

Examples from

The Family Life and Sexual Health

FLASH

Curriculum

Provided by



SW Washington



All About Life

Grades K – 4

Caring about myself, my family and my community

Written by:

Caren Monastersky, MSW
Ellen Phillips-Angeles, MS

Illustrations:

Scott Vance

Graphic Production:

Sue Spahr

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The County of King

By and for

Public Health – Seattle & King County



RANK ORDER WORKSHEET

Rank your choices with the most important being 1.

In addition to questioning gender, the questions are invasive.

1. If you could be any person, who would you be?
☐ Beautiful, rich actress
☐ A doctor who saves a lot of lives
☐ Famous athlete
2. What is the most important thing for you to have in a friend?
☐ Fun to be around
☐ Knows how to be fair
☐ Doesn't tell secrets
3. You saw your friend stealing candy from a store.
☐ You would talk to him or her about it.
☐ Act like you didn't see.
☐ Ask for a piece.
4. If you could be born again and pick your gender, you would
☐ Stay the same
☐ Change to the other gender
5. What could you do if someone hit you?
☐ Hit back
☐ Tell the teacher
☐ Walk away
6. You received too much in change from a store. You would
☐ Return the money to the store.
☐ Forget it and spend the money.
☐ Give the money to a homeless person.



7. You have broken a rule at home. Your punishment should be
- ☐ A spanking.
 - ☐ Restrict you to your room for a week.
 - ☐ Pay a fine.
8. You have a choice as an adult to be
- ☐ Very happy and loved, with not very much money
 - ☐ A lot of money, but no one loves you.
9. Your community has enough money for one big project. You are on the advisory committee to decide how the money will be spent.
- ☐ A day care center which will help families work.
 - ☐ A recreation center for children and families.
 - ☐ A sports arena.
10. The biggest problem in the country is
- ☐ Crime
 - ☐ Drugs
 - ☐ Air pollution
11. You have a choice to be one of the following in your class
- ☐ The smartest
 - ☐ Best athlete
 - ☐ Most attractive
12. Your classmate's pants were pulled down in the schoolyard. You would
- ☐ Laugh
 - ☐ Comfort the victim
 - ☐ Push the bully



Lesson (Grades 3-4):

1. Do activities 1-3 from Grades K-2.
2. Have students make a collage from magazines. Use the pictures to emphasize the different ways we communicate without words. Examples: styles of dressing and hair, ways of walking down the street, holding arms across chest.
3. *Discuss:*
 - a. What does it say when you see a woman in a long white lace dress and veil?
 - b. What does a blue uniform, a badge, and a gun say to you?
 - c. What is someone who is wearing a long white robe, pointed white hat, and face covered with a white veil saying?
 - d. What might someone wearing gang colors be saying?
 - e. What might it say when you see a boy with big, baggy pants hanging down low enough that his underwear is showing?
 - f. What do you think about school uniforms?
4. Discuss how easy it is to judge people by how they look. When have they been mistaken about a person?



TEACHER'S REFERENCE SHEET ON AIDS

As with other areas of family life education, the following guidelines are recommended:

1. Ask students what they have heard or what ideas they have about the question. Listen for the possible concern behind the question.
2. Answer with information (consistent with the developmental stage of the student. Keep the answer simple and concrete.
3. Ask the student if they understand the answer and if there are more questions.

WHAT DO CHILDREN NEED TO KNOW AND WHEN?

By Age 5

Very young children need only the most basic information:

AIDS is a serious disease.

There is very little chance that children can get it.

Do not pick up needles, sharp instruments or balloon-like things (condoms) if they find them

It is important to treat all people with kindness, including people with AIDS.

Ages 5-9

School age children need more information. They may have begun hearing about AIDS or other STDs (sexually transmitted diseases).

AIDS is caused by a virus called HIV.

HIV cannot be spread by touching, holding someone, or kissing. AIDS cannot be caught on a toilet seat, water fountain, door knobs, or sharing items. There is very little chance that children can get AIDS.

Do not pick up needles, - sharp instruments or condoms if they find them.

AIDS is passed during sexual intercourse or sharing a needle with someone using illegal drugs who has AIDS.

AIDS IS PREVENTABLE.

The best way to prevent AIDS is not to have sex and not to share needles.

You cannot get AIDS at a doctor's office.

All blood in this country is checked for AIDS before it is given to anyone.

People with AIDS should be treated like we all want to be treated, with compassion.



Lesson (Grades 3-4):

1. Review activities from Grades K-2.
2. In third and fourth grades add the testicles to the explanation of male body parts. The testicles are in a sack called the scrotum. A fluid called semen which helps make a baby is made in the testicles. The penis also has nerve endings that are sensitive when touched. For female body parts, add the clitoris. The clitoris is an organ that has nerve endings that are sensitive when touched. The outside parts, the vaginal opening, the clitoris, and the urethra are covered by the vulva. The vaginal opening covers the vagina which stretches to let a baby come out during birth.
3. Have children assemble body systems with puzzle parts. To make puzzle parts:
 - a. Shine overhead transparencies on a piece of paper any size you wish.
 - b. Trace body parts for puzzle.
 - c. Cut out parts.
 - d. Have students assemble the body system.
4. Optional: Bill Nye, the Science Guy, Public Broadcasting System, has various specials on body systems.



Lesson (Grades K-2):

1. Explain that a baby is formed when an ovum (egg cell) from a mother is joined by a sperm from a father. Draw a little dot to show how small the ovum (egg cell) is. The sperm comes from the father's penis and the ovum (egg cell) comes from the mother's uterus. (Remind students the mother's egg is different from chicken eggs!) The fertilized ovum (egg cell) stays in the mother's uterus and grows into a baby. It takes nine months, about one school year. The baby gets food from what the mother eats. The uterus is a warm and safe place.

Teachers Note:

Students may or may not ask about how the sperm meets the egg in the mother's body. Depending on your own comfort level and what is acceptable in your community, a simple explanation is the father's penis fits into the mother's vagina. This can happen when the mother and father lay very close together during special times when they are alone. It is one way adults show they love each other.

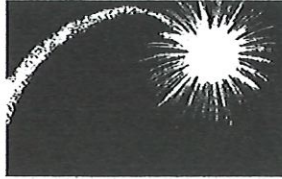
2. Explain birth. When the baby is born, she comes out through the mother's vagina. The vagina stretches during childbirth and then gets smaller after the baby is born. Sometimes babies are born by a C (caesarean) section, which is an operation.



6. What is an abortion?

An abortion is a procedure done by a doctor to end a pregnancy. There are different reasons why a woman may have an abortion. It is legal and safe.

4/5/6 FLASH



for grades 4, 5 and 6

Author
Beth Reis

Public Health
Seattle & King County



Activity

1. Explain that you are beginning a unit on "sexuality."

That the word is probably new to some students, so you'll define it. Go on to explain that some people think "sex" and "sexuality" are the same, but that they aren't. "Sex" is the smaller word and the narrower concept. It is sometimes used to mean gender (e.g. on forms where it asks your name, birth date and sex) and it is sometimes used to mean particular behaviors... "Sexuality" includes those ideas, but it also includes how a person feels about him or herself, what they feel about being male or female, whether they know how to love, how to trust, how to communicate. A person's sexuality has to do with whether they can make friends, whether they can keep friends. And when people study sexuality they also learn about how people change from children into adults, how babies are made, how they're born, and how they grow.

