

Curriculum Units by Fellows of the Yale-New Haven Teachers Institute 1981 Volume III: Human Sexuality and Human Society

Teacher's Manual for Sex Education Instruction

Curriculum Unit 81.03.09 by Annette Vetre, Barbara Bailey and Marilyn Gaudioso

Introduction

The following unit was developed by three teachers and presented to their respective seventh grade science classes at Jackie Robinson Middle School as part of the required curricula. Our intentions were to organize information in a logical sequence so that parts or the entire unit may be utilized at any middle school level.

Course Outline

- I. Survey—overall view of students' present outlook
 - A. Attitudinal
 - B. Self-concept
 - C. General knowledge of facts
- II. Changes in Adolescence
 - A. Hormonal
 - B. Physical
 - C. Emotional
- III. Anatomy—identification/function
 - A. Male
 - B. Female
- IV. Menstrual Cycle
- V. Sexual Response
 - A. Dating
 - 1. feelings
 - 2. activities
 - 3. decision-making
 - B. Intercourse
 - 1. physical act
 - 2. conception
 - 3. genetics
- VI. Pregnancy
- VII. Contraception

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- A. Methods and devices
- B. Abortion
- VIII. Diseases
 - A. Venereal
 - 1. gonorrhea
 - 2. syphilis
 - B. Herpes
 - C. Trichomonas
 - D. Venereal Warts
 - E. Pubic Lice

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Objectives

- 1. Each student will gauge his/her attitude toward sexuality through use of a survey.
- 2. The students will list the secondary sex changes during adolescence.
- 3. The students will identify male and female anatomy and the function of the organs.
- 4. The students will explain the stages of the menstrual cycle.
- 5. The students will describe how human conception occurs.
- 6. The students will describe the stages of fetal development to birth.
- 7. The students will identify different means of contraception and the effectiveness of each.
- 8. The students will explain the causes, prevention, and treatment of sexually transmitted diseases.

I. Survey of Students' Outlook

Rationale

The teacher should be aware of student attitude prior to the teaching of the unit. At this point a survey covering the areas of self-concept, attitude, and general knowledge of sexual facts will afford the students an opportunity to express themselves. It will also allow insight as to the instructional needs of the students. Preand post-administration of the survey can measure the influence of the unit's effectiveness.

Information

Each culture has specific rules and practices surrounding the initiation of an individual into adulthood. The universality of cultural and societal rules as applied to sexual experiences has been documented in the research of Margaret Mead and other noted anthropologists. The point should be made that the essential features of sexual instinct are present from conception and influenced by life experience.

Lesson Plan

(Administer the survey)

Introduce the unit by discussing the information section. Explain to students the importance of each person's opinion and the need to respect everyone's ideas. Each student should have an opportunity to express ideas. Pass out the survey (or part of it) and have students complete it independently.

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Attitude

0 uncertain	statement with one of the following numbers. 3 neutral 4 somewhat agree 5 strongly agree
	d body is beautiful and pleasurable, and nothing to be ashamed of. mation that is truthful should be available to young people without parents'
3. Birth cont consent.	rol information and devices should be available to young people without parents'
	hould be able to treat young people for V.D. without telling their parents.
	tion is a healthy, normal way of finding out about sexual feelings.
	tivity before marriage is all right for two people who love each other. for physical pleasure is all right.
	uality is an acceptable and natural life-style.
	uals should not be discriminated against because they like members of the same
sex.	, , , , , , , , , , , , , , , , , , ,
10. Pornogra	aphy should be available for adults who want to buy it and use it.
	n unmarried teenage girl becomes pregnant, it is her own fault.
	a child is an easy job.
	nan should be able to have an abortion if she wants one.
	ant woman can smoke, drink alcohol, and take drugs without hurting the baby. Ed couple who are unable to have a baby should not try new scientific methods.
	who are raped encourage their attackers.

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Self-Concept

Directions: Circle the answer that reflects your reaction to the statement. 1. I am an interesting person. almost always sometimes hardly ever never 2. I honestly like myself. almost always sometimes hardly ever never 3. I understand myself and the things I do. almost always sometimes hardly ever never 4. I am a moody person. almost always sometimes hardly ever never 5. I am happy with the way I look. almost always sometimes hardly ever never 6. If I could change something about myself, it would be everything my attitude my looks other 7. I am comfortable telling my feelings to others. almost always sometimes hardly ever never 8. I get along well with others my own age. almost always sometimes hardly ever never 9. I have a lot of friends. yes no 10. I like to do whatever my friends are doing. almost always sometimes hardly ever never 11. My friends try to imitate me. almost always sometimes hardly ever never 12. I get along well with adults. almost always sometimes hardly ever never 13. Most grown-ups think that I am a trouble maker. almost always sometimes hardly ever never 14. My teachers understand me. almost always sometimes hardly ever never 15. If I have a question about my body or about sex, I ask my parents or guardians. often sometimes hardly ever never 16. My parents or guardians have discussed sex with me. often sometimes hardly ever never 17. If I have a guestion about my body or about sex, I ask my teacher. often sometimes hardly ever never 18. If I had a serious problem, I would go to . .

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parents/guardian teachers friends no one other

19. Most of what I know about sex I learned from
parent/guardian teachers friends books television other
General Understanding*
Directions: Label the following statements <i>true</i> or <i>false</i> . If you do not know, write <i>DK</i> .
 6. Masturbation can cause people to go crazy. 7. If you masturbate a lot, your grades will go down. 8. A man who masturbates frequently, will use up all of his sperm cells. 9. Masturbation makes a person weaker. 10. Masturbation can make a person feel guilty.
 11. People do not masturbate after they are married. 1. Boys and girls should be told the same things about sex. 2. Women don't enjoy sex as much as men do.

