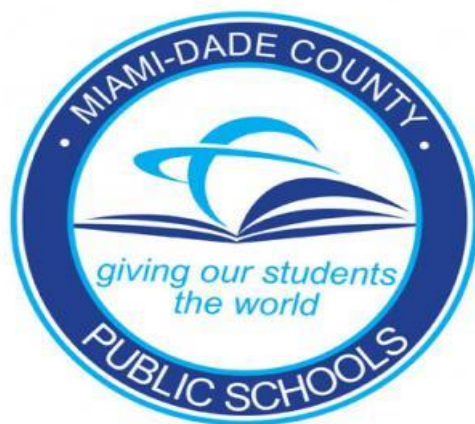


HEALTH TEACHER HANDBOOK



Senior High School

**FOR TEACHER TRAINING PURPOSES ONLY
MIAMI-DADE COUNTY PUBLIC SCHOOLS**

MIAMI FLORIDA

November, 2017

MIAMI-DADE COUNTY PUBLIC SCHOOLS
The School Board of Miami-Dade County, Florida

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PREFACE

TO THE ADMINISTRATOR

This handbook has been developed to assist school site staff with the successful implementation of the Health Education Program in the schools.

The staff of the Department of Physical Education and Health Literacy has prepared this Handbook to ensure that all schools are following policies established by the School Board of Miami-Dade County Public Schools and that guidelines for teaching Health Education and Human Growth and Development (HGD) are not violated. It is expected that all instructors teaching Health and HGD are trained by the school resource facilitator and have reviewed the information contained in the Handbook. The successful implementation of the program is dependent upon teacher awareness of program procedures and guidelines.

INTRODUCTION

TO THE HEALTH EDUCATION FACILITATOR

This Handbook was developed to assist the Health and Human Growth and Development Resource Facilitator in training all personal fitness teachers who will teach this important and sensitive topic. Specific policies established by the School Board and guidelines for teaching Health and Human Growth and Development are found in this Handbook.

Uniformity in adhering to policies and guidelines will help to make the teaching efforts more satisfactory. In order to prevent policies and guidelines from being violated the information should be read and shared with other teachers during the required training sessions.

The program will continue to be a success at your school with adherence to the information in the Handbook.

HEALTH EDUCATION PROGRAMS

MISSION STATEMENT AND PROGRAM GOALS

Our mission is to provide quality instruction in reproductive health, interpersonal skills, safety, nutrition, and parenting to reduce pregnancy and to promote healthy behavior in Miami–Dade County Public Schools’ children. Curriculum is developed to reduce destructive behavior in children, including early sexual involvement, substance abuse, suicide, activities which result in sexually transmitted diseases and early teenage pregnancy. The Curriculum is aligned with the Florida Next Generation Sunshine State Standards and the National Standards for Health Education.

Health education programs consist of instruction that develops understanding of the physical, mental, emotional, social, and psychological phases of human relations as they are affected by male and female relationships. It emphasizes attitude development and guidance related to the associations between the sexes.

In the past, most health education programs focused on the human body and hygiene. While this information is still considered essential today, the emphasis is now wellness – the highest level of health to which an individual can aspire. The curriculum enables students to make positive, informed choices regarding their health and well-being. Acquiring the knowledge, skills and attitudes necessary to achieve and maintain wellness helps children learn to take a major responsibility for their own health.

Health Education Programs strive to:

- Design, revise and implement K-12 Health curricula.
- Conduct school site visits to assist and evaluate instructors.
- Develop and coordinate annual teacher training workshops.
- Preview/approve/disapprove all audiovisual materials concerning human growth and development and health topics.
- Consult with other state and national school districts regarding health curricula.
- Implement Cardiopulmonary Resuscitation (CPR) instructor workshops.
- Provide Automated External Defibrillator (AED) instruction.

Physical Education and Health Literacy

Goals

The overall goal of Physical Education and Health Literacy is to promote healthy behaviors in Miami-Dade County Public Schools.

The program includes more than the anatomical and reproductive information, it emphasizes attitude development and guidance:

1. Improve classroom instruction in health education
2. Deliver current, accurate, and consistent information to M-DCPS staff on research-based curricula, teaching strategies, prevention and intervention methods that have been proven effective in reducing risk behaviors among children and youth.
3. Develop and enhance critical life management skills necessary to make sound decision and take positive actions for health and effective living.
4. Increase collaboration with educationally productive community partners.
5. Prepare students to be critical thinkers and problem solvers; responsible, productive citizens; self-directed learners and effective communicators.

PHILOSOPHIC BASE FOR HEALTH EDUCATION PROGRAM

Position Statement

Sex education is to be distinguished from sex education and can best be described as a form of character education. It consists of instruction to develop an understanding of the physical, mental, emotional, social, and psychological phases of human relations as they are affected by male and female relationships. It includes more than anatomical and reproductive information and emphasized attitude development and guidance related to associations between the sexes. It implies that human sexuality is integrated into a person's total life development.

It is recognized that the basic responsibility for human growth and development belongs to the home, while the church, school and other community agencies have supplementary roles in strengthening the effort of parents. Although the school can contribute to and reinforce wholesome attitudes while presenting factual information, it is the parents who best can give these facts their special spiritual and emotional quality. Classroom instruction in this area should support the family as the basic unit of society and provide the individual learner with a basis for future decision-making. Instruction should promote respect for parental values and encourage communication between studies and their parents.

OBJECTIVES

As a result, the following are desirable objectives for Health/HGD:

- To provide students with adequate and accurate knowledge of the physical, mental, and emotional maturation processes.
- To eliminate myths, fears and anxieties related to attitudes about puberty, sexual development and adjustment.
- To recognize the need for building positive values and self-esteem that are essential for rational decision-making and communication.
- To give the student an insight concerning his/her obligations and responsibilities to others.
- To enable the individual to protect oneself against exploitation and against injury to the physical and mental health of that person.
- To help students clarify and appreciate their values and attitudes as they relate to the family.

RATIONALE FOR HEALTH EDUCATION PROGRAM

Sexuality is more than a physical expression. It is a major aspect of personality. It is intimately related to the individual's emotional and social adjustment, as well as his/her physical development. An individual's happiness, his/her success as a family member, and his/her success or failure in fitting into his/her sex role and in wisely managing his/her sexuality. Contributing to the family and to society becomes the task and scope of sex education.

ASSUMPTIONS AND GUIDELINES FOR A PROGRAM IN HEALTH EDUCATION AND HUMAN GROWTH AND DEVELOPMENT

It is necessary for educators to distinguish between their personal belief, values and feelings and their professional [positions toward this area of instruction. Since this subject is sensitive and controversial and the intent is to reinforce the positive aspects of family living, the following are recommended to serve as guiding principles for instruction:

- Confine your teaching to the curriculum designed for that particular grade level. Questions which may arise that are unrelated or extend beyond the program content may be treated on an individual, referral or resource basis.
- Provide a simple, non-judgmental and informative approach to topics dealing with masturbation, homosexuality, abortion, contraception, pregnancy, sexual intercourse and sexually transmitted infections. After an accurate factual statement is provided by the teacher, the class should be informed that these issues relate to family more and religious doctrines and further discussion should be conducted in the home at the discretion of the parents.
- Support the concept of abstinence until marriage.

