

SEX EDUCATION FOR YOUNG ADOLESCENTS:  
ENHANCING PARENTAL INVOLVEMENT

by

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## Chapter I

### INTRODUCTION

The frequent incidence and seriousness of youth problems such as delinquency, runaways, drug abuse, and suicide create significant social problems. The tumultuous nature of adolescence, which offers a tremendous challenge to families, has captured the public's attention through adolescent sexuality (Herz, Goldberg, & Reis, 1984; Trussell, 1988). Considered a serious national health issue, the sexual behavior of adolescents is an area of increased concern as is the incidence of sexually transmitted disease, pregnancy, and abortion rise among teens (Mast, 1988).

Concern about adolescent sexuality stems from numerous reports indicating that more adolescents are becoming sexually active at younger ages (Gordon, Scales, & Everly, 1979; Hofferth, 1987; National Research Counsel [NRC], 1987). Since the mid 1970s, over one million adolescent pregnancies have been reported each year (Gordon et al., 1979; Felsman, Brannigan, & Yellin, 1987) most of which were unintended (Adams, Adams-Taylor, & Pittman, 1989; Dawson, 1986). Since the mid 1980s the number of younger (age 14 and below) adolescent pregnancies has increased while the number of older (15 years and above) has decreased. Compared to other developed countries, the United States has the highest teen pregnancy, abortion, and birth rates.

Sexually transmitted diseases like gonorrhea and syphilis are epidemics; herpes and AIDS are growing concerns (Hodson & Wampler, 1988). The social problems have substantial impact on economic and social cost to society as a whole (Adams et al., 1989).

Perhaps these changes can be attributed to reports that pubertal development is occurring earlier in age than 100 years ago (Eveleth, 1986; Thornburg, 1981a & 1981b). Changes in society, reflecting more tolerant attitudes regarding recreation and pleasure, have given rise to greater permissiveness toward sexual behavior. Also indicative of the pervasive sexual nature of society is media content of explicit sexual behavior; these often are without indication of possible consequences.

Adolescence is a period of change characterized by eventful, turbulent, confusing, and ever-changing times which blend elements of childhood with those of adulthood (Katchadourian, 1989). Challenges of identity formation, emotional freedom from parents, and emerging sexuality are common experiences among adolescents (Romig & Thompson, 1988). For the young adolescent to experience multiple and often simultaneous change within himself or herself as a result of contextual variables is not uncommon (Dorn, Crockett, & Peterson, 1988).

During adolescence boys and girls begin to develop a vocabulary and store information so that sexuality can be

understood. In a search for personal identity they struggle to reconcile their desires with the expectations of parents, friends, and culture. With roots in childhood and reaching toward greater growth and development for subsequent states of life, young adolescence is a critical time for learning about sexuality (Alexander, 1984; Wyatt & Stewart-Newman, 1982). Studies show that adolescents, between the ages of 12 and 13, have acquired over 50 percent of all learned sexual information (Alexander & Jorgensen, 1983; Thornburg 1981a & 1981b).

Our society has attempted to address adolescent sexuality and the inherent social problems by incorporating sex education programs for adolescents in state public school systems. Hoping to reduce the number of adolescent pregnancies and transmission of sexually transmitted diseases, the school curricula have emphasized the biological and physiological information with little or no information relating to interpersonal, behavioral, moral, or social aspects of sexuality (Gordon, et al., 1979). Since adolescents often desire to know more and earlier than what school curriculums provide, they seek information from peers and from the media. Much of this information is described as erroneous and distorted (Thornburg, 1981a & 1981b).

While school systems have instituted sex education into the classroom, it is vital to keep in mind that the first and primary sex educators of children are parents. Parents

are in a key position to assist the adolescents' understanding of their worth during this often confusing and awkward period between life stages. Potentially parents can create a positive atmosphere of free and open exchange about sexual topics. Such an environment could enhance physiological, psychosocial, moral, and emotional dimensions of sexuality.

Sexuality instruction during childhood usually depends upon what the child desires to know, appropriately identifying anatomical body parts and functions, and answering questions posed by children. Verbal communication, as well as nonverbal communication made through gestures and reactions are demonstrated by parents and illicit positive or negative connotations to the child (Katchadourian, 1989). Parental willingness to share knowledge and the ability to communicate sexual information also has an effect on the child's sexual knowledge.

As children approach the ages of 10 or 11, approximately the sixth grade level, parents tend to avoid direct communication about sexuality with the preadolescent (Alexander and Jorgensen, 1983). The vast majority of children receive little or no sexuality information and advice from their parents (Alexander & Jorgensen, 1983; Katchadourian, 1989). Parents fail their children when they deny the importance of sex or the interest children display to learn about it (Bennett, 1988).

Most parents choose to play a minimal role in their child's sex education (Hodson & Wampler, 1988; Koblinsky & Atkinson, 1982). Whether parents want the children to be aware of their personal sexuality is not an issue because self-awareness is an unavoidable state and communicating about sexuality, for the child, is important (Gordon et al., 1979). Failure to inform children what they need to know about sexual behavior is a possible reason why the United States has the highest rates of out-of-wedlock teen pregnancy and abortion of industrialized countries (Gordon, 1986).

Prior to adolescence, a child learns to associate and interact with people in the environment. Sexual socialization, an ongoing process of long duration, begins with the child's earliest days of life. Children's sexual knowledge, attitudes, and behaviors are shaped by socialization through parents, siblings, teachers, peers, and media. Parents are the primary socializing agents and an early source of sex education providing sex-role modeling for sons and daughters. Children observe relationships between parents (Fox, 1981) and between parents and siblings. They see marital-social order displayed by wife-mother and husband-father behavior (Katchadourian, 1989). Sexual socialization structures which lead into adult life actually begin with family members and eventually influence the sexual behavior of its adolescent members (Fox, 1981).

Preparing young adolescents to expect and recognize differences in themselves and others will enhance self acceptance and acceptance of others. Since adolescents often look to peers for acceptance and for cues of behavior, the situation makes it critical for parents to provide accurate information to their children at early ages (Alexander & Jorgensen, 1983). Children most often do not understand how puberty relates to other transitions and need a base of knowledge to construct meaningful information for interaction. The psychosocial, emotional, moral, and physiological dimensions of growth and development are substantial and need to be considered to understand adolescent sexuality (Hamburg, 1986).

The extent to which parents influence the sexual attitudes, knowledge and behavior of children is not conclusive. Parental contributions to the development of healthy and rational sexual patterns occur when parents are willing to share their understanding and concern in a caring and constructive fashion (Walters & Walters, 1983). When parents are the primary source of sexual information, the adolescents "... are less sexually active, have fewer sexual partners, and are more consistent, effective contraceptive users" (Green & Sollie, 1989, p. 152). When healthy, appropriate sexual communication between parent and adolescent is present, Walters and Walters (1983) report that adolescents have less distorted information, display

openness with parents, have more accurate perceptions of parental attitudes, and initiate sexual activity at a later age.

Parents experience difficulty talking directly about sex as their children approach puberty. Parents tend to retreat "... from accepting the sexuality of their children" (Lewis, 1973, p. 167). To enhance the potential for greater parent-child communication obstacles to effective communication need to be recognized and addressed by parents. Parents withhold sexual information for reasons such as:

1. experiencing discomfort addressing sexuality topics and insecurity with their approach (Gordon, 1986; Gordon et al. 1979; Lewis, 1973).
2. believing they lack adequate knowledge about sexuality (Alan Guttmacher Institute, 1989; Sorensen, 1973).
3. experiencing feeling of competition with the adolescent especially regarding father-son and mother-daughter relationships.
4. not wanting the child to grow up too fast and denying the child's interest in sex (Fox, 1981; Lewis, 1973).
5. waiting for the child to bring up the subject (Wyatt & Stewart-Newman, 1982).
6. believing the child is not ready or too young to receive the information.

7. dealing with challenges of personal mid-life transitions (Fox, 1981).

Parents need not allow these barriers to prevent them from imparting significant sexual information to their children.

When a child is very young, parents generally look for ways to play a meaningful part in the child's education and often desire to be included in the educational process (Pyszkowski, 1989). Currently parents are being encouraged to consider their responsibility to educate and communicate healthy sexual behavior to children (Koblinsky & Atkinson, 1982). Parents perceive a need to receive more sexuality education prior to providing it to children (Fox, 1981; Gordon et al., 1979) and to develop effective communication skills to deliver the information (Hodson & Wampler, 1988). In other words, sex education training is a desire of parents who want more knowledge about the subject and the means of clearly imparting their own values and attitudes to their children (Hodson & Wampler, 1988). Moreover, the discrepancy between which parents say they want to be the primary source of their child's sex education and the actual reports of their lack of teaching is another reason for providing parents with sex education training (Alexander, 1984; Wyatt & Stewart-Newman, 1982).

A meaningful sex education curriculum for parents would deal with strategies to enhance parents' ability to discuss sensitive topics with their children at a preadolescent

stage (Hodson & Wampler, 1988). A parent training seminar implies that educational efforts would be directed as much toward parents as their children. Greater family involvement is recommended; yet rare opportunities for parents to increase their knowledge has been provided (Mancini & Mancini, 1983). However, an increasing number of parents are requesting that professionals assist them in teaching sexuality to children (Davis, Koblinsky, & Sugawara, 1986; Dean & Hrnyak, 1982).

Responding to parents' desire to be better prepared as their child's primary source of sex education, several parent training programs for mothers have been offered by family planning groups (Wattleton, 1987), community agencies, and church organizations (Peterson, 1988). Results of training indicated an increase in the level of comfort when mothers talked about sexuality topics (Davis et al., 1986). Communication differences occurred as more mothers initiated sex-related conversation and tended to pass reading material to the child (Peterson, 1988). Mothers learned appropriate language and concepts to communicate information suitable for young children. Methods to decrease the frequency of inappropriate sexual behavior among children were acquired (Davis, et al., 1986). Expanding the number of topics as well as the willingness to discuss specific topics and to accept some sexual behaviors

in children were viewed as expressions of a more sexually positive attitude among mothers (Walen & Mager, 1983).

Other perceived benefits of a parent-training program may include the likelihood that home-based sex education provide ongoing communication among family members.

Spontaneous conversations would likely occur and sensitive topics as well as points of interest can be repeated as necessary. With home-based sex education, the child can receive individualized attention to personal inquiry and concern. Unlike school courses, no time restraints exist within which topics must be taught. Children, knowing that parents are interested in improving sexual communication with them, are likely to choose parents as the first source of information rather than seeking information from peers, media, or teachers.

Given the evidence that parents are highly encouraged to sexually educate children, a variety of training programs have been developed; yet, few of them consider a holistic view of growth and development and how it impacts adolescent sexuality. In other words, when communicating sexual information to adolescents, the emotional, psychosocial, moral, as well as the physiological components of adolescent sexuality are important considerations. Parents play a strategic role in influencing the transitions from adolescence to adulthood. In order for that influence to be a positive one, a curriculum is needed to assist parents in

understanding adolescent maturation and their role in communicating effectively to preadolescent children and young adolescents.

#### Purpose of the Project

The purpose of this project is to develop a sex education curriculum enabling parents to nurture a positive sense of sexuality in children as they learn about sex. This guide should enable parents to present factual information, help children develop important life skills, and gain insight regarding psychosocial development, moral values, emotional factors, and physiological maturity.

#### Significance of the Project

Parents are in a key position to provide their children with sexually relevant information. There is a need for parents to have resources available which provide them with information and learning activities that aid them in their role as sex educators. This curriculum was developed to provide such a resource for parents.

This project provides parents with materials covering topics relating to sex education and assists parental efforts in the their pursuit of fostering a positive sense of sexuality in a child's life.

### Definition of Terms

For a better understanding of the curriculum the following definitions are provided.

Adolescence: the transitional period between childhood and adulthood.

Behavior: observable actions, responses, conduct, and activities displayed by youth during puberty.

Emotional Factors: issues related to feelings which surface during puberty and how these new feelings influence adolescent's perceptions and experiences.

Human Sexuality: a process which begins prior to birth and continues throughout one's life and includes feelings for oneself, gender role, and sexual orientation. During adolescence the idea of sexuality takes on new significance as the adolescent becomes cognizant of physical, social, mental, moral, and emotional changes.

Moral Issues: principles of conduct and behavior that distinguish between right and wrong.

Physiological Development: biological factors pertaining to body growth and function of organs and systems and the interrelationship of pubertal changes to social and emotional development.

Preadolescence: the time immediately preceding adolescence, ages 9 to 12.

**Psychosocial Factors:** includes beliefs, perceptions, and knowledge as they are interrelate with the child's social environment, peers, culture, and family.

**Puberty:** the period of life when the reproductive organs mature, secondary sex characteristics develop, and the individual becomes capable of sexual reproduction.

**Risk behavior:** an action which may cause a child to be vulnerable to emotional, moral, physical, or social harm.

**Sexual Expression:** Verbal and behavioral ways a person chooses to convey sexual ideas regarding attraction, care, love, intimacy, romance, and tension.

#### Methodology

This section focuses on the process used to gather materials and the structure and organization of the curriculum.

Materials were collected from various resources including books, pamphlets, and educational curriculums. Learning activities were derived from two sources: previously published activities in curriculums and original works by the author.

The first part of the curriculum challenges parents to recognize the benefits of parent-directed sexuality education in light of current trends. It also motivates parents to provide sexuality education which fosters healthy, positive attitudes and behaviors during an often

turbulent phase in which youth are frequently exposed to negative cultural and social phenomenon.

The second part of the curriculum is arranged to include four sources of information. It begins with section objectives and is followed by sexuality content pertaining to specific topics. The third area provides insight and understanding regarding psychosocial development, emotional factors, morality, and physiological growth and development. A parent work sheet used to stimulate thoughts and ideas about communicating content to the child is the fourth area in this section.

The third part of the curriculum contains learning activities for each topic. These learning activities were chosen to foster the achievement of educational objectives and to aid the parent in presentation of content, terminology, and values. The activities, designed for parent and child interaction, involve a variety of learning methods: discussion, writing, telephoning, dialogue, question and answer, labeling, problem solving, role play, and visual prompts.

Evaluation tools specific to cognitive and belief domains are in Appendix A.

## Chapter II

### SEXUALITY EDUCATION: ENHANCING PARENTAL INVOLVEMENT

#### Introduction

As a parent you may wonder why the need for another guide on sexuality education. Let's view a few facts. Each year since the mid 1970s over one million teens have become pregnant (Gordon, Scales, & Everly, 1979; Felsman, Brannigan, & Yellin, 1987) and most were unplanned (Adams, Adams-Taylor, & Pittman, 1989; Dawson, 1986). More than half of the teens, ages 15 to 19, are sexually active (Adams, Adams-Taylor, & Pittman, 1989). The age at first coitus is dropping in the United States (Gordon et al., 1979; Hofferth, 1987; NRC, 1987). The United States has the highest teen pregnancy, abortion, and birth rate in the industrialized world (Gordon, 1986; Hodson & Wampler, 1988). The infant mortality rate in the United States exceeds that of other industrialized countries (Scales, 1987). Since the mid 1980s the number of younger (ages 14 and below) adolescent pregnancies have increased while the number of older (15 years and above) have decreased (Trussell, 1988). Studies show that over 50 percent of all learned sexual information has been acquired by the ages of 12 or 13 (Alexander & Jorgensen, 1983; Thornburg 1981a & 1981b). In view of these facts, many social problems exist.

The intent of this guide is to provide you, the parent with information pertaining to sexual issues facing preadolescent and young adolescent. When adolescents receive factual sexual information from a knowledgeable parental source they:

1. have less distorted information (Walters & Walters, 1983).
2. display openness with parents (Walters & Walters, 1983).
3. have more accurate perceptions of parental attitudes (Walters & Walters, 1983).
4. initiate sexual activity at a later age (Walters & Walters, 1983).
5. have fewer sex partners (Green & Sollie, 1989).
6. are more consistent, effective contraceptive users (Green & Sollie, 1989).
7. are less sexually active (Green & Sollie, 1989).

For the child who is prepared for the emotional, social, and physical transformations, puberty and adolescence can be exciting and pleasurable. This time is one in which the adolescent learns much about himself, peers, and culture, and chooses to experiment with ideas and behaviors. His awareness of many issues is keen and his curiosity spurs many thoughts and feelings.

Fortunately, you do not have to relive adolescence at this point in time. Currently, youths face many challenges,

such as drugs, peer pressure, designer clothes, bombardment by advertisers which you did not. However, your experiences are valid and important. Many were similar to those adolescents now experience. Your role in communicating sexual knowledge and values is key to their comprehension, acceptance, and tolerance of transitions during this time.

To assist your efforts in directing information to your child this curriculum guide includes eight topics of significance and educational activities corresponding to each topic. Also, General Guidelines for Facilitating Communication between parent and child are provided in Appendix A.

Topic Section:

Puberty

Objectives

By the end of this section on puberty the parent will be able to

1. increase his knowledge of physical aspects of pubertal growth on male and female sexual development.
2. recognize signs of puberty in the child and will be understand that growth patterns are unique to the individual.
3. identify other aspects of maturation and development which display recognizable changes during puberty.
4. gain insight into the interrelationships of the child's psychosocial development, morality, emotional factors, and physiological maturity during puberty.
5. foster acceptance of the child's emerging sexuality.

Content

Reproductive processes and puberty. This section presents content related to physical development which occurs prior to and during puberty. The content provided may serve as a detailed review of puberty for some parents and for other parents this information may enhance their knowledge. A parent who has thorough, accurate, and current information may experience greater confidence as he prepares to educate the child.

Puberty refers to the biological aspects of sexual reproductive processes in the body. Puberty causes gradual changes in the body and these changes sometimes take months or years. Changes in the body include maturation of the reproductive system (internally) and the development of secondary (external) sexual characteristics. The first signs of puberty in girls usually occurs between ages 10 and 11; some girls show signs as early as 8 years and others as late as 16. The first signs of puberty for boys usually occurs between ages 11 and 12. For individual girls and boys, the order of changes may differ as will the rate of change; everyone is unique in this way.

The pituitary gland in the brain is the control center which initiates the body changes through the production of hormones. Hormones are chemical messengers the brain utilizes to send messages to various organs and systems in the body. Certain hormones activate an organ to development in a particular way and then continue to function in a specific manner.

The pituitary gland sends hormones to reproductive organs, the ovaries in the girl and the testes in the male. The hormone testosterone activates a boy's testicles to produce sperm. Under the direction of estrogen, a girl's ovaries are activated to mature ovum (eggs). During puberty, as these reproductive organs begin to mature, the body of a boy or girl experiences tremendous changes

internally (inside the body) and externally (outside the body) (Katchadourian, 1989).

