get pregnant. Discuss and clarify common myths (e.g., sex during menstruation).
10. Stress that at sexual maturity, a boy is always capable of getting a girl pregnant. Discuss and clarify common myths (e.g., number of ejaculations makes no difference).
11. Clarify what happens to the egg when it is not joined with a sperm (define as menstrual period).

Suggested Student Activities

1. Using Supplement 12, "Female Reproductive System," identify the parts of the female reproductive system.
2. Using Supplement 12, describe the function of the parts of the female reproductive system.
3. Using Supplement 12, trace the beginning of an egg to its exit from the body.
4. Using Supplement 13, "Male Reproductive System," identify the parts of the male reproductive system.
5. Using Supplement 13, describe the function of the parts of the male reproductive system.
6. Using Supplement 13, trace the beginning of a sperm cell to its exit from the body.
7. Explain how conception occurs.
8. Using Supplement 12, identify where a baby grows and then exits the female body. ♀
9. Using Supplement 14, "Myth or Fact," identify whether the statement is a myth or fact. Explain why a statement is a myth. ♀ ♂



Sample Assessments

Knowledge

1. Demonstrate ability to label and to describe the functions of the parts of the female and male reproductive systems by labeling and giving the function of each reproductive system in Supplements 12 and 13.
2. Complete Supplement 14, "Myth or Fact?"

Application

Write a report that illustrates the process of ovulation and the reproductive systems and the process of conception.

Supplementary Resources

Article

Gibbs, N. (1993, May). How should we teach our children about sex? *Time*, p. 63.

Booklet

How to talk to your child about sex. (1992). Includes a list of resources to order. Available from the National PTA, 700 N. Rush Street, Chicago, IL 60611-2571. (312) 787-0977.

Pamphlet

Sex education in the family series. (1992). A series of seven pamphlets available from Planned Parenthood of Mid-Central Illinois, 318 W. Washington, Bloomington, IL 61701. (309) 827-4368. Purchase price: Free.

Software

Ask me. Sexual information for adolescents. (1992). A computer program (Apple or IBM) designed to answer teens most commonly asked questions about birth control, sexual intercourse, pregnancy, and STDs. Available from Opportunities for Learning, 941 Hickory Lane, P.O. Box 8103, Mansfield, OH 44901-8103. (419) 589-1700. Purchase price: \$99.95.

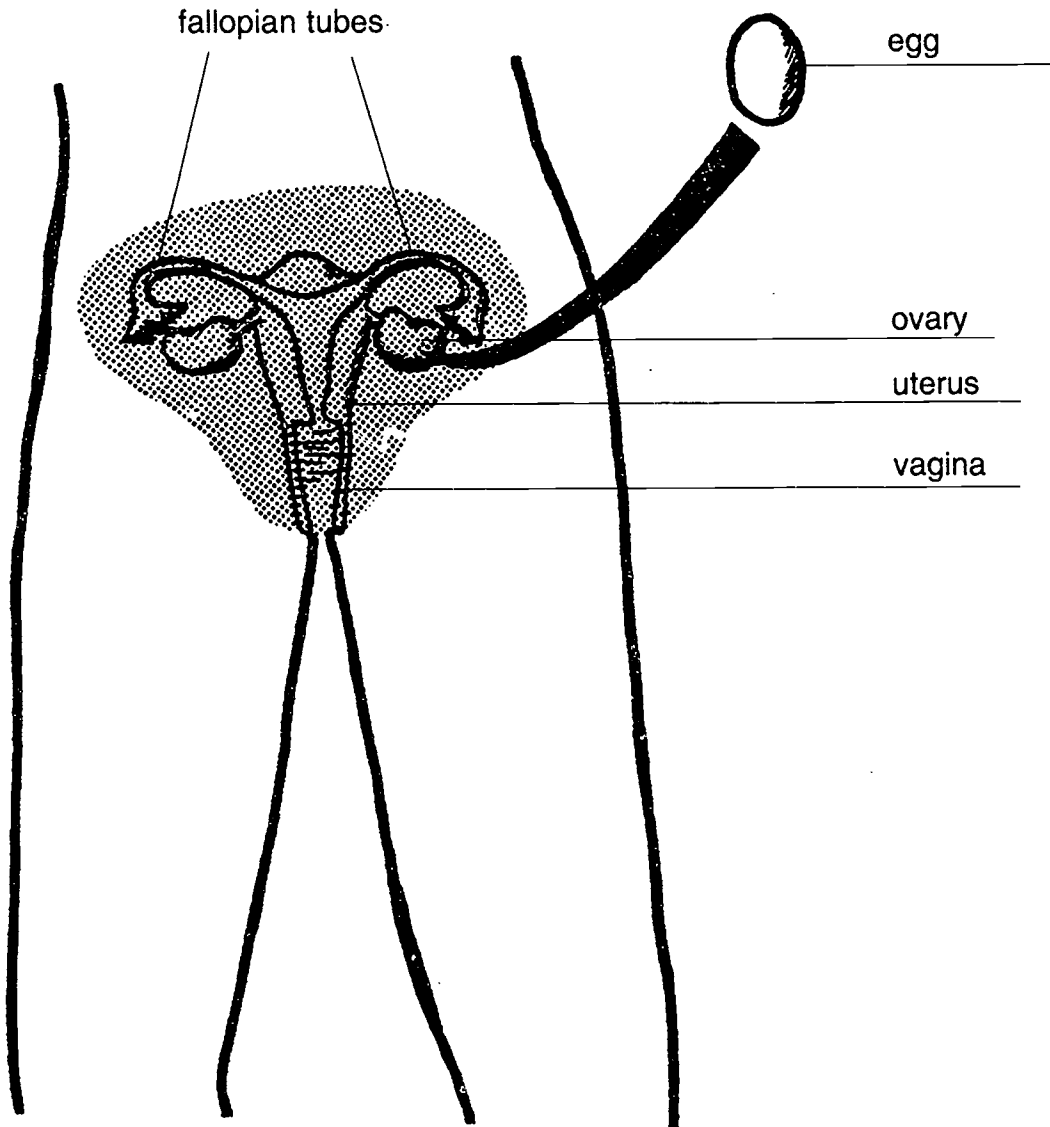
Videos

Just to be closer to you: Exploring sexual responsibility. (1992). A dramatic 28-minute video that follows two high school couples through a series of decisions regarding their sexual attitudes and activities. Illustrates that actions have consequences. Available from Anson Schloat, 175 Tompkins Avenue, Pleasantville, NY 10570-9973. (800) 833-2004. Purchase price: \$189.00.