SUGGESTED IMPLEMENTATION FOR GRADE LEVEL TEACHER TRAINING

1. Health education is to be implemented during the scheduled Personal Fitness class.
2. It is recommended that all physical education/personal fitness instructors attend and participate in the annual health education teacher professional development workshop(s). These are designed to correct any misconceptions held by teachers and to prepare them to respond to student questions.
3. Teachers need to inform the school-site administrators and counselor(s) as well in order for them to become aware of school board policies, guidelines, information, and sensitive issues included in the handbook.
4. Teachers are encouraged to share curriculum handout materials with parents. This will help promote parent/child discussion and communication.

GRADE LEVEL INVOLVEMENT

In high school, a four to six week unit of instruction is recommended and integrated in the Personal Fitness class. Topics on building positive self-esteem and self-control, responsible dating, male and female anatomy, reproduction, family planning, birth, parenthood, prevention of child abuse and sexually transmitted infections including HIV/AIDS are areas covered in Health Education. In addition, increasing awareness of self-discipline, communication between parents and peers and emphasis on appropriate decision-making skills are to be reinforced. Exceptional students will participate in scheduled health education units if they are mainstreamed into the subject area where the units are taught, otherwise, Health Education for exceptional students will be provided as indicated in the individual educational plan.

VALUES FOR HEALTH EDUCATION PROGRAM

- a. Respect for truth and the students right to information and growth.
- b. Respect for the basic worth, equality and dignity of each individual.
- c. Respect for universal values of respect, responsibility, honesty, equality, justice and fairness.
- d. Recognition of the need for cooperative efforts for the common good.
- e. Recognition of the right of self-determination of each individual based upon one's family beliefs and values.
- f. Recognition that accurate information about sexuality increases wiser decision-making skills.

THE USE OF VALUES INFORMATION

The values information has been written for the classroom teacher and parent to assist in providing character education for each child. It is recognized that building positive values and self-esteem will strengthen each child.

It is important for each child to know he or she is special. The child must be taught to have responsible attitudes to combat against peer pressure, to understand the devastating consequences of emotional trauma, pregnancy, sexually transmitted infections or HIV/AIDS.

It is hoped that discussing values and proper attitudes will help to strengthen the kinds of messages students are getting from home. The handouts have also been written for parents to encourage home discussions and communications with their child to strengthen the child's vulnerability to unacceptable behavior.

Seven Basic Values Important To Most People:

1. Equality means having equal worth or opportunity for everyone. It means everyone should get equal treatment in studies, career, and employment. Parents who hold this value place the same importance on girls as on boys.
2. Self-Control means keeping certain desires in check. It means not hitting someone just because you're angry. People who hold this value see that having a good relationship is very important.
3. Respect means treating people with dignity that they deserve. It also means not calling names. Someone who holds respect as a value won't force someone into doing something wrong, calling someone a name, or being mean.
4. Responsibility means answering for your own actions and taking care of obligations. It means coming to school on time. Someone who holds the value will not invite a friend over without permission.
5. Honesty means telling the truth. It means not cheating on a test. Taking the consequences because you lied, cheated or did something wrong.
6. Promise-keeping means being true to your word. It means calling a friend when you say you're going to call. Young people who hold this value will come home at the time they say they will.
7. Justice and fairness means being responsible toward the whole community. It means not playing unfair to win a game. To treat girls and boys equally. Not to have prejudice of race, religion, ethnic background, disability, or because they are different.

Why These Values Are Important:

These seven values help us build good relationships and make good choices. When a person goes against one of these values (pressured by your peers), someone will get hurt. It's normal for young people to want to be liked by their friends. But it's not worth it if they get hurt or hurt others people by ignoring these values. The hurt can be physical, or it can mean a deeper hurt inside which can also cause a lot of pain.

The way that people think about these values affects how they make decisions about daily living. People who see each other as equals, for example, will treat each other as people, with kindness and caring. By holding values such as honest and responsibility, young people have a better chance to enjoy their preteen years.

Discuss developing healthy peer relationships, being selective about your friendships, choosing those peers whose values and standards tend to agree with those of you and your family.

PERSONAL QUALITIES OF AN EFFECTIVE HEALTH TEACHER

1. Belief that Health Education is important and much needed for students' positive development in self-esteem and parental communications.
2. Set the classroom atmosphere prior to the Health Education unit, i.e., students should be required to:
 - a. Conduct themselves in a mature and dignified manner.
 - b. Respect other students' questions and opinions.
 - c. Respect the privacy of the teacher and other students by not asking personal questions.
3. Teach only topics and information covered in the curriculum guide.
4. Commitment to parents' right as the primary sex educators of their own children.
5. Open minded and non-judgmental with respect to values, attitudes, beliefs and behavior which may differ from his/her own.
6. Respect and understanding of differing cultural and religious values and beliefs.
7. Personal life vignettes and experiences about sexuality should remain private.
8. Comfortable with own sexuality and not threatened by topics to be covered.
9. Ability to relate effectively with honesty, warmth and sensitivity to students.
10. Able to answer questions honestly and directly, without being embarrassed.

EFFECTIVE TECHNIQUES AND TEACHING STRATEGIES

1. Involve parents and students as much as possible in surveys, home discussions, writing assignments, handouts, etc. This helps parents and children to open communications about discussing human growth and development.
2. Position a Question Box in an accessible spot where students may submit questions for discussion anonymously. This is an especially effective means for involving students who may be too timid to verbalize on sensitive subjects.
3. After a class presentation on a sensitive topic, students may be asked to write down a question they would like the teacher to answer. Students who do not have a question would write, "I HAVE NO QUESTION". Everyone is writing and no one would be singled out. Fold the papers and collect.
4. The Sensitive Issues, Questions, and Answer Guide should be utilized by the teacher whenever possible. The teacher should read these sections carefully to be aware of the questions and answers contained in this guide. This was developed in order to allow teacher to express answers with comfort giving factual responses without giving individual value laden and/or moralistic responses. It also allows countrywide uniformity in responses.
5. Invite a physician, nurse or school counselor to lecture and lead class discussions on specific physiological and psychological area. Avenues for in-depth exploration might include: female sexual maturity/menstrual process, male sexual maturity, responsibilities during dating, human reproduction, and puberty.
 - a. Only M-DCPS approved speakers should be invited to speak.
 - b. If other speakers are invited consult Physical Education and Health Literacy for authorization at 305 995-1237. It is important that the speaker is aware of the M-DCPS guidelines to be followed in the Health Education program.
6. Utilize audio-visual aids (PowerPoint slides presentation, charts, and demonstration materials) to motivate classroom discussions. Only approved audio visual aids should be used as listed in the curriculum guides. Please receive approval on other media aids that are not on the approval list.
7. Organize "buzz groups" or class discussions on relevant Health Education topics.
8. Create a game from the vocabulary list. Divide the class into equal teams and alternate the opportunity to define new words among each child.
9. Teachers are encouraged to duplicate and send all handouts home with their students. This will help in promoting parent/child discussions.
10. Parents may be notified and invited to attend class presentations given by approved resource speakers.