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____ 3. Men should have intercourse before getting married, but women should be virgins when

4. The pleasure of sex is not as important as making babies.5. Birth control should be available to anyone who wants it.

they get married.

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*From MODERN HUMAN SEXUALITY by Burt Saxon and Peter Kelman. Copyright © 1976 by Houghton Mifflin Company.

II. Changes in Adolescence

Rationale

The normal changes that occur during adolescence may have a less traumatic effect if the individual fully understands what will happen to his/her body during puberty. It is important to stress the variation in individual growth rates. Students should not become alarmed if their bodies or social maturity does not match their peers'.

Information

During puberty the pituitary gland signals the body to release hormones which stimulate physical and emotional changes.

Males—usually starts between 12 and 16 years of age:

- 1. grows taller and heavier
- 2. growth of different parts at different rates (i.e. hands and feet grow first)
- 3. growth of hair (face, underarms, chest, legs, and around sex organs)
- 4. oilier skin and hair
- 5. appearance of pimples or acne
- 6. perspires a great deal
- 7. change in voice—lower and deeper (cracking or breaking of voice during the change)

Females—usually starts between 9 and 16 years of age:

- 1. growth and filling out of breasts; larger rounder hips and buttocks
- 2. increased rate of growth
- 3. growth of hair (underarms, legs, and around sex organs)
- 4. oilier skin and hair
- 5. appearance of pimples or acne
- 6. perspires a great deal
- 7. begins to have her period.

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Males and Females:

- 1. becomes more aware of the opposite sex
- 2. becomes more conscious of appearance (own and others)
- 3. becomes more concerned with cleanliness

Male Secondary Sex Characteristics. From EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING, Second Edition, by John J. Burt and Linda Brower Meeks. Copyright © 1975 by W.B. Saunders Company. Copyright 1970 by W.B. Saunders Company. Reproduced by permission of Holt, Rinehart and Winston.

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III. Anatomy

Rationale

Basic factual information pertaining to the location and identification of male and female reproductive organs is needed to understand the normal functioning of the body. Visual materials should be utilized in order to clarify the teaching of this information.

Information

Male Reproductive System

I. External

A. Penis

- 1. main sex organ consisting of head and shaft
- 2. made of soft tissue
- 3. usually soft, limp and hangs down
- 4. at birth covered by flap of skin(foreskin)
 - a. can be removed for cleanliness or religious customs
 - b. can be done at any age
- 5. vary in length, width, and shape—all are normal and functional
- 6. carries urine and sperm to the outside of the body

B. Scrotum

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- 1. pouch of skin behind the penis
- 2. contains two male sex glands called testes or testicles
 - a. produce male sex hormone—testosterone
 - b. forms sperm cells

(Note: Location of testes in external pouch is essential since sperm production can only occur at temperatures slightly below inner body temperature.)

II. Internal

- A. Prostrate gland—produces milky, sticky fluid called semen that helps carry sperm through the penis
 - B. Testes (testicles)—produces 10 to 30 billion sperm cells a month
 - C. Epididymis—coiled tubes at the top of each testes which store extra sperm
 - D. Sperm—male sex cell consisting of a head and tail, microscopic in size

III. Ejaculation

- A. Erection
 - 1. tissue in penis fills with blood
 - 2. penis becomes larger and harder; stands out from body
 - 3. necessary for sexual intercourse

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4. can end without ejaculation

- B. Orgasm (climax)
 - 1. sudden rush of feelings accompanying ejaculation
 - 2. causes ejaculation (release of semen from the tip of the penis)
- C. Course of the Sperm
 - 1. moves from epididymis through vas deferens
 - 2. passes from vas deferens into urethra where sperms join with the semen from the prostrate gland.
 - 3. ejaculated out of erect penis by muscle movements
- D. Nocturnal emission (wet dream)
 - 1. release of semen during sleep; natural occurrence
 - 2. number usually decreases as individual grows older

(Note: Male babies often have erections, but boys do not produce sperm cells until puberty.)

Male Reproductive System (Side View). From EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING, Second Edition, by John J. Burt and Linda Brower Meeks. Copyright © 1975 by W.B. Saunders Company. Copyright 1970 by W.B. Saunders Company. Reproduced by permission of Holt, Rinehart and Winston.

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Structure of a Sperm. From EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING, Second Edition, by John J. Burt and Linda Brower Meeks. Copyright © 1975 by W.B. Saunders Company. Copyright 1970 by W.B. Saunders Company. Reproduced by permission of Holt, Rinehart and Winston. (figure available in print form)

Male Anatomy				
Name	Date			
I. True—False				

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	1. The testes (testicles 2. A male baby can pro 3. Sperm can be produ 4. Deepening of the vo 5. The epididymis store	oduce sperm. Iced at body temperatu Ice is a secondary sex	ıre (98.6°F)	ic.	
II. Matc	hing				
2 3 4	I. urethra I. erection I. scrotum I. circumcision c. fluid that carries sperm I. semen	a. penis stands out fro because tubes fill with b. pouch of skin conta	blood.	d. carries urine and sperm out of the body	e. removal of foreskin
III. Fill-I	1. The male sex hormone 2. The prostrate gland ma 3. The sudden rush of plea 4. Thegland releases 5. The release of semen a	kes a fluid called asant feelings just before a hormone causing the	re ejaculatio body to beg	gin puberty.	
IV. Mult	tiple Choice —You may cho	oose more than one	answer for	any questions.	
t	1. Sperm cells are made u ail	p of a	head	body legs	