Sex, lies, & . . . the truth. (1992). A 30-minute video that purports to address the hard truths about sex in the '90s. Professional athletes and celebrities communicate the message: Waiting is not a sign of weakness. **STRONG LANGUAGE!** Available from Prevention Resource Center, 822 S. College, Springfield, IL 62704. (800) 252-8951. Free loan.



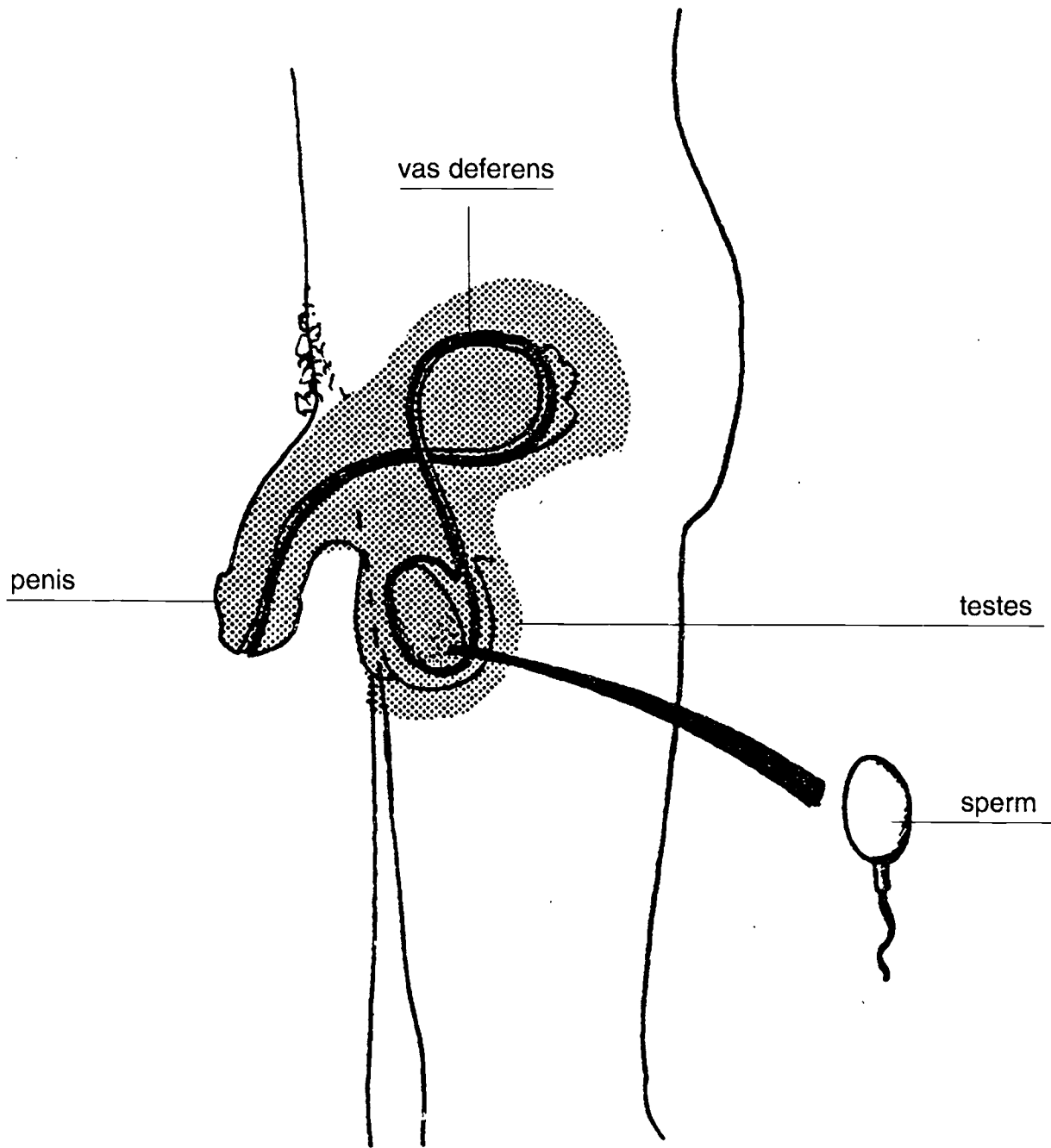
Female Reproductive System



Adapted from *Adult sexuality: Curriculum area 2* (Learning Independence Through Family Education series). (1986-1987). Champaign, IL: Developmental Services Center.



