

Health and Family Life Education (HFLE) Resource Guide for Teachers



Middle Division

Health and Family Life Education

Resource Guide for Teachers

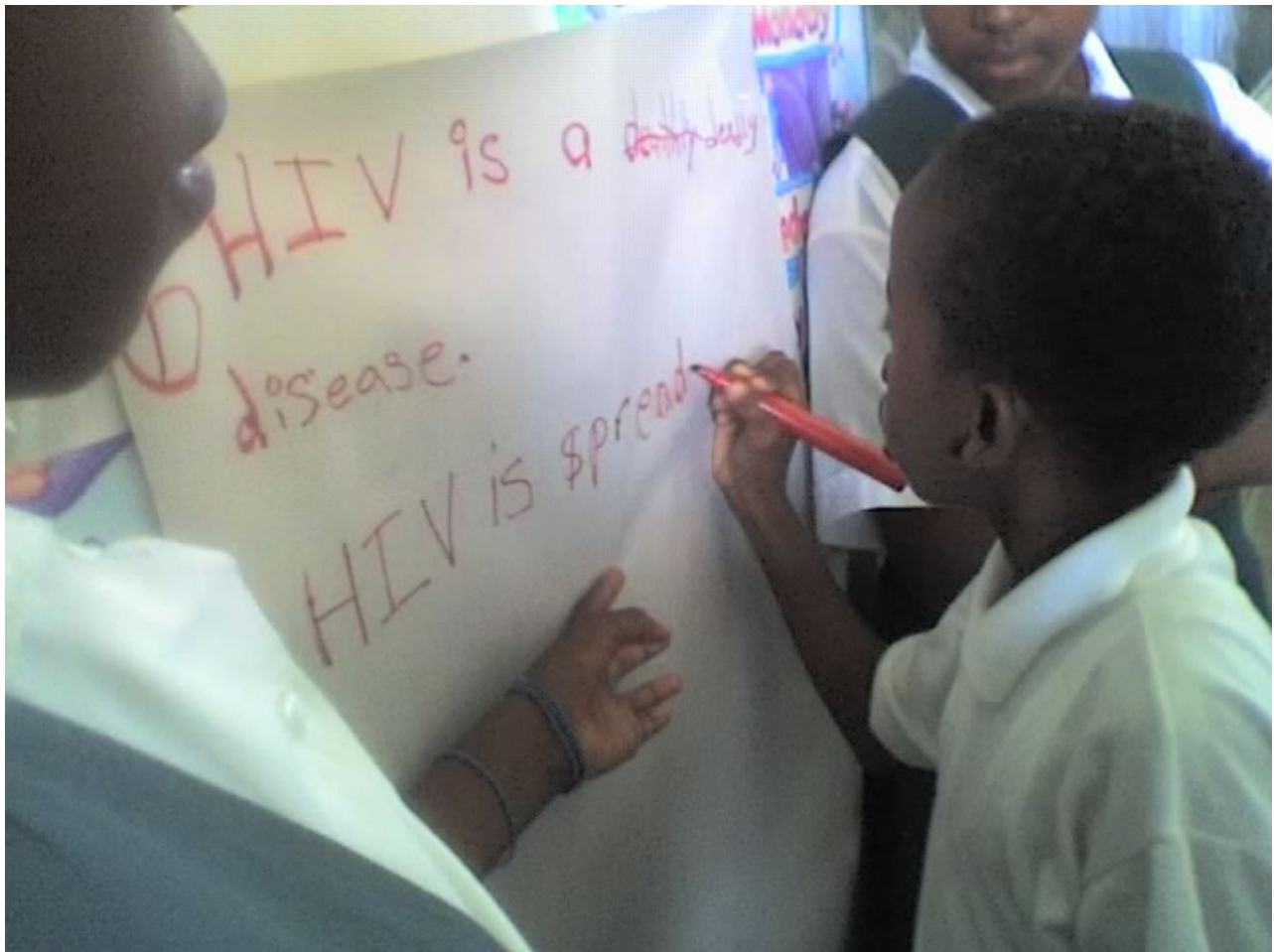
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"Society expects schools to assist in the education of children and youth in such ways as to prepare them to assume and practise responsible and positive roles in all aspects of personal, family, and community living. This is also a prerequisite for national and regional development. Because many of the problems affecting students impact negatively on learning, it is incumbent upon schools to go beyond their traditional boundaries to meet the challenge. The time has come for vigorous, coordinated and sustained effort to support the implementation and strengthening of HFLE in Belize."



Section One: PURPOSE OF THIS GUIDE



Purpose of this Guide

The purpose of this guide is to provide teachers with materials and resources to implement the Health and Family Life Education Curriculum. This guide builds on the foundation of the Regional Curriculum Framework for HLFE, which sets out the HFLE philosophy and standards for teaching and identifies the desired knowledge, skills and behavioral outcomes for students. Unit themes and the content of lessons are responsive to the many health and social challenges in the region, including HIV/AIDS, violence and substance abuse. The Guide thus provides schools and teachers with a concrete tool for HFLE implementation. Through the implementation of HFLE lessons in diverse school settings and communities, the goal is to have a positive impact on student health, which in turn, relates to school attendance and learning.

Drawing upon lessons learned and needs expressed by teachers over the past few years, the contents of this manual include the following:

- 1) Background resources and information for teachers on HFLE, Life Skills Education and Interactive Teaching Methods, including developmental tasks of children and adolescents, behavioural theory supporting life skills education, and information for setting ground rules and a respectful classroom atmosphere
- 2) A comprehensive overview of the revised HFLE Curriculum
- 3) Sample Lesson Plans for HFLE
- 4) A list of resource persons/organizations for HFLE

Section Two:

OVERVIEW OF HEALTH AND FAMILY LIFE EDUCATION (HFLE)



Overview of Health and Family Life Education (HFLE)

Sources: *Life Skills Manual*, Caribbean Community (CARICOM) Project
The HFLE Regional Curriculum Framework, UNICEF, 2005
Health and Family Life Education Evaluation, Form 1 Student and Teacher Baseline Survey Results, Education Development Center, Inc., 2006.

HFLE BACKGROUND

The Caribbean Community (CARICOM) comprises of fourteen (14) Member States and five (5) Associate Members. The fourteen member States are: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts/Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago. The Associate Members of the Community are: Anguilla, Bermuda, British Virgin Islands, Cayman Islands and Turks and Caicos Islands.

Increasingly in the Caribbean, changing realities have placed additional strains on children and young people, modifying their behaviour and putting their life and health at risk. There is a need for education systems in the region to develop and implement curricula that respond to these changes. In the 1990's, the Health and Family Life Education (HFLE) Programme was implemented in primary and secondary schools in some member states and in others to address some of these changes. However, the HFLE Programme, which is also commonly known as the Life Skills Programme, was not seriously implemented in classrooms. Findings of a survey to determine the status of HFLE in the Region (Semei, 2005) indicated that, for the most part, teachers delivered the programme in an ad hoc manner or did not receive adequate training to teach this programme. In addition, a great deal of emphasis was placed on conveying knowledge and information rather than developing life skills.

It became very clear, that in order to seriously address the numerous problems and challenges that young people in the Caribbean encounter on a daily basis, some serious modifications had to be made to the HFLE Programme, including a renewed emphasis on the acquisition of Life Skills. The CARICOM Secretariat, United Nations Children's Fund (UNICEF), with support from the Pan American Health Organisation (PAHO) and other members of the HFLE Regional Working Group activated the process to accomplish that outcome.

In 1994, the CARICOM Standing Committee of Ministers of Education passed a resolution to support the development of a comprehensive approach to HFLE by CARICOM and the University of the West Indies (UWI). Support was also solicited from the United Nations agencies and other partner agencies working in the Region. In 1996, Ministers of Education and Health endorsed the document, "A Strategy for Strengthening Health and Family Life Education (HFLE) in CARICOM Member States."

At the Sixth Special Meeting of the Council for Human and Social Development (COHSOD) held in Trinidad and Tobago in April 2003, the Council, realizing the significant contribution that HFLE can make to help young people develop skills to build competencies and adopt positive behaviours, endorsed the need to develop a Life-Skills based HFLE Regional Curriculum Framework. This Framework, with Regional Standards and Core Outcomes, shifted the focus from what was a knowledge-based curriculum to one that was life skills-based. The Framework

was intended to serve as a guide to member states to review or develop their national life skills HFLE curriculum. Additionally, the COHSOD agreed that HFLE should be a core area of instruction at all levels of the education, and should also be used to develop out-of-school youth programmes. The COHSOD also endorsed the:

1. Re-activation of the HFLE Regional Working Group
2. The inclusion of HFLE in Teacher Education Programmes;
3. Training for teachers, parents and other stakeholders

The CARICOM Secretariat, in collaboration with UNICEF and support from PAHO, pursued the mandates given by Council. A Regional Framework was developed for youth ages 9 -14 years, the Core Curriculum Guide for Teachers was revised, and teachers, teacher educators, curriculum officers and HFLE Coordinators were identified from all levels of the education system and trained as trainers in the Life Skills programme.

Partner agencies in the HFLE project include: the CARICOM Secretariat, Caribbean Child Development Centre (CCDC), UWI Schools of Education and the Advanced Training and Research in Fertility Management Unit (FMU), PAHO/WHO, UNESCO, UNDCP, UNFPA, UNDP, UNIFEM and UNICEF. The current operational mechanism for the project is a Regional Working Group. UNICEF has been carrying out overall coordination. Additionally, over the past two years, the Education Development Center, Inc. (EDC) from Newton, Massachusetts, has been involved in providing technical support to the project.

WHY HFLE?

There is the perception that traditional curricula do not ensure that children and youth achieve their full potential as citizens. In addition, increasing social pressures are impacting on young persons in ways that make teaching a challenge. Teachers are finding that young people are more disruptive, are more likely to question authority, and see little relevance of schooling that fails to adequately prepare them for their various life roles. The paradox is that schools are now seen as key agencies to redress some of these very issues. HFLE, then, is a curriculum initiative that not only reinforces the connection between health and education, but also uses a holistic approach within a planned and coordinated framework. It "is perceived as the viable way to bridge existing gaps to enable young persons to attain the high levels of educational achievement and productivity required for the 21st century." (UNICEF/CARICOM, 1999, p 15.)

WHAT IS HFLE?

HFLE is a comprehensive, life skills-based programme, which focuses on the development of the whole person in that it:

- Enhances the potential of young persons to become productive and contributing adults/citizens.
- Promotes an understanding of the principles that underlie personal and social well-being.
- Fosters the development of knowledge, skills and attitudes that make for healthy family life.
- Provides opportunities to demonstrate sound health-related knowledge, attitudes and practices.
- Increases the ability to practice responsible decision-making about social and sexual behaviour.

- Aims to increase the awareness of children and youth of the fact that the choices they make in everyday life profoundly influence their health and personal development into adulthood.

ETHICAL GUIDELINES FOR THE DELIVERY OF HFLE

Responsibility to students

Teachers and other resource persons involved in the delivery of HFLE should:

- Have primary responsibility to the student, who is to be treated with respect, dignity, and with concern for confidentiality.
- Make appropriate referrals to service providers based on the needs of the student, and monitor progress.
- Maintain the confidentiality of student records and exchange personal information only according to prescribed responsibility.
- Provide only accurate, objective, and observable information regarding student behaviours.
- Familiarise themselves with policies relevant to issues and concerns related to disclosure. Responses to such issues should be guided by national and school policies, codes of professional organizations/unions, and the existing laws.

Responsibility to families

- Respect the inherent rights of parents/guardians for their children and endeavour to establish co-operative relationships.
- Treat information received from families in a confidential and ethical manner.
- Share information about a student only with persons authorized to receive such information.
- Offer ongoing support and collaboration with families for support of the child.

Responsibility to colleagues

- Establish and maintain a cooperative relationship with other members of staff and the administration.
- Promote awareness and adherence to appropriate guidelines regarding confidentiality and the distinction between private and public information.
- Encourage awareness of and appropriate use of related professions and organizations to which the student may be referred.

Responsibilities to self

- Monitor one's own physical, mental and emotional health, as well as professional effectiveness.
- Refrain from any destructive activity leading to harm to self or to the student.
- Take personal initiative to maintain professional competence.
- Understand and act upon a commitment to HFLE.

Section 3:

OVERVIEW OF THE REVISED HFLE CURRICULUM



Overview of the Revised HFLE Curriculum

CONTENT

The content for HFLE is organized around **four** themes. These themes have been adopted from the core curriculum guide developed for teachers' colleges as part of a PAHO initiative (see PAHO/Carnegie, 1994). Standards and core outcomes have been developed for each of these themes. This thematic approach marks a departure from the traditional topic centered organization of curricula. For example, the use of alcohol and drugs, as well as premature sexual activity, represent maladaptive responses to coping with poor self-worth, boredom, failure, isolation, hopelessness, and fragmented relationships. The thematic approach, therefore, addresses the complexity and connectedness between the various concepts and ideas, goals, components and standards, which are associated with attitude and behaviour change.

Method of Delivery

The approach adopted in the delivery of life skills-based HFLE should take into account context, needs, and availability of resources.

There are two major approaches to delivery:

- *Discipline-based* - HFLE is taught as a separate subject.
- *Integration* - HFLE is integrated with other subjects in the school curriculum. Models of integration include the following:
 - *Infusion* - An HFLE topic area and related skills are infused into another subject area. For example, strategies for developing healthy interpersonal relationships skills may be infused into a biology lesson that critiques the range of relationships found in living organisms. Decision-making and goal-setting skills related to promoting abstinence or delaying sexual activity may be infused into a mathematics lesson that explores statistical data related to the rates of incidence of HIV/AIDS among young persons of various age groups.
 - *Multidisciplinary* – Two or more subjects are organized around the same theme and skills. For example, subjects such as social studies, biology or science, language arts, physical education, and home economics, are subject areas that can be organized around the theme of “Eating and Fitness.” The core skills are identified, and specific areas are allocated among the identified subject areas.
 - *Interdisciplinary* – Skills form the focus of the integration among two or more subject areas. For example, if core skills such as critical thinking, communication, and problem-solving are selected as the focus, then content may be selected from two or more subject areas that are appropriate for the teaching of these skills. In this case, the content areas may or may not be directly related, since the focus is on skill acquisition.
 - *Trans-disciplinary* – This is used in problem-based learning. For example, a problem may be loosely structured around an environmental issue in a community, which has implications for health and the quality of life of persons living in that community. The assumption is that different subject areas are

embedded in the problem. Students then brainstorm to determine what they know, what they need to know, and how they are going to find out. Learning objectives, including the implicated life skills, are then determined. Students have to access the available resources and demonstrate the identified skills in coming up with strategies for solving the problem.

All of these approaches have advantages, as well as disadvantages, and have implications for teacher training. The obvious advantage of the discipline-based approach is wider coverage of HFLE. This approach requires a core of teachers specially trained to deliver life skills-based HFLE.

The integrated approaches are more economical, with respect to resource demands - human resources, material resources, and time resources. However, in addition to special training in life skills teaching and methods/strategies for integration, they require a high level of organization, with respect to planning and collaboration across subject areas. For example, infusion, which is the simplest form of integration, requires that topics to be infused be developed and inventoried, that they be linked to the subjects in which they would be infused, that staff be rationally located to the tasks, and so on. In the case of trans-disciplinary integration, teachers would need additional training in problem-based learning methodologies. The major disadvantage with the integrated approaches is that key learning outcomes, from either HFLE, or the other subject/s area/s, or all, may be sacrificed.

Whether HFLE is integrated into existing curricula, taught as a separate subject or as a mix of both methods, will ultimately be a choice to be made by each school. Most schools have found a mixture of both to be effective.

HFLE Thematic Areas

The four thematic areas are as follows:

- **Sexuality and Sexual Health**
- **Self and Interpersonal Relationships**
- **Eating and Fitness**
- **Managing the Environment**

Self and Interpersonal Relationships

Key Ideas:

- Human beings are essentially social, and human nature finds its fullest expression in the quality of relationships established with others.
- Self-concept is learned, and is a critical factor in relationship building.
- Effective or healthy relationships are dependent on the acquisition and practice of identifiable social skills.
- Supportive social environments are critical to the development of social skills in order to reduce feelings of alienation, and many of the self-destructive and risk-taking tendencies, such as violence and drug-use among children and youth in the region.
- Teachers have a critical role to play in creating supportive school and classroom environments that preserve and enhance self-esteem-a critical factor in the teaching/learning process.

Sexuality and Sexual Health

Key Ideas:

- Sexuality is an integral part of personality, and cannot be separated from other aspects of self.
- The expression of sexuality encompasses physical, emotional, and psychological components, including issues related to gender.
- Sexual role behaviours and values of teachers and children are conditioned by family values and practices, religious beliefs, and social and cultural norms, as well as personal experiences.
- Educational interventions must augment the socialization role of the family and other social and religious institutions in order to assist in preventing/minimizing those expressions of sexuality that are detrimental to emotional and physical health and well-being.

Eating and Fitness

Key Ideas:

- Dietary and fitness practices are influenced by familial, socio-cultural and economic factors, as well as personal preferences.
- Sound dietary practices and adequate levels of physical activity are important for physical survival.
- The quality of nutritional intake and level of physical activity are directly related to the ability to learn, and has implications for social and emotional development.
- The eating and fitness habits established in childhood are persistent, conditioning those preferences and practices, which will influence quality of health in later life.
- Teachers are well poised to assist students in critically assessing the dietary choices over which they have control, using the leverage provided by classroom instruction and the provision of nutritionally-sound meals in the school environment.

Managing the Environment

Key Ideas:

- All human activity has environmental consequences.
- Access to, and current use of technologies have had an unprecedented negative impact on the environment.
- Human beings are capable of making the greatest range of responses to the environment, in terms of changing, adapting, preserving, enhancing, or destroying it.
- There is a dynamic balance between health, the quality of life, and the quality of environment.

SCOPE AND SEQUENCE

Theme 1: Self and Interpersonal relationships Infant Division

Strand: Self and Interpersonal Relationships	Infant One	Infant Two	Standard One
1. Self : a. Good self esteem b. Positive self concept c. Self confidence d. Identifying and expressing emotions	1. 1 Who am I? 1.2 I am special 1.3 Helping out at home 1.4 Feelings (identifying feelings)	1.1 Who am I? 1.2 Things and people that make me feel special 1.3 Feelings (expressing feelings)	1.1 Who am I? 1.2 Feelings (expressing feelings appropriately) 1.3 My special talents
2. Relationships a. Belonging to a group b. Respect for self and others c. Rules to guide us	2.1 I belong to a family 2.1.1 I am a special member of my family 2.3 Rules at home	2.1 Making new friends 2.1.2 qualities of a good friend 2.2 Our class rules 2.3 Respecting others 2.3.1 Good manners	2.1 I belong to a community 2.2 Respecting the property of others 2.3 Listening to others
3. Managing difficult situations a. Managing conflicts b. Coping with physical abuse and drug use	3.1 Getting along in the family 3.2 When adults are unkind : abuse in the home 3.3 Safe use of medicines	3.1 Resolving conflicts with friends 3.2 Abuse at school 3.2 Why medicines must be used correctly	3.1 Resolving conflicts in the classroom 3.2 Discipline not abuse 3.3 Dangers of common drugs
4. Embracing diversity a. Diversity in families b. Diversity in the classroom	4.1 Embracing diversity in families	4.2 Embracing diversity in families (That's a family)	4.3 Embracing diversity in the classroom

Middle Division

Strand : Self and Interpersonal relationships	Standard 11	Standard 111	Standard 1V
1. Self: a. Self Concept and Self esteem b. Personal Growth	1. 1How I see myself 1.2 I know I can 1. 3 I have feelings too	1.1 Building good self esteem 1.2 Happy People 1.3 Who will I be?	1.1 My role model 1.2 Remembering our responsibilities 1.3 Setting Goals
2. Relationships a. Myself and Others b. Effective Communication c. Dealing effectively with conflict	2.1 Making and keeping friends 2.2 Building a positive classroom climate 2.3 Managing Anger	2.1 Being your own best friend 2.2 Communicating in families 2.3 Being assertive	2.1 Resisting negative pressures 2.2 Making good decisions 2..3 Decisions and consequences
3. Managing difficult situations a. Family Bonding b. Coping with physical abuse and drugs	3.1 Coping with changes in the family 3..2 Physical abuse 3..3 The effects of alcohol on the body 3..4 Avoiding alcohol	3.1 Building resiliency in families (In good times and in bad times) 3.2 Emotional abuse 3.3 Harmful effects of tobacco 3.4 Avoiding tobacco	3.1 Coping with hurtful situations 3.2 Neglect 3.3 Effects of marijuana 3.4 Avoiding marijuana
4. Embracing Diversity a. Diversity in the classroom b. Diversity in the community	4.1 Embracing diversity in the classroom	4.1 Cultural Diversity	4.1 Building a caring and peaceful community

Upper Division

Strand: Self and Interpersonal Relationships	Standard V	Standard V1
1. Self: a. Good Self concept and self esteem b. Personal growth	1.1 The new me: I like what I see 1.2 My life, my choices: learning from my mistakes 1.3 Setting personal goals 1.4 Roles with responsibilities	1.1 Landmarks in my life 1.2 I am responsible for me 1.3 Setting personal goals
2. Relationships a. Myself and Others b. Effective Communication c. Resisting Pressures	2.1 My circle of influence 2.2 Media Influences 2.3 Good family values	2.1 Role models 2.2 Media messages 2.3 Good community values 2.3 Peer pressure
3. Managing difficult situations a. Managing stressful situations b. Identifying and coping with Physical abuse c. Resisting drugs	3.1 Responding to stress 3.2 Managing hurtful situations 3.3 Discipline or child abuse 3.4 Use, misuse or abuse	3.1 Dealing with crisis 3.2 Building resilience 3.3 Positive alternatives to crime and violence
4. Embracing Diversity	4.1 Building a caring and peaceful community (service learning)	A diverse but peaceful nation

Theme 2: Sexuality and sexual health
Infant Division

Strand	Infant One	Infant Two	Standard One
Sexuality and Sexual Health	Taking care of my body 1.1 Good Personal hygiene 1.2 Parts of the body that need special care when bathing 1.3 Products used for care of the body	Taking Care of my body 1.1 Importance of good personal hygiene 1.2 Special care of the hair, teeth, hands 1.3 Products used to care for the hair, teeth and hands	Taking care of my body 1.1 Conditions related to poor hygiene practice 1.2 Special care of feet, shoes and clothing 1.3 Products used to take care of feet, shoes and clothing
	2. My body belongs to me 2.1 My private parts 2.2 The proper name for my private parts 2.3 My body is special 2.4 Good Touchy/bad touch 2.5 Who can I tell?	2. My body belongs to me 2.1 My private parts 2.2 Proper name for my private parts 2.3 Inappropriate exposure of my private parts. 2.4 Reasons why my body is special 2.5 Good touch/bad touch (places where abuse may occur/people who may be abusers) 2.6 Saying no 2.7 Telling someone	2. My body belongs to me 2.1 Different types of sexual abuse (fondling, patting, incest etc.) 2.2 I have a right to say “no” 2.3 Feelings about sexual abuse
	3. I am Male, I am female 3.1 Things that make me male 3.2 Things that make me female	3. I am male, I am female 3.1 Physical differences between males and females 3.2 What I like about being male/female 3.3 What I like about the opposite sex	3. I am male, I am female 3.1. How boys and girls are socialized 3.2 Respecting the opposite sex

**Sexuality and Sexual Health
Middle Division**

Strand	Standard 11	Standard 111	Standard 1V
Sexuality and Sexual Health	1.Taking care of the body 1.1 Proper grooming 1.2 Benefits of good personal hygiene	1.Taking Care of the body 1.1. Oral Hygiene 1.2. Hair grooming 1.3. Care of fingers and nails 1.4. Skin Care 1.5. Products needed for good care of the body	1.Taking Care of the Body 1.1. Keeping clean, smelling nice 1.2. Body Odour 1.3. Products needed to keep clean/smell nice
	2.My body belongs to me 2.1 Building self esteem 2.2 Strangers and friends 2.3 Ways to prevent abuse 2.4 Refusal skills 2.5 Coping with abuse	2. My body belongs to me 2.1 Building self esteem 2.2 strangers and friends 2.3 Preventing abuse 2.4 Refusal skills 2.5 Coping with abuse	2. My body belongs to me 2.1 My changing body 2.2 Forms of sexual abuse 2.3 Avoiding sexual abuse 2.4 Coping with sexual abuse
	3. I am male, I am female 3.1 Different but equal 3.2 Roles and responsibilities of males and females in the home	3. I am male, I am female 3.1 Different but equal 3.2 Roles and responsibilities of males and females in the community /workplace	3. I am male, I am female 3.1 Changes for males/females during puberty 3.2 How society expects males/females to behave
			4. HIV and AIDS 4.1 HIV and AIDS: What do you know? 4.2 Preventing the spread of HIV: I am not ready for sex right now 4.3 Showing empathy to persons living and affected by HIV and AIDS

