TENTH GRADE OBJECTIVES

10.1 The student will determine how maturation affects adolescents.
Descriptive Statement: Emphasis is placed on the process of adolescent development as it relates to self-image, self-esteem, physiological changes, identification of human needs, constructive responses to emotions, positive mental health practices, the decision-making process, sources of values, and self-discipline.

10.2 The student will describe his or her own attitudes concerning expectations of self and interpersonal relationships.
Descriptive Statement: Appropriate friendships, dating or group activities, stages of developing relationships, assertiveness, types of love, communication, and individual and family roles are stressed. Discussion will include the expectations of virtual relationships.

10.3 The student will examine values, morals, and ethics essential to growth and maintenance of positive human relationships.
Descriptive Statement: The universal values of honesty, trustworthiness, self-control, responsibility for self and others, and social justice are discussed as well as the development of moral and ethical systems.

10.4 The student will use the steps in the decision-making process to solve specific problems.
Descriptive Statement: Instruction deals with the six steps of the decision-making process as they relate to personal, social, and peer pressures and to media messages. These steps include: identifying the problem; listing all possible alternatives; evaluating the alternatives and their consequences based on personal and familial beliefs as well as societal values; choosing an alternative that promotes the good in self, others, and society; acting on the decision; and evaluating the results. Resources in the community that can assist in evaluating alternatives are identified.

10.5 The student will recognize the need to abstain from premarital sexual intercourse.
Descriptive Statement: Content focuses on the need to consider lifelong goals in relation to pressure for present sexual activity. Topics include readiness for parenthood, the consequences of non-marital pregnancy, the effects of sexually transmitted diseases, the impact on reputation, mental health and on present and future goals, the importance of adhering to family values, the need to complete educational plans, the burdens of financial responsibilities, and interference with future goals and job opportunities. The positive benefits of postponing sexual activity until marriage are emphasized. Students will identify personal, educational and career goals and the impact an unplanned pregnancy or sexually transmitted infection would have on these goals. In addition, abstinence continues to be emphasized as the only method that is 100 percent effective in preventing pregnancy.

10.6 The student will recognize alternatives to premarital sexual intercourse for expressing feelings and affection.
Descriptive Statement: Students are guided toward communicating feelings and affection through talking; through expressing ideas, values, and goals; through social and recreational contacts and community service; and through positive body language and caring gestures, rather than through premarital sexual intercourse.
10.7 The student will explain the factors to be considered in preparing for dating and marriage.

**Descriptive Statement:** Steps involved in relationships are identified, including friendships; dating (casual, double/group, single, blind, steady, and leading to marriage); and mate selection. Steps to developing positive, healthy relationships will also be discussed. Instruction should include identifying the characteristics of dating violence and abusive relationships.

10.8 The student will examine factors to be considered in life-goal planning.

**Descriptive Statement:** Discussion includes life-long career goals in relation to economics and continuing education, considering the possibilities of marriage and preparing for a family, and/or career development plans. Family planning, including methods of contraception, is reviewed.

10.9 The student will describe the signs and symptoms of pregnancy.

**Descriptive Statement:** Instruction involves physical and psychological changes and the need for early detection of pregnancy through medical testing to ensure a healthy and successful pregnancy. Community resources for testing and/or further information are identified.

10.10 The student will analyze the factors associated with a healthy pregnancy.

**Descriptive Statement:** Content focuses on causes of low birth weight such as smoking, poor nutrition, and use of alcohol and other drugs as well as the effects of sexually transmitted diseases, including HIV/AIDS. Other consequences of good and poor health habits, including the importance of quality prenatal care, are stressed.

10.11 The student will explain the importance of supportive roles of mother and father through pregnancy and birth.

**Descriptive Statement:** Topics for discussion include the responsibilities of each parent in relation to proper prenatal care; the effects of heredity; possible abnormal outcomes such as miscarriage, birth defects, still-birth, and premature birth; and the stages of fetal development prior to birth.

10.12 The student will describe available birthing options.

**Descriptive Statement:** (Prepared materials on childbirth education are primary resources.) Birthing alternatives, such as natural childbirth are examined.

10.13 The student will identify the stages of the birthing process.

**Descriptive Statement:** The stages of the birthing process include the onset of labor and delivery—dilatation, birth, and expulsion the placenta.

10.14 The student will analyze the skills and attitudes needed to become a competent parent.

**Descriptive Statement:** Attitudes toward parenting styles are examined. Instruction also includes various parenting strategies described by authorities. Students have opportunities to identify parenting skills they wish to develop. Students will understand the importance of the parenting responsibilities of both the mother and father. Students will understand the benefits, challenges, responsibilities, and value of marriage in parenting. The student will be able to identify community and familial support systems that are available to parents. Students will understand the positive and negative effects of parenthood on mental health.
10.15 The student will describe adjustments to be made after the birth of a child.
Descriptive Statement: The newborn child as a source of joy and love is emphasized; however, the impact on the family of caring for a newborn infant is examined, including the effects on income, educational plans, leisure time, time available for sleep, and interpersonal relationships.

10.16 The student will compile a list of community agencies and resources available to assist individuals and families.
Descriptive Statement: Examples of community resources to be listed mental health services, social services, religious organizations, private agencies, hot lines such as violence prevention, child abuse, sexual violence and suicide, day-care centers, nursing homes, and the department of health.

10.17 The student will review the positive aspects of family life as a basic unit of society and as a means of personal development.
Descriptive Statement: Instruction includes a review of family functions and forms, with particular emphasis on family interactions. The family unit is described as a primary factor for the development of one’s personality and for preparation for adulthood as either a married or single person. The relationship of the family unit to the community and the world is stressed.

10.18 The student will know the basic information about sexually transmitted diseases including symptoms, transmission, and treatment.
Descriptive Statement: The student will review the effects of HIV/AIDS and other sexually transmitted diseases. The student will explain the nature of HIV/AIDS in the United States and the world. The student examine emotional family issues of HIV infection and AIDS. The student will name and know how to use local, state, and national resources for HIV/AIDS information, help, and counseling.

10.19 The student will interpret state laws that affect family life.
Descriptive Statement: Current laws in Virginia are reviewed as well as any pending legislation affecting individuals and families regarding marriage, divorce, adoption, child abuse, and legal responsibilities of parents.
The student will determine how maturation affects adolescents.

Descriptive Statement: Emphasis is placed on the process of adolescent development as it relates to self-image, self-esteem, physiological changes, identification of human needs, constructive responses to emotions, positive mental health practices, the decision-making process, sources of values, and self-discipline.

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<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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<tr>
<td>I. Process of adolescent development</td>
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<tr>
<td>A. Self-image and self-esteem</td>
<td>1. Introduce the material by having students describe what someone would like if he or she had good mental health.</td>
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<td>2. Write the word self-concept on the chalkboard. Develop a class definition for it. Discuss how self-concept is developed.</td>
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<td>3. Divide the class into two groups. Have one group develop a list of things a person might hear as he or she grows up that would enhance self-concept. Have the other group develop a list that would inhibit development of a good self-concept. Compare the lists and discuss the impact of the negative statements on a person’s creativity, willingness to volunteer, and of being drawn to themselves.</td>
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<td>4. Have students analyze the statement, “The prime motivation behind all behavior is the maintenance or protection of one’s self-concept”. Have students give examples of common behaviors-negative and positive-and relate them to self-concept.</td>
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<td>5. Ask the students to write a one-page descriptive paper entitled, “A Word from My Self-Concept.” The paper should be written as if the student’s self-concept is talking.</td>
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B. Physiological changes

6. Class lecture and discussion should include:
   a. Definition of good self-concept
   b. Definition of self-concept and self-esteem
   c. Positive and negative influences on self-concept and self-esteem
   d. Steps that could improve self-concept
   e. The importance of self-concept
   f. How one’s self-esteem can be affected by having a bad reputation

1. Stress throughout this section that variations in growth and changes in feelings are normal. The same hormones that are responsible for physical changes during puberty are also responsible for emotional changes.

2. Compare the reasoning abilities of different ages. Develop a simple problem. For example: You have been asked to go to a party on the same night you promised you would babysit. Have the students ask people ages 10, 12, 14, 20, and older adults how they would solve the problem. Have the students record the answers they get and share them with the class. Discuss how the answers differ and what might be the possible reasons for such variations.

3. Introduce the concepts of developmental tasks – some things that need to occur during a particular age period for a person to continue his or her growth toward becoming a healthy, mature adult. Discuss the fact that by knowing what these tasks are, especially during adolescence, we can better understand the experiences we are having and work toward a higher level of health.
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<td>C. Identification of human needs</td>
<td>1. Put Maslow’s hierarchy on the board and discuss each level. Have students define the meaning of the hierarchy and relate it to their needs. Ask for examples of how meeting basic needs would take precedence over all else.</td>
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<td>4. Divide the students into seven groups. Assign each group one of the tasks Health textbook. The group is to develop a list of suggestions that would help an adolescent with that task. Then the group is to compile a list of potential problems that might arise as a person works through this developmental task. Finally, the group should identify some ways of addressing these problems. Encourage students to use what they have already learned about physical and mental wellness.</td>
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<td>5. Discuss the importance of establishing friends and what friendship means.</td>
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<td>6. Assign students to create analogies using: “Friendship is like ________________ because ________________.”</td>
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<td>7. Debate the statement: “A real friend would not ask you to do or try to talk you into doing something you did not want to do.” This is an important concept to stress in class because it provides support for not going along with peer pressure.</td>
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CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

2. Discuss the impact that meeting our emotional needs has on our self-concept. Divide the class into groups. Give each group one of the following examples:

   a. A little child throwing a tantrum
   b. A boy spending a lot of money on a girl
   c. A father buying his son a new car
   d. A “show-off”
   e. A “pouter”
   f. A person attempting suicide.

   For each one above, have groups answer the following questions:

   a. What need is not being met?
   b. What might the individual really want?
   c. Is the person’s method of meeting his or her needs socially acceptable?
   d. Identify a more responsible way a person might meet his or her need.

D. Constructive response to emotions

1. Discuss the false idea that there are bad and good emotions. Usually, emotions such as anger and fear are labeled as being bad. Distinguish between experiencing an emotion which is neither bad nor good, but normal and expressing an emotion, which can be done in a healthy, positive way or an unhealthy, negative way.

2. Discuss how we learn to express emotions as skills. Discuss how skills are developed. Relate to the skill of swinging a bat or throwing a pass: “They must be taught and then practiced.”

3. Ask, “What are some reasons why people cover up what they are really feeling?” (They have learned not to risk telling what they are really feeling, they may not be aware of what they are really feeling, or they may have learned how to get the responses they want without expressing their feelings.)
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<tr>
<td>E. Sources of values and self-discipline</td>
<td>4. Discuss how an adolescent should control emotions so as not to be misinterpreted by a member of the opposite sex.</td>
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<td>1. Discuss the positive and negative aspects of having a relationship with someone who has the same goals and values, and then with someone who might have different goals and values.</td>
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<td>2. Discuss how a sexual relationship can alter values and goals of the future.</td>
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RESOURCES

Health text book
**OBJECTIVE 10.2**

The student will describe his or her own attitudes concerning expectations of self and interpersonal relationships.

Descriptive Statement: Appropriate friendships, dating or group activities, stages of developing relationships, assertiveness, types of love, communications, and individual and family roles are stressed. Discussion will include the expectations of virtual relationships.