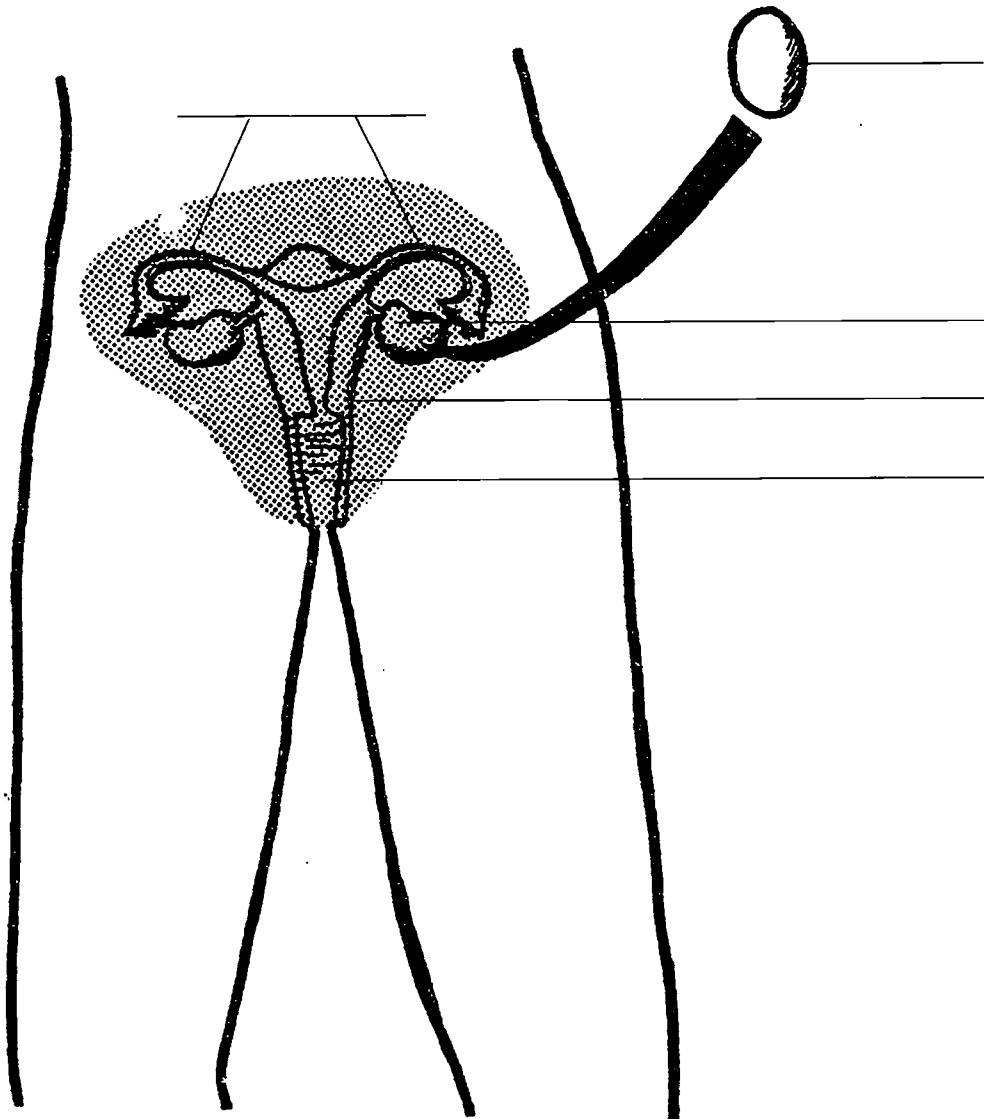
Male Reproductive System



Adapted from *Adult sexuality: Curriculum area 2* (Learning Independence Through Family Education series). (1986-1987). Champaign, IL: Developmental Services Center.



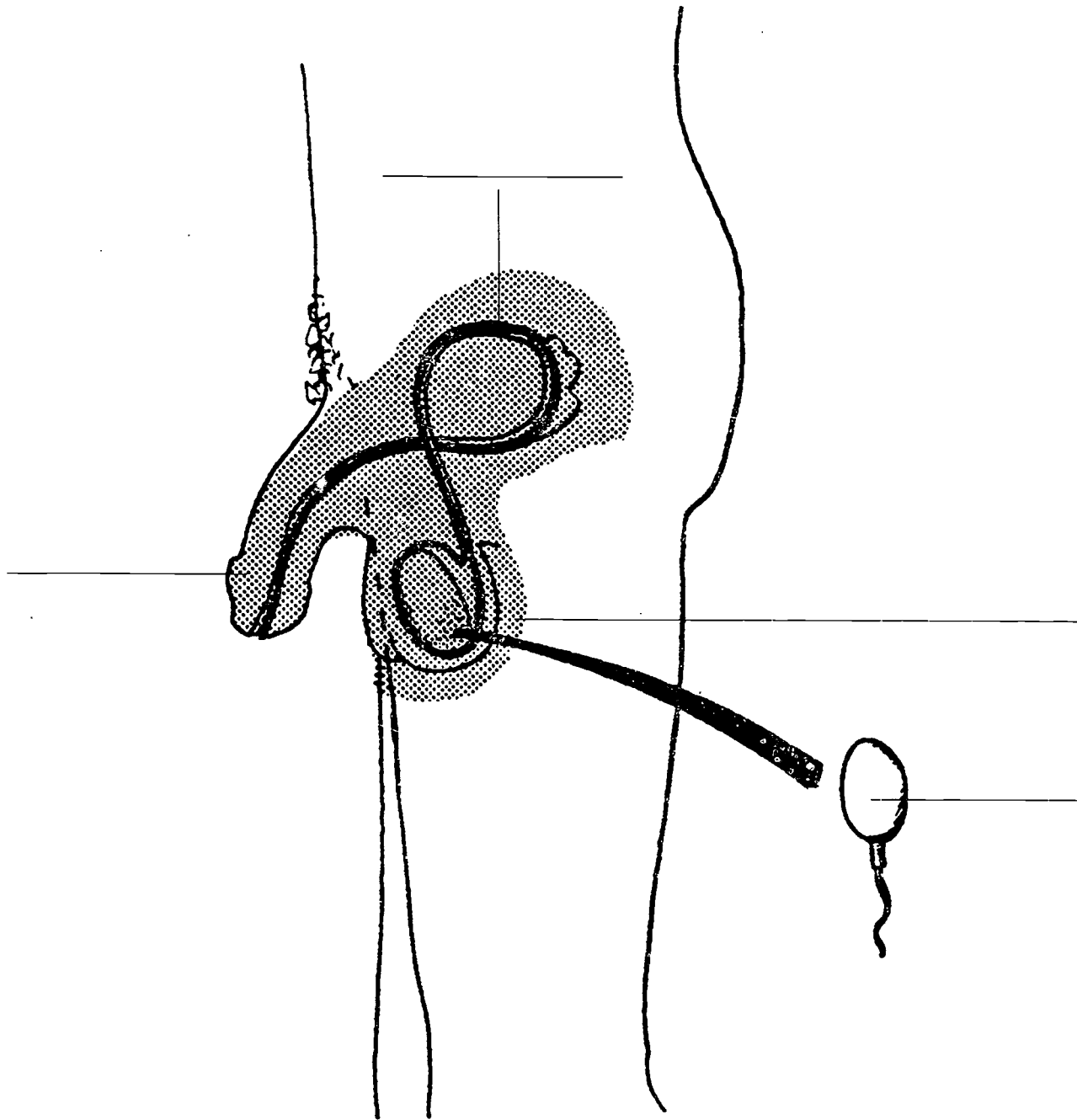
Female Reproductive System



Adapted from *Adult sexuality: Curriculum area 2* (Learning Independence Through Family Education series). (1936-1987). Champaign, IL: Developmental Services Center.



