

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



Upper Division

Health and Family Life Education

Resource Guide for Teachers

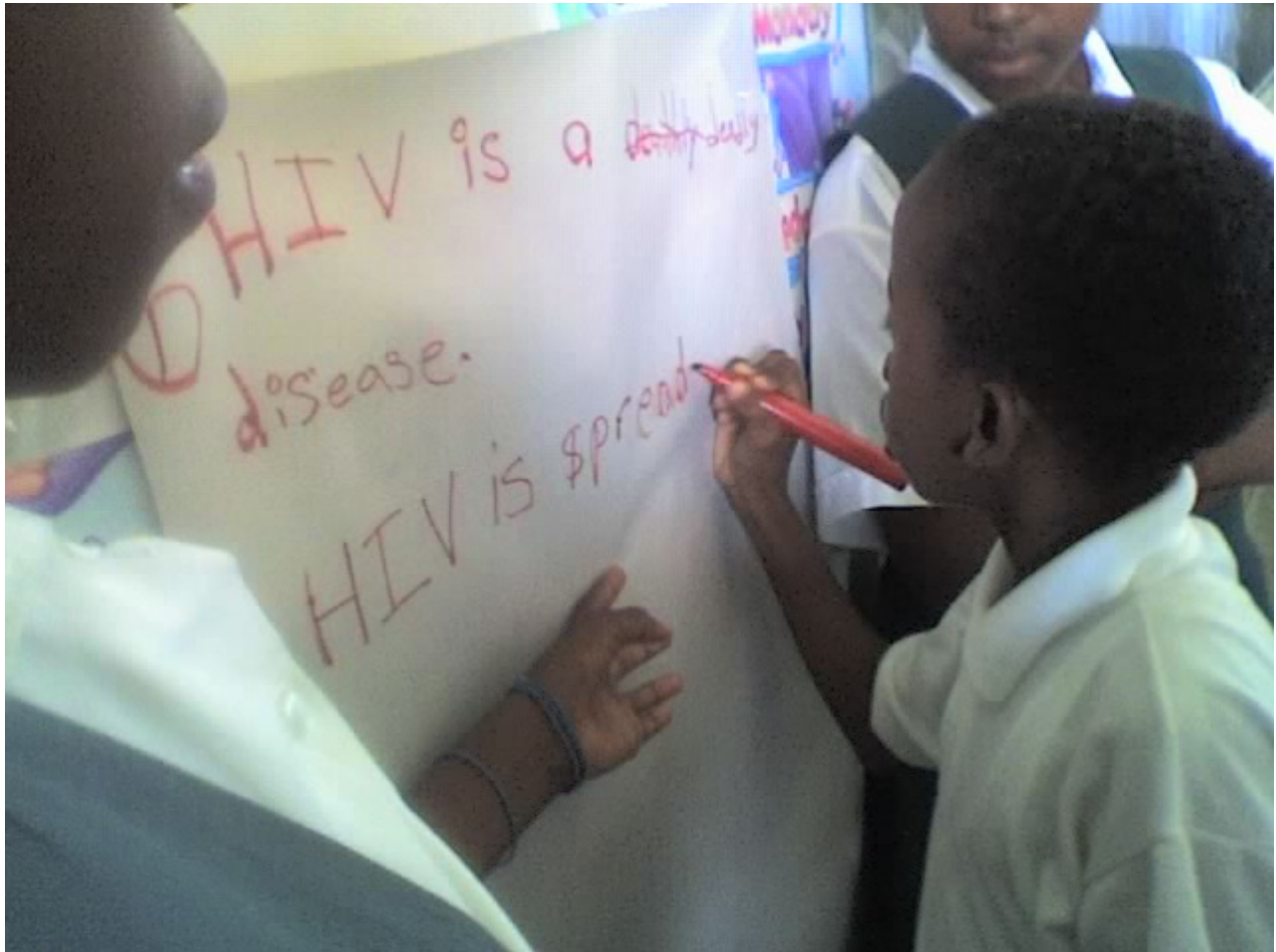
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"Society expects schools to assist in the education of children and youth in such ways as to prepare them to assume and practise responsible and positive roles in all aspects of personal, family, and community living. This is also a prerequisite for 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 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
<p>1. Safe, Healthy, Sustainable Natural Environments a) Inter-relationships of Systems b.) Environmental Challenges c.) Creating a safe and Healthy Environment d.) Sustainable Management</p>	<p>1.1 Responding to Natural and Social Systems 1.2 Clean and unclean environment 1.3 Self Cleanliness</p>	<p>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.</p>	<p>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</p>
<p>2. Responding to Environmental Health Threats a.) Safe Practices and Rules b.) Promoting Healthy living c.) Disaster preparedness and responding to Emergencies</p>	<p>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</p>	<p>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</p>	<p>2.1 Dangerous substances, situations and environment 2.2 Adhering to safety rules at all times</p>