Biological changes in girls. Some of the recognizable changes girls experience include weight gain as more subcutaneous fat appears in the areas of the hips, breasts, upper back, and backs of upper arms. The face gains a more adult appearance as the nose and jaw grow more prominent and the lips become fuller. The body increases in size. An accumulation of hair grows under the arms, on the legs, and between the legs in the pubic area (Madaras, 1983).

Internally the muscular wall of the uterus develops. The vagina enlarges and the inner wall becomes thicker and more furrowed. A girl may experience vaginal discharge up to two years before the menstrual cycle begins (Katchadourian, 1989).

Biological changes in boys. In boys the external changes include greater muscle mass and an increase in body size, height and weight. The shoulders broaden and arms and legs get thicker. The amount of body hair increases, particularly on the face to form the beard, under the arms, on the legs, and in the pubic area. Some boys experience hair line recession on the forehead. As the nose and jaw develop prominence and the lips become fuller, the face looks more adult-like. The scrotum and testes become larger and the skin of each becomes darker. The penis lengthens and its skin darkens.

Internal changes include more frequent, spontaneous erections, the voice which deepens in tone, and sperm production in the seminiferous tubules. Mature sperm are produced in the later part of puberty (Katchadourian, 1989).

Besides the physical changes which occur, the child experiences emotional, social, behavioral, and intellectual changes. This characterizes the time of life called adolescence.

#### Insight and Understanding

Psychosocial factors. How the child feels about himself is influenced by the physical changes, or the lack of them. The child's moods may swing when something insignificant becomes very significant to him. Being attracted to an individual of the opposite sex, having a crush, asking for a date or being asked out on a date are all excitable factors for the child. The fear of rejection by peers plays an important role in the choices of behavior.

Socially, the focus on the peer group increases while the focus on the family decreases (Wilson, 1982). The child may look for acceptance by people other than family members. Being part of a group becomes important, signifying a desire for greater independence from the family. Friendship patterns include those of the same gender, the opposite gender, and adults other than parents.

The ability to think logically and in greater abstract ways becomes increasingly evident during this time of mental and intellectual change.

Emotional issues. Wanting to be accepted by others is an important issue for the child. The child will seek others who accept him and will engage in like behavior of others because he does not want to appear different. He rarely wants to appear different from others. What he perceives his peers to be doing influences his behavior.

He experiences a variety of emotions, many of them are new and influential when it comes to behavior. Some emotions are so strong that behavior results from the emotion rather than from knowledge or logic.

Feelings often involve romance and fantasy about sex. These feelings are intense and can be distracting.

Moral factors. During this time the peer group may challenge morals and values characteristic of the family. To question existing family standards in order to develop personal standards is common. There is an increase in awareness of pleasure which may conflict with existing moral and belief systems.

Physiological factors. Changes at puberty vary in each child. Although each child begins puberty at his/her own biological time, the physiological changes among children appear the same. Other changes are influenced by relationships within the family and with peers, by culture

and community, through religious affiliation, and by media, like video programs and music.

The primary organs involved in female maturation during puberty are ovaries, uterus, vagina, and vulva. The Fallopian tubes, cervix and breast are also important part of her emerging sexual development.

The body organs and parts involved in male maturation during puberty are the scrotum, testes, penis, vas deferens, and epididymis. The urethra, seminal vesicle, the prostate gland, and sperm cells are equally important in one's sexual maturation.

Both boys and girls experience more active sweat glands. They experience times of fatigue and need sleep. The body is able to handle a higher activity level.

Facial complexion may change during puberty. For some children oily skin occurs. When pores in the skin become blocked, blemishes or pimples result.

Parent Work Sheet

1. What do I want my child to know about puberty before it arrives?
2. What can I tell him to prepare him for the changes?
3. Am I able to say the terms and body parts with correct pronunciation? What is difficult for me to say out loud?
4. What personal memories, myths, and beliefs do I have that may interfere with my telling my child about puberty and the body?
5. What do I want to do differently from the way I learned about puberty?
6. Consider these as main areas of discussion. Rank in order of importance the ones you consider necessary for discussion.

       Puberty                         Adolescence

Reproductive Anatomy:

- male sexual and reproductive organs,  
            internal and external  
       female sexual and reproductive organs,  
            internal and external  
       male's and female's physical changes at puberty  
       experience of new emotions and desires  
       growth and development occur at different  
            rates for girls and for boys

## Menstruation

### Objectives

By the end of this section on menstruation the parent will be able to

1. explain when and why menstruation occurs.
2. name the body parts and organs involved.
3. tell its significance regarding reproduction
4. say what estrogen is and does.
5. determine that even though the body is maturing and preparing for reproduction, the girl is not emotionally, mentally, or physically capable of raising a child.

### Content

For girls prepared with knowledge of menstruation, this event can be exciting since their organs are maturing for the purpose of reproduction. Along with the changes inside the body, the attraction to boys increases. A girl's mind becomes keenly sensitive to people, especially the boys, around her. A girl experiences new emotions which are often intense but not stable.

Becoming sexually active, engaging in sexual intercourse, may be a concern or a consideration for young girls. Just because the reproductive organs are in the process of maturing for possible pregnancy, a girl is not necessarily ready to become a mother. Motherhood depends upon emotional, financial, and intellectual maturity, as well as physical maturity.

Consider discussion about the influence of emotions on sexual behavior, the benefits of setting limitations on dating behavior, talking about the time of the menstrual cycle when pregnancy can occur, reasons why raising a child is best during marriage, and possible ways to prevent pregnancy as a part of her information base.

Age. One sign of puberty in girls is the start of her menstrual cycle, called menarche. This usually occurs between ages 10 and 15; the most common age for its arrival is 12. Menstruation, common to girls only, occurs in a monthly cycle; some girls refer to it as their "period". This cycle is important for human life in that it prepares the body for reproduction (Katchadourian, 1989).

Frequency. Once a girl's menstrual cycle has started, she can expect it to occur monthly. However, during the first few months, or even the first year, the cycle may occur at different time intervals. Once her cycle is regular, she may chart the time of its arrival for the following month. For the average girl menstruation is likely to occur every 28 days. Some girls have cycles of 26 days to 30 days.

This cycle will continue to occur each month through age 40 to mid 50's when she experiences a change called menopause. Pregnancy will also affect the cycle for a minimum of nine months (Katchadourian, 1989).

Signs of menstruation. A sign that menarche is approaching is a discharge from the vagina. Evidence of the discharge can be noticed on a girl's underclothing approximately a year or two before menarche. This secretion, which has an appearance of a clear or milky-white, watery discharge from the vagina, is a combination of dead cells and fluid from the walls of the vagina. It is possible for it to leave a yellowish stain on her underwear as it dries. Remember, this discharge is perfectly normal and is a sign that puberty is beginning (Madaras, 1983).

A girl, maybe even a boy, will likely be curious about how these changes begin and will want to know how to best handle this event. The sections that follow provides information for preparation of menstruation.

How the menstrual cycle begins. The pituitary gland in the brain sends hormones to various organs and systems in the body to get them to perform a function. The reproductive system begins to mature when the hormone estrogen is sent to the ovaries. For most girls this usually occurs around age 12. For others it can begin any time from ages 10 to 15. For girls to mature at different times is normal.

When estrogen is activated, it acts on the ovaries. It causes one ovum, an egg, to ripen each month. A girl is born with 200,000 to 250,000 undeveloped eggs in her ovaries (Meeks-Mitchell & Heit, 1987).

A girl is said to have her "period" as she experiences this event every month until she reaches the age of 40 plus when the cycle begins to slow down.

Its purpose. The cycle is important for human reproduction. The body is preparing to receive an egg which, if it is fertilized by a male sperm, could produce a baby. Fertilization occurs during sexual intercourse (also called coitus) when the males inserts his penis into the female's vagina and deposits sperm cells. The fertilized egg would lodge on the wall of the uterus where it would grow and be nourished until birth.

If the egg is not fertilized by a sperm cell, the egg and the bloody, fluid-like lining of the uterus pass through the vagina to the outside of the body (Meeks-Mitchell & Heit, 1987).

Phases of the menstrual cycle. The pituitary gland directs the hormone estrogen to act on an ovary causing one egg to ripen. This is the preovulatory phase of the menstrual cycle. During this phase, the tissue lining of the uterus thickens with secretions and mucus. Ovulation occurs when an ovary releases an egg cell.

The egg cell travels through the closest fallopian tube toward the uterus. This is postovulatory phase and the lining of the uterus continues to thicken and become moist with tissue which is rich with blood vessels and mucus. While the egg cell is in the fallopian tube, the female is

most fertile. Should sperm enter the reproductive system through the vagina at this time, the sperm can swim through the uterus into the fallopian tube where the egg cell can be fertilized.

If the egg cell is not fertilized the lining will come away gently from the wall of the uterus and break away in parts. This is the menstrual phase of a girl's period. The discarded lining of the uterus then passes out of her body through the vagina (Meeks-Mitchell & Heit, 1987).

Evidence of menstruation. "What does it look like each time?" and "how can I tell when it will happen?" are two common questions girls ask. The discharge or dampness which occurs during the menstrual phase has a reddish, brown appearance.

A calendar can be used to track the number of days of a cycle and to approximate the time of the next menstrual flow.

Use of sanitary products. When the menstrual flow is evident sanitary care products like sanitary napkins, sometimes called pads, or tampons are used to gather the tissue and mucus flow as it leaves the vagina. These protect clothes from becoming soiled. There are a variety of brands and sizes to meet any need. The pad is worn next to the body and are usually attached by an adhesive strip to the panties. The tampon is different in that it is inserted

into the vagina to collect menstrual flow as it decends the vagina (Gitchel & Foster, 1989).

Tampon usage is associated with Toxic Shock Syndrome (TSS), a disease caused by bacteria that grow quickly in the vagina during menstral flow. A sudden high fever, headache, diarrhea, rash, vomiting, dizziness, or fainting are signs of TSS. Personal hygiene and care are necessary to maintain comfort and confidence (Meeks-Mitchell & Heit, 1987).

It is recommended that sanitary pads and tampons be changed several times a day. The amount of menstrual flow may determine how often changing menstrual item is necessary. To begin try changing menstrual protection approximately every four (4) hours (Madaras, 1983).

An odor may result from air coming in contact with the menstrual flow on the soiled pad or tampon. For this reason menstrual pads should be wrapped with toilet tissue or placed in a special wrapper for disposal in a trash can. Tampons, in most places, may be discarded in the toilet. Following the directions given on the package is the best way to know proper disposal (Gitchel & Foster, 1989).

Personal hygiene. Since a girl tends to perspire more during her period, body odor may be greater. Daily baths or showers, shampooing, and using deodorant is advisable.

A girl can continue regular activities during the time of her period. Girls can swim, ride horses, dance, cheer, shop, and have fun being a girl. For participation in some

activities using a tampon may be more comfortable. For swimming, tampons are recommended because they collect flow in the vagina; whereas, a sanitary pad would not be able to hold both water and menstrual flow (Madaras, 1983).

Preparing for the next menstrual flow. Preparing for the next time the menstrual flow comes is easy when using a calendar to chart the approximate day. Keeping a mark on a calendar will keep you prepared for the day your period begins each month. A couple of days prior to the day marked on the calendar, have a pad (or two) or tampons in your pocket book, school bag, or backpack.

Pain associated with menstruation. Some girls have cramps and discomfort. This is due to the contractions of the uterus as the menstrual lining drops from the walls of the uterus. This is normal; it may last a few hours or a day (Gitchel & Foster, 1989; Katchadourian, 1989).

To ease the discomfort two recommendations could be useful. One, exercise, like sit-ups, jogging, swimming, bicycling and others, is often helpful in getting rid of cramps. Choose one and try it. Preventing cramps is possible for some girls by exercising a day or two before one's period is scheduled to begin.

Second, to ease cramps pain medicine with acetaminophen or ibuprofen can be taken. Asprin is not recommended since it causes blood vessels to dialate which may make the menstrual flow unexpectedly heavier.

When menstrual pain seems to be very harsh, seeing a doctor may be the best decision since, as a professional, he/she will know what is good for you in this situation (Gitchel & Foster, 1989).

### Parent Work Sheet

1. What do I want my child to know about the menstrual cycle?
2. What myths did I hear and what other names was it called?
3. What were some of my feelings when I had a period each month?
4. Was I made to feel grown up or referred to as "becoming a young lady"?
5. What was it like the first time it happened?
6. At what age did I believe I understood the menstrual cycle? At what age did I truly understand the menstrual cycle? What helped me understand it?
7. What do I want my son to know about the menstrual cycle?
8. Rank these areas in order of importance for future discussion.

- body parts and functions  
 purpose of menstrual cycle  
 what happens inside the body  
 being prepared for one's period each month  
 during the cycle when is fertilization (pregnancy) likely to occur if sperm are available?

## Erections

### Objectives

By the end of this section on erections the parent will be able to

1. gain knowledge relative to erections, frequency, and causes.
2. increase parent's awareness of wet dreams in adolescent boys.
3. gain a healthy perspective of the purpose of wet dreams.
4. describe orgasm, ejaculation, and semen as each relate to erection.

### Content

An erection occurs when extra blood fills spongy tissues inside the penis. This causes the penis to become larger and firmer and the penis sticks out from the body. It is common for males to experience erections from infancy through adulthood; however, during puberty the frequency of erections may increase. This increase is due to greater amounts of testosterone, the hormone responsible for maturing reproductive organs in the male (Katchadourian, 1989).

During puberty the child is likely to experience erections which lead to ejaculation: wet dreams and orgasm. When an erection occurs during puberty an ejaculation can occur though it does not happen every time. Ejaculation

allows semen to pass through the penis out of the body. The semen is pushed out through the urethra in several small spurts as muscles around the sexual organs contract several times. Orgasm results when a special, tingling feeling is produced making his body feel good all over (Gitchel & Foster, 1989).

Semen, a sticky, white fluid, carries sperm through the urethra and out of the tip of the penis. When it leaves the penis, it will amount to about a teaspoon of fluid which contains an average of 400 million sperm cells. Though semen and urine pass through the urethra, they do so at different times. When the penis is fully erect, the opening from the bladder is sealed so that no urine can pass. Therefore, urine and semen cannot be released at the same time (Gitchel & Foster, 1989).

When ejaculation occurs during sleep, a wet dream has occurred. This is a normal occurrence for a boy in puberty. A wet dream, also called nocturnal emission, is the body's way of making room in the seminal vesicles for production of newer sperm cells. Evidence of a wet dream may be a wet spot on the bed sheet (Madaras, 1983).

Erections also occur during masturbation, petting, and sexual intercourse, actions which are likely to involve contact with the sexual organs. Each of these sexuality issues is discussed in other sections of the curriculum.

## Insight and Understanding

Psychosocial issues. Most males, from babies to older men, experience erections. Erections during puberty may occur without prompting and without warning. Erections may occur for no reason, like when running track, riding a bike, looking at a sports car in a magazine. Or, an erection can be prompted by a sexual feeling or thinking about a girl. Erections are to be expected; they are part of growing up during puberty and natural through life.

Emotional factors. The child can become self conscious about erections and may experience anxiety when one occurs while in a social setting. A prior understanding of erections, their purpose and normalcy may reduce unnecessary anxious feelings.

Moral issues. The frequency of erections increases during puberty. There is nothing wrong with this change. It is good to know what to expect and to accept it as part of one's sexuality - a healthy part.

Physiological factors. As previously written, the penis becomes enlarged and hard when tissues in the penis fill like a sponge. The skin of the penis stretches to adapt to its larger shape. Erection can occur during the day or night, may occur when aroused sexually or for no apparent reason. The hormone testosterone is responsible for the increased frequency of erections during puberty.

A wet dream results from an erection and ejaculation occurring during sleep. Ejaculation will happen after erection as muscle contractions act to send semen out of the penis through the urethra. Ejaculation does not always occur when erection does, though a drop or two of fluid may pass through the urethra to the outside of the penis.

Associated with erection is orgasm which can occur at the time of ejaculation during sexual intercourse in which the penis is inserted into a female's vagina, during petting behavior which may produce erection by another's touch or stimulation, and during masturbation resulting from self-stimulation of the genital organs.

### **Parent Work Sheet**

1. Things I want my child to know about erections.
  2. What do I want to do differently from the way I learned about this topic?
  3. What old information, myths and personal memories might inhibit my explanation to my child?
  4. Consider these areas for future discussion. Mark the ones you consider important to his understanding.

## Why erections occur

## How they occur: physiological processes

#### Influences which precipitate an erection

(thoughts, pictures, girls)

### Function during sexual intercourse

### Breast and Testicular Self Exams

Learning and regularly performing self-examinations on the testes or breasts enhances the adolescent's awareness of what is healthy, normal tissue from changes that may be potentially unhealthy. Since the breasts in girls and testes in boys are occasionally the site of health problems like cancer, getting to know and understand these parts of the body is important. As in cancer, the earlier a problem is detected, the greater the probability of cure once treatment begins.

Information provided for breast self exam will be followed by content for testicular self exam.

#### Objectives

By the end of this section on breast self exam (BSE) the parent will be able to

1. recognize the importance of BSE and to increase his knowledge of breast cancer.
2. tell what a lump feels like and where on the breast a lump is most likely to occur.
3. know when to perform BSE and how often to do it.
4. discuss the procedures as the child looks through the brochure "How to examine your breasts."

#### Content

There are numerous reasons for learning about BSE and its procedures. BSE is important for young girls since it is a strategic health habit which helps to prevent serious

medical problems. BSE helps a girl know her body and prepares her to recognize changes when they occur. It is good for girls to know that breast tissue fluctuates with the menstrual cycle; this change is normal.

It is recommended that BSE be performed once a month when the breasts are not tender. Right after the menstrual cycle is a good time.

The procedure is done in three steps and takes approximately 10 minutes. Step one is done while laying flat on a bed. Step two is performed facing a mirror. Step three is done in the shower. A brochure prepared by the American Cancer Society is provided in Appendix B.

The objective of BSE is to detect by touch or sight a change in the breast tissue. The change may be a discharge from the nipple, swelling, or a hard lump. A lump may feel like a kernel of corn or pinto bean.

The most common areas of the breast where a lump may be located is the upper, outer part and behind the nipple. Fluid in the breast tissue causes small painless growths and these sometimes cause concern. If the lump or mass changes after the next menstrual cycle, it is likely to be part of a pattern and not a problem. However, if a lump, like the one described above, stays the same, the girl should see a physician to have it checked.

Breast cancer is rare in adolescents. Eighty percent of all breast lumps are benign or not cancerous.

## Objectives

By the end of this section on testicular self exam (TSE) the parent will be able to

1. communicate the importance of TSE.
2. explain the steps and what to look and feel for as the child reads the brochure "For Men Only".
3. state when and how often TSE is recommended.
4. increase knowledge about TSE and testicular cancer.
5. reassure the child about prevention, treatment, and cure of testicular cancer.