GUIDELINES IN TEACHING HEALTH EDUCATION

1. Parents shall be notified by an active consent letter prior to program delivery.
2. Treat Health Education as any other subject. Always make presentations using proper scientific terminology. Do not use slang or street terms
3. Avoid drawing anatomical sketches on the board. Do not ask students to draw anatomy on paper. Use only anatomically correct illustrations.
4. Build students' positive self-esteem and emphasize on responsible behavior.
5. Teacher should maintain good classroom management and discipline. Students should be given classroom rules and made aware of consequences if not followed.
6. Teacher should maintain professionalism at all times in dealing with this sensitive topic. Avoid making sexual remarks or comments even in jest.
7. Set good examples as a role model. The teacher influences young people's behavior and attitudes.
8. Avoid relating personal experiences about sexuality.
9. Be cautious in advising or counseling students.
10. Be cautious when touching students.
11. Always demonstrate high moral standards through personal actions as well as verbal communication.
12. Be cautious of judge-mental comments, culture or religious overtones, and have sensitivity toward each student.
13. Students should use proper biological terminology.
14. Be aware some students may try to embarrass the teacher. How you react to a student's comment or question is important in keeping good classroom control.

15. Students should feel comfortable in discussing HGD. Avoid put downs or fellow students and/or teacher.
16. Instruct only materials covered in the HGD curriculum guide.
17. Involve the parents as much as possible when teaching HGD.
18. Be aware of the information contained in the Sensitive Issues Questions and Answer Guide.

DEVELOPING SELF-ESTEEM

SEEING THE POSITIVE

Circle at least five qualities that you think best describes you.

kind	ambitious	understanding
honest	proud	smart
considerate	friendly	strong
caring	loyal	attractive
helpful	patriotic	athletic
loving	grateful	creative
funny	thoughtful	sensitive
patient	hard-working	musical
moral	healthy	ethical

Not listed but true about you:

DECISION AFFECTING ME – WHO MAKES THEM?

1. Divide class into groups of four or five.
2. Each group make a list of decisions that are made for them by others.
3. Identify the person(s) who made those decisions.
4. Each group make a list of decisions that they are free to make for themselves.
5. Each group identify which decisions they like to have someone else make for them.
Also identify which decision they would like to make for themselves.
6. As a total class, compare the results of the group work.

HUMAN GROWTH AND DEVELOPMENT QUESTIONNAIRE

DIRECTIONS: Respond to each of the items below in terms of whether you SHOULD or SHOULD NOT engage in the behavior as a teacher of Human Growth and Development.

- | SHOULD | SHOULD NOT | |
|--------|------------|---|
| _____ | _____ | 1. Promote a positive self-image |
| _____ | _____ | 2. Take a clear stand on the use of contraceptives. |
| _____ | _____ | 3. Relate your personal feelings about sex. |
| _____ | _____ | 4. Promote an in-depth discussion of homosexuality. |
| _____ | _____ | 5. Encourage frank discussions about human sexuality. |
| _____ | _____ | 6. Allow students to use their own language to describe sexual behavior and anatomical descriptions. |
| _____ | _____ | 7. Discuss the potential impact of sexual intercourse prior to marriage. |
| _____ | _____ | 8. Conduct discussions of personal responsibilities involved in sexual behavior. |
| _____ | _____ | 9. Encourage students who suspect they have STIs to seek medical treatment. |
| _____ | _____ | 10. Discuss the process of obtaining an abortion. |
| _____ | _____ | 11. Provide information which may conflict with existing sexual myth or gross misinformation. |
| _____ | _____ | 12. Assist students in developing skills for solving problems related to sexual interaction. |
| _____ | _____ | 13. Discuss the religious implications of sexual behavior. |
| _____ | _____ | 14. Provide accurate and non-judgmental information about sensitive Issues on all grade levels if asked by a student. |

HUMAN GROWTH AND DEVELOPMENT QUESTIONNAIRE: KEY

SHOULD	SHOULD NOT		
__x__	_____	1.	Promote a positive self-image.
_____	__x__	2.	Take a clear stand on the use of contraceptives.
_____	__x__	3.	Relate your personal feelings about sex.
_____	__x__	4.	Promote an in-depth discussion of homosexuality.
__x__	_____	5.	Encourage frank discussions about human sexuality.
_____	__x__	6.	Allow students to use their own language to describe sexual behavior and anatomical descriptions.
__x__	_____	7.	Discuss the potential impact of sexual intercourse prior to marriage.
__x__	_____	8.	Conduct discussions of personal responsibilities involved in sexual behavior.
__x__	_____	9.	Encourage students who suspect they have STIs to seek medical treatment.
_____	__x__	10.	Discuss the process of obtaining an abortion.
__x__	_____	11.	Provide information which may conflict with existing sexual myth or gross misinformation.
__x__	_____	12.	Assist students in developing skills for solving problems related to sexual interaction.
_____	__x__	13.	Discuss the religious implications of sexual behavior.
__x__	_____	14.	Provide accurate and non-judgmental information about sensitive Issues on all grade levels if asked by a student.

TEACHER RESOURCE

VOCABULARY EMOTIONS

1. Affection: Giving and getting love and friendship
2. Accepting Yourself: Doing what is right; keeping promises will help you accept yourself being honest and being trustworthy. Feeling comfortable with yourself. You may not feel comfortable with yourself if you don't do what you know is right.
3. Personal achievement/
Success: Setting out to do a task and accomplishing it. Set daily goals that are reasonably achievable within your time limit.
4. Need to create: Learning how to do things well, feeling that You can do them well, and changing them into something new to you.
5. Role Model: You learn and get goals according to people you admire: your parents, grandparents, teachers, etc.
6. Philosophy of Life: Your principles and values that guide you in your actions.

SIX BASIC EMOTIONAL NEEDS

1. Love. Human beings need to give and receive love. These needs exist from the beginning of life to the end of life. Newborn babies respond to being held and cuddled. The behavior of children shows the need to love and be loved by their families and playmates. As an adolescent, you fear being left out of the group or not being accepted by the group. You want to be like other members of the group.

2. Accepting Yourself. A sense of personal worth becomes very strong during adolescence and adulthood. The need to be a unique individual develops slowly from birth. While you are growing up, you are dependent upon your parents for most of your physical needs, but you learn how to think for yourself and make independent decisions. Through experience, you gain judgment that can help you make wise choices. One of the most challenging experiences you will have is getting to understand and accept yourself. Although it is important to get respect from others, it is more important to feel comfortable with yourself. It is up to you to find your own identity because no one can give it to you. It takes courage to know yourself and to be yourself.

3. Personal Achievement. The need to accomplish a task is a strong force. There are many ways to satisfy the need for personal achievement. Discover the areas in which you can achieve; then try to reach goals which you know you have the ability to reach.

4. Need to Create: This is probably one of the strongest emotional needs. It can be accomplished in many ways; e.g., through arts and crafts, by composing music, writing stories, making up dance steps. One of the most normal creative needs is the desire to have a family and a home of your own. An early expression of this need is dating. Dating gives you the opportunity to discover the character and personality traits you admire most in the opposite sex. The dating experience also helps you to choose a mate and satisfy your need to love and to belong.

5. Role Models for Living. Much of what you know about how to live was learned from older people you admired and respected. You learn from your parents, teachers, older students, and others. It would be unwise to select the wrong kind of person for your model. That could delay your growth as a person. Select your models with care.

6. Philosophy of Life. Your principles of conduct may be derived from religious principles or from family standards and beliefs. Your own thoughts and feelings, supplemented by what you read, help to form a philosophy of life which is likely to change as you mature. Your philosophy must fit you and be acceptable in the world in which you live.

ANALYZE YOUR EMOTIONS

Take a sheet of paper and try to finish each of these statements. Some of the statements may make you blush, but no one else needs to see them. This is simply a test for facing oneself. Be truthful.