Sexuality and Sexual Health
Upper Division

Strand	Standard V	Standard V1
Sexuality and Sexual Health	1. Taking Care of my body 1.1. Good personal hygiene 1.2. discomfort with periods 1.3. Care of the genitals 1.4. Identifying and accessing health information and services	Taking Care of the body 1.1. Basic body care 1.1.1 bathing regularly 1.1.2 care of teeth 1.1.3 pimples 1.1.4 exercise and rest 1.1.5 care of clothing
	2. My growing and changing body 2.1 Coping with changes 2.2 Body image 2.3 Me as a sexual being 2.4 Responsible sexual choices: what would you do? 2.5 Parenting 2.6 understanding sexual abuse/exploitation 2.7 coping with sexual abuse/exploitation	2. My growing and changing body 2.1 understanding and coping with changes 2.2 Body image 2.3 Me as a sexual being : managing sexual feelings and sexual arousal 2.4 When is the right time for sex 2.5 Risky sexual behaviours 2.6 Forms of sexual abuse 2.7 Coping with sexual abuse
	3. STI's including HIV and AIDS 3.1 definition and types of STI's 3.2 Prevention and transmission of HIV and AIDS 3.3 Signs, symptoms and stages of HIV Care and support for persons living with HIV and AIDS	3. STI's including HIV and AIDS 3.1 Common STI's 3.2 Signs and symptoms of STI's 3.3 Prevention and transmission of HIV and AIDS 3.4 Stages of HIV 3.5 Stigma and discrimination
	4. Gender issues 4.1 roles and responsibilities of males and females in the home/community/workplace 4.2 Respect for the opposite sex	4. Gender Issues 4.1 Gender equity 4.2 sexual orientation 4.3 respect for the opposite sex

Theme 3: Eating and Fitness

Lower Division

Strand : Eating and Fitness	Infant One	Infant Two	Standard One
Food and Nutrition	1.1 What is Food? 1.2 Sources of Food 1.3 Difference between plants and animals 1.4 Nutrients 1.5 Local and Imported foods	1.1 The importance of food 1.2 How food keeps the organs of the body functional 1.3 Nutrients	1.1 The importance of food 1.2 Healthy Eating 1.3 Ethnic foods
2. Food Safety	2.1 Food and Germs 2.2 Basic rules for food safety	2.1 Food and Germs 2.2 Practicing basic food safety rules	2.1 How Food can make us ill 2.2 Basic Food Safety Rules
3. Diet and Disease	3.1 What is Disease? 3.2 Types of diseases 3.3 Diseases related to poor nutrition	3.1 Foods that make us go, grow and glow 3.2 Eating the right amounts of each foods 3.3 malnutrition 3.4 Oral Hygiene	3.1 Consuming a proper diet
4. Rest Exercise and Fitness	4.1 What is Fitness? 4.2 Exercise and it's importance to health 4.3 Rest and it's importance to health	4.1 Rest and Exercise 4.2 Importance of Exercise 4.3 Importance of Exercise	4.1 The importance of keeping fit 4.2 The benefits of exercise 4.3 Structured physical exercise

Eating and Fitness

Middle Division

Strand : Eating and Fitness	Standard Two	Standard Three	Standard Four
Food and Nutrition	1.1 Food Groups 1.2 Functions of Nutrients	1.1 Nutrients 1.2 Functions of Nutrients	1.1 Healthy Foods 1.2 Multi-Mix Principle 1.3 Healthy Snacks 1.4 Nutrition and Food Groups 1.5 Methods of cooking
2. Food Safety	2.1 Keeping food safe 2.2 Proper Storage of food 2.3 practicing food safety rules	2.1 Nutrition related diseases 2.1.1 Pyorrhea 2.1.2 Gingivitis 2.1.3 Anemia 2.1.4 Obesity	1.1 Nutrition related diseases 1.1.2 Hypertension 1.1.3 Diabetes
3. Diet and Disease	3.1 Oral Health	3.1 Importance of Food safety 3.2 Hygiene in the Kitchen	3.1. Applying food safety Principles 3.2 Observing food safety Practices in the local Environment
4. Rest Exercise and Fitness	4.1 Fitness 4.2 Rest and Exercise 4.3 Sleep 4.4 Physical Exercises	4.1 Fitness and Youth 4.2 The circulatory system 4.3 Physical Exercises	4.1 Benefits of sports and exercise 4.2 Conditions related to lack of exercise

Eating and Fitness

Upper Division

Strand : Eating and Fitness	Standard Five	Standard Six
1. Food and Nutrition	1.1 Food Processing	1.1 applying the multi-mix principle: learning by doing 1.2 You are what you eat: Applying research and observation skills
2. Food Safety	2.1 Food Spoilage 2.2 Proper storage and handling of food 2.3 Conditions related to poor food safety practices 2.4 Applying food safety principles	2.1 Applying food safety principles at school and in the community 2.2 Designing a food safety campaign
3. Diet and Disease	3.1 Research on diseases related to diet in Belize and the Caribbean 3.2 Developing a Plan to combat conditions related to poor diet	3.1 Dietary diseases affecting teens
4. Rest Exercise and Fitness	4.1 Importance of active living 4.2 Age appropriate fitness activities	4.1 Eating and Fitness 4.2 Aerobic activity and sports 4.3 Practical exercises 4.3 Conditions associated with lack of exercise

Theme 4: Managing the Environment

Lower Division

Theme: Managing the Environment	Infant One	Infant Two	Standard One
Safe, Healthy, Sustainable Natural Environments a) Inter-relationships of Systems b.) Environmental Challenges c.) Creating a safe and Healthy Environment d.) Sustainable Management	1.1 Responding to Natural and Social Systems 1.2 Clean and unclean environment 1.3 Self Cleanliness	1.1 Elements of Natural and Social Systems 1.2 Practice cleanliness in the classroom and at home. 1.3 Illustrate ways in which garbage can be properly disposed of. 1.4 Demonstrate methods of cleaning.	1.1 One-way links between elements of a system 1.2 Broken/missing links can disrupt systems 1.3 Factors that hinder a clean surrounding/environment. 1.4 Practice cleanliness
2. Responding to Environmental Health Threats a.) Safe Practices and Rules b.) Promoting Healthy living c.) Disaster preparedness and responding to Emergencies	2.1 Safe and dangerous environments and practices and their consequences 2.2 Water safety 2.3 What we do to keep healthy 2.4 Major disasters and their effects	2.1 Components of a safe and unsafe environment or practice 2.2 Safety in the playground 2.3 Poor hygiene causes diseases 2.4 Helpful and harmful substances 2.5 Minimizing the effects of disasters	2.1 Dangerous substances, situations and environment 2.2 Adhering to safety rules at all times

Managing the Environment
Middle Division

Theme: Managing the Environment	Standard Two	Standard Three	Standard Four
Safe, Healthy, Sustainable Natural Environments a) Inter-relationships of Systems b.) Environmental Challenges c.) Creating a safe and Healthy Environment d.) Sustainable Management 2. Responding to Environmental Health Threats a.) Safe Practices and Rules b.) Promoting Healthy living c.) Disaster preparedness and responding to Emergencies 3. Environmental Management Information and Activities 3.1 Institutions, Organizations, Agencies 3.2 Environmental Activities 3.3 Laws, policies, Conventions and Treaties	1.1 Simple relationships between elements act to establish equilibrium in systems. 1.2 Elements of systems affect each other 2.1 Collect and use basic data for monitoring ones health. 2.2 diseases related to poor sanitation 3.1 Environmental activities taking place in Belize	1.1 Cleaning the community 1.2 Sustainable development 1.3 Practice sustainable citizenship 2.1 Reducing threats to themselves and others. 2.2 Types of Disasters and the effects 2.3 Emergency equipment used in disaster 3.1 Environmental activities taking place in Belize	1.1 Output from one system is input to other parts/processes of another system 1.2 Practice cleanliness in environmental sensitive areas 2.1 Coping with accidents 2.2 Incidents caused by not adhering to safe practices 2.3 Prevention of disease and speedy recovery from illness. 2.4 Helpful or harmful information 2.5 Disease related to man-made pollutants 2.6 Promoting the health of others 2.6 The effects of different emergencies on our health and community 2.7 Emergency agencies/individuals 2.8 Preparedness plan 3.1 Institutions, organizations and agencies involved in environmental management.

Managing the Environment
Upper Division

Theme: Managing the Environment	Standard Five	Standard Six
Safe, Healthy, Sustainable Natural Environments a) Inter-relationships of Systems b.) Environmental Challenges c.) Creating a safe and Healthy Environment d.) Sustainable Management 2. Responding to Environmental Health Threats a.) Safe Practices and Rules b.) Promoting Healthy living c.) Disaster preparedness and responding to Emergencies 3. Environmental Management Information and Activities 3.1 Institutions, Organizations, Agencies 3.2 Environmental Activities 3.3 Laws, policies, Conventions and Treaties	1.1 Examples of challenges that affect the environment 1.2 Pollution. 1.3 Prevention of environmental degradation. 1.4 Striking a balance between natures and human needs. 1.5 Practice sustainable citizenship 2.1 Reduce the risk unhealthy and dangerous situations 2.2 Diseases based on environmental, and behavioral factors . 3.1 resources use in environmental management 3.2 Collecting information about the environment 3.3 The effectiveness of environmental activities being conducted in Belize. 3.4 International conventions and treaties and Belize's response	1.1 Environmental Challenges 1.2 Impact of pollution, waste disposal, deforestation, erosion, and pesticide use. 2.1 Preventing and avoiding accidents. 2.2 People and careers involved in safety, emergencies and disasters. 2.3 Disaster Management Cycle 2.4 Effects of different emergencies on our health and community 3.1 Environmental Activities in Belize 3.2 Conducting an environmental management activity. 3.3 Conservation, rehabilitation and restoration strategies 3.4 Local laws and policies dealing with environmental management

Section Four: THE HFLE APPROACH



Creating a Positive HFLE Classroom Environment

Setting Up the Classroom Atmosphere

Students may react to HFLE lessons in different ways. They may:

- Ask baiting questions (to try to embarrass you).
- Remain silent because of embarrassment.
- Shock or try to amuse by describing sexually explicit behaviors.
- Ask very personal questions about your private life.
- Make comments that open themselves to peer ridicule or criticism.

To deal with these situations it is important to set class rules. These must be very clear to the students before you start. You can have students develop their own rules or you can start with a list and discuss with the students if they are fair and why they are important. A suggested list might be:

- Students are expected to treat each other in a positive way and be considerate of each other's feelings.
- Students are not to discuss personal matters that were raised during the lesson with others outside of the classroom.
- Students should avoid interrupting each other.
- Students should listen to each other and respect each other's opinions.
- Both students and teachers have a "right-to-pass" if questions are too personal.
- No put-downs – no matter how much you disagree with the person you do not laugh, make a joke about them or use language that would make that person feel inferior.
- Students may be offered the possibility of putting their questions anonymously to the teacher.
- Many times students laugh and giggle about sex. This should be allowed in the beginning, as it lowers the barriers when discussing sexuality.

Strategies to deal with special problems

The following strategies might be used to deal with personal questions, explicit language and inappropriate behavior.

- Respond to statements that put down or reinforce stereotypes (for example, statements that imply that some groups of people are responsible for the AIDS epidemic) by discussing the implications of such statements.
- Be assertive in dealing with difficult situations – for example, "That topic is not appropriate for this class. If you would like to discuss it, I'd be happy to talk to you after class."
- Avoid being overly critical about answers – so that students will be encouraged to express their opinions openly and honestly.
- Present both sides of a controversial issue. Avoid making value judgments.

- It might be important to separate males and females in group activities that might be embarrassing to the students or where separated groups may function more efficiently.

Helping the anxious student

- It is helpful to think ahead of how you might respond to students in the class who feel particularly sensitive to a topic covered in class as a result of their own personal experiences. It is important that you behave in such a way that students who are worried will feel comfortable seeking your advice.
- Your responsibility in teaching a life-skills programme includes learning in advance what help and services are available in your community.
- Listen to the student who approaches you, without imposing your values, moral judgments, or opinions. Do not ask leading or suggestive questions about his or her behavior.
- Convey your concern for the student's health or well-being and when appropriate, tell the student that you know of services that can help him/her. Offer to start the process by contacting the one the student chooses.
- Continue your support by confidentially asking the student from time to time if he or she needs more information, has taken any action, or is still concerned about anything related to your conversation.

The HFLE Teacher as a Facilitator: Critical Role for Teachers

When facilitating learning activities, skillful facilitators take on several roles. They:

- Develop and maintain a positive atmosphere
- Address all goals and objectives of the training and "cover" essential content
- Balance the content and the process of training

Developing a Positive Atmosphere

Teachers need to establish an atmosphere of trust – one that supports and encourages respectful, open, and honest sharing of ideas, opinions, attitudes, and behaviors. Such an atmosphere is characterized as warm, accepting, and non-threatening, and promotes learning. The behavior and attitude of the teacher are critical in establishing warmth, interest, and support, establish an atmosphere that invites active participation. This kind of atmosphere can be established by:

- Including opportunities for non-threatening introductory activities – an "ice-breaker" – to acclimate students to the subjects to be addressed.
- Establishing norms – ranging from concerns about confidentiality, the amount of time allotted for lunch, and even the location of the amenities.
- Discussing expectations – what will and won't be addressed, what learners will and won't do, and what teachers will and won't do.
- Encouraging all learners to join in discussions and keeping overly zealous participants from monopolizing.
- Acknowledging sound ideas and interesting points and rephrasing comments so that learners know that they've been heard and understood.
- Maintaining trust and confidentiality by reminding learners of established ground rules/norms.
- Remaining open and responding positively to comments.

Reaching Goals and “Covering” Material

To address goals and objectives, as well as “cover” appropriate content, a teacher needs to be able to:

- Link topics together by introducing new topics and pointing out connections to ones addressed earlier.
- Provide needed information clearly, succinctly, and in an interesting way.
- Give (and model) clear, step-by-step instructions for each activity.
- Promote thoughtful discussion by asking well-planned questions that require more than “yes” or “no” responses.
- Know when and how to bring a discussion back to the topic at hand when the discussion strays.
- Tie things together by reminding learners of feelings, ideas, opinions, or questions mentioned earlier.
- Bring closure to an activity or lesson by seeking final questions and acknowledging when time requires the group to move.

Balancing Content and Process

During activities, teacher facilitators:

- Circulate among learners to develop a clear picture of what’s happening and how it’s happening
- Help learners redirect their focus when they need to.
- Accept that outcomes of activities may not be exactly what was planned – and that many different, valuable lessons can come out of the same activity.
- Help learners identify, analyze and generalize from activities – whether outcomes were planned or not!

Developed by the National Training Partnership, EDC. Inc., 1998

The Life Skills Approach to HFLE

Sources: *Life Skills Manual*, Caribbean Community (CARICOM) Project, 2006
Skills for Health: Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting Schools, WHO Information Series on School Health Life Skills, Doc. 9, 2003.

What is Life Skills Education?

Skills-based or Life Skills education focuses on the development of “abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life” (WHO 1993). The acquisition of life skills can greatly affect a person’s overall physical, emotional, social, and spiritual health which, in turn, is linked to his or her ability to maximize upon life opportunities. The success of skills-based health education is tied to three factors: 1) the recognition of the developmental stages that youth pass through and the skills they need as they progress to adulthood, 2) a participatory and interactive method of pedagogy, and 3) the use of culturally relevant and gender-sensitive learning activities.

Various health, education and youth organizations and researchers have defined and categorized key skills in different ways. Despite these differences, experts and practitioners agree that the term “life skills” typically includes the life skills listed in the table on page 43. The process of categorizing various life skills may inadvertently suggest distinctions among them. However, many life skills are interrelated and several of them can be taught together in a learning activity.

The Life Skills programme is a comprehensive behaviour change approach that concentrates on the development of the skills needed for life such as communication, decision-making, managing emotions, assertiveness, self-esteem building, resisting peer pressure, and relationship skills. Additionally, it addresses the important related issues of empowering girls and guiding boys towards values. The programme moves beyond providing information. It addresses the development of the whole individual, so that a person will have the skills to make use of all types of information, whether it be related to HIV/AIDS, STDs, reproductive health, safe motherhood, other health issues, and other communication and decision-making situations. The Life Skills approach is completely interactive, using role-plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions.

In practice the skills are not separate or discrete, and more than one skill may be used simultaneously.

The Life Skills Approach

The Life Skills approach is built on the assumption that opportunities can be created for youth to acquire skills that will boost their protective factors and enable them to avoid being manipulated by outside influences. The use of life skills is to enable youth people to be able to recognise the coercive forces of social pressures in their immediate environment that promote behaviours that can jeopardize their health, emotional and psychological well-being.

The Life Skills approach aims to assist young people develop healthy lifestyles and to regain control of their behaviours, while at the same time take informed decisions that will positively influence their values, attitudes and behaviours. This approach should serve as a means to develop in young people skills that will lead to optimum health, social and physical well-being.

Life Skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way. It contributes to the promotion of personal and social development, the projection of human rights, and the prevention of health and social problems. Another justification for the life skills approach is that it is a natural vehicle for the acquisition of the educational, democratic and ethical values. In the delivery of Life Skills, the fostering of laudable attitudes and values is set alongside the knowledge and skill components. Some of the commonly held values are respect for self and others; empathy and tolerance; honesty; kindness; responsibility; integrity; and social justice.

The teaching of values is to encourage young people to strive towards accepted ideals of a democratic, pluralistic society such as self-reliance, capacity for hard work, cooperation, respect for legitimately constituted authority, and ecologically sustainable development. This is done in the context of existing family, spiritual, cultural and societal values, and through critical analysis and values clarification, in order to foster the intrinsic development of values and attitudes (Regional Curriculum Framework, 2005).

To be effective in supporting quality learning outcomes, skills-based health education must be used in conjunction with a specific subject or content area. Learning about decision-making, for example, is more meaningful if it is addressed in the context of a particular issue (e.g., the decisions we make about tobacco use). In addition, while skills-based education focuses somewhat on behavior change, it is unlikely that a learning activity will affect behavior change if knowledge and attitudinal aspects are not addressed (e.g., a student will not try to negotiate for effective condom use if he/she doesn't know that they can prevent disease transmission or doesn't believe that condoms are necessary). Therefore, it is important for skills-based approaches to be accompanied by activities which focus on students' knowledge and attitude.

The following figure gives examples of ways in which skills-based health education can be applied to specific informational content. **These illustrate only a few possible examples; there are numerous other ways that life skills can be incorporated into these content areas.**

Health Topics	Examples of ways that life skills may be used
Sexual and Reproductive Health and HIV/AIDS Prevention	Communication Skills: Students can observe and practice ways to effectively express a desire to not have sex Critical Thinking Skills: Students can observe and practice ways to analyse myths and misconceptions about HIV/AIDS, gender roles and body image that are perpetuated by the media Skills for Managing Stress: Students can observe and practice ways to seek services for help with reproductive and sexual health issues
Alcohol, Tobacco and Other Drugs	Advocacy Skills: Students can observe and practice ways to generate local support for tobacco-free schools and public buildings Negotiation/refusal Skills: Students can observe and practice ways to resist a friend's request to chew or smoke tobacco without losing face or friends
Violence Prevention or Peace Education	Skills for Managing Stress: Students can observe and practice ways to identify and implement peaceful ways to resolve conflict Decision-Making Skills: Students can observe and practice ways to understand the roles of aggressor, victim and bystander.

In addition, skills-based education emphasizes the use of learning activities which are culturally relevant and gender-sensitive. To achieve this, the learning activities offer numerous opportunities for participants to provide their own input into the nature and content of the situations addressed during the learning activities (e.g., creating their own case studies, brainstorming possible scenarios, etc.). This approach ensures that the situations are realistic and relevant to the everyday lives of participants. It is critical that the skills youth build and practice in the classroom are easily transferable to their lives outside the classroom.

How Do You Teach Life Skills?

The primary goal of skills-based education is to change not only a student's level of knowledge, but to enhance his or her ability to translate that knowledge into specific, positive behaviors. **Participatory, interactive teaching and learning methods are critical components of this type of education.** These methods include role plays, debates, situation analysis, and small group work. It is through their participation in learning activities that use these methods that young people learn how to better manage themselves, their relationships, and their health decisions. A chart outlining some participatory teaching methods is found in Section 5, Module Two.

The foundation of life skills education is based on a wide body of theory-based research which has found that people learn what to do and how to act by observing others and that their behaviors are reinforced by the positive or negative consequences which result during these observations. In addition, many examples from educational and behavioral research show that retention of behaviors can be enhanced by rehearsal. As Albert Bandura, one of the leading social psychologists in the area has explained, *"When people mentally rehearse or actually perform modeled response patterns, they are less likely to forget them than if they neither think about them nor practice what they have seen"* (Bandura, 1977). A summary of behavioral theories that support life skills education is found in this training manual in Section Five, Module One.

Cooperative learning or group learning is another important aspect of skills-based programs. Many skills-based programs capitalize on the power of peers to influence the acquisition and subsequent maintenance of positive behavior. By working cooperatively with peers to develop prosocial behaviors, students change the normative peer environment to support positive health behaviors (Wodarski and Feit). "As an educational strategy, therefore, skills-based health education relies on the presence of a group of people to be effective. The interactions that take place between students and among students and teachers are essential to the learning process."^{*}

In addition to the use of participatory, interactive teaching methods, skills-based health education also considers the developmental stages (physical, emotional, and cognitive) of a person at the time of learning. There are three distinct stages in the adolescence period—early adolescence (12-14 years), middle adolescence (14-17) and late adolescence (17-19), this explains the major difference between a thirteen year old and an eighteen year old.

Each learning activity is designed to be appropriate to the students' age group, level of maturity, life experiences, and ways of thinking. A guideline to the developmental learning tasks of children and adolescents are found in this training manual on page 44. At the same time, participatory activities provide the opportunity for students to learn from one another and appreciate the differences, as well as similarities, among individuals in the classroom setting.

^{*} "Handouts 1-5 on Life Skills Education," Gillespie, A. UNICEF (unpublished document)

Why Is Life Skills Education Important?

Over the last decade, a growing body of research has documented that skills-based interventions can promote numerous positive attitudes and behaviors, including greater sociability, improved communication, healthy decision-making and effective conflict resolution. Studies demonstrate that these interventions are also effective in preventing negative or high-risk behaviors, such as use of tobacco, alcohol and other drugs, unsafe sex, and violence. The table below summarizes some of the results from research studies conducted on skills-based education programs. It is important to note that research has also found that programs which incorporate skills development into their curricula are more effective than programs which focus only on the transfer of information (e.g. through lecture format).