## Content

There are numerous reasons for performing TSE. Each young boy can become familiar with his own body in order to recognize changes as they occur. If necessary, he can seek medical assistance at the earliest opportunity. Physicians recommend that young teens learn this procedure and continue it into adulthood. The risk of testicular cancer is small in the junior high and high school years; however, it increases during young adulthood.

When performing TSE a boy should look and feel for swelling, a change in the consistency of the testes, or a hard lump.

It is recommended that TSE be performed once a month. The best to examine one's testes is after a warm bath or shower, when the scrotal skin is warm and relaxed. A

brochure prepared by the American Cancer Society explains the steps for TSE. A copy of this brochure is located in Appendix C.

Symptoms of testicular cancer appear in different ways. One indication may be a sensation of discomfort because of the position of a tumor. A painless lump or swelling on the testes or a dull ache or pain originating in the testes may be signs. Another indication may appear as a heavy dragging sensation in the abdomen, groin, or scrotal area.

Cancer of the testes is one of the most common cancers in men ages 15 to 34. Unfortunately, many young men do not know this cancer exists. Each year nearly 1,000 men die from testicular cancer.

Ninety-five percent of testicular tumors are malignant (cancerous) and cancerous cells can invade other parts of the body.

#### Insight and Understanding

Psychosocial factors. Adolescents are capable of making the connection between health care practices and wellness. They understand that disease can be minor or major; early diagnosis and treatment increases the probability of cure.

Those adolescents who are informed about their body functions and parts tend to be acceptive. In time they may become comfortable with the checking and examining breasts or testes to determine changes.

The act of checking and examining designated body areas to determine changes can provide an increase in confidence knowing that one is taking responsibility for his own health.

The more a person knows about the body and how it functions, the better prepared he is for changes as he grows and matures. He can be aware of what is correct and normal for his body and of potentially unhealthy changes as soon as they occur.

Since these are considered private body parts, bringing up the topic in a social setting may not be considerate of others. It is not unlikely for adolescents to let others know that they know about these procedures. Some avoid admitting that they use the procedures since the exams imply touching one's body.

Emotional factors. The adolescent is more self-conscious about these body parts and may need assurance that this health habit will help care for the body. He may feel awkward with this procedure until it becomes routine. An adolescent who discovers a lump or change in the breasts or testis may be afraid or embarrassed to discuss it with a parent or doctor.

Parents are cautioned not to express fear or anguish when a child reports that a problem may exist. Do not assume the child is sexually active or has a sexually

transmitted disease (STD). Be supportive and respond with encouragement to seek medical attention.

Moral issues. Since health is something most people value in life, the adolescent can understand the connection between actions which enhance quality of life and actions which do not promote quality. The likely moral issue to raise is whether it is correct to encourage the child to touch these body parts. As the child understands that this routine is health positive, like brushing one's teeth, he will be more receptive of this practice.

Physiological factors. These issues deal specifically with the technique used to examine the breasts and testes and will be described in that section. It may be helpful to note that a girl may experience tenderness in the breasts during puberty. She can be assured that this occasional discomfort is normal.

**Parent Work Sheet**

1. Things I want my child to know about TSE or BSE.
2. What do I want to do differently from the way I learned about these health procedures?
3. What old information, myths and personal memories might inhibit my explanation to my child?
4. Consider these areas for discussion. Rank in order of importance the areas for future discussion.

- Purpose of BSE/TSE  
 Description of BSE/TSE  
 Steps explained and demonstrated  
 Information given about cancer

### Means of Sexual Expression

#### Objectives

By the end of this section on sexual expression the parent will be able to

1. examine various means of sexual expression.
2. generate understanding of the physical, emotional, social, and moral behaviors regarding sexual expression.
3. increase awareness of numbers of unplanned pregnancies to teen girls each year.
4. determine reasons youths choose sexual activity.
5. recognize why sexual abstinence is important to health and recognize obstacles to abstinence.

#### Content

By the time the child reaches adolescence, exposure to sexual expression has been tapped by television, movies, magazines, advertising, music, books, news reports, culture, peers, parents, and religion. Some of these have emotional, social, physical, and moral significance, and some have economic implications.

Issues regarding sexual fantasies and thoughts, choice of dating activities, whom to date, the difference between love and infatuation, contraception, date rape, and the effect of premarital intercourse on one's values and goals are important to address with youth. They benefit from guidance on limitations concerning dating behavior and activities. There is a need for parents to address these

issues with the preadolescent before other influential factors become great.

Experiencing a crush, petting actions, dating, sexual intercourse, and masturbation are several ways adolescents express sexuality.

Crush. During puberty a child may develop a crush on a person of the opposite gender. When experiencing a crush an adolescent has a strong, emotional attraction for an individual. A girl may be attracted to how a boy walks or talks. A boy focuses on a girl's curves, hair, eyes, and body build (Dobson, 1978). The attraction may be toward a peer, an older adult, or a celebrity or entertainer (a person known only by reputation) (Madaras, 1983). Crushes change often and are short-lived (Dobson, 1978).

Petting. Youth employ physical actions like kissing, hugging, caressing, performing back rubs, hugging, fondling breasts or genitals for pleasure. During a long petting session a boy may have an erection; a girl may leak fluid from the vagina (Hall, 1992). The actions of petting, as they increase in intensity, become the same as those of foreplay leading up to sexual intercourse (Katchadourian, 1989).

Dating. Dating is a social activity which enables youth to share time and fun with members of the opposite sex and provides an opportunity for learning about relationships. The qualities desired in a friendship are

usually the same as ones desired for in a date. Therefore, dating can be considered an extension of friendship (Meeks-Mitchell & Heit, 1987).

Many issues result from an interest in dating. One's values and goals may influence decisions about whom to date and the selection of activities and places to go when dating. Other issues may include peer pressure and sexual experimentation. Some parents help make choices like the age at which a child may begin to date, the length of time allotted for the date, and parental approval of the person chosen to date (Gordon & Gordon, 1989).

Masturbation. Masturbation is self stimulation of sexual organs to produce a pleasurable sensation. By stroking or rubbing the genitals boys and girls can experience enjoyable feelings. A girl's vaginal area will lubricate; whereas, a boy will ejaculate. At the height of pleasure orgasm may result (Hall, 1992). As a healthy and normal manner of sexual expression masturbation can be one way an individual can enjoy sexual feelings and relieve sexual tensions (Gordon & Gordon, 1989). One way to prevent pregnancy or STD short of intercourse is by masturbation which some couples mutually choose (Hall, 1992).

Although myths of masturbation are prevalent, it causes no physical or mental harm to the person. As with any behavior it should not become compulsive (Gordon & Gordon, 1989).

Sexual intercourse. Sexual intercourse is a physical union between a male and female in which the male inserts his penis in the female's vagina. Intense emotional feelings commonly precede the physical interaction. Many people, among them, adolescents, refer to this as making love. Connecting the concept of making love as sexual intercourse is not always clear to young adolescents. Moreover, the erroneous idea that engaging in sexual intercourse turns a boy into a man, and a girl into a woman is common among young adolescents.

Today's youth are engaging in sexual intercourse at early ages. Every year since the mid 1970s over one million teenage girls have become pregnant. The United States has the highest rate of teen pregnancy, abortion, and birth rates of all industrialized countries (Hodson & Wampler, 1988). Documentation of reported cases of STD shows an increase in the adolescent population. There are more than 20 different STD infections; some can be cured and some cannot. All have the potential for reproductive damage (Brown, 1989).

Abstinence is the positive way to prevent pregnancy and contracting a STD. Teens find it difficult to abstain when messages from peers, the media, and society encourage sexual activity (Brown, 1989). The parent who believes that sexual intercourse should occur in a marital relationship where

love, trust, and responsible commitment are present should communicate this to the child.

#### Insight and Understanding

Psychosocial factors. The social environment becomes a popular area for peer support and for surveying the opposite gender. Appearance, gestures, talk, and body movements receive more attention. The child becomes aware of new emotions, urges, behaviors, and social situations. It is possible for sexual ideas, thoughts, and fantasies to greatly impact his day. Less experienced adolescents utilize the social environment to observe and learn from the more experienced. Girls generally desire a relational-emotional bond in securing a boyfriend. Boys generally desire a physical bond.

Sexual expression may begin with romantic crush in which one will create in his mind what a relationship with a specific person might be like. When there is no return affection from this person, the individual moves to generating other romantic possibilities. When affection is returned, that special person becomes a girlfriend or boyfriend, which makes life very exciting for a time.

The issues concerning masturbation, dating, petting, and sexual intercourse vary with the individual child. Explanation of some behaviors may aid youth to generate reasons for guidelines and limitations of behavior. Setting guidelines of behavior helps to balance emotional, social,

moral, and physical areas of sexual health. Situations of risk or harm may result when these areas are not balanced and the child is not adequately prepared to deal with them. A child can have positive experiences when these areas of sexual health are generally steady.

To progress toward a balanced-effect the child can enhance positive elements of peer interaction by: (a) making decisions in advance of dating, (b) planning activities ahead to fill-in time, (c) communicating to friend(s) or date what behaviors are acceptable and which are not, (d) remaining in groups, (e) selecting activities which are public in nature, (f) not choosing someone to date who may put you in undesired or risky situations, and (g) practicing refusal skills and assertive statements.

Emotional issues. It is important for parents to recognize the intensity of emotions that happen during adolescence and to caution the child regarding their instability in situations involving interrelationships. Situations may arise with little planning. Normal sexual urges and curiosity may lend the child to exploration of sexual power. For example, adolescents who are alone together may be stimulated to experiment sexually through motion picture viewing.

Because an adolescent's emotions are not stable and because they change quickly, a decision based on an emotional foundation is likely to crumble. It is important

to make decisions based on values and intellectual ability, not emotional intensity.

Gender differences exist in the emotional approach to sexual intimacy. Where a female feels emotional commitment, which she perceives as love, and male feel physical pleasure which he equates with love.

Other emotions exist in gender oriented relationships. Stress results from decisions like sexual involvement, dissolving a relationship, or dating activity choice. Anxiety and frustration stem from pressure to conform, to be part of the crowd, or from incompatibility with present girl/boy friend.

Moral Issues. During adolescence most boys and girls are focused within themselves. So many changes are occurring within the physical self that it is assumed, by the adolescent, that others have the same needs and desires. When an adolescent tries to foster his own urges on another, the other individual may be put at risk. Frequently a partner will consent to sexual actions because of desire not to disappoint others. The partner, in this case, is being exploited.

The possibility of building a loving, caring, and sharing relationship does exist during adolescence when the individual exhibits respect for one another. To foster respect among youths, development of a person's values, goals, and knowledge will provide the base for determining

right and wrong behavior. As application of moral principles, like those demonstrated through self-control and responsibility, increases, behaviors which exploit or risk injury or harm to others decreases.

Physiological factors. With the onset of puberty and with the increase in the an adolescent's interest with sexuality, the body responds to physical closeness, touching, stroking, kissing and other actions. Pleasure derived from these actions increases with their frequency. Adolescents benefit from exploring natural, and not necessarily sexual, expressions of pleasure when in social groups or dating. The reinforcement of natural highs is generated by positive interaction among peers and others. When greater physical intimacy occurs between young couples, physical pleasure may tend to shadow other enjoyment. A balance of emotional, physical, and social conduct promotes pleasure from many situations in life.

Parent Work Sheet

1. Things I want my child to know about sexual expression.

Crush: \_\_\_\_\_.

Dating: \_\_\_\_\_.

Petting: \_\_\_\_\_.

Masturbation: \_\_\_\_\_.

Sexual intercourse: \_\_\_\_\_.

2. What do I want to do differently from the way I learned about these concepts?

3. What old information, myths, attitudes, and personal memories might inhibit my explanation to my child?

4. What can I share with my child from my personal life?

5. Consider these main areas of discussion and rank order them in order of importance for future discussion.

\_\_\_\_\_ how the body responds to touching, kissing

and more intense petting behavior

\_\_\_\_\_ the role that emotions play on sexual behaviors

\_\_\_\_\_ dating in groups or as a couple

\_\_\_\_\_ activities which provide pleasure yet do not include sexual intercourse

\_\_\_\_\_ the pleasure factor as a motivation to engage in sexual intercourse

\_\_\_\_\_ reasons abstaining from sexual intercourse

prior to marriage is a positive health practice

## Sexual Orientation

### Objectives

By the end of this section on sexual orientation the parent will be able to

1. define heterosexual, homosexual, bisexual, and celibate and to reassure the child concerning these issues.
2. assist the child in maintaining friendships which are male gender and female gender in nature.
3. explain the influence of hormones on one's desire to develop friendships and relationships with people of the opposite gender.

### Content

Children hear and read about "gay", "straight", homosexual, lesbian, bisexual, and heterosexual people, and less often about a celibate individual. Few truly know what the words mean and why they are used. Children benefit from a clear definition which enables them to respond to the situation in which these words are used. To gain an understanding of these terms definitions of each follow.

Heterosexual refers to an individual who prefers developing a sexual relationship with someone of the opposite gender. Another word commonly used in reference to heterosexual is "straight."

Celibate refers to a person who refrains from sexual relations or, who for religious reasons, remains unmarried.

Homosexual refers to an individual who prefers developing a sexual relationship with someone of the same gender. The individual may be called "gay" in reference to a male and "lesbian" in reference to female.

Bisexual refers to an individual who chooses to develop sexual relationships with a person of the same gender and a person of the opposite gender. This may occur at different times of life or concurrently.

Sexual orientation may be decided by the ages of five or six (Gordon, 1989). There is no conclusive evidence of the cause of homosexuality. Adolescents, out of curiosity or after a negative heterosexual relationship, may choose to experiment with homosexuality. Adolescents want to be accepted, to feel wanted and loved. Some will try various means of sexual expression to receive love and affection.

To have friendships of the female and male gender is quite natural. Expressing concern or showing affection toward someone of the same gender is normal. An endearing friendship with someone of the same gender may cause an adolescent to wonder about his sexual orientation. Experiencing a close, warm friendship with someone of the same gender does not make a person a homosexual or bisexual. Along the road to adulthood, the adolescent will gain and maintain male and female friendships. To express affection towards friends of the either sex is healthy.

As an adolescent matures physically, hormones will create a greater interest in the opposite sex. This does not happen at a particular age; it is unique to the individual. Eventually, the adolescent will likely desire attention from the opposite sex; within time, a dating relationship may develop.

#### Insight and Understanding

Psychosocial factors. Preadolescents are capable of understanding the terms and definitions with simple explanations. They frequently question why someone would want to be homosexual or bisexual and they are curious about sexual expression in this kind of relationship. Specifically why a person becomes homosexual is the subject of much discussion. No research gives a conclusive answer.

Emotional factors. Adolescents who are slower to mature than peers may wonder if something is wrong with them. Some adolescents feel insecure and awkward if they mature early. Both may be teased and ridiculed by others. Much of this behavior can be avoided as parents help children realize that each person's time for physical maturity and desire for developing relationships with the opposite sex are unique to each individual.

Many adolescents show strong disapproval of homosexuals and act hostile to them. Homosexual teens receive strong negative reactions from parents and friends. It is not

uncommon for the adolescent homosexual to face verbal abuse, discrimination, and physical assault (Katchadourian, 1989).

Moral issues. The idea of a heterosexual relationship meets with no opposition by the majority of people. The idea of homosexuality - whether it is right or wrong - remains a controversial topic for many people.

An adolescent who experiences a homosexual relationship or who has that desire may feel some guilt knowing that parents or peers may not approve.

Physiological factors. Considering that girls and boys mature at a time unique to themselves, some do not feel a strong desire to develop opposite gender relationships during their teen years. This is normal to many maturing youths. To accept a peer as he is can be important in friendship.

The sense of touch is particularly significant at this time. A show of affection like hugging is acceptable from an older relative or an opposite gender friend but not by a peer of the same gender. Kissing is another tactile sense which appears acceptable for opposite gender peers or an adolescent with an older relative or friend. Just because touch is made between males or between females it does not make one homosexual.

Parent Work Sheet

1. Things I want my child to know about sexual orientation.
2. What do I want to do differently from the way I learned about this concept and these terms.
3. What old information, myths, attitudes, and personal memories might inhibit my explanation to my child?
4. Consider these areas as important for discussion. Rank them in order of importance.

Heterosexual

Homosexual

Bisexual

Celibate

## Sexually Transmitted Diseases

### Objectives

By the end of this section on sexually transmitted diseases (STDs) the parent will be able to

1. identify common sexually transmitted diseases among adolescent population.
2. be aware of the ways STDs are transmitted from one person to another.
3. understand that each sexually active adolescent is vulnerable to STDs.
4. recognize the risk that STDs can have on infants during pregnancy or birth.
5. state the behaviors of youth which put them at risk for contracting STD.

### Content

Except for the common cold and flu, sexually transmitted diseases (STDs) are the most common infectious diseases in the United States. STDs are frequently passed from an infected person to an uninfected person through sexual intercourse or intimate contact involving sex organs, the mouth, or the rectum (Brown, 1989). In the incidence of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), the virus can be transmitted through sharing needles during drug abuse (American College Health Association, 1990).

There are more than 20 types of STDs; some can be cured and some cannot. These diseases can affect men and women, girls and boys, and in some cases, infants. To have two STDs simultaneously is possible (American College Health Association, 1990).

Many adolescents are vulnerable to STDs since they choose to participate in behaviors which put them at risk for contracting a STDs. They often believe that getting a STD can't happen to them; they have no fear of STD (Lawrence, Levy, & Rubinson, 1990) or the impact that such a disease can have on their lives, emotionally, socially, morally, mentally, and physically.

Erroneous beliefs of methods of STDs transmission lead to confusion and myths. Below is a partial list of how STDs are not spread:

1. sneezing, coughing, or spitting.
2. holding hands and hugging.
3. sweat, tears, urine, or bowel movements.
4. sharing dishes, eating utensils, or food.
5. lice, bed bugs, or insects.
6. using toilets, sinks, bathtubs, or swimming pools.
7. sharing telephone, playing cards or Nintendo.
8. using someone's comb or make-up.
9. donating blood, provided that the blood is screened.

10. being near an HIV-infected person on the playground or in school (Yarber, 1989).

The most common means of STDs transmission include intimate sexual contact with an infected person, sharing intravenous drug needles and syringes with an infected person (HIV transmission), and from an infected mother to the child during pregnancy, childbirth, or breast-feeding (Brown, 1989).

Two of the three means of STDs transmission are associated with certain behaviors. To avoid or prevent transmission of STD to another person look at ways to keep from being involved in these risky behaviors. Since STD is spread through intimate sexual contact with an infected person, the first behavior to consider is sexual activity. To avoid or reduce exposure to STD consider (1) sexual abstinence, (2) mutual monogamy, and (3) condom use (Katchadourian, 1989).

