

Department of Curriculum and Instruction
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

Grade 8 Health Education Curriculum - Revised

Field Test – Spring 2005

Teacher's Edition

The enclosed material comprises the revisions to the Grade 8 Comprehensive Health Education curriculum approved by the Board of Education on November 9, 2004. Teachers are directed to replace the Mental Health unit and the Family Life and Human Sexuality unit with the revised units contained in this packet. This material is the teacher's edition and includes specific directions and information to be used in the delivery of instruction. The text material comprising the revisions and the curriculum to be field-tested is noted in ***bold italic*** print. The teacher directions included in this packet are noted by the shaded areas. Teachers are directed to present the information in bold italic print as direct lecture and they are not to provide additional information, interpretation, or examples.

MENTAL HEALTH

Instructional Outcomes

By the end of the designated grade level, the student should be able to:

- * Discuss how cultural identity affects expression of emotions
- * Describe ways in which you have grown emotionally
- * Identify various mechanisms for dealing with stress
- * Explain how one can reduce unpleasant or unhealthy situations in daily living
- * Identify personality disorders that come from the inability to cope with daily life
- * Recognize decision-making as a continuous healthy life skill
- * Appraise goal setting strategies and accept responsibility for the outcome of the decision
- * Investigate the positive outcomes of risk-taking
- * Discuss the relationship between liking one's self and taking care of one's self
- * Develop skills to respond with confidence when faced with a challenge individually or as a member of a group
- * Explain how rejection, separation, and loss affect relationships with friends and family
- * Identify self-destructive behaviors that maybe life threatening to peers, family, and self
- * Discuss how to give and receive equally in relationships

Content Outline

- I. How Cultural Identity Affects the Expression of Emotion
 - A. Verbal and non-verbal cues
 1. eye contact
 2. body language
 3. covering of mouth
 4. open expression
 - B. Acceptable and non-acceptable behaviors toward authority figures
 1. appropriate language
 2. responding inappropriately
 - C. Cultural differences
 1. extremes
 - a. no overt showing of emotions

- b. overt expression of emotions is the norm

Key Resources: Personal and Social Skills, p. 174-175, 189-190

II. Measuring Emotional Growth

- A. Focus on others instead of self
 - 1. social circumstances
 - 2. age/differences
- B. Able to assume increased responsibility
 - 1. self
 - 2. others
- C. Able to show empathy
 - 1. willing to help others without expecting reward

Key Resources: Teen Health, Course 3, p. 212

III. Mechanisms for Dealing with Stress

- A. Managing stress
 - 1. identify what is causing stress
 - 2. use time-management skills
 - 3. participate in physical activity
 - 4. seek support from others
 - 5. find a way to reduce your stress
 - a. listen to music
 - b. go for walks
 - c. talk with friends
 - d. find a relaxing hobby
 - e. others

Key Resources: Teen Health, Course 3, p.76-81, 88-93

IV. Reducing Unhealthy and Unpleasant Situations in Daily Life

- A. Techniques
 - 1. talk it out
 - 2. seek help from others
 - 3. self-talk
 - 4. conflict resolution/anger management

Key Resource: Comprehensive School Health Education, Meeks Heit, p. 130-135

V. Personality Disorders That Come From the Inability to Cope

- A. Disordered feelings
 - 1. sad for no reason
 - 2. prolonged depression

- B. Disordered thinking
 - 1. experiencing false ideas, perception, and beliefs
 - 2. hallucinations
 - 3. delusions

- C. Disordered behavior
 - 1. inappropriate behavior
 - 2. criminal activity
 - 3. phobias
 - 4. inability to live independently
 - 5. suicide

Key Resources: Teen Health, Course 3, p. 82-87

VI. Decision-Making as Life Skill

- A. Where decisions are made - everywhere and all the time
 - 1. at home
 - 2. at school
 - 3. in community
 - 4. on the job
 - 5. in leisure

- B. Decision-making is a lifetime skill
 - 1. follows a logical process
 - 2. uses accurate factual information
 - 3. ends with a greater likelihood of satisfaction
 - 4. if process is not followed, faulty and irresponsible behavior is more likely