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2. An adult male producessperm cells a month.	
10-30 billion	2-6 million 900
3. A penis can be different in	
length width shape	
4. The penis is made of a	
shaft head neck	
5. The time when a boy's body begins to change into	a man's body is called
testosterone testes puberty	

Female Reproductive System

I. External—important role in sexual arousal

- A. Clitoris—organ that, when stimulated, may become erect and bring about an orgasm
- B. Hymen—membrane that partially guards the entrance to the vagina

II. Internal—important role in reproduction

- A. Vagina—passageway from the uterus through which:
 - 1. menstrual flow leaves the body
 - 2. sperm can enter uterus during intercourse
 - 3. baby passes during birth
- B. Uterus—organ in which a fertilized egg can develop into a baby
 - 1. thick walled, pear-shaped (3" long) muscular organ
 - 2. made up of body, isthmus, and cervix
 - 3. has three layers of walls

(Note: Uterus, especially the cervix, is a common site of cancer. Symptoms can be hidden. It is important that

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a woman should go to her doctor once a year for an internal examination and a Pap smear.)

- C. Fallopian tubes—extend from ovaries to top of uterus
 - 1. mature egg travels through tubes to the uterus
- 2. inner lining covered by cilia (microscopic hairlike projections) which move the egg through the tubes
 - D. Ovaries—two almond shaped glands
 - 1. produces two female sex hormones—estrogen and progesterone
 - 2. responsible for formation of ova or eggs (female sex cells necessary for reproduction)

(Note: At birth, ovaries contain tens of thousands of follicles, each containing a cell that could develop into an egg. At puberty, there are only a few thousand left. Of these, only 400 to 500 will mature into ova.)

Female External Genitalia. From EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING, Second Edition, by John J. Burt and Linda Brower Meeks. Copyright © 1975 by W.B. Saunders Company. Copyright 1970 by W.B. Saunders Company. Reproduced by permission of Holt, Rinehart and Winston.

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Female Reproductive System

-	-
Name	Date
A. True/Fals	se
1. (Girls generally begin puberty at an earlier age than boys.
2. E	Eggs are produced in the uterus.
3. A	A fertilized egg attaches to the clitoris and develops into a baby
4. A	At puberty, girls begin to menstruate.
5. F	Fallopian tubes extend from the ovaries to the uterus.
B. Matching	J
1. vagina	a. two glands responsible for the
2. uterus _	production of hormones and eggs
3. hymen	b. pear-shaped muscular organ in

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4. ovaries	which a fertilized egg can develop
5. clitoris	_ into a baby
	c. the organ when stimulated may
	bring about an orgasm
	d. membrane that partially guards
	the entrance to the vagina
	e. passage way from the uterus
C. Fill ins	
1. Another	name for menstruation is
2is	when the mature egg breaks through the wall of an ovary.
3is	the periodic cycle involving hormone, physical, and psychological changes.
4&5. The r	names of two female hormones areand
D. Fact/Myth	
Write "fact" on	the line if the statement is correct. Write "myth" on the line if the statement is not
true.	
1. Men	struation is an illness.
2. If a	girl isn't menstruating by the time she is 14, there's something wrong with her.
3. Girls	s shouldn't exercise while menstruating.
4. War	m baths may relieve menstrual cramps.
5. If a	woman misses a period, she is pregnant.
6. Men	struation always lasts 5 days.
7. Mos	t women do not have a 28-day menstrual cycle every month.
8. The	menstrual flow contains tissue as well as blood.
9. Wor	nen can swim while they are menstruating.
10. Wo	omen should not wash their hair while they are menstruating.
11. On	ly older women should use tampons.

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Masturbation

Rationale—Many people of all ages masturbate, and many people do not. There are some people who think masturbation is wrong, sinful or harmful. Other people think it's natural and pleasurable. It's important to stress to the students that masturbation is a normal sexual behavior and that many doctors and psychologists agree that behaviors though, it can be emotionally harmful if there are guilt feelings. There doesn't have to be any guilt feelings if a person knows the facts about masturbation and if they're aware of their own feelings.

Information

- A. Masturbation is the rubbing or handling of the sensitive skin of both partners.
 - 1. Male—penis
 - 2. Female—clitoris
- B. Feelings
 - 1. pleasurable
 - 2. may cause an orgasm
- C. Problems
 - 1. not physically harmful
 - 2. can be emotionally harmful if there are feelings of guilt.

Lesson Plan

For the sake of accuracy, it is helpful to present the information while utilizing the visual materials. It is suggested that the following procedure be used in order to teach and simultaneously reinforce the information.

- Step 1. Pass out diagrams to each student. Make sure that students understand what is depicted in each.
- Step 2. Have students fill in the information on the diagram (i.e. write definition next to each term.)
- Step 3. Have students complete the work sheet for each respective reproductive system. Allow them to use their notes.
- Step 4. Administer the Male-Female Reproductive Systems guiz.