The most efficient way to avoid exposure to STD is abstinence, choosing not to have sexual intercourse or other intimate sex. Abstinence not only prevents STD transmission, it decreases the possibility of unplanned pregnancy (Brown, 1989). Practicing sexual abstinence enhances a person's sense of being in control.

Practicing mutual monogamy refers to a long, steady relationship in which both partners had no STD infection when they began sexual activity. As long as each partner

chooses to engage in sexual activity with this one partner and neither partner shares intravenous needles and syringes with an infected person, both are safe from contracting STD.

To reduce exposure to infected areas on the body and exposure to specific body fluids (semen, blood, vaginal secretions) latex condoms are recommended. Condoms are not wholly effective in avoiding STD transmission. The actual success rate for prevention of STD through use of condoms is not known. The HIV is small enough to pass through tiny holes in condoms. Also, correctly putting a condom on and taking it off is important in prevention.

In the case of HIV infection it is possible to avoid its spread by practicing reduced exposure through limited sexual activity and by avoiding exposure through use of shared drug needles or syringes. Drugs like alcohol, marijuana, cocaine, and crack can alter one's ability to think and judge correctly. The chances of being involved in risky behavior is greater when a person is under the influence of one of these drugs (Meeks-Mitchell & Heit, 1987).

#### Insight and Understanding

Psychosocial factors. Youths do not intentionally desire to infect themselves with a STD. Many put themselves in situations in which specific behaviors put them at risk of infection. In their thinking processes, many fail to connect contracting a communicable disease with peer

socialization. In an attempt to appear the same as others, adolescents often choose to go with what they think the crowd is doing.

With practice youth can recognize peer pressure and activities which put them at risk for STD infection. Prior to being exposed to activities they can learn what choices negatively affect their health and which ones positively affect their health. For avoiding negative behaviors and for enhancing positive ones, children can learn decision making, assertive statements, and refusal skills.

One other issue that is important to the health of adolescents is the fact that becoming infected with HIV specifically (which may lead to development of AIDS) has long range affect on one's health. A person with HIV may not know he has this virus since several years may go by before any symptoms appear. Within those years a HIV infected person may infect another person through sexual behaviors.

Beliefs that one can be invincible (the idea of not capable of being subdued or defeated) or that one is not vulnerable (capable of being injured or hurt) is common among preadolescents and adolescents. Moreover, physical attraction may produce such strong emotions that intellectual judgement may be compromised. Just knowing the consequences of sexual intimacy, does not act as a deterrent to behavior. The child needs skills to deal effectively

with risk-taking situations before actually experiencing the situation.

When decision making time is evident, a child employs various methods to choose behavior. He may make choices based on doing what is correct or right by the knowledge learned. He may do what he desires. He may do what he perceives his friends are doing because he does not want to appear different from his peers. He may choose what other people expect him to.

Emotional factors. Because sensual emotions are so strong during puberty, preparation is important for times in which these emotions are likely to surface. When emotions are heightened, the desire for sexual intimacy increases. As intimacy rises so does the behavior for contracting STD or for pregnancy. Setting personal guidelines for sexual behavior and intimacy is one strategy that may prevent disease and pregnancy as well as the emotional hurt which some people feel as a result of being used. Another strategy useful in prevention is an understanding of the connection between love and sexual intercourse. Since this age group often experiments with sexual behavior and drug use, the risk for STD infection is considerable (Siegel, Lazarus, Krasnovsky, Durbin, Chesney, 1991).

The adolescent who contracts a STD may experience much confusion and inner turmoil. Fearing rejection from family

and peers he needs support and reassurance that his health will be restored. A person who listens shows that he cares.

The friend or acquaintance who has a STD needs compassion. Friends encourage and provide emotional support during this illness. A knowledgeable friend can be a resource for STD information providing knowledge about testing and medical assistance in the area.

Moral issues. The chance of knowing one (or more) person with an STD is high among adolescents. As youth continue to physically mature, they tend to associate more with peers than with family. What peers say and do become increasingly important, while the family's influences seems to diminish. The values regarding sexual behaviors and drug usage need to be established before and reinforced during this time. Knowledge regarding right and wrong behavior will help with decisions about risk behaviors but will not serve as a deterrent by themselves.

The decision whether to participate in risky behavior for STD is a question each adolescent must answer. The child may consider looking at the possible results of the behavior. The more obvious ones are physical and emotional considerations since, physically, a STD or pregnant could result and, emotionally, one may feel loss of self-respect and lack of control of his/her circumstances in life.

To further determine moral issues consider two situations: the youth who contracts a STD and a friend or

acquaintance who does. The person with STD may experience feelings of guilt from wrong behavior. Any further drug or sexual behavior may put other persons at risk.

In the case of a friend or acquaintance who has a STD, whether it is right or wrong to associate with this person is a consideration for youth and their parents. Although he has a disease, he is no less a person and needs comfort of friends. To avail oneself to listen, to show support, and to encourage him will aide recovery.

The youth who is familiar with local health services can be a valuable resource for a friend in need. The friend who has reason to think he has contracted a STD may seem confused and anxious. He may need assistance contacting a health agency for testing and support. He may be overwhelmed with the idea of telling parents and contacting sexual partner(s).

Physiological factors. The numerous STDs display various symptoms in males and females and, if untreated, usually have damaging effect on the reproductive organs. It is possible to have two STDs at one time and to contract the same STD after being cured.

In females the symptoms are often hidden or misleading which makes diagnosis difficult. STDs can cause serious health problems for the female, especially if pregnant. STDs can lead to miscarriage or premature births. Some STDs infect an unborn or a newborn baby. This infection can

result in permanent disability or death (Fisher, 1992; Meeks-Mitchell & Heit, 1987).

Chlamydia, gonorrhea, syphilis, genital herpes, and HIV/AIDS are the most frequently reported STD in the United States. The pamphlet "STD Facts", a publication of the ETR Associates, describes these STDs and others and is included in this curriculum in Appendix D.

**Parent Work Sheet**

1. Things I want my child to know about sexually transmitted diseases.
2. What myths or personal memories might interfere with my talking to my child about this topic?
3. What do I want to do differently from the way in which I learned about these diseases?
4. What sources of information have been provided for the child to learn about this topic.

- transmission of STD  
 prevention (ie. abstinence)  
 treatment  
 disease symptoms  
 drug use and STD  
 where to get help if STD is suspected

**Specific types of STD:**

- Herpes  
 Gonorrhea  
 HIV/AIDS  
 Syphilis  
 Chlamydia  
 Others

## Influence of the Media on Sexual Information

### Objectives

By the end of this section, the influence of media on sexual information, the parent will be able to

1. recognize media as a source of information and influence for adolescence regarding emerging sexuality.
2. increase awareness of media forms: Written media, Music media, Video media, Advertisement media.
3. provide for recognition of advertising methods used to gain adolescent's attention for a product.
4. distinguish between positive and negative sexuality messages displayed in the media.

### Content

Media is a means of communicating which has wide reach and influence. Various forms of media are utilized to communicate messages, knowledge, ideas, activities, and behaviors. Much of what is displayed through media is directed to influence children and adolescents; therefore, youngsters are particularly sensitive to information displayed through various forms of media.

Each of these has the potential of communicating positive and negative messages about sexuality to adolescents. The message, the scenery, and the action interact to make them appealing to youth. Some media is useful in teaching about sexuality and some is not. The extent to which media has a positive or negative influence

on a child depends on many factors such as family values, child's prior knowledge, parental roles in teaching sexuality, decisions as to what is taught the child, and religion.

Written media. Written media includes magazines, books, newspapers, and pamphlets. Negative and positive aspects of written media are listed.

**Negative:**

1. Some magazines contain pornographic and sexually suggestive materials; other magazines exploit one gender or the other.
2. Without proper guidance books can be misused. Pictures of male and female body parts may be made-fun-of by a child and friends.

**Positive:**

1. Magazines written for children contain articles which can be pertinent to children as they grow. For example, topics such as peer pressure, friendships, drugs abuse, puberty, family divorce, sibling arguments, sexually transmitted diseases (STDs), and others are commonly found in children's literature.
2. Books can be an excellent source of factual and biological information on sexuality. The public library and a local book store are places where children can locate up-to-date information on growing up.

3. The newspaper reports current statistics on adolescent health. A report dealing with incidence of teen pregnancy or STD can lead to discussion of factors which lead to these numbers and, perhaps, ways to avoid becoming a statistic.
4. Columns for teens to air views, ask questions, or seek advice are in many major newspapers.
5. Pamphlets present in depth information about a particular topic. Pamphlets are usually low in cost, short, precise forms of communication. Once read, a pamphlet may be passed on to another or kept for reference.

Music media. This media includes popular rock and country music and music visuals. In the adolescent world music media is a popular form of entertainment. Here are some of the negative and positive aspects of music.

**Negative:**

1. Many popular songs by country-western singers, rock and rap groups contain lyrics which are sexually suggestive, lewd, and abrasive.
2. Songs which contain unhealthy sexual information can be heard many times over through the use of compact discs and cassette tapes.
3. Music visuals show artists performing songs along with other people involved in actions, behaviors, or dancing which tend to display revealing body parts and suggestive movements.

4. Some songs tend to show how people act on emotions rather than knowledge and common sense.

Positive:

1. Some popular songs contain information leading to responsible actions in living.
2. Children learn through music. Using rap or rock type music children can create and perform songs that show respect to sexual health.

Video media: Video media includes television and movies. Some of the negative and positive aspects of this form of media are listed.

Negative:

1. Network programming aims at gaining the largest audience for rating purposes.
2. Much of daytime television sequels show sexual behaviors on a frequent basis. Rarely do they show abstinent or contraceptive decisions. Rarely is sexually transmitted disease shown as a possible consequence of sexual behavior.
3. Television may expose children at an early age to sexual expression when emotionally and developmentally they are not able to effectively process it.
4. Sexual expression on television or in movies may lead a child to believe that this is an expected behavior, one which is normal for him, or one which everyone is doing.
5. Establishing and building a relationship is an important

part of sexuality which is rarely explored by movies or television.

6. Many shows do not explore alternative choices to sexual expression and they are closed-ended which means the audience sees only one way to deal with a situation.

Positive:

1. Select programs show age appropriate content and topics which are relevant to growing up.

2. With some programs the parent and child can identify and explore feelings relative to the situation.

3. Using an existing program on television, a parent and child can discuss how the ending may have been different if other choices were taken.

4. News reporting frequently sites information on the health and behavior of children and adolescents. Sometimes adolescents are interviewed or questioned. Peers frequently learn from peers.

5. Approximately once a year each major network presents a specific program geared to the well being of adolescents.

Advertisement media. Advertisement media appears in magazines, on television, newspapers, and on bill boards. Advertisement, one of the most versatile forms of media influencing youth, is media which attempts to persuade or influence purchase of products or services. Advertisements may be written, pictorial, musical, or video or a

combination of those. Negative and positive aspects of advertisement include these.

Negative:

1. Individuals used in advertising are often the ones who appear to have flawless faces and perfect bodies. This is not a true representation of most of the population.
2. Advertising employs the use of a phrase, statement, lyrics, or picture to get the audience's attention. This statement or picture may have nothing to do with the value of the product.
3. Advertising will misrepresent pleasure or enjoyment by associating it with consumption of a product.
4. Advertising attempts to create a need when there is none.
5. Use of "bandwagon" technique can make a child feel he is different from or not part of the crowd because he is not doing what everyone else appears to be doing .
6. Use of celebrities, entertainers, and athletes to gain attention through testimonies is common.
7. Some advertising focuses on body parts and movements of the body which may be sexually suggestive for the audience.
8. Most advertising does not discriminate by age or by developmental or emotional development. Any age child, after exposure to advertisements which are suggestive may believe that behavior is normal and natural for his developmental age.

**Positive:**

1. Consumers can become aware of various products and services available.
2. Public service messages frequently target youth as an audience.
3. There are a few individuals appearing in advertisements who serve as positive role models when they encourage youth in appropriate behavior.

**Insight and Understanding**

Psychosocial factors. When advertising uses peers to display products and services, expect youth to pay attention to what others their age purchase. No adolescent wants to feel different from the rest of the group. Not having some item or a popular brand of a product can be a source of anxiety. Youth can learn to recognize techniques advertising and media employ to gain their attention. They are capable of comparing and analyzing to determine what is the truth. With adult guidance they can challenge the truth of media's influences.

Emotional factors. With the variety of media available, situations which did not stir behavior may now make the child curious. Since the child is experiencing new sexual urges and desires, media may suggest ways to deal with them. Often the media builds on emotional behavior between a couple without respect to a lasting relationship.

Moral issues. Since the child is more aware of his changing body, mind, and emotions, he may question whether something is good or bad for him. He will likely challenge his family values when he notices a different behavior permitted over the media. Standards and limitations set by parents may not seem as important. He will want more freedom.

When it comes to a type of media, will he ask whether a program or book is beneficial or harmful for him? Will he hide some of his reading material so that others will not see what literature he has chosen? Will guilt result from reading this magazine or watching this movie? What is the message and is it truthful?

Conflict results when parents, significant other people, and teachers encourage the child to be sexually responsible and remain abstinent while media gives the message that sexuality does not involve responsibility or abstinent behavior.

Physiological factors. Reading and watching sensual material may cause an increase in the body's response. This is usually not harmful. What the senses absorb may spur greater interest in sex. The child may look for ways to seek the information.

**Parent Work Sheet**

1. Things I want my child to know about media and its influences.
2. What do I want to do differently from the way I learned about this topic?
3. What old information, myths and personal memories might inhibit my discussion with my child?
4. Is my child more vulnerable to one form of media over another?
5. Consider these forms of media to determine which areas require discussion.

Written

Video

Advertising

Music

6. Which forms of media have met my approval?

Learning Activities:

Topic: Puberty

Activity 1: Identifying reproductive organs

Objective: The child will be able to correctly identify the female and male reproductive organs.

Materials: Diagrams of female and male reproductive organs and pencil

Instructions: 1. Have the child label the parts and reproductive organs using the correct terms. Allow the child to say the slang terms associated with the organs. (see appendix F, p. 164, for answers)

2. Say the function of each organ.

**Female Reproductive Organs:**

a - Vulva

b - Vagina

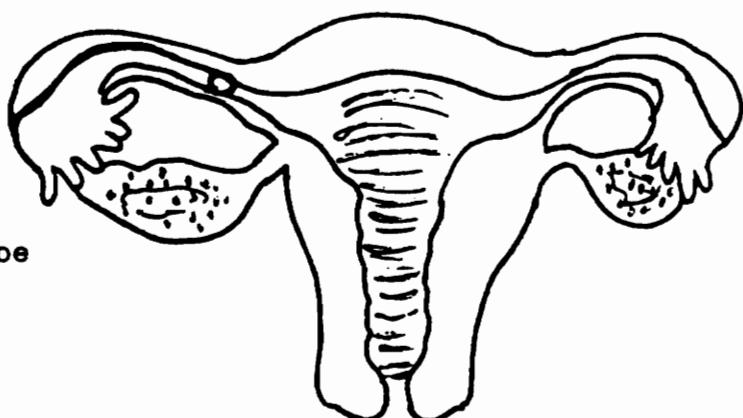
c - Uterus

d - Cervix

e - Fallopian tube

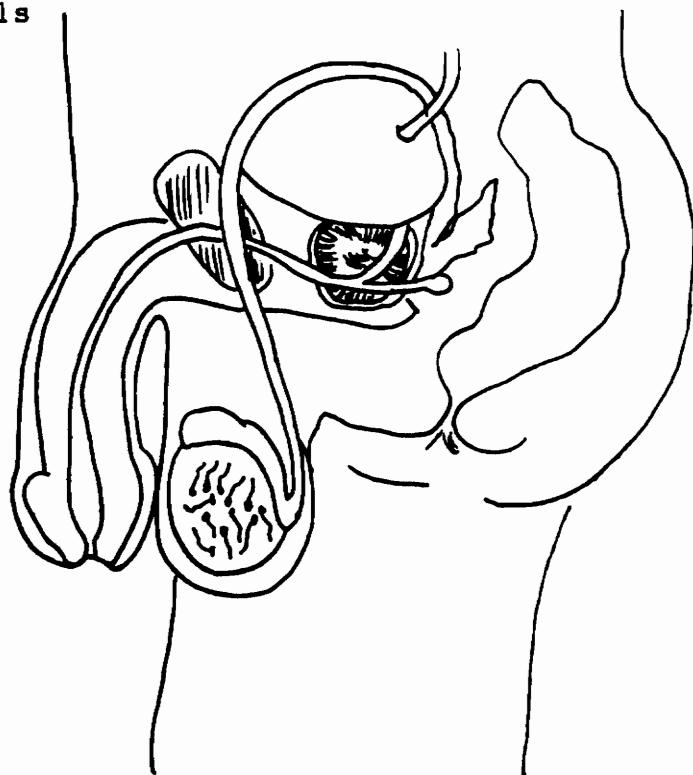
f - Ovary

g - Egg (ovum)



**Male Reproductive Organs:**

- a - Penis
- b - Urethra
- c - Prostrate gland
- d - Seminal vesicle
- e - Vas deferens
- f - Epididymis
- g - Testicle
- h - Scrotum
- i - sperm cells



**Topic:** Puberty

**Activity 2:** Recognizing changes that occur during puberty

**Objective:** The child will be able to distinguish among changes that girls and boys experience during time of puberty.

**Materials:** Changes at Puberty work sheet and pencil

**Instructions:**

1. Read and discuss the changes that occur during puberty.
2. On the Changes at Puberty work sheet, instruct the child to circle B if the change occurs only in a boy, to circle G if the change occurs only in a girl, and to circle both if the change occurs in each gender.  
(See appendix F, pp. 165-166, for answers.)

## Changes at Puberty

## Work Sheet

Instructions: Circle a B if the change occurs only in a boy, circle a G if the change occurs only in a girl, and circle B & G if change occurs in both.

- B     G     A larger amount of body hair appears, especially under the arms, on the legs, and in the pubic area.
- B     G     The penis gets longer.
- B     G     A growth spurt occurs and one gets taller.
- B     G     Vagina discharges dead cells and watery fluid.
- B     G     Perspiration glands become more active.
- B     G     The face become more adult-like in appearance.
- B     G     The ovaries produce mature eggs.
- B     G     Breasts tissue develops.
- B     G     Erections frequently occur.
- B     G     Each month the uterine wall fills up with blood and fluid.
- B     G     Thinking about sex and having fantasies about sex can be expected and is normal
- B     G     Wet dreams may occur while sleeping.
- B     G     Romantic feelings can be intense and distracting.
- B     G     The average time signaling the beginning of puberty is 12.
- B     G     The average time signaling the beginning of puberty is 14.