Key Resources: Teen Health, Course 3, p. 18-22

VII. Goal Setting Strategies and the Outcome of the Decision

- A. Define goal setting
 - 1. short term
 - 2. long term

- B. Self-awareness
 - 1. examine who you are
 - a. strengths and weaknesses
 - b. capabilities and limitations
 - c. likes and dislikes
 - d. wants and needs
 - e. personal values and standards
- C. Develop a vision
 - 1. What do you want to do?
 - 2. Where do you want to go?
 - 3. How do you want to be?
- D. Set achievable goals
 - 1. Achievable goals should:
 - a. be clear, specific, and measurable
 - b. have realistic timelines
 - c. be manageable
 - d. emphasize the positive rather than the negative
 - e. be written down
- E. Devise an action plan
- F. Establish a support network
- G. Set-up a reward system

Key Resources: Teen Health, Course 3, p. 23-27
Personal and Social Skills, p. 250-262, 257, 270-274
Just For The Health Of It, Unit 5, p. 54 and 57
Think, Choose, Act Healthy, p. 251-285
Comprehensive School Health Education, p. 118-119
CHMG, Self-Esteem, p. 17 and 2.2

VIII. Positive Risk-Taking

- A. Risk-taking is learned
 - 1. from parents
 - 2. from peers
- B. It happens every day
 - 1. trying something new
 - 2. making new friends

- C. Personality and risk taking
 1. degree of risk one is willing to take
 2. emotions influence one's estimate of risk
 3. something that is difficult to get may be more desirable
 4. being sure risk is appropriate

- D. Positive risks include:
 1. change of any type
 2. going to college
 3. getting a job
 4. moving
 5. others

Key Resources: Comprehensive School Health Education, 2nd Edition, Meeks Heit, p. 177 and 178
 Substance Abuse Prevention, p. 147-151

IX. Liking One's Self and its Relationship to Taking Care of One's Self

- A. Factors that contribute to liking of self
 1. sense of belonging
 2. family role
 3. support and affection from others
 4. **sexual identity** (in this context the only thing to reference is how comfortable the individual feels with their role and how they are treated as a male or female – liking yourself includes how you feel about, and how you are treated by others as a male or female)
 5. intellect
 6. physical
 7. spiritual
 8. emotional
 9. **cultural**

- B. Taking care of yourself (if you like yourself you're more likely to take care of yourself)
 1. accept yourself as you are
 2. get the proper amount of rest, sleep, and exercise
 3. have a proper diet
 4. eliminate addictive/destructive behavior

Key Resources: Personal and Social Skills, p. 96-97
 CHMG, Fitness and Hygiene, p. 22-34

X. Developing Skills to Respond With Confidence

- A. Assertiveness skills
 - 1. stating your position
 - a. "I" messages
 - b. how to say "no"
 - 2. offering a reason
 - 3. acknowledging others feelings

Key Resources: CHMG, Abstinence, p. 40-48
Personal and Social Skills, p. 191-201
Just For The Health Of It, Unit 3, p. 109
CHMG, Communication and Anger Management, p. 66-72, 7.1

XI. Rejection, Separation and Loss Affect Relationships

- A. Define and give examples
 - 1. rejection
 - 2. separation
 - 3. loss
- B. Common feelings resulting from rejection, separation and loss
 - 1. denial/sadness
 - 2. anger
 - 3. guilt
 - 4. insecurity
 - 5. depression
 - 6. acceptance
- C. Techniques for developing a healthy attitude
 - 1. understand that children in a family cannot change the way parents communicate (separation/divorce)
 - 2. realize that change is inevitable but not always easy to accept
 - 3. share feelings with parents, close friends, trained counselors, and other trained adults

Key Resources: Teen Health, Course 3, p. 221-227

XII. Life Threatening Self-Destructive Behaviors

- A. Causes of violence and abuse in the family
 - 1. pent-up stress and anger
 - 2. influence of alcohol/drugs
 - 3. behavior learned during childhood
- B. Why self-destructive behaviors
 - 1. anger at self and others
 - 2. depression
 - 3. fear of failure
 - 4. can't cope with stress or change
 - 5. others

- C. Self-destructive behaviors
 1. self-mutilation
 2. drug/alcohol abuse
 3. criminal activity
 4. suicide
 5. others