**Managing the Environment
Middle Division**

Theme: Managing the Environment	Standard Two	Standard Three	Standard Four
<p>1. Safe, Healthy, Sustainable Natural Environments a) Inter-relationships of Systems b.) Environmental Challenges c.) Creating a safe and Healthy Environment d.) Sustainable Management</p> <p>2. Responding to Environmental Health Threats a.) Safe Practices and Rules b.) Promoting Healthy living c.) Disaster preparedness and responding to Emergencies</p> <p>3. Environmental Management Information and Activities 3.1 Institutions, Organizations, Agencies 3.2 Environmental Activities 3.3 Laws, policies, Conventions and Treaties</p>	<p>1.1 Simple relationships between elements act to establish equilibrium in systems. 1.2 Elements of systems affect each other</p> <p>2.1 Collect and use basic data for monitoring ones health. 2.2 diseases related to poor sanitation</p> <p>3.1 Environmental activities taking place in Belize</p>	<p>1.1 Cleaning the community 1.2 Sustainable development 1.3 Practice sustainable citizenship</p> <p>2.1 Reducing threats to themselves and others. 2.2 Types of Disasters and the effects 2.3 Emergency equipment used in disaster</p> <p>3.1 Environmental activities taking place in Belize</p>	<p>1.1 Output from one system is input to other parts/processes of another system 1.2 Practice cleanliness in environmental sensitive areas</p> <p>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</p> <p>3.1 Institutions, organizations and agencies involved in environmental management.</p>

Managing the Environment
Upper Division

Theme: Managing the Environment	Standard Five	Standard Six
<p>1. Safe, Healthy, Sustainable Natural Environments a) Inter-relationships of Systems b.) Environmental Challenges c.) Creating a safe and Healthy Environment d.) Sustainable Management</p> <p>2. Responding to Environmental Health Threats a.) Safe Practices and Rules b.) Promoting Healthy living c.) Disaster preparedness and responding to Emergencies</p> <p>3. Environmental Management Information and Activities 3.1 Institutions, Organizations, Agencies 3.2 Environmental Activities 3.3 Laws, policies, Conventions and Treaties</p>	<p>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</p> <p>2.1 Reduce the risk unhealthy and dangerous situations 2.2 Diseases based on environmental, and behavioral factors .</p> <p>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</p>	<p>1.1 Environmental Challenges 1.2 Impact of pollution, waste disposal, deforestation, erosion, and pesticide use.</p> <p>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</p> <p>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</p>

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

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Adapted from HFLE Draft Teacher Training Manual, June 2006

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
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Adapted from HFLE Draft Teacher Training Manual, June 2006

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	<p>Communication Skills: Students can observe and practice ways to effectively express a desire to not have sex</p> <p>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</p> <p>Skills for Managing Stress: Students can observe and practice ways to seek services for help with reproductive and sexual health issues</p>
Alcohol, Tobacco and Other Drugs	<p>Advocacy Skills: Students can observe and practice ways to generate local support for tobacco-free schools and public buildings</p> <p>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</p>
Violence Prevention or Peace Education	<p>Skills for Managing Stress: Students can observe and practice ways to identify and implement peaceful ways to resolve conflict</p> <p>Decision-Making Skills: Students can observe and practice ways to understand the roles of aggressor, victim and bystander.</p>