2. Explain the purpose of the unit.

Tell them you are doing this unit so that they will have correct information about things like bodies and growth; so that they will feel good about growing up; so that they'll feel more comfortable asking questions of their parents or doctors; so that they'll understand and appreciate themselves, their families and one another; and so that they will not be as likely to ever be sexually abused.

3. Tell the class that you want to share a Case Study with them, and get their reactions to it.

Read aloud:

"The class was beginning a unit on 'sexuality' that day. They came in from recess and Mr. Clark asked everybody to calm down and get ready to work. But everybody was a little nervous and excited, and it took a long time before the jokes and laughter let up. When it was quiet, Mr. Clark asked whether anyone knew what kinds of things they'd be studying in this next unit called 'sexuality.' Marco raised his hand and asked, 'What about the reproductive system?' A few people giggled. Then Shawna raised her hand. She asked whether the class would learn about menstrual periods. Four or five people began to roar with laughter and Michelle said 'How dumb!' Shawna started to blush. When the laughter kept up, tears came to her eyes and she finally got up and left the room."

Open a discussion about the Case Study. Some questions for the class to consider are:

"Why do you think some people laughed?"

"How did Shawna feel?"

"Do you think other people will raise their hands from now on? Why not? How will they feel about speaking in class?"

"If you were the teacher how would you handle the problem?"

"How could the problem have been avoided in the first place?"

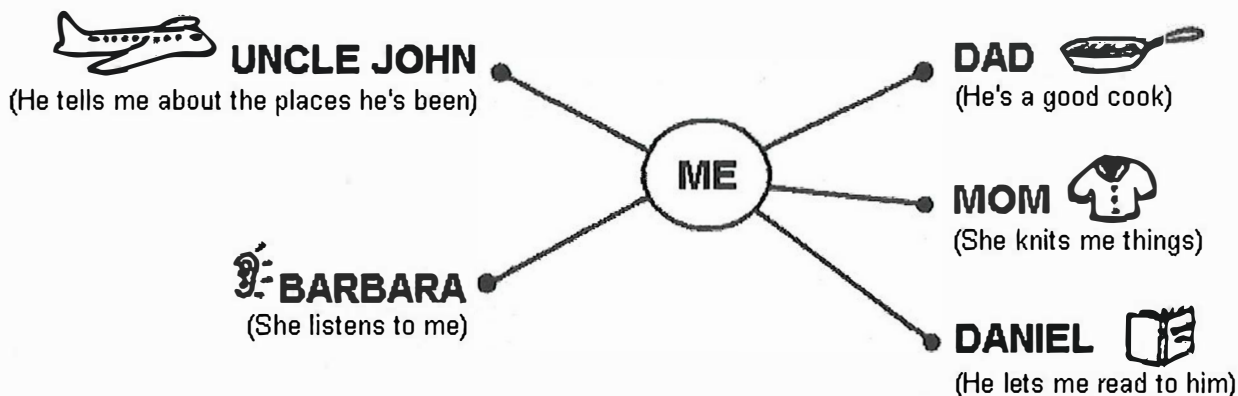
"Do you think this kind of thing could happen in OUR class?"

"How can we keep it from happening here? Why don't we develop a contract for how we'll treat each other during this unit?"

They should include whomever THEY think of when they think of their family. Some will count pets as family. They get to decide who counts.

Allow fifteen (15) minutes.

Here's an example:



- a. Invite 3 or 4 volunteers to describe their diagrams to the class. Help each volunteer to articulate the characteristic he or she values about each family member.

5. Examine the purposes of families.

Explain that families meet two kinds of needs we have: physical needs and emotional needs. Make two columns on the blackboard and ask the students to brainstorm all the needs a family can meet. You may end up with something like this:

PHYSICAL NEEDS

shelter
food
clothes
medical care

EMOTIONAL NEEDS

to feel you belong
to feel appreciated
to feel useful
affection

to feel understood
to laugh, cry, etc.
to feel listened to
to feel needed and special

Make sure they realize that ALL family members have needs and that all help MEET one another's needs. Even the adults have needs. Even the elderly person and the infant help meet other people's needs. Even your students help meet some of the needs their families have.

6. Examine communication within families.

If one of the needs a family can meet is the need to feel listened to, how can a person listen well? How do you know if somebody's really listening to you? How do you feel? How do you know when they're not?

Choose your most dramatic student to role-play with you a conversation between a brother and sister. You play the older sibling. The younger sibling is upset over something that happened at school. *Inappropriate for a teacher/student relationship.*

Allow students 5 to 10 minutes to complete one or both worksheets individually. Have pairs discuss and correct one another's papers. Then, go over them aloud; having them read the items will give them additional practice pronouncing the terms.

4. Use *Reproductive System Worksheet #5* as a large group exercise to reinforce understanding of the reproductive process.

Again, students can work individually, then pair, and then walk through it together as a large group, if their skill levels will allow.

5. Use *Reproductive System Worksheet #6* to further reinforce activity #2, above.

The Worksheet will require students to practice what makes a coherent paragraph, while requiring that they think through the chronology of reproduction.

Related Activities for Integrated Learning

A. Language Arts

Add to Glossary the terms "cell," "cervix," "clitoris," "Cowper's gland," "ejaculate," "epididymis," "fallopian tube," "fertilize," "genitals," "labia," "ovary," "ovulate," "prostate gland," "scrotum," "semen," "seminal vesicle," "testes," "urethra," and "vas deferens".

B. Math

Students can figure out, if a hypothetical female ovulates, say from age 12 to 47, 13 times a year, how many eggs are released altogether. (Answer: 455 eggs). They can determine, if a hypothetical male produced 150 million sperm a day from age 15 until his death at age 75, how many would have been produced altogether. (Answer: 3,285,000,000,000 sperm in a lifetime or 54 billion, 750 million per year).

Homework

Students' options:

- Discuss Reproductive System Worksheets with an adult in the family*
- Call the Facts of Life Line (206-328-7711) or their family doctor or use the Internet to find answers to questions from the Question Box or to one of the following common questions:

What does it mean if one breast or testicle is larger than the other?

How does a person know when to get a checkup of the reproductive system?

What is the best way to treat pimples?

What if the penis or vagina is "too big" or "too small"?

Do all boys have wet dreams and do girls have something similar?

Do all girls menstruate and do boys have something similar?

IMPORTANT NOTES:

- ❖ If you assign questions from the Question Box for students to find answers to, **make sure to type them first**, so that a student cannot recognize another student's handwriting and violate their anonymity.

Activities

1. Explain reasons for lesson.

Ask the class how they feel when they're lost. Explain that people sometimes feel the same way when they have a problem and don't know how to get help. This lesson is about finding help when you or a friend has a problem. *Encourages children as young as 9 to go around their parents for help, even providing the number for CPS.*

2. Use Review & Resources Worksheet and mini-case studies to help students identify community resources.

Hand out the Worksheet. Start by making corrections to the form as a group. For example:

- The Crisis Clinic, a private non-profit, provides information on community resources, including Teen Link and Youth Resources in King County via web, e-mail and by phone at 2-1-1. The 2-1-1 system operates in most of the United States, but if it is not available in your area, have students cross it off.
- In Washington State, the agency that handles allegations of child abuse is called "Child Protective Services." If you live in another state where the child protective agency has a different name, have students correct the name.
- If you have a nearby child-friendly after school venue, such as the Boys & Girls Club or the YMCA, you can have students write it into the columns marked "other."