Key Resources: CHMG, Violence, p. 22-29, 50-63
 Teen Health, Course 3, p. 82-87
 CHMG, Nutrition and Body Image, Unit 7

XIII. Giving and Receiving Equally in Relationships

- A. Personal qualities
 1. dependability
 2. honesty (*to one's self, and when presenting one's self to others*)
 3. trustworthiness

- B. How to develop relationships and share equally
 1. avoid criticism, complaints, put downs
 2. honest and rewarding feedback
 3. learn about others' strengths and special talents
 4. talk openly and honestly about feelings and needs
 5. accept individual differences (*e.g. ethnicity, religion, sexual identity, etc.*)
(same context as above in IX A 4)
 6. respect personal values, rights, and needs
 7. treat others as you would like them to treat you

Key Resources: Think, Choose, Act Healthy, p. 63
 Teen Health, Course 3, p. 100-110
 Comprehensive School Health Education, Meeks Heit, p. 170-171

Content Resources:

**Communication And Anger Management, Comprehensive Health For The Middle Grades, ETR Associates, 1996.

Comprehensive Guidance And Counseling Program Handbook, Middle Level Edition, Montgomery County Public Schools, 1988.

**Abstinence, Comprehensive Health For The Middle Grades, ETR Associates, 1996.

Self-Esteem and Mental Health, Health Facts, ETR Associates, 1994.

**Fitness and Hygiene, Comprehensive Health For The Middle Grades, ETR Associates, 1996.

**Personal And Social Skills, ETR Associates, 1992.

FAMILY LIFE AND HUMAN SEXUALITY

Instructional Outcomes

By the end of the designated grade level, the student should be able to:

- * *Define terms related to human sexuality*
- * *Define stereotyping and discuss generalizations regarding sexual identity*
- * Examine factors that influence stereotyping and generalizations *regarding sexual identity*
- * *Explore* how cultural and family values affect relationships and marriage
- * Explore the effect of family stress and divorce on the family and society
- * Describe the process of pregnancy and birth, recognizing the importance of prenatal care for the mother and fetus
- * Discuss the effects of hormonal changes on the body and on behavior throughout the life cycle
- * Analyze the influence of peer pressure and other factors on an individual's decisions regarding sexual behavior
- * Analyze consequences of sexual activity
- * Examine myths and misconceptions about human sexuality
- * Discuss the social, emotional, and economic impact of teenage parenting
- * Discuss how family values, culture, religious views, and other factors influence family planning
- * Identify abstinence from sexual intercourse as the most effective means of pregnancy prevention
- * Identify and describe methods of pregnancy prevention

Content Outline

- I. *Define Terms Related to Human Sexuality* (Please Note: the sources for the definitions are listed below for teacher use **only**. The definitions are to be presented to students as stated below – no additional information, interpretation or examples are to be provided by the teacher.)
 - A. *What is Human Sexuality? This term refers to emotional closeness, sexual health and reproduction, and sexual identity. (Source: Life Planning Education, Advocates for Youth, Washington, D.C. page 123)*