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
<ul style="list-style-type: none"> • Interpersonal Skills • Communication Skills • Refusal Skills • Negotiation Skills • Empathy Skills • Cooperation Skills • Advocacy Skills 	<ul style="list-style-type: none"> • Decision-making skills • Problem-solving skills • Critical-thinking skills • Creative-thinking skills 	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> State the purpose of discussion and the amount of time

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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.	<p>available</p> <ul style="list-style-type: none"> • 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.	<p>Games:</p> <ul style="list-style-type: none"> • Remind students that the activity is meant to be enjoyable and that it does not matter who wins <p>Simulations:</p> <ul style="list-style-type: none"> • 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

<p>SITUATION ANALYSIS AND CASE STUDIES</p>	<p>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.</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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
<p>DEBATE¹</p>	<p>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.</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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.

			<p>thoughts of other debaters.</p> <ul style="list-style-type: none"> • Maintain control in the classroom and keep the debate on topic.
STORY TELLING²	<p>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.</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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

Powerpoint Presentation
Press Conference Public Announcement
Puppet Show
Puzzle

Museum Exhibit

Radio Program
Rap
Research Project Riddle Role Play

Needlework
Newspaper *Story*

Storytelling Scrapbook Sculpture Skit
Slide Show
Slogan
Song
Survey

Oral Defense
Oral Presentation

Pamphlet
Paper Mache
Petition
Photo essay
Pictures
Picture Book For Children
Play
Poetry
Popup Book
Poster

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: <ol style="list-style-type: none">1. Identify three reasons people abuse drugs;2. Acknowledge the consequences of drug use on a persons 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)	<p>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.</p> <p>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.</p>
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 ad 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 FIVE LESSON PLANS

LESSON PLAN # 1

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD 1 & 2: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle. Analyze the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

CORE OUTCOME : Demonstrate knowledge of the requirements and impact of raising a child
Demonstrate knowledge of the factors that support healthy pregnancy
Demonstrate an acceptance of the seriousness of pregnancy and child rearing
Use coping, cognitive and social skills to analyze and evaluate the factors that influence reproductive health and child rearing.

Title **Parenting**
HFLE Curriculum Pgs. 20& 21 (2.5)

Class Standard V

Time 40 minutes

Purpose *To analyze the impact of having a child*

**Overview
(Include Concepts)**

In this lesson, students will discuss the responsibilities of raising a child and its impact on persons involved. Students will then apply critical thinking skills and empathy to analyze the responsibilities associated with parenting. Students will also identify some sources of support for pregnant teenagers.

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

1. Discuss the consequences of raising a child
2. Express their feelings concerning the responsibilities associated with parenting
3. Use critical thinking skills to analyze the responsibilities associated with parenting.

Resources and Materials Handout "Mary is having a baby" , teacher resource information, handout " Parenting, this is the way I see it"

Methods and Strategies Brainstorming; small group work; class discussion

PROCEDURE

Step I Introduction (5 min) Have students take turn reading the diary entry "Mary is having a baby". Ask students to reflect on what they have just read and share their thoughts on the entry. The following questions can be used to stimulate discussion: What is happening to Mary? How does Mary feel about it? What are some of the

consequences Mary will now have to face? Does this happen to many teenagers? Etc.

 **Teacher Tip:**

Be sensitive to judgmental statements that students may be inclined to make. Teacher must also be mindful not to adopt a judgmental tone. Ensure that male participation in child rearing is addressed in the lesson.

Step II
Skills Development
activity
(5 min)

Engage students in brainstorming activity to establish some actions that may lead to teenage pregnancy and some consequences associated with teenage pregnancy.