- g. I hate....
- h. I wish....
- i. I fear....
- j. I hope....
- k. I love....
- l. I'm embarrassed when....
- m. The thing I'm most afraid of is....
- n. I want most to be
- o. The thing that bothers me the most is
- p. Regarding myself, I feel....
- q. The person who worries me most is....
- r. I am most cheerful when....
- s. I am deeply happy when....

- t. My greatest interest in life is....
- u. The person who means most to me is....
- v. The one who love me most are....
- w. In leisure time I like most to....
- x. I have great respect for
- y. My health is....
- z. My ability is....

ACTIVITY: WHAT DO YOU VALUE?

Teacher Resource

Introduce the activity. The activity may be written on the board, or individual copies provided the students.

Say: Your values have much to do with how you work out your everyday problems. Your values are those beliefs that are so important to you that you will stand up for them even if it is uncomfortable to do so. Your values are involved in the choices of action you make whether or not someone in authority is watching you. Values guide what you do now and in the future.

Some of your values will grow and change during your life. Many which you now accept and act on will stay with you through your life.

Thinking about your values and talking about them with our friends and classmates can help you decide what is really important to you. Suppose, for example, that health is high on a list of things important to you. How will that value affect some of the things you do? How will it affect some of the choices you make?

Something to Think About

People acquire values from their families, their friends, their schools, and their churches. They also acquire values from other influences:

What values might a person acquire from involvement in sports?

How might reading biographies help to foster the growth of values?

What are some of the values that are contained in the Bill of Rights of the United States Constitution?

HOW TO COPE WITH PROBLEMS

Tell the students:

The first step in solving a problem is to face up to it. Once you have faced the fact that you have a problem, there are helpful steps you can take to solve it.

Say: I am going to list the steps on the board.

Steps in Problem-Solving

Think through what the problem really is.

Write down some possible ways of meeting or solving the problem.

List some people who might be able to help, if help is needed.

Evaluate the various solutions; decide which solution to try first.

Number the other solutions in the order they might be tried.

Cross out those that do not seem sensible on second thought.

Now go to work and try your Number 1 solution.

Tell the students:

There will be times when you cannot solve a problem in ways you would like. There are times when you may have to live with a problem. Part of learning to cope with life is recognizing when you can do something about a problem and when you cannot.

For instance, if you have a handicap, you can learn to accept it and live with it. You can find those things you are able to do in spite of the handicap.

A problem-solving approach can help you meet serious problems; a problem-solving approach can be applied to everyday situations. How would you use the problem-solving steps in the following situations?

The person you want most for your best friend prefers someone else to you.

You want to convince your parents that you are able to make more mature decisions on your own.

You have trouble controlling your temper and often find yourself shouting at people.

Human Reproduction

Vocabulary

(* minimum requirements)

Male reproductive organs

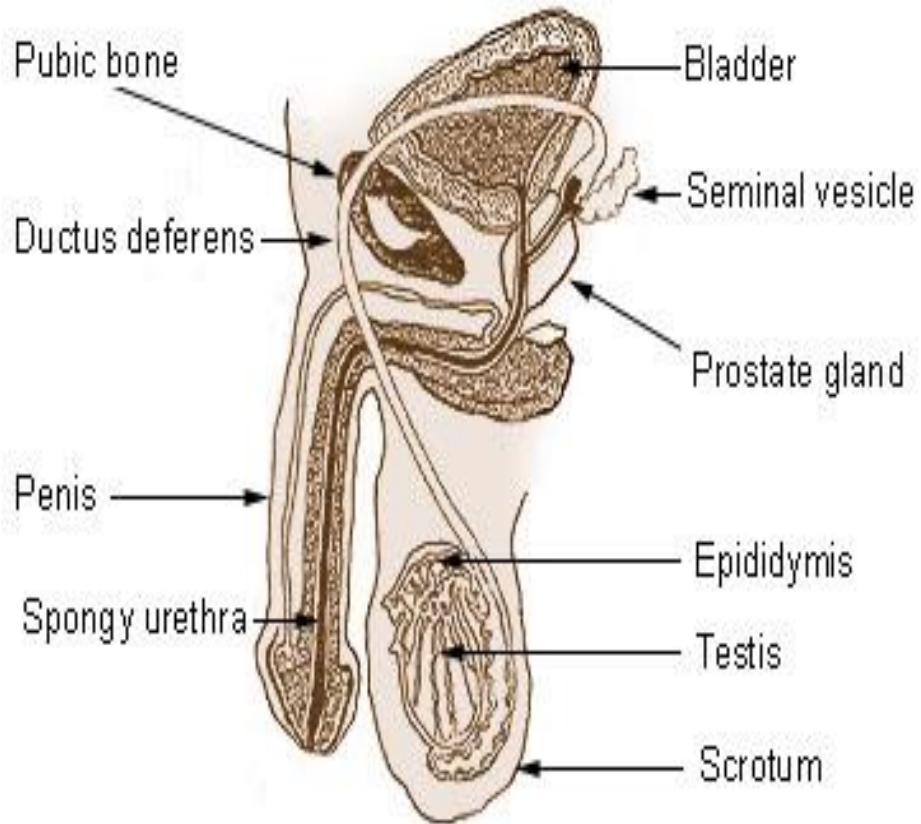
- 1*. Foreskin: fold of skin that covers the end of the penis.
- 2*. Penis: the male organ through which urine and semen pass to the outside of the body, but never at the same time.
- 3*. Urethra: a tube that normally carries urine from the urinary bladder to the outside of both male and female bodies; in males only, the urethra also carries semen to the outside of the body during ejaculation.
- 4*. Scrotum: the external pouch of the male in which the testes are located.
- 5*. Seminal glands in the male, located on each side of the lower and of the vesicles: bladder, which produce a nourishing fluid that becomes semen when mixed with fluid from the prostate gland and sperm.
- 6*. Testicles the two reproductive glands that produce male reproductive cells (testes): (sperm) and testosterone.
7. Testes one of the two walnut-size male sex located in the scrotum that produce (testicle): sperm cells and sex hormones (plural: testes).
- 8*. Vas deferens: one of the two tubes in males that carry sperm cells from each testes to the urethra; about 12 to 24 inches long (plural: vasa deferentia).
9. Cowper's gland: the small organs at the base of the penis which secrete the fluid which alkalizes the urinary canal before semen is released.

10. Epididymis: the outer chamber of the male testicle in which sperm are stored until ejaculation takes place.
11. Prostate gland: an organ that surrounds the junction of the urethra and the combined vasa deferentia; it produces some of the fluids of semen in males.

Other terms

- 1*. Semen: a mixture of sperm cells and fluids from the seminal vesicles and prostate gland of males.
- 2*. Sperm cell: the male reproductive cell produced by the testes; extremely small, having a head and lashing tail; fertilizes the egg cell during reproduction.
- 3*. Wet dreams: also called nocturnal emission or seminal emission; a passing off through the male penis of a fluid containing sperm cells when the male is asleep; a sign indicating that a boy has entered adolescence; it may not happen to every boy; it is not harmful in any way.
4. Sphincter muscle: during sexual arousal, the muscle that closes the outlet from the bladder so the urethra carries only semen.
5. Spongy tissue: the type of tissues inside the penis; the tissue fills with blood to cause an erection.
- 6*. Ejaculation: the process in males of forcing semen through the penis to the outside of the body.
7. Erection: the stiff upright position of the penis when stimulated.