Male Reproductive System



Adapted from *Adult sexuality: Curriculum area 2* (Learning Independence Through Family Education series). (1986-1987) Champaign, IL: Developmental Services Center.

COMPETENCY THREE

Evaluate Methods of Birth Control and Prevention of Sexually Transmitted Diseases.

Student Outcomes

- Identify several methods of birth control.
- Evaluate the effectiveness of various forms of birth control.
- Differentiate between effective and ineffective forms of birth control.
- Identify methods of birth control that can be effective in the prevention of sexually transmitted diseases.

Key Ideas

People who choose to have intercourse are responsible for what happens. Having unprotected sexual intercourse is choosing not to be responsible if the couple does not want to become pregnant.

Birth control only reduces chances of pregnancy. If no contraception is used, there is no safe time to have sexual intercourse (Lindner, 1987).

The best way to make a decision about birth control is to gather information on all methods, decide which best suits one's values and personal needs, and then, if desired, talk to people about one's choice (Lindner, 1987).

There are many methods of birth control. A person should consider the method best for her/him and *decide ahead of time*.

Men often leave birth control up to the women because men do not get pregnant (*Family Planning and Contraception*, 1986-1987).

Abstinence is the only way a woman can be absolutely sure she will not become pregnant.

Anyone heterosexual, homosexual, or bisexual taking part in sexual or drug-abusing behavior with an infected person can get the AIDS virus (Lindner, 1987).

The AIDS virus is passed through sexual contact, the exchange of blood (including the sharing of drug needles), or from an infected mother to her baby.

A person's risk of getting the AIDS virus can be *reduced* (or eliminated) by doing certain things.

Condoms *may* reduce the risk of catching the AIDS virus, but they are not 100% guaranteed.

Definitions

birth control	– methods used to prevent or delay pregnancy
abstinence	– not having sexual intercourse
prescription	– available only with doctor's written note
nonprescription	– available at drugstore; no need for doctor's note; over-the-counter
STD	– sexually transmitted disease; a contagious disease that spreads from one person to another during sexual intercourse or other close sexual contact
contraception	– methods of birth control to prevent joining of sperm and egg

Contraceptives

Some methods of birth control are more effective than others. Some have health risks, some methods of contraception require a prescription from a doctor, some methods are available in drugstores without prescription, and some are more convenient and easier to use than others (Lindner, 1987).

There are many methods people use as birth control that do not work: Saran Wrap, rather than a condom; standing up during intercourse; douching or washing after intercourse; or intercourse during menstruation.

The proper use of condoms can be an effective method of birth control, and can also be effective in preventing the spread of many STDs.

STDs

A good way to avoid getting sexually transmitted diseases (STDs) is to avoid having sexual relations with people who have or have had multiple sex partners (*Adult Sexuality*, 1986-1987).

People who think they may have a sexually transmitted disease should not have sexual relations until a doctor says it is okay (*Adult Sexuality*, 1986-1987).

Syphilis and gonorrhea, referred to as VD (venereal disease), are only two of the many STDs (*Life Planning Education*, 1989).

Teacher Strategies/Methods

1. Discuss the responsibility of using birth control (e.g., Why use it? Who should use it? Man or woman?).
2. Discuss reasons for using some form of protection.
3. Discuss the most important aspects of birth control. List the most important things a person considers in a method of birth control (e.g., cost, ability to prevent STDs, ease of use, and/or partner's acceptance of the method). Emphasize that abstinence is the only 100% effective method of birth control.
4. Using Supplement 15, "Birth Control Choices," discuss the various forms of birth control methods. Include the rate of effectiveness, availability, cost, health risks, and side effects in the discussion. Point out the methods of birth control that protect and do not protect against STDs.
5. Explain the difference between the terms "venereal disease" (VD) and "sexually transmitted diseases" (STDs). Clarify that VD is usually associated with only two types of STDs.
6. Have a representative of a family planning agency or a health clinic bring in a collection or display of birth control methods for students interested in or not aware of various methods.
7. Discuss some of the myths associated with birth control (e.g., the pill causes cancer).
8. Discuss "myth methods" of birth control (e.g., Saran Wrap and douching) and clarify the ineffectiveness of each. (See Supplements 17 and 18.)
9. Set up a file of community resources for birth control. Include names and addresses for area doctors, health centers and clinics, and health programs that dispense birth control free or at a minimal cost.
10. Arrange for a resource person to come in and discuss birth control options (i.e., methods, effectiveness, cost, and side effects).

Suggested Student Activities

1. Write down as many birth control methods as you can think of. In two columns, label whether each would require a "Prescription" or be obtained by "Nonprescription" (*Life Planning Education*, 1989). ♻
2. Complete Supplement 16, "Birth Control Methods Chart," that shows the differences in the methods of birth control and the effectiveness ratios of each (based on information presented from Supplement 15.) ⬆
3. Identify the methods of birth control that are effective and those that are not. (See Supplement 17.) ♻
4. Identify methods of birth control that help prevent STDs. ♻



5. Identify those methods of birth control that are the responsibility of (used by) the woman.
6. Identify those methods of birth control that are the responsibility of (used by) the man.
7. Using Supplement 18, "Myth or Fact?," identify whether the statements about birth control are myth or fact. Explain why the myth statements are myths. ♡
8. Identify places that you can go to either get information about birth control or to obtain contraceptives.

Sample Assessments

Knowledge

1. Rank the following birth control methods in order of effectiveness with 1 being the most effective:

- _____ rhythm
- _____ the pill
- _____ spermicides
- _____ abstinence
- _____ condoms

2. Complete Supplement 16, "Birth Control Methods Chart," to evaluate methods of birth control and prevention of sexually transmitted diseases.

Application

Research techniques for assisting teens to "Say No to Sex." Topics to research could include boosting self-esteem, ways to be accepted by others, and communication skills.

Supplementary Resources

Articles

Teenagers and AIDS. (1992, August). *Newsweek*, pp. 45-50.