Read Situation A, below, aloud and have students silently mark one or more responses to each. Emphasize that there are no wrong answers. Discuss their responses. Then read Situation B, and so on.

- A. Your friends have all started puberty and you haven't. You're pretty sure there's nothing wrong, but you can't help worrying. Where could you turn for help?
- B. You have been feeling very tired lately and you need a physical checkup. Where could you turn for help?
- C. Your friend comes to school with bruises and welts on his back. He says his dad got mad at him. Where could you turn for help?
- D. You need information about STDs for a report at school. Where could you turn for help?
- E. You and your little brother and sister have a new babysitter. He is 18. Yesterday and today he came into your bedroom without knocking while you were changing your clothes. The first time you thought it was just a mistake. Now you're not sure. Where could you turn for help?
- F. You heard a word you didn't understand. Your friend thinks it has to do with checkups and cancer. You wonder what it means. Where could you turn for help?
- G. Your sister thinks she might be pregnant. Where could you suggest she turn for help?

- H. Ever since your parents' divorce, you've been sad and not very interested in yourself or school. Where could you turn for help?
- I. Your friend says he might have an STD, but he doesn't know how to find out. Where could you suggest he turn for help?
- J. You are invited to a party where you think there might be a lot of older kids and no parents. You don't want your friends to think you're a baby, but you're confused about the decision. Where could you turn for help?

3. Use the internet on school computers, individually or in pairs, to help students practice locating resources.

First, remind students of school policies on internet searching. You can have your technology specialist or librarian bookmark the web pages before students arrive. Have students look up phone numbers for resources 2 through 10 and for any community resources they've written in columns marked "other." (They can finish columns 1, 5, 6 and 10 with their parents or guardians for homework, if they don't have or can't find the appropriate numbers to write in. See "Homework," below.) The first person or pair to finish "wins".

4. In the same teams, play the "Vocabulary Bingo" activity to review the whole unit's new vocabulary.

Give each team 2 -4 matching *Bingo Game Cards* and 25 markers per teammate. (Paper clips will do as markers). At random, you read asterisked definitions aloud from the glossary (Appendix G). Check each off as you go, in order to keep track of which you've read. Each team places a marker on the correct term if they have it. Discussion among team members is encouraged. The first team to complete a row of 5 (vertically, horizontally, or diagonally) wins. Play three times if time allows. *The beginning of the unit recommends students start a glossary of words (found on the following bingo card) and look them up. Internet searches show Wikipedia in the top two results where children will find photographs, not drawings, of each word.*

Homework

Students' options:

- Complete the *Review and Resources Worksheet* with an adult in the family (columns 1, 5, 6 and, if your family has a place of worship (church, synagogue, mosque, temple), column 10). *
- If you (the student) have made a personal glossary during the unit, make a title page and bind your glossary.
- If you (the student) have completed four or more worksheets in this unit, make a title page and bind the collection of worksheets.

* see "Preparing Parents" on pages 6 to 7 in "Important Reading for Teachers."

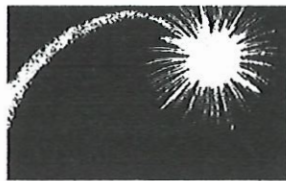
Review & Resources Worksheet 1 – Answer Key

| Where to Call | |
|---------------|---|
| A | Family: example: Auntie's and Grandpa's cell # |
| B | School: your school # |
| C | Police: have students write in "9-1-1" |
| D | Library: nearest branch's # |
| E | Doctor or Clinic: nearby or family's primary care provider |
| F | Mental Health Center: nearby or family's counselor |
| G | 1.866.TEENLINK: This is a King County, WA helpline staffed by teens through the Crisis Clinic – substitute your own local resource |
| H | 2-1-1: most parts of the U.S. now have 2-1-1 service to help callers find local social & health agencies |
| I | Child Protective Services: your local # |
| J | Place of worship: # for family's own, if any |
| | Other: examples: a nearby Boys & Girls Club or YMCA |
| | Other: |
| | Other: |

Review & Resources Vocabulary Bingo Game Card 3

| | | | | |
|-------------|--------------|---------------|-----------------|-------------------|
| Sexuality | Sperm | Ejaculation | Scrotum | Vagina |
| Privacy | Ovum | Genitals | Prostate | Cervix |
| Consequence | Menstruation | Circumcision | Urethra | Ovary |
| Self-esteem | Erection | Semen | Penis | Fallopian Tube |
| Considerate | Pituitary | Fertilization | Vas Deferens | Labia |

Middle School FLASH



Grades 6-8

2nd Edition

Authors

Andrea Gerber, Lead Author

Kari Kesler, Lead Author

Mo Lewis

Rebecca Milliman

Becky Reitzes

Public Health
Seattle & King County 

for everyone to know.

Place students in groups of 3 or 4. Give each group the *Sexual Orientation Handout*, *Gender Identity Handout*, and an envelope labeled "Definitions" with identity terms and definitions printed on slips of paper. Have students work in their groups for 3 minutes to match the definitions with the terms and place them on the correct paper, identifying the terms as either a sexual orientation or gender identity. Remind students that it is fine if there are terms they don't know, tell them to just do their best.

In a minute, I'm going to separate you into small groups. Each small group will receive a Sexual Orientation handout, a Gender Identity handout, and an envelope of identity terms and definitions. Your job will be to match the terms with the correct definitions, and then place them on either the Sexual Orientation or the Gender Identity page, depending on whether the word refers to sexual orientation or gender identity. It's OK if you don't already know the terms or definitions. Just do your best.

Debrief as a large group by projecting the *Sexual Orientation and Gender Identity Definitions Visual*, defining each term, addressing any confusion, and explaining why each term is either a sexual orientation (an identity based on a person's attraction to someone else) or a gender identity (a person's identity as a boy, a girl, both or neither).

Let's take a look at the sexual orientation and gender identity definitions together. If your small group has any incorrect definitions, you can fix your strips as we go.

Sexual orientation describes who a person is romantically attracted to. What were some of the terms you had listed under sexual orientation? Great. I'm going to go over these definitions with you.

Usually, we say that a man who is attracted to women or a woman who is attracted to men is **straight**. The word **lesbian** describes a woman who is attracted to women, and **gay** describes a man who is attracted to men. **Bisexual** is a word to describe a person who is attracted to men and women. Someone might also identify as **queer**, which is a broad term that can include gay, lesbian and bisexual people, as well as other people who don't identify as straight. *See the HS section for comments on Gender Identity*

Gender identity refers to whether a person identifies as a boy, a girl, both, neither or somewhere in between. So, a person's gender identity is **female** if they identify as a girl and **male** if they identify as a boy. A person's gender identity doesn't always match the way other people see them. For example, a doctor may have said that a person was male or female when they were born, but that person knows in their heart that really isn't their gender. When a person's gender identity is different from what the doctor said when they were born that is called being **transgender**, or just **trans**. When a person's gender identity does match what the doctor said when they were born that's called being **cisgender**.

People might also use other words to identify their gender, like **gender fluid** or **gender queer**. These terms mean different things to different people, but generally they mean people don't feel exactly like a boy or a girl, at least not all the time.

Every person has a sexual orientation and a gender identity, but the terms that people use

Activities

1. Warm Up

Display warm up as bell work.