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<tr>
<td>A. Friendships and stages of developing friendships</td>
<td>1. Discuss the importance of having a close friend for understanding and companionship. Discuss the similarities an individual has with a “best friend.” (mutual trust, respect, caring, sharing)</td>
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<td>B. Dating</td>
<td>1. Discuss when a person should begin dating. Ask the class “Should a young man date when he reaches a certain age or when he feels ready?”</td>
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<tr>
<td>C. Group Activities</td>
<td>2. Discuss the changing role of who asks for a date. For classroom discussion ask, “How do you ask someone for a date?”</td>
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| D. Types of Love | 1. Discuss the following aspects of dating in group activities:  
   a. Group dates as an introduction to dating.  
   b. What could be a problem of consistently going out alone with your date? |
| E. Communication of the individuals and the family | 1. Identify and have the class discuss the following:  
   a. love at first sight  
   b. infatuation  
   c. mature  
   d. romantic  
   e. self  
1. Discuss the importance of discussing relationships with parents. |
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<td>F. Assertiveness</td>
<td>2. Discuss the positive impact that communication has on a date? Ask the class, “What is meant by communicating on a date?” (Asking your date if they care for a box of popcorn at a movie or how do you feel about pre-marital sex?) “Can you give the wrong impression about your sexual feelings on a date?”</td>
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<td>G. Virtual Relationships</td>
<td>1. Discuss the importance that an individual assert themselves about their values and morals on a date.</td>
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<td>2. Refer to Objective 9.7</td>
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RESOURCES

Health text book
**OBJECTIVE 10.3**

The student will examine values, morals, and ethics essential to growth and maintenance of positive human relationships.

*Descriptive Statement:* The universal values of honesty, trustworthiness, self-control, responsibility for self and others, and social justice are discussed as well as the development of moral and ethical systems.

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<tr>
<td>I. Values, Morals, Ethics</td>
<td>1. Ask the students to define the words morals, values, and ethics. Place the words on the board and discuss their answers.</td>
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<td>A. A value is a belief or feeling that someone or something is worthwhile. Values define what is of worth, what is considered beneficial and what is considered harmful. Values can be thought of as standards or yardsticks to guide your actions, judgments, and attitudes.</td>
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<td>1. Values can be categorized in the following basic groups:</td>
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<td>a. Moral Values: What an individual perceives as right or wrong. They are thoughts or codes to live by in relation to kindness to self or others.</td>
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<td>b. Aesthetic Values: Reflect your feelings about what has beauty in nature and life. They reveal your appreciation for the way things look, sound, feel, taste, and smell.</td>
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<td>c. Material Values: Are reflected in the possessions we treasure.</td>
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<td>d. Intrinsic Values: Those that have worth to us in their own right. Intrinsic values are the ends and not the means. (i.e. valuing a friendship simply because you enjoy being with a particular person.)</td>
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e. Extrinsic Values: Means or ways to gain other values or desired results. They are not ends in themselves. i.e. A friendship is valued because there might be some other benefit (the friendship might get you into the right crowd or enable you to join a certain club)

f. Universal Values: Are those in which most, if not all people agree. These are:

1. Honesty
   A. Fairness and straightforwardness of conduct: Integrity, truthfulness, sincerity

2. Trustworthiness
   A. Worthy of confidence: Dependable

3. Self Control
   A. Control over one’s own impulses, emotions or acts

4. Responsibility
   A. The quality or state of being responsible: Reliability, trustworthiness

   1. Liable to be called upon to give satisfaction: Answerable
   2. Willing and able to fulfill one’s obligations: Reliable
3. Being able to take charge or be trusted with important matters
4. Able to choose for one’s self between right and wrong.

5. Respect
   A. To consider worthy of high regard: esteem
      1. Self
      2. Others
      3. The Golden Rule Do Unto others as you would have them do unto you

   B. Morals
      1. Of or related to the principles of right or wrong
      2. Conforming to a standard of right behavior

   C. Ethics
      1. The discipline dealing with what is good and bad and with moral duty and obligation
      2. A set of moral principles or values
         a. The Ten Commandments

3. The principles of conduct governing an individual or group
   1. Student Conduct Code Book
   2. Hippocratic Oath – physicians
II. Sources of Values, Morals, and Ethics

A. Values come through people and we are influenced by a variety of people. Since the founding of our country our values, morals and ethics have been strongly influenced by people with a Christian background. Our basic laws have been taken from the Bible.

In the twentieth century changes have been taking place in our society and morals, ethics and values are changing. People who do not have a Christian background may have different values. In our free society a variety of moral and ethical standards have become acceptable. Values are shaped by a sense of accountability and accountability influences our actions. Actions have consequences, and it is important to know those consequences. Laws dictate how we live in relationship to our values, morals and ethics.

1. Family
   a. Families demonstrate and display a set of values to the youngest of children.

      1. As they grow, children learn what is important and what is valued by the family.

   b. Behavior and attitudes displayed in the home setting usually set a stage for learning particular values.

      1. Parents cheating on income tax or insurance forms may be teaching the values of dishonesty and untruthfulness
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<td>c. Religion is a primary source of values for the family. A person’s relationship with God influences the way she or he relates to the people around them and how they think about themselves.</td>
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Our concept of right and wrong is based upon our relationship with God and dependent upon the laws of our society. For people with a relationship to God an action may be legal but at the same time be wrong.

2. Peers
   A. Peer groups become an important source of value development from the time children enter school.

3. The Media
   A. The media – television, radio, newspapers, books, magazines, and films are very influential.

   1. A weekly television series highlights life with a “macho” male and “dumb” blonde who find themselves in various humorous situations.

   2. A television commercial depicts a teenage boy who is sad because he has few friends. He gets a new stereo set and suddenly has many new friends who say, “This is cool, Jeff?” “Can you have a party next Week, Jeff?” “Hey, you’re ok, Jeff.”
III. Determining Our Own Values

A. Exploration of values

1. Exploring values requires time and thought. You must weigh pros and cons, consider consequences, and gain information.

2. Exploration of values is important for the following reasons.

   a. When people know what they value and what is important to them, they are better able to face new situations.

   b. The more people know about their values, the better they can understand themselves.

   c. The more people understand their values, the better they will be able to make good choices and take appropriate action.

   d. The more people understand their values, the less likely they will be to make decisions based on peer pressure, authority figures, and power advertising.

   e. The more people understand their values, the more appropriate will be their individual goals.

   f. The more people understand their values, the more critical they can be when determining what is right for them.

   g. The more people understand their values, the more confident and enthusiastic they can generally be about their lives.

3. As you can see, knowing and understanding one’s values is an important part of being a fully functioning person.
B. Clarification and understanding values

1. Several techniques can be used to clarify and understand our values. Consideration of the following points can clarify what you really value.

   a. Compare what you believe with what you actually do. If you really believe in equality of the sexes but if you joke about and put down the opposite sex, your actions do not match your beliefs. Is your belief strong enough to act on or are you only giving lip service to the value?

   b. Critically think about whether you believe in what you’re doing. As you take part in experiences and activities, consider if this is something that you really feel good about. Keep an open mind when asking yourself these objective questions. Are you doing what you enjoy and what you feel is right for you? Or are you doing what your peers and others have told you to do?

   c. Consider five major values you would hope your younger siblings, your child or another younger person might develop. After listing the five values, consider how you would expect the persons to live by these values. For example, you might hope they value education. You hope they live by this value by studying hard, appreciating books as sources of knowledge with others. By considering values you hope others will adopt, you can gain insight into your own values.
C. Conclusion

Life involves many decisions every day. Our decisions are guided by our values and goals. Values are those ideas or things we consider to be beneficial and worth striving for in life. They guide actions, judgments, and attitudes. Values determine how such resources as time, talent, energy, and money will be used. Values vary from one person, culture, and society to the next. Values are of three basic types: Extrinsic values serve as means to acquire other values or ends. Intrinsic values are those that have worth to us in their own right.

We learn values from our experiences in our environment. Sources of values include families, religions, peers, teachers, neighbors, community leaders, and employers. In today’s world the mass media of television, radio, movies, and newspapers also have a major impact on the values we acquire. Many values change over time as a person matures.

Our true values are those we voluntarily choose, those that we prize and hold dear, and live by in our actions. Knowing what your true values are is an important part of understanding your self-concept. This assists you in becoming a fully functioning person.
RESOURCES

PEOPLE

PRINTED MATERIALS

AUDIOVISUAL MATERIALS
**OBJECTIVE 10.4**

The student will use the steps in the decision-making process to solve specific problems.

**Descriptive Statement:** Instruction deals with the six steps of the decision-making process as they relate to personal, social, and peer pressures and to media messages. These steps include: identifying the problem; listing all possible alternatives; evaluating the alternatives and their consequences based on personal and familial beliefs as well as societal values; choosing an alternative that promotes the good in self, others, and society; acting on the decision; and evaluating the results. Resources in the community that can assist in evaluating alternatives are identified.

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<td>1. The Decision-Making Process</td>
<td>Introduce the idea that problem-solving and decision-making are skills. They must be learned and practiced to be developed.</td>
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<tr>
<td>A. Identifying the problem</td>
<td>1. Discuss with the class that it is important that the problem is clearly identified and well-defined in order that focus can be made in solving the problem.</td>
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<td>B. Listing all possible alternatives</td>
<td>1. The students should have an understanding of all possible choices that they have to solve a specific problem.</td>
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<td>C. Evaluating the alternatives and their consequences based on personal and familial beliefs as well as societal values.</td>
<td>2. List possible sources where one can seek advice (i.e. parents, friends, teachers, coaches.)</td>
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1. The importance of considering and evaluating the consequences of each choice should be stressed. Each choice should coincide with the individual’s personal and family, beliefs as well as societal values.

2. Discussion questions:
   a. “Will the alternative you are considering solve your problem or just temporarily ease it?”
   b. “How will other people important to you be affected?”
CONTENT

D. Choosing an alternative that promotes the good in self, others, and society.

E. Acting on the decision

F. Evaluate the results

II. Resources in the community that can assist in Evaluating alternatives.

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Discuss with the class the importance of making a decision to solve a problem that all can abide by.

1. Discuss with the class that this means that one knows and accept the consequences of his/her actions.

1. Discuss with the class these questions:

   a. Was your decision appropriate?

   b. Did your actions solve the problem or create a new problem?

   c. What did you learn?

   Practical Application:

   a. Bill wants to have sex with Jane. Jane is afraid of getting pregnant, but she doesn’t want to end her relationship with Bill.

   b. Jane is pregnant. No one knows, including her boyfriend Bill.

   As a homework assignment or as a class exercise, ask the students to apply the steps of the decision-making process to these situations.

1. List on the board community resources that can help evaluate alternatives for personal and family relationships. Discuss the resources listed.
RESOURCES

PRINTED MATERIALS

Health text book
OBJECTIVE 10.5

The student will recognize the need to abstain from premarital sexual intercourse.

Descriptive Statement: Content focuses on the need to consider lifelong goals in relation to pressure for present sexual activity. Topics include readiness for parenthood, the consequences of non-marital pregnancy, the effects of sexually transmitted diseases, the impact on reputation, mental health and on present and future goals, the importance of adhering to family values, the need to complete educational plans, the burdens of financial responsibilities, and interference with future goals and job opportunities. The positive benefits of postponing sexual activity until marriage are emphasized. Students will identify personal, educational and career goals and the impact an unplanned pregnancy or sexually transmitted infection would have on these goals. In addition, abstinence continues to be emphasized as the only method that is 100 percent effective in preventing pregnancy.