Booklet

How to prevent AIDS and other sexually transmitted diseases. (1993). Available from Great Performances, Inc., 14964 N.W. Greenbriar Parkway, Beaverton, OR 97006. (800) 433-3803. Purchase price: 80¢.

Talking with your son about birth control. (1992). Available from Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830. (800) 321-4407. Purchase price: 50 for \$14.00.

Videos

AIDS: Choose to be safe. A 23-minute video that features an interview with a teenager with the AIDS virus and a frank discussion on ways to keep AIDS-free. Available from ICOY, 321½ S. 6th Street, Suite 200, Springfield, IL 62701. (800) 252-8045.

Don't get it! Teenagers and AIDS. (1989). Award-winning video that delivers a powerful message on AIDS prevention. Motivates students to make healthy sexual decisions and adopt behaviors to protect them from getting the disease. Two versions available (with and without condom demonstration). Available from Sunburst Communications, 39 Washington Avenue, P.O. Box 40, Pleasantville, NY 10570-0040. (800) 431-1934. Purchase price: \$169.00. Or available from ICOY, 321½ S. 6th Street, Suite 200, Springfield, IL 62701. (800) 252-8045. Free loan.

Myth or Fact?

- _____ 1. Once a girl has had her first period, she can become pregnant.
- _____ 2. A girl cannot get pregnant before her first period.
- _____ 3. A girl cannot get pregnant the first time she has sex.
- _____ 4. A girl cannot get pregnant if she has sex only a few times.
- _____ 5. A girl can get pregnant if she has sex during her period.
- _____ 6. If a boy does not ejaculate (come) inside a girl's vagina, she cannot get pregnant.
- _____ 7. A girl can always know of one absolutely safe time between menstrual periods when she cannot get pregnant.
- _____ 8. A girl can get pregnant even if her egg is not met by a boy's sperm.
- _____ 9. A girl cannot get pregnant when sexual intercourse takes place standing up.
- _____ 10. Sexual maturity occurs at the same time for both girls and boys.

Adapted from *Life planning education: A youth development program* (1989). Additional materials, training, and technical assistance available from the Center for Population Options, 1025 Vermont Avenue, NW, #210, Washington, DC 20005. (202) 347-5700.



Birth Control Choices

Method	Pros, Cons, and Comments
Abstinence 100% effective	<ul style="list-style-type: none"> - Prevents pregnancy - Provides protection against STDs - Safe, free - No side effects
Sterilization 99.6% effective	<ul style="list-style-type: none"> - Reliable; permanent - Some side effects; no protection against STDs - Effective for women who are finished having children - Has been forced on women of color without their consent
Levonorgestrel implants (Norplant System) 99% effective	<ul style="list-style-type: none"> - Convenient - Reversible - Six thin, flexible capsules inserted by a doctor under the skin of the upper arm - Long-term effectiveness - No protection against STDs - Can be expensive
RU 486 95% effective	<ul style="list-style-type: none"> - Up to seven weeks; safe - Not yet available; very controversial - "Within 2-5 years—legally or illegally—will be here"—<i>Essence Magazine</i>
IUD 94% effective	<ul style="list-style-type: none"> - Longlasting - Doctor must insert - Cramps, bleeding - Once touted, it became a nightmare for thousands - Almost none available
The Pill 94% effective	<ul style="list-style-type: none"> - Easy, effective - No protection against STDs - Safest for nonsmoking, non-obese women under 35 with no family history of cancer
Condoms 86% effective	<ul style="list-style-type: none"> - Sold over the counter - Can break; less effective if removed incorrectly - Sometimes uncomfortable - Disruptive to use - Protect against STDs

Method

Pros, Cons, and Comments

Diaphragm 84% effective	- - - -	Easy Protects against STDs Higher frequency of bladder infections Should be used with a spermicide to protect against pregnancy and cancer
Natural Rhythm 84% effective	- - -	Safe, free Difficult to determine safe days Works best for women with regular cycles
Cervical Cap 82% effective	- - - - -	Can leave in for 48 hours Protects against STDs Difficult to insert Can cause abnormal Pap smear Should only be used by women with normal Pap smears
Spermicides 74% effective	- - - -	Sold over counter STD protection Messy, can irritate Available in foams, creams, suppositories, jellies, and film
Sponge 74% effective	- -	Sold over counter Can be hard to remove



Birth Control Methods Chart

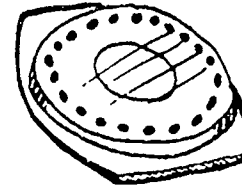
Methods	Advantages	Disadvantages	Cost	Rate of Effectiveness	Side Effects
Abstinence					
Condom					
Birth Control					
Pills					
IUD					
Sponge					
Cervical Cap					
Diaphragm					
Spermicidal Foams/Creams					
Rhythm					
Sterilization					
Implants					
RU 486					

Adapted from *Parenting education: A semester consumer and homemaking course for students in grades 10, 11 and 12.* (1990). Ripley: West Virginia Department of Education, Curriculum Technology Resource Center.

Effective or Ineffective Methods of Birth Control



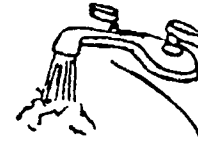
Old Condom



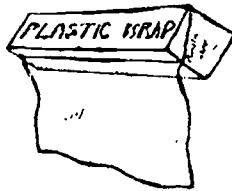
Birth Control Pills



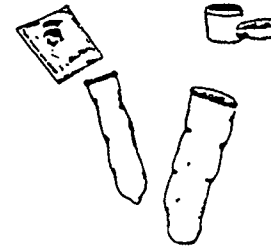
Spermicides



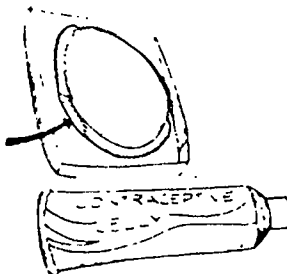
Soap and Water



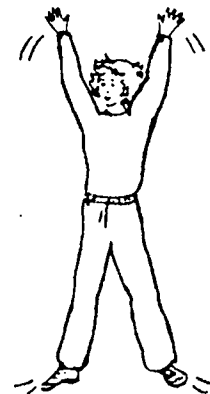
Plastic Wrap



New Condoms



Diaphragm and Contraceptive Jelly



Physical Activity

Adapted from *Family planning and contraception. Curriculum area 1* (Learning Independence Through Family Education series). (1986-1987). Champaign, IL: Developmental Services Center.