Research shows that skills-based health education programs can:

- Delay the onset age of the **abuse of tobacco, alcohol, and marijuana** (Botvin et al, 1995. Hansen, Johnson, Flay, Graham, and Sobel, 1988)
- Prevent **high-risk sexual behavior** (O'Donnell et al., 1999; Kirby, 1994; Schinke, Blythe, and Gilchrest, 1981)
- Teach **anger control** (Deffenbacher, Oetting, Huff, and Thwaites, 1995; Deffenbacher, Lynch, Oetting, and Kemper, 1996; Feindler, et al 1986)
- Prevent **delinquency and** (Young, Kelley, and Denny, 1997)
- Promote positive **social adjustment criminal behavior** (Englander-Golden et al. 1989)
- Improve health-related behaviors and **self-esteem** (Elias, Gara, Schulyer, Branden-Muller, and Sayette, 1991)
- Improve **academic performance** (Elias, Gara, Schulyer, Branden-Muller, and Sayette, 1991)
- Prevent peer rejection (Mize and Ladd, 1990)

The Core Life Skills

Social Skills	Cognitive Skills	Emotional/Coping Skills
• Interpersonal Skills • Communication Skills • Refusal Skills • Negotiation Skills • Empathy Skills • Cooperation Skills • Advocacy Skills	• Decision-making skills • Problem-solving skills • Critical-thinking skills • Creative-thinking skills	• Healthy self-management skills • Self-monitoring skills • Self-awareness skills • Coping with emotions (anger, self-esteem, grief, loss)

Life Skills	Definitions	Significance
Decision making	The ability to choose a course of action from a number of options which may result in a specific outcome or involve only the resolve to behave in a certain way in the future.	Helps us deal constructively with health and other decisions about our lives by enabling us to assess the different options and what effects different decisions may have.
Problem solving	The process through which a situation/problem is resolved (i.e., diagnosing the problem, taking action to close the gap between present situation and desired outcome, and generalizing the principles to other situations)	Allows us to deal constructively with problems in our lives, that left unattended, could cause new problems, including mental and physical stress.
Creative thinking	The ability to depart from traditional ways of thinking, resulting in the generation of original and innovative ideas that enable us to respond adaptively to life situations.	Contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-actions.
Effective communication	The ability to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations.	Allows the transfer of information, understanding, and emotion from one person to another to make one's intent clear.
Life Skills	Definitions	Significance
Interpersonal relationship skills	The ability to relate positively with people, creating an environment in which people feel secure and free to interact and express their opinions.	Allows us to keep friendly relationships, which can be of great importance to our mental and social well-being, and impacts the way we communicate with, motivate and influence each other.
Self-awareness	Having a sense of identity and an understanding of our own feelings, beliefs, attitudes, values, goals, motivations, and behaviors.	Helps us to recognize our feelings and values and is a prerequisite for effective communication, interpersonal relationships, and developing empathy for others.
Empathy	The ability to imagine what life is like for another person, even in a situation that we are unfamiliar with.	Can help us to accept others who may be very different from ourselves, respond to people in need, and promote other positive social interactions.
Coping with emotions	The ability to recognize a range of feelings in ourselves and others, the awareness of how emotions	Enables us to respond appropriately to our emotions and avoid the negative effects that prolonged, pent up emotions

	influence behavior, and the ability to respond to emotions appropriately.	may have our physical and mental health.
Coping with stress	The ability to recognize the sources of stress in our lives and the effects that stress produces, and the ability to act in ways that help us cope or reduce our levels of stress.	Enables us to adjust our levels of stress and avoid the negative consequences of stress, including boredom, burnout, susceptibility to diseases, and behavioral changes.
Negotiation Skills	The ability to communicate with other people for the purpose of settling a matter, coming to terms, or reaching an agreement. This may involve the ability to compromise or to give and take.	Helps us to meet and address individual needs and concerns in ways that are mutually beneficial. This is a key factor in working and playing cooperatively with others.
Refusal Skills	The ability to communicate the decision to say “no” effectively (so that it is understood).	Enables us to carry out health-enhancing behaviors that are consistent with our values and decisions.
Life Skills	Definitions	Significance
Assertiveness Skills	The ability to state one’s point of view or personal rights clearly and confidently, without denying the personal rights of others.	Assertiveness skills enable people to take actions that are in their own best interests. Such actions include the ability to stand up for oneself or someone else without feeling intimidated or anxious and to express feelings and points of view honestly and openly.
Healthy self-management/ monitoring skills	The ability to make situational and lifestyle behavior choices that result in attaining and/or maintaining one’s physical, social, emotional, spiritual, and environmental health.	Enables us to maintain health-enhancing decisions from day to day as well as to reach longer-term health and wellness goals.

Source: CARICOM Multi-Agency HFLE Programme Manual for Facilitators of Life Skills Based HFLE Programmes in the Formal and non-Formal Sectors and Teenage Health Teaching Modules

Using Interactive/Participatory Teaching Methods

Participatory Learning is central to life skills teaching; it is also the basis for the training of life skills trainers. Participatory learning relies primarily on learning in groups.

During childhood and adolescence, as in adulthood, much social interaction occurs in groups. This can be capitalized upon, and used in a structured way to provide a situation in which members can learn, share experiences and practice skills together.

The role of the teacher or teacher trainer is to facilitate this participatory learning of the group members, rather than conduct lectures in a didactic style.

Participatory learning:

- utilizes the experience, opinions and knowledge of group members • provides a creative context for the exploration and development of possibilities and options
- provides a source of mutual comfort and security which is important for the learning and decision making process

It is recognized that there are advantages of working in groups, with adults and with young people because group work:

- increases participants' perceptions of themselves and others
- promotes cooperation rather than competition
- provides opportunities for group members and their trainers/teachers or carers to recognize and value individual skills and enhance self-esteem
- enables participants to get to know each other better and extend relationships
- promotes listening and communication skills
- facilitates dealing with sensitive issues
- appears to promote tolerance and understanding of individuals and their needs
- encourages innovation and creativity.

Interactive Health and Family Life Education requires active methods. Many people think of active methods merely as ways of learning which are fun for children, and which help them to remember their lessons better because they linked learning to doing. This is only part of the meaning. Active methods are also those which lead to active thinking, which promotes real understanding of HFLE themes and ideas, which develop skills in planning, in taking action and in spreading health messages to others, and which help children gain life skills, develop attitudes and confirm values.

There is no question that such active methods do involve teachers in extra time and effort. Most teachers already work hard in very difficult conditions. No one expects schools and teachers to try all the new methods suggested or try them all at one time. But it is well worth the start. Many schools that utilize interactive approaches have found out that teachers, children, parents and community members learn how to work together and teaching becomes easier, more cooperative and fun. The teacher and others work with the children rather than for the children. The children become more responsible, more aware of their need to help others, better problem solvers, and better citizens.

Some Interactive/Participatory Methodologies

Each of the teaching methods in the following chart can be used to teach life skills.

Teaching Method	Description	Benefits	Process
CLASS DISCUSSION (in Small or Large Groups)	The class examines a problem or topic of interest with the goal of better understanding an issue or skill, reaching the best solution, or developing new ideas and directions for the group.	Provides opportunities for students to learn from one another and practice turning to one another in solving problems. Enables students to deepen their understanding of the topic and personalize their connection to it. Helps develop skill in listening, assertiveness, and empathy.	- Decide how to arrange seating for discussion - Identify the goal of the discussion and communicate it clearly - Pose meaningful, open-ended questions - Keep track of discussion progress
BRAINSTORMING	Students actively generate a broad variety of ideas about a particular topic or question in a given, often brief period of time. Quantity of ideas is the main objective of brainstorming. Evaluating or debating the ideas occurs later.	Allows students to generate ideas quickly and spontaneously. Helps students use their imagination and break loose from fixed patterns of response. Good discussion starter because the class can creatively generate ideas. It is essential to evaluate the pros and cons of each idea or rank ideas according to certain criteria.	- Designate a leader and a recorder - State the issue or problem and ask for ideas - Students may suggest any idea that comes to mind - Do not discuss the ideas when they are first suggested - Record ideas in a place where everyone can see them - After brainstorming, review the ideas and add, delete, categorize
ROLE PLAY	Role play is an informal dramatization in which people act out a suggested situation.	Provides an excellent strategy for practicing skills; experiencing how one might handle a potential situation in real life; increasing empathy for others and their point of view; and increasing insight into one's own feelings.	- Describe the situation to be role played - Select role players - Give instruction to role players - Start the role play - Discuss what happened
SMALL GROUP/BUZZ GROUP	For small group work, a large class is divided into smaller groups of six or	Useful when groups are large and time is limited. Maximizes student input.	State the purpose of discussion and the amount of time

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Adapted from HFLE Draft Teacher Training Manual, June 2006

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Teaching Method	Description	Benefits	Process
	less and given a short time to accomplish a task, carry out an action, or discuss a specific topic, problem, or question.	Lets students get to know one another better and increases the likelihood that they will consider how another person thinks. Helps students hear and learn from their peers.	available • Form small groups • Position seating so that members can hear each other easily • Ask group to appoint recorder • At the end have recorders describe the group's discussion
GAMES AND SIMULATIONS	Students play games as activities that can be use for teaching content, critical thinking, problem, solving, and decision-making and for review and reinforcement. Simulations are activities structured to feel like the real experience.	Games and simulations promote fun, active learning, and rich discussion in the classroom as participants work hard to prove their points or earn points. They require the combined use of knowledge, attitudes, and skills and allow students to test out assumptions and abilities in a relatively safe environment.	Games: • Remind students that the activity is meant to be enjoyable and that it does not matter who wins Simulations: • Work best when they are brief and discussed immediately • Students should be asked to imagine themselves in a situation or should play a structured game or activity tot experience a feeling that might occur in another setting

SITUATION ANALYSIS AND CASE STUDIES	Situation analysis activities allow students to think about, analyze, and discuss situations they might encounter. Case studies are real-life stories that describe in detail what happened to a community, family, school, or individual.	Situation analysis allows students to explore problems and dilemmas and safely test solutions; it provides opportunities to work together, share ideas, and learn that people sometimes see things differently. Case studies are powerful catalysts for thought and discussion. Students consider the forces that converge to make an individual or group act in one way or another, and then evaluate the consequences. By engaging in this thinking process, students can improve their own decision-making skills. Case studies can be tied to specific activities to help students practice healthy responses before they find themselves confronted with a health risk.	• Guiding questions are useful to spur thinking and discussion • Facilitator must be adept at teasing out the key points and step back and pose some 'bigger' overarching questions • Situation analyses and case studies need adequate time for processing and creative thinking • Teacher must act as the facilitator and coach rather than the sole source of 'answers' and knowledge
DEBATE¹	In a debate, a particular problem or issue is presented to the class, and students must take a position on resolving the problem or issue. The class can debate as a whole or in small groups.	Provides opportunity to address a particular issue in-depth and creatively. Health issues lend themselves well: students can debate, for instance, whether smoking should be banned in public places in a community. Allows students to defend a position that may mean a lot to them. Offers a chance to practice higher thinking skills.	• Allows students to take positions of their choosing. If too many students take the same position, ask for volunteers to take the opposing point of view. • Provide students with time to research their topic. • Do not allow students to dominate at the expense of other speakers. • Make certain that students show respect for the opinions and

¹ Source: Meeks, L. & Heit, P. (1992). *Comprehensive School Health Education*. Blacklick, OH: Meeks Heit Publishing.

			thoughts of other debaters. • Maintain control in the classroom and keep the debate on topic.
STORY TELLING²	The instructor or students tell or read a story to a group. Pictures, comics and photonovels, filmstrips, and slides can supplement. Students are encouraged to think about and discuss important (health-related) points or methods raised by the story after it is told.	Can help students think about local problems and develop critical thinking skills. Students can engage their creative skills in helping to write stories, or a group can work interactively to tell stories. Story telling lends itself to drawing analogies or making comparisons, helping people to discover healthy solutions.	• Keep the story simple and clear. Make one or two main points. • Be sure the story (and pictures, if included) relate to the lives of the students. • Make the story dramatic enough to be interesting. Try to include situations of happiness, sadness, excitement, courage, serious thought, decisions, and problem-solving behaviors.

Source: Health and Family Life Education (HFLE) Life Skills Training, Barbados, March/April 20001, compiled by HHD/EDC, Newton, Mass.

² Source: Werner, D. & Bower, B. (1982). *Helping Health Workers Learn*. Palo Alto, CA: Hesperian Foundation.

👉 Tips for Teachers on Using Interactive Teaching Methods

1. If your class time is 80 minutes, the expectation would be to cover 2 lessons not drag out one lesson to fill up the time.
2. Leave time to reinforce conclusions and skills at the end of lesson
3. Reinforce to teachers to make lessons age/language appropriate. If necessary, teacher must interpret lessons so students can understand.
4. Keep small group work to the limited time frame. Tell students that it's okay if they didn't get everything done before time was up. There will be time to discuss further as a class.
5. Tips on how to facilitate group discussion
 - Give students examples of possible answers if no one is willing to start the discussion. You might say, "What about...."
 - Keep the discussion to the limited amount of time
 - Allow as many students as possible to participate. If one student is dominating the conversation, ask "[Name of student] has provided some great ideas. Does anyone else have an answer?"
 - If there is not enough time for all students to answer, say "We've had a really good discussion. There will be time in a later activity or lesson for others to participate."
6. Tips on using small group work
 - Small groups are useful for encouraging student participation
 - Divide students into even groups (e.g., five students in each group)
 - For topics that may be gender-sensitive, separate girls and boys
 - Note that one person may need to report back to the larger group, and for students to select one person to be that reporter
 - Encourage students to take notes if necessary
 - Walk around during the group activity to hear what students are saying
7. Tips on using role-playing
 - Role-playing is a useful teaching method for practicing interpersonal skills
 - Let students know before the activity if they may be asked to role-play in front of the class afterwards
 - Remind students of the importance of body language during role-playing and paying attention to non-verbal cues.
 - If students start to get rowdy during role-playing activities, remind them to stay on the topic and walk around the class to help them focus.
8. Tips on using brainstorming
 - Brainstorming is useful for gather many answers in a short amount of time.
 - Although a number of students may want to provide answers to your question, this exercise should last only 5 minutes. You may not be able to get answers from all the students.
 - Tell students after 5 minutes that they will have many other opportunities to provide answers. Give students positive feedback on their answers.

Tips to Encourage Discussion

- (a) Ask open-ended questions which allow for any possible response (How did you feel about...)
- (b) Ask open-ended questions which guide the discussion in a particular direction (What else could the boy have done in the story?)
- (c) Use active or reflective listening. This technique involves paraphrasing a person's comments (without inserting opinions and/or judgments) so that the person knows why they have been heard. For example:

Student: "I think my friend acted like a spoiled child."

Teacher: "So you feel some of her behavior was immature."

Paraphrasing allows the teacher to clarify his/her understanding of the speaker's word. If the paraphrasing is incorrect, the student has the opportunity to restate what she/he meant; if the paraphrasing is correct the teacher will feel encouraged to elaborate her/his initial comment. In either case, paraphrasing shows the student that the teacher cares enough to listen. This type of listening takes time and special effort in attending to the student and the communication process. It is necessary that the teacher put aside preoccupation and concern with what she/he is going to say next.

Active listening conveys to the student that her/his point of view has been communicated and understood. This requires the teacher to:

- (a) Listen to the total meaning of the message. (i.e. the content of the message and the feeling or attitude underlying this content.)
- (b) Respond to feelings. In some instances the content is far less important than the feeling which underlies it. You must respond particularly to the feeling component to catch the full meaning of the message.
- (c) Reflect back in his/her own words what the student seems to mean by his/her words or actions. The teacher's response will demonstrate whether the student feels understood. An example of a reflective question is: "What I heard you say is that you are concerned about the importance of knowing everything. Is that what you said?"
- (d) Listen to and support every student's contribution. This does not mean that you agree or disagree with their ideas. It means that you listen carefully and accurately and respect the feelings of others.
- (e) Use body language which engages students. Make direct eye contact; if you are sitting, lean in the direction of the group; if you are standing, circulate so as to increase contact with the students.

The teacher avoids:

- (a) Using closed-ended questions - questions which are answered by yes or no. (Did you like the film?)
- (b) Making judgments about the rightness or wrongness of students' opinions - (I couldn't disagree with you more)
- (c) Interpreting students remarks: You must really have a hang-up about your father."

Prepared by: Annette Wiltshire

Tips on Giving Feedback

- **Keep in mind that the feedback process should be experienced as a positive, learning experience for everyone.** The emphasis should be on strengthening skills, not making judgments.
- **If possible, allow the person to do a self-assessment before you offer your comments.**
- **Use clear criteria or a checklist for giving feedback.** If there are specific expectations for performance, share these with the person in advance and then use the written expectations as the basis for your feedback.
- **If appropriate, make eye contact with the other person.** Eye contact is an example of how body language can reinforce a verbal message. Be aware that in some cultures, eye contact between two people (e.g., a young person and an adult) might be considered disrespectful.
- **First, share positive comments.** This will help the person to feel good about him- or herself, and might enable the person to be more open to your suggestions for new strategies to try.
- **Use constructive, positive language to offer your comments.** For example, you can say, "Have you considered... ?" or "It might help to try . . ."
- **Focus your comments on aspects of the performance or task, not on the person.**
- **Be as specific as possible.** The clearer and more specific you are with your feedback-your sense of what worked as well as suggestions for improvement-the more likely the person will be to learn from the feedback and integrate your input.
- **Make sure that the feedback process is two-way.** Allow the person opportunities to ask clarifying questions, offer his or her opinion, etc.
- **Remember that there are many ways to perform a task effectively.** Don't expect the other person to adopt your way of doing things; each person needs to find an approach that works for him or her.
- **Following the feedback session, give the person opportunities to demonstrate how he or she has improved in the performance of the task.** Ideally, feedback should be an ongoing part of the learning process, not an isolated event.

Education Development Center, Inc., Newton, MA. 2001.

HFLE ASSESSMENT METHODS

Alternative Assessment Defined

The paradigm shift in education from the traditional teacher directed classroom to a more active learning, student based classroom has created the need for educators to re-evaluate the ways they have previously assessed student learning. The push to better examine what students are really learning has led to the refinement of assessment alternatives.

Most alternative assessment strategies share a common vision:

- Ask students to perform, create, produce or do something.
- Tap higher-level thinking and problem-solving skills.
- Use tasks that represent meaningful instructional activities.
- Invoke real world applications.
- People, not machines, do scoring, using human judgement.
- Require new instructional and assessment roles for teachers.

Alternative Assessment can be any type of measurement, except multiple choice or true/false. It usually involves an extended, multi-step production tasks, such the carrying out a project, or open ended questions without a single correct answer. Students are rated by their own teacher or another teacher according to previously agreed-upon standards

<http://www.miamisci.org/ph/lpexamine1.html>

Some Forms of Alternative Assessment

Performance Tasks

Performance tasks (pts) are assignments that ask students to undertake a task or series of tasks to demonstrate proficiency with health knowledge and skills. They provide a means for students to demonstrate progress in meeting hfle objectives. A pt presents a descriptions of the student work and the health education standards and criteria by which the students' work will be evaluated.

What kinds of activities could qualify as a performance task?

Generally, pts will fall into one of four categories:

constructed responses: answers on tests, student-generated diagrams, and/or visuals presentations such as concept maps or graphs.

Products: an essay, research paper, or lab report; a journal; a story, play, or poem; a portfolio; an exhibit or model; a video- or audio-tape; a spreadsheet

Performances: an oral report; a dance demonstration; a competition; a dramatic presentation; an enactment; a debate; a recital

Processes: a session for oral questioning; observation; an interview or conference; an ongoing learning log; a record of thinking processes

Although some pts may be simple and involve an open-ended question, others

Can be more complex and require several days, weeks, or months to complete.
 For a more ideas, review the options for performance tasks handout.
 How do you know when you have an effective performance task?
 A pt is more than an activity or incidental product. It needs to answer a
 Central question to qualify as valid:

Will this task enable students to demonstrate that they have acquired the skills and knowledge embodied in the standards?

If this question cannot be answered affirmatively, the pt must be reconsidered.

In addition, a good performance task:

1. Clearly indicates what the student is being asked to do
2. Addresses specific content standards and performance descriptions
3. Is developmentally appropriate and of interest to students
4. Provides for student ownership and decision-making
5. Requires student to be actively engaged
6. Flows from previous activities
7. Provides an opportunity for the student to stretch abilities to the next level
8. Allows the teacher to gather important evidence about what the student knows and does
9. Emphasizes higher order thinking skills
10. Requires evaluation and synthesis of skills
11. Is linked to ongoing instruction
12. Reflects a real world situation
13. Clearly indicates how good is good enough
14. Has criteria that are clear to students and teacher

Finally, for a performance task to be sound, it must be one that is actually
 Feasible and that doesn't require inordinate time or resources or create undue controversy.

Examples of Different Performance Tasks

Advertisement	
Animated Movie	Editorial Essay
Annotated Bibliography	
Art Gallery	Fairy Tale
Block Picture Story Brochure	Family Tree
Bulletin Board	Film
Bumper Sticker	Fitness
Chart Choral Reading Clay Sculpture	Game
Collage Collection Computer Program	Graph
Cookbook	
Crossword	Historical Perspective
Comic Strip Community Display	
Calendar Flip Book	Illustrated Story
	Infomercial
Detailed Illustration	Internet Review
Data Analysis Database Debate	Interview
Demonstration	
Diorama Display	Journal

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Adapted from HFLE Draft Teacher Training Manual, June 2006

Map with Legend Mobile Model Mural

Museum Exhibit

Needlework

Newspaper *Story*

Oral Defense

Oral Presentation

Pamphlet

Paper Mache

Petition

Photo essay

Pictures

Picture Book For Children

Play

Poetry

Popup Book

Poster

Powerpoint Presentation

Press Conference Public Announcement

Puppet Show

Puzzle

Radio Program

Rap

Research Project Riddle Role Play

Storytelling Scrapbook Sculpture Skit

Slide Show

Slogan

Song

Survey

T-Shirt Tapes: Audio or Video

Teach a Lesson Television

Program Time Line Transparencies

Video

Web Page

Write A New Law

Sample Rubric for Evaluation of a Life Skills-based Lesson

Performance Tasks	Criteria			
	Highest score → Lowest score			
	4	3	2	1
Task #1:				
Task #2:				
Task #3:				

Total: _____

SAMPLE LESSON PLAN TO DEMONSTRATE USE OF GRAPHIC ORGANIZER

REGIONAL STANDARD 2:	Acquisition of coping skills to deter behaviours and lifestyles associated with crime, drugs, violence, motor vehicle accidents, and other injuries.
CORE OUTCOME 2:	Analyse the impact of alcohol, and other illicit drugs on behaviour and lifestyle.

Title	Could It Happen To Me?
Age Level	12 - 13 yrs
Time	40 min
Purpose	Students need to understand why people take drugs and the consequences drug use can have on their lives.
Overview (Include Concepts)	Students will reflect on reasons why people use drugs and the devastating effects drugs can have on all aspects of a person's life. Using a graphic organizer, students will identify behaviours associated with drug abuse and possible consequences.
Specific Objectives	Students will be able to: 1. Identify three reasons people abuse drugs; 2. Acknowledge the consequences of drug use on a person's life; 3. Use decision-making skills to determine the consequences of drug abuse on various aspects of a person's life.
Resources and Materials	Scenario, graphic organizer
Methods and Strategies	Individual and small group work

PROCEDURE

Step I Introduction (15 min)	Introduce the lesson as being about the dangers of substance abuse and the devastating effect it can have on people's lives. Divide students into small groups, and ask them to discuss why people abuse drugs. Some common answers are peer pressure, imitating adults, to please others, to feel like an adult, to challenge authority, curiosity, to escape problems at home or school. Ask one group to report out to the class and other groups are asked to add to the list. Write the reasons on the board.
Step II Skill Development and	Hand out a graphic organizer to each student and tell students they are going to use decision making skills to determine the consequences of drug

Reinforcement (15 min)

abuse on various aspects of a person's life. Read the scenario Alicia and introduce students to the graphic organizer. Ask students to answer the following questions using the scenario "Alicia" to complete work on the graphic organizer.

1. What is the problem?
2. What drug(s) is being abused?
3. How is the drug impacting Alicia's behaviour?
4. What could be the consequences of that behaviour on Alicia's personal life, home life, performance in school, on friends, family and the community (accidents, crime etc)?

CONCLUSION (5 min)

Reinforce the dangers of drug abuse including alcohol and tobacco. Review why some people resort to abusing drugs and the devastating consequences it can have on their lives.

HOMEWORK:

Ask students to complete the graphic organizer for homework. On the back of the graphic organizer, students will write 2 paragraphs on how this information will affect their decisions about drug use.

Notes For Lesson**Alicia**

My name is Alicia and I started using drugs at 13 years old. It first started with drinking beer and smoking cigarettes with my friends, and then I was introduced to ganja. From there, I was up for trying anything. I found that the more drugs I took the more worthless I felt. I didn't care about how I looked any more. I didn't bathe or wash my hair as often, I stopped visiting my grandmother who was ill and I fought with my mother all the time. My best friend decided she wanted to be friends with other girls. My parents would try to talk to me, but I knew better. It was **MY** life! I started hanging around boys that were drinking and doing drugs, and I got pregnant by a boy who didn't love me at all. At sixteen, I had to drop out of school and my mother had to take care of my baby. I looked in my mother's eyes and saw her disappointment. I would look in the mirror and ask myself, "what went wrong?" This was not how I dreamed my life would be.

I am twenty years old now and trying to get my life back together. My daughter will be going to school soon. I dumped that boyfriend and I am dating a man who respects and values me. **My advice to young people is to hold on to your hopes and dreams and avoid drugs at all costs. This story could be about you!**

Graphic Organizer

Problem



Effect on Me (physical and emotional)

Behaviour

Consequences

Home

School

Behaviour

Consequence

Behaviour

Consequence

Family Relationships

Friends

Behaviour

Consequence

Behaviour

Consequence

Sports

Community

Behaviour

Consequence

Behaviour

Consequence

What Is a Portfolio?

A portfolio is a collection or showcase of examples of a person's best work in a particular field. For example: Architects create portfolios that contain blueprints they have drawn. Artists' portfolios typically include collections of sketches and drawings they have made. Musicians may create portfolios using audiotapes or videotapes of songs they have performed or composed. People use portfolios to show others what they can do. Students can use the portfolio to demonstrate to others what they know and what they can do in health education.