- B G The pituitary gland secretes hormones which tell the reproductive organs to begin developing.
- B G The hormone testosterone is active in large amounts.
- B G The hormone estrogen is active in large amounts.
- B G Greater muscle mass occurs.
- B G Skin may become oily and pimples may occur.
- B G Activity levels can remain the same as growth and development occur.
- B G Weight gain occurs.
- B G Scrotum enlarges and the skin becomes darker.
- B G Shoulders broaden.
- B G An increase of curves appears near the hip and chest areas.
- B G Uterine wall develops and becomes more muscular.
- B G Voice deepens.
- B G Sperm are produced in the seminiferous tubules.

**Topic:** Puberty

**Activity 3:** Using community resources to gather information about sexuality and puberty

**Objectives:** 1) With he parent's assistance the child will locate sexuality information in the public library or bookstore.

2) The opportunity to read and discuss topics of choice pertaining to sexuality development will be available.

**Materials:** Access to public library or book store

**Instructions:** 1 - Parent and child go to the public library or bookstore to locate books on puberty, adolescence, and sexuality development. Assist the child in selection of information which is accurate.

2 - Inquire about special materials, like pamphlets, relating to puberty.

3 - Let the child choose a book(s) to check out or purchase one of his choice.

4 - Plan for discussion of areas of sexuality noted in the book.

5 - Return the book(s) and select more as interests continues.

**Topic:** Puberty

**Activity 4:** Comparing changes in one's life by examining pictures.

**Objective:** Parent and child will compare pictures from youth, recognizing changes that have occurred, and discuss present and future changes.

**Materials:** Several pictures of the child (and parent) at various ages.

**Instructions:** Together look at the pictures and talk about changes that result from puberty. Notice what similarities and differences are evident between parent and child.

Adapted from Family Living Curriculum Bulletin (1969-70), page 63.

**Topic:** Menstruation

**Activity 5:** Learning about the menstrual cycle

**Objectives:**

- 1) The child will be able to show the movement of the egg through each organ until it is released with menstrual flow.
- 2) The child will state when and where fertilization usually takes place.
- 3) The child will become aware of the phases of the menstrual cycle.

**Materials:** Menstrual Cycle Work sheet, explanation of menstrual cycle, and color markers

**Instructions:** Trace the process of the menstrual cycle from a maturing egg through the time the lining of the uterus leaves the body. You may choose to use different color markers to show where it travels.

**Explanation of the menstrual cycle:**

- 1 - The egg matures in one of the ovaries. This process is called the preovulatory phase of the menstrual cycle and takes about 14 days.
- 2 - Once mature, the egg travels into the fallopian tube which has a fringed part called fimbria. This is the ovulatory phase of the cycle.

Draw the egg in the ovary.

Draw the fallopian tube.

Draw the uterus.

Draw the lining leaving the body.

Draw the egg leaving the ovary and moving toward the fimbria.

3 - In the post ovulatory phase, the egg moves along for 3 to 4 days. Fertilization can take place here if sperm from the male are released into the female's reproductive system during sexual intercourse.

Draw the egg moving through the tube.

4 - Next the egg goes into the uterus where the lining is prepared with tissue composed of mucus and blood.

Show the egg moving downward toward the uterus.

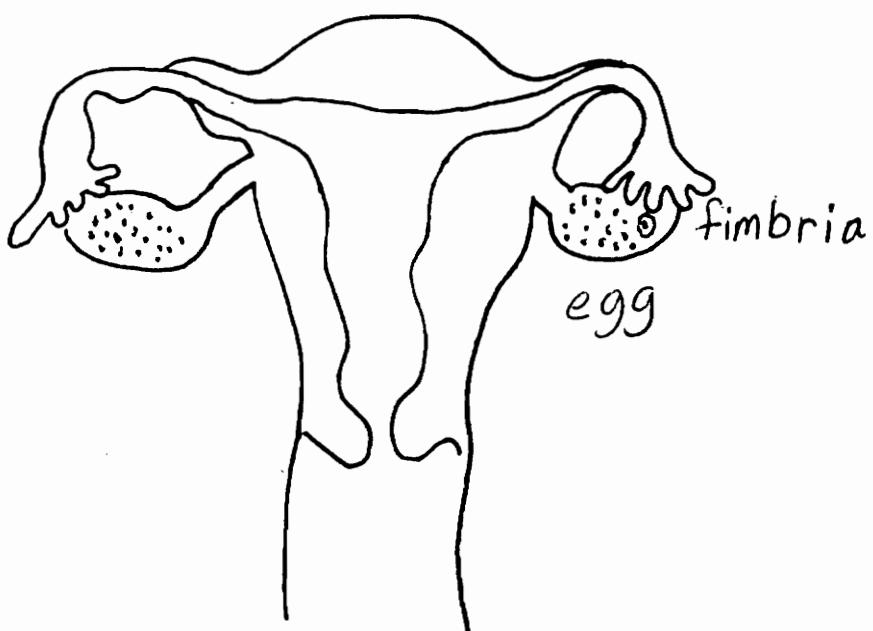
5 - An unfertilized egg dissolves with the lining of the uterus and passes through the vagina to the outside of the body. This is the menstrual phase which takes about 5 to 7 days and is called a girl's period.

Continue to draw the egg as it leaves the uterus and vagina.

## Menstrual Cycle

## Work Sheet

Use this diagram of the female reproductive organs to show the process of the egg moving through each phase of the menstrual cycle.



Topic: Menstruation

Activity 6: Predicting next month's menstrual cycle

Objective: The child will be able to chart the process of her period from one month to the next by marking it on a calendar.

Materials: Calendar Work Sheet and pencil

Instructions: Using the calendar provided chart the progress of the cycle from one month to the next.

1 - First circle the date your last period began (when menstrual flow was evident).  
(Most girls have periods approximately every 28 days.)

2 - Count down four (4) weeks and underline that date. You can expect your next period to begin on or near that date. An example for April is provided. See if you can mark the menstrual period for May. 1) Lets pretend that your period began March 12. Circle it on your calendar. 2) Next, count down the calendar 4 weeks and underline the date that your next period is likely to begin. (If you chose April 9, you are correct.)

See if you can mark the period for the month of May.

**Calendar****Work Sheet**

S	M	T	W	Th	F	Sa
---	---	---	---	----	---	----

**MARCH**

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	30	31				

**APRIL**

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	30		

**MAY**

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	30
31						

You may want to keep a calendar to mark personal and social events. Some girls have periods every 26 days and others every 30 days; adjust your calendar to your cycle. Be prepared by taking sanitary napkins or tampons with you if you are away from home. This will keep you confident.

**Topic:** Erection

**Activity 7:** Erections and wet dreams are normal

**Objectives:**

- 1) The child will recognize terms associated with erections.
- 2) The child will gain knowledge relative to the purpose of wet dreams during puberty.

**Materials:** Word find and Fill the Blanks Work Sheet and pencil

**Instructions:**

- 1 - Parent provides basic information about erections and wet dreams.
- 2 - Utilize the word find to locate these terms associated with erections.
- 3 - Fill in the blanks with words from the list used in the word find  
(See appendix F, p. 167, for answers.)

**Topic-Erections:**

**Work Sheet**

**Word find and Fill the Blanks**

**Part A - Instructions:** In the Word find locate the terms associated with erections. As you locate a word indicate it on the list.

sexuality	semen	urethra	puberty
sperm	penis	ejaculation	erection
orgasm	male	normal	testosterone
hormone	sleep	wet dream	

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

Part B - Instructions: Using the words listed for the Word find complete the paragraph below by filling the blanks in the sentences.

During puberty a boy can expect to have more \_\_\_\_\_

due to the hormone \_\_\_\_\_ which

causes sperm production. To move excess sperm out of the

body \_\_\_\_\_ mixed with sperm cells is sent

through the \_\_\_\_\_ located in the penis.

The action of semen moving out of the body through the penis

is called \_\_\_\_\_. When it occurs at night

it is called \_\_\_\_\_. This is a

normal part of \_\_\_\_\_.

Topic:           Erections

Activity 8:      Being prepared for wet dreams

Objective:       The parent and child will set a plan for the occurrence of a wet dream.

Materials:       bed linens

Instructions:     Parent, prepare to talk with child regarding the possibility of wet dreams. Reassure the child that you are aware of his physical changes. You desire that he be prepared without embarrassment. Show the child where bed linens are stored so that he can deal with the results of a wet dream when it occurs.

A sample dialogue is provided.

"During puberty a boy experiences many changes in his body. One common change occurs during sleep when the body moves extra sperm out of the body by ejaculation. This is called a wet dream and it is a normal occurrence for a boy like you. You will not know it is happening until it is over when you feel dampness on your clothes or sheets. As a result of a wet dream the bed linens need to be changed. You can do that yourself. Then, put wet sheets in the laundry. To grow and mature is exciting. Remember having wet dreams are normal for boys during puberty. This is a healthy part of growing up (or sexuality)."

**Topic:** Erections

**Activity 9:** Planning for the unexpected erection

**Objective:** The child will have a plan of action for the unexpected occurrence of an erection in a public or social setting.

**Materials:** List of possible situations

**Instructions:**

- 1 - Dialogue with the child about the increase in frequency of erections during puberty. Reassure the child that erections cannot always be predicted.
- 2 - Talk about a plan for action when an erection occurs and other people are near. This action can avoid embarrassing moments.
- 3 - Review the list and discuss the actions appropriate. Suggestions are provided.

**List of Possible Situations:**

An erection may occur while.....

1. Standing in the school hallway
2. At a friend's house
3. Attending a dance
4. During a date
5. Walking home from school
6. In the locker room
7. \_\_\_\_\_

\*Suggestions:

1. While in the school hallway carry books in front of pants.
2. Hold a jacket (or other article of clothing) on your arm in front of your waist.
- 3.
- 4.
- 5.

**Topic:** BSE and TSE and Cancer

**Activity 10:** Receiving information about BSE or TSE  
and cancer through the mail

**Objectives:**

- 1) The child will request information on BSE or TSE by writing to the American Cancer Society for a brochure.
- 2. The child will become aware of national associations promoting health and providing materials.

**Materials:** Sample letter, pen, paper, envelope, and stamp

**Instructions:** Using the sample letter provided, write to an organization which offers information and brochures about cancer and TSE or BSE.  
Be sure the return address is given.

Sample letter:

Date: \_\_\_\_\_

National Cancer Institute  
Building 31, Room 10A-24  
9000 Rockville Pike  
Bethesda, MD 20892

I am learning about the procedures for BSE (or TSE) and about cancer. I would like to have a pamphlet that describes the steps for BSE (TSE). Also, could you send information about treatment for this cancer.  
My home address is written below. Your attention to this request is appreciated.

Regards,

Name \_\_\_\_\_

address \_\_\_\_\_

city, state, & zip code \_\_\_\_\_

**Topic:** BSE and TSE

**Activity 11:** Phoning a request for information pertaining to breast or testicular cancer

**Objectives:**

- 1) The child will be able to request cancer information using an 800 phone number.
- 2) The child will gain self-confidence in requesting information pertaining to his personal health.

**Materials:** Phone number of national hotline, phone, and mailing address

**Instructions:** 1 - Parent guides the child in making a long-distance phone call to an 800 number to request information.

2 - Child asks information and provides mailing address when requested.

Parent and child may desire to practice a conversation or roll play the phone call requesting materials from the representative on the phone line. A sample dialogue is provided.

**Sample dialogue:**

"I am interested in learning about breast (or testicular) cancer and the steps to perform BSE (or TSE). Are pamphlets available with this information?"

**Resources for children and parents:**

1. The local chapter of the American Cancer Society provides information and brochures about self-exams. Look in the yellow pages of the phone book.
2. Brochures from a national cancer hotline sponsored by:  
Y-ME Breast Cancer Support Program  
1-800-221-2141 (9 a.m. to 5 p.m. Central time).
3. Office of Cancer Communications  
800-4-CANCER

Topic: Sexual Expression: Friendships

Activity 12: Friendship Recipe

Objective: The child will gain insight into character qualities he desires in a girl/boy friend.

Materials: Recipe card, pen, Friendship Recipe Terms

Instructions: Using the Recipe card and Friendship Recipe Terms create a recipe for friendship. Follow each part of the recipe and include the requested information.

- 1 - Write the title to your recipe.
- 2 - Select five character qualities you desire in a friend. List them with appropriate amounts in the ingredient section of the recipe. A list of friendship recipe terms is provided.
- 3 - Tell how you would combine the character qualities. Suggested actions words are listed for you.
- 4 - State the anticipated result of this created friendship (i.e. one delicious friendship to enjoy for life).

**RECIPE CARD**

**TITLE:** \_\_\_\_\_

**INGREDIENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESULT:** \_\_\_\_\_

## Friendship Recipe Terms

### Character Quality Ingredients

honesty	sense of humor	responsible
trusting	considerate	thoughtful
gentle	confident	reliable
sincere	successful	intelligent
aggressive	sensitive	loving
competitive	giving	talent
understanding	spiritual values	neatness
loyalty	maturity	helpful
brave	neat	caring

### Measure Terms

pinch	spoonful	tablespoon
cup	sprinkle	bowl
pound	slice	package
ounce	pint	quart
gallon	dash	bunch

### Action words

blend	beat	combine
add	dip	mix
scramble	knead	pour
layer	let rise	let set
shape	spoon in	spread

<b>stir</b>	<b>sift</b>	<b>cut</b>
<b>roll</b>	<b>sprinkle</b>	<b>marinate</b>
<b>let stand</b>	<b>refrigerate</b>	<b>chop</b>
<b>bake</b>	<b>chill</b>	<b>cook</b>
<b>saute</b>	<b>melt</b>	<b>heat</b>
<b>simmer</b>	<b>freeze</b>	<b>squeeze</b>

**Topic:** Sexual Expression: Behavior Standards

**Activity 13:** Setting standards and guidelines of behavior for dating

**Objectives:**

- 1) The child and parent will determine guidelines for sexual behavior based on the knowledge and family values.
- 2) Parent and child will discuss how these guidelines will effect his goals, self-concept, and respect for girl/boy friend.
- 3) Parent will have an opportunity to share family and personal values to child.
4. The child will clarify his attitudes toward behaviors associated with sexual expression.

**Materials:** Attitude Scale and pencil

**Instructions:**

- 1 - Review with child the advantages for having behavioral limitations when dating.
- 2 - Discuss responsible and respectful behavior and why these are important in a relationship.
- 3 - Using the scale and list of behaviors, have the child select the area which describes his attitude for each behavior.
- 4 - Discuss how one's values, goals, self-concept, and respect of self and boy/girl friend are reflected in attitude.

Attitude Scale for Parents

Work Sheet

Instructions: Use the following scale to indicate your attitude, as a parent, toward the behaviors listed.

Underline the response which indicates your attitude.

- a. approve of this behavior
- b. not sure
- c. disapprove of this behavior

<u>Behaviors:</u>		<u>Attitude</u>	
Holding hands .....	approve	not sure	disapprove
Kissing .....	approve	not sure	disapprove
Open mouth kissing ....	approve	not sure	disapprove
Stroking above waist ..	approve	not sure	disapprove
Hugging .....	approve	not sure	disapprove
Back rubs .....	approve	not sure	disapprove
Touching genitals ....	approve	not sure	disapprove
Masturbation .....	approve	not sure	disapprove
Petting .....	approve	not sure	disapprove
Sexual intercourse ....	approve	not sure	disapprove
Sexual abstinence ....	approve	not sure	disapprove

Topic: Sexual Expression: Abstinence

Activity 14: Learning the concept of abstinence

Objective: The child will apply the concept of abstinence in conduct displayed at home.

Materials: Definition of abstinence and examples

Instructions: 1 - Parent explains the definition of abstinence and how it can be applied in the home.  
  
"The practice of abstinence implies refraining from an action and sometimes a span of time is included. Examples of abstinence practiced may include:  
  
a. refraining from eating snacks before meals,  
b. not viewing R rated movies,  
c. refraining from watching too much television,  
d. avoid playing video games for hours,  
e. keep from eating sweets too often,  
f. following the law regarding alcohol use.  
  
2 - Explain abstinence as it relates to sexual activity and give reasons why this is important during adolescence.  
  
"Regarding sexual abstinence I want you to know .... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ . "

3 - List reasons to practice sexual abstinence. Reasons may economic, social, emotional, physical, moral, and relational in nature.

economic - \_\_\_\_\_

social - \_\_\_\_\_

emotional - \_\_\_\_\_

physical - \_\_\_\_\_

moral - \_\_\_\_\_

relational - \_\_\_\_\_

4 - Distinguish between abstinence and intimate sexual behavior.

5 - Ponder what affect would attitude change have on values, goals, self-concept, and respect of oneself and girl/boy friend?

**Topic:** Sexual Expression: Responding to Pressure

**Lines**

**Activity 15:** Using effective responses when presented with pressure to go further than desired

**Objectives:**

- 1) The child will become aware of invitational lines frequently associated with sexual behavior.
- 2) The child will be equipped to respond to a line which puts him at risk of emotional, physical, moral harm.

**Materials:** Cartoon pictures and pencil

**Instructions:** Look over the situations presented. Decide an appropriate response for avoiding a behavior in which you desire not to participate. (See assertive statements located in Activity 23.)

Responding to Pressure Lines

Work Sheet

Instructions: After looking at the picture, determine assertive responses which you can utilize.



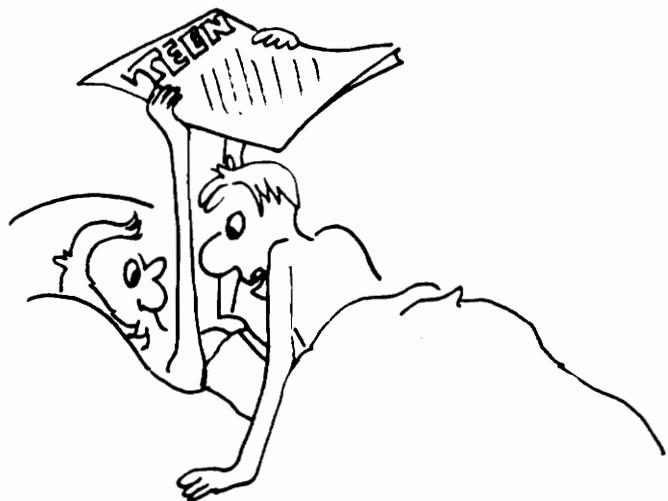
EVERYONE'S DONE IT AROUND HERE.  
I WANT YOU TO DO IT WITH ME.