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<td>I. Decisions about sexual intercourse</td>
<td>A. Class discussion will focus on reasons for postponing sexual activities</td>
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<td>1. Lack of interest in sexual involvement</td>
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<td>2. Family values</td>
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<td>3. No desire to change present relationship</td>
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<td>4. Religious beliefs</td>
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<td>5. Preservation of reputation</td>
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<td>6. Fear of sexually transmitted infections, especially AIDS</td>
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<td>7. Risk of pregnancy</td>
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<td>8. Inadvisability due to future plans (plans for education/career)</td>
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<td>9. Other</td>
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<td>B. Discuss: How does having intercourse with your date affect the future of your relationship?</td>
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<td>C. Reasons for sexual activity</td>
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<td>1. Peer Pressure</td>
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<td>2. Rebellion/retaliation</td>
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<td>3. Curiosity/pleasure</td>
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<td>4. Expression of emotions</td>
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<td></td>
<td>5. Pressure from boyfriend or girlfriend</td>
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II. Development of assertiveness

D. Develop a decision flowchart on the chalkboard similar to the one found in the Better Beginnings pamphlet “Everybody Doesn’t Do It.” As much as possible, have students discuss the alternatives.

A. Definition of assertiveness (Assertiveness is behaving in a polite but reasonable manner.)

1. Put the terms ASSERTIVE, PASSIVE, and AGGRESSIVE along the top of the chalkboard.

2. Ask students to list words that describe or illustrate each term under the heading.

3. Divide the class into small groups to discuss assertive, passive, and aggressive responses to each of the following situations:

   - Ken is out with friends at a party miles from home. It's very late. The friend he came with is drunk but insists he can drive.

   - It's the first beautiful day of spring. Some friends are planning to skip school and go to the beach. They ask you to go along.

B. Characteristics of assertive behavior

1. Serves person’s best interests
2. Does not violate rights of others
3. Is not rude or mean
4. Communicates feelings clearly and honestly
5. Reflects confidence and self-respect
C. Alternative passive behaviors (Passive means submissive: receiving or enduring without Resistance.)

1. Is sensitive to feelings of others
2. Is impulsive; usually without forethought or concern for consequences
3. Usually produces negative results
4. Often reflects lack of emotional control

D. Techniques

1. Non-verbal body language
   a. General body actions
   b. Interpersonal space distance we maintain from others
   c. Pauses in interactions
   d. Eye contact or lack
   e. Actual body contact touching

2. Use the chalkboard or overhead projector to show the class a list of common examples of body language. Assign an example to each student to think about and interpret for the rest of the class. Examples: direct eye contact; no eye contact; shaking head; nodding head; shaking fist; clapping; wringing hands; scratching head; yawning; biting lip; crossing fingers; patting on the back and smiling; tapping feet; placing hands on hips; folding arms; leaning forward; hunching over; slouching in seat; shifting in seat; sitting on edge of seat; raising eyebrows; narrowing eyes; flaring nostrils.
3. Ask everyone in the class to get a partner, preferably someone who doesn’t know him/her very well. Each student should privately make a list of 10 emotions to act out. The partner should number a sheet of paper from 1 to 10 and write two headings at the top: Action Observed and Interpretation. When the first partner has acted out the emotions on his other list, the two partners should compare lists and see how many were accurately perceived. Reverse roles.

2. Verbal
   A. Voice quality

   1. Have students evaluate their vocal quality and expressiveness. A good way to do this is to tape record them reading something. They might pretend they are making a radio broadcast using one of the following:

      a. a passage from a story
      b. a brief news article
      c. a portion of a play (with other students)
      d. a commercial for a product or service (composed by the student)
      e. a letter and response from an advise column
      f. speech timing – (we talk at average rate of 130 words/minute, think at 400)
      g. use of repetition “broken record” technique

   2. Just for fun, have students read a passage from an article at their usual conversational pace and count the words they use in one minute. How do their rates compare with the average?

      A. Use of “I” and “you” messages

      1. I feel, I think: can’t be argued
      2. “You . . .” often sounds accusatory
3. Ask students to help you set up an imaginary situation in which one person is trying to pressure another into doing something. Ask for volunteers to act out how the situation might develop. Have the rest of the class analyze the exchange particularly the use of “I” and “you” pronouns. Following the discussion have the same people try resolving the same situation again, attempting to improve the outcome.

4. Have students practice turning “you” messages into “I” messages. Students may start with the following examples or think of their own:

- “You never listen to me!”
- “You’re selfish and inconsiderate!”
- “You’re bad (naughty) for doing that.”
- “Don’t interrupt me.”
- “Stop treating me like a child.”
- “You’re annoying me!” Or: “Stop bothering me.”

A. Adult Behavior; respect for the other

B. Active listening: Analyzing statements, looking for real meaning

1. Ask students if what they feel is really being communicated in the following statements:

- “That was boring.”
- “She’s dumb.”
- “I’m sick and tired of being your maid.”
- “Why do we have to study this dumb stuff?”
2. Restating the speaker’s words

A. Recognize that paraphrasing seems very awkward to people when they first try to use it, spend a brief time in class having students practice developing this ability. Divide the students into pairs. Student #1 in each pair should make a comment or suggestion about some issue (perhaps politics, pollution, discipline in school, a job problem, handling a difficult friend, etc.). The other should paraphrase the statement without adding any advice or judgment on the matter. The first speaker should comment on the accuracy of the paraphrase.

3. Showing interest in what is being said

A. Ask students for examples of statements that reflect an interest in what the speaker is saying. For example:

- “Sounds like you have some strong feelings about this.”

- “How does that make you feel?”

4. Responding empathetically; disarming anger
RESOURCES

PRINTED MATERIALS

Health text book
OBJECTIVE 10.6

The student will recognize alternatives to premarital sexual intercourse for expressing feelings and affection.

**Descriptive Statement:** Students are guided toward communicating feelings and affection through talking; through expressing ideas, values, and goals; through social and recreational contacts and community service; and through positive body language and caring gestures, rather than through premarital sexual intercourse.

**CONTENT**

I. Alternatives to premarital sexual intercourse for expressing feelings and affection.

   A. Expressing ideas, values and goals through communication.

   B. Social and recreational contacts

   C. Positive body language

**SUGGESTED TEACHING/LEARNING STRATEGIES**

1. Discuss with the class the components of communication within a relationship. These components should include trust, honesty, common goals and values, and shared interests.

2. Discuss with the class how an individual on a date might give the wrong impression about their feelings of premarital sex.

   Ask the class, “How can body language be misinterpreted as to give a date the wrong impressions about your feelings of premarital sex?”

   1. Discuss with the class the “dangers” on constantly going out on a one-to-one basis.

   2. Ask the class, “What are the benefits of double-dating?” Answers could include a) a more positive atmosphere, b) building a relationship, c) are less likely to be sexually involved, etc.

   Ask the class, “Whether on a double-date or a one-to-one date, what could be activities that you could do that have a low risk factor of engaging in premarital sex?” Write these responses on the board.

   3. Discuss with the class the positive aspects of an individual and their date or stead being involved with community service activities.

   1. Lead class discussion and lecture about varied kinds of caring gestures.
RESOURCES

PEOPLE

PRINTED MATERIALS

Health text book
OBJECTIVE 10.7

The student will explain the factors to be considered in preparing for dating and marriage.

Descriptive Statement: Steps involve in relationships are identified, including friendships; dating (casual, double/group, single, blind, steady, and leading to marriage); and mate selection. Steps to developing positive, healthy relationships will also be discussed. Instruction should include identifying the characteristics of dating violence and abusive relationships.

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<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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<tbody>
<tr>
<td>I. Factors to consider in preparing for dating and/or marriage.</td>
<td>A. Preparation for marriage</td>
</tr>
<tr>
<td></td>
<td>1. Nearly everyone who enters a marriage</td>
</tr>
<tr>
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<td>today does so with the idea that is</td>
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<td></td>
<td>permanent: that is, a lifetime commitment</td>
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<tr>
<td></td>
<td>of love and loyalty to another person.</td>
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<tr>
<td></td>
<td>Few enter marriage thinking they will</td>
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<td>divorce or separate if it doesn’t work</td>
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<td></td>
<td>out. Marriages that do survive the test</td>
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<td></td>
<td>of time may last anywhere from 50 to 75</td>
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<td></td>
<td>years. “Till death do us part” is still</td>
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<tr>
<td></td>
<td>a part of marriage vows today.</td>
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The decision to marry or stay single is not made in a vacuum. Seldom do people pose the question, “Should I marry?” or “Should I remain single?” Few people really think of marriage as a 50 to 75 year commitment to another person. Rather, people ask, “Should I marry him?” or “Should we marry now or wait until later?” What is really being asked is whether or not a person is really right and whether or not it is the appropriate time to marry. These questions pose concrete decisions to be made, yet too many people take these decisions too lightly. They enter marriage without adequate forethought or preparation, and without an adequate understanding of the responsibilities involved.

People are drawn together because of common experiences and interests. One factor that affects which people are drawn together is propinquity or nearness to others. You can’t grow to love someone who isn’t there. People in your school, at your job, and in your neighborhood are likely marriageable candidates because they are nearby. Homogony is also a factor in the choice of individuals. Homogony is the similarity of individuals’ backgrounds.
Homogenous people are likely to adjust well since they tend to think similarly and have similar values and philosophies. These points explain why many people are drawn together. Yet, they do not help people decide who they should not marry, when they are ready to marry, or if they should remain single.

2. Is This Person for Me?

There are basically two ideas about the choices people make regarding a mate. One idea stresses that we choose people who are similar to us in characteristics, ideas, and philosophies. A second idea stresses that we choose people who are different or even opposite from us in many characteristics in order to complement our needs. For example, if you are shy you might be attracted to an outgoing person who can balance their personalities. Therefore, it is beneficial to consider similar aspects of you and your partner’s personality, goals, and philosophies when asking, “Is this the person for me?”

Some people feel that opposite personalities attract. This may be true. But in selecting a mate, commonalities in major traits seems to be a more accurate determiner (predictor) of successful pairing. Opposite qualities within similar qualities may be attracting forces. For example, two people may like music but different types of music, two people may enjoy athletic outdoor life but like different sports. These opposites are structured within similarities and can promote healthy, positive interaction. Major traits that are completely opposite may indicate situations that could foster major conflict.
OBJECTIVE 10.7 (continued)

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<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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<td>* An unhealthy relationship has an imbalance in which one partner tries to exercise control and power over the other through threats, control, emotional/verbal abuse, or physical or sexual violence. These types of behavior may be seen as “red-flags” that something is wrong in the relationship.</td>
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<tr>
<td>a. Physical violence: pinching, shoving, hitting or slapping, grabbing, kicking, throwing, shaking, or choking.</td>
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<tr>
<td>b. Sexual violence: unwanted touching, fondling, or groping; forced sexual activities; pressure to have sex; violence that does not involve physical contact – threatening to find someone who will do what he/she wants sexually; verbal or sexual harassment, threat of sexual violence.</td>
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<tr>
<td>c. Emotional abuse: name calling, shouting, teasing or bullying; use of intimidation; use of demeaning or derogatory language; insults or rumors; threats or accusations; jealousy or possessiveness; humiliation; withdrawal of attention; withholding information; embarrassing a dating partner; controlling behavior – such as dictating what a partner can wear; isolation from friends and family; texting or instant messaging excessively; monitoring e-mail or a profile on a social networking site.</td>
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3. Similarity in Age

In our society the husband is typically a few years older than the wife. This is not a key factor to the happiness or stability of marriage, however. Age similarity makes little difference in the success of a marriage. Many successful, happy couples have wide ranges in their ages. However, people experiencing the same or similar stages of development and growth share more mutual feelings and experiences. For example, consider one couple where those involved have achieved some level of independence, have managed on their own, have met some challenges of young adult life, and have had similar experiences and achievements. Consider a second couple in which one person has achieved major independence and the other person has been totally reliant on others. These two people function at different levels of achievement. There is a greater likelihood that the first couple will form a successful, long-term relationship. The similarity of the development stages in which individuals function may be more important than age itself. Use these two guiding questions for self-assessment:

a. Are you both at similar stages of development?

b. What skills have you each developed for adult life?
4. Similarity of Interests and Attitudes

When individuals reach the later teen years, they have already developed a personality and habits, interests, attitudes, and philosophies about life. When these interests and attitudes are different with respect to some factors, there are few problems involved. In fact, different attitudes and interests add spice and variety to a relationship. Individual ideas about reading, music, or entertainment are healthy differences in a relationship.