- B. What is Sexual Identity?** *This term refers to a person’s understanding of who she or he is sexually, including the sense of being male or female. Sexual identity can be thought of as three interlocking pieces: gender identity, gender role and sexual orientation. Together, these pieces of sexual identity affect how each person sees herself or himself and each piece is important. (Source: Life Planning Education, Advocates for Youth, Washington, D.C., Page 125).*
1. **Gender Identity:** *a person’s internal sense of knowing whether he or she is male or female. (Source: American Academy of Pediatrics, Pediatrics, Vol. 92, No. 4 (Oct. 1993), pp. 631-634)*
 2. **Gender Role:** *knowing what it means to be male or female, or what a man or woman can or cannot do because of their gender. Some things are determined by the way male or female bodies are built. For example, only women menstruate and only men produce sperm. Other things are culturally determined. In our culture, only women wear dresses to work, but in other cultures, men wear skirt-like outfits everywhere. (Source: Life Planning Education, Advocates for Youth, Washington, D.C., Page 125).*
 3. **Sexual Orientation:** *the persistent pattern of physical and/or emotional attraction to members of the same or opposite sex (gender). Included in this are heterosexuality (opposite-gender attractions), homosexuality (same-gender attractions), and bisexuality (attractions to members of both genders). (Source: American Academy of Pediatrics, Pediatrics, Vol. 92, No. 4 (Oct. 1993), pp. 631-634)*
 - a. **Heterosexual Or “Straight”** *refers to people whose sexual, emotional and affectional feelings are for the opposite gender (sex): Men who are attracted to women, and women who are attracted to men. (Source: American Psychiatric Association Fact Sheet: Gay, Lesbian and Bisexual Issues (May 2000)).*
 - b. **Homosexual or Gay** *refers to people whose sexual, emotional and affectional feelings are for the same gender (sex): Men who are attracted to men; and women who are attracted to women. (Source: American Psychiatric Association Fact Sheet: Gay, Lesbian and Bisexual Issues (May 2000)).*
 - c. **Lesbian** *refers to women who are homosexual. (Source: American Psychological Association Online, Answers to your Questions About Sexual Orientation and Homosexuality (July 2003). <http://www.apa.org/pubinfo/answers.html>*
 - d. **Bisexual or “Bi”** *refers to people whose sexual, emotional and affectional feelings are for both genders. (Source: Id).*

For Teacher Reference Only (The information in the shaded area is not to be shared with students.)

Questioning *refers to people who are uncertain as to their sexual orientation. (No source)*
Transgender *refers to someone whose gender identity or expression differs from conventional expectations for their physical sex. This term includes transsexual and transvestite. (Source: American Academy of Pediatrics, Pediatrics, Vol. 92, No. 4 (Oct. 1993), pp. 631-634)*

***Coming Out* refers to the process in which a person identifies himself or herself as homosexual or bisexual to family, friends and other significant people in his or her life. (Source: American Psychiatric Association Fact Sheet: Gay, Lesbian and Bisexual Issues (May 2000)).**

***Intersexed* refers to people who are born with anatomy or physiology (ambiguous genitalia) that differs from cultural and/or medical ideals of male and female. (School Resource)**

II. **STEREOTYPING AND GENERALIZATIONS REGARDING SEXUAL IDENTITY**

- A. **Define stereotyping** - an exaggerated and over simplified belief about an entire group of people such as an ethnic group, religious group, or a certain gender
- B. **Examples of Stereotyping and Generalizations** (Teachers are to clarify for students that the following stereotypes are not true, and these are only examples.)
1. **gender role stereotyping**
 - a. *girls do the housework, boys fix cars*
 - b. *girls are better at English, boys are better at science*
 - c. *girls are better babysitters than boys, boys are better at sports*
 - d. *girls become nurses, boys become doctors*
 2. **gender identity stereotyping**
 - a. *boys don't cry, girls do*
 - b. *one sex is not supposed to enjoy activities that are culturally designated for the other sex. (e.g. boys don't enjoy talking on the phone – girls do; girls don't enjoy math- boys do)*
 - c. *boys remain calm in a crisis, girls get hysterical*
 - d. *girls fall in love, boys fall in lust*
 3. **sexual orientation stereotyping**
 - a. *gay men are feminine – i.e. dislike sports/want to be like women*
 - b. *lesbian women are masculine – i.e. –prefer masculine attire/are tough/hate men*
 - c. *heterosexual men are masculine – i.e. like to play sports and watch them on TV*
 - d. *heterosexual women are feminine – i.e. like to dress in frilly clothing*
- C. **Factors That Influence Stereotyping** (These are examples and not the only factors.)
1. *family values*
 2. *societal generalizations and cultural beliefs*
 3. *peers*
 4. *media influence*
- D. **Acceptance of Differences**
1. *Stereotyping promotes discrimination and prejudice and can be destructive to community.*
 2. *The strength of American society continues to lie in the ability of people to accept and respect diversity.*
 3. *Being able to see things from another's view point promotes harmony and strength in a society.*

III. Examine Myths and *Facts* About Human Sexuality (The following are examples and teachers need to make sure that students understand that myths are false, and facts are true.)