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2. ____ 3. ____ 4. ____

Male-Female Reproductive Systems Name Date A. True/False ___ 1. The testes are two male sex glands. ___ 2. Fallopian tubes extend from the ovaries to the uterus. ___ 3. Sperm can be produced at body temperatures (98.6°F). ___ 4. Eggs are produced in the uterus. 5. A fertilized egg attaches to the clitoris and develops into a baby. B. Matchin g ___ 1. urethra a. two glands responsible for the ___ 2. vagina production of hormones and eggs ___ 3. erection b. pear-shaped muscular organ in which 4. uterus a fertilized egg can develop 5. scrotum into a baby ___ 6. hymen c. the organ when stimulated may ____ 7. circumcision bring about an orgasm ___ 8. ovaries d. membrane that partially guards the ___ 9. semen entrance of the vagina ___ 10. clitoris e. passage way from the uterus f. penis stands out from the body because tubes fill with blood g. pouch of skin containing testes h. fluid that carries sperm i. carries urine and sperm out of body j. removal of foreskin C. Fill—Ins: ovulation, estrogen, menstruation, testosterone, progesterone, semen, ejaculation 1. The male sex hormone produced by the testes is _____. 2. . is when the mature egg breaks through the wall of an ovary. 3. The prostate gland makes a fluid called . . 4. . is the periodic cycle involving hormone, psychological changes. 5. The release of semen and sperm from the penis is called . . 6. The names of two female hormones are and . D. Label the female reproductive system. 1. ____

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IV. Menstrual Cycle

Rationale

Menstruation is the normal process of the female reproductive system which has emotional as well as physical effects on the body. In order to understand conception, students should know the stages of the menstrual cycle and the hormonal influence on the body. It is necessary to address the specific problem of personal hygiene during menstruation.

Information

- A. Menstruation—periodic cycle involving hormonal, physical, and psychological changes
 - 1. Beginning of menstruation (menarche)—age 9 to 16; end of menstruation (menopause)
 —age 45 to 55
- 2. Involves production of an egg and preparation of the uterus for pregnancy, and its return to an "unprepared" state if pregnancy does not occur
 - 3. Lasts about 28 days in women, about 31 days in teenage girls
- B. Cycle is continuous and divided into 4 stages
 - 1. Two events must take place:
 - a. maturing of an egg in the ovary
 - b. beginning preparation of uterus in case egg is fertilized
 - 2. Ovulation—mature egg breaks through outer wall of one ovary
- 3. Thickening of uterine wall; movement of egg through one Fallopian tube toward the uterus (3-4 days)
 - 4. Menstruation (period)—thickened lining of uterus breaks down
 - a. cellular material, fluids, and small amount of blood lost through vagina
 - b. Lasts 3 to 7 days
- C. Can affect girls/women emotionally and physically
- 1. (few days before and during menstruation) may experience change in mood, headache, and swelling of breasts
 - 2. need not interfere with any physical activity
- D. Products to absorb menstrual flow
 - 1. Sanitary napkins—used with belt or by adhesive strip sticking to underpants
 - 2. Tampons—inserted into vagina
- E. Sex and menstruation
 - 1. not dangerous; no medical reason to avoid intercourse during period

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۷.	tess chance of becoming pregnant, but not completely	Sale time
V Savest B	agnanga .	
V. Sexual Re	esponse	
Rationale		
	ncreasing responsibilities of adolescence is decision-mak	

Among the increasing responsibilities of adolescence is decision-making surrounding dating. This portion of the unit should be preceded with discussion of the issue of human sexual response and its relation to social maturity and peer pressure. The foundations of mutually nurturing interpersonal relationships rest on open communication between partners. It is essential to stress the importance of the partners' honest sharing of feelings before beginning sexual activity. The physical and emotional act of sexual intercourse is the expression of the partners' strong attraction for one another. Sexual partners should be aware of not only the positive outcomes but also the negative consequences as well.

Information

A. Dating

1. Sharing feelings

a. talking together

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- b. body contact—necking
- c. body contact—petting (deliberately stimulating the person's sex organs using hand or mouth)
 - d. involving loving feelings for the other person
 - 2. Sexual activities—foundations for meaning and enjoyment
 - a. both partners consent—involves decisionmaking
- b. atmosphere of relaxation—externally and internally (body hygiene necessary for enjoyment)
 - c. foreplay—deepening of sharing (kissing, caressing, petting)
 - 1. causes erection in male
 - 2. causes female to secrete liquid along vaginal lining
 - 3. Decision-making
 - a. negative consequences of premarital sex
- 1. unexpected emotional involvement erroneously interpreted as long-term commitment
 - 2. unwanted pregnancy
 - 3. guilt and regret—violating moral codes of parents or religion
 - 4. feeling "conned" or "used"
 - 5. possibilities of V.D.
 - b. positive consequences of premarital sex
 - 1. Learning pleasure of sexual response within a loving healthy relationship
 - 2. feeling good about your body—attractive, desirable
 - 3. deepening the sense of intimacy and caring
 - 4. Learning about sexual functioning
 - 5. Learning about sexual responsibility
- B. Sexual Intercourse
 - 1. Physical act (coitus)—man's penis enters the woman's vagina
 - a. before intercourse
 - 1. male—penis becomes erect
- 2. female—does not have to be sexually aroused, but usually vagina becomes lubricated making it easier for the penis to enter the vagina
 - b. during intercourse
 - 1. couples move rhythmically
 - 2. penis moves in and out of the vagina
 - 3. may be kissing, touching, making sounds, expressing feeling
 - 4. continues until both reach orgasm
 - c. after intercourse
 - 1. relax, talk or continue to pet
- 2. if couple decides to have intercourse again, they must wait until male is able to have another erection
 - 2. Conception
 - a. (at orgasm) semen ejaculated into vagina
 - b. sperm swim into uterus then into Fallopian tubes
 - 1. several hundred sperm reach there
 - 2. Live for 72 hours or longer
 - c. fertilization—sperm joins egg

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- 1. if egg arrives in the tube while sperm are there, it can become fertilized
- 2. egg can only be fertilized within 24 hours after entering Fallopian tube
- 3. once one sperm cell fertilizes the egg, other sperm cells cannot enter the egg (If more than one sperm penetrates the egg, it dies.)