When major, over-riding issues and attitudes are highly different, it is difficult to maintain a common way of life. Major religious and political philosophies, major attitudes related to leisure time, and issues related to relationships with others are some of the critical differences that can affect a relationship. A couple can override these differences by deliberate means, such as professional counseling and determined efforts to accommodate these differences, and a high level of positive communication. Any couple contemplating marriage should know, however, that these basic differences require additional long-term efforts throughout their life together. Use these guiding questions:
a. How dependent is the person? How important is time and punctuality?
b. How important are sex roles to the person? How does the person view sex roles related to the breadwinners? To household chores?
c. What are the person’s career and life goals?
d. How do this person’s parents treat each other? What behaviors and attitudes of marital relationships has this person experienced?
e. How self-sufficient has the person been thus far in life?
f. What attitudes does the person have about children? Is there a desire for children? Is the person patient or impatient with children?
g. What attitudes does the person have related to earning, spending, and saving?
h. In what stress situations have you seen the person? How is stress handled? How is conflict handled? How is anger vented? How Willingly or unwillingly is the stress and/or anger discussed?
i. How is leisure time spent? Is there a leisure time activity enjoyed mutually? How willingly does the person see a need for you to maintain other friends?

5. Similarity of Education and Occupation

Similarity in educational level seems to be an increasingly important factor in successful relationships. Until recently in our culture, it was common for men to have more education than the women they married. Though this is still true in some subcultures, couples increasingly have similar education levels. More women are continuing their formal education before and during marriage, thus closing the education gap that once existed.
Attitudes about education throughout life are also of importance. Life-long learning courses and classes for individuals throughout the life cycle – is becoming more common and necessary. For example, many women today are entering college or a trade school after several years of marriage and raising a family. Also, either women or men may seek additional education or training should they decide to make a major change in occupation. Conflicting ideas about such growth experiences can interfere with successful relationships.

Similar occupational background of young people may seem to be of little importance since the jobs you are currently holding may be temporary positions that have little similarity to the occupation or profession you may desire. Occupational background, however, includes the occupations of your family and the ideas and thoughts you have gained from and about occupations.

Some people who work with their hands ridicule and show disrespect for those who work in professional fields. Professional people may look down on the unskilled worker. It may be difficult for two people of different occupational backgrounds to respect and understand each other unless efforts are made to clarify feelings and gain understanding. Use these guiding questions:

a. How similar are your educational plans? Do you each accept the termination plans for each other’s education? Do you respect the occupation the partner is striving for? To what degree do you see the need for life-long education? Have your parents and/or partner’s parents had recent educational experiences? How do you react to these experiences?
b. How similar are the occupation levels of your fathers and mothers? How do you each feel about the differences? In what way can you reconcile these differences?

6. Similarity in Levels of Living

Similar levels of income and similar ideas about gaining and spending resources are important to a successful marriage. Though it is clear that two people of widely different social status and income levels can marry successfully, the marriage usually involves some major efforts to deal with these differences. The story of a pauper marrying into a family of great wealth and being easily accepted and accommodated into the wealthy income group is most commonly limited to television movie dramas. Altering your level of living requires adjustments on the part of both partners as well as family and friends. People involved in such adjustments should be aware that most people can adjust more easily to a higher income level than they can to a lower income level. It is an unusual person who can move from a luxurious style of living to a very low income level.

Couples must also realize they cannot begin their new family at the same income level as that of their parents. Nearly all couples have an economic adjustment when moving from lifestyles of their middle-aged parents to that of young adults. Use these guiding questions:

a. How different are the levels of living of your families? Can you both accept these differences?
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<td>b. How will you or your partner adjust lifestyles if a major difference in level of income exists?</td>
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<td>c. How do you both feel about receiving financial assistance from one set of parents? What reactions will this cause? How will you deal with this?</td>
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<td>d. In what particular situation do you foresee differences in levels of living surfacing? What customs and traditions will highlight these differences? How will you deal with these situations?</td>
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<tr>
<td>7. Similarity of Race, Religion, and Ethnic Background:</td>
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<td>In our society, we are free to marry people of different race, religion, and ethnic background. Such marriages were and may continued to be objected to by parents and friends. Though the frequency of marrying someone of a different race, religion, or ethnic background has increased, special concerns and issues must be addressed. Concerns center around changing your faith and belief, dealing with cultural differences, and difficulties of raising children in a multi-cultural/multi-racial environment.</td>
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<td>Successful marriages are shown to be more successful when partners are of the same religion, race, and ethnic groups; that is, they are homogonous. However, couples that vary in one or more of these characteristics can have a successful relationship if they deal with these differences.</td>
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The likelihood of success will depend on the degree of differences involved, the customs of the community involved, the maturity of the young people, and the level of cultural differences to which the couple have been exposed. Use these guiding questions:

a. What concerns related to children will be involved in these differences? How will you raise your children? In one of the cultures/religions? In a combination of the two cultures? How will your families react?

b. How well are both set of parents able to accept the differences involved?

b. To what degree have you talked with people who have encountered these same differences?

8. Despite the guidelines provided in this section, you probably still have concerns and questions about the type of person that is right for you. You may continue to confront yourself somewhat like this: “This is a big step – a major decision in my life. How can I be sure I’m making a wise choice? I think I love this person. But I know that’s not enough. I’ve been in love before (I think). How can I tell if this is the right person for me?”

a. Have you taken advantage of the freedom available in the American dating system?

That is, have you gotten to know many people? Have you dated enough people to experience your feelings and reactions to various personality types? Or, have you only dated one person? Have you allowed yourself to know too few people and therefore know yourself only in relation to those few personalities?
By only knowing one or two eligible people, you are making a decision with little basis for comparison.

b. Have you carefully evaluated yourself, your partner, and your relationship?

Have you considered traits, interests, commonalities, and differences as pointed out in this section and in other resources? When major differences have surfaced, have you openly communicated these differences with consideration of future differences, consequences of the differences, and ways to accommodate the differences? How would you assess your ability to communicate under such circumstances? Were these communications helpful? If necessary, have you sought counseling assistance?

c. Have you been able to keep a balance between the emotional and intellectual appraisal of your partner?

Have you been able to objectively assess this person as a marriage partner? Can you overlook for a moment the romantic and sexual level of your relationship to consider more significant factors in long-term adjustment? Though the deep feelings of love, romance and sex are of major importance to a successful marriage, they can sometimes overshadow other factors of compatibility such as family patterns, communication and conflict management skills, attitudes toward children, leisure activities, and other aspects mentioned in the guidelines above.
If you can answer a strong yes to the three criteria above and you feel good about the results, you may well be on your way to having located a person with whom you want to share your life. If you answer a no for one or more of the criteria, you may have some homework to accomplish. If you’re not secure about the answers you’ve found, you may not have located a person for you. This does not mean the person is wrong for you. It may mean the person is wrong for you now. Time is on your side. Explore, meet people, enjoy many friends. There is no rush.

9. Are We Ready For Marriage?

a. If and when you and a partner have decided you are right for each other, a question still remains. Are you ready for marriage?

Here is another question with no easy answer. Today in our culture, the typical age for marriage is 25 for men and 23 for women. Age, however, may not be as important as the developmental stages which the partners have reached. People typically marry at times when they have accomplished a task graduating or completing a particular segment of education, taking a significant career step, or achieving a particular aspect of independence.
1. Responsibility

How carefully have you considered your responsibility to your partner “in sickness and in health”? How thoroughly have you assessed your ability to financially, physically, and mentally care for your partner in the case of illness?

2. Willingness to Share Self

Are you ready to share your life with another person? Are you prepared to compromise on issues? How well have you thought through altering your pattern of lifestyle behaviors to meet those of your partner?

Have you considered needs and wants of your partner and your ability to accommodate those needs? How willing are you to give your personal time to meet these needs of your partner?

3. Economic Independence

How well prepared are you to earn a living at a full time job? Are you and/or your partner still training for a job or career? How stable is the job you currently hold? What means do you have to borrow money if necessary? Have you and your partner established credit? How much money do you have secured for crisis situations?
To what degree have you and your partner discussed the management of money? How well do you agree about spending patterns and budgets? How aware are you of the costs of housing, food, transportation, and clothing?

These questions may urge you to think further about your readiness to marry. They may point out that you and your partner have some areas which still need consideration and discussion. They may also reaffirm your feelings that you are ready for marriage. They may highlight that you have already done some careful thinking and consideration of mature issues involved in the marriage decision.

4. Why Marry?

People marry for various reasons. Most individuals marry someone for multiple reasons. In earlier chapters, self-concept, values and goals, and fully functioning individuals were discussed. These concepts are important aspects of the reasons for marriage discussed in this section.

5. Meeting Needs

Most people have needs that are met by marrying. In turn, they meet the needs of their partner. This mutual meeting of needs provides a healthy and positive foundation for most marital situations.
Most couples establish romantic and sexual attachments which develop and become more fulfilled in marriage. Shared ideas and plans for future life together are part of the needs for most couples.

Some reasons for marrying include certain needs that may lead to difficulties if they are the only reason for marrying. Gaining social status, gaining economic security, desire for a baby, and liking a person’s potential in-laws are poor reasons to marry if they are the only reason for marrying. These reasons, in conjunction with other meeting of needs mentioned above, may be adequate reasons. These reasons by themselves, however, may indicate personality problems that need attention. They are not a basis for marriage.

6. Escape

Too often, marriage especially young marriage – takes place in order to escape another situation. Marrying for escape is unhealthy. People often find that they leave one problem only to find another. People marry in order to escape loneliness single life, financial problems, trouble with family, and school. Unfortunately these issues seldom disappeared with marriage. Rather, they reappear along with additional problems.
If you think that you are marrying for escape reasons, stop and analyze the situation. Is there any way you can overcome the problem first and then consider marriage? This approach will give you a chance to grow and give your marriage a better chance.

It is difficult to determine when a person is ready for various steps of marriage. Such a decision involves considering personal values, environmental concerns, and individual and family issues. There are some guidelines to consider when each individual (and couple) weigh the decision. These guidelines are meant to trigger your personal thinking and open discussion between you and your potential partner.