Prompt: Describe one characteristic of a healthy dating relationship. Then explain why you think this quality would be important. (1 to 2 sentences)

2. Introduce topic

Today we are going to look more closely at dating. I know that some of you are already dating, or are interested in dating, and some of you are not. Of course, even people who are not dating can still have ideas and opinions about it. Sometimes families have rules about dating, such as how old you have to be before you can date, if you have to date in groups or always have an adult with you. In this lesson, you are going to have a chance to make some rules of your own about how you think people should act with each other when they are dating.

3. Brainstorm and discuss dating behaviors **Not the school's responsibility.**

Display and read the *Steps of Dating Visual*. Lead the class in a brainstorm of common behaviors, both positive and negative, for each step of dating, and write their ideas on newsprint. Focus on behaviors, not feelings. If students describe a behavior with the person's gender (e.g. "boys ask girls for their number"), write it down verbatim. After brainstorming all 3 steps, have students identify any brainstorm items that seem to be more common behaviors for boys or for girls.

Let's start by talking about what dating really looks like. Dating usually has 3 main events: (1) asking someone out or getting together, (2) dating or going out, and (3) breaking up. At some point when they are older, probably after high school, a person may meet someone who they want to spend the rest of their life with, and they may never break up. However, for most relationships, these are the three main steps.

We are going to create a list of common behaviors for each step of dating. This is not a list of what people "should" do, but rather what you have seen or heard of people actually doing, both good and problematic.

Step 1: Asking someone out or getting together

- *How do people ask each other out? How do they get together?*
- *What sorts of things do they do or say to each other?*

If students say "flirting," prompt for concrete detail: *How would you know someone was flirting? What would they say or do?*

Step 2: Dating or going out

- *What sorts of things do two people do together when they're dating?*
- *How do they treat each other?*
- *How do they talk to other people about their boyfriend or girlfriend?*

Step 3: Breaking up

Individual Homework: Condoms in the Community

Name: _____

Period: _____

Find at least one place in the community where a teen can get condoms. It can be a store where someone can buy condoms or a clinic or other location where they can get condoms for free. Take a picture of the condoms at that location and attach it here or email it to your teacher. Also answer the following questions. *Directs 11-year-olds to find condoms.*

1. What is the name and address of the place where you found condoms? (For example, Walgreens at 16th and Roxbury or Planned Parenthood at 9942 8th Ave SW)
2. Were the condoms free or for sale? If they were for sale, how much did they cost?
3. Is this a location where teens would feel comfortable getting condoms? Why or why not?
4. If this was not a location where teens would feel comfortable, where would you suggest they go instead to get condoms?

Activities

1. Warm Up

Display warm up as bell work.

Prompt:

Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from.

True or False? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse.

Students are not given the failure rates or side effects of birth control methods. See HS section for examples.

2. Introduce the lesson

Explain that the purpose of the lesson is to learn about birth control, whether people need the information to prevent pregnancy now or in the future, or to act as health educators for others. Provide the answer to the warm up (true) and reinforce the idea that most people, including most teens, use birth control to prevent pregnancy.

Today we're learning about birth control, which is an important way to prevent pregnancy for people who are having vaginal sex, or penis into vagina sex.

Let's start with the warm up. True or false? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse. What do you think? (Let students respond.) The answer is true. In fact, 99% of couples have used birth control at some point in their lives,¹⁶ and teens themselves are very good at using birth control.¹⁷

I want to point out that this lesson is for everybody—people who are having vaginal sex now or who will in the future, and teens of all sexual orientations and genders. Even if someone won't ever need birth control, learning about it now will help them act as health educators for their friends and families on this important topic.

3. Birth control study groups

Separate the class into 9 small groups. Assign each small group a method of birth control. Give each group a folder with one birth control method sign and copies of their birth control method fact sheet.

Instruct groups to study their assigned method of birth control in preparation for the activity. They should be prepared to say the name of their method and how it is used. While students are preparing, visit the groups to see if they need help understanding their method.

We're going to be working in small groups today. After I break you into groups, each group will be assigned a method of birth control and will be given a folder with some information about that birth control method.

You will all need to learn about the method assigned to your group so that you can answer questions about it. You will especially need to learn the name and how it is used. We will be using this information for a class activity.

Refusal Skills Scenario B

Handout

Partially Scripted (for Large-Group Practice)

Levi and Gabrielle have been dating for 2 weeks. They have talked and decided they were not going to have sex. Levi is not ready to have sex and is really scared about getting someone pregnant.

They decide to go to Gabrielle's house after school to study. Gabrielle's mom is running late at work and won't be home for an hour. They have the house to themselves. They decide to skip studying and kiss on the couch.

Gabrielle: I really like you and I think you're so hot. I know that we already decided not to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Levi: _____

Gabrielle: But don't you like me? If you liked me, you'd want to have sex with me.

Levi: _____

Gabrielle: But when are we going to get the chance to be alone like this again? I really want you.

Levi: _____

Gabrielle: OK. I'm sorry I pressured you.

The age of consent is 16. Role-playing exercises normalize underage sex and break down the natural modesty students would have in co-ed classroom discussions on sex.

Sexual Health Resources In King County

Handout

Confidential

Teens of any age can get all the services listed on this handout confidentially in Washington State.

Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

One of many messages students get that they don't need parental consent.

Birth Control and STD Clinics

These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County Planned Parenthood Great Northwest

Free or low cost teen clinics 1-

800-769-0045

206-263-1505

www.plannedparenthood.org

www.teenclinic.com

- Birth control method information (World Health Organization): Scroll down to see chart. <http://www.who.int/mediacentre/factsheets/fs351/en/>
- STD information (Centers for Disease Control): <http://www.cdc.gov/std/>
- HPV vaccine information (Centers for Disease Control): <http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Help Finding a Clinic and Other Services

Community Health Access Program
(CHAP Line)

206-284-0331 or 1-800-756-5437

Also helps people apply for health insurance

chap@kingcounty.gov

Teen Link

1-866-833-6546

www.866teenlink.org

Prenatal Care

Public Health – Seattle & King County

Maternity Support Clinics and WIC

206-263-1505

www.kingcounty.gov/healthservices/health/personal/MSS.aspx

No crisis pregnancy center.

Abortion Clinics

Cedar River Clinics

(425) 255-0471

www.cedarriverclinics.org

Planned Parenthood

1-800-769-0045

<http://www.plannedparenthood.org/planned-parenthood-great-northwest>

Adoption Agencies

Amara

(206) 260-1700

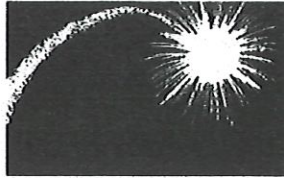
<http://amaraparenting.org>

Open Adoption & Family Services

1-800-772-1115

<http://www.openadopt.org/>

High School FLASH



Grades 9-12

3rd Edition

Authors

Andrea Gerber, Lead Author

Kari Kesler, Lead Author

Mo Lewis

Rebecca Milliman

Becky Reitzes

Public Health
Seattle & King County



- The glans of the clitoris is in front of the openings of the urethra and vagina.

5. Define sexual response system terms.

A step-by-step description of an orgasm in a co-ed classroom of 14-year-olds

Show the *Visual 5: Human Sexual Response* and briefly explain the 3 components: desire, arousal, release.