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(Note: Possible for pregnancy to occur even if actual intercourse has not taken place. If during petting or sex play, the male ejaculates semen near the opening of the vagina, it is possible for some of the semen to get into the vagina.)

3. Genetics

- a. chromosomes—joining of 23 chromosomes from the mother's egg with 23 chromosomes from father's sperm; embryo resulting with 46 chromosomes (23 pairs)
- b. genes—each section of a chromosome responsible for transmitting characteristics from parent to off-spring
 - 1. physical traits are inherited from one's parents
- 2. genes are either dominant or recessive (dominant traits overshadow recessive traits)—example: father with brown eyes, a mother with blue eyes—the offspring will most likely have brown eyes since "brown-eyedness" is a dominant gene.
 - c. sex determination—sex of offspring is controlled by chromosomes in the sperm cell
 - 1. male sperm cells have XY pair of chromosomes
 - 2. female cells have XX pair of chromosomes

(ex. When sperm cell fertilizes an egg, the embryo becomes a female it is is XX or male if it is XY)

VI. Pregnancy

Rationale

With responsibility of parenting, it is important to supply information about pregnancy. Consideration is given to the initial symptoms experienced, tests that are administered to verify a pregnancy, and health considerations that are pertinent to the condition of pregnancy.

Information

A. Definition

- 1. once the egg has been fertilized pregnancy has begun
- 2. embryo is carried and develops in the uterus
- 3. baby is born after 266 days (approximately 9 months)

B. Symptoms

- 1. missing or skipping a period
- 2. fatigue or tiredness

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- 3. swelling or tenderness of breasts
- 4. urinating more frequently
- 5. increased vaginal discharge
- 6. vomiting or nausea (morning sickness)

C. Tests

- 1. As soon as possible, after initial symptoms are experienced, a woman should go to a doctor, midwife, or clinic for pregnancy testing.
 - a. tests are not reliable before the sixth week of pregnancy
 - 2. types of tests:
 - a. urine analysis
 - b. blood test

D. Health

- 1. diet—eat well-balanced meals
- 2. rest—extra rest required to fight fatigue
- 3. exercise—strengthens the body
- 4. drugs should be avoided completely during pregnancy
 - a. some cause serious birth defects
 - b. chemicals pass from mother to baby
- 5. emotions range from excitement to depression
 - a. feeling depend on whether the pregnancy was planned or not
- b. also depends on whether the woman has someone to share the experience with or not
- 6. sexual intercourse is allowed during pregnancy, unless medically or emotionally hazardous E. Fetal Development
- 1. soon after fertilization, egg begins cell division (mitosis) as it moves downs the Fallopian tube into the uterus
- 2. about seven days after fertilization, mass of cells (embryo) becomes attached to inner wall of the uterus and buries itself in the lining (implantation)
 - 3. embryo absorbs food from tissues of the uterus and begins to grow
 - 4. cell division continues until three layers form the baby's organs
 - a. 1st layer—nervous system, skin, sense organs, mouth
 - b. 2nd layer—muscles, bones, blood vessels, sex organs
 - c. 3rd layer—muscles, bones ,blood vessels, sex organs
 - 5. membranes form around the embryo:
- a. amnion, amniotic sac, or "bag of waters"—clear, watery fluid which provides a moist cushion to protect the embryo
 - b. placenta—provides "food" (nourishment) for the embryo
 - c. umbilical cord—attaches embryo to mother
 - 6. after two months the embryo is called the fetus
- 7. nine months are required for the fetus to develop to the extent that it can survive outside the mother's body
- a. premature babies are born before the full nine months; the earlier it is born, the less chance of survival
 - 8. important periods of fetal growth:
- a. 4 weeks—head formed, with eyes and ears beginning to form; heart and liver appear; tail is seen

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- b. 8 weeks—eyes, nose, mouth, ears formed also fingers and toes; digestive system forming; circulatory and nervous systems are working
- c. 12 weeks—arms, legs, hands, feet are formed; sex can be determined; lungs begin development; fetus move slightly
- d. 16 weeks—heart beat can be heard; skin fully developed; eyelashes, eyebrows, head-hair appear
- e. 16-38 weeks—(final development) weight gain (1 lb/wk.) in last 2-3 weeks; eyes opened by 22nd week; fetus is active; during 7th month, fetus turns to head-down position in the uterus
- F. Stages of Birth
 - 1. first stage (2-24 hours long)
 - a. fetus moves to head-down position
- b. labor pains begin series of contractions of the uterus caused by cervix expanding to allow the baby to pass through the birth canal (vagina)
 - 2. second stage (1-2 hours long)
 - a. mother pushes with muscles of the abdomen
- b. fetus' head appears at vaginal opening, followed by one shoulder, then the rest of the body
 - c. doctor/midwife guides baby out of the birth canal
 - d. once the baby is out, umbilical cord is cut
 - 3. third stage—the afterbirth (placenta and fetal sac) is pushed out

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(Note: breech birth—feet or buttocks come out first caesarean section—doctor cuts through the mother's abdomen into the uterus and removes the baby)

Amniotic Sac. From EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING, Second Edition, by John J. Burt and Linda Brower Meeks. Copyright © 1975 by W.B. Saunders Company. Copyright 1970 by W.B. Saunders Company. Reproduced by permission of Holt, Rinehart and Winston.

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Sexual Intercourse

Conception	
Name Da	ate
I. True/False	
2. The	ring sexual intercourse the man's penis enters the vagina. e penis doesn't have to be erect for intercourse.
4. Sp	vetness in the vagina is a sign that a woman is sexually excited. erm cells are produced and stored in the male's testicles. erm cells travel in semen.
	nan's penis can only become erect by touch.
	me woman experience many orgasms during intercourse. me women have no orgasms at all.
9. Sei	men is ejaculated into the Fallopian tube at orgasm.
	exual intercourse is a physical and emotional act.
	fter Orgasm a couple can immediately have sex again.
12. 50	exual intercourse is called "making love" by many people.