Rationale for Portfolio

Portfolios have the advantage of containing students' work (product) over a period of time and their reflections (process) about doing the work and the learning they believe took place. Portfolios provide evidence of students' growth in health knowledge and skills and document progress as a learner. Portfolios form a solid basis for a student's conferencing with teacher, parent, student or other interested parties.

Essential Elements of a Portfolio

Portfolios should be designed so those who read them will understand why students chose each piece of work and what each piece of work demonstrates. Students need to spend time organizing and describing the pieces they select and their reasons for selecting them. A portfolio is not a collection of everything students have done.

Portfolios use samples of students' best work. Decisions about what work to include and not to include are made by teacher and student together. Only the final version of a student's best work should be included.

Expert practitioners in every field realize the strategic importance of improving their work samples. In our quest to produce life-long learners, we must encourage students to develop the habits and skills of professional learners. These skills include revision, reflection and self-assessment using clear standards of achievement. These three practices are essential elements of the portfolio process.

Revision

Throughout the course of a school year, students learn new information and develop and practice new skills. In the portfolio process, students have the opportunity to revise and restructure their work. Teachers should provide multiple opportunities to utilize the health education standards, so students have a wide selection of work from which to choose their best examples.

Students must be taught that revision is more than revising to fix mechanical mistakes and be given multiple opportunities to practice revising their work. Students should be encouraged to keep all scratch notes, rough drawings, doodling and draft copies. An examination of these thinking tools and practice works will allow students to compare and contrast, categorize and relate, infer and apply all essential components of revision. With increased practice, students will become more skilled at revision.

Engaging Students In Portfolio

Explain to students that a portfolio will be a collection of their best work. Just as artists, models, architects, writers use their portfolios to show others what they have accomplished in their chosen field, students can use their health portfolios to demonstrate what they know,

Health and Family Life Education: Empowering Children and adolescents in Belize with the knowledge and skills for Health Living, July 2006

Adapted from HFLE Draft Teacher Training Manual, June 2006

understand and are able to do in health education -in other words, their level of health literacy. Besides teachers and parents, potential employers would be an interested audience for a health portfolio. Clearly explain the logistics (location, schedule for portfolio work, due dates, conference etc.) Let students know that you would like to photocopy their best work as benchmarks for subsequent years.

- Clearly explain how portfolios will be assessed.
- Have a set portfolio work time.
- Set a timeline with due dates for installments.
- Encourage peer evaluation.
- Check with other teachers to see if some health portfolio work could receive credit in other classes.
- Explain that parents will be encouraged to review students portfolios and to offer suggestions. Portfolios could also form the basis for a parent/teacher student conference.

Managing Portfolios

Of paramount importance is accessibility of portfolios to students so one of the first challenges is deciding where in your classroom portfolios will be stored. Some teachers use boxes with hanging files, some milk cartons, others a file drawer or stackable plastic bins like the postal workers use. Because student work may come in all shapes and sizes, student folders need to be legal size or accordion. Teachers may use color-coding to distinguish one class from another. Teachers need to set aside time each week for students to work with their portfolios.

Getting and staying organized is also important with portfolios. In addition to designing a management system for the portfolios themselves, a management system for the contents of the portfolio is crucial.

In addition to arranging the classroom, scheduling time for students to work with portfolio and preparing student handouts, teachers need to think about how they will conference with students. Conferences could be held during the scheduled portfolio time. The conference is an opportunity for student and teacher (or a few students and a teacher) to talk about the student's portfolio work. The more chances students have to discuss their work, (how they did, what they learned, how they feel, how they might improve the work, what new goals they want to set for their work, what growth they see in themselves) the greater the likelihood that they will become better and lifelong learners. Conferences are collaborative, not teacher led; the teacher listens the students and asks leading questions. It is a true blend of instruction and assessment. A conference is a time for teachers to learn first-hand about the instructional strengths and needs of a students. The teacher could meet with one or more students. Building conferencing skills takes time.

Involving Parents in the Health Literacy Portfolio

Portfolios are a good way to involve parents in their children's learning. Teachers need to communicate to parents (in writing, at meetings, in newsletters):

- what portfolios are,
- the purpose of this particular portfolio,
- how it will be scored,
- what part of the child's grade it will be,
- how it is different from traditional paper-pencil tests, and
- how they, the parents, can play an active part in their child's learning.

Teachers can encourage parents to:

- be a receptive audience for their child as he/she develops or decides what work to include in the portfolio,
- offer the child constructive feedback (this is helped by the use of rubrics),
- ask questions that encourage a child's reflection on his/her learning,
- communicate with the teacher about the growth in knowledge and skills they observe in their child,
- write reflective comments about the child's learning as demonstrated at home and in the portfolio, and
- discuss the portfolio work at parent teacher conferences.

The less familiar parents are with portfolios, the more important it is for communication about them to be ongoing with parents.

Evaluating the Portfolio

Teachers need to decide in advance how they are going to evaluate and share this information with their students. An assessment portfolio documents what a student has learned over time. It serves as a showcase of their best work. A review of a portfolio should provide the reader with a sense of the student's purpose and a portrait of the student's growth over time. In order for this to happen, the portfolios should:

Have some kind of organization;

Contain a range of work in context rather than as isolated pieces and skills;

Include pieces from throughout the assignment period in order to show growth;

Provide clear links between the health education standards and the pieces of work;
and

Present evidence of self-assessment

Teachers may also decide to incorporate portfolios as part of a grading system and may even use them in as a final grade. If used for grades, some questions that educators need to answer in advance are:

How much of the student's grade will portfolios be?

Will they be used as part of or in place of a final examination?

Students need to know from the start the requirements for the portfolio and what they need to produce for a portfolio that achieves the performance standard.

It is likely that the teacher will develop a rubric or set of rubrics to guide students in their portfolio development. (**See Sample HFLE Portfolio and Rubric DRAFT** as created by Arthusa Semei, 2006). These rubrics would apply to the entire portfolio not to individual lessons that would have their own rubrics.

Adapted from: Rhode Island Department of Education Assessment Portfolio Project and Council of Chief State School Officers SCASS Project

Getting Started with Portfolios Worksheet

Tasks to consider:

- Define the purpose of the collection. How will it relate to the HFLE objectives?
- What will you require students to put in their HFLE portfolio? What kinds of student work will you include? How can this be related to performance tasks?
- Decide how the finished HFLE portfolio will be evaluated. Will you develop criteria? What are some of the criteria?
- Decide what part of the students' grade the portfolio will be.
- How will you guide students through the process of reflecting on their work? Will you also include peer reflection? How will you incorporate student self-reflection with teacher reflection? How will this be used? What forms will you need? What would they look like?
- Decide how you will manage portfolios in the classroom.
- Review sample portfolio forms. Which ones will you use? Which ones will you revise? How? What other forms do you need to prepare? Be sure to include: an information sheet; a table of contents; a reflective summary; examples of student work entry slips.
- Explain how you will engage students in portfolio work. How will you introduce it? How will you get them to actively participate?
- Decide how to involve parents in their children's portfolio.
- How will you instruct, monitor, guide, and conference with students.
- Reflect on the portfolio process and revise any of the above as necessary.

Section 5: HFLE LESSON PLANNING



STANDARD TWO LESSON PLANS

LESSON PLAN # 1

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD :	Build individual capacity to recognize the basic criteria and conditions for optimal reproductive health Develop knowledge and skills to access age-appropriate sources of health information, products and services related to sexuality.
LEARNING OUTCOME	Identify proper grooming practices Differentiate between poor and proper grooming describe procedure for proper grooming Identify and explain the benefits of good personal hygiene

The benefits of good personal hygiene

HFLE Curriculum PGS. 12& 13 (1.2)

Title:

Class

Standard 2

Time

40- 45 minutes

Purpose

To help students understand the relationship between good personal hygiene practices and personal health

Overview

(Include Concepts)

Students will be engaged in reflection, group discussion and exercises to establish a deeper understanding of the concept of hygiene as it relates to their personal health.

Specific Objectives

Students will be able to:

1. Define the term personal hygiene.
2. Identify and explain some good grooming practices.
3. Discuss the benefits of good personal hygiene and it's relationship to personal health

Resources and Materials

Letter " Dirty Harry", worksheets, teacher resource information, puzzle

Methods and Strategies

Discussions, scenarios, group worksheets

PROCEDURE

Step I

Introduction

Read the letter "Dirty Harry" to class. After reading the letter ask students to identify some of the problems mentioned in the letter. Make a list of them on the chalkboard. Ask students to suggest why nobody wanted to be around Harry.

Place the term "hygiene" on the chalkboard. Have students brainstorm for the meaning of the term hygiene. Establish that hygiene involves keeping clean in order to stay healthy.

Step II

Skill development and reinforcement

Teacher Tip

In conducting a lesson on hygiene, there is the risk of discriminating against children who are less hygienic for reasons of poverty/and or neglect or other problems at home. Quality teachers are aware of

such problems and encourage and praise them for practicing good personal hygiene with simple means. They also stimulate understanding and social consciousness among the other children. The teacher discreetly helps children with specific problems instead of pointing out their negative practice publicly.

Place two sheets of newsprints on the chalkboard. Label one sheet "good hygiene practices" and label the other "poor hygiene practices". Provide each student with an example of either a good or a poor hygiene practice written on a flash card. Ask students to read their statements aloud and then place it under the correct column.

Discuss with students some important hygiene practices: washing and combing the hair, taking a bath, brushing the teeth, washing and changing clothes. Ask each student to reflect for a moment and write two sentences explaining why we must practice good hygiene. Have volunteer share their sentences. Discuss with students and give some examples to establish that good hygiene practices are important in order for us to stay healthy (free from germs and diseases), so we are pleasant to be around, so we feel good about ourselves etc. Be sure to highlight some conditions related to poor hygiene practices eg. Head lice, diarrhea if we do not wash hands, tooth decay if we do not brush teeth properly, body odour if we do not bathe regularly etc.

Step III
Conclusion

Divide class into groups. Assign each a good hygiene practice. Ask each group to write a paragraph describing how to undertake that practice. Have students use the following questions to guide the group:

What products/supplies are needed? How often should it be done? What are the steps involved? What will happen if it is not done?

Have each group present their findings to class.

Use a pre prepared rubric to assess students' feedback.

Assessment

Have students complete puzzle available in teacher resource page.

Evaluation:

See Lesson logging form

Teacher Resource Page

Lesson # 1

Good Personal Hygiene

Good hygiene is important in taking care of yourself physically as well as emotionally. People often have infections because they don't take good care of themselves physically, which can lead to emotional difficulties as well. To avoid physical problems associated with poor hygiene, consider the following ideas to keep yourself clean:

Hair Care

Washing Your Hair. It's so important to keep your hair clean and conditioned to ensure it stays healthy and strong. Washing your hair at least every other day is important to keeping your hair healthy and in good shape. If you wash it too frequently, your hair will become brittle and dry, making it difficult to grow and keep strong. If you wash it too infrequently, it will become greasy and will also stunt its growth.

Washing your hair too frequently also strips it of necessary nutrients required to keep it strong and healthy. Conditioning your hair is critical to keeping the nutrients within your hair intact. Use a "leave-in" conditioner every time you wash your hair. The long-lasting conditioning agents will rebuild your hair every time you use it.

Cutting Your Hair. Getting your hair cut frequently is critical to healthy hair. The longer you wait to get your hair cut, the more frail and brittle your hair can become, especially if it is longer.

The length of your hair will determine how often you get your hair cut. If you are male, or a female with a very short hairstyle, getting your hair cut every six weeks is best in order to keep it trim and neat, while keeping it healthy as well. If you have longer hair, you can go as long as 10 weeks without a haircut, but try to get your hair cut at least every 10 weeks. This will help keep your hair strong, and if you are trying to grow your hair, will enable your hair to grow more quickly, because you will get rid of the dead, dry ends and will enable the healthy part to grow more effectively.

Dental Care

Going to the Dentist. The mouth is the area of the body most prone to collecting harmful bacteria and generating infections. In order to have and maintain good oral hygiene, it is critical to visit your dentist at least every six months. In some cases, your dentist may recommend every four months, depending on how much tartar builds up on your teeth and how often you need to have it removed. To keep your teeth free from tartar build-up and tooth decay, make sure you visit your dentist as frequently as he or she recommends. This will ensure your teeth and your mouth stay healthy and strong.

Brushing Your Teeth Make sure you brush your teeth at least two times per day, if not after every meal. This will help minimize the amount of bacteria in your mouth which leads to tooth decay, and will help you maintain a healthy, happy smile.

Flossing Your Teeth. In addition to regular brushing, it is critical to floss your teeth at least once a day, usually before you go to bed. This will enable you to reduce plaque in the more difficult to reach places—between teeth and at the back of your molars. Flossing also keeps your gums healthy

and strong, and will help protect your mouth from a variety of diseases that could eventually cost you your teeth.

Physical Care

Cleanliness of Your Body. Taking a bath or shower once daily is very important to ensuring your body stays clean. Cleaning your body is also important to ensure your skin rejuvenates itself, as the scrubbing of your arms, legs, and torso will slough off dead, dry skin and help your skin stay healthy and refreshed.

Shaving. In some cultures it is important to remember that shaving is a critical part of cleanliness. For men, shaving the face enables it to stay cleaner and is a more acceptable hygienic practice, especially for those who work in public offices. For women, shaving the legs and under the arms also keeps the body cleaner, with less places for bacteria to grow. It is important to be sensitive to student's culture since some will belong to cultures that do not practice shaving. Explain to them that once the beard is kept clean then this is acceptable.

Washing Your Face. It is important to wash your face at least once a day to remove all dirt and grime that you have come in contact with during the course of the day. This will keep your face freer from wrinkles and pimples, which are the result of clogged pores. Using some sort of moisturizer will also ensure your face stays rejuvenated and fresh.

Trimming Your Nails. Keeping your nails trimmed and in good shape is also important in maintaining good health. Going to a professional to learn proper nail care will help you get on the right track to trimming your fingernails as well as toenails. Proper trimming techniques will also help you avoid hangnails and infected nail beds.

Washing Your Hands

Before Meals. It's important to have clean hands before you sit down to eat. Washing with hot water and soap will clean your hands so that they do not carry bacteria to your family and friends as you pass the bread!

After Restroom Use. To ensure you don't carry fecal or other bacteria to other parts of the body or to other individuals, you will want to wash your hands after every time you use the restroom. Make sure you wash your hands immediately afterward—don't touch your nose or mouth to avoid unnecessary illness.

Before Preparing Food. Washing your hands before you prepare food is very important to ensure you don't spread bacteria to your food. Wash them with hot, soapy water for at least 2 minutes before you begin working with food, particularly poultry or red meat. This will keep your food free from bacteria, and will ensure your food is healthy to serve once it's cooked!

After Preparing Food. Again, washing your hands for at least 2 minutes with hot, soapy water after you have prepared food (and before serving) will ensure you don't carry bacteria with you, thus potentially infecting you or others.

Good hygienic habits are easy to begin and maintain. Starting with a few of these ideas will help you start on your way to developing good hygiene for both you and your family.

Teacher Resource Page

Lesson # 1

Letter: Dirty Harry

13 Plum Lane
Belize City
Belize
April 20th 2006

Dear Shane,

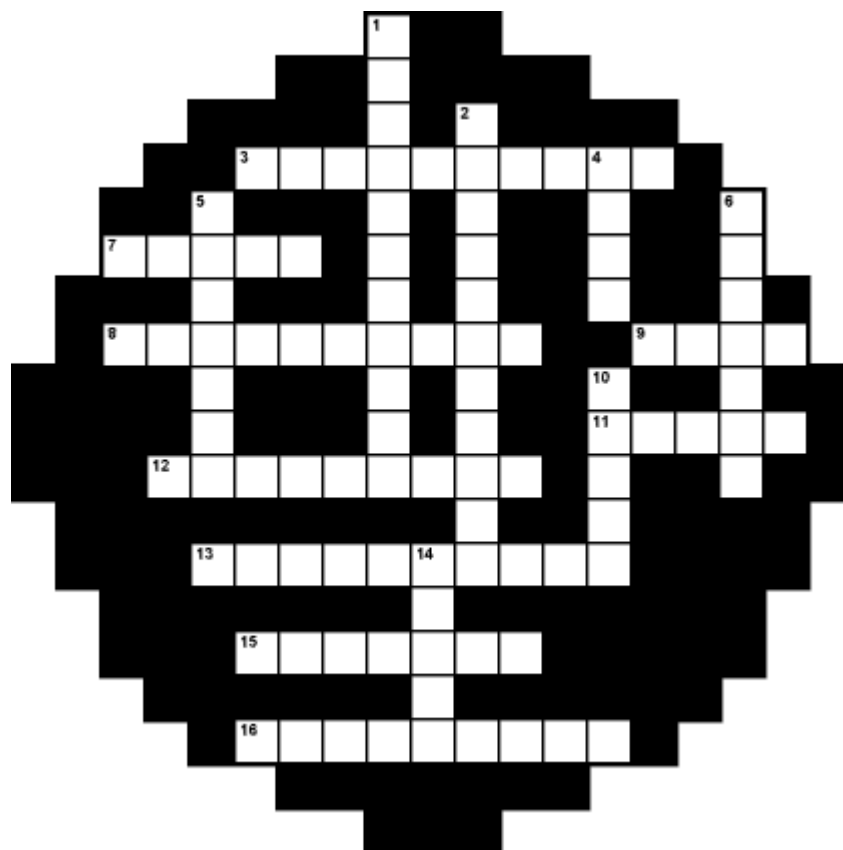
How are you doing? I hope that you are enjoying your new school in Punta Gorda. The entire class misses you. I miss you most because since you left our school a new boy came to our class and guess where he is sitting? He sits right in front of me where you use to sit. His name is Harry but we call him Dirty Harry.

We call him Dirty Harry because he is not a very clean person. He does not like to comb or wash his hair. His clothes and shoes are always dirty and his teeth are not very clean. He does not smell very pleasant either.

Teacher says that we must be kind to everyone and I am trying my best to be nice to Harry but it is hard to be around him because he is so smelly. Nobody wants to play with him. What do you think I should do?

Your best friend
Samir

Good Personal Hygiene Puzzle



Across:

- 3- Paint used to cover and beautify fingernails and toenails compound word (10 letters)
- 7- soft thread used to clean the teeth (5 letters)
- 8- sweetened, gritty paste used to clean teeth (compound word 10 letters)
- 9- a flat piece of plastic (wood, metal) with teeth used to neaten the hair (4 letters)
- 11- a sharp cutting instrument (5 words)
- 12- a substance used underarm that contains a perfume to hide unpleasant smells (9 letters)
- 13- a brush with handle used to clean teeth (compound word 10 letters)
- 15- a pleasant, attractive odour (7 letters)

16- cosmetic used mainly on the upper eyelid to highlight the eyes (compound word 9 letters)

Down

1- paper tissue used for hygienic purposes (compound word 11 letters)

2- a cream for the hair that makes it easier to comb (11)

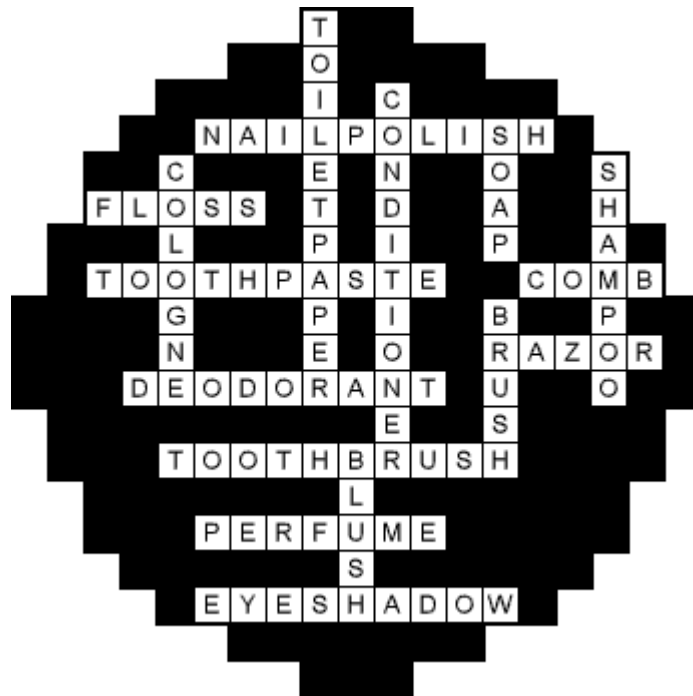
5- a type of perfume (7 letters)

6- a liquid soap for cleaning the hair (7 letters)

10- a tool made of bristles of nylon, wire or hair (5 letters)

14- Red make up put on the cheek (5 letters)

Solutions



LESSON PLAN # 2

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD:	Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle. Build individual capacity to recognize the basic criteria for optimal reproductive health Analyze the influences of socio-cultural and economic factors as well as personal beliefs on the expression of sexuality and sexual choices.
Learning Outcomes:	Distinguish between activities that are considered male/female Analyze distribution of labour in the home Propose strategies to create gender equity in the home

Title:	Gender Issues: Roles and responsibilities of males and females in the home HFLE Curriculum pgs. 16 & 17 (3.2)
Class	Standard 2
Time	35-40 minutes
Purpose	To guide students in assessing how tasks are traditionally distributed in the home from a gender perspective.
Overview (Include Concepts)	Students will engage in several participatory methods including discussion groups and role playing to highlight male/female roles in the home.
Specific Objectives	Students will be able to: 1. Identify tasks regularly performed in the home 2. Analyze how tasks are distributed in the home 3. Make recommendations for equitable distribution of tasks in the home
Resources and Materials	Teacher resource sheet, story "The quarrel"
Methods and Strategies	story telling, discussion, brainstorming, individual assignments

PROCEDURE

Step I Introduction	Read the story "the quarrel" to class. (see teacher resource page) After reading the story ask students the following questions: 1. What were some of the things mom did in the home? 2. What were some of the things dad did? 3. What caused the quarrel to happen?
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4. How did mom feel?
5. How did dad feel?
6. How did Miguel feel?

Teacher Tip:

In conducting lessons on gender roles in the home teachers must be sensitive to the fact that many children do not come from traditional homes. Many children re from single parents household and therefore tasks may be naturally inequitably distributed.

Step II: Skill Development and Reinforcement

After discussing the story, ask students to think of some task that are commonly done in their homes. Have students brainstorm and come up with a list of these tasks. Record student's answers on the chalkboard. Have students draw three columns in their books. Label one column 'mother', label the other 'father ', and label the other 'children'. Ask students to place the tasks from the list on the board in the respective categories based on who usually performs these tasks. Discuss with students how tasks are distributed in the home. Who has the most chores? Who has the least chores? Are the chores evenly distributed? Are there any tasks can only be done by males? Are there any tasks that can only be done by females? Are there tasks that both males and females can do?

Discuss how sometimes tasks are not evenly distributed because males or females feel that they should not perform those tasks. Highlight some of these tasks for students and ask them who they think should perform them. (e.g cooking, washing the dishes, mowing the lawn etc.) Discuss why males/females may feel this way.

Step III: Conclusion

Ask students to recall the story "the quarrel". Ask them to write a short paragraph discussing what the father could have done to make things easier for both of them in the home.

Assessment (homework)

Have students discuss with parents/guardian or an adult compile a list of tasks conducted in the home regularly. Ask students to interview parents/guardians to identify who does what tasks in the home. Have students answer these questions?

1. Name six tasks that are performed in the home regularly.
2. Who performs these tasks?
3. Are tasks evenly distributed in your home?
4. If not, suggest one thing that can be done to ensure that tasks are evenly distributed.

Evaluation:

See lesson logging form

Teacher Resource Page

Lesson # 2

One of the key questions a teacher needs to ask is what the distinction between sex and gender is. This question often poses some difficulty since there are those who believe there is no difference. The fact is, however, that 'sex' and 'gender' refers to two entirely different concepts and it is important that teachers know how to differentiate one from the other.

SEX: the biological features e.g. hormones, chromosomes, anatomy, physiology, which determine whether a person is male or female.

GENDER: has a social and psychological connotation. It represents the behaviours and attitudes associated with being male or female. These behaviours and attitudes are learned through a though process of socialization.

SEX	GENDER
universal	differs within/between cultures
biologically determined	socially constructed
permanent	dynamic, changes over time
	influenced by a wide range of factors

From these definitions you are able to see that sex is a biological characteristic that is determined when the human fetus is conceived and is evident at birth. The child is either male or female. A person's sex is therefore natural and fixed for life. Gender, on the other hand, refers to differences between men and women that are learned. In any given society, different roles and responsibilities take on different meaning so different attitudes, behaviors and assumptions arise about what it means to be a boy, woman or man.

Many attitudes and behaviours, which shape our choices are linked to assumptions that male and females are born to perform different roles and with different abilities. For example, society historically has assigned and identified the female with the role of nurturing/caring for the family. The male, on the other hand, is ascribed the role of provider, and is associated with occupations that give him power in society.