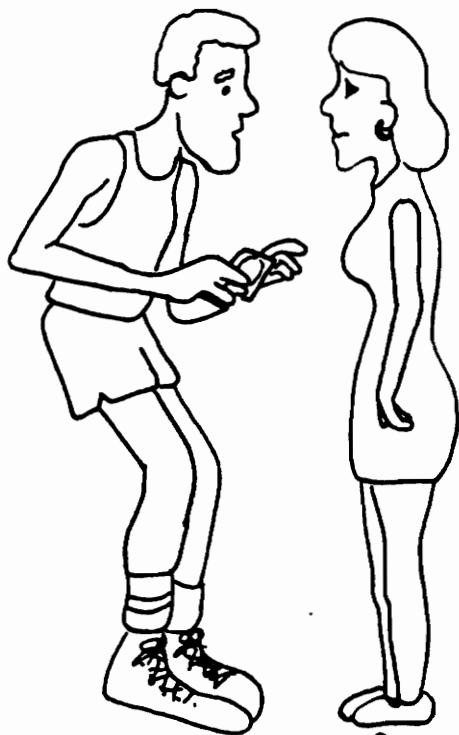
YOU SAY YOU LOVE ME.  
I WANT YOU TO SHOW ME.

Drawings by Regina Duhe

## Responding to Pressure Lines



WE AREN'T TOO YOUNG  
TO HAVE SEX.



WHAT'S THE BIG DEAL?  
I HAVE A CONDOM.

Drawings by Regina Duhe

Topic: Sexual Orientation

Activity 16: Recognizing terms associated with sexual orientation

Objective: Parent and child will recognize definitions of terms related to sexual orientation.

Materials: Pencil and work sheet

Instructions:

- 1 - Definitions are given for four terms related to sexual orientation. Review these definitions with the child.
- 2 - The child identifies and the writes the term associated with each definition.  
(See appendix F, p. 168, for answers.)

homosexual      celibate      bisexual      heterosexual

term refers to a person who desires to have a relationship with a person of the (gender).

\_\_\_\_\_ term refers to a person who chooses to develop sexual relationships with people of each sex.

\_\_\_\_\_ term refers to an individual who desires to seek sexual fulfillment in a relationship with member of the same sex.

\_\_\_\_\_ term refers to the individual who chooses to refrain from sexual relations and/or marriage.

Topic: Sexually Transmitted Disease

Activity 17: Demonstrating spread of communicable diseases

Objective: Child will gain knowledge about how disease can be spread from an infected person to an uninfected person.

Materials: Glitter (flour can substitute) and groups of two or more.

Instructions:

- 1 - Parent pours a small amount of glitter in right palm in preparation for shaking hands with child (and others).
- 2 - Explain that (a) communicable disease can be spread from person to person by contact with an infected person, (b) with some communicable diseases the place that is touched becomes infected, and (c) infection can spread to other body parts.
- 3 - Shake hands with the child (spreading some glitter to his hand). Proceed to shake hands with as many individuals available.
  - (a) Tell everyone to look at hands. Ask, "Who has glitter?"
  - (b) Explain, "Glitter that sticks to hands represents infection in that area. This is often what happens in spreading of a STD."
- 4 - Explain further that some infection can be air born. Ask, "Does any one have glitter

on an arm, face, or leg? The air may have carried it. One example of a virus that can be carried in the air is the cold virus."

5 - Talk about risk of catching a disease.

"Those who choose to shake hands put yourself at risk for a disease eventhough you did not know this person was infected. Can you always know who has an infection? Why or why not?"

Topic: Sexually Transmitted Diseases

Activity 18: Writing for information about sexually transmitted diseases

Objective: 1. To receive information on specific STD the child will write a letter to an agency requesting a brochure.

2. The child will become knowledgeable of resources that provide STD information and how to contact them.

Materials: Paper, pen, envelope, and stamp, and resource list. (A sample letter is provided.)

Instructions: 1 - Have the child select a STD in which he wants more information.

2 - Using the sample letter (if desired), let child write to request the brochure.

3 - Check the agency's address and the return address on the envelope. Apply the postage and mail it.

Sample letter:

Date:

Agency name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

I am learning about sexually transmitted diseases. To help me understand more about \_\_\_\_\_, I would like a brochure on this topic. My address is written below my name.

I appreciate your attention given to this request.

Regards,

Your name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Names and addresses of agencies are listed on the following page.

**Resource List for Sexually Transmitted Diseases**

- o National Initiative for AIDS and HIV Prevention Among Adolescents/CPO  
Dept. P  
1025 Vermont Ave. N.W.  
Suite 210  
Washington, D.C. 20005
- o Teens Teaching AIDS Prevention  
Dept. P  
3030 Walnut St.  
Kansas City, MO 64108
- o National Association of People With AIDS  
Dept. P  
P.O. Box 34056,  
Washington, D.C. 20043
- o American College Health Association  
1300 Piccard Drive, Suite 200  
Rockville, MD 20850
- o American Social Health Association  
260 Sheridan Avenue, Suite 307  
Palo Alto, CA 94306
- o American Red Cross  
(Locate the address of the local chapter in the phone book.)

o March of Dimes

1275 Mamaroneck Avenue

White Plains, NY 10605

o ETR Associates

P.O. Box 1830

Santa Cruz, CA 95061-1830

**Topic:** Sexually Transmitted Diseases

**Activity 19:** Phoning to receive STD resource materials

**Objectives:**

- 1) To receive information about STD the child will request information about STD or AIDS by phoning one of the 800 numbers.
- 2) The child will have access to resources available for youth who might be faced with issues related to STD.

**Materials:** Phone, telephone number for STD or AIDS Hotline, and mailing address.

**Instructions:**

- 1 - Parent guides the child in making a long-distance phone call to an 800 number to request information.
- 2 - Child asks information and provides mailing address when requested.

Parent and child may desire to practice a conversation or roll play the phone call requesting materials from the representative on the phone line. A sample dialogue is provided.

**Sample dialogue:** "I am learning about AIDS and would like more information and facts (or prevention, treatment, risky behaviors) about AIDS. I am \_\_\_\_\_ (age) and in \_\_\_\_\_ grade. Please send a brochure with this information."

**Resource Phone List for Sexually Transmitted Diseases**

- o CDC (Center for Disease Control) National

Hotline

1-800-227-8922

(weekdays: 8 A.M. to 11 P.M. EST).

1-800-982-5883 (in California)

- o National AIDS Information Line

1-800-342-AIDS (English-speaking)

1-800-342-SIDA (Spanish-speaking)

1-800-AIDSTTY (hearing-impaired)

(open 24 hours)

- o Community resources may be located in the phone book.

Topic: Sexually Transmitted Diseases

Activity 20: Communicating about STD through statistics

Objective: Child and parent will discuss risk to peers transmission of STD, and values about sexual behavior.

Materials: Report from a magazine, newspaper, or television treatment, cure, statistics, or trends associated with STDs.

Instructions: 1. Comment about the news information pertaining to STD.  
2. Continue a conversation about this report.  
A sample conversation is provided.

Sample conversation: "I was just reading about ..... in the newspaper. The article says ...." "What have you heard about .....(identify the STD)? Is this disease one which can affect you or your friends? (Permit the child to answer.)

"How does it happen to kids who are teens?" (Permit the child to answer to determine if he knows how transmission occurs.)

"What does this mean for you now (or for when you are a teen)? (Permit child to submit an answer.)

"I would like to share my thoughts and values with you about sexual behavior which can cause this to occur."

"Can we talk about this another time? Also, when you see a

STD article or news report, let me know about it. Together we can keep up with new information about STD."

**Topic:** Sexually Transmitted Diseases

**Activity 21:** Naming Factors That Influence Decisions and Choices

**Objective:**

- 1) Child will identify people and things which exert influence on decisions or choices he makes.
- 2) Child will distinguish among influences which are reliable, present accurate information, and are trustworthy.

**Materials:** Influences in Your Life check sheet and pencil

**Instructions:**

- 1 - Read the list of people and things that could influence decisions and choices. Add others to the list if desired.
- 2 - Place a check mark next to the ones which you feel have the potential to influence you when making decisions and choices.
- 3 - Of the ones you checked, check the "R" column if this person or thing is reliable meaning that in character, judgement, performance, or result it does not change. It is consistent.
- 4 - Of the ones you checked as influences, now check the "A" column for accuracy of information. Accuracy refers to an influence which provides correct and right information

and knowledge. Which of these people and things provide accurate information?

5 - Check which ones are trustworthy in the "T" column. Trustworthy refers to being sincere and honest.

6 - Total the check marks you made for each of the original people and things which were influences in your life. Do two or three appear the most reliable, accurate, and trustworthy? Who and what are they? These would be considered your personal best sources of influence when decisions or choices are made.

## Influences in Your Life

## Work Sheet

People and things which influence decisions and choices.

Instructions: Follow steps on the previous page.

	R	A	T	Total
parent(s)				
older relative				
important adult				
older sister/brother				
friend/peer				
music				
television				
books, magazines				
culture/community				
money				
church/religion				
God				
minister/pastor				
knowledge				
interests				
(other)				

Which ones received check marks in the three columns on the right? These are your personal best sources to depend on because of their accuracy, reliability, and trustworthiness.

**Topic:** Sexually Transmitted Diseases

**Activity 22:** Decision Making Preparedness

**Objectives:**

- 1) Following the steps to decision making, the child will generate and examine which alternative behavior is safe, legal, follows parental guidelines, displays self-respect, and is health promoting.
- 2) The child will recognize and be prepared to respond to behaviors and activities in which he can exert control.
- 3) The child's ability to make informed and responsible decisions about health will increase.

**Materials:** Pencil, Steps to Prepared Decision Making, and scenarios.

**Instructions:**

- 1 - Select one scenario (from the following page).
- 2 - Apply each of the five steps to decision making with the chosen scenario.

**Steps to Prepared Decision Making:**

1. State the decision, the problem, or dilemma.  
"I am to decide \_\_\_\_\_."
2. Select all alternatives. List all actions or behaviors you could choose.
  - a.

- b.
  - c.
3. Look at the first action and answer the following questions:
- a. Would this action be safe?
  - b. Would this action be healthy?
  - c. Would this action be legal?
  - d. Would this action follow my parent's guidelines and family values?
  - e. Would this action have a positive or negative consequence on my life?

Look at the second action and answer the questions.

Now do the same with the third action and so on.

4. Which of these actions listed in step 2 appears to be the best one for you? \_\_\_\_\_

Create a plan for action and act on this decision.

5. Set a reasonable amount of time after you have made this decision and acted on it to evaluate its effectiveness.

Write your evaluation.

Adapted from: Meek-Mitchell & Heit, (1987). Sexuality: A Responsible Approach.

## Scenarios

1. You have been invited to a pool party by a class mate. You know the class mate's parents will not be home, but an older brother will be.
2. A popular movie rated PG-13 is showing at the theater. Many peers who have already seen it are talking about it. Some peers ask when you are going to see it. You are 12.
3. You, your boyfriend, and a group of coed peers are playing Nintendo games at a friend's home after school. Parents are expected home from work after 5 PM. You and your boy friend of five weeks move to another room where there is a sofa and television. After several kisses he moves his hand over your genital area.
4. While riding in a car with friends, you are offered a pill which you know is a illegal drug. Everyone in the car takes one. It is your turn.
5. You have consented to babysit for neighbors Friday evening. Your best friend asks you to join her Friday at the pizza restaurant where the two of you will meet two boys.
6. Your household chore is to care for the lawn and to have it completed by 4 P.M. Saturday. You begin the three hour task at 1:00 P.M. At 2:00 a friend comes by to ask you to join him/her at the park for tennis. You know that tennis is just an excuse to go to the park; other activities go on over there.

7. You and a friend, both 13 years old, have been invited to a party at another friend's (age 15) house where you know the parents allow beer.
8. In the past three weeks you have gotten to know your boy (or girl) friend through phone conversations and while walking home from school. He expresses desire for the two of you to meet behind the gym building after school. You ask why but no direct answer is given. Today you are expected to meet your parent at home immediately after school.
9. You are thinking about having sexual intercourse with your girl/boy friend primarily because of curiosity. Also, your girl/boy friend has talked about it two times.

**Topic:** Sexually Transmitted Diseases  
and Sexual Expression

**Activity 23:** Asserting oneself using clear, direct statements

**Objective:**

- 1) The child will develop effective communication skills with peers or others who request potentially harmful behaviors.
- 2) The child will gain confidence by practicing skills enabling him to make positive health and safety choices.

**Materials:** List of Assertive Techniques

**Instructions:**

- 1 - Parent and child will read the assertive techniques and apply each one in a scenario.
- 2 - Use role play to act the characters in the scenarios.

**Assertive Techniques:**

When asked to become involved in a risk behavior:

1. Broken record technique: repeat, as many times as necessary, the same reason for not becoming involved.
2. Take the offensive: Respond, "Why are you pressuring me? (Do not wait for an answer.) I choose not to be involved."
3. Offer a compromise: suggest an alternate activity which does not involve risk.

4. Refuse to discuss or answer the question: just walk away.

Adapted from State of Louisiana, Department of Education,  
Substance Abuse Prevention Education Curriculum Guide. p.  
118.

#### Making Assertive Statements

##### Scenarios:

1. A date is encouraging you to do more than you want to.
2. Your girl friend wants you to let her cheat off of your math test.
3. While at the park an older teen offers you some crack.
4. You and a friend are alone in your house. Your friend sees beer in the refrigerator and asks if he can have one.
5. While double dating, the other couple, involved in physical stimulation, encourage you and your date to do the same.
6. Some of the kids in the locker room talk about time(s) they had sex (sexual intercourse). They start asking you to tell them about your experience.

Topic: Sexually Transmitted Diseases

Activity 24: Applying skills for refusing to participate in unhealthy or risk-type behaviors

Objective: 1) Child will create ways to say "no" to invitations to risk-taking behaviors.

2) Child will practice stating an answer in a firm and direct manner.

Materials: List of refusal skill steps, one or more scenarios

Instructions: Part 1 - Parent will discuss the child's need to say no to actions and behaviors which may be harmful. To simply use the word "no" may not be enough to counter negative pressure. The child can be prepared for continued prompting by applying the four steps to refusing to be a part of a behavior. Also, learning to identify trouble situations and avoiding people who might apply pressure toward risky behavior would be helpful to counter negative situations.

Part 2 - Create or select a scenario and practice the steps for refusing to be a part of behavior which does not promote safety, or is not legal, does not follow parent's guidelines, or shows lack of self-respect.

Refusal Skill Steps:

Apply these steps when your desire is to refuse to participate in a behavior which potentially is harmful or negative to health and life.

**Step 1 - Ask questions.**

- + gather information on why and where in order to describe the specific consequences.

**Step 2 - Name the trouble.**

- + That is illegal. + This is dangerous.
- + That can cause problems.

**Step 3 - State the consequence.**

- + getting caught + loss of license
- + being put off the team + being arrested
- + school suspension or expulsion
- + damages my \_\_\_\_\_ (lungs, heart, brain)

**Step 4 - Suggest an alternative.**

- + I am still interested in doing something with you like ..... (seeing a movie, riding bikes, playing Nintendo games, listening to music.)

**Tips for when to say NO":**

- + the earlier the better
- + when plans are being made, and not after

Adapted from State of Louisiana, Department of Education.

Substance Abuse Prevention Education Curriculum Guide. p.

**Topic:** Influence of Media on Sexuality

**Activity 25:** Consumerism and advertising

**Objectives:** The child and parent will analyze a magazine or television advertisement as to its appeal, claim, message, and technique used to present the message.

**Materials:** Visual advertisement from a magazine or television.

**Instructions:** 1 - Have the child select one or more advertisements from television or magazine media.

2 - Answer the questions 1 through 6 below and the Advertising Techniques to determine the effectiveness of the advertisement.

**Questions:**

1. Does the ad appeal to

- a. basic needs
- b. created needs
- c. values
- d. emotions

2. What message is the ad attempting to convey?

3. Does the ad offer proof to support its claim?

- a. factual evidence
- b. scientific proof
- c. statistical findings

4. What advertising technique (see 1 - 5 below) has been used to present the message?
5. Do you believe the message is
  - a. accurate and truthful
  - b. inaccurate and untruthful
  - c. accurate by misleading or manipulating
6. Are you convinced/persuaded to buy the product or service?

Description of techniques used in advertising:

1. Bandwagon: implies that everyone has one or everyone is doing it. Example: ... used by millions
2. Testimonials or endorsements: report given by celebrities, athletes, physicians.
3. Scientific studies: implies that research proves a product to be better or superior than another. Example: clinical tests show ...
4. Slogans, humor, catchy phrase: a product is remembered due to special lyrics, jokes, phrases which give it attention. Example: A sprinkle a day keeps odor away.
5. Social appeal: Your social acceptability may be enhanced by this product. Example: Raise your hand if you're sure.

**Topic:** Influence of Media on Sexuality

**Activity 26:** Determining whether the message in music is sexually positive and promotes healthy behavior.

**Objective:**

- 1) Child and parent will become aware of messages presented in song or music video.
- 2) Child and parent will analyze the message to determine its positive or negative attributes.

**Materials:** Recording of a popular song and tape player, or video and VCR, paper and pen, and questions.

**Instructions:**

- 1 - Parent and child listen to lyrics two or more times to gain an understanding of the message.
- 2 - Apply the following questions to the song.

**Questions:**

1. What is the song about?
2. What is your first reaction to hearing the song?
3. Can some sounds be interpreted as sexually suggestive?
4. Are some lyrics or phrases repeated over and over?
5. Does the song appeal to your intelligence, your emotions, your ethnic background, your acceptance as part of a group, your needs, your values?
6. What about this song is popular?

7. What do you like or dislike about the song?
8. (Video) Does it portray men and women in an attractive, respectful manner?
9. Would you continue to listen (view) to this selection?  
Why or why not?

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## APPENDIX A

### General Guidelines for Facilitating Communication

1. Children learn by observation, so how you express your attitudes non-verbally is important.
2. Try to be honest about sex in your home.
3. Become familiar with your children and their environment --their jokes, the TV and news programs they see and their music. This will better enable you to teach your child about human sexuality. For example, you may be watching a T.V. program together. You could ask your child...
  - How do you feel about that?
  - What do you think s/he should do?
  - How do you think you would solve that problem?
  - Do you think that would happen the same in our family?
  - What differences do you see?
4. Try to avoid the "Big Talk" because it generally embarrasses the child. Answer questions as they come up.
5. When children ask a question, try to ascertain what they already know about the matter so that you can find out what their understanding is and any misconception they might have.
6. Answer questions one at a time.

7. Keep answers short, simple, clear, and in language the child understands.
8. Avoid comments that end conversations or put children on the defensive such as "Where did you hear that?" or "Don't be silly."
9. If you don't know the answer, admit it. Then find the answer. Have resource materials available.
10. If a child doesn't ask any questions about sex, be prepared to bring the subject up yourself. Use a news item about a sexual issue, a story on television, or the pregnancy of a friend to bring up the subject.
11. If you feel nervous and uncomfortable, "gently" share that with your child. However, do not burden the child with details of your sexual problems or anxieties.
12. If you feel very uncomfortable about sexual subjects and feel it would be harmful for you to handle the subject, make sure the child gets the information somewhere else - from a relative, doctor, or books.
13. Sexual learning is a life-long process. A child may continue to ask the same questions; you will answer differently as s/he gets older.
14. The tone of your voice conveys information. Try to make sure your tone of voice is appropriate for the discussion, e.g., light and casual when discussing parties and dates, serious when answering questions about a sex crime.