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II. Matching

		a the fortilized eas	
1. conception		 a. the fertilized egg attached 	
2. embryo		to the uterine wall	
3. fetus		b. kissing and touching prior to	
4. non-identical twins	intercourse		
5. identical twins	c. two eggs released and fertilized		
6. lubricant		d. one fertilized egg that splits	
7. foreplay		in half	
			e. wetness of the vagina f. the fertilization of the egg by a sperm g. the fertilized egg is called this after l4th weeks
 Usually hundre Sperm cells may liv The journey togeth 	ed sperm cells surv vehours or mo er of a sperm cell a	e uterus that opens into the tive the journey to the Fallore in the Fallopian tubes. and an egg is called withinhours after it en	ppian tubes.
Pregnancy and Birth			
Name Date			
I. Matching			
	a. a series of contractions		

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 	_ 2. placenta _ 3. umbilical cord _ 4. stethoscope _ 5. Labor	food and air	c. cell divisions, cell specialization and growth	b. organ through which embryo get	d. attaches embryo to the placenta e. instrument that measures heartbeat
II. True/I	1. All women are 2. A missed perion 3. Tenderness of 4. All women hav 5. Women go thr	od is always the fire the breast is a signer the same symptough physical and but have one of the but miss your seconter if you don't eat I, and cigarettes can	st sign of pregnancy in of pregnancy. coms if they're pregremotional changes. symptoms, you shoud period you're eight or get enough an harm your baby.	nant. uld wait before It weeks pregr rest during p	regnancy.

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2. Between the _____ and the 24th week the heartbeat of the fetus can be heard.

1. By the _____week the mother can feel the fetus moving.

3. There are____stages of labor

III. Fillins

4. The must be fully expanded for the second5. Feet or buttocks first is called a birth.	stage to begin.
6. Asection is performed if a baby can't be de	elivered normally.
V. Bonus Explain what happens in each stage of labor.	
/II. Contraception	
Rationale	
Contemporary social mores dictate that careful decisions be important to stress that people do have some control regards knowledge, one can limit the number of offspring, avoid an indetermine not to have any children at all. Throughout this poengaged in sexual relations should be stressed, with particular contraception.	ing reproduction. With current medical nopportune time to become pregnant, or or or the unit, the partnership of those
The information exposes the individual to the purpose of conorder to achieve one's future goals, especially regarding part devices, and surgical techniques are presented in a compara cossible side effects. Abortion is handled as an optional mean technique in the event that one's primary method of contractions.	tnership and family. The specific methods, tive manner, stressing use, effectiveness, and ns of terminating a pregnancy, a "back-up"
nformation	
See attached contraception chart.	
A. Contraception—Birth Control: ways to prevent the fertiliza	tion of an egg
figure available in print form) Contraception	
A. Matching	
1. Abstinence	a. A chemical that kills sperm cells
2. Condom	b. Pulling the penis out of the
3. Spermicide	vagina before ejaculation

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4. Withdrawal			c. A rubber cap that covers the cervix	
5. Diaphragm		d. An operation that sterilizes men		
6. Vasectomy			e. A piece of rubber that covers	
7. Douche			the penis	
8. Rhythm method	f. Washing out the vagina with liquid			
9. Birth control pills	g. Not having intercourse			
10. Tubal ligation	h. An operation that sterilizes			
11. IUD			a woman	
				i. A small plastic or metal device that is inserted into the uterus j. Hormones that prevent eggs from maturing
k. Only having interco	ourse on "safe day	'S"		
B. True/False1. Spermicides a2. Vasectomies a3. Douching is a4. A condom has5. Once an IUD i C. Fill Ins	and tubal ligation very effective bird to be fitted by a	operations ca th control me doctor.	an't be undone. thod.	
 Bothand Birth control pills Diaphragms must Having no sexual Birth control devi 	contain the femal t be left in place for intercourse is cal	e hormones a orhours a led	and	
D. Choose One 1. The most effectiv 2. One side effect of 3. Condoms fit: in th 4. Female sterilization	f the IUD: headach ne vagina over the	nes tearing of e cervix over a	an erect penis	

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sewing up the uterus removing eggs from the ovaries

Contraception Lesson Plan

In order to present the facts to the students, we put all of the information on charts

- Step 1. Pass out the charts to each student and discuss each form of contraception. (Which partner uses it, effectiveness, etc.)
- Step 2. Bring in each contraceptive device—ex. plain their use—pass around the room for students to examine.
- Step 3. Have a guest speaker (someone associated with a hospital or clinic) to redo step 2. Also this person can answer any questions the students may have and tell the students where to go for help.
- Step 4. Contraception Ditto for students to complete in class.

- B. Abortion—termination or end of pregnancy
- 1. Spontaneous abortion (miscarriage)—natural termination of a pregnancy, usually occurring during the first sixteen weeks
 - 2. Induced abortion—not natural; caused by an outside agent
- a. dilation and curettage (D and C)—a metal instrument (dilator) holds open the cervix, while a sharp metal instrument (curette) scrapes the embryo and placenta off the walls of the uterus
- b. vacuum or suction method—a tube is inserted into the uterus and mild suction is used to suck out the growing embryo
- c. saline injection—hormones and chemicals are injected into the bloodstream or uterus causing labor to begin so that the fetus is pushed out
 - d. hysterotomy—surgery to remove fetus
 - 3. Safety of abortion
 - a. within the first 12 weeks—relatively simple procedure
 - b. from the 13th to 20th week—more complicated
- c. after the 20th week—for legal reasons, difficult to get an abortion Abortion should not be considered a primary means of birth control but can be considered a back-up measure in case contraception fails.