Male Reproductive System



Human Reproduction

Vocabulary

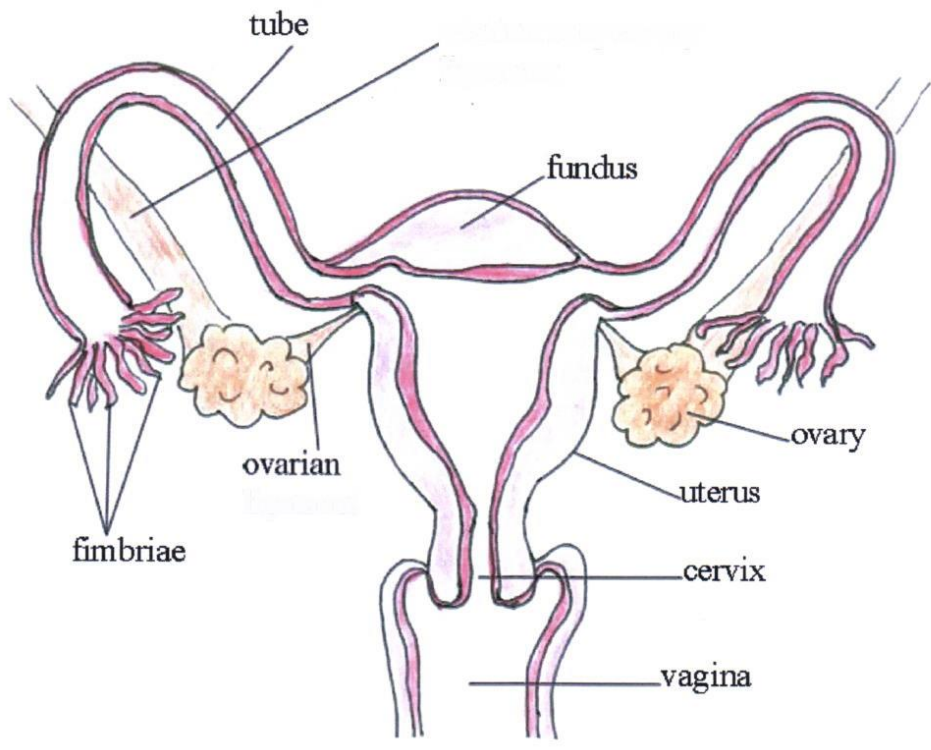
(* minimum requirements)

Female reproductive organs

- *1. Clitoris: the tiny bud-like organ located in the front fold of the labia minor which is sexually sensitive.
- *2. Hymen: a membrane enclosing the entrance to the vagina.
- *3. Cervix: the small opening at the lower end of the uterus; the cervix opens in to the vagina.
- *4. Fallopian tubes: two tubes that carry egg cells (ova) from an ovary to the upper part of the uterus; an egg cell and a sperm cell come together within a fallopian tube as the first step of pregnancy.
- *5. Ovary: one of two female reproductive organs that contain the ova; usually one ovum at a time will mature inside and ovary.
- *6. Uterus: a pear-shape muscular organ that prepares and endometrium lining in the event of pregnancy; also called womb.
- *7. Vagina: the canal leading from the cervix to the vulva; also called the birth canal.
- *8. Vulva: the external female reproduction parts; the labia and clitoris.
9. Labia: folds of skin that protect the opening of the vagina; the labia and the other external genitalia are collectively called the vulva (singular: labium).
10. Oviduct: fallopian tube.
11. Endometrium: the thick, blood-rich lining of the uterus; it builds each month in females; it is usually sloughed off during menstruation.

Other terms

1. Menstruation: the shedding or sloughing off of the disintegrated ovum and the endometrium (lining) in females; usually occurs about every 28 days in a regular cycle; also called a “period.”
- *2. Ovulation: the releasing of an ovum from an ovary in females.
- *3. Ovum: an egg cell produced in females by each of the ovaries; about the size of a pin point (plural).
4. Follicle: spherical cells in the ovaries, each filled with fluid and containing an egg.



Additional Vocabulary: Male and Female

1. Masturbation: handling, touching, or rubbing the penis (male) or clitoris (female) to cause orgasm.
2. Orgasm: the climax of sexual excitement; accompanied in the male by ejaculation; orgasm is caused by a wet dream (males), masturbation, and sexual intercourse.
3. Pubis (noun): either of the bones that make up the forward arch of the pelvis. Pubic (adjective) bone.
4. Ureter: two slender tubes, one from each kidney that carry urine to the bladder.
5. Urinary bladder: located in the lower part of the abdomen. Stores urine.
6. Rectum: the lower part of the large intestine.

MALE/FEMALE ANATOMY

For each word listed, decide if it applies to males only, or females only, or to both males and females. Put a check in the appropriate column.

List Letter (R=Reproductive System (U=Urinary (D=Digestive	SYS T E M	MALE	FEMALE	BOTH
1. Fallopian Tube				
2. Testosterone				
3. Ovulation				
4. Testes				
5. Rectum				
6. Penis				
7. Estrogen				
8. Anus				
9. Hormones				
10. Puberty				
11. Uterus				
12. Menstruation				
13. Urethra				
14. Scrotum				
15. Bladder				
16. Vagina				
17. Nocturnal Emission				
18. Sperm				
19. Ovaries				

INTERPERSONAL RELATIONS

Put Answers in Outline Form

- List three (3) things you should not do on a date.
- Give three (3) example of Love.
- What does it mean to be infatuated with someone?
- List three (3) types of dates.
- Give two values found in dating.
- List three (3) reasons for or against pre-marital sex.
- Give two (2) reasons for going steady.
- Give two (2) reasons against going steady.
- List three (3) things a boy should do on a date.
- List three (3) things a girl should do on a date.

QUESTIONS FOR SMALL GROUPS

(To be copied and cut up for distribution to groups)

How can people tell if they're in love?

Do you think it's possible for someone your age to be "in love"?

Do you think most people marry the person that they're in love with when they are 13? Why? Why not?

For people your age, do you think it's a good idea to have sex if they're attached to someone? Why? Why not?

Dating, Engagement, and Marriage Quiz

Direction: Write the letter indicating the appropriate phrase in the second column next to the terms in the first column.