Now we're going to talk about human sexual response. Genitals are only one part of the sexual response system. It also includes emotions, the brain, hormones, the senses and the entire body.

Three important aspects of sexual response are desire, arousal and release.

Desire is the feeling of wanting to be sexually close to someone.

- A person who feels desire may or may not decide to be involved in sexual activity.

High School FLASH, 3rd edition

Arousal is the experience of being sexually excited.

- Arousal can result from a person's thoughts and attractions, as well as from sexual activity with another person or during masturbation. People may have very different emotions during arousal depending on the circumstances.
- For most women, arousal often includes the clitoris becoming erect, the vagina getting wetter, and the labia swelling.
- For most men, arousal often includes the penis becoming erect, the scrotum moving closer to the body, and a small amount of fluid being released from the penis.
- For all, arousal often includes heartbeat and breathing getting faster, nipples getting erect, and skin becoming more sensitive.

Release is a reduction of sexual tension that can happen gradually over time, or more immediately during an orgasm.

- An orgasm is a release of sexual tension that results in muscle contractions in the pelvic area and a physical feeling of sexual pleasure. For most men, orgasm also includes ejaculation.
- Like arousal, orgasm is a physical response that sometimes happens during sexual activity with another person or during masturbation. People may have very different emotions during orgasm depending on the circumstances.

6. Conclude the lesson

Wrap up by asking questions about the common body parts between most male and female reproductive systems and sexual responses:

- What do the ovaries and testicles have in common?
Answer: Produce sex cells (sperm and egg); produce hormones (estrogen and testosterone).
- What do the sperm and egg have in common?
Answer: They are both sex cells and are both needed for people to reproduce.

If a person thinks they might be pregnant, even without any of these symptoms, they should get a pregnancy test. A pregnancy test can be done at a clinic or purchased at a drug store to be used at home. It takes about 5 minutes to get the results. At a clinic, the person pees into a cup and a medical staff person runs the test. In a home test, the person pees on the plastic stick that comes with the test. The test can be done 7-10 days after pregnancy begins.

How can people know they are getting a pregnancy test at a reliable clinic?

Answer:

- Clinic has medical staff, such as doctors, nurse practitioners or physician assistants.
- Staff will provide information about places that will help them if they choose to become a parent, have an abortion, or make an adoption plan, without giving personal opinions, or trying to promote a particular choice.

For teachers in King County, Washington:

Hand out *Sexual Health Resources in King County*.

Teens in Washington State can get a pregnancy test confidentially.

For teachers in other parts of the country:

Use *Developing a Local Sexual Health Resources List: Teacher Guide* to develop a local resource sheet or hand out *Sexual Health Resources in the U.S.* Call your local family planning clinic to acquire brochures and learn about relevant state laws. Many state laws are listed at www.guttmacher.org.

5. Briefly describe each trimester of pregnancy

Project and discuss *Visual 3*. Summarize the main events of each trimester of pregnancy, including fetal development, prenatal care and pregnancy options.

Pregnancy trimesters

For the first 2 months, the set of developing cells is called an embryo. After that, it is called a fetus. People often use the word "baby" during pregnancy, but baby refers to the time after birth. Pregnancies are often described in 3-month periods of time or "trimesters." Each trimester is made up of about 12 weeks.

The first trimester of pregnancy is the first 3 months after conception.

- *During this time, all the organs begin to develop. This is when the embryo is most at risk for damage from infections and substances such as alcohol and nicotine.³*
- *The term "prenatal care" means taking care of the pregnant person's health, which is very important right from the start of the pregnancy. Trying to eat well, rest, take vitamins, exercise, and avoid alcohol, nicotine and other drugs are all important things to do. Seeing a prenatal doctor or midwife is also important at this time.*
- *Most miscarriages happen during the first trimester. A miscarriage is when a pregnancy ends before the fetus can survive on its own. The cause for most miscarriages is not known.*
- *The first trimester is also when most abortions take place. Abortion is ending a pregnancy with the help of a doctor. It is the most common medical procedure in the United States⁴. People have many different beliefs and feelings about abortion.*

Activities

1. Warm up

Display warm up as bell work. Do not ask students to share their responses to the bell work and do not discuss it as a class. The purpose of this warm up is to set a favorable tone for the rest of the lesson. It is not intended to be used as a debate.

Question: Polls show that young people today are more accepting of lesbian, gay, bisexual and transgender people than ever before. Why do you think that is?

2. Introduce the lesson and review the importance of ground rules

Today we'll be talking about sexual orientation and gender identity, that is, what it means to be gay, lesbian, bisexual, queer or straight and what it means to be transgender or cisgender. From now on, I'll use the acronym LGBTQ to stand for "lesbian, gay, bisexual, transgender and queer." We'll begin with understanding those words and a few other terms.

Like the other issues we'll address in this unit, this one has personal meaning to many members of this class. In any school, there are gay, lesbian, bisexual or transgender students. There are also students who have close family members or friends who are LGBTQ. It's going to be important that we remember our ground rules and be respectful today.

3. Conduct definitions activity

Point out the signs around the room:

- Assigned Sex
- Gender Identity
- Sexual Orientation
- Sexual Behavior

As Dr. Michelle Cretella says, "Sex is not assigned. Sex is determined at conception by DNA and is stamped into every cell of our bodies." The curriculum conflates intersex and Disorders of Sex Development (DSD) conditions, which are testable, with gender identity, which is based on a feeling. Further, students are not told that 80-95% of children with gender dysphoria will identify with their birth sex before reaching adulthood.

Pass out the *Definition Strips* and ask students to work in pairs to tape them on the sign with the term they belong with. After students complete the activity, debrief each term one at a time, using the visuals with definitions. Debrief terms in the order they are listed in the lesson. Have students read the bullets aloud and answer any questions that arise. After explaining the terms, ask students to volunteer a definition for assigned sex, gender identity and sexual orientation, to check for understanding and reinforce learning.

(Note: If you need to review more background information about LGBTQ terminology for yourself, visit the Human Rights Campaign website at: <http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions>.)

Assigned Sex

- When a baby is born, the doctor usually says the baby is male or female, depending on the appearance of the baby's genitals. This is the baby's assigned sex.
- Assigned sex can be based on a person's genitals, reproductive organs, chromosomes and hormones.
- The assigned sex of people with XX chromosomes is usually female.

- The assigned sex of people with XY chromosomes is usually male.
- The assigned sex of people with XO, XYY or other chromosomes is male or female depending on the appearance of their genitals. This is called intersex.

Gender Identity

- Gender identity is a deep feeling people have about whether they are a guy, a girl, both, neither or somewhere in between.
- People often know their gender identity when they are very little, before they start kindergarten, although everyone is different and some people will know when they are younger or older.
- When a person's gender identity is the same as their assigned sex, it is usually called cisgender.
- When a person's gender identity is not the same as their assigned sex, it is often called transgender. People may also identify as gender queer, gender fluid or some other gender identity.

Sexual Orientation

- Sexual orientation describes who a person is attracted to - the same gender, another gender, or all genders.
- Some examples of sexual orientation are gay, lesbian, bisexual, straight, queer, etc.
- Sexual orientation is based on who people are romantically, sexually or emotionally attracted to, not necessarily who they have sex with or make out with.