Myth or Fact?

- _____ 1. Taking the penis out before ejaculation (withdrawal) is a sure way to prevent conception.
- _____ 2. Avoiding sexual relations and using contraceptives are the best ways to keep a girl from getting pregnant.
- _____ 3. Having sexual relations during menstruation is an effective form of birth control.
- _____ 4. It is safe to borrow a condom from a friend.
- _____ 5. Using Saran Wrap instead of a condom will prevent conception from occurring.
- _____ 6. All methods of birth control are equally safe.
- _____ 7. There are no health risks to worry about when using a birth control method.
- _____ 8. Abstinence is a form of birth control that is 100% effective.
- _____ 9. VD means the same as STD.
- _____ 10. A girl does not have to take birth control pills every day for them to work.

COMPETENCY FOUR



Determine the Risks Associated with Sexually Transmitted Diseases and the Procedures in Diagnosis and Treatment.

Student Outcomes

- Identify common sexually transmitted diseases.
- Identify the risks and consequences associated with sexually transmitted diseases.
- Identify methods of treatment associated with sexually transmitted diseases.

Key Ideas

Sexually transmitted diseases can affect anyone who is sexually active. Abstinence is the best way to prevent the spread of STDs.

Having an STD does not mean a person is bad. It does mean that a person has the responsibility of getting treatment and giving information to any person(s) with whom they may have had sex (*Growing Up Caring*, 1987). If left untreated, STDs can damage the heart, brain, and reproductive organs, as well as cause blindness, arthritis, pain, and even death (*Adult Sexuality*, 1986-1987).

It is important for a person to know the signs and symptoms of STDs so that she/he can get immediate testing and treatment by a doctor. Possible symptoms for which a person should see a doctor include fatigue, loss of appetite, persistent cough, vomiting, fever, rashes, sores, discharge from penis or vagina, burning or pain while urinating, and itching in genital area (*Adult Sexuality*, 1986-1987). Some STDs have no recognizable symptoms.

Most STDs must be treated with medication (Lindner, 1987). STDs will not go away unless treated by a doctor. STDs are not contracted every time a person has sex; however, STDs can be contracted more than once (*Adult Sexuality*, 1986-1987). Only a doctor can treat sexually transmitted diseases. Annual physical exams are a good way to detect infections.

AIDS is the most serious of the sexually transmitted diseases. AIDS and genital herpes have no cure. A person cannot determine if she/he has the AIDS virus; only a physician can diagnose the condition. There are many myths about how the AIDS virus is transmitted. The AIDS virus is not spread by casual, social, or family contact (Lindner, 1987).

AIDS is transmitted

- through sexual contact.
- by exchange of blood (needles).
- from mother to unborn child (Merki, 1993).

A person suspecting that she/he has been infected with the virus that causes AIDS can be given an antibody test. A positive result means that the person has been infected with the HIV and can transmit the virus to others. A positive test result does not mean that the person has or will develop AIDS. Local or state health departments provide confidential testing for all persons suspecting AIDS infection (Lindner, 1987).

Definitions

AIDS	- A fatal communicable disease caused by HIV, with no known effective treatment or cure (Merki & Merki, 1994, p. 730)
HIV	- the virus that attacks the body's immune system and causes AIDS (Merki & Merki, 1994, p. 736)
STD	- sexually transmitted disease; a communicable disease that is spread from one person to another through sexual intercourse or other close sexual contact
sterility	- an inability to conceive






A person who has been treated for an STD needs to be sure that her/his sexual partner(s) have been treated as well (*Life Planning Education*, 1989). Partners/spouses who remain faithful help limit the spread of STDs.

Before having sexual relations, persons should be checked for STDs through a blood test and a physical exam. Even if a person has had only one partner, that partner could have contracted the disease previously and infected others.

Teacher Strategies/Methods

1. Ask students to name the STDs that she/he knows of. This will give clues as to students' awareness of STDs.
2. Explain that the term "VD" has come to mean syphilis and gonorrhea, which are only two of many STDs. In addition, feelings of shame are associated with the term "VD." Suggest the use of the term "sexually transmitted disease" (STD) because it is more accurate and less threatening (*Life Planning Education*, 1989).
3. Discuss with the student the common STDs, treatments, and consequences. (See Supplement 19.)
4. Emphasize the importance of recognizing the signs and symptoms of having an STD. Use Supplement 20 to identify these signs and symptoms.
5. Clarify myths associated with STDs (e.g., if one is using methods of birth control, she/he cannot get an STD; not everyone can get an STD).
6. Discuss with students the three ways that AIDS is transmitted. (See Key Ideas.) Emphasize how serious the problem is and how it is growing.
7. Discuss with students the myths associated with AIDS (e.g., that one cannot get it from using public toilets or by touching a person with AIDS).
8. Emphasize the importance of a medical exam if a person thinks she/he has come into contact with an STD (*Life Planning Education*, 1989). Discuss the responsibilities of all parties concerned.
9. Invite a resource person to talk about STDs—how they are contracted, symptoms and treatment, and what medical services are available (*Economic Development*, 1987).
10. Determine procedures for minors to be tested and treated for STDs. Discuss resources available in the community for testing and treating teens who do not have private physicians.

Suggested Student Activities

1. Individually or in groups, research the common sexually transmitted diseases (STDs) listed in Supplement 19. Identify the incidences among teenagers and the risks and consequences associated with STDs. Share results.
2. Identify the signs and symptoms of sexually transmitted diseases including AIDS. Supplement 20 can be used or can be prepared to take home.   
3. Explain the difference between VD and STDs.
4. Identify local places to go for diagnosis and treatment of STDs. 
5. Identify myths and facts of sexually transmitted diseases. (Use Supplement 21 or have students make a bulletin board illustrating myths and facts associated with STDs.) 
6. Brainstorm a list of the everyday contacts one has at school or on the job such as getting a transfer from the bus driver, sitting next to someone on the bus who has a cough, using a toilet or a drinking fountain, buying food from a carryout, and/or sharing lunch. Then go through the list, identifying which STDs might be transmitted through these routine activities (*Growing Up Caring*, 1987).