- | | | | |
|----------|-----------------------------|----|---|
| _____ 1. | Love | a. | Final check upon the choice of a life partner before marriage |
| _____ 2. | Going steady | b. | Often a result of premarital pregnancy |
| _____ 3. | Engagement | c. | A desire to defeat or hurt someone, revenge |
| _____ 4. | Courtship | d. | Unselfishness, sharing, and honesty between two people |
| _____ 5. | Forced marriage really find | e. | Period during which young man and woman out about each other |
| _____ 6. | Abstinence | f. | Date mostly one person |
| _____ 7. | Dating | g. | Love for physical appearance or popularity |
| _____ 8. | Secretive dating | h. | Helps persons to make friends, go the social functions |
| _____ 9. | Jealousy | i. | Prevent unwanted pregnancy and/or sexually transmitted diseases |
| _____ 10 | Infatuation | j. | Leads to frustration, unhappiness, and loss of the parents' trust |
-

KEY: 1. d 6. i
2. f 7. h
3. a 8. J
4. e 9. c
5. b 10. g

TEACHER RESOURCE
KEY VOCABULARY

Abstinence: Refraining from sexual intercourse

Assertiveness: Letting others know one's own ideas and feelings, respectfully and firmly

Sexual behavior: One part of behavioral sex role; behavior that is intended to physically attract or stimulate another person; sexual behavior may or may not involve physical contact between people

Peer Pressure: Pressure to act or think a certain way coming from people of the same age group

Sexual pressure: Pressure toward thinking or acting sexually in a way beyond what a person is comfortable with

Media: Newspapers, magazines, radio, television, and other means of communication and advertising, collectively

Macho: Aggressively masculine or virile

Responsibility: Carrying out your obligations or duties; answering for you own actions

Relationship: Meeting and interacting with another person, either verbally or non-verbally

Independent: Not depending on or controlled by others

Influence: Power to persuade others or to produce results, especially by suggestion or other indirect means

Sex-Role: A traditional way or behaving because of a person's sex

Stereotype:	A fixed idea that does not allow for individual differences
Decision:	Reaching a conclusion or making up one's mind
Consequence:	The thing that happens as a result of something else
Pornography:	Extreme and offensive indecency in writing and pictures
Popular:	Well-liked by a group
Friendship:	A type of human relationship; based upon a mutual respect for the qualities of the individuals; ranges from a casual liking to a deep affection or love
Adolescence:	The period of physiological growth and development beginning with puberty and continuing until about 17-22 years of age; the period of life when the body becomes sexually mature
Guilt:	The shame resulting from the violation of one's own personal values or the codes of society
Homosexual:	A person who is attracted physically and emotionally to persons of the same sex
Equality:	All people having the same rights regardless of sex

Honesty:	Telling the truth; meaning what you say
Sexual attraction:	A feeling of special attraction toward another person that sometimes causes physical sensations
Mood:	Feeling of happiness or sadness, etc.
Self-control:	Being able to control you own actions
Respect:	Treating everyone, including yourself, with dignity
Sexism:	Discrimination based on the belief that one sex is superior; prejudice against one sex
Masculinity:	The way a male reviews his sex role
Femininity:	An idea or view a female has about her <u>own</u> sex role; the concept of femininity us influenced by the female's own personal needs and experiences and by what society teaches as acceptable female behavior; an individual's ideas of feminine behavior will be unlike the ideas of any other person
Stereotyped:	Behaving as society expects males and females to behave; it is learned through what a person hears and sees

CONSIDER THE INFLUENCE OF OTHERS --- PEERS

Introduction: This session is designed to allow students to take a closer look at group norms or “unwritten rules” for behavior. The goal is to help students evaluate these norms and to try to alter the impact of those codes that encourage deviant behavior or that damage the self-esteem of others.

First discuss the concept of group norms with students and how they affect the establishment of behavioral codes. These codes of conduct are “unofficial” or “unwritten,” but appear to establish rules on how students should behave. Following these precepts is likely to win acceptance and approval; breaking them brings on disapproval, often expressed in the form of teasing or laughter. One student, for example, may be laughed at for wearing “the wrong” clothing or for having an uncommon name. Another student may meet with approval for “showing off” in class or for excelling in sports. The “rules” may be different for girls and boys.

Discussion: Divide the students into small teams of three or four. Ask each group to elect a recorder. The task is to formulate a list of the “unwritten rules” for their grade level. Areas to consider are personal appearance, language, classroom behavior, boy-girl behavior, and drug-taking behavior.

Summary and evaluation: Ask for a report from each recorder on the group's conclusions and performance. Discuss any problems groups had in completing the task and review discussion ground rules, if necessary. Formulate a master list on the board of all the group norms which students have listed. Then begin asking questions which will help students evaluate these norms. Are any of the unwritten rules potentially harmful? Are there any which should be dropped? Most importantly, is it possible to make independent decisions, or is the pressure to conform so great that most students are unwilling to act on their own?

SOME EFFECTS OF TEENAGE PREGNANCY

Many teens who become pregnant hope that they are ready to handle the responsibilities of being a parent, but they usually encounter more problems than they anticipate.

The pregnant girl may have trouble staying in school or completing her high school education.

The teen father may drop out of high school to get a job to support the baby.

The relationship between the pregnant girl and teen father may not last. If it does not, it will be difficult for her to handle the responsibilities alone.

The young couple may choose marriage. The relationship may later end in divorce.

Finances can be a big problem. A teenager couple or an adolescent on her own often cannot afford the expenses of a baby. The costs of delivery, medical care, formula, diapers, clothing, etc., are very difficult.

Living arrangements for the young parent may be a problem. Not all teenage parents can live with their families. Finding an apartment, living alone, and coping with all the tasks of running a household are difficult.

For teen mothers living at home, there can be conflicts between the teenager and her parent(s). Teenage pregnancies affect the whole family, not just the teenager.

A young baby requires a huge amount of patience, time, and commitment. Babies need to be waited on for all of their needs. Often a teenager cannot handle a baby's needs and her own at the same time. Babies are often neglected or abused because of the stresses involved in a teen pregnancy. Babies need to be held, touched, played with, and cared for.

It is suspected that babies born to teenagers have a greater chance of dying from Sudden Infant Death Syndrome (crib death).

Repeat Pregnancies

The first-born child of a teenage mother faces formidable obstacles at the start of life, but the adverse effects of teenage pregnancies multiply when those mothers have a second child before they reach the age of 20. Infant and maternal mortality rates increase with successive births and with short intervals between births.

A more dramatic point is made by statistics on deaths that occur in the first 28 days of life and reflects, therefore, not so much the poverty of the family or the quality of the food and housing available to the growing infant but the health status of the mother and the conditions immediately surrounding pregnancy and delivery. These early deaths increase dramatically among the second, third and subsequent children born to a mother who is still in her teens.

Social and Economic

An unplanned teenage pregnancy is often accompanied by harsh social and economic problems—problems that can affect the individuals involved for the rest of their lives.

The Teenage Parent

When a teenage student becomes pregnant, she is likely to drop out of school. If employed, she must give up her job at least for a short time. Eight out of 10 who first become mothers at 17 years of age or younger never complete high school. When teenagers marry following a pregnancy, their problems seldom decrease. Both teenage parents may have difficulty finishing their education and developing skills, and as a result may be forced to accept low-paying jobs. Teenage parents often are isolate from their peers and from normal social life. Further, half of all teenager marriages end in divorce within five years.

Looking ahead, there is a strong possibility that the teenage mother will be unable to support herself and her child. The cumulative effect of all the early psychological and economic stresses that the young mother endures may affect her ability to function in a productive way later in life, and it may help explain the relatively high rate of suicide among older women who experienced a pregnancy in their teens.

The Child

Because of the health risk and poverty conditions likely to be encountered, the child of a teenage mother enters the world at a distinct disadvantage. These handicaps are compounded by the fact that very young mothers may be ambivalent about child care and be under varying degrees of psychological strain. They may not have had the experience necessary to ensure maximum intellectual and emotional growth of the infant. While it is true that many of these infants are readily absorbed into the mother's family, it is equally evident that this process generally occurs because the mother is unmarried and unable to provide for herself and her baby.