Oral and anal sex are mentioned repeatedly but students are never told

Sexual Behavior *of the risks of throat and anal cancer, fissures, incontinence, etc.*

- Sexual behavior describes what someone does sexually - oral, anal or vaginal sex, making out, etc.
- Sometimes sexual behavior matches a person's sexual orientation, and sometimes it does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender.

4. Show video *This website is referenced several times and has articles on anal sex, hooking up, etc.*

Show the video "LGBTQ Discrimination" (<http://sexetc.org/videos/lgbtq-discrimination/>)

We are going to watch a short video and then answer some questions about it. Watch closely so you can provide examples from the video when we are discussing it.

Have students work in groups of 2 or 3 to answer the following questions. Project the Discussion Questions visual for students to reference as they work in their groups. Assign the first 2 questions to one half of the class and the remaining 2 questions to the other half of the class.

Allow 3–5 minutes for students to discuss the questions in their groups before debriefing as a large group.

- In his dream, how does the main character know he's in a world where being straight is the minority?
- The main character was bullied and teased for being straight. How could that negatively impact him?

Activities

1. Warm up

Display warm up as bell work.

Prompt: Define the word *stereotype*, in your own words. Please give a definition, not an example.

2. Introduce lesson

For these next few lessons we will be learning about decision making, and how good decision making can help us in our relationships and in taking care of our health. Today we will be talking about gender stereotypes. This is the first lesson in a series of four lessons that focus on healthy relationships. Our beliefs about gender affect how we treat each other in relationships. This lesson is the foundation for the next three lessons, which focus on communication skills and sexual violence prevention.

3. Define stereotypes

Have the students define the term *stereotype*. Summarize their comments by providing the following definition: a stereotype is an assumption or widely held belief about an entire group of people.

To help students understand the concept of stereotypes, ask them for examples of stereotypes of teens. Conclude by stating that stereotypes are often hurtful and are never true for all members of a group.

Let's start with a brainstorming activity about stereotypes. Can someone give me a good basic definition of stereotype?

Great, a stereotype is an assumption or widely held belief about an entire group of people.

Now let's figure out a few things about stereotypes. What are some examples of stereotypes about teens? What do adults assume about teens? What about drinking and drugs? What about sex? (Be sure to include these stereotypes about teens: they are lazy, stupid, and all have sex, drink and use drugs.) **Untrue. What is the purpose of leading teens to believe all adults think this way?**

Are these stereotypes flattering? No. Usually stereotypes are hurtful. Even ones that seem harmless at first end up being harmful because we expect everyone in that group to have that characteristic.

Do you think there are teens who fit these stereotypes? For example, are there teens who are lazy or have sex? Of course! Does that make this stereotype true, then, for all teens? No.

These are some things to keep in mind today as we talk about gender stereotypes: stereotypes are often hurtful, and they are never true for all members of a group. As we talk about gender stereotypes today, we'll be discussing some of the hurtful assumptions, words and slurs that can come from these stereotypes. I want to remind

- For example, what if a girl has had several boyfriends, or if people think she's had sex with several guys?
- What if a girl is tough, or wants to make the decisions?
- What if a girl doesn't want to go out with a guy who likes her, or if she shows that she feels confident in herself?

Be sure the board reflects words to represent 3 broad categories for the "Act Like a Man" box:

- Words and slurs about being gay (fag, gay, queer, etc.)
- Words and slurs about being a girl or like a girl (pussy, girl, bitch, etc.)
- Words and slurs about being weak (weak, wimp, sissy, etc.)

Be sure the board reflects words to represent 3 broad categories for the "Act Like a Lady" box:

- Words and slurs about being gay (lesbian, dyke, etc.)
- Words and slurs about a girl's sexuality (slut, ho, prude, etc.)
- Slurs used for girls and women (bitch, cunt, etc.)

Finish by discussing how the hurtful words that men and women are called when they step outside the boxes are limiting and harmful. Point out that other people's judgments, and these mean words, put a lot of pressure on both guys and girls to stay in their gender boxes and act the way society thinks they should.

Debrief the final portion of the activity by naming the themes in the words.

Many of these words are hurtful or offensive words about gay and transgender people.

- *Fear, discomfort and hatred of gay, lesbian and trans people is called homophobia or transphobia. Homophobia and transphobia can put gay, lesbian and trans people in danger because sometimes people act out violently based on their fears.*
- *Homophobia and transphobia also affect people who are not gay, lesbian, bisexual or transgender by pressuring them to fit these strict gender expectations.*
- *Homophobic words are the main words used to reinforce gender stereotypes.*
- *These words also reinforce harmful stereotypes about gay and lesbian people, and can cause people to act in stereotypical ways out of fear that they will be labeled as gay or lesbian.*

When guys don't fit within their stereotypes, they are often labeled as girls, or with words stereotypically associated with girls.

- *This implies that they are weak and submissive (since women are perceived as weak and submissive).*
- *This also implies that women are weaker and lesser than men.*

When girls don't fit within their stereotypes, they are often labeled with words about their looks or their sexuality.

- *Girls can't win when it comes to their sexuality or perceived sexual behaviors. They are either "sluts" or "prudes."*
- *There really aren't any corresponding words around sexuality for guys. This creates a big double standard for guys and girls.*

- If students express the opinion that two men dating is never a healthy choice, it's important to point out that, although people have differing beliefs about the rightness or wrongness of gay and lesbian relationships, any two people's relationship can have healthy or unhealthy characteristics, such as those listed on the handout. Some gay and lesbian relationships are healthy and some are not, just like some heterosexual relationships are healthy and some are not. Redirect the conversation by explaining that the point of the lesson is to give students tools to evaluate the health of their *own* relationships, regardless of the genders of the people they may date or fall in love with.

Praise students again for their good work analyzing the *Real-Life Couples* scenarios. Transition into the final component of the lesson on communication skills.

5. Conduct communication skills demonstration

Distribute *How to Help a Friend* and *Effective Communication Tips* handouts.

Walk students through the steps on *How to Help a Friend*, and inform them of resources available to teens who are in a relationship that feels bad. Point out the hotline and website as a resource they can use for themselves or to help a friend.

Request 3 volunteers for a communication skills demonstration. Instruct the rest of the class to read *Effective Communication Tips* to themselves, while the 3 volunteers receive instructions from the teacher.

- Take the volunteers out to the hallway or another space where the rest of the class cannot hear or see you. Give them each a copy of *Volunteer Instructions: Communication Skills Demonstration*. *Not the school's responsibility.*
- Explain to the volunteers that they will do 3 demonstrations of asking someone out on a date. Each scenario will start the same, but the asker will be using different communication skills for each one.
- Go over the *Volunteer Instructions* with the volunteers to make sure they understand their roles and instructions for each of the demonstrations before they present them to the class. Give volunteers about a minute to discuss how they want to perform the demonstrations.
- Remind volunteers that gender is not important for this activity. Sometimes students think it's funny to change their voice or mannerisms, but other students may find it offensive. Encourage them to act like themselves, in their normal voices.