A. **Myths regarding pregnancy**

1. **Myth:** *A pregnancy can't happen the first time a boy and girl have sex.*
Fact: *The likelihood of pregnancy depends on how close ovulation occurs to sex, whether it is the first time or not.*
2. **Myth:** *If a boy and girl do it standing up, the girl can't get pregnant.*
Fact: *Sperm are highly mobile and pregnancy can occur regardless of the position of intercourse.*
3. **Myth:** *A boy can't get a girl pregnant if he pulls out.*
Fact: *Fluid that collects at the tip of the penis during an erection may contain sperm. If this fluid enters the vagina, pregnancy can occur regardless of whether ejaculation occurs.*
4. **Myth:** *A girl can't get pregnant if she has never had a period.*
Fact: *Ovulation occurs prior to menstruation. Therefore, having sex before the first period can still result in pregnancy.*
5. **Myth:** *A boy can't get a girl pregnant while she is menstruating.*
Fact: *Although not as common, sometimes ovulation can happen at the same time or soon after a period, and pregnancy can occur.*

B. **Myths regarding sexual orientation**

1. **Myth:** *Homosexuality is a mental health disorder.*
Fact: *All major professional mental health organizations affirm that homosexuality is not a mental disorder.*
2. **Myth:** *If you are "straight", you can become homosexual.*
Fact: *Most experts in the field have concluded that sexual orientation is not a choice.*
3. **Myth:** *A person is a homosexual if he or she has ever been sexually attracted to, or ever had sexual contact with someone of the same gender.*
Fact: *Fleeting attraction or contact does not prove long-term sexual orientation.*
4. **Myth:** *Children of homosexual parents/guardians will become homosexuals.*
Fact: *Having homosexual parents/guardians does not predispose you to being homosexual.*

C. **Other**

1. **Myth:** *Males have stronger sex drives and are more interested in sex than females.*
Fact: *Female sex drive is just as strong. Society has traditionally allowed males to express their desires more openly.*
2. **Myth:** *Men must ejaculate once they have an erection.*
Fact: *The penis will return to a flaccid state whether or not ejaculation occurs.*
3. **Myth:** *You are not really a man or woman until you have sex.*
Fact: *Sometimes it is more difficult to say no than yes. It is more responsible and adult-like to wait until you are ready to handle the consequences.*

Key Resources: CHMG, Abstinence, p. 10

IV. CULTURAL AND FAMILY **BELIEFS** CAN AFFECT RELATIONSHIPS AND MARRIAGE

A. Possible Effects of Cultural Factors (The following are examples of how cultural and/or family beliefs may affect relationships.)

1. arranged marriages
2. chaperoned dates
3. **gender roles in household**

B. Possible Affects of Religious Beliefs

1. cannot marry outside the religion
2. children must be raised in the same religion
3. **different religions take different stands on sexual behaviors and there are even different views among people of the same religion**

C. Other Factors That May Affect Relationships

1. **education and economic status**
2. **family acceptance of partner/friend**
3. **sexual orientation of partner/friend**
4. **ethnicity of partner/ friend**

D. Examples of Problems Created by Contrasting Values/Beliefs (The following are examples of what may happen.)

1. **rejection**
2. **harassment**
3. **internal conflict and devaluation of the self**

E. Ways to Manage Problems Created By Contrasting Values

1. **Talk to someone you trust in your:**
 - **family**
 - **school community**
 - **neighborhood community**
 - **religious community**
2. **Seek out information to help clarify your beliefs and feelings**

Key Resources: CHMG, Family Relationships, p. 4.

V. Explore the Effect of Family Stress and Divorce on the Family and Society

- A. Divorce and/or separation**
1. define and describe
 2. leading causes - lack of communication, financial problems

3. more common today
- B. Effect of family stress and separation/divorce on the family
1. loss of communication
 2. loss of love
 3. unable to deal effectively with problems
 4. socioeconomic changes that result in financial hardship
 5. family members may become dysfunctional
 - a. substance abuse
 - b. child abuse
 - c. child neglect
 - d. spouse abuse
- C. Effect of family stress and separation/divorce on society
1. children become dysfunctional at school
 2. breakdown of the family unit
 3. need for more health care for the family to get through crisis
 4. need for social services