Vocabulary: Fertilization, Pregnancy and Birth

Afterbirth:	Placenta and fetal membranes that come out of the uterus after the birth of a baby.
Amnion:	Protective bag of water around the embryo in the uterus.
Caesarean Section:	Removing the baby by an operation.
Fertilization:	Joining of an egg cell by a sperm cell.
Embryo:	The unborn child developing in the uterus between the 2 and 8 weeks of life.
Fetus:	The unborn child developing in the uterus after the first 8 weeks of life.
Fraternal twins:	Babies that develop from two eggs. They may or may not be of the same sex.
Full term pregnancy:	266 days or 9 months.
Identical Twins:	Babies that develop from one fertilized egg that separates into two halves; are always the same sex.
Labor:	The contractions that push a baby out of the uterus during childbirth.
Placenta:	Tissues by which the unborn child is attached to the walls of the uterus.
Premature:	A baby born weighing less than 5 pounds.
Miscarriage:	When the fetus comes out before it is developed enough to live.
Umbilical cord:	It connects the embryo or fetus to the placenta within the uterus.
X or Y Chromosome:	The sex of the baby (carried by the sperm cell) is determined.

GLOSSARY

Abstinence:	not having sexual intercourse, saying No to sex
Antibiotic: growth	drugs that are used to cure many diseases by killing or stopping the of bacteria such as penicillin
Bacteria:	a one celled organism that causes a number of diseases
Cervix:	the opening into the vagina from the uterus, neck of the uterus
Chancre:	the earliest sign of syphilis in stage 1, a painless, open sore
Communicable:	transmitted from person to person
Condom:	a thin covering placed over the penis to prevent setting a sexually transmitted disease
Contagious:	spreading by contact, catching
Discharge:	giving off or releasing a body substance
Genital:	the external sex organs of males and females
Immune System:	protecting the body from the attack of harmful germs, bacteria, protozoa, viruses
Infected:	to cause disease by germs, bacteria or viruses that get into a person's body
Infectious:	capable of being transmitted from person to person
Insanity:	a mental condition causing a person to be crazy
Lymph Glands:	one of many vessels that contain fluid and bathes all body cells located in the neck, under the arms, in pubic area, etc.
Paralysis:	losing ability to move or feel in a part of the body

Penicillin:	a widely used antibiotic used to cure a disease
Prenatal:	the time between pregnancy (conception) and the birth of a baby
Precaution:	to be careful, to prevent disease or injury
Protection:	a way to safe guard a person, as from disease or injury
Protozoan:	a microscopic single celled organism
Recognition:	to be aware of and know signs and symptoms
Resistant:	to fight back against
Secretions:	producing a body substance such as pus
Semen:	the sticky whitish fluid in which the sperm are discharged from the penis
Sexually	all infection, including venereal diseases, that may be passed to another
Transmitted:	person through sexual intercourse or close body contact
Spirochete:	bacteria with a spiral shape and a moving body
Sterile:	clean, free from germs
Sterility:	unable to produce children, sperm and ovum are unable to unite
Stillborn:	dead at the time of birth
Strain:	a new variation or mutation, such as bacteria
Transmitted:	spreading by contact, skin to skin
Virus:	an infectious organism smaller than bacteria

Peer Pressure: Questions for Discussion

1. What is peer pressure?
2. How important are peers to teens?
3. How much influence over one's life should peers have?
4. Why is it important for teens to develop their own beliefs and stick to them?
5. Does it bother you to be called chicken or stuck-up by your peers when you don't go along with the crowd?
6. What does being popular means? How important is being popular as compared to other values or goals in life? What are some ways to be popular?
7. What are some good things about belonging to a group? What are some bad things about belonging to a group?
8. What is friendship? (Friendship is important as a support to deal with peer pressure.)
9. Why do boys feel the need to "make it" with a girl?
10. Do boys have the right to pressure girls with "Have sex with me or I won't see you again?"
11. What does it mean to "use" someone?
12. How would you describe a good relationship?
13. What do guys want most from having a girlfriend? What do girls want most from having a boyfriend?
14. What do you think about a boy who doesn't respect his girlfriend's wishes not to become sexually involved?
15. What do you think about a girl who gives in when she doesn't really want to?
16. How true is it that "everybody's doing it"?
17. How true is it that if a boy doesn't have sex with a girl he is homosexual?
18. What are some reasons a person may not engage in sexual relations?
19. What is society's attitude toward boys who are virgins through adolescence and early adulthood? It is more difficult for a guy to say "no" than it is for a girl?
20. Why is it hard to say "no" in sexual situations?

Physical Education and Health Education Legislation

PHYSICAL EDUCATION

Physical Education legislative requirements are located in the District Wellness Policy. That is Board Policy # 8510, and the URL is: <http://www.neola.com/miamidade-fl/>

The K-8 Physical Education Legislative Policy is: <http://www.flsenate.gov/laws/statutes/2016/1003.455>

The High School Physical Education Legislative Policy:
<http://www.flsenate.gov/laws/statutes/2013/1003.428>

Board Item Recess Policy: Board Agenda Item A-3, September 7, 2005. This is also in the Wellness Policy

HEALTH EDUCATION

Health Education Legislative Required Instruction:

<http://www.flsenate.gov/laws/statutes/2016/1003.42>

Health Education Legislative Required Teen Dating Violence and Abuse:

<http://www.flsenate.gov/laws/statutes/2016/1006.148>

Legislative School Wellness and Physical Education Policies; Nutrition Guidelines:

<http://www.flsenate.gov/laws/statutes/2016/1003.453>

Legislative Policy Automated External Defibrillators:

<http://www.flsenate.gov/laws/statutes/2016/401.2915>

Health Education Florida State Statutes

- Florida State Statute 1003.41 - Sunshine State Standards
- Florida State Statute 1003.42 (2)(n) - Required Instruction
- Florida State Statute 1003.4282 - General Requirements for High School Graduation; Revised
- Florida State Statute 1003.46 - Health Education; Instruction in Acquired Immune Deficiency Syndrome
- Florida State Statute 787.06 - Human trafficking

HUMAN GROWTH AND DEVELOPMENT

Historically, since 1979 the School Board of Miami-Dade County, Florida has mandated the instruction of *Human Growth and Development (HGD)* for grades 5, 6, 7, 8 and 10. Effective June 29, 1990, the Florida Legislature passed House Bill 1739, which includes instruction in human sexuality for students in grades Kindergarten through grade twelve. The purpose of this legislation was to reduce the risk of inappropriate behaviors associated with early sexual involvement. Since that time, efforts have been exerted to provide curriculum and instructional materials to assist teachers in delivering content relating to sexually transmitted infections, HIV/AIDS, and early teenage pregnancy. The Office of Physical Education and Health Literacy conducts grade level appropriate instruction to classroom, Science, and Personal Fitness teachers annually. All instructional materials related to Human Growth and Development in Miami-Dade County Public Schools, can be found at, http://pe.dadeschools.net/healthlit_curriculum.asp.

Topics covered include:

- The Cell and Heredity
- The Endocrine System/Puberty
- Physical and Emotional Changes during Puberty in Boys and Girls
- Health Care of the Body
- Human Reproduction
- Sexual Abstinence
- Building a Positive Self-Image and Wholesome Self-Concept
- Sexually Transmitted Infections Prevention HIV/AIDS Education
- Decisions on Personal Safety
- The Family Unit

NOTE: Parents are encouraged to review the program content and instructional materials, and to speak to the teacher if additional information is desired. If parents wish to have their children removed from segments of the curriculum, they should address a letter to the school principal. An appropriate educational assignment will be given to the child.