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Abortion was legalized in 1973, but is surrounded by much controversy. Opposing views:

prolife—fetus is a living being from moment of conception; abortion is murder pro abortion—fetus is alive but cannot survive outside mother's body; therefore, abortion is not murder of another separate human being pro-choice—woman's body is the host of the child and she undergoes many dangerous risks in pregnancy; she should have the choice whether to carry or abort

A feasible alternative to abortion is adoption.

Mechanical Contraception. From EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING, Second Edition, by John J. Burt and Linda Brower Meeks. Copyright © 1975 by W.B. Saunders Company. Copyright 1970 by W.B. Saunders Company. Reproduced by permission of Holt, Rinehart and Winston.

INTRAUTERINE DEVICES

(figure available in print form)

CONDOM

(figure available in print form)

CERVICAL CAP

(figure available in print form)

DIAPHRAGM AND INSERTION DEVICE

(figure available in print form)

DALCON SHIELD

(figure available in print form)

COOPER-"T"

(figure available in print form)

SAF-T-Coil

(figure available in print form)

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Rhythm Method by Basal Body Temperature. From EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING, Second Edition, by John J. Burt and Linda Brower Meeks. Copyright © 1975 by W.B. Saunders Company. Copyright 1970 by W.B. Saunders Company. Reproduced by permission of Holt, Rinehart and Winston.

(figure available in print form)

Female Sterilization. From EDUCATION FOR SEXUALITY: CONCEPTS AND PROGRAMS FOR TEACHING, Second

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VIII. Sexually Transmitted Diseases

Rationale

Due to the current epidemic proportion of sexually transmitted diseases, this topic is presented to increase awareness of the situation, knowledge of disease symptoms, and an understanding of the need for medical treatment. Each affliction is discussed with respect to transmission, symptoms, diagnosis, treatment, and complications if untreated. A through examination of the following diseases or conditions is included: gonorrhea, syphilis, genital herpes, trichomonas, venereal warts, and pubic lice.

Information

A. Venereal Diseases

- 1. gonorrhea—caused by gonococcus bacterium
 - a. transmitted through genital, oral and anal sex
 - b. symptoms:
- 1. males—(3 to 7 days after contact) painful, burning urination with discharge of pus from penis; sometimes swelling of lymph nodes in groin area
- 2. females—(several weeks or months after contact) vaginal itching and discharge or pus; sometimes painful urination and back pain
 - c. diagnosis—microscopic examination of culture of pus material
- d. treatment—injection of appropriate antibiotic (penicillin, oral tetracycline, spectinomycin)
 - e. complications
- 1. males-(after two weeks without treatment) infection of prostrate, testes, urinary tract; permanent sterility; arthritis
- 2. females-uterine infection; pelvic inflammatory disease affecting gential and urinary tract; permanent sterility; arthritis
 - 2. syphilis—caused by spirochete
 - a. transmitted through genital, oral, and anal sex
 - b. symptoms: (3 stages)
- 1. primary—(3 to 4 weeks after infection) painless chancre (oozing sore) appears where contact has occurred; disappears in 1 to 5 weeks.
- 2. secondary—(several weeks or months after chancre) skin rash over body; mucus patch in throat; loss of hair; enlargement of lymph nodes in neck; may have headache, fatigue, nausea, fever; disappear after 2 to 6 weeks.
 - 3. Late—may show no further symptoms during person' life
 - c. diagnosis—examination of blood to detect spirochete
 - d. treatment—injection of antibiotic, with follow-up tests
- e. complications of late stage—infection and destruction of major organs; injury to heart and major blood vessels; infection of spinal cord and brain (causing paralysis or insanity) can be fatal

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- B. Genital Herpes—caused by Herpes virus, Type 2
 - 1. transmitted through genital, oral, anal sex
- 2. symptoms—(within 2 to 6 weeks after infection) small, painful bumps on sex organs that rupture to form soft, open sores; lymph nodes may swell (after several days, sores heal)
 - 3. diagnosis—microscopic examination of infected cells
 - 4. treatment—no known cure; painkilling drugs used to relieve discomfort
 - 5. complications
 - a. return of infection when body is weakened
 - b. development of uterine cancer (infected women become more susceptible)
 - c. infection of infant during birth process causing illness or death
- C. Trichomonas—caused by a protozoa
- 1. transmitted through sexual contact or contact with toilet seats, towels, or wash clothes since germs can survive in moist places for several hours
 - 2. symptoms
 - a. males—no symptoms; basically carriers
- b. females—yellow to white frothy discharge with an unpleasant odor; itchiness and irritation of the vagina
- 3. diagnosis—microscopic examination of a drop of vaginal discharge; bright red spots on vaginal wall
 - 4. treatment—metronidazole (flagyl)
- 5. complications—infection becomes less severe if not treated but cervix may be damaged (may be connected to development of cervical cancer)
- D. Venereal Warts—caused by a virus
 - 1. transmitted by genital, oral, anal sex
- 2. symptoms—(after a few months) pink, soft cauliflower-shaped bumps; male—on penis or anus, female—on vagina, cervix, vaginal lips
 - 3. diagnosis—visual appearance of bumps
 - 4. treatment—chemically removed with podophillin; surgically removed
 - 5. complications—probably none; complete removal difficult, may reappear
- E. Pubic Lice (crabs)—caused by phthirus pubis
 - 1. transmitted by close physical contact, including sex
 - 2. symptoms—mild to severe itching; appearance of tiny drops of blood on underwear
 - 3. diagnosis—visual appearance
- 4. treatment—use of medication especially for this problem (Kwell) available at a drug store or by a doctor's prescription
- 5. complications—probably none; just irritation caused by the parasites (barely visible by the naked eye) as the attach themselves to base of pubic hairs and suck blood at these points