'To further help you to make the distinction between sex and gender look at the following statements and see if you are able to determine whether they are referring to sex or rather to gender:

- 1 Boys are rough, girls are soft.
- 2 Girls menstruate, boys do not.
- 3 Women give birth to babies, men don't.

4 Women breastfeed babies, men can bottle feed babies.

5 Men can take as good care of children as women.

GENDER ROLES

Gender roles are learned and vary among cultures and often among social groups within the same culture, according to class and ethnicity. Factors such as education, technology, economics, and sudden crises cause gender roles to change. Although gender roles limit both women and men, they generally have had a more repressive impact on women and have restricted their participation in the development process.

Men and women have been educated for too long according to many discriminatory concepts that support a patriarchal ideology and belief that men and women are not equals because women are biologically inferior. This assumption that women are weak and will always be so is one that has caused major problems for our society. The patriarchal ideology teaches boys to be chauvinist. They are forced to assume the 'macho' role since they see few images of men showing their potentiality to be tender and loving. This ancient concept that men are superior, strong by nature and born to provide for their family and that women are born with the necessary physical characteristics that will enable them to provide care for their family, has been engraved in our Belizean society.

Boys and girls are therefore, socialized differently. This differential socialization may have implications for learning and performance in school, on the job, and in various societal roles. It is suggested that the ways in which girls are socialized causes them to develop a sense of responsibility, discipline, and a sense of process in getting things done. Such qualities, it is argued, make girls more disposed to adjusting to institutional requirements, such as those of the school. Gender roles are particularly evident in the division of labor in families. Although gender roles and responsibilities differ widely among cultures, women typically have the major responsibility for tasks in the family related to reproduction, such as child rearing and household maintenance. The gender divisions in the household are often contrasted as light work against heavy work. Hence the idea that light work is female work and that a girl should be trained to do such tasks as washing dishes, sweeping, and cleaning, hard work is associated with male work.

Teacher resource page

Lesson # 2

The quarrel

Hi I am Miguel. Today I am feeling very sad. I am sad because last night my mother and father had a big quarrel. My mother works as a teacher and my father builds houses. When they come home in the evening they are both tired and there is still a lot of work to do at home.

Yesterday evening dad came home from work late. "I am very tired and hungry" he said. He put down his bag and threw himself in the sofa in front of the big coloured TV. "Please bring me some water." He said to mom "I am very tired." Mom was in the kitchen making tortilla and beans. Mom filled a glass with cold water and gave it to dad.

Mom was tired too because she had just come home from school and it was a very hot day.

As soon as she got home she filled up the bath pan and washed all the dirty clothes then she hung them out to dry. After she washed the clothes, she gave my baby sister Cindy a bath and then she began to clean the house and cook some food.

As she turned the tortillas she hummed a tune to keep her happy. Dad lay in the sofa watching TV. Just as mom was putting the last tortilla on the Comal Cindy woke up crying.

"The baby is crying" shouted dad.

"But I am making tortillas" shouted mom "can't you pick her up?"

"Well I am tired," said dad "I worked all day".

"Well I am tired too" said mom "I do all the work around the house and you never help. When you come home in the evening all you do is watch TV and eat"

I could tell that my mom was angry. I did not want my parents to argue. Cindy cried harder. Mom went to pick up Cindy and gave her a bottle to suck.

Just then the smell of burnt tortillas came from the kitchen. Mom had forgotten to turn off the stove under the last tortilla.

"Oh goodness!" shouted mom. "See what you have caused" she said to dad.

Mom was very angry now.

Dad was sorry. He got up and turned the stove off. He told mom that he was sorry. He should have helped her more even though he was tired. Dad asked me to help him put out the plates on the table while mom fed Cindy and then we all sat down to eat.

LESSON PLAN # 3

THEME: SEXUALITY AND SEXUAL HEALTH

Lesson # 3

CONTENT	Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.
STANDARD 1, 2 & 4:	Build individual capacity to recognize the basic criteria for optimal reproductive health Analyze the influences of socio-cultural and economic factors as well as personal beliefs on the expression of sexuality and sexual choices.
LEARNING OUTCOMES	Demonstrate an understanding of the concept of gender. Demonstrate healthy and equitable attitudes towards their own gender as well as opposite genders. Apply relevant coping, social, and cognitive skills to deal with the issues of gender.

Title	"Gender identity: I Like being a boy/Girl"
Class	Standard 2
Time	35 to 40 minutes
Purpose	To help students become comfortable with their gender identity.
Overview (Include Concepts)	Students will engage in discussion and practical exercises to establish a deeper understanding of gender and foster an understanding and acceptance of their gender identity.
Specific Objectives	Students will be able to: 1. Explain the concept of gender. 2. Demonstrate an acceptance of their gender identity 3. Use critical thinking to identify characteristics associated with each gender.
Resources and Materials	Venn diagram handouts Newsprint , markers
Methods and Strategies	Group work, discussion, individual work, brainstorming, Game , collage

PROCEDURE

Step I

Introduction

Teacher engages students in a game "Who in the group?" Students form a circle or remain in their seats as the classroom space allows. Teacher calls out "Who in the group likes the colour pink?" All students who like pink

stand up. "Who in the group likes to dance?" Who in the group washes dishes at home?" Who in the group plays with dolls?" Teacher can add a few more. The last two question posed to the students must be "Who in the group is a boy?" "Who in the group is a girl?"

After students have responded based on their gender ask students to say how they knew which group to identify with? How do they know that they are a boy or a girl? (students may identify a range of physical attributes that make them male or female)

Teacher expands on this by explaining that we may also identify ourselves as males or females based on the roles society have prescribed for us. I am a boy because I play marbles, football, wear pants and short, keep my hair low. (These do not necessarily make you male but are roles dictated by society.) Some social attributes for girls may include: I am a girl because I keep my hair long, wear a skirt, wear an earring etc. (Again remember these do not necessarily make you male or female but are roles prescribed by society)



Teacher Tip:

Exploring gender roles are sometimes sensitive issues especially in very rigid cultural settings. The general concept of lessons on gender in schools is to provide children with a basic understanding of their own gender, the difference between sex and gender, developing a level of comfort with their own gender and a basic understanding of how society traditionally determine gender roles. These issues sometimes conflicts with what children know and practice at home and in the community. It is important that student's cultural practices are respected and that teachers don't give the impression that certain practices are wrong but rather lead students to analyze such practices and draw their own conclusions.

Step II Skill Development and Reinforcement

Provide students with a handout of a Venn diagram labeled "BOY GIRL"

Divide children into groups and have them discuss to come up with at least two characteristics of a boy and two characteristics of a girl. Have students write these in the relevant circles.

Teacher places a large drawing of a similar Venn diagram either on the chalk board or on newsprint. Have students share the responses from the group work and as students read off answers teacher records them in large Venn diagram.

Ask students :

Do you agree with the characteristics for each gender?

Are there any characteristics that can be common to both genders?

What are they? Why are they common to both?

Teacher places the ones that can be common to both genders in the intersection of the Venn diagram.

Teacher leads a discussion with students on why these characteristics may be common. Why some people may think they are common and why

some people may think they are not common. Explore student's views and reinforce how society influences people's perception of gender roles.

Step III Conclusion

Provide students with newsprint and markers. Divide students into groups based on gender (several groups of only girls, several groups of only boys) Ask groups to identify and record several things they like about being a girl or boy. Have students share these with class.



Teacher Tip: The primary objective of this lesson is to develop and encourage an acceptance of gender and to develop an appreciation of self and abilities among students regardless of gender. However, teacher must be alert/sensitive to any response that signals discomfort with gender identity.

Assessment

Project for out of class to: Have students use pictures from magazines, newspapers, etc. to make a collage depicting characteristics of his/her gender and answer the following question: How does the collage represent your gender?

Teacher develops and provides students with a rubric for evaluating the collage beforehand.

Evaluation:

See Lesson Logging Form

Teacher Resource Page

Lesson # 3

Definition of Gender

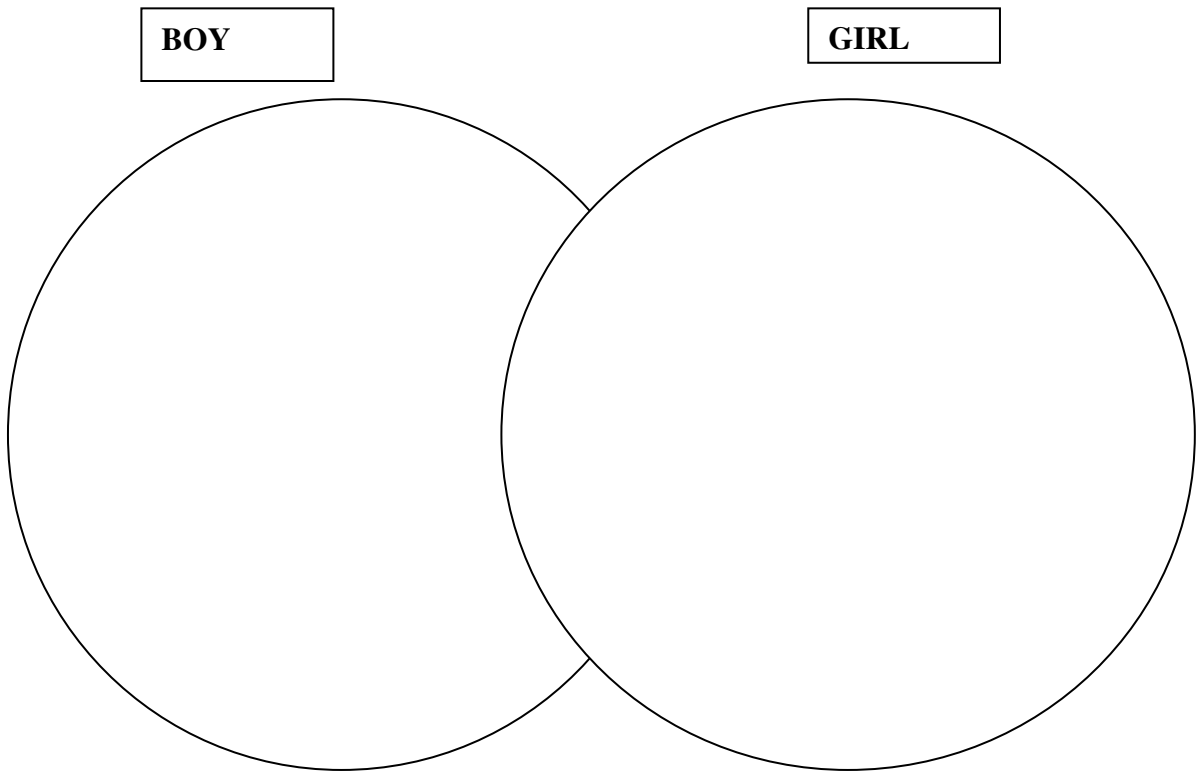
Gender is not the same as sex. Sex refers to the biological differences between women and men. Gender refers to the differential social roles that define women and men in specific cultural context. Gender roles may vary greatly in different societies and cultures. Age, race, and class are major factors that determine our gender roles. Gender roles are fluid and can be deconstructed and reconstructed into different roles. Gender awareness embodies an understanding of the negative impacts of gender issues and the need to address inequalities that arise from them. Gender awareness acknowledges the significant contribution that women make as equal participants and beneficiaries.

Gender Identity

A person's concept of himself as being male and masculine or female and feminine, or transgender, is usually based on the physical characteristics, parental attitudes and expectations, and psychological and social pressures to which the individual is subjected. It is the private experience of gender role.

Student Worksheet

Venn Diagram



How to make a collage : Instructions for students

Materials needed:

Photographs/pictures from magazines, newspapers, books, etc. a typing sheet, scissors, and glue and or tape.

Directions

Step one

What to think about before you begin

Who we are is often represented in what we save. Think about what someone would think about you if they look in your school bag, your room, your clothes draw or place that you keep your clothes etc. Think carefully about the things that represent you based on things you like and how you express yourself. When you put together a variety of pictures that tell people something about you in an art form and glue them on a two dimensional surface this is called a collage.

Step Two:

Making the collage

Collect several pictures form magazines, books, newspapers etc. that tells something about you. Arrange these pictures on a typing sheet in any shape you choose that you think represent your gender. They may be arranged in the shape of a heart, a ball, a circle, a star; any shape that you like best. The pictures should not have any space between them. They should overlap so they relate to each other.

Step Three:

Once you are satisfied with your arrangement, glue the pictures to the surface of the paper. Congratulations, you have made a collage about you!

STRAND: Self and interpersonal relationships

Lesson # 4

REGIONAL STANDARD : Examine the nature of self, family, school and community in order to build strong healthy relationships

CORE OUTCOME 1: *Demonstrate knowledge of the characteristics of healthy relationships*

Title **Making Friends**

Age Level Standard 2

Time 35 - 40 minutes

Purpose *To understand the basics of the relationship process*

Overview (Include Concepts) In this lesson, students will understand what friendship is all about, and what it takes to make a friendship work.

Specific Objectives At the end of this lesson, students will be able to:

1. *Identify the components of friendly relationships.*
2. *Show appreciation for friends.*
3. *Use critical thinking skills to recognize important qualities in a friend.*

Resources and Materials 4-5 large Cake templates, one for each group (see Worksheet), tape, chalkboard, chalk

Methods and Strategies Brainstorming; individual work, class sharing

PROCEDURE

Step I *Begin lesson by asking the following questions:*

- Introduction** (5 min)
- *What is friendship?*
 - *Why do we need friends?*
 - *Can boys and girls be friends?*

Step II *Tell they are going to use critical thinking skills to determine important characteristics in a friend. We are going to make a "Friendship Cake" today.*

Making the Connection (10min)

Ask students probing questions of a few students:

- *What is important to you in a friend? Why is this important?*
- *What did you base this on? How does this affect your choice in friends?*
- *Make an individual list of characteristics they value in a friend.*

Step III
Practicing
(20 mins.)

Then in groups (leader, recorder, timekeeper, and reporter), Ask students share their important characteristics (ingredients) of friendship.

Students take turns in substituting ingredients of friendship on the group cake template (see Worksheet). Each student explains why the component he/she chose is important to friendship. (Allow each student to contribute one characteristic to the cake)

Conclusion
(5 mins.)

Walk around to each group as they work. Reporters put group lists on the board and share the ingredients of friendship with class. Summarize the lesson by stating that being a good friend is a responsibility and takes practice.

Assessment

Students can make a paper friendship chain for a classmate. Each link must be labelled with one of the components of friendship. They may decorate as they wish using glitter, markers, crayons, or any other material available. Have students present their chains to their designated classmates. Each student tells the recipient why he/she is appreciated as a friend.

HOMEWORK

Have students complete their personal cake template based on class activity

STRAND: Self and interpersonal relationships

Lesson # 5

REGIONAL STANDARD 1:

Examine the nature of self, family, school and community in order to build strong healthy relationships

CORE OUTCOME 1:

Identify ways to appropriately deal with anger

Title

Managing Anger

Age Level

Standard 2

Time

35 - 40 minutes

Purpose

Identify ways of coping with anger

Overview (Include Concepts)

In this lesson, students will participate in activities that will help them deal with their anger in appropriate ways.

Specific Objectives

At the end of this lesson, students will be able to:

1. *Identify ways of appropriately dealing with anger.*
2. *Accept personal responsibility for response to anger.*
3. *Demonstrate anger management skills.*

Resources and Materials

Case study and pictures of angry persons (Preparation: Display pictures)

Methods and Strategies

Brainstorming; individual work, class sharing

PROCEDURE

Step I Introduction (5 min)

Ask students to identify emotions being expressed in the pictures. Then introduce the topic.

Step II Making the Connection (10min)

Explain to students they will they apply anger management skills to a story. Case study is distributed to students who have been put in groups of no more than five (5). Use the following questions to guide discussion:

- *Have you had a similar experience'.'*
- *' I low did you respond behave'/'*
- *Is it wrong to get angry'/'*
- *What are some better ways Susan could have dealt with the situation?*

Supplement the list mentioning the steps for anger management (STOP. THINK, TALK. TELL)

Step III
Practicing
(20 mins.)

Having identified alternatives to lashing out, ask students to role-play one of the ways of dealing with a situation similar to that experienced by Susan. (2-3 minutes per role play.

Debrief using the following questions:

- *How did you feel reacting the way you did instead of lashing out?*
- *Do you think you can really react that way if faced with such a situation?*
- *Could we make a list of things we can do to manage our anger?*

Conclusion
(5 mins.)

Summarise the lesson with the steps for anger management:

- *STOP - count to ten. take a deep breath and walk away until you calm down*
- *THINK- identify ways to handle anger in a positive way.*
- *TALK - talk the conflict out. Use words, not physical actions*
- *TELL - What you would like to have happen.*

Assessment

Each group is required to create a scenario depicting a situation where the person gets angry and responds a) in an appropriate manner, and b) in an inappropriate way. In a subsequent class, groups role-play their scenario.

HOMEWORK

Have students write about a time when they were angry. Ask to describe how they felt and what they did in the situation.

STRAND: Self and interpersonal relationships

Lesson # 6

REGIONAL STANDARD 1:	Respect the rich differences that exist among Caribbean peoples as a valuable resource for sustainable development of the region within the framework of democratic and ethical values.
CORE OUTCOME 1:	Explain what diversity means and identify some diversities among peers. Demonstrate a positive attitude towards persons from different groupings. Use social and critical thinking skills to affirm those who are different.
Title	Everybody is Unique: A lesson in respect for others
Age Level	Standard II
Time	35- 40 minutes
Purpose	<i>To teach students although people are all different and unique, they need to be treated with respect.</i>
Overview (Include Concepts)	In this lesson, students will discuss the meaning of the word "unique", and the word "diversity". They will create a unique person and share with each other why the person is unique.
Specific Objectives	At the end of this lesson, students will be able to: 1. explain what diversity and being unique is 2. define positive qualities of the newly created person 3. explain why respect is so important
Resources and Materials	Drawing paper, art supplies, pen, pencil
Methods and Strategies	Brainstorming; individual work, class sharing

PROCEDURE

Step I Introduction (5 min)	Write the word <i>unique</i> on the chalkboard or on a chart. Ask students what the word means to them. Ask: <i>What is it that makes you unique among your classmates?</i> Write down key words from the responses on the board or chart for reference later on.
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Teacher Tip:

This is a **brainstorming** activity, so it is important to gather many answers in a short amount of time. Although a number of students may want to provide answers to your question, **this exercise should last only 5 minutes**. You may not be able to get answers from all the students. Tell students after 5 minutes that they will have many other opportunities to provide answers. Also, give students positive feedback on their answers.

Step II
Making the
Connection
(10 min)

Draw a simple outline of a person on the board or chart. Draw two horizontal lines across the person's body. One line should divide the person's head (including the neck) and torso (shoulders to waist); the other should divide the torso and leg area (from the waist-down). Talk about one section of the body at a time.

- Discuss some of the features that might make up a person's head/neck. Lead students to understand that people can have blue eyes or brown eyes, small ears or big ears, curly hair or straight hair, dark skin, light skin, or a shade in between, freckles, glasses, or a hat, and so on. Write students' ideas about a person's head on the board or chart next to the head area of the person you drew.
- Discuss some of the ways in which people's bodies might be different. Lead students to understand that people can be skinny or heavy, muscular or frail, square- or round-shouldered, and so on. Talk about the kinds of clothing people might wear -- a T-shirt, a sweater, a feathered boa. Write down some of the possible students' names.

Finally, focus on the lower body (from the waist down). Point out that people can have skinny or stubby legs and their feet point in, out, or straight ahead. People wear pants, dresses, high-top sneakers, high-heeled shoes, construction boots, ballerina slippers, and so on. Write down students' ideas.

Step III
Practicing
(25 mins.)

When you are satisfied that students have the three parts of the body sorted out, provide each student with a piece of white drawing paper measuring 2 inches square. Have students write their names on one side of the paper and draw on the other side of the paper the head of a person. Tell students that this should not be somebody they know; this *unique* person should come from their imaginations. Remind them to think first about the features the person's head will have; they can refer to the list they and their classmates created in the first part of the lesson. They should include as much detail as possible in their drawings.

It is very important that students fill up the entire square with the image of the person's head. Also, remind them their head could use a neck to sit on!

When students finish drawing a unique head, provide them with a sheet of paper that measures 4 inches square. After students write their names on one side of the paper, they should turn the paper over and draw the torso (shoulders to waist) of the person. Before they draw, remind students to imagine the features of the person's torso. How is the body shaped? What clothing is the person wearing? Once again, students should fill the entire space and draw as much detail as possible. *Think unique!*

When students finish drawing a torso, hand them a third sheet of paper; this time a 3-inch square. Have students write their names on one side of the paper, and draw the bottom part of their person (waist down to the feet). Remind

students to fill up the space and include as much detail as possible. Once again, tell them to *think unique!*

As students finish their final square, have them check to be sure their names are on all three parts; then collect them. You might have students put the heads in one box or folder, the torsos in another, and the legs in a third.

Putting It Together

This part of the lesson might be done the same day or the next day. Distribute to each student a head, a torso, and a set of legs. Students should not get a body part that they drew. Have students tape together the three body parts to create a totally *unique* "friend." The new friends will be pretty unusual-looking people, to say the least! But...

Here is the crux of the lesson...

Everybody is different, or unique. What a person looks like on the outside has nothing to do with what is inside! Every person has special talents, special qualities...

After students have had a good laugh about how the three body parts came together to create an unusual-looking person, ask each student to think up a name for his or her new "friend" and to give some thought to some of the characteristics the new friend might have. Ask: What special qualities does this unique person have? What special talents does the person possess? What do you have in common with your new friend? How are you different?

Step IV Conclusion (5 mins.)

Summarize the lesson by reminding students that what a person looks like on the outside has nothing to do with what that person is like on the inside and that it is ok to be different and unique. Also, that everyone should be respected.

Assessment

After students have decided what qualities their new friends have, tell them you would like them to write about their new friends. You might ask each student to begin a story with the words: *I would like you to meet my new friend, [name goes here]...* Then give students the freedom to choose what they will write as they go on to describe exactly what it is they like so much about their new buddies.

HOMEWORK

Have each student take home their new person and share with family. Ask family members to say what they think about it. Tell students to prepare to share the responses from their family members. Discuss with class and seek to find common threads in the responses.

STANDARD THREE LESSON PLANS

LESSON PLAN # 1

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARDS

Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.
Build individual capacity to recognize the basic criteria for optimal reproductive health.
Analyze the influences of socio-cultural and economic factors as well as personal beliefs on the expression of sexuality and sexual choices

LEARNING OUTCOME :

Demonstrate an understanding of the concept of gender.
Demonstrate healthy and equitable attitudes towards their own gender as well as opposite genders.
Apply relevant coping, social, and cognitive skills to deal with the issues of gender.

Title

Gender Identity: "Different but equal"

Class

Standard 3

Time

40 - 45 minutes

Purpose

To understand the need for gender equity

Overview (Include Concepts)

Students will engage in role-playing and discussion to establish a basic understanding of gender equity as well as applying new skills developed to assess gender roles in the home. It is important for students to understand that gender should not play a role in determining opportunities available to individuals.

Specific Objectives

Students will be able to:

1. Explain the term gender equity as it relates to gender roles in the home.
2. Demonstrate a positive attitude towards gender equity.
3. Utilize creative thinking skills to create gender equity strategies for the home.

Resources and Materials

Teacher resource information sheet, newsprint, markers, tape, script for role play

Methods and Strategies

Role playing, discussion, group work

PROCEDURE

Step I

Introduction:

Preparation:

Prepare some students to role play the situation described in "Left Out" (see teacher resource page)

Have students role play the situation then pose the following questions:

Was Maria treated fairly or unfairly?

Why do you say so?

Why do you suppose she was left out?

Use this scenario to establish the meaning of equity 'equal opportunities for all'. Ask student to show how based on the scenario gender equity was not practices. (Maria was not allowed to play football because she is a girl)

Teacher Tip:

Exploring gender roles are sometimes sensitive issues especially in very rigid cultural settings. The general concept of lessons on gender in schools is to provide children with a basic understanding of their own gender, the difference between sex and gender, developing a level of comfort with their own gender and a basic understanding of how society traditionally determine gender roles. These issues sometimes conflicts with what children know and practice at home and in the community. It is important that student's cultural practices are respected and that teachers don't give the impression that certain practices are wrong but rather lead students to analyze such practices and draw their own conclusions.

In this lesson teacher needs to be especially sensitive of students who do not come from traditional nuclear families where male and female parents are present. Students should be allowed to list the tasks performed by parent/guardian that is present.