Ask students to recall the story of Mary. Have them make a list of person they feel are most affected by Mary's pregnancy. (Mary, father of the baby, Mary's parents, the parents of the baby's father)

Divide the class into four large groups. Assign one person from the brackets above to each group and ask them to discuss and share with the larger group how Mary's pregnancy affects the person/s assigned to them: How does Mary's pregnancy affect Mary? How does Mary's pregnancy affect her boyfriend? Etc. Have students compile a list of responsibilities Mary and the baby's father will now have. From the list have students identify some responsibilities that Mary and her boyfriend might be able to manage on their own and some they might need some assistance with. Have students identify who they may be able to turn to for support.

Step III
Conclusion
(25 mins.)
Assessment: Take
home assignment

Ask students to return to small groups and distribute handout "Parenting the way I see it" to each group. Have each group complete one segment of the handout and share thoughts and feelings with class.

How Much Does a Baby Cost?

Ask students to think of the financial responsibility of taking care of a child. Have students ask parents/adults to help them brainstorm for a list of expenses that are involved in a month of parenting an infant. Their answers should include diapers, formula, child care clothing etc. They should research the costs of these items for one month, making sure to find out the amount of each item. Have students prepare a cost report using their findings. How much would they need to earn to support a child for one month and still remain in school? Could they still have a social life? Could they still save for their future and their child's? etc. Have students present findings in a report format. Develop and distribute a rubric for assessment of students work before hand.

Teacher Resource Page

Lesson # 1

Teenage Pregnancy

The number of babies born to teenage mothers in Belize continues to increase. Teenage pregnancy continues to increase is an important issue. There are health risks to the baby and children born to teenage mothers are more likely to suffer health, social, and emotional problems. There is an increased risk for complications such as premature labor during teen pregnancy and socioeconomic consequences as well.

Health Risks to the Baby

Teenage births create health risks for the baby including the following:

- Teenage mothers are less likely to gain adequate weight during their pregnancy, leading to low birthweight, which is associated with infant and childhood disorders and a high rate of infant mortality. Low-birthweight babies are more likely to have organs that are not fully developed, which can result in complications such as bleeding in the brain, respiratory distress syndrome, and intestinal problems.
- Teenage mothers tend to have poor eating habits and are less likely to take recommended daily multivitamins to maintain adequate nutrition during pregnancy. They are also more likely to smoke, drink, or take drugs during pregnancy, which can cause health problems for the baby.
- Teenage mothers are less likely to seek regular prenatal care. Prenatal care is essential for monitoring the growth of the fetus; keeping the mother's weight in check; and advising the mother on nutrition and how she should take care of herself to ensure a healthy pregnancy. According to the American Medical Association, babies born to women who do not have regular prenatal care are 4 times more likely to die before the age of 1 year.

Children Born to Teenage Mothers

In addition to increased health risks, children born to teenage mothers are more likely to experience social, emotional, and other problems:

- Children born to teenage mothers are less likely to receive proper nutrition, health care, and cognitive and social stimulation. As a result, they may have an underdeveloped intellect and attain lower academic achievement.
- Children born to teenage mothers are at greater risk for abuse and neglect.
- Boys born to teenage mothers are 13% more likely to be incarcerated.
- Girls born to teenage mothers are 22% more likely to become teenage mothers.

Other Consequences of Teenage Pregnancy

- Teenage births are associated with lower annual income for the mother.
- Teenage mothers are more likely to drop out of school and only about one-third obtain a high school diploma.

- Teenage pregnancies are associated with an increased rate of delinquent behaviors in the fathers, including alcohol and substance abuse, lower educational level, and reduced earning potential.

Handout: "Mary is having a baby"

Dear Diary,

I am still in shock. I cannot believe it! I am going to have a baby. I was feeling sick for three weeks. I was weak, I could not eat and my head hurt all the time so my mother took me to the doctor. He took some tests and asked me some questions then he told my mother that I was having a baby. My mother was very angry. She could not believe it. She grabbed my arm and asked me who the father was. I started to cry. I could not believe it either.

I am only thirteen years old and I am not ready to have a baby. I am still in standard six and this year I was going to take the PSE. Now I will have to drop out of school. I will have to wait until the baby is older then I can go back to school.