This exercise can be useful in clearing up myths about how STDs are transmitted. The main point is that STDs are transmitted through sexual contact and, in the case of AIDS, through blood and the use of contaminated needles.



Sample Assessments

Knowledge

1. Identify six or more common STDs, their risks and consequences, and methods of treatment.
2. Complete the attached quiz to identify vocabulary and myths/facts about HIV/AIDS.

Application

Research the topic of "Children with AIDS." Use information from sources published within the past twelve months. Include facts; statistics; and information on diagnosis, treatment, and care. Interview at least one expert on the subject. Include the information in a written report.

AIDS and HIV Disease

Quiz

Completion. Clearly write the word(s) on the space provided to complete a true statement.

1. AIDS stands for _____.
2. AIDS is the _____ stage of a _____ disease.
3. HIV stands for _____.
4. HIV is the _____ that causes AIDS.
5. The chief ways people are infected with HIV are _____ and _____.

True/False. Read each statement below. If it is true, write "true" in the space provided. If the statement is false, write "false" in the space provided.

- _____ 6. HIV infection is curable.
- _____ 7. HIV is quickly destroyed by exposure to air or to soap and water.
- _____ 8. AIDS is a fatal disease.
- _____ 9. Symptoms occur immediately after becoming infected with HIV.
- _____ 10. A blood test for HIV determines whether you have developed antibodies to the virus.

11. You will NOT catch HIV infection from (check all that apply)
 - _____ a. mosquitoes
 - _____ b. hugging
 - _____ c. drinking from water fountains
 - _____ d. sharing eating utensils
 - _____ e. a mother to her unborn child during pregnancy
 - _____ f. sharing a needle while injecting steroids, intravenous drugs, and so forth
 - _____ g. using doorknobs or toilet seats
 - _____ h. swimming
 - _____ i. receiving blood or blood products
 - _____ j. contamination of open cuts or sores

12. Symptoms of HIV infection include (list five)

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

13. List five ways to protect yourself from HIV:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

AIDS and HIV Disease

Quiz Key

Completion. Clearly write the word(s) on the space provided to complete a true statement.

1. AIDS stands for Acquired Immune Deficiency Syndrome.
2. AIDS is the final stage of a fatal disease.
3. HIV stand for Human Immunodeficiency Virus.
4. HIV is the virus that causes AIDS.
5. The chief ways people are infected with HIV are sexual contact and exposure to contaminated blood.

True/False. Read each statement below. If it is true, write "true" on the space provided. If the statement is false, write "false" on the space provided.

6. False HIV infection is curable.
7. True HIV is quickly destroyed by exposure to air or to soap and water.
8. True AIDS is a fatal disease.
9. False Symptoms occur immediately after becoming infected with HIV.
10. True A blood test for HIV determines whether you have developed antibodies to the virus.
11. You will NOT catch HIV infection from (check all that apply):
 - a. mosquitoes
 - b. hugging
 - c. drinking from water fountains
 - d. sharing eating utensils
 - e. a mother to her unborn child during pregnancy
 - f. sharing a needle while injecting steroids, intravenous drugs, and so forth
 - g. using doorknobs or toilet seats
 - h. swimming
 - i. receiving blood or blood products
 - j. contamination of open cuts or sores

12. Symptoms of HIV infection include (list five)

- (1) brief flu-like illness
- (2) swollen lymph nodes
- (3) persistent fatigue
- (4) fever
- (5) diarrhea, coughing, night sweats
- (6) weight loss, chronic infection of skin, mouth, or genitals

13. List five ways to protect yourself from HIV:

- (1) abstain from sexual intercourse
- (2) avoid contact with anyone else's blood
- (3) avoid the abuse of alcohol and other drugs
- (4) if you expect to have surgery, you may have your own blood placed in storage ahead of time
- (5) generally, behave cautiously

Supplementary Resources

Pamphlet

AIDS Taskforce. (1993, August). *AIDS and HIV disease*. Carbondale: Southern Illinois University, Wellness Center, Student Health Programs.

Teaching packet

Barker, J. (1990). *S.E.X.—Self-esteem and X,Y hormones. Sex Education Teaching Packet*. A 160-page teaching packet containing reproducible activities that focus on recognizing individual worth, making informed decisions, and developing healthy relationships. Available from Joan Barker Consulting, Department CB, 800 Chestnut Street, Rock Springs, WY 82901. (307) 382-6612. Purchase price: \$34.95.

Videos

Protect yourself: HIV/AIDS education. (1992). A 46-minute, two-part video that interweaves a health education class and dramatized concerns of four students. Abstinence is encouraged. The program goes straight to the issue and gives facts to help teens protect themselves. Available from Opportunities for Learning, 941 Hickory Lane, P.O. Box 8103, Mansfield, OH 44901-8103. (419) 589-1700. Also available from Prevention Resource Center, 822 S. College, Springfield, IL 62704. (800) 252-8951. Purchase price: \$125 or on free loan.

The following two titles are available on free loan from

DCFS
227 S. 7th Street
Springfield, IL 62701
(217) 785-5689

Illinois Collaboration on Youth (ICOY)
321½ S. 6th Street, Suite 200
Springfield, IL 62701
(800) 252-8045

- *AIDS or eighty something*. A 30-minute award-winning video that encourages decisions based on facts.
- *AIDS: Facts and fears/Crisis and controversies*. A 27-minute video that gives the history, nature, and transmissions of the disease of AIDS.

The following titles are available on free loan from

Prevention Resource Center
822 S. College
Springfield, IL 62704
(800) 252-8951

- *AIDS: The new facts of life*. (1990). A 20-minute video set up in an entertaining news magazine format, gives high school students a quiz to test viewers' knowledge of HIV transmission, symptoms, risk assessment, safer sex, and abstinence. Includes a teacher's guide that includes lesson plans, handouts, overheads, activities, a resource bibliography, and background information.
- *AIDS, not us*. (1990). A 36-minute video narrated by Jose (the youngest member of a "posse") dramatizes the male adolescents in reflecting on their sexual behavior.
- *Risk*. (1990). A 22-minute video that uses teenage language in a no holds barred production to give the message: abstain, wear an effective condom, or risk your health.
- *Time out: The truth about HIV, AIDS, and you*. (1992). A 47-minute music-filled, honest look at HIV and AIDS. Co-hosts Magic Johnson and Arsenio Hall give teenagers facts and statistics, the ways to contract HIV, testing for HIV, and common misconceptions.