Key Resources: CHMG, Family Relationships, p. 12, 64

VI. Describe the Process of Pregnancy and Birth, Recognizing the Importance of Prenatal Care for Mother and Fetus

- A. Fertilization
1. joining of sperm and egg
- B. Embryo
1. attachment to the uterine wall (discuss ectopic pregnancy)
 - a. placenta
 - b. umbilical cord
 - c. amniotic sac
- C. Fetus
1. need for prenatal care
 - a. proper nutrition
 - b. avoiding alcohol, and other drugs (including OTC drugs)
 - c. avoiding tobacco
 - d. avoiding diseases
 - e. visiting obstetrician
 - f. appropriate exercise
 2. health of the baby depends on health of the mother
 - a. placenta - exchange of material between baby and mother
 - b. developmental stages during each trimester
 - c. healthy development based on mothers behavior

- D. Birth
 - 1. labor
 - a. stage one - complete dilation of cervix
 - b. stage two - passing of the baby through the birth canal
 - c. stage three - delivery of the placenta

Key Resources: CHMG, Puberty and Reproduction, Unit 9
Just For The Health Of It, Unit 4, p. 24

VII. Discuss the Effects of Hormonal Changes On the Body and Behavior Throughout the Life Cycle

- A. Review hormonal changes in the male at puberty
 - 1. growth of body hair
 - a. underarms
 - b. chest
 - c. legs
 - d. pubic area
 - 2. voice change
 - 3. growth of muscles
 - 4. growth of genitals
 - 5. production of sperm
 - 6. behavioral changes caused by hormonal imbalances
 - a. increased testosterone level causes increased aggression
- B. Hormonal changes in the female at puberty
 - 1. growth of breasts
 - 2. growth of body hair
 - a. underarms
 - b. genitals
 - 3. broadening of the hips
 - 4. ovulation
 - 5. menstruation – (define menopause at this time)
 - 6. behavioral changes caused by hormonal imbalances
 - a. connection to menstrual cycle
- C. Hormonal fluctuations throughout the life cycle
 - 1. fluctuations during puberty for both males and females
 - 2. fluctuations during pregnancy for women
 - 3. menopause and hormonal changes later in life for males and females
 - 4. hormone therapy and treatments

Key Resources: CHMG, Puberty and Reproduction, Unit 3
Think, Choose, Act Healthy, p. 235
Education For Sexuality And HIV/AIDS, Figures 2-3, 3-3
Teen Health, Course 3, p. 208-218

VIII. Peer Pressure and Other Factors That Can Influence Decisions Regarding Sexual Behavior

- A. Peer pressure
 - 1. define, describe and give examples
 - 2. "all your friends are doing it" - perception that is not accurate
 - 3. manipulation to convince you to do something you don't want to do *or to be something you don't want to be*
- B. Other factors
 - 1. family expectations and values
 - 2. myths and misconceptions you may have regarding sexual behavior
 - 3. cultural beliefs
 - 4. religious beliefs
 - 5. media messages
- C. Sifting through all the influences
 - 1. only you can decide what is best for you
 - 2. a decision that should be based on more than passion
 - 3. deciding what is right for you is a tough decision, but an important one

Key Resources: Just For The Health Of It, Unit 4, p. 81-82
CHMG, Abstinence, Unit 5
Education For Sexuality And HIV/AIDS, Meeks Heit, p. 304-307, 322-323

IX. Analyze Consequence of Sexual Activity

- A. Negative feelings about self
 - 1. poor self concept
 - 2. low self-esteem
 - 3. disappointment
 - 4. depression
 - 5. suicide
- B. Feelings others may hold
 - 1. loss of reputation
 - 2. change of friends
- C. Pregnancy
 - 1. change in lifestyle
- D. Sexually transmitted diseases
 - 1. infection that may cause death or damage to sexual organs

- E. Long-term loving relationship
 - 1. rare among teens
 - 2. promises before sexual activity are many times forgotten afterward
- F. Positive consequences
 - 1. there are positive consequences of sexual activity for adults, but for most teens the negative results far outweigh the positive