My mother and father asked me where I think the money will come from to buy milk and pampers for the baby. They asked me how I expect to finish school now that I have a baby. They asked me what I plan to do and where I plan to live. My mother told me that she is very ashamed because all the neighbours will talk.

I had not thought of any of those things. I did not expect to have a baby. I had just met Jerome and he told me that nothing would happen.

Questions to reflect on:

What is happening to Mary?

How does Mary feel about it?

What are some of the consequences Mary will now have to face?

Does this happen to a lot of teenagers?

Why?

Handout # 2: ParentingThis is the way I see it

You have just heard/read Mary's experience as a teen parent. Try to imagine the feelings of each of the people involved in her situation. Describe how you think each person thinks and feels from his or her participation in the events.

Viewpoints	Thoughts	Feelings
1. Mary		
2. Mary's parents		
3. The baby's father		
4. My own		

What are some of the way's having a baby has affected Mary's Life?

LESSON PLAN # 2

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle.

CORE OUTCOME 1: Develop strategies for coping with the various changes associated with puberty.

Title "PUBERTY" : My growing and changing body

HFLE Curriculum Pg. 18 & 19 (2.1)

Class Standard V

Time 35 - 40 minutes

Purpose *To help students become aware of the physical and emotional changes that are experienced during puberty.*

**Overview
(Include Concepts)**

In this lesson, students will observe the physical differences between themselves and their classmates. They will then listen to a diary entry of a student their age who is experiencing puberty and engage in various activities to establish an understanding of puberty.

Puberty is often accompanied by emotional turmoil as children become more aware of themselves and their developing sexuality. Individuals often think that the feelings are only happening to them.

Specific Objectives

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

5. Describe the physical and emotional changes that occur among males and females during puberty.
6. Understand that pubertal changes do not occur at the same time for everyone.
7. Develop coping skills to deal with the physical and emotional changes experienced during puberty.

**Resources and
Materials**

Diary entry "They tell me I am going through Puberty"," Newsprints, tape, flashcards with pubertal changes, Dear Chris reply handout, " Ask an Adult" Handout, Puberty changes checklist, Teacher Resource Page: "Puberty fact sheet".

**Methods and
Strategies**

Brainstorming; small group work; class discussion

PROCEDURE

Step I
Introduction
(5 min)

Read diary entry "They tell me I am going through Puberty" to class. Place the word Puberty in a large circle in the middle of the chalkboard and ask students to brainstorm for the meaning of the term puberty based on the story. Use the information provided by students to construct an explanation of the concept of puberty. The definition should reflect the idea that puberty is the beginning of the period of adolescence, which is the change from childhood to adulthood. At puberty, children begin to mature and changes occur in the body.

 **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
Self-Awareness
activity
(5 min)

Ask students whether they believe that Chris is a girl or a boy. Do these changes only occur in boys? Girl? Or both? Have students spend a few minutes thinking about themselves, and the changes that they may have experienced in their own bodies in the past year. Ask them to reflect, without speaking, on some physical and emotional changes. Then, ask them to think about their best friend and any changes he or she has gone through in the past year, and to think about the differences between their own bodies and their best friend's. Ask them to think about how some students are taller or bigger. After 2 minutes, you can end this activity by saying, "*Just as people are different, they go through puberty at different times and different rates (speeds). It's important to be aware of the changes going on in your body, but also to understand that these changes are normal.*"

Place three separate newsprints on separate places around the classroom wall. Label one sheet boy, label the other girls, and the other both boys and girls. Provide each student with a card describing a different pubertal change and instruct them to place their card on the appropriate newsprint.

Discuss with students some of the changes they placed on the newsprint and why they chose to place them there. Clarify any misconceptions they may have.

Step III
Development
(25 mins.)

Place students in groups and distribute the handout puberty changes to each group. Have students discuss based on the previous exercise and complete the worksheet.

Assessment

Have students work in small groups to write a letter to Chris explaining to him that the changes he is experiencing are normal and describing some of the things he should expect.