7. Personal Independence

Ask yourself the following questions to help determine the degree of your personal independence:

a. To what degree are you ready to or to what degree have you already broken away from your dependence on your family? Have you managed independence or semi-independently for a time?
b. To what degree are you ready to relinquish some of your relationships with friends and form new groups of mutual friends? How well do you enjoy being with your partner’s friends?

c. How ready and willing are you to assume adult responsibilities in society? How ready are you to take your place in society?

C. Legal Aspects of Marriage

1. Many people fail to realize that marriage is a legally binding contract that involves specific rights and obligations of both husband and wife. Involved in this contract is the government of the state in which the married couple resides. Each state has its own set of marriage laws. These laws are quite different from one state to the next. Before entering marriage, it is important that both partners understand the laws pertaining to marriage in their state.

In order for a marriage contract to be legally valid, three conditions must be met. These are:

a. Both partners must agree to the marriage. This agreement must be accompanied by the man’s and woman’s signature on a valid marriage license.

b. There must be no force, duress, or coercion placed on either party. That is, no one can place undue pressure on a person to get married. Both partners must enter the marriage of their own free will.
c. The marriage ceremony must be witnessed by a legally recognized person who also signs the marriage license, and a legally recognized person must officiate (justice of the peace, minister, priest, rabbi, etc.).

2. Laws will vary from one state to the next in several ways. However, all states are concerned that people marry in a responsible manner. Therefore, laws are established to protect, as much as possible, the legal rights and well-being of those involved. These include both the marriage partners and any children that might be born in the marriage. These laws also pertain to property and money that is accrued in the marriage (for example, real estate, houses, furniture, automobiles, etc.).

Laws vary in terms of:

a. The legal age at which people can get married, either with or without consent of parents. In most states this is 18 years of age without parental consent. With parental consent, states vary anywhere from allowing 14 year olds to 16 year olds to marry.

b. Requiring a blood test and/or physician’s certificate prior to marriage. This is done to verify that both partners are free of any sexually transmitted infections (STIs). Some states require such verification, while others do not.
c. How property is divided in case of divorce. Nine states have “community property” laws. Community property laws state that property and money acquired by either marriage partner during the marriage belong equally to both. Should they divorce, both partners have equal claim to the property that has been acquired. Community property laws do not apply to property that either spouse acquired before the marriage, or property acquired during the marriage that was placed in his or her name (such as the title to a car that is not shared or an inheritance given to one of the spouses). Separate property laws, on the other hand, pay much more attention to which spouse paid for property or earned the money in case of divorce. Such property does not automatically belong equally to both partners.

d. The waiting period required to get married. Some states require a 5-day waiting period from the time the couple applies for the marriage license to the time they can get married. As of 1982, residents of Hawaii had to wait 30 days! Other states require no waiting period.

3. There are many other laws that pertain to marriage. The few mentioned here simply illustrate how different marriage laws can be from state to state. Other laws pertain to child custody in case of divorce or separation (who is granted the right to keep the children, the mother or the father), as well as child support when parents separate (how much money each parent is legally required to pay to provide for the food, medical, clothing and shelter expenses of children). It is a relatively easy thing to propose marriage and to get married. It is a far more complicated and legally difficult matter to get “unmarried,” or divorced.
RESOURCES

PEOPLE

PRINTED MATERIALS

Health text book

CDC: Choose Respect - Recognizing Dating Violence
**OBJECTIVE 10.8**

The student will examine factors to be considered in life-goal planning.

**Descriptive Statement:** Discussion includes life-long career goals in relation to economics and continuing education, considering the possibilities of marriage and preparing for a family, and/or career development plans. Family planning, including methods of contraception, is reviewed.

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<tr>
<td>I. Life-goal career goals</td>
<td>1. On the board – ask five students to write down five different occupations. Above these occupations, with input from the class, write an estimated annual income of these occupations and the amount of education or training involved in attaining these positions. (Be sure to insure the integrity of all these positions, all are equally important to community well-being.) Isolate an occupation that involves the most continuing education. Ask the class how many students in class might be interested in this career.</td>
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<tr>
<td>A. Factors to consider</td>
<td>2. Class discussion should include the planning by the student to this life-long goal. Then ask:</td>
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<tr>
<td>1. Economics and continuing education</td>
<td>a. “How might the goal of this position be affected by the pregnancy of your steady?”</td>
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<tr>
<td></td>
<td>b. “Would the money needed to receive the schooling be affected by the pregnancy and subsequent marriage?”</td>
</tr>
<tr>
<td>2. Marriage and preparing for a family and affects on careers.</td>
<td>1. Class discussion should include the reasons for getting married. (List good reasons, and bad ones.)</td>
</tr>
<tr>
<td></td>
<td>2. Discuss the reasons people have children.</td>
</tr>
<tr>
<td></td>
<td>3. Review career plans with family obligations.</td>
</tr>
<tr>
<td>CONTENT</td>
<td>SUGGESTED TEACHING/LEARNING STRATEGIES</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>B. Family Planning</td>
<td>1. Students are encouraged to research the cost of raising a child from birth to 18 years of age. Include food, clothing, shelter and basic education.</td>
</tr>
<tr>
<td>1. Methods of contraception</td>
<td>2. Class discussion to follow-up on the research activity.</td>
</tr>
<tr>
<td>2. Number of children and affordability</td>
<td>1. Class discussion should include the meaning and methods of alternative methods to obtaining children i.e. adoption, foster care, parenting.</td>
</tr>
<tr>
<td>3. Alternative methods of obtaining children</td>
<td></td>
</tr>
</tbody>
</table>
RESOURCES

PEOPLE

Smyth County Health Department

School Nurses

PRINTED MATERIALS

Health text book

AUDIOVISUAL MATERIALS
OBJECTIVE 10.9

The student will describe the signs and symptoms of pregnancy.

Descriptive Statement: Instruction involves physical and psychological changes and the need for early detection of pregnancy through medical testing to ensure a healthy and successful pregnancy. Community resources for testing and/or further information are identified.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
</tr>
</thead>
</table>
| I. Signs and symptoms of pregnancy | 1. Class lecture should include the early signs or symptoms of a female who suspects they are pregnant  
Discussion should include:  
a. missing the menstrual period  
b. nausea  
c. change in temperament |
| II. Methods of pregnancy testing | 1. Class of pregnancy testing discussed should include home pregnancy tests, health department services and seeking an examination and subsequent tests from a physician  
2. Methods of pregnancy testing discussed should include home pregnancy tests, health department services and seeking an examination and subsequent tests from a physician |
| III. Physical and Psychological changes during pregnancy | 1. Divide the class into ten groups. Assign one group to research changes the first week after fertilization. Assign each of the remaining groups one month during pregnancy. The groups are to do further research and develop five minute presentations on development during their assigned months. Include the impact of the mother’s health behavior on the developing baby. |
RESOURCES

PEOPLE

Smyth County Health Department
School Nurse

PRINTED MATERIALS

Parenting handout – “Pregnant – What To Do?”

Health text book

Life Unto Life – fetal growth and development

AUDIOVISUAL MATERIALS

In the Womb – National Geographic DVD
**OBJECTIVE 10.10**

The student will analyze the factors associated with a healthy pregnancy.

**Descriptive Statement:** Content focuses on causes of low birth weight such as smoking, poor nutrition, and use of alcohol and other drugs as well as the effects of sexually transmitted diseases, including HIV/AIDS. Other consequences of good and poor health habits, including the importance of quality prenatal care, are stressed.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Factors associated with a healthy pregnancy</td>
<td></td>
</tr>
<tr>
<td>A. Discuss each topic:</td>
<td></td>
</tr>
<tr>
<td>1. Causes of low-birth weight</td>
<td></td>
</tr>
<tr>
<td>2. Importance of proper nutrition</td>
<td></td>
</tr>
<tr>
<td>3. Use of tobacco, alcohol, and other drugs</td>
<td></td>
</tr>
<tr>
<td>4. Effects of sexually transmitted diseases on fetus and newborn</td>
<td></td>
</tr>
<tr>
<td>5. Importance of supervised prenatal care</td>
<td></td>
</tr>
<tr>
<td>B. Use the following materials to teach each concept:</td>
<td></td>
</tr>
<tr>
<td>1. Speaker: Smyth County Health Department Family Planning nurse or school nurse – “Factors Associated with Pregnancy” and “The Effects of Sexually Transmitted Diseases.”</td>
<td></td>
</tr>
<tr>
<td>2. Video: AIDS Update: The Latest Facts about HIV and AIDS</td>
<td></td>
</tr>
<tr>
<td>3. Activity: Parenting – “Drugs, Alcohol and Tobacco Abuse” #23</td>
<td></td>
</tr>
<tr>
<td>4. Activity: Parenting – Prenatal Care #21</td>
<td></td>
</tr>
<tr>
<td>5. <strong>CROSS REFERENCE:</strong> Health text book</td>
<td></td>
</tr>
</tbody>
</table>
RESOURCES

PEOPLE

Smyth County Health Department
School Nurse

PRINTED MATERIALS

Health text book
Parenting (notebook with pamphlets)

AUDIOVISUAL MATERIALS

AIDS Update: The Latest Facts about HIV and AIDS
OBJECTIVE 10.11

The student will explain the importance of supportive roles of mother and father through pregnancy and birth.

Descriptive Statement: Topics for discussion include the responsibilities of each parent in relation to proper prenatal care; the effects of heredity; possible abnormal outcomes such as miscarriage, birth defects, still-birth, and premature birth; and the stages of fetal development prior to birth.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Supportive roles of both parents during pregnancy and birth.</td>
<td></td>
</tr>
<tr>
<td>A. Responsibilities during pre-natal care</td>
<td></td>
</tr>
<tr>
<td>1. List on board roles and responsibilities that can be shared during pregnancy. Discuss with class.</td>
<td></td>
</tr>
<tr>
<td>B. Effects of heredity</td>
<td></td>
</tr>
<tr>
<td>C. Possible abnormal outcomes</td>
<td></td>
</tr>
<tr>
<td>a. Miscarriage</td>
<td></td>
</tr>
<tr>
<td>b. Birth defects</td>
<td></td>
</tr>
<tr>
<td>c. Still-birth</td>
<td></td>
</tr>
<tr>
<td>d. Premature birth</td>
<td></td>
</tr>
<tr>
<td>1. Speaker from March of Dimes Lecture on “Birth Defects”</td>
<td></td>
</tr>
<tr>
<td>2. Divide the class into 9 groups. Each group will draw a number from 1-9 representing a month in the Gestation Period. Research and report to class.</td>
<td></td>
</tr>
<tr>
<td>D. Stages of fetal development prior to birth</td>
<td></td>
</tr>
<tr>
<td>1. First trimester</td>
<td></td>
</tr>
<tr>
<td>2. Second trimester</td>
<td></td>
</tr>
<tr>
<td>3. Third trimester</td>
<td></td>
</tr>
<tr>
<td>a. Use Life Unto Life and Precious Pre-Born – fetal model</td>
<td></td>
</tr>
<tr>
<td>b. Health text book</td>
<td></td>
</tr>
</tbody>
</table>
RESOURCES

PEOPLE

March of Dimes Representative
Smyth County Health Department
School Nurse

PRINTED MATERIALS

Life unto Life
Precious Preborn – fetal model
Health text book

AUDIOVISUAL MATERIALS

In the Womb – National Geographic DVD
OBJECTIVE 10.12

The student will describe available birthing options.
Descriptive Statement: (Prepared materials on childbirth education are primary resources.) Birthing alternatives, such as natural childbirth are examined.