Key Resources: Personal and Social Skills, p. 135-136

X. Review the Social, Emotional and Economic Impact of Teenage Parenting

- A. Social
 - 1. loss of friendships
 - 2. loss of social activities
 - 3. marrying for the wrong reasons
- B. Economic
 - 1. inability to complete educational goals
 - 2. lack of employment skills
 - 3. low paying employment
 - 4. use of the welfare system
- C. Emotional
 - 1. low self-esteem/concept
 - 2. depression
 - 3. forced to act like an adult (job, bills, parenting)
 - 4. inability to cope with child rearing
 - a. child abuse
 - b. neglect
 - c. adoption
 - d. other
 - 5. lost adolescence

Key Resources: Personal and Social Skills, p. 259

Education For Sexuality And HIV/AIDS, Meeks Heit, p. 372-373

Just For The Health Of It, Unit 3, p. 42-43

XI. Review How Family Values, Culture, Religious Views and Other Factors May Influence Family Planning

- A. Define family planning
 - 1. having children when you can afford them and want them
 - 2. using methods for preventing pregnancy

- B. Family values
 1. being financially capable of rearing a child
 2. completion of educational goals
 3. marriage before children
 4. selection of marriage partner
- C. Cultural factors
 1. unacceptance of unwed mothers in certain cultures
 2. selected marriage partners
- D. Religious views
 1. use of birth control methods
 2. ostracized from the church for using certain methods
- E. Other factors
 1. extended family burdened by teenagers' children

Key Resources: Think, Choose, Act Healthy, p. 25

XII. Abstinence

- A. Define and describe
- B. Only 100% effective means of pregnancy prevention
- C. Only 100% effective means of preventing sexually transmitted diseases
- D. Preservation of self-concept/self-esteem
 1. you decide when and if you want to become sexually active
 2. consider the consequences and you make a decision
 3. only you are responsible for your own behavior
- E. Before marriage and for teens it is the best choice

Key Resources: CHMG, Abstinence, Unit 2
 Just For The Health Of It, Unit 4, p. 68-70
 Think, Choose, Act Healthy, p. 27-35
 Teen Health, Course 3, p. 128

XIII. Identify and Describe Methods of Pregnancy Prevention

- A. Abstinence

- B. Periodic abstinence (rhythm method)
 - 1. calendar
 - 2. basal body temperature
 - 3. mucus billings method
- C. Withdrawal
- D. Barrier methods
 - 1. spermicidal preparations
 - a. foams, creams, jellies - used alone/used with other barrier methods
 - 2. condom male/female
 - 3. diaphragm
 - a. cervical cap
- E. Birth control pills
- F. Implantable hormone (Norplant)
- G. Injectable hormone (DES)
- H. Intra uterine devices (IUD)
- I. Surgical methods
 - 1. vasectomy
 - 2. tubal ligation

Key Resources: Just For The Health Of It, Unit 4, p. 27-44
 Education For Sexuality and HIV/AIDS, figure 10-1, 11-1

Content Resources:

- **Family Relationships, Comprehensive Health For The Middle Grades, ETR Associates, 1996.
- **Abstinence, Comprehensive Health For The Middle Grades, ETR Associates, 1996.
- **Puberty, and Reproduction, Comprehensive Health For The Middle Grades, ETR Associates, 1996.
- Disease Prevention, Health Facts, ETR Associates, 1994.
- **Education For Sexuality and HIV/AIDS, Meeks Heit Publishing, 1993.
- **HIV and STD's, Comprehensive Health For The Middle Grades, ETR Associates, 1996.
- Sexuality, Health Facts, ETR Associates, 1994.
- STD, Health Facts, ETR Associates, 1994.
- **Teen Health, Course 3, Glencoe/McGraw Hill, 1999.
- Abstinence, Health Facts, ETR Associates, 1994.
- HIV, Health Facts, ETR Associates, 1994.

**These content resources also contain activities.

Activity Resources:

Personal and Social Skills, ETR Associates, 1992.

Comprehensive School Health Education, Meeks Heit Publishing, 1992.

Relationships and Communications Activities, Just For The Health Of It, Center For Applied Research in Education, 1993.

Sex Education Activities, Just For The Health of It, Center For Applied Research in Education, 1993.

Think, Choose, Act Healthy, ETR Associates, 1996.