Important Notes:

- The gender of the volunteers is not important – it's fine to have all girls, all boys, or any mix of genders. If two students of the same gender will be asking each other out, stress that they should not be mocking of gay relationships. If someone is uncomfortable or unwilling to do this, they can opt out of being a volunteer and you can choose a new volunteer. Similarly, no one should act out the "girl role" or "boy role." Have the students act as themselves. These stereotypes are not helpful to this lesson and could be experienced by some classmates as harassment. If volunteers act as they genuinely would in the role of asker, the one being asked out, and the friend, the scenario will unfold as it should.
- If audience members make comments that are rooted in gender stereotypes or homophobia, refer to material covered in the previous *Gender Stereotypes* lesson and

Rationale

Supporting young people to be abstinent is an important component of teen pregnancy and STD prevention. The FLASH curriculum's approach to abstinence has benefited greatly from recent research on abstinence education. The FLASH curriculum encourages positive attitudes and positive peer norms about abstinence, builds confidence to remain abstinent, teaches refusal skills, avoids denigrating condoms and birth control, and avoids putting down students who are sexually active.^{1 2 3}

Research has shown that most abstinence-only programs are ineffective and can have negative effects on teens' sexual health and behavior. These programs do not delay sexual initiation, reduce the number of sexual partners, or increase abstinence.⁴ Some actually decrease contraception and condom use when teens do have sex, and decrease the likelihood of STD testing and treatment.^{5 6 7} The FLASH curriculum seeks to avoid these unintended outcomes by employing a different approach, relying heavily on recent research about abstinence programs with positive outcomes.¹

Gender stereotypes are intentionally avoided throughout the abstinence lesson in an effort to support the sexual violence prevention goals of the curriculum.

According to an April 2019 review by The Institute of Research and Evaluation:

For 103 Studies of School-Based CSE: U.S. and non-U.S combined

OVERALL: Out of 103 international school-based CSE studies (60 in the U.S., 43 outside the U.S.), only six found evidence of effectiveness (improvement on a protective outcome—abstinence, condom use, pregnancy, or STDs—12 months after the program, for the intended population, without other negative effects). Only one of the six studies was by an independent evaluator (not the program's developer) and the results have not been replicated.

FAILURE RATE: School-based CSE programs that attempted to show effectiveness—by producing sustained (12-month) effects on a key protective outcome for the intended population—failed 87% of the time.

For 17 Studies of School-Based Abstinence Education in the U.S.

OVERALL: Out of 17 studies of AE in the U.S., seven found evidence of effectiveness: an increase in teen abstinence at least 12 months after the program for the intended population, without other negative effects. Five of the seven studies were by independent evaluators, and the results have not yet been replicated.

FAILURE RATE: Of the AE programs that measured effectiveness, as defined above, 53% failed to show it.

Refusal Skills Scenario E

Small-Group Practice

Stacia and Grace are juniors in high school and have been best friends since the fifth grade. Grace has been with her girlfriend, Brooklyn, for 3 months and is in love. Grace doesn't want to have sex with Brooklyn. She thinks that she's too young to have sex and doesn't feel ready. Stacia started having sex with her boyfriend 2 months ago and is pressuring Grace to also have sex.

(Be sure that in Grace's responses to Stacia, she does not put Stacia down or call her any names for having made the decision to have sex.)

Stacia: I can't believe that you haven't had sex with Brooklyn yet. I don't know why you're waiting. You should just do it.

Grace: _____

Stacia: You better rethink that before she finds someone else. You should have sex with her.

Grace: _____

Stacia: Oh come on. You keep saying that you're in love with her!

Grace: _____

Stacia: OK. I'm sorry. You're right. I respect your decision not to have sex.

The age of consent is 16. Role-playing exercises normalize underage sex and break down the natural modesty students would have in co-ed classroom discussions on sex. There are numerous role-playing exercises in the curriculum. Notice it's the girl who's having sex they caution against putting down, not the one who is resisting sex.

Rationale

The FLASH curriculum includes birth control methods and abstinence in full lessons of their own, based on the effectiveness of both approaches¹. Research has repeatedly shown that sexual health education, including teaching about birth control, does not cause teens to have sex sooner or more often.^{1 2 3 4 5 6} Its only impact is preventative.

In this lesson, birth control is framed positively. Multiple teen pregnancy prevention studies demonstrate that having “more positive attitudes towards contraception, including condoms” and “perceiving more benefits of using contraception” are important protective factors against teen pregnancy.⁷ Hence, in this lesson, students develop commercials to emphasize the positive aspects of birth control using medically accurate information. Students are not expected to memorize effectiveness rates, how each method of birth control works, or contraindications. If students should be interested in a prescription method at some point in their life, their medical providers will cover this information. *Students are not given the failure rates or side effects of birth control methods.*

Selection of methods in the lesson

This lesson focuses on a subset of birth control methods, rather than every method, in order to achieve sufficient depth in one class period and to achieve teen pregnancy prevention goals. The nine methods focused on in this lesson were based on King County and national data on teen contraceptive use.^{8 9} The type of condom that is worn in the vagina or anus (sometimes called a female condom) is addressed in STD and HIV prevention lessons.

Teachers are encouraged to have information, samples or reference material about all methods of birth control, including those that the lesson doesn't directly address, so they can answer questions that may arise. Medically updated websites are suggested in teacher preparation section of this lesson and in the Sexual Health Resources student handout and the, for teacher background and for students who wish to learn more in-depth information about all FDA approved methods.

Inclusion of IUD

IUDs are now known to be safe and appropriate birth control for teens. They have been redesigned from IUDs used in the past. They are safe and effective for people who have been pregnant and those who haven't, including teens. Not only are they extremely safe, IUDs are among the most effective methods of birth control available; the hormonal ones are more effective than sterilization. They do not impair future fertility, and they do not increase the risk of STDs or HIV.^{10 11 12}

Inclusion of withdrawal

Despite the physical challenges inherent in using withdrawal effectively, we include it because withdrawal is more effective than previously thought and withdrawal is common among teens, free, and always available. In fact, when withdrawal is used correctly for vaginal sex, experts calculate that only 4% of couples are likely to get pregnant in a year. Taking typical human error into account, 22% would get pregnant, which is comparable to the diaphragm, sponge and other spermicides.¹³

In contrast, over three times as many couples (85%) would get pregnant using no method for a year, making withdrawal *significantly* more effective than using nothing. It should also be noted that withdrawal reduces the risk of sexually transmitted diseases (STD) and the human

Activities

1. Warm up

Display warm up as bell work.

Prompt: Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from. Select the top 3 things you think a person might want to think about when choosing a birth control method:

- Easy to use
- Very effective
- Safe
- Inexpensive
- Easy to get
- Good side effects
- Partner likes it
- Protects against STDs, including HIV
- Fits with personal beliefs
- Good for health
- Heard good things about it from family and friends

2. Explain purpose of lesson

The purpose of the lesson is for students to learn that birth control is excellent at preventing pregnancy, regardless of whether they need to prevent pregnancy right now.

Hand out the *Sexual Health Resources* (King County, National, or the local one you developed). Give information about where teens can get birth control in your community, including whether it is confidential and free.

We are learning about birth control because birth control is great at preventing pregnancy. I want to point out that this lesson is for everybody—people who are having vaginal sex now or who will in the future, and teens of all sexual orientations and genders. Even if someone won't ever need birth control, learning about it now will help them act as health educators for their friends and families on this important topic.

For teachers in Washington State: Depending on your location, distribute *Sexual Health Resources* (King County or National) or create your own list using *Developing a Local Sexual Health Resources List: Teacher Guide*. *One of many messages teens receive that they don't need parental consent.*

It's important to know that here in Washington State, the laws says that birth control is completely confidential for all people, including teens. The clinic staff are not allowed to tell anyone, including parents, without the teen's permission. At many of the clinics, teens can sign up for free Washington State birth control insurance.