<table>
<thead>
<tr>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Available Birthing Options</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss birthing options – and possible reasons for a Cesarean Section.</td>
</tr>
<tr>
<td>A. Natural</td>
</tr>
<tr>
<td>1. Prepared</td>
</tr>
<tr>
<td>a. Lamaze – relaxation of breathing exercises</td>
</tr>
<tr>
<td>b. Laboyer – under water birth</td>
</tr>
<tr>
<td>2. Birth Setting</td>
</tr>
<tr>
<td>a. Delivery room</td>
</tr>
<tr>
<td>b. Birthing room</td>
</tr>
<tr>
<td>1. Family members present</td>
</tr>
<tr>
<td>c. Home</td>
</tr>
<tr>
<td>3. Birthing Assistant</td>
</tr>
<tr>
<td>a. Medical Doctor</td>
</tr>
<tr>
<td>b. Mid-wife</td>
</tr>
<tr>
<td>c. Nurse Practitioner</td>
</tr>
<tr>
<td>B. Surgical Cesarean Section</td>
</tr>
<tr>
<td>1. Reasons for</td>
</tr>
<tr>
<td>a. Presentation of baby</td>
</tr>
<tr>
<td>b. Breech</td>
</tr>
<tr>
<td>c. Transverse</td>
</tr>
<tr>
<td>2. Fetal distress</td>
</tr>
<tr>
<td>3. Head and pelvic disparity</td>
</tr>
<tr>
<td>4. Distress of Mother</td>
</tr>
<tr>
<td>a. Increased blood pressure</td>
</tr>
<tr>
<td>b. Long labor</td>
</tr>
<tr>
<td>c. Toxemia</td>
</tr>
</tbody>
</table>

Resources:

VHS: Preparation For Childbirth – VDH
RESOURCES

PEOPLE

School Nurse
Smyth County Health Department

PRINTED MATERIALS

Health text book

AUDIOVISUAL MATERIALS
OBJECTIVE 10.13

The student will identify the stages of the birthing process.

Descriptive Statement: The stages of the birthing process include the onset of labor and delivery—dilatation, birth, and expulsion the placenta.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Stages of the birthing process</td>
<td></td>
</tr>
<tr>
<td>A. Labor</td>
<td></td>
</tr>
<tr>
<td>1. The onset of labor</td>
<td>1. Classroom discussion should begin by an explanation by the teacher about the onset of labor that is brought about by the release of the hormone oxytocin. (This hormone causes the uterus muscle to begin contracting. These contractions shorten the muscles of the uterus and begin to pull the cervix, the neck of the uterus open.) This process is dilation, or opening of the cervix and is usually the longest stage of the birth process.</td>
</tr>
<tr>
<td>2. The first stage of labor</td>
<td>1. Classroom discussion should include explanation that with each contraction, the baby’s head is pushed toward the cervix. As the baby’s head moves against the membranes of the amniotic sac, this pressure causes the sac to rupture. This is most often referred to as the women’s “water” breaking. This is a sure sign that birth is close.</td>
</tr>
<tr>
<td>3. The second stage of labor</td>
<td>1. It should be noted to the students that this stage begins with dilation of the cervix and ends with birth.</td>
</tr>
<tr>
<td></td>
<td>2. The classroom discussion and lecture should include:</td>
</tr>
<tr>
<td></td>
<td>a. Contractions force the baby’s head through the birth canal.</td>
</tr>
<tr>
<td></td>
<td>b. Crowning is when the baby’s head can be seen entering the vagina.</td>
</tr>
<tr>
<td></td>
<td>c. Episiotomy is an incision made between the vagina and anus to prevent tearing.</td>
</tr>
<tr>
<td>CONTENT</td>
<td>SUGGESTED TEACHING/LEARNING STRATEGIES</td>
</tr>
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</tr>
<tr>
<td>3. Third stage of labor</td>
<td>1. Lecture should include informing the students that contractions continue after the baby is born. The placenta (afterbirth) is passed out of the vagina.</td>
</tr>
<tr>
<td></td>
<td>2. Classroom discussion should include the purpose of the placenta, and why it is no longer needed.</td>
</tr>
<tr>
<td></td>
<td>Video: Miracle of Life or In the Womb</td>
</tr>
</tbody>
</table>
RESOURCES

PEOPLE
Smyth County Health Department
School Nurse

PRINTED MATERIALS
Health text book

AUDIOVISUAL MATERIALS
Video: Miracle of Life
In the Womb – National Geographic DVD
**OBJECTIVE 10.14**

The student will analyze the skills and attitudes needed to become a competent parent.

**Descriptive Statement:** Attitudes toward parenting styles are examined. Instruction also includes various parenting strategies described by authorities. Students will understand the importance of the parenting responsibilities of both mother and father. Students will understand the benefits, challenges, responsibilities, and value of marriage in parenting. The student will be able to identify community and familial support systems that are available to parents. Students will understand the positive and negative effects of parenthood on mental health.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
</tr>
</thead>
</table>
| I. Attitudes Toward Parenting | A. Family background  
B. Personal concepts  
1. Students will make a list of three skills favored in their family to support good parenting skills and three to support bad or incorrect parenting skills. |
| II. Parenting Strategies | A. Role of mother  
B. Role of father  
C. Support groups  
1. Friends  
2. Extended family  
3. Community resources |
| III. Benefits, challenges, responsibilities, and values of marriage in parenting. | Refer to Objective 9.2 |
RESOURCES

PEOPLE

Pediatrician
**OBJECTIVE 10.15**

The student will describe adjustments to be made after the birth of a child.

**Descriptive Statement:** The newborn child as a source of joy and love is emphasized; however, the impact on the family of caring for a newborn infant is examined, including the effects on income, educational plans, leisure time, time available for sleep, and interpersonal relationships.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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</thead>
<tbody>
<tr>
<td>I. Adjustments in family after birth of a child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Effects of New Born</td>
</tr>
<tr>
<td></td>
<td>1. Income</td>
</tr>
<tr>
<td></td>
<td>2. Educational plans</td>
</tr>
<tr>
<td></td>
<td>3. Leisure time</td>
</tr>
<tr>
<td></td>
<td>4. Sleeping time</td>
</tr>
<tr>
<td></td>
<td>5. Interpersonal relationships</td>
</tr>
<tr>
<td></td>
<td>1. Discuss the effects of the newborn on family.</td>
</tr>
<tr>
<td></td>
<td>Include 1-5</td>
</tr>
</tbody>
</table>

**RESOURCES:**

Health text book
RESOURCES

PEOPLE

PRINTED MATERIALS

Parenting: Family Budget #24

Health text book

AUDIOVISUAL MATERIALS
**OBJECTIVE 10.16**

The student will compile a list of community agencies and resources available to assist individuals and families.

**Descriptive Statement:** Examples of community resources to be listed mental health services, social services, religious organizations, private agencies, hot lines such as violence prevention, child abuse, sexual violence and suicide, day-care centers, nursing homes, and the department of health.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
</tr>
</thead>
</table>
| I. Community Agencies and Resources | A. Mental Health Agencies  
B. Social Services  
C. Religious Organizations  
D. Private Agencies  
E. Hot Lines  
  1. Abuse – Child/Spouse  
  2. Suicide  
F. Day Care Centers  
G. Nursing Homes  
  1. Retirement Homes  
H. Health Department |

*Challenge Activity:*

1. Class will be divided into 8 groups Assign A – H for research and report to include community resources and procedures involved: Rape Crisis Center, Child Abuse/Neglect, Shelters for battered wives and suicide, Mental Health, Nursing Homes, Day Care Centers, Dept. of Social Services, Health Dept., and Religious Organizations. Location, telephone numbers and resource personnel.

   Activity: “Evaluating Day-Care Centers” #42

1. Health Text book

2. Telephone Directory (Yellow Pages)

3. Chamber of Commerce of Smyth County
RESOURCES

PEOPLE

Chamber of Commerce

PRINTED MATERIALS

Parenting: “Evaluating Day-Care Centers”

Health text book

AUDIOVISUAL MATERIALS
OBJECTIVE 10.17

The student will review the positive aspects of family life as a basic unit of society and as a means of personal development.

Descriptive Statement: Instruction includes a review of family functions and forms, with particular emphasis on family interactions. The family unit is described as a primary factor for the development of one’s personality and for preparation for adulthood as either a married or single person. The relationship of the family unit to the community and the world is stressed.

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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<tbody>
<tr>
<td>I. Role of the family in society</td>
<td></td>
</tr>
<tr>
<td>A. Communication</td>
<td></td>
</tr>
<tr>
<td>B. Togetherness</td>
<td></td>
</tr>
<tr>
<td>C. Identity</td>
<td></td>
</tr>
<tr>
<td>D. Support</td>
<td></td>
</tr>
<tr>
<td>E. Responsibility</td>
<td></td>
</tr>
<tr>
<td>F. Advantages of the total family unit</td>
<td></td>
</tr>
<tr>
<td>G. Family responsibilities to the community</td>
<td></td>
</tr>
<tr>
<td>Activity: Parenting – “Communicating Age Makes A Difference” #28</td>
<td></td>
</tr>
<tr>
<td>Activity: “Parenting – Single Parent Families” – #48 Contrast total family to single parent family</td>
<td></td>
</tr>
<tr>
<td>Health text book</td>
<td></td>
</tr>
</tbody>
</table>
RESOURCES

PEOPLE

PRINTED MATERIALS

Health text book

AUDIOVISUAL MATERIALS
OBJECTIVE 10.18

The student will know the basic information about sexually transmitted diseases including symptoms, transmission, and treatment.

Descriptive Statement: The student will review the effects of HIV/AIDS and other sexually transmitted diseases. The student will explain the nature of HIV/AIDS in the United States and the world. The student will examine emotional family issues of HIV infection and AIDS. The student will name and know how to use local, state, and national resources for HIV/AIDS information, help, and counseling.