15. Listen when your children ask questions. Be attentive, look at them, stop other activity, etc. Give information clearly and correctly. If you don't know, find out. If you feel uneasy, share your feelings with your child.
16. Let your child direct the conversation.
17. If a child asks a question, don't worry about whether the child is too young to know the answer. Children understand what they are ready to understand. However, try to answer at the child's level of understanding.
18. Emphasize the whole person and how sexuality and sexual behavior relate to their self-concept.
19. If discussing something negative, differentiate between negative sexuality (e.g., a sex crime) and positive sexuality (e.g., love and intimacy).

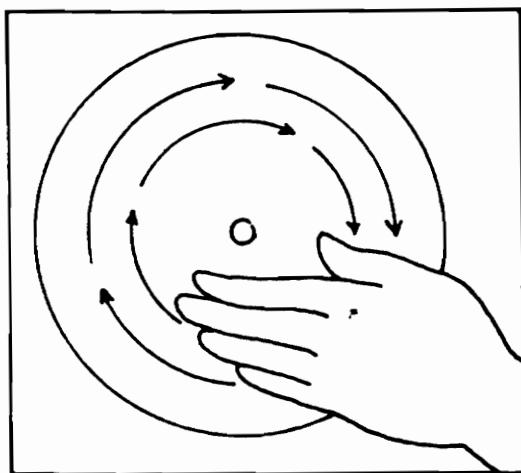
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APPENDIX B

# How to examine your breasts

This simple 3-step procedure  
could save your life by finding  
breast cancer early when it is  
most curable



 **AMERICAN  
CANCER  
SOCIETY®**  
LOUISIANA DIVISION INC.

# How to examine your breasts

Breast cancer is a major cause of illness and death among American women today. About one woman out of every ten will develop breast cancer during her lifetime. Until the disease can be prevented, the best way to protect yourself is through early detection and prompt treatment. BSE is an important part of early detection. These BSE guidelines are designed to help you feel confident in doing BSE each month.

## 1

### In the shower:

Examine your breasts during bath or shower; hands glide easier over wet skin. Fingers flat, move gently over every part of each breast. Use right hand to examine left breast, left hand for right breast. Check for any lump, hard knot or thickening.



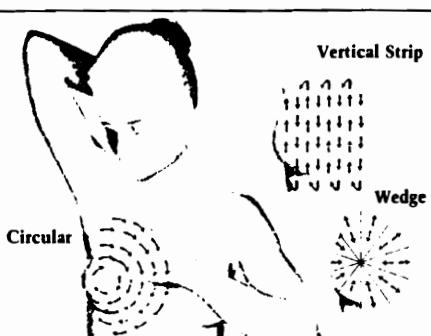
## 2

### Before a mirror:

Inspect your breasts with arms at your sides. Next, raise your arms high overhead. Look for any changes in contour of each breast, a swelling, dimpling of skin or changes in the nipple.

Then, rest palms on hips and press down firmly to flex your chest muscles. Left and right breast will not exactly match — few women's breasts do.

Regular inspection shows what is normal for you and will give you confidence in your examination.



## 3

### Lying down:

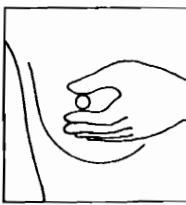
Flatten your right breast by placing a pillow under your right shoulder. If your breasts are large, use your right hand to hold your right breast while you do the exam with your left hand.

Use the sensitive pads of the middle three fingers on your left hand. Feel for lumps using a rubbing motion. Press firmly enough to feel different breast tissues.

Completely feel all of the breast and chest area to cover breast tissue that extends toward the shoulder. Allow enough time for a complete exam. Women with small breasts will need at least two minutes to examine each breast. Larger breasts will take longer.

Use the same pattern to feel every part of the breast tissue. Choose the method easiest for you. The diagrams show the three patterns preferred by women and their doctors: the circular, clock or oval pattern, the vertical strip and the wedge.

After you have completely examined your right breast, then examine your left breast using the same method. Compare what you have felt in one breast with the other.



Finally, squeeze the nipple of each breast gently between thumb and index finger. Any discharge, clear or bloody, should be reported to your doctor immediately.

## **For the Best Time to Examine Your Breasts:**

Follow the same procedure once a month about a week after your period, when breasts are usually not tender or swollen. After menopause, check breasts on the first day of each month. After hysterectomy, check your doctor or clinic for an appropriate time of the month. Doing BSE will give you monthly peace of mind.

### **If you are less than 40 years old, the ACS recommends that you:**

- Examine your breasts monthly.
- Have a breast exam by your doctor at least every three years
- Have a baseline mammogram between the ages of 35 to 39

### **If you are between 40 and 49 years old:**

- Examine your breasts monthly
- Have a breast exam by your doctor every year
- Have a mammogram every 1 to 2 years

### **If you are age 50 and over:**

- Examine your breasts monthly
- Have a breast exam by your doctor every year.
- Have a mammogram every year

These recommendations are intended for women who have no breast symptoms.

## **What You Should Do If You Find a Lump or Thickening**

If a lump or dimple or discharge is discovered during BSE, it is important to see your doctor as soon as possible. Don't be frightened. Most breast lumps or changes are not cancer, but only your doctor can make the diagnosis.

## **Know Cancer's Warning Signals!**

- Change in bowel or bladder habits
- A sore that does not heal
- Unusual bleeding or discharge
- Thickening or lump in breast or elsewhere
- Indigestion or difficulty in swallowing
- Obvious change in wart or mole
- Nagging cough or hoarseness

*If you have a warning signal, see your doctor.*

 **AMERICAN CANCER SOCIETY®**

**1-800-ACS-2345**

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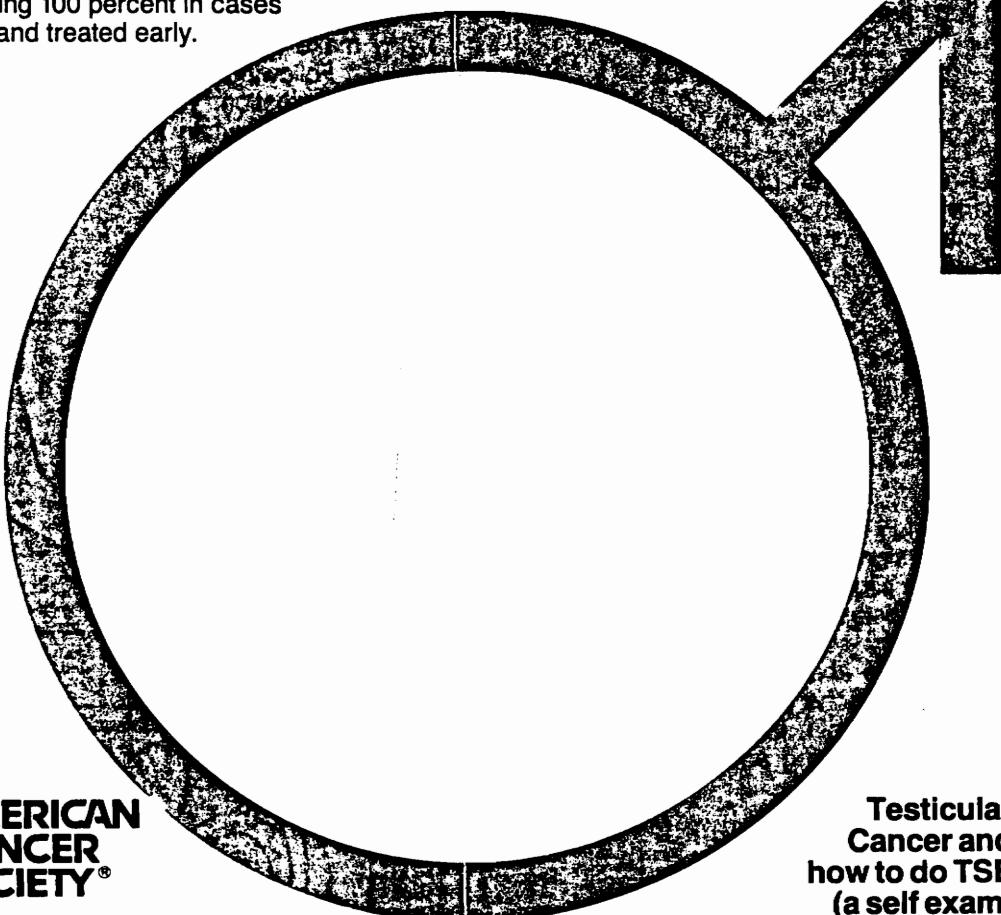
## TREATMENT

Surgery is usually the preferred treatment, and in certain cases it may be used together with radiation therapy or chemotherapy.

## A GOOD CHANCE OF CURE

Although the five-year survival rate for all cases of testicular cancer is 87 percent, the most common type of testicular cancer—seminoma—has a survival rate approaching 100 percent in cases detected and treated early.

**FOR  
MEN  
ONLY**



**FOR MORE INFORMATION  
CALL THE AMERICAN CANCER SOCIETY  
TOLL FREE: 1-800-ACS-2345**

82-250M-Rev. 1/90-No. 2093-LE

**Testicular  
Cancer and  
how to do TSE  
(a self exam)**



Cancer of the testes—the male reproductive glands—is one of the most common cancers in men 15 to 34 years of age. It accounts for 3 percent of all cancer deaths in this group.

If discovered in the early stages, testicular cancer can be treated promptly and effectively. It's important for you to take time to learn the basic facts about this type of cancer—its symptoms, treatment, and what you can do to get the help you need when it counts.

## A MAJOR RISK FACTOR

Men who have an undescended or partially descended testicle are at a much higher risk of developing testicular cancer than others.

However, it is a simple procedure to correct the undescended testicle condition. See your doctor if this applies to you.

## WHAT ARE THE SYMPTOMS?

The first sign of testicular cancer is usually a slight enlargement of one of the testes, and a change in its consistency.

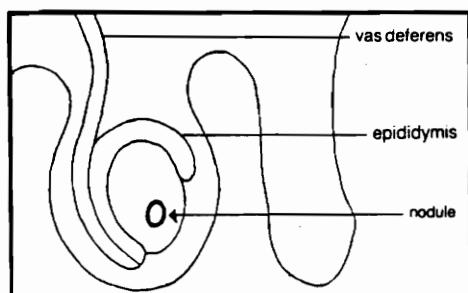
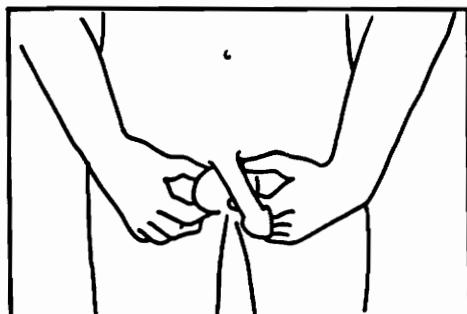
Pain may be absent, but often there is a dull ache in the lower abdomen and groin, together with a sensation of dragging and heaviness.

## WHAT CAN I DO?

Your best hope for early detection of testicular cancer is a simple three-minute monthly self-examination. The best time is after a warm bath or shower, when the scrotal skin is most relaxed.

Roll each testicle gently between the thumb and fingers of both hands. If you find any hard lumps or nodules, you should see your doctor promptly. They may not be malignant, but only your doctor can make the diagnosis.

Following a thorough physical examination, your doctor may perform certain x-ray studies to make the most accurate diagnosis possible.

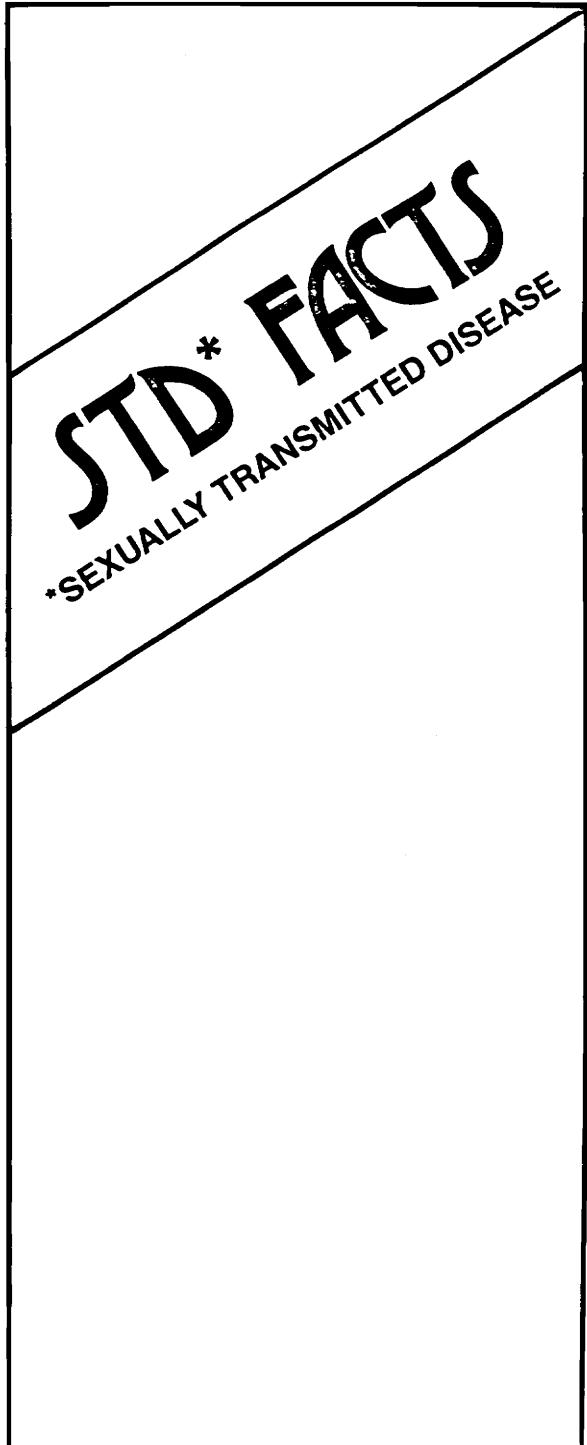


## APPENDIX D

FOR MORE INFORMATION, CONTACT:

**CHOICE**  
**Hotline** 985-3300  
Monday-Friday 8:30-5:30  
English/Spanish

Confidential • Free



### **ETR Associates**

Written by Jane Hiatt with Kay Clark and Mary Nelson.  
Graphic design by Elizabeth Warshaw.

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CA 95061-1830.  
Title #153

## **WHAT ARE SEXUALLY TRANSMITTED DISEASES?**

---

Sexually transmitted diseases (STDs) are serious and painful and can cause a lot of damage. They infect your sexual and reproductive organs. STDs used to be called VD, or venereal diseases.

**Most** STDs can be cured if you get treated. Sometimes you can have an STD with no signs or symptoms. Other times, the symptoms go away on their own. Either way, you still have the STD until you get treated.

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## **HOW ARE STDs SPREAD?**

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STDs are spread during close, sexual activity. They are spread during sexual intercourse, oral sex and anal sex.

STD germs need to live in warm, moist areas. That's why they infect the mouth, rectum and sex organs (vagina, vulva, penis and testes).

---

## **WHAT TO DO**

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If you think you might have an STD, get checked out. Don't just hope the STD will go away. It won't!

Most county health departments have special STD clinics. Private doctors also treat STDs. If you don't know where to get help, call your local family planning clinic for information. No matter where you get treated, your case will be kept private.

You may feel embarrassed about having an STD. It may be hard for you to go to a doctor or clinic for help. But you must get treatment for the STD, even if it is a hard thing for you to do. This is the only way you will get well.

Most STDs are treated with a high dose of antibiotics. STD germs are hard to kill, so you must do **exactly** what your doctor tells you. Be sure to use **all** of your medicine.

You also must tell your sexual partner(s). If they aren't treated, they can spread the STD. They might even give it to you again!

---

## WHAT TO WATCH FOR

---

Here are some signs that *may* mean you have an STD. If you have any of these symptoms, go to an STD clinic or a private doctor.

***Don't put it off—get checked out now!***

### **WOMEN:**

- An unusual discharge or smell from your vagina.
- Pain in your pelvic area—the area between your belly button and sex organs.
- Burning or itching around your vagina.
- Bleeding from your vagina that is not your regular period.
- Pain deep inside your vagina when you have sex.

### **MEN:**

- A drip or discharge from your penis.

### **BOTH WOMEN AND MEN:**

- Sores, bumps or blisters near your sex organs or mouth.
- Burning and pain when you urinate (pee) or have a bowel movement.
- A swelling or redness in your throat.
- Flu-like feelings, with fever, chills and aches.
- Swelling in your groin—the area around your sex organs.

---

## YOU CAN PROTECT YOURSELF FROM STDs

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Having only one sexual partner is the best way to protect yourself from STDs. If you have more than one sexual partner, you need to do other things to protect yourself.