Step II

Skill development and reinforcement:

Place students in groups of four to five. Provide students with newsprint and markers and ask students to discuss and make lists under the following headings. (a) Things males do in the home. (b) Things females do in the home (c) Things both gender do in the home

Have Groups post newsprint on board and engage students in a discussion of male/female tasks in the home. Ask students if: tasks appear evenly distributed, if not, is it fair for one person to be doing all these things, how they would feel if they were the one who had to perform the majority of tasks. Have students remain in groups and explain to them that they will discuss based on the list they developed earlier and identify at least three gender equity strategies that can be used in the home to ensure a more equal distribution of tasks. Have students share.

Step III

Conclusion

Assessment

Have students write a two paragraph composition describing how they will ensure gender equity when they grow up and have their families. Begin with the sentence: When I grow up and have a family I will
Establish a rubric for assessing students composition

Evaluation

See Lesson Logging Form

Teacher Resource Page

Lesson # 1

Definition of Gender

Gender is not the same as sex. Sex refers to the biological differences between women and men. Gender refers to the differential social roles that define women and men in specific cultural context. Gender roles may vary greatly in different societies and cultures. Age, race, and class are major factors that determine our gender roles. Gender roles are fluid and can be deconstructed and reconstructed into different roles. Gender awareness embodies an understanding of the negative impacts of gender issues and the need to address inequalities that arise from them. Gender awareness acknowledges the significant contribution that women make as equal participants and beneficiaries.

Gender Identity

A person's concept of himself as being male and masculine or female and feminine, or transgender, is usually based on the physical characteristics, parental attitudes and expectations, and psychological and social pressures to which the individual is subjected. It is the private experience of gender role.

Gender Equity

Gender equity is a set of actions, attitudes and assumptions that provide opportunities and create expectations about individuals. In the definition of gender equity, gender is never separate from race, ethnicity, language, disability, income, or other diversities that define us as human beings. It offers a framework for educational reform in which all females and males:

- Are engaged, reflective learners, regardless of the subject
- Are prepared for future education, jobs, careers, and civic participation
- Set and meet high expectations for themselves and others
- Develop as respectful, inclusive, and productive individuals, friends, family members, workers, and citizens.
- Receive equitable treatment and achievable equitable outcomes in school and beyond.

Teacher Resource Page

Lesson # 1

Role Play: Left Out

Describe the scenario to a group of students before class and have them role play the situation as an introduction to the lesson and to stimulate discussion and a basic concept of the meaning of the term "equity".

Maria is a 10 year old student. Maria loves football. One day during break/recess, she sees a group of boys from her class enjoying a game of football on the field. Maria shouts to Pablo and Mark and asks her if she can join the game. "Naw" they tell her "we have enough people on our teams already." Maria was very sad. She went to stand up on one side of the football field and watched the boys enjoying the game from a distance.

A few minutes later Carlos and Steve came to the football field. "Hey come and join the game!" Mark and Pablo shouted to Carlos and Steve.

Maria was shocked because they had just told her that they had no space on the team.

LESSON PLAN # 2

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARDS:	Build individual capacity to recognize the basic criteria and conditions for optimal reproductive health Develop knowledge and skills to access age-appropriate sources of health information, products and services related to sexuality.
LEARNING OUTCOME	Describe the benefits of good oral hygiene Demonstrate the proper care of the teeth and gums Discuss the importance of regular visits to the dentist

Oral Hygiene

Title: HFLE Curriculum Pgs. 40 & 41 (1.1)

Class Standard 1V

Time 40- 45 minutes

Purpose To explore the benefits of good oral hygiene and it's relationship to good personal health

Overview (Include Concepts) Students will discuss the uses and importance of the mouth, tongue, teeth etc. Through participatory exercises they will establish an understanding of the importance of practicing good oral hygiene.

Specific Objectives Students will be able to:

1. describe what is meant by oral hygiene
2. discuss some basic steps for maintaining good oral hygiene
3. Identify and discuss some conditions related to poor oral hygiene.

Resources and Materials Story " the terrible toothache" , teacher resource sheet

Methods and Strategies story telling, class discussion, group work

PROCEDURE

Step I

Introduction Share story "the terrible toothache" with class. Ask students to describe what is happening in the story. Use the story to elicit from students the fact that the Alex was not taking care of his teeth. Have students identify some poor practices that Alex engaged in regularly.

Step 11 Skill development and reinforcement Place the term Oral hygiene on chalk board. Ask students to tell what comes to mind when they think of the term "oral hygiene". Establish that oral hygiene is the practice of keeping the mouth clean and healthy by brushing and flossing to prevent tooth decay and gum disease. Describe some of the effects of poor oral hygiene based on information in teacher resource page. Write the terms plaque, tartar, gingivitis, periodontitis, and tooth decay on chalk board and discuss what each is with class. Ask students to brain storm for ways to prevent these conditions.

In small groups have students brainstorm and make a list of poor oral hygiene habits that lead to these conditions. Beside each poor habit have students list good oral hygiene habits that will result in healthy teeth and gums.

Step III
Conclusion

Have students work in groups to develop a poster depicting good oral hygiene. Have students think of a slogan such as "away with tooth decay" to go along with the poster. Post children's work in the classroom.

Assessment

Have groups present their posters to class. Note whether children have developed a better understanding of the importance of practicing good oral hygiene through the concepts presented in their posters.

Evaluation:

See Lesson logging form

Teacher Resource Page

Lesson # 2

Definition

Oral hygiene is the practice of keeping the mouth clean and healthy by brushing and flossing to prevent **tooth decay** and gum disease.

Purpose

The purpose of oral hygiene is to prevent the build-up of plaque, the sticky film of bacteria and food that forms on the teeth. Plaque adheres to the crevices and fissures of the teeth and generates acids that, when not removed on a regular basis, slowly eat away, or decay, the protective enamel surface of the teeth, causing holes (cavities) to form. Plaque also irritates gums and can lead to gum disease (**periodontal disease**) and tooth loss. Tooth brushing and flossing remove plaque from teeth, and antiseptic mouthwashes kill some of the bacteria that help form plaque. Fluoride-in toothpaste, drinking water, or dental treatments-also helps to protect teeth by binding with enamel to make it stronger. In addition to such daily oral care, regular visits to the dentist promote oral health. Preventative services that he or she can perform include fluoride treatments, sealant application, and scaling (scraping off the hardened plaque, called tartar). The dentist can also perform such diagnostic services as x-ray imaging and oral **cancer** screening as well as such treatment services as fillings, crowns, and bridges.

Precautions

Maintaining oral hygiene should be a lifelong habit. An infant's gums and, later, teeth should be kept clean by wiping them with a moist cloth or a soft toothbrush. However, only a very small amount (the size of a pea) of toothpaste containing fluoride should be used since too much fluoride may be toxic to infants.

An adult who has partial or full dentures should also maintain good oral hygiene. Bridges and dentures must be kept clean to prevent gum disease. Dentures should be relined and adjusted by a dentist as necessary to maintain proper fit so the gums do not become red, swollen, and tender.

Brushing and flossing should be performed thoroughly but not too vigorously. Rough mechanical action may irritate or damage sensitive oral tissues. Sore or bleeding gums may be experienced for the first few days after flossing is begun. However, bleeding continuing beyond one week should be brought to the attention of a dentist. As a general rule, any sore or abnormal condition that does not disappear after 10 days should be examined by a dentist.

Description

Brushing

Brushing should be performed with a toothbrush and a fluoride toothpaste at least twice a day and preferably after every meal and snack. Effective brushing must clean each outer tooth surface,

inner tooth surface, and the flat chewing surfaces of the back teeth. To clean the outer and inner surfaces, the toothbrush should be held at a 45-degree angle against the gums and moved back and forth in short strokes (no more than one tooth width distance). To clean the inside surfaces of the front teeth, the toothbrush should be held vertically and the bristles at the tip (called the toe of the brush) moved gently up and down against each tooth. To clean the chewing surfaces of the large back teeth, the brush should be held flat and moved back and forth. Finally, the tongue should also be brushed using a back-to-front sweeping motion to remove food particles and bacteria that may sour the breath.

Toothbrushes wear out and should be replaced every three months. Consumers should look for toothbrushes with soft, nylon, rounded bristles in a size and shape that allows them to reach all tooth surfaces easily.

Holding a toothbrush may be difficult for people with limited use of their hands. The toothbrush handle may be modified by inserting it into a rubber ball for easier gripping.

Flossing

Flossing once a day helps prevent gum disease by removing food particles and plaque at and below the gumline as well as between teeth. To begin, most of an 18-in (45-cm) strand of floss is wrapped around the third finger of one hand. A 1-in (2.5-cm) section is then grasped firmly between the thumb and forefinger of each hand. The floss is eased between two teeth and worked gently up and down several times with a rubbing motion. At the gumline, the floss is curved first around one tooth and then the other with gentle sliding into the space between the tooth and gum. After each tooth contact is cleaned, a fresh section of floss is unwrapped from one hand as the used section of floss is wrapped around the third finger of the opposite hand. Flossing proceeds between all teeth and behind the last teeth. Flossing should also be performed around the abutment (support) teeth of a bridge and under any artificial teeth using a device called a floss threader.

Dental floss comes in many varieties (waxed, unwaxed, flavored, tape) and may be chosen on personal preference. For people who have difficulty handling floss, floss holders and other types of interdental (between the teeth) cleaning aids, such as brushes and picks, are available.

Risks

Negative consequences arise from improper or infrequent brushing and flossing. The five major oral health problems are plaque, tartar, gingivitis, periodontitis, and tooth decay.

Plaque is a soft, sticky, colorless bacterial film that grows on the hard, rough surfaces of teeth. These bacteria use the sugar and starch from food particles in the mouth to produce acid. Left to accumulate, this acid destroys the outer enamel of the tooth, irritates the gums to the point of bleeding, and produces foul breath. Plaque starts forming again on teeth four to 12 hours after brushing, so brushing a minimum of twice a day is necessary for adequate oral hygiene.

When plaque is not regularly removed by brushing and flossing, it hardens into a yellow or brown mineral deposit called tartar or calculus. This formation is crusty and provides additional rough

surfaces for the growth of plaque. When tartar forms below the gumline, it can lead to periodontal (gum) disease.

Gingivitis is an early form of periodontal disease, characterized by inflammation of the gums with painless bleeding during brushing and flossing. This common condition is reversible with proper dental care but if left untreated, it will progress into a more serious periodontal disease, periodontitis.

Periodontitis is a gum disease that destroys the structures supporting the teeth, including bone. Without support, the teeth will loosen and may fall out or have to be removed. To diagnose periodontitis, a dentist looks for gums that are red, swollen, bleeding, and shrinking away from the teeth, leaving widening spaces between teeth and exposed root surfaces vulnerable to decay.

Tooth decay, also called dental caries or cavities, is a common dental problem that results when the acid produced by plaque bacteria destroys the outer surface of a tooth. A dentist will remove the decay and fill the cavity with an appropriate dental material to restore and protect the tooth; left untreated, the decay will expand, destroying the entire tooth and causing significant **pain**.

Normal results

With proper brushing and flossing, oral hygiene may be maintained and oral health problems may be avoided. Older adults may no longer assume that they will lose all of their teeth in their lifetime. Regular oral care preserves speech and eating functions, thus prolonging the quality of life.

Key Terms

Calculus

A hardened yellow or brown mineral deposit from unremoved plaque; also called tartar.

Cavity

A hole or weak spot in the tooth surface caused by decay.

Gingivitis

Inflammation of the gums, seen as painless bleeding during brushing and flossing.

Interdental

Between the teeth.

Periodontal

Pertaining to the gums.

Periodontitis

A gum disease that destroys the structures supporting the teeth, including bone.

Plaque

A thin, sticky, colorless film of bacteria that forms on teeth.

Tartar

A hardened yellow or brown mineral deposit from unremoved plaque; also called calculus.

How To Brush

Brushing keeps teeth and gums healthy and clean. Brushing with fluoride toothpaste helps the teeth resist tooth decay. Brush at least twice a day- especially before bedtime and after eating whenever possible.

Step-by-Step

1. Place brush at angle along outer gum line. Wiggle gently back and forth. Repeat for each tooth.
2. Brush inside surface of each tooth, using the wiggling technique in Step 1.
3. Brush chewing surface of each tooth.
4. Use tip of brush to brush behind front teeth, top and bottom.
5. Don't forget to brush your tongue!

Teacher Resource Page

Lesson Two

The Terrible Toothache

It was the middle of the night. Jason woke up screaming. His mother and father rushed to his room to find out what was wrong. Jason was crying loudly. "It hurts" he cried "it hurts real bad."

"What hurts?" asked his mother.

"My tooth, mommy" Jason cried.

His mother and father did not know what to do. The dentist was not open at this hour and they had no medicine for toothache.

Jason cried louder. Then dad remembered that he has some pills that can be used for pain. He gave Jason one of the pills and told him to lie down and close his eyes real hard. Jason tried real hard to close his eyes but the pain did not want to go away. HE cried and cried. His parents felt sorry for him.

Finally, Jason cried himself to sleep.

Early the next morning his father took him to the dentist. The dentist looked inside Jason's mouth and shook his head. "I am afraid that one of your teeth is very rotten, Jason. This is what is causing you all the pain."

"Do you brush often, Jason?" asked the dentist. Jason hung his head. He did not want to tell the dentist that he did not like to brush his teeth. He hated brushing his teeth.

"Do you eat a lot of sweets, Jason?" The dentist asked. Jason hung his head again. HE knew he should not eat so many sweets but they were so yummy.

"We will have to take out the tooth so that it can stop hurting" said the dentist. If you brush often and stop eating so many sweets then this won't happen again"

Jason was afraid to take out the tooth but he remembered the pain from last night and allowed the dentist to take the teeth out. "See Jason, that wasn't too bad now, was it?"

Jason couldn't answer. His lips felt heavy from the injection the dentist gave him.

When he got home he promised his mother that he would brush everyday and that he will not eat so many sweets. His mother was very proud.

LESSON PLAN # 3

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARDS	Build capacity to recognize the basic criteria and conditions for optimal reproductive health Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STI's.
Learning Outcomes:	Distinguish between poor and proper hygiene practices Apply proper hygiene practices Identify and describe store bought and local products utilized for various grooming practices

Title: HIV & AIDS: What do you know?
HFLE Curriculum Pgs. 76&77 (4.1)

Class Standard 3

Time 35-40 minutes

Purpose To ensure that students have the basic knowledge of HIV/AIDS; this will allow them to live their lives in ways which minimize the risk of contracting HIV/AIDS and other STI's

Overview (Include Concepts) Through discussion, role play and group exercises students will be introduced to the basic facts about the transmission and prevention of HIV & AIDS.

Specific Objectives Students will be able to:

1. Identify ways in which HIV can and cannot be transmitted
2. Differentiate between HIV & AIDS
3. Express a personal responsibility to demonstrate behaviours that support the decision to abstain from sexual activity

Resources and Materials Teacher resource pages, newsprint, markers

Methods and Strategies discussion, role play, letter writing

PROCEDURE

Step I Introduction Place four sheets of newsprints around the classroom. Explain to students that today you are going to talk about HIV & AIDS. Provide students with markers and ask them to walk around the classroom and write anything they know or have heard about HIV & AIDS. Have students share some of the information from newsprint.
Explain to students that it is not likely that students their age can get HIV

but it is important for them to know about HIV & AIDS so they can prevent it.

Place the acronyms HIV& AIDS on the chalkboard. Explain what the acronyms means. Explain that HIV is a virus that attacks the body and weakens it.

Provide students with illustration of how this occurs (see resource page)

Ask students to describe what they see happening. Discuss how this occurs.

**Step II: Skill
Development and
Reinforcement**

Place students in groups and coach them to role play how HIV attacks the immune system. Have various students assume the role of the virus, the body and the immune system. Have students use actual words that they think the body, the virus and the immune system might say while the body is being weakened by the virus.

Explain to students that many people fear HIV because they are not sure how they can get it. Explain to children how HIV can be transmitted.

Provide students with handouts on how HIV is not transmitted and discuss handout with class.

Review the basic facts about HIV transmission with class.

**Step III:
Conclusion**

Ask students to write a letter to a friend explaining what they learned about HIV & AIDS in the lesson. Be sure to have students include a sentence or two explaining to the friend how to avoid getting HIV.

Assessment

Have students share responses with class. Use rubric to assess student's letters.

Evaluation:

See lesson logging form

Teacher Resource Page

Lesson # 1

Basic Information about HIV & AIDS

What is the definition of HIV?

HIV stands for Human Immuno - Deficiency Virus. This means that HIV is a virus which affects only human beings. HIV weakens the human body's immune system, making it difficult for the immune system to fight infections.

What is the definition of AIDS?

A stands for acquired. It means that HIV is passed from one person who is infected to another person.

I is for immune and refer to the body's immune system. The immune system is made up of cells that protect the body from disease. HIV causes problems by entering a person's body, then attacking and killing cells of the immune system.

D is for deficiency, which means not having enough of something. In this case, the body does not have enough of certain kinds of cells, called immune cells, which it needs to protect against infection. HIV enters the body and acts like a patient sniper, staying hidden for as long as it takes to weaken the immune system. Over time, HIV kills more and more immune cells, the body's immune system becomes too weak to do its job, and the person living with HIV becomes sick.

S refers to syndrome, which is a group of signs and symptoms associated with a particular disease or condition. People with AIDS have symptoms and diseases that occur together only when HIV infection has progressed to AIDS.

How is HIV transmitted?

There are four possible methods of HIV transmission:

- sexual intercourse (anal and vaginal);
- contaminated blood and blood products;
- contaminated needles, syringes and other piercing instruments; and
- Mother-to-child transmission (MTCT).

How does HIV spread during sex?

The following definitions may help in understanding exactly how the virus is passed from one person to another during sex.

Sexual intercourse means vaginal, anal or oral sex. Unprotected penetrative sex is the most frequent means of spreading and acquiring HIV infection.

Vaginal sex involves a man inserting his penis into a woman's vagina. During vaginal sex, HIV can enter the body through cuts or tears inside the vagina or on the penis. HIV is contained in both semen and vaginal fluid, so a man can give HIV to a woman and a woman can pass HIV to a man. When a man is aroused, his penis stretches. Likewise, when a woman is aroused, her vagina stretches. This stretching makes the membranes in the penis and in the vagina more porous and causes very tiny cuts and breaks that you cannot see.

Anal sex refers to a man putting his penis into the rectum, or anus, of a woman or a man. During anal sex, HIV can enter the body through cuts or tears in the rectum, or anus. The rectum does not stretch readily (like the vagina) and, because of this, can tear and bleed more easily. Both men and women can contract HIV from semen if an HIV-positive man ejaculates in his/her rectum. A penis can irritate and cut the anal lining, increasing the likelihood of the virus entering the body.

Oral sex involves sucking or licking of the genitals – a man can suck or lick a woman's genitals or a man's penis; a woman can suck or lick a man's penis or a woman's genitals. During oral sex, HIV may enter the body through the mouth if there are any cuts or tears inside the mouth due to injury or gum disease. People taking sperm into their mouths are more vulnerable than those ejaculating. Oral sex poses much less of a risk of infection than vaginal or anal sex, especially if sperm is not taken into the mouth.

Other forms of HIV transmission

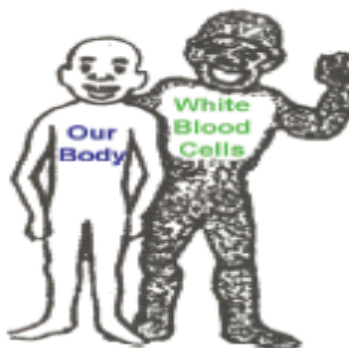
By receiving a transfusion of HIV-contaminated blood. The HIV virus can also be transmitted through a blood transfusion if the blood is contaminated. However, in Belize, all blood received by the Ministry of Health is tested for HIV before it is given to a patient.

Sharing needles with a person living with HIV. HIV-infected blood can be passed from one person to another as a result of sharing needles. This is particularly the case with those who inject drugs, such as heroin.

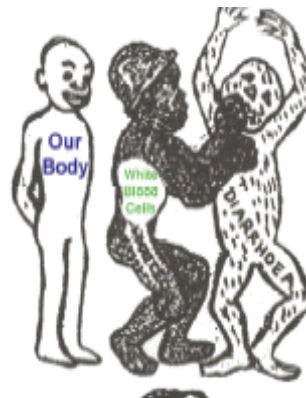
During pregnancy, birth or breastfeeding, from a mother living with HIV to her baby. During pregnancy, HIV can be passed from mother to baby through the placenta. At birth, HIV can be transmitted through blood during delivery. HIV is present in breast milk and can be transmitted to a baby during breastfeeding. A mother's decision about whether to breast feed, if she is HIV-positive, is a difficult one that only she can make. Current statistics suggest that there is a 30 per cent chance that a mother can transmit HIV to her baby by breastfeeding.

The Body's Defenses: The Immune System and HIV

1.



2.



3.



4.



5.



6.



Teacher Resource Page
Lesson # 1
How is HIV not transmitted?



In the swimming pool



Hand shaking



By kissing



By animals



By sweat



By mosquito bites



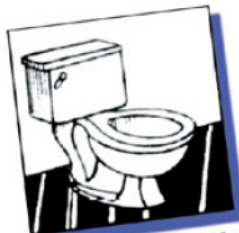
By tears



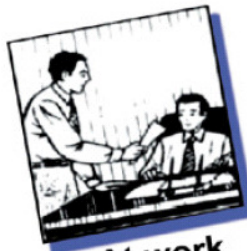
Sharing eating utensils



In the buses



Using the toilets



At work



At school

STRAND: Self and interpersonal relationships
LESSON # 4

REGIONAL STANDARD 1:	Examine the nature of self, family, school and community in order to build strong, healthy relationships
CORE OUTCOME 1:	Develop positive self esteem, through identification of individual strengths and characteristics.
Title	This is How I See Myself
Age Level	Standard 3
Time	35 - 40 minutes
Purpose	<i>To allow students an opportunity to get a better understanding of self in order to build their self esteem.</i>

Overview (Include Concepts)	In this lesson, students will define self esteem and through reflection, understand that have special characteristics.
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Specific Objectives	At the end of this lesson, students will be able to: 1. Define self-concept in simple terms. 2. Demonstrate an acceptance of self. 3. Use self-awareness skills to identify personal qualities.
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Resources and Materials	Pencils and copies of the handout 'This Is How I See Myself', (Ask students to bring mirrors to class.)
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Methods and Strategies	Brainstorming; individual work, class sharing
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PROCEDURE

Step I Introduction (5 min)	Ask students to look in mirrors. Ask, "When you look into the mirror, what do you see? In turns, two (2) volunteers describe their images as reflected in the mirror. Ask students "Is that all we see?"
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Step II Making the Connection (10min)	<i>Review steps needed to develop one's self-awareness (See background information).</i> • Understand your personality and its importance; • Develop awareness of personal strengths, weaknesses, and talents in various settings (not only school); • Gain awareness of personal feelings, opinions, and personal values and how they relate to those of others;
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- Develop a personal definition of success;
- Develop "niche-picking skills" (matching your abilities to specific settings).

Step III
Practicing
(15 mins.)

Handouts are distributed, and students either circle or tick the qualities they think best describe them. In groups of no more than five (5), ask students to share how they see themselves and why they see themselves in that way, as indicated on the activity sheet. After sharing from activity sheets, others in the group are asked whether they see the other person as he/she described himself/herself.

In plenary, introduce the term self-concept and stresses that self-concept is more than how people see themselves physically but also how they see themselves as a person. Students develop a working definition of self-concept for themselves.

Conclusion
(5 mins.)

Tell students that knowing themselves is key to building good self esteem.

Assessment

Design a card or poster to highlight their outstanding qualities and make some declaration of appreciation of self.

HOMEWORK

Have students share their poster with parents so that they can add on extra words that describe them.

TEACHER'S PAGE

BACKGROUND INFORMATION

Developing Self Awareness skills

General Self-Awareness

In order to develop self-awareness, persons need to:

- Understand your personality and its importance;
- Develop awareness of personal strengths, weaknesses, and talents in various settings (not only school);
- Gain awareness of personal feelings, opinions, and personal values and how they relate to those of others;
- Develop a personal definition of success;
- Develop "niche-picking skills" (matching their abilities to specific settings).

Detailed Self Awareness

- Understand your personality: an understanding of our personalities can help find situations in which we will thrive, and help us avoid situations in which we will experience too much stress
- Know and focus on your values: It is important to know and focus on your values. When we focus on our values, we are more likely to accomplish what we consider most important
- Identify your habits: Identify all your habits that increase and decrease your effectiveness.
- Identify your needs: It is important to re-think about your needs as they drive behaviours. If needs are not satisfied they could make you frustrated.
- Understand your emotions: It is important to know your own feelings, what causes them, and how they impact your thoughts and actions. A person with high emotional self-awareness understands the internal process associated with emotional experiences and, therefore, has greater control over them.