Parents shall be notified by a form letter prior to the curriculum implementation.

Parents may be notified when presentations are given by approved resource speakers. Parents may be invited to attend.

The curriculum guide, state-adopted textbooks, audiovisual materials, handouts, etc. shall be made available if requested by interested parents.

SAMPLE PARENT LETTER

SAMPLE LETTER TO (USE SCHOOL LETTERHEAD)
SENIOR HIGH SCHOOL
INTRODUCTORY LETTER FOR HGD UNIT

Date:

Dear Parent(s) or Guardian:

Since 1979 the School Board has mandated the instruction of Human Growth and Development (HGD) for Grades 5,6,7,8, and 10. On June 29, 1990, the Florida Legislature passed House Bill 1739 which mandates instruction in reproductive health, interpersonal skills, and parenting to reduce teenage pregnancy and to promote healthy behavior in Florida's children for all students in kindergarten through grade 12.

Included in the instruction for this grade level will be:

- Emotions and Communicating Feelings
- Sexual Abstinence
- Postponing Sexual Involvement
- Dating, Going Steady, Infatuation vs. Love
- Male and Female Reproductive Systems
- Planning for Marriage and Parenthood
- Family Planning in Marriage
- Pregnancy and Childbirth
- Sexually Transmitted Infections/*HIV/AIDS* Education
- Child Abuse Prevention

It is recognized that the basic responsibility for the teaching of human growth and development belongs in the home, while the church, school, and other community agencies have supplementary roles in strengthening the efforts of parents.

Parents are encouraged to review the program content and instructional materials, and to speak to the teacher if additional information is desired. If parents wish to have their children removed from segments of the curriculum, they should address a letter to the school principal. An appropriate educational assignment will be given to the child.

You are also encouraged to become involved in the discussion of topics that promote family values and beliefs.

Sincerely,

Principal

Approved Speakers

Project U-Turn
Sexual Risk Avoidance STIs/HIV/AIDS
J Martinez Program Coordinator
786-388-3000
jmartinez@hopeformiami.org

Compass Program
Drug Abuse Prevention
Solomon Blatch, Program Coordinator
solomon@hopeformiami.org

Education Consultant/Sexologist
STI's Presentation
Marilyn Volker, EdD
305 443-8850
besafemv@gmail.com

Miami-Dade County Health Department
Chronic Disease Health Promotion
Karen Weller, RN
786-845-0341/305-278-1077

Miami-Dade County Department of Health
Kevin Callo, Health Services. Representative
STI and HIV Awareness
305-324-2400

Roxy Bolton Rape Treatment Center
Rape Prevention
Franchine Daley
305-585-5185
Franchine.daley@jhsmiami.org

University of Miami
Adolescent Outreach and Education
(305) 243-3942
(305) 243-5880
University of Miami
Department of Psychology

UROSE (Reaching Out to Students Everywhere)
K-12 Nutrition/Wellness/Physical Activity
Daniella Carucci
305-284-6708
Rose@psy.miami.edu

Jewish Community Services of South Florida
Abuse and Teen Violence Prevention
Christina Lalama/Hortensia Lozano
305-672-8080
clalama@jcsfl.org/ hlozano@jcsfl.org

M-DCPS Food and Nutrition
Nutritional Wellness
Audra Wright
786-275-0438
Awright3@dadeschools.net

Miami-Dade Area Health Education Center (AHEC)
Tobacco Cessation; Breast Cancer Awareness
Marilyn Roman
mroman@mdahec.org

Miami-Dade County Public Schools
Division of Student Services, HIV/AIDS Education
Jean Michael-Bouciquot, Educational Specialist
jbouciquot@dadeschools.net/305-995-1925

Short Chef
Nutrition/Fighting Obesity One Child At A Time
(Elementary)
305-761-1452
shortchef@shortchef.com

Nutrition and Wellness
Lisa Dorfman
305-854-1065
foodfitnes@aol.com
FoodFitness.com

Miami-Dade Police Department
Pedestrian Safety Section
(305) 471-1759

U of M Department of Pediatrics
Poison Control Education
305 585-5250

University of Miami
Walk Safe Program
305-243-8115

Safe Schools South Florida
Robert Loupo, Executive Director
Sexual Minorities Bullying Issues
305-576-2126

UM Miller School of Medicine
Adolescent Medicine, Director
Lawrence B. Friedman, M.D.
305-243-5880
l.friedman@miami.edu

Amigos for Kids
Child Abuse Prevention
Rosa Plasencia, President & CEO
305-279-1155
rmplasencia@amigosforkids.org

FACTUAL RESPONSES TO SENSITIVE ISSUES

Responses to questions relating to sensitive issues have been reviewed and approved by the Bureau of Special Programs staff and the Dade County School Health Medical Advisory Committee. The Facts and responses are accurate, and are expressed in a medically appropriate manner.

The sensitive Issues Questions and Answer Guide is used when answering questions asked by students. For uniformity of response throughout the county the recommended responses should be given. Because of the value-laden nature of questions related to the identified issues, it is important to stress the need for students to include their parents and/or religious advisers in reaching decisions regarding all matters involving sexual activity and controversial issues.

Frequently, student questions will provide the teacher with opportunities to emphasize the position of this school district that abstinence is the only acceptable sexual behavior for unmarried, school-age youth, and is the only certain way to prevent pregnancy and sexually transmitted infections. Teachers should capitalize on every opportunity to reinforce this concept.

Because of the sensitive nature of this subject matter, certain questions asked by students may not be appropriate to answer or explain. If a student has a question that he/she feels must be answered, the teacher should allow extra time after class to answer the question or to refer the student to a reliable source of information. Not all questions need to be answered, as the students have varying maturity levels.

Teachers need to respond to the sensitive questions by using correct medical/biological terminology. Students might ask or respond to certain questions using “slang terms” because of their lack of knowledge of the proper terminology. Teachers are to teach proper medical/biological terminology and encourage students to use newly learned vocabulary. Students who legitimately use “slang terms” because they lack better vocabulary should not be reprimanded but corrected and reminded to use appropriate vocabulary.

Factual Responses to Sensitive Issues

Definitions

ABORTION

Abortion is the termination of a pregnancy. There are two types of abortions. The first is not on purpose and is called a “spontaneous abortion” or “miscarriage”. It occurs when the embryo or fetus is expelled from the uterus much too soon to stay alive – usually during the early stages of pregnancy. An induce abortion means a planned procedure performed to end a pregnancy.

CONTRACEPTION

Contraception means preventing the start of a pregnancy. Contraceptives are the devices used to keep the female from getting pregnant.

HOMOSEXUALITY

Homosexuality means physical and emotional attraction to persons of the same sex.

MASTURBATION

Masturbation means touching or rubbing the sex organs to cause sexual excitement.

PREGNANCY

Pregnancy is the condition of a woman who is carrying a baby within her body, usually lasting 280 days or 9 months.

SEXUAL INTERCOURSE

Sexual intercourse is the sexual union of a man and a woman. During intercourse, the penis of the man is introduced into the vagina (opening in the body between the legs) of the woman. The sperm cells then pass from his body to her body.

SEXUALLY TRANSMITTED INFECTIONS (STI)

STI stands for sexually transmitted infections. This term is used to describe communicable diseases spread from person to person primarily by sexual intercourse.

QUESTIONS AND ANSWERS FOLLOW