Common STDs

Common STDs	Diagnosis	Treatment	Risks/Consequences
Acquired Immune Deficiency Syndrome (AIDS)	Blood test	No known cure. Some symptoms can be lessened through medication	Illness; death
Chlamydia	Painless test done by a health professional	Antibiotics	Sterility; if pregnant, complications to baby
Gonorrhea	Culture taken by a health professional	Antibiotics	Sterility; ill health; arthritis; heart trouble
Genital Herpes	Diagnosis done while sores are present	NONE (some medications reduce severity of flare-ups)	Pain and itching for life; for women, risk of cervical cancer; abnormal pregnancy; infected children; death
Syphilis	Blood test	Antibiotics	Life-threatening if not treated in time; brain damage
Pelvic Inflammatory Disease (PID)	Test done by a health professional	Antibiotics	Pain; sterility; abnormal pregnancy
Non-Specific Urethritis (NSU)	Simple test done by a health professional	Antibiotics	
Monilia	See a health professional	Locally applied cream	
Trichomoniasis	See a health professional	Oral medication	Sterility
Venereal warts	See a health professional	Done by a medical professional	Cancer
Crabs (pubic lice)	Examination by a health professional	Wash area with a specific medication	Severe itching



Signs and Symptoms of Having a Sexually Transmitted Disease

Signs and Symptoms

- Redness or soreness of the genitals
- Pain when urinating; cloudy or strong smelling urine
- Unusual discharge from the penis or vagina
- Sores or blisters on or around the genital area or inside the mouth
- Itching or a rash on or around the genitals
- Abdominal cramps
- Fever
- A sexual partner with symptoms

What to do if you have a partner who has any of these symptoms:

- Consult a physician immediately.
- Inform your sexual partner(s).
- Ask your partner to see a physician.
- Abstain from all sexual contact until the infection has cleared.

Symptoms of a Person Infected With the AIDS Virus

- Tiredness
- Fever
- Loss of appetite and weight
- Diarrhea
- Night sweats
- Swollen lymph glands



Myth or Fact?

DIRECTIONS: Read each statement below. If the statement is a myth, write "myth" in the blank; if it is a fact, write "fact" in the blank.

- _____ 1. All STDs have symptoms.
- _____ 2. Genital herpes can be cured with medication.
- _____ 3. The most serious disease that can be transmitted sexually is AIDS.
- _____ 4. If someone is practicing a method of birth control (e.g., taking the pill or withdrawal), she/he cannot get an STD.
- _____ 5. The best way to prevent the spread of STDs is to avoid sexual activity.
- _____ 6. Only a doctor can diagnose an STD or the AIDS virus.
- _____ 7. Only a small amount of people who develop AIDS will die from the disease.
- _____ 8. A person can be infected with the AIDS virus by touching someone with AIDS.
- _____ 9. If a person has any signs or symptoms of an STD, that person should see a doctor immediately.
- _____ 10. Once a person has been treated for an STD, there is no risk of getting the same or another STD.

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Preventing Teen Pregnancy – Notes

WORLD-CLASS EDUCATION FOR THE 21ST CENTURY: THE CHALLENGE AND THE VISION

VISION STATEMENT

As we approach the 21st century, there is broad-based agreement that the education we provide for our children will determine America's future role in the community of nations, the character of our society, and the quality of our individual lives. Thus, education has become the most important responsibility of our nation and our state, with an imperative for bold new directions and renewed commitments.

To meet the global challenges this responsibility presents, the State of Illinois will provide the leadership necessary to guarantee access to a system of high-quality public education. This system will develop in all students the knowledge, understanding, skills and attitudes that will enable all residents to lead productive and fulfilling lives in a complex and changing society. All students will be provided appropriate and adequate opportunities to learn to:

- communicate with words, numbers, visual images, symbols and sounds;
- think analytically and creatively, and be able to solve problems to meet personal, social and academic needs;
- develop physical and emotional well-being;
- contribute as citizens in local, state, national and global communities;
- work independently and cooperatively in groups;
- understand and appreciate the diversity of our world and the interdependence of its peoples;
- contribute to the economic well-being of society; and
- continue to learn throughout their lives.

MISSION STATEMENT

The State Board of Education believes that the current educational system is not meeting the needs of the people of Illinois. Substantial change is needed to fulfill this responsibility. The State Board of Education will provide the leadership necessary to begin this process of change by committing to the following goals.

ILLINOIS GOALS

1. Each Illinois public school student will exhibit mastery of the learner outcomes defined in the State Goals for Learning, demonstrate the ability to solve problems and perform tasks requiring higher-order thinking skills, and be prepared to succeed in our diverse society and the global work force.

2. All people of Illinois will be literate, lifelong learners who are knowledgeable about the rights and responsibilities of citizenship and able to contribute to the social and economic well-being of our diverse, global society.

3. All Illinois public school students will be served by an education delivery system which focuses on student outcomes; promotes maximum flexibility for shared decision making at the local level; and has an accountability process which includes rewards, interventions and assistance for schools.

4. All Illinois public school students will have access to schools and classrooms with highly qualified and effective professionals who ensure that students achieve high levels of learning.

5. All Illinois public school students will attend schools which effectively use technology as a resource to support student learning and improve operational efficiency.

6. All Illinois public school students will attend schools which actively develop the support, involvement and commitment of their community by the establishment of partnerships and/or linkages to ensure the success of all students.

7. Every Illinois public school student will attend a school that is supported by an adequate, equitable, stable and predictable system of finance.

8. Each child in Illinois will receive the support services necessary to enter the public school system ready to learn and progress successfully through school. The public school system will serve as a leader in collaborative efforts among private and public agencies so that comprehensive and coordinated health, human and social services reach children and their families.

*Developed by citizens of Illinois through a process supported by the Governor, the Illinois State Board of Education and the Illinois Business Roundtable.
Adopted as a centerpiece for school improvement efforts.*

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