STRAND: Self and interpersonal relationships

LESSON # 5

REGIONAL STANDARD 1:

Respect the rich differences that exist among individuals, families, the larger society and Caribbean peoples as a valuable resource for sustainable development of the region within the framework of democratic and ethical values.

CORE OUTCOME 1:

Demonstrate knowledge of the rich ethnic diversity that exists among people.
Demonstrate acceptance of people from diverse groupings.

Title

Only skin Deep

Age Level

Standard 3

Time

35 - 40 minutes

Purpose

To develop an appreciation of and respect for cultural diversity

Overview (Include Concepts)

In this lesson, students will participate in activities that will help them to acknowledge diversity in their communities.

Specific Objectives

At the end of this lesson, students will be able to:

1. Explain what is meant by the term diversity.
2. Demonstrate a positive attitude toward persons of different groupings.
3. Use social and critical thinking skills to affirm and accept those who are different.

Resources and Materials

Hard-boiled eggs with shells decorated in different colours and patterns, pictures of persons from different backgrounds (cultural, ethnic, religious). Bob Marley's song "One Love," and cassette/CD player

Methods and Strategies

Brainstorming; individual work, class sharing

PROCEDURE

Step I Introduction (5 min)

Call five (5) students to front of the class and hands each an egg. Ask students to note the distinguishing features of their eggs before they place them in a tray/basket/box. Shuffle the eggs around, and then ask students to select/pick their original egg from the tray/basket/box. Ask students to explain how they knew which egg was theirs. Makes the analogy between the differences in the appearances of the eggs and the differences in appearance that exists among people.

Step II Making the Connection

In groups of no more than five (5), each group is presented with collages depicting people of different cultural, religious, and ethnic backgrounds and is asked to make a list of how they differ.

(10min)

Step III
Practicing
(20 mins.)

Students share differences with class.

Teacher tells the class that they are going to use critical thinking skills to examine different customs and beliefs that people have and introduces the term diversity. Ask students if they think that the differences they see in the pictures mean that the people are also different on the inside. Allow for students' responses but do not comment. Peel and shuffle the eggs and ask students to pick out their original eggs.

Explain that without the distinguishing shells and marks the link to persons of different groupings is hard to make. We may look different and have different ways of doing things, but we are all human beings with the same needs. Ask students the following probing questions:

- 1. Are persons of different races, or different religions, always treated the same by others?*
- 2. Identify some feelings of persons who are treated differently because they are different*

Conclusion
(5 mins.)

With Bob Marley's "One Love" playing in the background, summarise the importance of recognising and accepting the diversity that exists among people and the fact that despite these differences, we have basic similarities (needs, emotions) that make us interdependent.

Assessment

Teacher provides a scenario about a new student from another country who has enrolled in the school. She is usually by herself and is called names by some of the other students. Students are invited to role-play ways in which they show affirmation and acceptance.

HOMEWORK

Have students look up examples where groups have been discriminated against because of their differences.

STRAND: SELF AND INTERPERSONAL RELATIONSHIPS

LESSON # 6

REGIONAL STANDARD 1: Acquire coping skills to deter behaviors and lifestyles associated with crime, drugs, and violence.

CORE OUTCOME 1: Describe the effects of smoking on a person's body, mind and relationships.

Title

Smoking in the Cellar

Age Level

Standard III

Time

34- 40 minutes

Purpose

To teach students the negative impact of tobacco on the body

**Overview
(Include Concepts)**

In this lesson, students will discuss learn how harmful tobacco is on the body, and how they can end up losing precious relationships because of smoking.

Specific Objectives

At the end of this lesson, students will be able to:

4. explain what are the effects of smoking
5. identify ways to stay away from tobacco

**Resources and
Materials**

Student handout,

**Methods and
Strategies**

Brainstorming; individual work, class sharing

PROCEDURE

**Step I
Introduction
(5 min)**

Call on volunteers to read each stanza of the poem, "Smoking in the Cellar". Read it once more. Ask students what they think about the poem. Is it funny? What's happened to the characters in the poem? What did they go to smoke in the first place?

**Step II
Making the
Connection
(5 min)**

Explain to the class that the poem, while it seems funny, is no joke. On the board draw a diagram of the route that cigarette smoke takes once inhaled.

Then tell them that when tobacco is smoked, the smoke enters the body through the mouth and nose, carrying with it the powerful drug nicotine. From there it passes down the throat to the lungs. When the smoke is exhaled, tar and many harmful chemicals stay in the lungs. The nicotine passes from the lungs into the bloodstream. The heart pumps the nicotine-filled blood to the brain. Finally, the liver is exposed as it works to filter the nicotine out of the blood.

Step III
Practicing
(25 mins.)

Give students the handout with human body. Ask them to work in pairs and guess what happens to each specified part of the body when a cigarette is smoked: Brain, mouth/ throat, Heart/ Blood, lungs, reproductive system.

Check their responses by handing out a fact sheet / or reading out the relevant information. Discuss with students their responses and emphasize that there is nothing beneficial to the body from tobacco.

Step IV
Conclusion
(5 mins.)

Ask students to re-read the poem, "Smoking in the Cellar." Ask the following questions:

- *What happens to the boys when they smoke?* (They cough, choke and can't breathe well.)
- *Why does Will turn white?* (He probably feels faint.)
- *Why does Lumpy turn green?* (He probably feels sick to his stomach.)
- *Have you ever been in a room where people were smoking?*
- *What did the smoke do to your body?* Students should mention coughing, stinging eyes and difficulty breathing. Point out that the children in the poem experience these unpleasant effects of smoking to a much greater degree than does a person exposed to secondhand smoke.

Assessment

Have students make a poster that shows the negative effects of tobacco use.

HOMEWORK

Ask students to pretend that they are the speaker in the poem explaining why he went to smoke in the first place. They should write their explanation.

FACT SHEET

Here is how tobacco affects your body:

Heart and Arteries

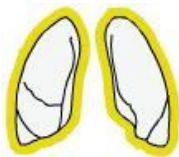


Nicotine use narrows your blood vessels and puts added strain on your heart. If your arteries and other blood vessels get narrower, your heart has to work extra hard to pump blood through them. To help understand this, think of how hard it is to drink through a really skinny straw and or a regular size straw that has something clogged in it. It's hard work trying to get the drink up through, huh? Well, that is how it is for your heart when it tries to pump blood through narrow arteries. Smoking cigarettes also makes your heart beat faster. So, on top of having to work extra hard to pump your blood through vessels that are too narrow, it has to work extra fast, too. Most things that have to work too hard like that will wear out much faster. Do your heart a favor-keep it healthy and don't start smoking.



Lungs

Smoking cigarettes really hurts your lungs. Smoking makes your lungs weaker and not able to fight off infections as well. This will increase the chances of getting sick with a lung infection. People who have smoked for a long time are at risk for lung cancer, chronic bronchitis (pronounced "KRON-ick bron-KI-tis"), or emphysema (pronounced "em-fa-SEE-ma").



Lung cancer happens when cells in your lungs grow and grow and grow. The cells that continue to grow don't do the work that healthy cells do. They are abnormal cells. As more abnormal cells grow, they crowd out and destroy healthy cells.

Chronic bronchitis is an inflammation of the lining of the lungs. When parts of our body are inflamed, they usually get red and swollen and they hurt. Also, when lungs are inflamed and swollen, it is much harder for air to travel around in our lungs. We need air to travel around in our blood and deliver oxygen to the rest of our body in order to live.

When someone has emphysema, it means the air sacs (also called alveoli, pronounced "al-VEE-oh-lie") in their lungs have grown too large or become over inflated. A person who has emphysema can't get oxygen to her cells very easily (and every cell in our body needs oxygen), and can't remove the carbon dioxide from her body as easily. When people get emphysema, their lung systems become weaker and they might be more likely to get other lung diseases.

Mouth and Throat



Smoking cigarettes and chewing smokeless tobacco could cause a person to develop mouth cancer. When the tissue inside of your mouth is filled with smoke or dip, it is exposed to all of the poisons that are in tobacco. Mouth cancer can affect your lips, gums, tongue, or the inside of your cheeks. People who smoke have more of a chance of getting throat cancer. And, did you know that throat cancer can damage your voice box, which will affect your ability to speak, drink, eat, and even breathe?

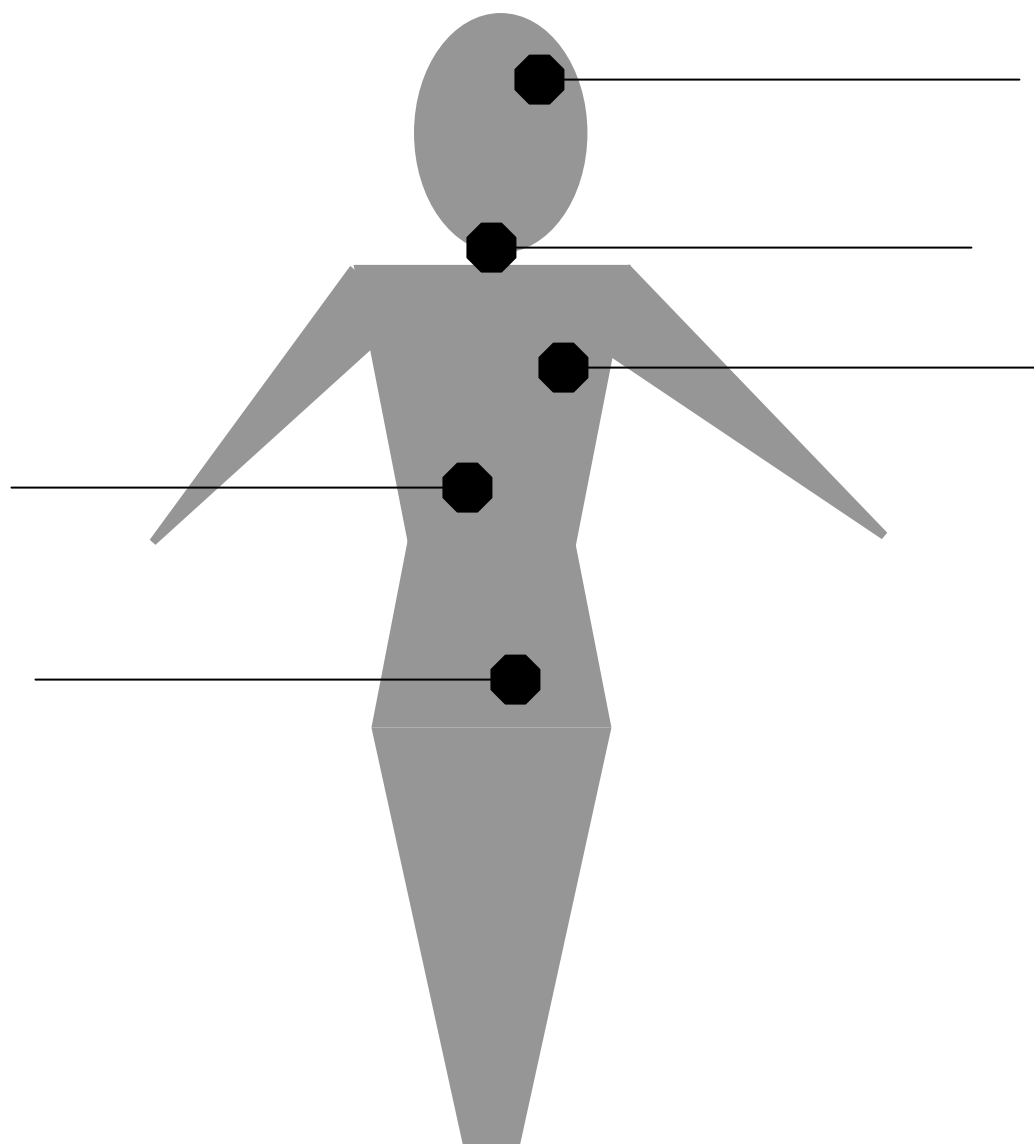
Reproductive system

Using tobacco during pregnancy sends carbon monoxide and reduces the oxygen that goes to the developing baby. The baby of a smoking mother may be born too soon, be underweight and overly active, and have a short attention span. The only safe amount of tobacco during pregnancy is no tobacco.

Brain

Nicotine shrinks the arteries, reducing the amount of blood that goes to the brain and interfering with the way it works.

WHAT HAPPENS WHEN YOU SMOKE?



SMOKING IN THE CELLAR

by Jack Prelutsky

*I swiped my grandma's cigarettes,
I didn't dare to tell her,
then Lumpy, Tony, Will and me
snuck down into the cellar.*



*We slipped inside the storage room
and bolted shut the latch.
I gave us each a cigarette
and Tony struck a match.*

*We lit them up together
and boldly took a puff.
We found out very quickly
that one would be enough.*



*We coughed and wheezed and sputtered
as we breathed in clouds of smoke,
Will turned white, and Lumpy green,
and Tony and I just choked.*

*I never want to smoke again
'cause smoking's really dumb.
Next time I feel like smoking,
I think I'll just chew gum.*

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STANDARD FOUR LESSON PLANS

LESSON PLAN # 1

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD 1,2 & 4: LEARNING OUTCOME :	Develop action competencies to reduce the vulnerability to priority problems including sexual abuse, HIV and AIDS, cervical cancer, and STI's Set personal goals to minimize the risk of contracting HIV/AIDS, Cervical cancer, and STI's.
Title	HIV & AIDS: What do you know? HFLE Curriculum Pgs. 76&77 (4.1)
Class	Standard IV
Time	40 - 45 minutes
Purpose	To ensure that students have the basic knowledge of HIV/AIDS; this will allow them to live their lives in ways which minimize the risk of contracting HIV/AIDS and other STI's
Overview (Include Concepts)	Through discussion, role play and group exercises students will be introduced to the basic facts about the transmission and prevention of HIV & AIDS.
Specific Objectives	Students will be able to: 4. Identify ways in which HIV can and cannot be transmitted 5. Differentiate between HIV & AIDS 6. Express a personal responsibility to demonstrate behaviours that support the decision to abstain from sexual activity
Resources and Materials	Teacher resource pages, newsprint, markers
Methods and Strategies	discussion, role play, letter writing PROCEDURE
Step I Introduction:	Place four sheets of newsprints around the classroom. Explain to students that today you are going to talk about HIV & AIDS. Provide students with markers and ask them to walk around the classroom and write anything they know or have heard about HIV & AIDS. Have students share some of the information from newsprint. Explain to students that it is not likely that students their age can get HIV but it is important for them to know about HIV & AIDS so they can prevent it. Place the acronyms HIV& AIDS on the chalkboard. Explain what the acronyms means. Explain that HIV is a virus that attacks the body and weakens it. Provide students with illustration of how this occurs (see resource page) Ask students to describe what they see happening. Discuss how this occurs.

🔔: Teacher Tip:

Step II
Skill development and reinforcement:

Place students in groups and coach them to role play how HIV attacks the immune system. Have various students assume the role of the virus, the body and the immune system. Have students use actual words that they think the body, the virus and the immune system might say while the body is being weakened by the virus.

Explain to students that many people fear HIV because they are not sure how they can get it. Explain to children how HIV can be transmitted.

Provide students with handouts on how HIV is not transmitted and discuss handout with class.

Review the basic facts about HIV transmission with class.

Step III
Conclusion

Ask students to write a letter to a friend explaining what they learned about HIV & AIDS in the lesson. Be sure to have students include a sentence or two explaining to the friend how to avoid getting HIV.

Assessment

Have students share responses with class. Use rubric to assess student's letters.

Evaluation

See Lesson Logging Form

Teacher Resource Page

Lesson # 1

Basic Information about HIV & AIDS

What is the definition of HIV?

HIV stands for Human Immuno - Deficiency Virus. This means that HIV is a virus which affects only human beings. HIV weakens the human body's immune system, making it difficult for the immune system to fight infections.

What is the definition of AIDS?

A stands for acquired. It means that HIV is passed from one person who is infected to another person.

I is for immune and refer to the body's immune system. The immune system is made up of cells that protect the body from disease. HIV causes problems by entering a person's body, then attacking and killing cells of the immune system.

D is for deficiency, which means not having enough of something. In this case, the body does not have enough of certain kinds of cells, called immune cells, which it needs to protect against infection. HIV enters the body and acts like a patient sniper, staying hidden for as long as it takes to weaken the immune system. Over time, HIV kills more and more immune cells, the body's immune system becomes too weak to do its job, and the person living with HIV becomes sick.

S refers to syndrome, which is a group of signs and symptoms associated with a particular disease or condition. People with AIDS have symptoms and diseases that occur together only when HIV infection has progressed to AIDS.

How is HIV transmitted?

There are four possible methods of HIV transmission:

- sexual intercourse (anal and vaginal);
- contaminated blood and blood products;
- contaminated needles, syringes and other piercing instruments; and
- Mother-to-child transmission (MTCT).

How does HIV spread during sex?

The following definitions may help in understanding exactly how the virus is passed from one person to another during sex.

Sexual intercourse means vaginal, anal or oral sex. Unprotected penetrative sex is the most frequent means of spreading and acquiring HIV infection.

Vaginal sex involves a man inserting his penis into a woman's vagina. During vaginal sex, HIV can enter the body through cuts or tears inside the vagina or on the penis. HIV is contained in both semen and vaginal fluid, so a man can give HIV to a woman and a woman can pass HIV to a man. When a man is aroused, his penis stretches. Likewise, when a woman is aroused, her vagina stretches. This stretching makes the membranes in the penis and in the vagina more porous and causes very tiny cuts and breaks that you cannot see.

Anal sex refers to a man putting his penis into the rectum, or anus, of a woman or a man. During anal sex, HIV can enter the body through cuts or tears in the rectum, or anus. The rectum does not stretch readily (like the vagina) and, because of this, can tear and bleed more easily. Both men and women can contract HIV from semen if an HIV-positive man ejaculates in his/her rectum. A penis can irritate and cut the anal lining, increasing the likelihood of the virus entering the body.

Oral sex involves sucking or licking of the genitals – a man can suck or lick a woman's genitals or a man's penis; a woman can suck or lick a man's penis or a woman's genitals. During oral sex, HIV may enter the body through the mouth if there are any cuts or tears inside the mouth due to injury or gum disease. People taking sperm into their mouths are more vulnerable than those ejaculating. Oral sex poses much less of a risk of infection than vaginal or anal sex, especially if sperm is not taken into the mouth.

Other forms of HIV transmission

By receiving a transfusion of HIV-contaminated blood. The HIV virus can also be transmitted through a blood transfusion if the blood is contaminated. However, in Belize, all blood received by the Ministry of Health is tested for HIV before it is given to a patient.

Sharing needles with a person living with HIV. HIV-infected blood can be passed from one person to another as a result of sharing needles. This is particularly the case with those who inject drugs, such as heroin.

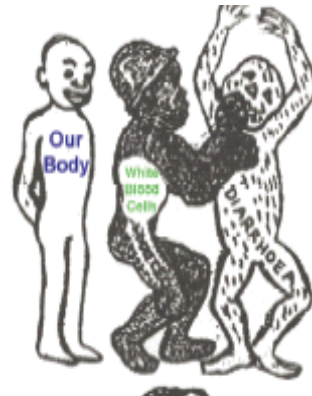
During pregnancy, birth or breastfeeding, from a mother living with HIV to her baby. During pregnancy, HIV can be passed from mother to baby through the placenta. At birth, HIV can be transmitted through blood during delivery. HIV is present in breast milk and can be transmitted to a baby during breastfeeding. A mother's decision about whether to breast feed, if she is HIV-positive, is a difficult one that only she can make. Current statistics suggest that there is a 30 per cent chance that a mother can transmit HIV to her baby by breastfeeding.

The Body's Defenses: The Immune System and HIV

1.



2.



3.



4.



5.



6.



Teacher Resource Page
Lesson # 1
How is HIV not transmitted?



In the swimming pool



Hand shaking



By kissing



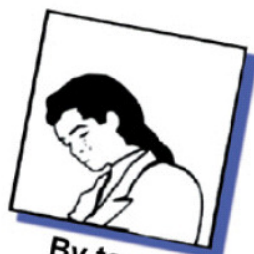
By animals



By sweat



By mosquito bites



By tears



Sharing eating utensils



In the buses



Using the toilets



At work



At school

LESSON PLAN # 2

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT	Develop action competencies to reduce the vulnerability to priority problems including sexual abuse, HIV and AIDS, cervical cancer, and STI's.
STANDARD 5:	
LEARNING OUTCOME	Demonstrate an awareness of the discrimination and stigmatization experienced by persons affected by HIV and AIDS Demonstrate positive attitudes towards persons living with and affected by HIV and AIDS Practice empathy, support, and advocacy in relation to persons affected by HIV and AIDS

Showing empathy for persons affected by HIV and AIDS

Title:	
Class	Standard 1V
Time	40- 45 minutes
Purpose	To develop social skills in order to assist and respond compassionately to persons affected by HIV and AIDS.
Overview (Include Concepts)	In this lesson students will explore the meaning of the terms "stigma" and "discrimination". They will use scenarios and discussion to develop and demonstrate empathy towards persons affected by HIV and AIDS.
Specific Objectives	Students will be able to: 4. Explain what empathy means. 5. Express a favorable opinion with regards to responding compassionately to persons affected by HIV and AIDS. 6. Show empathy with specific reference to persons living with HIV and AIDS.
Resources and Materials	Copies of handouts, teacher resource sheets
Methods and Strategies	Discussions, scenarios, group worksheets

PROCEDURE

Step I	
Introduction	Write on the chalkboard the quotation "Never judge a man until you have walked a mile in his shoes." Ask students to discuss in groups of four and share as a class what is meant by the statement. Based on students response introduce the word "empathy" and explain what it means to students; <i>the ability to put oneself in another person's place and imagine what it is like to be in their situation."</i>

Step II
Skill development and reinforcement

Provide students with a handout illustrating the "Story of Sunsil". If teacher cannot make copies. This story can be depicted on newsprint for students. Have students read the story silently engage class in a discussion about the following: how Sunsil might feel, why people may treat him that way, how they as students would feel if they were in Sunsil shoes, how they would like to be treated if they were Sunsil.

Review the meaning of the term "empathy". Explain to students that when we have empathy toward a person we are able to be compassionate. Define compassion; *Understanding the pain of others and wanting to do something to help.*

Teacher Tip:

Be sensitive to the fact that some students may be HIV positive or have close family members (parent/guardians) that are HIV positive or have died from AIDS. Even though the lesson is aimed at developing empathy and compassion, such students should not be used as examples in this lesson. This good intention on the part of the teacher may not yield the desired results immediately and may only result in doing more harm than good to the student in question. It is best to use generic examples.

Step III
Conclusion

Ask students to work in the same groups established and think of four reasons why they should show compassion to persons living with HIV and AIDS. (Provide handout in teacher resource sheet if you are able to make copies. If not just provide instructions based on the handout)
Have students share their responses

Assessment

Taking the message home:

Provide students with handouts: The story of two communities from teacher resource pages. Have students complete the worksheet for homework with the assistance of family members.

Evaluation:

See Lesson logging form

Teacher Resource Page

Lesson # 1

Stigma and Discrimination

From the moment scientists identified HIV and AIDS, social responses of fear, denial, stigma and discrimination have accompanied the epidemic. Discrimination has spread rapidly, fuelling anxiety and prejudice against the groups most affected, as well as those living with HIV or AIDS. It goes without saying that HIV and AIDS are as much about social phenomena as they are about biological and medical concerns. Across the world the global epidemic of HIV/AIDS has shown itself capable of triggering responses of compassion, solidarity and support, bringing out the best in people, their families and communities. But the disease is also associated with stigma, repression and discrimination, as individuals affected (or believed to be affected) by HIV have been rejected by their families, their loved ones and their communities. This rejection holds as true in the rich countries of the north as it does in the poorer countries of the south.

Stigma is a powerful tool of social control. Stigma can be used to marginalize, exclude and exercise power over individuals who show certain characteristics. While the societal rejection of certain social groups (e.g. 'homosexuals, injecting drug users, sex workers') may predate HIV/AIDS, the disease has, in many cases, reinforced this stigma. By blaming certain individuals or groups, society can excuse itself from the responsibility of caring for and looking after such populations. This is seen not only in the manner in which 'outsider' groups are often blamed for bringing HIV into a country, but also in how such groups are denied access to the services and treatment they need.

Why there is stigma related to HIV and AIDS?

In many societies people living with HIV and AIDS are often seen as shameful. In some societies the infection is associated with minority groups or behaviours, for example, homosexuality. In some cases HIV/AIDS may be linked to 'perversion' and those infected will be punished. Also, in some societies HIV/AIDS is seen as the result of personal irresponsibility. Sometimes, HIV and AIDS are believed to bring shame upon the family or community. And whilst negative responses to HIV/AIDS unfortunately widely exist, they often feed upon and reinforce dominant ideas of good and bad with respect to sex and illness, and proper and improper behaviours.