Videos:

Saying No - A Few Words to Young Adults About Sex, V3431, 18 min.

Drugs, Alcohol and Pregnancy: What You Should Know, V4989, 25 min.

Choosing to Wait: Sex and Teenagers, V2837, 35 min.

Sex, Lies, and the Truth, V3925, 30 min.

Preview of a Birth, V3780, 15 min.

Sexual Responsibility: A Two-Way Street, V3782, 30 min.

Am I Normal?, V4490, 22 min.

You Can Go Farther If You Don't Go All The Way, (in all media centers), 10 min.

Everyday Miracle: Birth, V4371, 32 min.

It Only Takes Once, V2559, 20 min.

Teen Birth Control: Why It Doesn't Work, V2696, 25 min.

Abstinence - It's The Right Choice, V5578, 22 min.

Conquering The Media Maze: Sexuality, V5810

Not Yet Baby! (pregnancy prevention), V6738, 29 min. (duplication rights)

What Teens Want To Know About Sex, V5820, 26 min.

Risky Choices: Assuming Responsibility For Sexual Behavior, V6859

Booklets: A classroom set of each has been sent to each middle school

Abstinence - Saying "No" To Sex, Channing L. Bete Co., 1994.

As Boys Grow Up, Channing L. Bete Co., 1994.

As Girls Grow Up, Channing L. Bete Co., 1994.

Speakers

School Nurse

Medical Society of Montgomery County, 301-921-4300

Children of Separation and Divorce, 301-990-6722

Governor's Council on Adolescent Pregnancy, 410-333-0270

*Grade 8 Teacher Resources
Approved by CACFLHD
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Grade 8 Curriculum Resources To Support Revisions to the Mental Health, and Family Life and Human Sexuality Units

Stereotyping and Generalization

Resources

Lindley, Lisa L. "Support for Instruction About Homosexuality in South Carolina Public Schools" *Journal of School Health*, January 2001, Vol. 71, No. 1

A Silent Crisis: Creating Safe Schools for Sexual Minority Youth, "Chapter on Definitions and Stereotypes", (The Educational Materials Center, Central Michigan University) April, 2002.

Mental Health

Resources

American Academy of Pediatrics, "Homosexuality and Adolescence", (Medical Library)
http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZUHJP3KAC&sub_cat

Journal of Health Education, "Health Issues of Gay and Lesbian Youth: Implications for Schools, by Cyndi Giorgis, Kyle Higgins, and Warren L. McNab, January/February 2000, Volume 31, No. 1

American Psychiatric Association, "Homosexual and Bisexual Issues", February, 2000. 1400 K St. NW Washington, DC, 20005, Internet: www.psych.org

General Information

Resources

American Psychological Association (Online), "Answers to Your Questions About Sexual Orientation and Homosexuality" <http://www.apa.org/pubinfo/answers.html>

Life Planning Education, Chapter 5: Questions and Answers About Homosexuality, p.162 written by Advocates for Youth, Washington, DC

TEACHER RESOURCES

Family Pride Coalition- Issues and News: Myths and Facts

<http://www.familypride.org/issues/myths.htm>

Lesson Plan: Sexual Orientation Myths- Planned Parenthood Association of Edmonton

<http://www.ppae.ab.ca/index.php?m=1&s=1&print=1>

American Psychiatric Association: FactSheet; Gay, Lesbian, and Bisexual Issues

1400 K Street, N.W. Washington, D.C. 20005

Recognizing Sexual Myths: National Network for Family Resiliency

www.nnfr.org/adolsex/fact/adolsex_myths.html

Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel

<http://mirror.apa.org/pi-OLD/lgbcr/publication/justthefacts.html>

Massachusetts Comprehensive Health Curriculum Framework- October 1999

<http://www.doe.mass.edu/frameworks/health/1999/physical.html>

Teen Pregnancy Information Center-Myths About Getting Pregnant

<http://geocities.com/maggi19/sex/gettingpregnant.htm>

Myths and Facts

<http://www.emc.maricopa.edu/diversity/glhra/mythfact.htm>

Gender Identity Disorder, Ann Reyes

<http://www.Discoveryhealth.com>