(See Dear Chris handout)

HOMEWORK

Ask an Adult

Provide students with the Ask and adult handout and have them complete the handout for homework

TEACHER RESOURCE PAGE - Lesson # 2

THEY TELL ME I AM GOING THROUGH PUBERTY

Hi, I'm Chris and I'd like to tell you about what's happening to me. It seems that every day brings a new change. It's almost like I'm getting a new body! They tell me I'm going through puberty. One of the things that's happening is this new hair that's growing in places it's never been before. Like under my arms. I know this is normal and all, but it still takes getting used to. I don't mind some of the changes I'm seeing. In fact, some things I even like. I'm taller than I was last year. I know I'm smarter just because I'm able to think and write about what I'm going through now.

But then, there are some changes that aren't so good. Like B.O., body odour. The first time I noticed it, I thought I had some kind of disease or something. Now I realize it's not too bad if I wash or use deodorant.

A really dirty trick though, is the bumps that come out on my face. I remember I was getting ready to go to school one morning, washing my face and stuff, when I looked in the mirror and saw this bump staring back at me. I tried to squeeze it and it just made things worse.

When I went to school that day I noticed that many other kids had the same or worse luck with their bumps. I wonder how common this is.

There's one thing I get a little embarrassed about. It's even hard for me to say this. When I was at a party the other day, I was with someone I like (and I'm not mentioning any names). I got this new feeling. It was strange but kind of nice. They tell me it's normal. Is it?

They tell me I'm going through puberty. That means I have to go to school with my bumps and my B.O. But, I'm taller and smarter. I think I'll survive.

Do you think Chris is a boy or a girl, or are you unsure?

Flash Cards for Puberty Changes

Grow taller

Skin gets oily

Acne (pimples)

Voice changes

Hair grows on face

Hair gets oily

Hair grows in underarms

Hair grows on genitals (pubic hair)

Sweat glands develop

Breasts develop

Hips get bigger

Shoulders get wider

Start producing sperm

Penis grows bigger

Testicles get bigger

Body starts producing sex hormones

Wet dreams

Erections happen out of the blue (penis gets hard)

Sperm can be released from penis (Ejaculation)

start releasing eggs (Ovulation)

Periods (Menstruation)

Mood swings

Start having sexual thoughts

Start having sexual feelings

Start producing vaginal discharge

Can become interested in having a boyfriend or girlfriend

Friendship becomes more important

Sometimes feel lonely and confused

Stronger feelings of wanting to be liked and to “fit in”

Want more independence

Thinking about the future

Concerned about looks (appearance)

NAME: _____

DATE: _____

PUBERTY CHANGES CHECKLIST

Place an "X" in the correct column for each puberty change.

Puberty Change	Boy	Girl	Both
Grow taller			
Skin gets oily			
Acne (pimples)			
Voice changes			
Hair grows on face			
Hair gets oily			
Hair grows in underarms			
Hair grows on genitals (pubic hair)			
Sweat glands develop			
Breasts develop			
Hips get bigger			
Shoulders get wider			
Start producing sperm			
Penis grows bigger			
Testicles get bigger			
Body starts producing sex hormones			
Wet dreams			
Erections happen out of the blue (penis gets hard)			
Sperm can be released through penis (Ejaculation)			
Start releasing eggs (Ovulation)			
Periods (Menstruation)			
Mood swings			
Start having sexual thoughts			
Start having sexual feelings			
Start producing vaginal discharge			
Can become interested in having a boyfriend or girlfriend			
Friendship becomes more important			
Sometimes feel lonely and confused			
Stronger feelings of wanting to be liked and to "fit in"			
Want more independence			
Thinking about the future			
Concerned about looks (appearance)			

Letter to Chris

Dear Chris,

Guess what? You are about to enter puberty! Congratulations. This means that

To help you out, I am writing you a letter explaining some of the changes that will happen to people as they grow up. You should know about both boys and girls because

There are lots of **physical** changes that will happen. Some changes happen to girls, some to boys, and some changes happen for everyone. Here is a list of some changes you can expect to see happening to you and your friends:

Boys	Girls	Both

When we grow up, our **thoughts and feelings** change, too! It is normal to experience:

It seems like a lot for anyone to go through, doesn't it? Puberty means a lot of change. Sometimes it is great. Sometimes it is difficult. The best thing is that we don't need to go through puberty alone. We can get help from lots of people. Here is a list of places you can go to for help:

I hope this letter helps you out, Chris!