- ▶ **Be careful about your partner(s).** Before you have sex, look closely at your partner. Look for any signs of STD—a rash, a sore, redness or discharge. If you see anything you are worried about, ***don't have sex!***
- ▶ **Ask your partner** about past sexual partners and about needle drug use.
- ▶ **Use a condom or rubber**, even for anal intercourse. If you are a woman, carry your own condoms. Condoms will protect you from STDs much of the time.
- ▶ **Use birth control foam, cream or jelly.** These chemicals kill most STD germs.
- ▶ **Know the signs and symptoms** of STDs. And if you notice a symptom that worries you, get checked out!
- ▶ **Get checked for STDs** every time you have a health exam. This is very important for women, who often have no signs of an STD. If you have more than one partner, you may need a regular STD checkup every 6 months.
- ▶ If you have an STD, ***your partner(s) must get treated*** when you do.
- ▶ If you have an STD, ***don't have sex until your doctor says you're cured.***

STD	WHAT TO WATCH FOR	HOW DO YOU GET THIS STD?	WHAT HAPPENS IF YOU DON'T GET TREATED?
<b>AIDS</b> <i>(Acquired Immune Deficiency Syndrome)</i>	<ul style="list-style-type: none"> <li>▪ Symptoms show up several months to several years after contact with the AIDS virus.</li> <li>▪ Flu-like feelings that don't go away.</li> <li>▪ Unexplained weight loss.</li> <li>▪ Diarrhea.</li> <li>▪ White spots in mouth.</li> <li>▪ Purple bumps on the skin and inside mouth, nose or rectum.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spread by sharing needles to inject IV drugs.</li> <li>▪ Spread during anal sex, sexual intercourse and possibly oral sex with someone who has AIDS or is carrying the AIDS virus.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>YOU CAN GIVE AIDS TO YOUR SEXUAL PARTNER(S) OR SOMEONE YOU SHARE A NEEDLE WITH.</b></li> <li>▪ AIDS cannot be cured. Most people die from the disease.</li> <li>▪ A mother with AIDS can give it to her baby in the womb, during birth or while breastfeeding.</li> </ul>
<b>CHLAMYDIA</b>	<ul style="list-style-type: none"> <li>▪ Symptoms show up 7-21 days after having sex.</li> <li>▪ Most women and some men have no symptoms.</li> </ul> <p><b>WOMEN:</b></p> <ul style="list-style-type: none"> <li>▪ Discharge from the vagina.</li> <li>▪ Bleeding from the vagina between periods.</li> <li>▪ Burning or pain when you urinate (pee).</li> <li>▪ Pain in abdomen (belly), sometimes with fever and nausea.</li> </ul> <p><b>MEN:</b></p> <ul style="list-style-type: none"> <li>▪ Watery, white drip from the penis.</li> <li>▪ Burning or pain when you urinate (pee).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spread during sexual intercourse, oral sex and anal sex with someone who has chlamydia.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>YOU CAN GIVE CHLAMYDIA TO YOUR SEXUAL PARTNER(S).</b></li> <li>▪ Can lead to more serious infection. Reproductive organs can be damaged.</li> <li>▪ Both men and women may no longer be able to have children.</li> <li>▪ A mother with chlamydia can give it to her baby during childbirth.</li> </ul>
<b>GENITAL WARTS</b> <i>(venereal warts)</i>	<ul style="list-style-type: none"> <li>▪ Symptoms show up 1-6 months after having sex.</li> <li>▪ Small, bumpy warts on the sex organs and anus.</li> <li>▪ The warts do not go away.</li> <li>▪ Itching or burning around the sex organs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spread during sexual intercourse, oral sex and anal sex with someone who has genital warts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>YOU CAN GIVE GENITAL WARTS TO YOUR SEXUAL PARTNER(S).</b></li> <li>▪ More warts grow and are harder to get rid of.</li> <li>▪ A mother with warts can give them to her baby during childbirth.</li> <li>▪ May lead to precancerous conditions.</li> </ul>
<b>GONORRHEA</b> <i>(clap, drip, GC)</i>	<ul style="list-style-type: none"> <li>▪ Symptoms show up 2-21 days after having sex.</li> <li>▪ Most women and many men have no symptoms.</li> </ul> <p><b>WOMEN:</b></p> <ul style="list-style-type: none"> <li>▪ Thick yellow or white discharge from the vagina.</li> <li>▪ Burning or pain when you urinate (pee) or have a bowel movement.</li> </ul> <ul style="list-style-type: none"> <li>▪ More pain than usual during periods.</li> <li>▪ Cramps and pain in the lower abdomen (belly).</li> </ul> <p><b>MEN:</b></p> <ul style="list-style-type: none"> <li>▪ Thick yellow or white drip from the penis.</li> <li>▪ Burning or pain when you urinate (pee) or have a bowel movement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spread during intercourse, oral sex and anal sex with someone who has gonorrhea.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>YOU CAN GIVE GONORRHEA TO YOUR SEXUAL PARTNER(S).</b></li> <li>▪ Can lead to more serious infection. Reproductive organs can be damaged.</li> <li>▪ Both men and women may no longer be able to have children.</li> <li>▪ A mother with gonorrhea can give it to her baby during childbirth.</li> <li>▪ Can cause heart trouble, skin disease, arthritis and blindness.</li> </ul>

<b>HERPES</b>	<ul style="list-style-type: none"> <li>▪ Symptoms show up 2-30 days after having sex.</li> <li>▪ Some people have no symptoms.</li> <li>▪ Flu-like feelings.</li> <li>▪ Small, painful blisters on the sex organs or mouth.</li> <li>▪ Itching or burning before the blisters appear.</li> <li>▪ Blisters last 1-3 weeks.</li> <li>▪ Blisters go away, but you still have herpes. Blisters can come back.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spread during sexual intercourse, oral sex and anal sex with someone who has herpes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>YOU CAN GIVE HERPES TO YOUR SEXUAL PARTNER(S).</b></li> <li>▪ Herpes cannot be cured.</li> <li>▪ A mother with herpes can give it to her baby during childbirth.</li> </ul>
<b>NGU</b> <i>(nongonococcal or nonspecific urethritis, NSU)</i>	<ul style="list-style-type: none"> <li>▪ Both men and women are affected by NGU.</li> <li>▪ Symptoms show up 1-3 weeks after having sex.</li> <li>▪ Most women and some men have no symptoms.</li> <li>▪ Yellow or white drip from the penis.</li> <li>▪ Discharge or burning in the vagina.</li> <li>▪ Burning or pain when you urinate (pee).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spread during sexual intercourse, oral sex and anal sex with someone who has an NGU infection.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>YOU CAN GIVE NGU INFECTIONS TO YOUR SEXUAL PARTNER(S).</b></li> <li>▪ Can lead to more serious infection. Reproductive organs can be damaged.</li> <li>▪ Both men and women may no longer be able to have a child.</li> <li>▪ A mother with NGU infection can give it to her baby during childbirth.</li> </ul>
<b>SYPHILIS</b> <i>(syph, the pox)</i>	<p>1st STAGE:</p> <ul style="list-style-type: none"> <li>▪ Symptoms show up 1-12 weeks after having sex.</li> <li>▪ A painless, reddish-brown sore on the mouth or sex organs.</li> <li>▪ Sore lasts 1-5 weeks.</li> <li>▪ Sore goes away, but you still have syphilis.</li> </ul> <p>2nd STAGE:</p> <ul style="list-style-type: none"> <li>▪ Symptoms show up 6 weeks-6 months after sore appears.</li> <li>▪ A rash anywhere on the body.</li> <li>▪ Flu-like feelings.</li> <li>▪ Rash and flu-like feelings go away, but you still have syphilis.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Spread during sexual intercourse, oral sex and anal sex with someone who has syphilis.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>YOU CAN GIVE SYPHILIS TO YOUR SEXUAL PARTNER(S).</b></li> <li>▪ A mother with syphilis can give it to her baby during childbirth.</li> <li>▪ Can cause heart disease, brain damage, blindness and death.</li> </ul>
<b>VAGINITIS</b> <i>(bacterial vaginosis, trich, yeast)</i>	<ul style="list-style-type: none"> <li>▪ Some women have no symptoms.</li> <li>▪ Itching, burning or pain in the vagina.</li> <li>▪ More discharge from the vagina than normal.</li> <li>▪ Discharge smells and/or looks different.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis.</li> <li>▪ Can be spread during sexual intercourse, oral sex and anal sex. Men can carry vaginitis infections without symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>YOU CAN GIVE VAGINITIS INFECTIONS TO YOUR SEXUAL PARTNER(S).</b></li> <li>▪ Uncomfortable symptoms will continue.</li> <li>▪ Men can get infections in the prostate gland and urethra.</li> </ul>

## APPENDIX E

### Evaluation:

Instructions: Select the answer which most applies to the statement.

1. The gland responsible for initiating reproductive hormones is the
  - a. adrenal
  - b. pancreas
  - c. pituitary
2. The biological aspects of the developing reproductive system is called
  - a. puberty
  - b. adolescence
  - c. childhood
3. For boys and girls puberty is a process which takes
  - a. several years
  - b. 15 years
  - c. 1 month
4. When the body begins to mature during puberty, changes occur
  - a. only inside the body (internally)
  - b. only outside the body (externally)
  - c. inside and outside the body
5. The hormone responsible for growth and development in girls is
  - a. testosterone
  - b. insulin
  - c. estrogen
6. The hormone responsible for growth and development in boys is
  - a. testosterone
  - b. insulin
  - c. estrogen
7. The most common age that menstruation begins in girls is
  - a. 15
  - b. 12
  - c. 10

8. One of the early signs of menstruation is
  - a. development of breast tissue
  - b. growth spurt
  - c. vaginal discharge
9. Menstruation is important since it prepares a girl
  - a. emotionally for motherhood
  - b. physically for reproduction
  - c. socially for adolescence
10. Fertilization of an egg by a sperm cell is most likely to occur in
  - a. uterus
  - b. ovary
  - c. fallopian tube
11. Ovulation occurs when the egg
  - a. is released from the ovary
  - b. travels into the uterus
  - c. sperm cell unites with an egg cell
12. During puberty when ejaculation occurs during sleep
  - a. a wet dream has occurred.
  - b. urine has seeped out through the penis.
  - c. a boy has experienced orgasm.
13. Of all cancers in men, testicular cancer reports high incidence in males ages
  - a. 15 to 34
  - b. 35 to 45
  - c. 46 to 70.
16. Sexual expression displayed by kissing, caressing, stroking genitals is called
  - a. petting
  - b. crush
  - c. dating.

15. When the frequency of erections increases during puberty a boy
  - a. should consult a physician.
  - b. may accept this as a normal, healthy part of sexuality.
  - c. can expect signs when one may occur.
16. The recommended frequency for performing TSE is
  - a. once every two weeks.
  - b. once every month.
  - c. once a year.
17. The recommended time for females to perform BSE is
  - a. one day before her monthly menstrual cycle begins
  - b. during her monthly menstrual cycle
  - c. several days after her monthly menstrual cycle
18. BSE is important since it helps a girl
  - a. recognize pubertal changes
  - b. prepares her for reproduction
  - c. maintain a health habit which can prevent serious medical problems
19. A person who chooses to have sexual relationship with a person of the opposite gender is
  - a. homosexual
  - b. bisexual
  - c. heterosexual
20. Besides the cold and flu, the most common infectious diseases in the United States are
  - a. mumps
  - b. cancer
  - c. STD

21. A celibate person is one who chooses
- to develop a sexual relationship with a person of the opposite gender
  - not to develop a sexual relationship
  - to develop a sexual relationship with males and females
22. Practicing sexual abstinence is the most effective preventative measure for avoiding
- mumps
  - STD
  - cancer
23. Risk behaviors which can transmit STD include
- donating blood to an infected person
  - sharing bathtubs, sinks, or toilets with an infected person
  - engaging in intimate sexual contact involving sex organs of an infected person
24. The age of first sexual intercourse among youths has
- remained the same for 10 years
  - increased in the past 10 years
  - decreased in the past 10 years
25. One of the primary objections to sexuality on network television is
- the news reports of adolescent problems
  - the lack of consequences that could result from experimenting with sexual activity
  - the age appropriate content for children

26. STDs can affect
- men, women, infants, and children of all ages
  - men and women only
  - women and infants only
27. Symptoms of STD in women
- appear in the exact same way as in men
  - are often hidden and go unrecognized
  - appear within two weeks of infection
28. It is generally accepted that masturbation
- causes no mental, physical, or emotional harm
  - causes serious medical problems
  - causes sexual compulsive actions
29. The physical action in which a males inserts his penis into a female's vagina is
- masturbation
  - crush
  - sexual intercourse
30. The activity which enhances opportunity for youth to experience fun in a social setting is
- masturbation
  - dating
  - sexual intercourse
31. STDs are increasing in frequency among ages
- 46 to 60
  - 31 to 45
  - 15 to 30
32. The reason for performing TSE is to
- detect pubertal changes in reproductive organs.
  - to prevent unnecessary doctor appointments.
  - to recognize any swelling, lump, or change in the testes.

## APPENDIX F

Curriculum Materials: Answer sheets for activities

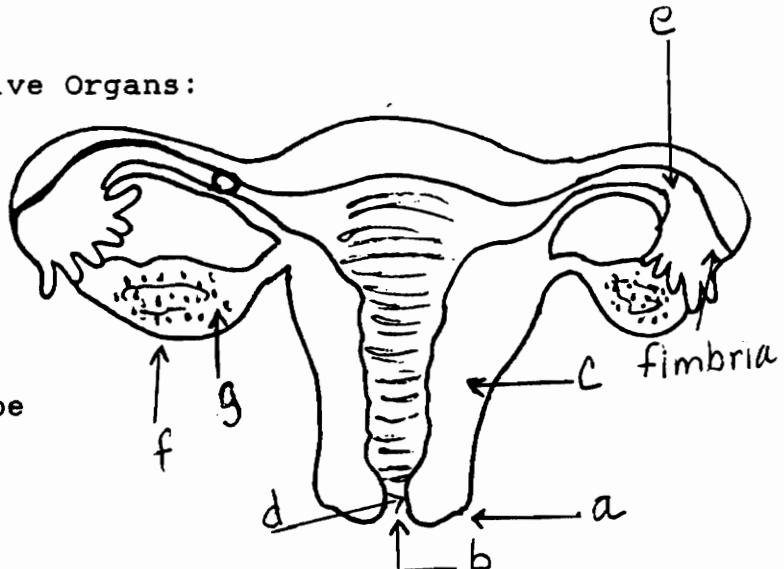
Topic: Puberty

Activity 1: Diagram of body

Part A:

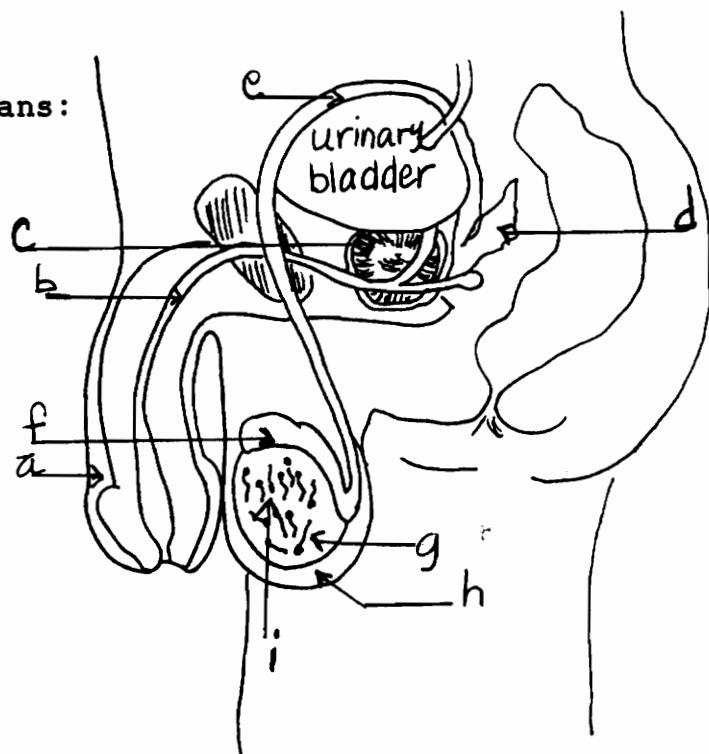
Female Reproductive Organs:

- a - Vulva
- b - Vagina
- c - Uterus
- d - Cervix
- e - Fallopian tube
- f - Ovary
- g - Egg (ovum)



Male Reproductive Organs:

- a - Penis
- b - Urethra
- c - Prostrate gland
- d - Seminal vessicle
- e - Vas deferens
- f - Epididymis
- g - Testicle
- h - Scrotum
- i - sperm cells



Topic: Puberty

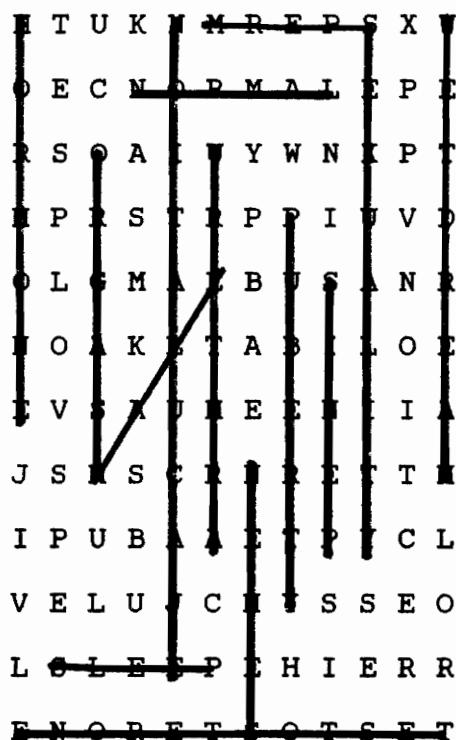
Activity 2: Circle a B if the change occurs only in a boy; circle G if the change occurs only in a girl, and circle both if it occurs to some extent in each.

- B     G    A larger amount of body hair appears, especially under the arms, on the legs, and in the pubic area.
- B     G    The penis gets longer.
- B     G    A growth spurt occurs and one gets taller.
- B     G    Vagina discharges dead cells and watery fluid.
- B     G    Perspiration glands become more active.
- B     G    The face become more adult-like in appearance.
- B     G    The ovaries produce mature eggs.
- B     G    Breasts tissue develops.
- B     G    Erections frequently occur.
- B     G    Each month the uterine wall fills up with blood and fluid.
- B     G    Thinking about sex and having fantasies about sex can be expected and is normal.
- B     G    Wet dreams may occur while sleeping.
- B     G    Romantic feelings can be intense and distracting.
- B     G    The average time signaling the beginning of puberty is 12.
- B     G    The average time signaling the beginning of puberty is 14.

- B G** The pituitary gland secretes hormones which tell the reproductive organs to begin developing.
- (B) G** The hormone tesosterone is active in large amounts.
- B G** The hormone estrogen is active in large amounts.
- (B) G** Greater muscle mass occurs.
- B G** Skin may become oily and pimples may occur.
- B G** Activity levels can remain the same as growth and development occur.
- B G** Weight gain occurs.
- (B) G** Scrotum enlarges and the skin becomes darker.
- (B) G** Shoulders broaden.
- B G** An increase of curves appears near the hip and chest areas.
- B G** Uterine wall develops and becomes more muscular.
- (B) G** Voice deepens.
- (B) G** Sperm are produced in the seminiferous tubules.

## Topic: Erections

### Activity 7: Word find



### Part 3 - Terms associated with erections

During puberty a boy can expect to have more erections due to the hormone testosterone which causes sperm production. To move excess sperm out of the body semen mixed with sperm cells is sent through the urethra located in the penis. The action of semen moving out of the body through the penis is called ejaculation. When it occurs at night it is called wet dream. This is a normal part of sexuality.

Topic: Sexual Orientation

Activity 16

Heterosexual term refers to a person who desires to have a sexual relationship with a person of the opposite sex.

Bisexual term refers to a person who chooses to develop sexual relationships with people of each sex.

Homosexual term refers to an individual who desires to seek sexual fulfillment in a relationship with member of the same sex.

Celibate term refers to an individual who chooses to refrain from sexual relations and/or from marriage.