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<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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<tbody>
<tr>
<td>1. Definition of sexually transmitted infections (STI, formerly called venereal disease or STD) – a disease passed from person to person through intimate sexual contact and/or injectable drug use.</td>
<td>To review facts about sexually transmitted diseases and HIV/AIDS, involve students in a game of STIs/AIDS Basketball. Have each student write down three questions concerning STIs or HIV/AIDS in varying degrees of difficulty from easy to hard. These will become 1-point, 2-point, and 3-point questions. It may be necessary for you to add questions in order to cover all the important facts. Divide the class into two teams. Ask a question of one team member at a time, taking turns within each team and alternating between teams. Give each student the choice of a 2-point or 3-point question (more difficult). Accept only one answer given in a reasonable time period (10 seconds). If the answer is correct, the player earns points for his or her team. If a player commits a “foul” by trying to help another player answer a question, the other team gets the opportunity to answer a “foul-shot” question worth one point. Determine the length of the game (time, number points scored, etc.) and keep score on chart paper or the chalkboard. Using textbooks, charts, audiovisuals, fact sheets, etc. review the symptoms and transmission of sexually transmitted diseases. This information is summarized under “Content.”</td>
</tr>
<tr>
<td>2. Types of STIs</td>
<td></td>
</tr>
<tr>
<td>-HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>-Chlamydia (most prevalent bacterial pathogen in the U.S. today)</td>
<td></td>
</tr>
<tr>
<td>-Genital herpes</td>
<td></td>
</tr>
<tr>
<td>-Gonorrhea</td>
<td></td>
</tr>
<tr>
<td>-Syphilis</td>
<td></td>
</tr>
<tr>
<td>-Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>-Genital warts (HPV or human papillomavirus)</td>
<td></td>
</tr>
<tr>
<td>-PID (pelvic inflammatory disease)</td>
<td></td>
</tr>
<tr>
<td>3. Transmission of STIs</td>
<td></td>
</tr>
<tr>
<td>-Pathogens (disease-causing germs) that die quickly when exposed to heat, light, and air are passed in body fluids through intimate sexual contact between an infected person to another person. -STIs are not transmitted by casual contact (shaking hands, from door knobs, or in swimming pools). -HIV and hepatitis B can be transmitted by receiving blood from an infected person without any sexual contact.</td>
<td></td>
</tr>
<tr>
<td>4. General symptoms of STIs</td>
<td></td>
</tr>
<tr>
<td>No symptoms for many people, yet they can transmit the diseases.</td>
<td></td>
</tr>
</tbody>
</table>
- Discharge from the sex organs
- Pelvic pain, soreness (females)
- Genital itching
- Burning upon urination
- Skin changes (sores, rashes, bumps) around the genitals

Symptoms that may be more specific of each STI
- HIV
  - No symptoms during most of the period of infectivity (asymptomatic)
  - Unexplained, present fatigue
  - Persistent fever
- AIDS
  - Loss of appetite
  - Unexplained weight loss of ten pounds or more
  - Persistent diarrhea
  - Night sweats
  - Swollen glands
  - Persistent cough or shortness of breath
  - Persistent infection
  - White spots in the mouth
- Chlamydia
  - Males
    - Painful urination
    - Watery discharge
    - Some have no symptoms
  - Females
    - Itching, burning
    - Discharge
    - Dull pelvic pain
    - Bleeding between periods
    - Most have no symptoms
- Genital Herpes
  - Painful sores on genitals that heal on their own in a few weeks but often reactivate later (1/3 do not)
  - Itching and/or tingling prior to the onset of the sores
  - Swollen glands, fever, aches, pains, discharges, tiredness
  - May be asymptomatic (no symptoms)

If possible, obtain information sheets from a local STI clinic and involve students in an imaginary “walk through” of a clinic visit so that they will know what to expect if they ever have an STI and seek treatment. Encourage students to consult with their parents before visiting a clinic or doctor, but explain that the law permits minors to obtain confidential medical care for STIs without parental permission.

Display in the room the toll-free hotline numbers that students may call for the latest information, the name of the nearest location for medical care, or just to talk to someone about STIs or HIV/AIDS.
- VD National Hotline 1-800-227-8922
- AIDS National Hotline 1-800-342-AIDS

Create “Dear Abby” letters concerning an STI situation. Have students write a reply to the letter. Then have students discuss their individual responses in small groups and decide on the best collective response to share with the entire class.

Have small groups of two to three students produce TV public-service announcements about STIs. The group will research a particular disease, write a script, create some type of visual, and if possible, tape the message using a video camera. Have each group present its message to the class either directly or by videotape.

Alternately, you may wish to have the class produce a slide cassette educational program concerning STIs. Students will write the script, take pictures, and record the audio.
- **Gonorrhea ("clap")**
  - **Males**
    - 3-8 days after contact, some have a burning discharge from the penis
    - Many are asymptomatic
  - **Females**
    - No symptoms since infection is one of the cervix, not the vagina

- **Syphilis**
  - **1st Stage**: 10-90 days after contact a chancre appears (painless sore that goes away)
  - **2nd Stage**: 2-6 months after contact, a tired feeling, fever, sore throat, loss of hair, non-itchy rash appears then disappears
  - **3rd Stage**: After 2 years, possible damage to central nervous system, insanity, even death.

- **Hepatitis B**
  - Flu-like symptoms
  - Fever, nausea, chills, loss of appetite
  - Dark-colored urine
  - Abdominal pain
  - Jaundice (skin and whites of eyes turn yellow)
  - May be asymptomatic

- **Genital Warts (HPV or human papilloma virus)**
  - Cauliflower-like bumps on penis or vaginal area or anus
  - Subclinical (not visible) warts may exist and may be transmitted

- **PID (pelvic inflammatory disease)**
  - Pelvic pain
  - Chills
  - Fever
  - Irregular menstrual period
  - Lower back pain
<table>
<thead>
<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>- No cure</td>
</tr>
<tr>
<td></td>
<td>- Drug AZT slows virus from weakening the immune system</td>
</tr>
<tr>
<td></td>
<td>- Preventive treatments for opportunistic diseases</td>
</tr>
<tr>
<td></td>
<td>- Drugs and other therapies for opportunistic diseases</td>
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<tr>
<td></td>
<td>- Drugs and other therapies for opportunistic diseases as they occur</td>
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<tr>
<td></td>
<td>- Chlamydia</td>
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<tr>
<td></td>
<td>- Can be cured</td>
</tr>
<tr>
<td></td>
<td>- Antibiotics</td>
</tr>
<tr>
<td></td>
<td>- Genital Herpes</td>
</tr>
<tr>
<td></td>
<td>- No cure</td>
</tr>
<tr>
<td></td>
<td>- Virus becomes dormant, only to possibly activate again when triggered by stress (yet many people experience no reoccurrences)</td>
</tr>
<tr>
<td></td>
<td>- Pain relieved by drug Acyclovir</td>
</tr>
<tr>
<td></td>
<td>- Gonorrhea</td>
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<tr>
<td></td>
<td>- Can be cured</td>
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<tr>
<td></td>
<td>- Antibiotics</td>
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<tr>
<td></td>
<td>- Syphilis</td>
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<tr>
<td></td>
<td>- Can be cured</td>
</tr>
<tr>
<td></td>
<td>- Penicillin (before 3rd stage)</td>
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<tr>
<td></td>
<td>- Other antibiotics</td>
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<tr>
<td></td>
<td>- Hepatitis B</td>
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<tr>
<td></td>
<td>- Cannot be cured</td>
</tr>
<tr>
<td></td>
<td>- Resolves spontaneously but damage may remain</td>
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<tr>
<td></td>
<td>- Must avoid alcohol</td>
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<tr>
<td></td>
<td>- Rest, proper nutrition, and avoidance of drugs</td>
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<tr>
<td></td>
<td>- Genital warts (HPV)</td>
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<tr>
<td></td>
<td>- Cannot be cured</td>
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<tr>
<td></td>
<td>- Electrotherapy, freezing, or surgery to remove growths</td>
</tr>
<tr>
<td></td>
<td>- Can reoccur with further exposure</td>
</tr>
<tr>
<td></td>
<td>- Associated with cervical cancer in females later</td>
</tr>
</tbody>
</table>
- PID (pelvic inflammatory disease)
  - Can be cured
  - Antibiotics
  - Can cause sterility due to development of scar tissue on Fallopian tubes

Some serious complications of STIs
- Death
- Emotional effects (fear, shame, guilt)
- Affects newborns if mother infected
- Tubal (ectopic) pregnancy
- Risk of sterility (inability to reproduce)

- What to do if you think you have an STI
  - Stop having sex
  - Call for an appointment with an STI clinic at the health department or a health professional. (Law permits minors to obtain confidential STIs medical care without parental permission.)
  - Follow doctor’s instructions
  - Notify recent sex partner(s) of a positive diagnosis and help him or her (them) get treatment; or tell the counselor at the clinic, who will contact the partner(s) and maintain confidentiality.
  - Schedule a follow-up visit to confirm the cure before resuming sexual activity.
  - To prevent future STIs, practice sexual abstinence or use latex condoms lubricated with spermicides.

- Reasons people infected with STIs do not seek prompt medical care or tell their sex partners
  - They are asymptomatic (have no symptoms)
  - Discrimination
  - Fear
  - Guilt
  - Ignorance
  - Misinformation
  - No money
  - Shame
CONTENT

- Ways to encourage people infected with an STI to seek help and tell sex partners
- Advertising (media)
- Awareness
- Education
- Emphasize moral responsibility

The body’s natural defenses against disease
- Skin
- Mucous membranes
- Mucus
- Nasal hairs
- Cilia (eyelashes)
- Tears
- Stomach acids
- White blood cells
- Antibodies

How a healthy immune system works
- White blood cells called T-helper cells signal other white blood cells (called T-killer cells) to look for anything that could harm the body.
- T-helper cells control the release of antibodies into the bloodstream
- Each kind of antibody fights one certain pathogen by attaching to it and disarming it.
- Other white blood cells (phagocytes) destroy pathogens.
- T-killer cells travel through the body and check it regularly.
- If T-killer cells find a cancer cell or a cell infected with a virus, they destroy the cell.
- T-killer cells also destroy certain microorganisms (protozoan’s and fungi) and thus keep their numbers in the body small.

SUGGESTED TEACHING/LEARNING STRATEGIES

Review the body’s natural defenses against disease.
Ask students to brainstorm body parts/substances that help protect the body from the entrance of disease-causing agents.

Illustrate the body’s defense system against disease by drawing a fort (the body) that has defenders on top (skin, hair, etc.) and inside (white blood cells, the immune system) trying to ward off invaders (bacteria, viruses). Show on the fort an area where a hole has opened and the invaders (i.e., the HIV) are getting through. This analogy will help students understand pathogens (disease-causing agents), outside defensive mechanisms, such as skin, the entrance of pathogens into the body, and the body’s defenses in the blood.
- Continue the diagram by illustrating the invaders (HIV) attaching to and entering T-helper cells (the defenders), destroying them, etc.
CONTENT

How AIDS weakens the immune system
- The AIDS virus enters the blood.
- The AIDS virus attaches to and then enters the T-helper cell.
- The AIDS virus becomes part of the T-helper cell’s genetic code.
- The AIDS virus directs the T-helper cell to make hundreds of new AIDS viruses, and the T-killer cell is destroyed.
- New viruses attack other T-helper cells.
- T-helper cells cannot signal for the release of antibodies or the release of T-killer cells to check the body for pathogens.
- The immune system breaks down because the more T-helper cells that are destroyed, the fewer T-killer cells are sent out.
- Cancer cells are no longer killed, and they reproduce. Therefore, rare cancers like Kaposi’s sarcoma can develop. Micro-organisms that the body usually lives with in harmony increase in number and can become harmful. For example, PCP is caused by pneumonia carinii protozoa, which are normally held in control but which reproduce quickly when the immune system breaks down. The weakened immune system of a person infected with HIV becomes susceptible to these and other opportunistic diseases. Death usually results from the body’s inability to combat these diseases.

Behaviors to prevent/reduce HIV/AIDS and other STIs
- Abstinence from sexual intercourse (oral, anal, vaginal)
- Avoidance of injectable drug use
- Avoidance of needle-sharing (drug, steroid, tattoo, and ear-piercing needles)

SUGGESTED TEACHING/LEARNING STRATEGIES

Review high-risk behaviors for contracting HIV/AIDS and other sexually transmitted diseases.