Give the names and locations of nearby clinics. Point out if services are free or low cost.

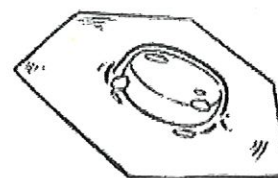
EC (Emergency Contraception) Fact Sheet

Main points:

- The only way to prevent pregnancy after unprotected vaginal sex!
- Good to have on hand, just in case.

More information:

- EC is a pill to prevent pregnancy after sex.
- It is used by people who have a uterus and ovaries.
- The most common brands of EC are Plan B and Ella. EC is also known as the "morning after pill" and "emergency contraception."
- EC is much more effective the sooner it is taken. It can prevent pregnancy if taken up to 5 days after vaginal sex.
- It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.
- It does not cause an abortion. If EC doesn't work, it will not harm the pregnancy.
- All brands of EC, except Ella, can be bought by men or women of any age at the drug store without a doctor's prescription.
 - For more information about getting EC, go to www.not-2-late.com.
- EC is very safe.
- It does not protect against STDs or HIV.



From Planned Parenthood -- Emergency Contraception:

Plan B, My Way, Take Action, and other levonorgestrel morning-after pills work best when you take them quickly after unprotected sex. They'll work best up to 3 days (72 hours) after unprotected sex. You can take these up to 5 days (120 hours) after sex, but they don't work nearly as well by day 5.

Source: *Contraceptive Technology*, 20th revised edition, 2011.

Pulling Out (Withdrawal)

Fact Sheet

Main points:

- Free and always available.
- More effective than most people think, when used correctly.

More information:

- To use the pull-out method, a person pulls their penis out of their partner's body before ejaculation, making sure not to get semen near the other person's genitals.
- Withdrawal is another word for pulling out.
- Pulling out is very effective for people who can tell when they're about to ejaculate. It takes experience and a lot of self-control to be able to pull out completely in time.
- Pre-cum is the fluid on the tip of the penis before the ejaculation happens. It's also called pre-ejaculate. Studies show that only some pre-cum contains a small amount of sperm.
- Pulling out lowers the chance of getting HIV and some STDs, but it does not fully protect against these infections.

There is no mention of the 22% failure rate, which should be important when telling 14-year-olds about a birth control method that requires experience and a lot of self-control.

Source: *Contraceptive Technology*, 20th revised edition, 2011.

Birth Control Pill Fact Sheet

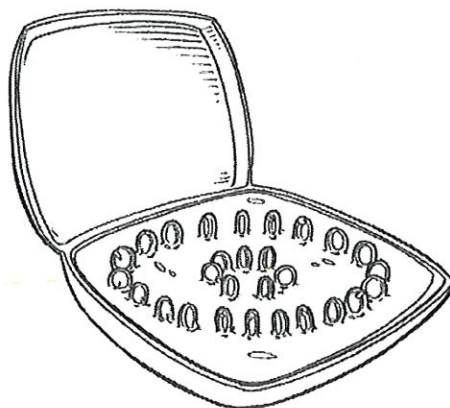
Main points:

- Very effective when used correctly.
- Makes period cramps better.
- Good for your health – for example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, and it helps acne.

More information:

- A person takes the pill once a day to prevent pregnancy.
- The pill is used by people who have a uterus and ovaries.
- It is made of hormones just like the ones that occur naturally in a the body.
- Birth control pills are very effective when used correctly.
- They are best for people who can remember to take a pill every day.
- They do not protect against STDs or HIV.
- The pill prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The pill is very safe.
- A person needs to go to a doctor to get started on the pill.

Refusing to use the word "woman" and referring to women by using their body parts is demeaning.

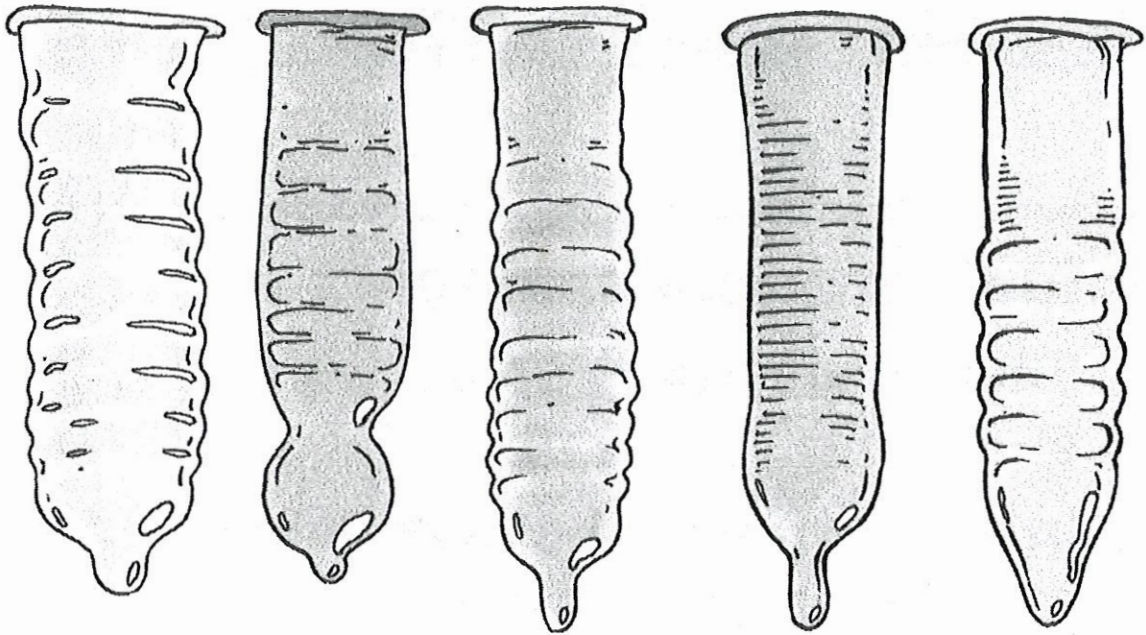


Source: *Contraceptive Technology*, 20th revised edition, 2011.

Visual 2

Condom Variety

Condoms come in different sizes, shapes, thicknesses, materials, **colors and flavors.**



**All condoms sold in the
United States
meet safety standards.**

Visual 1

Condom Facts

Facts:

Condoms reduce the spread of HIV.

Latex condoms do NOT allow anything to pass through - not air, water, sperm, bacteria or viruses, such as HIV.

"Consistent and correct use of the male latex condom reduces the risk of sexually transmitted disease (STD) and human immunodeficiency virus (HIV) transmission. However, condom use cannot provide absolute protection against any STD."

CDC – Condom Fact Sheet in Brief

Actual research example:

There were 124 couples in a research study.

In each couple, one person had HIV and the other person did not.

The couples used condoms correctly every time they had vaginal and anal sex for 2 years.

At the end of the study, none of the people with HIV had passed it to their partners.

There are problems with the visual, found by comparing the data with the actual journal paper. There were actually 304 subjects (196 women, 108 men) not 124. Of the 256 couples using condoms, only 124 used condoms persistently. And the study stresses that nearly half (130 of 304) of the couples stopped having sex at all to protect themselves against HIV infection by the end of the study.

Supplying just one medical reference to justify the belief in the complete effectiveness of condom use to stop STDs is simply indefensible and irresponsible.