Factors which contribute to HIV/AIDS-related stigma:

- HIV/AIDS is a life-threatening disease
- People are scared of contracting HIV
- The disease's is associated with behaviours (such as sex between men and injecting drug-use) that are already stigmatized in many societies
- People living with HIV/AIDS are often thought of as being responsible for becoming infected
- Religious or moral beliefs lead some people to believe that having HIV/AIDS is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

"My step-son, Michael, aged 8, was born HIV-positive and diagnosed with AIDS at the age of 8 months. I took him into our family home. With proper care and support Michael was able to live a normal life. When Michael was three years old he started pre schools. At first relations with the pre-school were wonderful and Michael thrived there. Only the principal knew of his illness.

"Then somehow the confidentiality was broken and someone told a parent that Michael had AIDS. That parent, of course, told all the others. This caused such panic and hostility that we were forced to move out of the area.. Ignorance about HIV means that people are frightened. And frightened people do not behave rationally. We could well be driven out of our home yet again."

Sexually transmitted diseases are well known for triggering strong responses and reactions. In the past, in some epidemics, for example TB, the real or supposed contagiousness of the disease has resulted in the isolation and exclusion of infected people. From early in the AIDS epidemic a series of powerful images were used that reinforced and legitimized stigmatization.

- HIV/AIDS as punishment (e.g. for immoral behaviour)
- HIV/AIDS as a crime (e.g. in relation to innocent and guilty victims)
- HIV/AIDS as war (e.g. in relation to a virus which need to be fought)
- HIV/AIDS as horror (e.g. in which infected people are demonised and feared)
- HIV/AIDS as otherness (in which the disease is an affliction of those set apart)

Together with the widespread belief that HIV/AIDS is shameful, these images represent 'ready-made' but inaccurate explanations that provide a powerful basis for both stigma and discrimination. These stereotypes also enable some people to deny that they personally are likely to be infected or affected.

Forms of HIV/AIDS-related stigma and discrimination

In some societies, laws, rules and policies can increase the stigmatization of people living with HIV/AIDS. Such legislation may include compulsory screening and testing, as well as limitations on international travel and migration. In most cases, discriminatory practices such as the compulsory screening of 'risk groups', both further the stigmatization of such groups as well as creating a false sense of security among individuals who are not considered at high-risk. Laws that insist on the compulsory notification of HIV/AIDS cases, and the restriction of a person's right to anonymity and confidentiality, as well as the right to movement of those infected, have been justified on the grounds that the disease forms a public health risk.

Perhaps as a response, numerous countries have now enacted legislation to protect the rights and freedoms of people living with HIV and AIDS and to safeguard them from discrimination. Much of this legislation has sought to ensure their right to employment, education, privacy and confidentiality, as well as the right to access information, treatment and support.

Governments and national authorities sometimes cover up and hide cases, or fail to maintain reliable reporting systems. Ignoring the existence of HIV and AIDS, neglecting to respond to the needs of those living with HIV infection, and failing to recognize growing epidemics in the belief that HIV/AIDS 'can never happen to us' are some of the most common forms of denial. This denial

contributes to AIDS related stigma by making those individuals who are infected appear abnormal and exceptional.

Student Handouts:

The Story of Sunsil

The Story of Two Communities

LESSON PLAN # 3

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT

STANDARD 3& 4: Build capacity to recognize the basic criteria and conditions for optimal reproductive health

Learning

Outcomes:

Title: Body Odour

Class Standard 1V

Time 35-40 minutes

Purpose To help students develop and appreciation for good personal hygiene practices in themselves and other as well as discuss risky hygiene practices without discrimination.

**Overview
(Include Concepts)** Students will engage in a variety of participatory activities to explore the concept of body odour. Students will discuss what causes body odour and how to prevent body odour.

**Specific
Objectives** Students will be able to:

4. Identify common causes and types of body odour.
5. discuss ways to prevent body odour

**Resources and
Materials** Teacher resource pages, Diary entry " B.O"

**Methods and
Strategies** brainstorming, discussion, group work

PROCEDURE

**Step I
Introduction** Have one volunteer read the diary entry "B.O" to class. Guide students in a discussion about common types of body odour based on the diary entry using the following questions:

1. What does body odour mean?
2. What are some types of body odour mentioned in the diary entry?
3. How did the person in the entry feel about body odour?
4. How can you tell?

Teacher Tip:

In conducting lessons on hygiene, there is the risk of discriminating against children who are less hygienic for reasons of poverty and/or other problems at home. Quality teachers are aware of such problems and encourage and praise them for practicing good personal hygiene with simple means. They also stimulate understanding and social

consciousness among the other children. The teacher discreetly helps children with specific problems instead of pointing out their negative practices publicly.

Step II: Skill Development and Reinforcement

Have students brainstorm for some common types of body odour (odour originating from the armpits, genitals, feet, breath). Write these boldly on the chalkboard.

Explain to children that as they grow and develop body odour becomes natural and can be easily eliminated.

Place students in groups and provide each group with a copy of the information sheet on body odour from teacher resource page. Have students read the essay on body odour and discuss the following questions with the larger group:

1. What are some common types of body odour?
2. What causes body odour?
3. What are some common places for body odour?
4. How can body odour be detected?
5. How can body odour be prevented?

Step III: Conclusion

Summarize the main points in the lesson and respond to any questions students may have.

Assessment

Re-read the diary entry to class and have students respond to the author individually advising her on what is happening to her and what steps she can take to address this problem.

Evaluation:

See lesson logging form

Teacher Resource Page

Lesson # 3

Body Odour

Body odour is a smell produced by a person's body that many other people find unpleasant.

What causes it?

A natural process on the skin surface involving sweat causes body odour. Sweat is odourless, but if sweat is left on the skin, the bacteria that normally live on the skin break it down. This process releases chemicals that give it an unpleasant smell.

Some areas of the skin, such as the armpits and genitals, are more likely to produce body odour because the sweat glands in these areas are slightly different. These glands produce proteins and oily substances that bacteria feed on. Sweat elsewhere in the body is mostly salty water and bacteria cannot thrive so easily, so less odour-forming chemicals are made.

Feet may also produce their own characteristic odour, which is often different to that of the rest of the body because we tend to wrap them up in socks and shoes, which makes them hot and humid, allowing fungi as well as bacteria to flourish.

The smell of body odour may also be influenced by diet. Certain foods contain chemicals that may be excreted in the skin, such as curry, garlic and other strong spices.

Who's affected?

Young children rarely have body odour because the specialized glands in the armpits and genital areas don't become active until puberty. However, if they rarely have a bath or wash, mild body odour can develop.

At puberty sweat glands develop under the stimulation of hormones and protein, and oil production by the skin in armpits and genital areas increases. Body odour may then become a problem, especially if hygiene is poor.

What are the symptoms?

“The symptom of body odour is an unpleasant smell”

The symptom of body odour is an unpleasant smell that may be worse in hot and sweaty conditions. The actual smell varies from person to person as the 'recipe' of sweat is individual.

The smell almost always disappears with a shower or bath but can rapidly return, especially if a person puts on unwashed clothes that are covered in old sweat and bacteria.

How's it diagnosed and treated?

Most people can easily recognise body odour, except unfortunately the person who has it, who may be so accustomed to their smell that they don't notice it.

Treatment is simple - have regular baths or showers at least once a day. After puberty, an antiperspirant and deodorant is useful to reduce sweating (some also inhibit bacterial growth) but this is rarely needed for younger children.

Fresh clothes should be worn every day and clothing should be washed at as high a temperature as possible and then dried as quickly as possible (bacteria can survive in damp clothing and produce a characteristic smell within the clothing).

Feet should be washed regularly, dried thoroughly and treated with antifungal (anti-athlete's foot) powders if necessary. Avoid closed sweaty shoes such as trainers and wear fresh cotton socks or bare feet in open sandals as often as possible. Avoiding very spicy foods may help.

Further help

A medical diagnosis is not usually necessary for body odour. However, if the problem persists despite all efforts to treat it, it may be worth getting a medical opinion.

Teacher Resource Page

Lesson # 3

Diary Entry: B.O

Dear diary,

Today was a very embarrassing day. It was a very hot day and we went out on the football field for P.E. We played softball, which is my favourite sport. We played for almost an hour and by the time we were finished I was sweating a lot. When P.E. was over I put my uniform back on and went into the class.

I started to feel very hot and sweaty. Then I noticed that the boy who was sitting beside me turned up his nose and went to another seat. When no one was looking I bent over quickly and smelled my clothes near my armpits. I almost died. My arm had a sweaty, unpleasant smell. I did not know what to do. I couldn't wait for the bell to ring.

As soon as the bell rang I packed my bag and headed home. As soon as I got home I headed straight for the bathroom and took a bath. It felt much better and the smell was not there anymore. I have no idea what happened to me today but I sure hope that smell never comes back again.

STRAND: Self and interpersonal relationships

LESSON # 4

REGIONAL STANDARD 1:

Examine the nature of self, family, school and community in order to build strong, healthy relationships

CORE OUTCOME 1:

Identify and describe role models that have positively impacted their development

Title

My Role Model

Age Level

Standard IV

Time

35 - 40 minutes

Purpose

To help students examine the characteristics of positive role models and identify individuals that have been or are role models for them.

Overview (Include Concepts)

In this lesson, students will define positive role models and through group work and individual reflection, focus on their own role models.

Specific Objectives

At the end of this lesson, students will be able to:

6. use the concept of the role model
7. define the term *positive role model*
8. identify examples of positive role models for their age group

Resources and Materials

- names or pictures of role models with your class' age group
- one copy per student of Worksheet 1: Student Questionnaire—Role Models
- one copy per student of Worksheet 2: Webbing Attributes and Skills

Methods and Strategies

Brainstorming; individual work, class sharing

PROCEDURE

Step I

Introduction (5 min)

Display the names and pictures of three to five role models who are currently popular with the age group of your students (e.g., athletes, entertainers, politicians, the school principal, a fictional character). Try to include people of different genders, age groups, and occupations.

Ask students what these people have in common. Students' responses will probably describe some of the characteristics of role models. Introduce the term *positive role model* if it has not been suggested. Ask students to explain what a positive role model is and to volunteer definitions. (One definition: an individual who, while perhaps not widely admired or well known, embodies one or more desirable

qualities that we can identify with and imagine developing within ourselves.) Print these on the chalkboard, or chart paper.

Step II
Making the
Connection
(10min)

Have students work in pairs to complete Worksheet 1 in pairs. When they have finished, ask each pair to join with another pair to compare answers and to try to reach agreement on each point. Ask each group of four to choose a reporter to report the group response to each question to the class.

Step III
Practicing
(25 mins.)

Have the class brainstorm places and sources where students can find role models. The list might include such categories as the home, television, sports, entertainment, specific occupations. Assign one of these categories of role models to each of the groups of four (or have each group choose a category) and have each group of students brainstorm, and reach agreement on a list of positive role models within their category. Remind them to write down the criteria they used to judge their choices and to be prepared to justify their choices based on these criteria.

Have the groups use Worksheet 2 to record their information. The name of the category goes in the large circle, the names of specific role models in this category go in the smaller circles around it, and the attributes (inherent characteristics or qualities) or skills of the individuals chosen as role models go on the small lines radiating out from their names. Ask each group member to initial a name he or she suggested.

Have each group choose a reporter to share one of the group's role models with the class. Emphasize attributes and skills that are mentioned again and again and add any new ones to the list generated earlier in the lesson.

Conclusion
(5 mins.)

Ask each student to reflect on the list and write (on a sheet of paper or in their journals) a one-line definition of the term *positive role model*.

Assessment

Have students identify a famous person they used to think was a positive role model but have changed their mind about. They should write an essay using the following: "I used to think ..., but now I...."

OR

Review the group attribute and skills webs to assess the following:

- Were students able to identify some positive role models?
- Were students able to define their attributes and skills?
- Were students able to define the criteria on which they based their decisions?

HOMEWORK

Ask students to think about the following questions:

- Does a role model have only positive attributes or skills?
- Can we admire a single attribute in a person without admiring all his or

her characteristics?

They should interview older people to determine the role models they have had throughout their lives. (the above questions can be used in the interview)

WORKSHEET 1

Name _____

Date _____

STUDENT QUESTIONNAIRE—WHAT MAKES A ROLE MODEL?

Indicate if you agree (A) or disagree (D) with the following statements by circling your choice.

1. All role models are famous people. A

D

2. Role models must be real people. A

D

3. A person's role models can change over time. A

D

4. A role model may be a friend. A

D

5. Role models can affect your behaviour positively or negatively. A

D

6. A person may have more than one role model. A

D

7. Role models must be your own age or older. A

D

8. A role model can be anyone you admire. A

D

9. People your age often choose role models based on skills or looks. A

D

10. We are all role models. A

D

Complete the following:

A role model is someone who _____

WORKSHEET 2

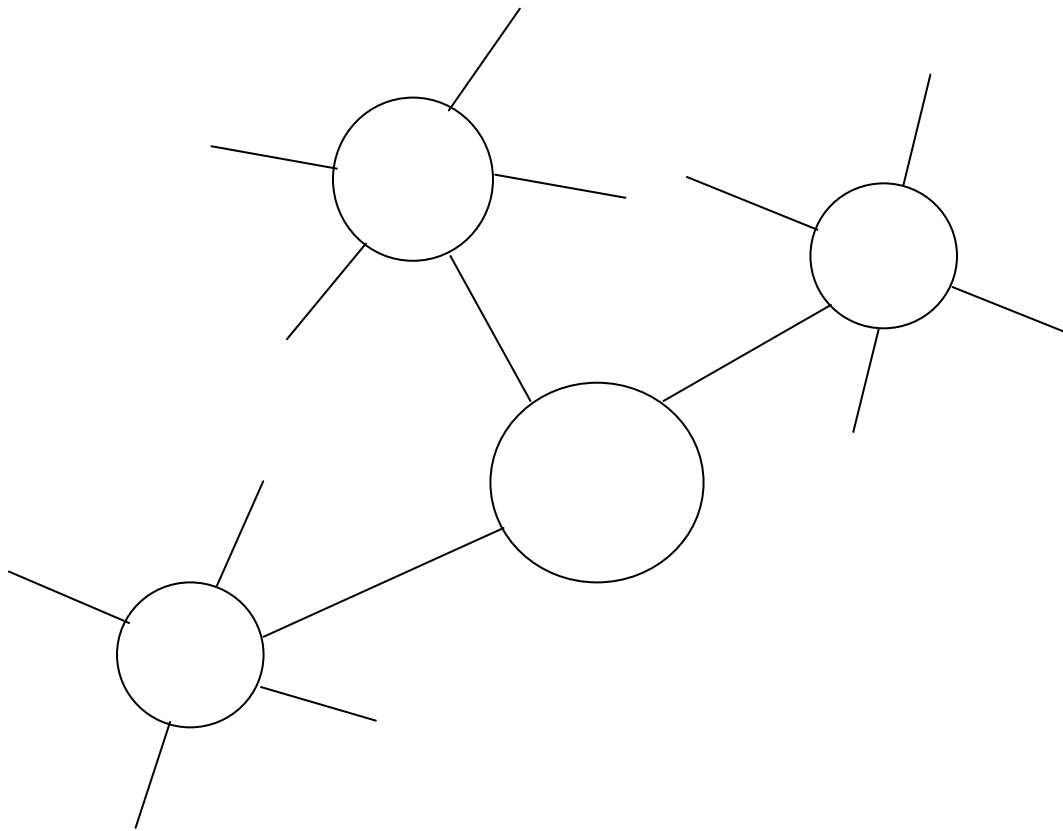
Name _____

Date _____

WEBBING ATTRIBUTES AND SKILLS

Place the category of role model in the large circle, the names of specific role models in this category in the smaller circles, and the attributes or skills of these role models on

the small lines radiating out from the names. Have each person in the group initial the names he or she suggests. Add more circles and lines as needed.



How did you choose your examples? _____

STRAND: Self and interpersonal relationships

LESSON # 5

REGIONAL STANDARD 1:	Examine the nature of self, family, school and community in order to build strong, healthy relationships
CORE OUTCOME 1:	Assess the consequences of various decisions and demonstrate coping, social and cognitive skills to avoid high risk situations and negative pressures.
Title	Friendly Refusals
Age Level	Standard 4
Time	35 - 40 minutes
Purpose	<i>To practise the steps to making an effective friendly refusal in high-risk situations</i>
Overview (Include Concepts)	In this lesson, students will look at various scenarios and be able to practice their coping skills in order to resist negative pressures.
Specific Objectives	At the end of this lesson, students will be able to: 1. <i>Identify potentially risky situations.</i> 2. <i>Demonstrate confidence in their ability to resist engaging in risky behaviours.</i> 3. <i>Use refusal skills effectively.</i>
Resources and Materials	<i>Video clip of someone being enticed by friends to engage in some form of risky behaviour, television/VCR/video projector, and handout titled "Friendly Refusals"</i>
Methods and Strategies	Brainstorming; individual work, class sharing

PROCEDURE

Step I Introduction (5 min)	<i>Video clip is shown to students and stopped just before the person responds to the enticement. Ask students to suggest possible endings to the scenario and then focus on one that has some form of refusal. Indicate that the lesson will focus on friendly refusal.</i>
Step II Making the Connection (10min)	<i>Explain to students that today's lessons will focus on refusal skills. Distribute Handouts titled "Friendly Refusals". Go through the steps while modelling the behaviour for students.</i>
Step III	<i>In groups of no more than five (5), students develop role plays to demonstrate</i>

Practicing
(20 mins.)

how the steps of the "Friendly Refusal" model can be used in various scenarios/situations.

(If desired, you may outline different scenarios/situations, e.g., for crime, drugs, truancy, etc.)

Each group presents its role play (2-3 minutes per presentation).

Facilitate a debriefing session with the following guides:

- How did it feel having to refuse a friend in the way in which you did?*
- Do you feel confident in your ability to use these skills when faced with a real-life situation?*

Conclusion
(5 mins.)

Have students view the rest of the video clip and comment on the person's response.

Assessment

In groups, students produce their own video clips depicting friendly refusal skills in action. The video clips are shown in a subsequent class. (Students may be given a scoring rubric for peer assessment of video clips.)

HOMEWORK

Have students write scenarios to be used in the video production.

TEACHER'S PAGE

Sample outlines of situations for role play:

1. Your friend asks you to join her at the back of the school during break. You have heard that students have been smoking marijuana at the back of the school. You want to continue your friendship with her, but you suspect that she has been joining the group to smoke.

2. It is the last day of school, and you are having a good time with your friends at the class party. Someone whispers to you that Jarvis put alcohol in the fruit punch. Most of your friends are drinking the spiked punch and are coaxing you to have some.

3. You are at a party, and you notice that many persons are coupling off and moving into dark corners to drink beers. Your girlfriend suggests that you go outside and offers you a beer. You don't want to drink or leave the party.

(Add supplementary scenarios if needed)

Handout:

FRIENDLY REFUSALS

Steps for a friendly refusal:

1. Use the word "no" in your refusal.
 2. Emphasise your refusal by repeating the refusal and using body language.
 3. Give your reasons for refusing or list possible consequences.
 4. Suggest an alternative that includes your friend.
 5. Change the subject or walk away.
-

Handout:

FRIENDLY REFUSALS

Steps for a friendly refusal:

6. Use the word "no" in your refusal.
7. Emphasise your refusal by repeating the refusal and using body language.
8. Give your reasons for refusing or list possible consequences.
9. Suggest an alternative that includes your friend.
10. Change the subject or walk away.

STRAND: Self and interpersonal relationships
LESSON # 6

REGIONAL STANDARD :	Acquire coping skills to deter behaviors and lifestyles associated with crime, drugs, and violence.
CORE OUTCOME :	Describe the effects of marijuana on the mind, body and relationships
Title	Avoiding Marijuana
Age Level	Standard 4
Time	35 - 40 minutes
Purpose	<i>To help students understand the great negative effects that marijuana use has on all aspects of their lives</i>
Overview (Include Concepts)	In this lesson, students will learn how marijuana affects the physical and emotional aspects of their lives.
Specific Objectives	At the end of this lesson, students will be able to: 4. <i>enhance their knowledge of the negative consequences of using marijuana</i> 5. <i>identify the short and long term effects</i>
Resources and Materials	<i>Handout, white paper, balled up coloured paper diagram of the body</i>
Methods and Strategies	Brainstorming; individual work, class sharing

PROCEDURE

Step I Introduction (5 min)	<i>Explain to students that as they are nearing or experiencing puberty, their bodies are at a critical time of development. Over the next few years, they will mature physically, mentally and emotionally. During this time they may be in situations where they are pressured to use drugs such as marijuana. This drug can negatively impact their development. Reason with students this fact: the brain controls so many different functions. Even a little bit of marijuana can impair many of those functions</i>
Step II Making the Connection (10min)	<i>Conduct the following simulation about how drugs affect the brain. For this simulation you will need several pieces of white paper and colored paper rolled up into balls.</i> <i>Have two or three students stand at the front of the room and toss a couple of white paper balls back and forth to each other (at a comfortable, manageable, steady pace). Explain that this represents neurons in the brain transmitting</i>

messages back and forth. The students are neurons and the paper balls are neurotransmitters-or the chemical messages. Ask students for examples of what kinds of messages the brain sends.

Explain that when a person uses drugs, there are problems with the way messages are sent, which causes havoc with the rest of the body. Ask students how the following possible effects could be simulated:

- **Overload:** *Drugs like inhalants and marijuana may cause too many neurotransmitters to be sent. (Student "neurons" may toss too many white paper balls to each other at a pace too fast to handle.)*
- **Deficiency:** *Drugs like inhalants and marijuana may cause too few neurotransmitters to be sent. (Student "neurons" may toss too few white paper balls to each other at a pace too slow to handle.)*
- **Changed Neurotransmitter:** *Drugs like inhalants and marijuana may cause different or incorrect neurotransmitters to be sent. (Student "neurons" may toss colored paper balls to each other instead of the normal white ones.)*

Step III
Practicing
(20 mins.)

Ask students to complete the following:

- *If Marijuana affects the brain functions, how will it affect:*
 - a) my lungs?*
 - b) my heart?*
 - c) digestive system?*
 - d) reproductive system?*
- *How long will marijuana have the effect on their organs?*

Have students pair up to come up with their answers. When everyone is finished, discuss with students their responses, correcting information where necessary.

Conclusion
(5 mins.)

Wrap up lesson by reminding students that there are no positives in smoking marijuana.

Assessment

Have students draw an outline of the human body and label the parts of the body affected by marijuana use. Say how the parts are affected.

TEACHER'S PAGE

Background Information



Health Hazards and Effects

Usually smoked as a cigarette or joint, or in a pipe or bong, marijuana has appeared in "blunts" in recent years. These are cigars that have been emptied of tobacco and re-filled with marijuana, sometimes in combination with another drug, such as crack. Some users also mix marijuana into foods or use it to brew tea.

The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol). Short-term effects of marijuana use include problems with memory and learning; distorted perception; difficulty in thinking and problem-solving; loss of coordination; and increased heart rate, anxiety, and panic attacks.

Health Hazards

Effects of Marijuana on the Brain. Researchers have found that THC changes the way in which sensory information gets into and is acted on by the hippocampus. This is a component of the brain's limbic system that is crucial for learning, memory, and the integration of sensory experiences with emotions and motivations. Investigations have shown that THC suppresses neurons in the information-processing system of the hippocampus. In addition, researchers have discovered that learned behaviors, which depend on the hippocampus, also deteriorate.

Effects on the Lungs. Someone who smokes marijuana regularly may have many of the same respiratory problems that tobacco smokers have. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

Effects on Heart Marijuana can make the heart beat faster than normal. This increase can cause chest pains and abnormal heart problems.

Effects on the Reproductive System Hormones in both females and males can be seriously affected by marijuana. In females, long term use of marijuana may interfere with the menstrual cycle: in males it may affect sperm production. The most important male hormone, testosterone, decreases by 25-35 percent within three hours after a male smokes marijuana. For females, using marijuana during pregnancy can cause birth defects in the unborn baby.

Effects of Heavy Marijuana Use on Learning and Social Behavior. Marijuana affects the user's memory, attention span, speaking, listening, reading comprehension, problem solving, and decision making. Young people who use marijuana regularly can have problems keeping up in school.

People who use marijuana regularly can also have trouble with normal everyday activities. Heavy marijuana users may lose their motivation to achieve in life, preferring to spend their time getting high. Marijuana can make emotional problems worse. Some marijuana users become fearful and confused, and others grow suspicious or aggressive. Paranoia and panic attacks are frequent.

Information provided by the National Institute on Drug Abuse & Quest International