Emphasize that there is no such thing as “safe sex.” The only sure way to prevent the transmission of HIV/AIDS by sexual contact is to practice abstinence. Condoms may be a “safer” way to have sex, but they do not make sex “safe.”
CONTENT

- Avoidance of blood-to-blood contact
- No “blood brothers” rituals
- Wearing protective gloves and masks when working with blood or when giving first aid
- Insisting that your own dentist wear gloves before your examination
- Mutual monogamy with an uninfected partner
- Prevention of pregnancy (to prevent transmission of IV from infected mothers to their unborn babies)
- Prevention of “date rape”
- Counseling and support for gender and role-identity issues
- Using latex condoms during sexual intercourse

WAYS TO CHANGE HIGH-RISK BEHAVIORS TO BEHAVIORS THAT ARE LESS RISKY

- Using the decision-making model
- Resisting peer pressure
- Role-playing

SUGGESTED TEACHING/LEARNING STRATEGIES

Emphasize that all decisions about whether to have sex, use drugs, that every person has the right to make his/her choices. However, with this right comes responsibility. A person is responsible for his/her own behavior and the consequences that behavior may have for himself/herself and others. Therefore, when making any decision, it is best to follow a decision-making process, not just leave decisions to chance. Such as process involves asking oneself certain questions about a problem/situation:
- What is the problem/situation?
- What are the available choices?
- What are the possible consequences of each choice, both positive and negative?
- What are the available resources? (Who can help?)
- What is my decision?

Emphasize that when an individual makes a decision not to have sex, not to use drugs, alcohol, etc., it is important to be able to convey a clear message of “no.” Sending a clear message involves:

- Recognize one’s own feelings, thoughts and desired outcomes (what you want to happen) in a situation.
- Choosing words which accurately convey the intended message.
- Using appropriate tone, posture, gestures, eye contact (body language).
- Following through with appropriate actions.

Sometimes there can be a difference between what one wants to say and what one actually says. Then a situation of mixed messages occurs. This is sometimes the case when “date rape” occurs.
Divide students into groups to practice skills for saying “no.” Hopefully this activity will give students skills for refusing to participate in behaviors that put them at risk for HIV/AIDS and STIs. Provide situations for students to role-play. Ask them to identify the issues in each situation.

-“We’ve been going together for a year. My boyfriend/girlfriend wants me to have sex (intercourse) with him/her. I love him/her, and I don’t want to lose him/her, but I’m not sure this is what I want to do.”

-A lot of my friends are using drugs. I don’t want to lose my friends, but I’m scared of drugs.”

-My boyfriend/girlfriend always wants to end out dates with heavy “petting” session. I don’t want to become more physically involved than we have been, but I sense he/she does. We spend a lot of time along together.”

Have students present skits illustrating the issues involved to the class without presenting a solution to the situation. Stop after each skit and ask the audience to name (and you list on the board) possible ways to say “no” which action and words will send a clear message, yet keep friends. For example:

-Honestly convey thoughts, feelings, desired outcomes (e.g., “I still like you and want to go out with you, but I do not feel comfortable having sex”). This opens the door for further communication.

-Make an excuse (e.g., “I can’t go out tonight”); however, excuses will only work in the short run, not in long-term relationships.

-Avoid situations in which the behavior can occur (e.g., “partying” with friends when parents are not at home).

After the students have offered their collective suggestions, have the group select the ones they wish to use to finish their skits. Have them finish acting out the solution to their skit.
Ask students to brainstorm things teenagers can do to change high-risk behaviors to behaviors that are less risky. For example:

- Do fun things in groups.
- Hang around with teens your own age.
- Find friends who accept you as you are and don’t push.
- Stay sober.
- Keep your clothes on.
- Learn to say “no” when you need to.
- Do something with your parents at least once a week.
- Save single dating until junior or senior year.
- Work and earn money.
- Get involved in hobbies.
- Use your talents and get positive strokes that way.

Have students, working in small groups (two to three students each), produce an “AIDS Smart” public-service spot that will focus on the behavior of teens that will prevent/reduce the transmission of AIDS. This activity can be done in conjunction with SOL 10.1. If possible, have students tape their “spots” and show them all to the class.
I. The impact of HIV/AIDS
- In the U.S.
- In Africa
- In Southeast Asia
- In Latin America
- In Europe
- In the Caribbean
- In the Middle East
- In other parts of the world

1. Assign groups of students to research and report orally to the class on the effect of HIV/AIDS on underdeveloped countries, such as African nations, Southeast Asian countries, and Latin American countries. Also, ask students to discuss how the disease in the country they researched differs from the effect of the disease in the U.S., noting the:
   - current number of cases
   - target population
   - medical treatment
   - numbers affected
   - economic impact
   - coping strategies of the country

2. In their research, encourage students to use the most current information from magazines, newspapers, and World Health Organization reports.

3. Put a map of the world on the bulletin board. Have students bring in news clippings or magazine articles about HIV/AIDS cases in other countries. Ask them to share the information with the class, mount the articles on construction paper, attach the article to the bulletin board, and use a piece of yarn to connect each article to a pin that identifies the country on the map.

4. As a class, draft a letter to the Centers for Disease Control in Atlanta, Georgia, (or the local health department) requesting a monthly update on the HIV/AIDS data. Have students graph AIDS cases and deaths and continue their graph with each update. (This activity can be integrated with math class.)
<table>
<thead>
<tr>
<th>CONTENT</th>
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<tbody>
<tr>
<td>Physical concerns/needs of a person infected with HIV/AIDS</td>
</tr>
<tr>
<td>- Weakness</td>
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<tr>
<td>- Pain</td>
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<tr>
<td>- Inability to eat/drink</td>
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<tr>
<td>- Inability to work</td>
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<tr>
<td>- Lack of money</td>
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<tr>
<td>Emotional concerns/needs of a person infected with HIV/AIDS</td>
</tr>
<tr>
<td>- Fear of the disease</td>
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<tr>
<td>- Fear of others’ reactions (discrimination, isolation)</td>
</tr>
<tr>
<td>- Fear of death and dying</td>
</tr>
<tr>
<td>- Need for companionship</td>
</tr>
<tr>
<td>Family responsibilities</td>
</tr>
<tr>
<td>- Care for the person’s physical needs</td>
</tr>
<tr>
<td>- Respect the privacy of a person with HIV/AIDS</td>
</tr>
<tr>
<td>- Spend time with the person living with HIV/AIDS (reading, watching T.V., talking, playing games, listening to music)</td>
</tr>
<tr>
<td>- Discuss HIV/AIDS with the doctor, nurse, infected person, and family</td>
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<tr>
<td>- Recognize and accept the stages of dying</td>
</tr>
<tr>
<td>- Denial</td>
</tr>
<tr>
<td>- Anger</td>
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<tr>
<td>- Grief</td>
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<tr>
<td>- Acceptance</td>
</tr>
<tr>
<td>- Support financially (as able)</td>
</tr>
<tr>
<td>- Utilize and participate in community resources for help</td>
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</tbody>
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<thead>
<tr>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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<tbody>
<tr>
<td>Have students in journals or notebooks write a response to the following situation:</td>
</tr>
<tr>
<td>- What would you do if you found out your brother/sister/family member has HIV/AIDS and is coming home from the hospital next week?</td>
</tr>
<tr>
<td>After students have reacted to this situation, ask them to brainstorm and list in 3-column chart the following:</td>
</tr>
<tr>
<td>- The individual’s physical concerns/needs</td>
</tr>
<tr>
<td>- The individual’s emotional concerns/needs</td>
</tr>
<tr>
<td>- The family’s concerns/needs</td>
</tr>
<tr>
<td>Ask for volunteers to read from their journals and create a list of collective ideas about how the family can meet the varying needs of a person with AIDS.</td>
</tr>
<tr>
<td>Have each student find in a newspaper or magazine an article about HIV or AIDS that talks, at least in part, about people with HIV/AIDS. (Research articles are not appropriate.) Have students write in journals/notebooks about the following:</td>
</tr>
<tr>
<td>- Who are the people mentioned in the article?</td>
</tr>
<tr>
<td>- Who are the people responding to the HIV/AIDS problem?</td>
</tr>
<tr>
<td>- How do you feel about what these people are doing? Do you agree or disagree? Why?</td>
</tr>
<tr>
<td>When students have finished their articles, ask them to share their findings with the class.</td>
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</tbody>
</table>
National Resources
- American Red Cross
- March of Dimes
- Center for Disease Control and website
- National AIDS hotlines
  (1-800-342-AIDS)
  (1-800-322-SIDA)
  (1-800-AIDS-TTY)
  (1-800-234-TEEN)

State Resources
- State Health Department
- Virginia AIDS hotline 1-800-533-4148 (Voice/TTD accessible)
  1-800-322-7432 (Spanish speaking)

Local Resources
- Counseling services
- AIDS self-help groups
- Substance abuse treatment programs
- Mental Health Services
- Religious Organizations

If your school system will allow, you may ask a person infected with HIV/AIDS to speak to the class and share first-hand information on the effects of HIV/AIDS on family living as well as other areas of life. HIV/AIDS spokespersons are available through community organizations involved in HIV/AIDS treatment and counseling. Another resource might be a hemophiliac infected with AIDS or a person from his or her family. Suggest to students that many of the concerns of families dealing with HIV/AIDS are similar to concerns that families face with any long-term illness or disability. Be aware that you may have students who can offer insights because they have been through this process. Be aware, also, that they may be very sensitive and may choose not to participate.

Make each student responsible for finding out the following about one resource for HIV/AIDS information, help, and counseling:
- Name of the resource
- Address
- Phone number
- Hours of operation
- Kind of service
- Cost
- Person to contact in the agency

Have each student present his or her findings to the class, compile the information on a fact sheet, place the fact sheet in an AIDS Resource File, or display it on a bulletin board.

Invite a guest speaker from one of the resources to speak to the class about the services of his or her agency.
<table>
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<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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<tbody>
<tr>
<td>Hospital/medical treatment</td>
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<td>County/city health agencies</td>
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<tr>
<td>Local chapter of the American Red Cross</td>
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<tr>
<td>Hospices</td>
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<td>Planned Parenthood</td>
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<tr>
<td>AIDS service organizations</td>
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<tr>
<td>AIDS Council of Western Virginia (Roanoke)</td>
<td>1-540-982-AIDS</td>
</tr>
<tr>
<td>Charlottesville AIDS Support Group, Inc.</td>
<td>1-800-752-6862</td>
</tr>
<tr>
<td>Central Virginia AIDS Services Education (Richmond)</td>
<td>1-804-359-4783</td>
</tr>
<tr>
<td>Whitman-Walker Clinic, Inc. (Washington, D.C.)</td>
<td>1-202-797-3560</td>
</tr>
<tr>
<td>Tidewater AIDS Crisis Taskforce (Norfolk) – 1-804-423-5859</td>
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<tr>
<td>(Peninsula) – 1-804-877-1300</td>
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OBJECTIVE 10.19

The student will interpret state laws that affect family life.

Descriptive Statement: Current laws in Virginia are reviewed as well as any pending legislation affecting individuals and families regarding marriage, divorce, adoption, child abuse, and legal responsibilities of parents.

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<tr>
<th>CONTENT</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
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<tbody>
<tr>
<td>I. Laws That Affect Family Life</td>
<td></td>
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</table>

A. Pending legislation which may affect:

1. Individuals
2. Families
   A. Marriage
   B. Divorce
   C. Separated Parents
   D. Adoption
   E. Abortion
   *F. Abuse
      1. Spouse
      2. Child
   *G. Suicide
   *H. Death
   I. Legal responsibilities of parents

B. Current legislation which pertain to the above Topics

Resource Speaker:
Attorney for the Commonwealth-Smyth County