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Venereal Diseases	
Name Date	
A. <i>Matching</i> . Match each disease with its treatme than once.	nt. You may need to use some answers more
1. Gonorrhea	a. no known treatment
2. Syphilis	b. sterilization of clothing
3. Herpes	and bedding; special soap
4. Trichomonas	c. metronidazole (flagyl)
5. Venereal Warts	d. surgical removal
6. Pubic Lice e. injection of penicillin or anoth	ner antibiotic
B. Choose the best answer or answers . Circle the	answer.

1. Diseases especially harmful to an infant or fetus: syphilis herpes trichomonas gonorrhea

2. Best form of V.D. prevention:

early treatment oral sex male wearing condom

3. Most V.D. can be treated with:

vitamins penicillin orange juice antibiotics

4. In which stage do syphilis symptoms disappear:

first (primary) second (secondary) third (late)

5. Disease in which female has a foul-smelling discharge:

herpes lice trichomonas

6. Sterilization of clothes is necessary if a person has:

trichomonas warts herpes lice

7. To diagnose Herpes, a doctor would:

take a blood test examine cells examine pus

8. Complications of venereal warts:

none infection illness death

C. True/False

1. Venereal Diseases are spread from person to person through sexual contac	t.
2. Men do not show any signs of VD until the disease is serious.	
3. VD germs can live for a long time outside the body.	
4. One type of VD can be transmitted by toilet seats.	
5. Clean people never get VD.	
6. Herpes cannot be cured.	
7. Pubic lice are caused by a virus.	

____ 8. Venereal warts must be surgically removed.

____ 9. Gonorrhea can cause destruction of major organ systems.

___ 10. Throat and rectal infections may result from trichomonas.

D. Symptoms. Match the symptoms to the diseases: Herpes, gonorrhea, trichomonas, syphilis, warts. lice

1.	pink,	soft	bur	nps	in	dry	areas	
2.	rash	on s	kin;	loss	01	f hai	r	

3. painful urination; pus from penis

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4. mild to severe itching
5. severe, continuous vaginal itching
6. small, painful bumps or blisters
7. chancre on sex organs
8. mild urethral discharge
9. soft, painful open sore
E. Identify each with a short answer.
1. Chancre
2. VD
3. Arthritis
4. Phthirus pubis
5. Treponema pallidum

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Audio Visual Aids

A Baby Is Born—23 minutes—color—16mm Planned Parenthood

This film depicts an actual hospital delivery with the husband taking a meaningful supportive role.

Life Before Birth—2 filmstrips with cassettes Time, Inc.

These filmstrips show excellent photographs of actual embryonic and fetal development up to the ninth month.

Then One Year—19 minutes—color—16mm Planned Parenthood Adolescent changes, both physical and emotional, are presented in this film. Explanation of male and female experiences during adolescence is given.

Bibliography

Adult

Burt, John J. and Linda Brower Meeks. Education for Sexuality . Philadelphia: W.B. Saunders Co., 1975.

This source provides excellent diagrams and definitions useful in teaching the physiological aspect of the unit.

Kelly, Gary. Sexuality: The Human Perspective. Woodbury, N.Y.: Barron's Educational Series, Inc., 1980.

This book is a thorough guide for all aspects of human sexuality. Historic as well as contemporary views of many topics are provided. It is highly recommended as a practical reference.

Newton, David. Understanding Venereal Disease. Portland, Maine: J. Weston Walch, Publisher, 1979.

Information on sexually transmitted diseases is presented in this book in a concise, easy to understand format. Discussion of diseases is clear, avoiding overly technical medical explanations.

Saxon, Burt and Peter Kelman. Modern Human Sexuality. Boston: Houghton Mifflin Co., 1976.

This book provides definitions, explanations, diagrams, etc. at a level that can be easily understood by adolescents. It was designed as a text for teaching sex education. It also provides activities that develop decision-making skills.

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Bibliography

Children

Bode, Janet. Kids Having Kids: The Unwed Teenage Parent. New York: Franklin Watts, Inc., 1980.

A book written for teenagers that focuses on the problems surrounding the increasing numbers of unwed teenage mothers and fathers. Statistical information, organizations which are helpful resources to teenagers, and a frank discussion of alternatives available to pregnant teens are especially well done.

Colton, Helen. Our Sexual Evolution . New York: Franklin Watts, Inc., 1971.

This book allows the reader insight into the development of current sexual mores and attitudes from a historical perspective.

Johnson, Eric W. Love and Sex in Plain Language. New York: J.P.Lippencott Company, 1977.

A book which helps the youngster understand his/her emerging sexual feelings.

Langone, John. Like, Love, Lust: A View of Sex and Sexuality. Boston: Little, Brown and Company, 1980.

The author clarifies and differentiates the meanings of the words: like, love, lust. Their relationship to sex and sexuality is discussed in this interesting book.

Nilsson, Lennart. A Child is Born . New York: Delacorte Press, 1966.

This book is an excellent classroom reference for teachers and students. It presents detailed information and photographs of fetal development.

Young, Eleanor R. Venereal Disease: The Questions, The Answers. New York: Franklin Watts, Inc., 1973.

Done in guestion/answer format, this book is an excellent source of information on venereal disease.

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