Sincerely,

Ask an Adult

Puberty can be a challenge. It helps to have a parent or an adult you trust to talk to about your questions or concerns. All adults have gone through the changes of “growing up.”

Having your parent or a supportive adult share his or her experience of growing up will help you during your own experience of puberty.

Step 1: Take this handout home. Share it with a parent or a trusted adult, and ask that person if you can complete it together.

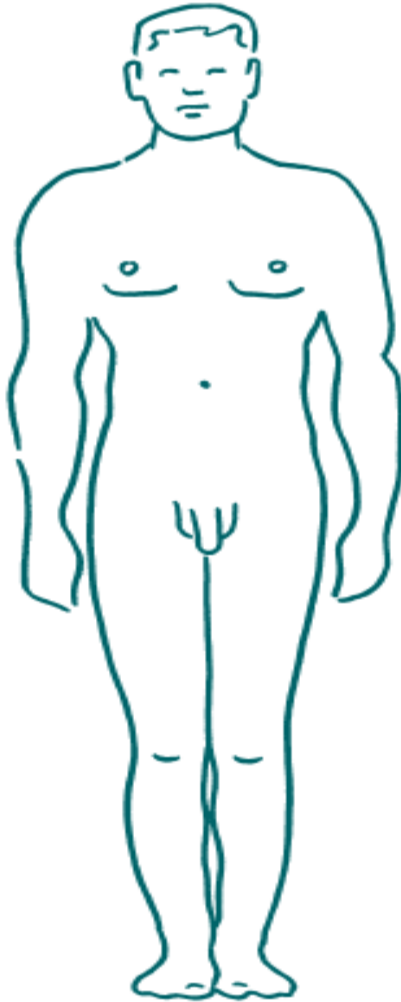
Step 2: Schedule a time with the adult for the interview. Give the adult this handout so that they can think about the answers before the interview.

Step 3: Interview the adult using the questions provided. Allow at least a half an hour.

1. What was the first sign you noticed that you had started puberty? How old were you?
2. What was the best thing about puberty?
3. What was difficult about puberty?
4. How did you handle the difficult parts of puberty?

Lost and found!

Draw a line from each word to the body part that belongs to each person below.



NECK
FEET
HANDS
VULVA
TESTICLES
LEGS
ARMS
PENIS
BREASTS
NIPPLES



LESSON PLAN # 3

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD 1:	Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life cycle
CORE OUTCOME 1:	Develop strategies for coping with the various changes associated with puberty.

Title: Coping with pubertal changes "Now what's happening to me?" HFLE curriculum pg. 18& 19 (2.2)

Class Standard V

Time 35 - 40 minutes

Purpose *To help students develop strategies for dealing with changes that can make them feel uncomfortable, embarrassed, and left out.*

**Overview
(Include Concepts)**

In this lesson, students will categorize the changes associated with puberty (physical, emotional and mental) and explore ways of coping with changes and sources of support for changes experienced during puberty.

Puberty brings with it overly sensitive feelings about one's body, a stronger sense of belonging to a group, while at the same time fearing being around others, a strong awareness of the opposite sex, and how the other person feels. Personal care and personal hygiene play an important role in mediating these feelings.

Specific Objectives

Students will be able to:

1. Describe how pubertal changes affect them physically, mentally and emotionally.
2. Appreciate the need for enhanced personal care during puberty.
3. Utilize healthy self-management skills and problem-solving skills to manage physical, mental and emotional changes associated with puberty.

Resources and Materials Worksheet: "Body, Mind Feelings" and "Pubertal Changes" Handout from Lesson 1; crossword puzzle: "Puberty"/Bridging the Gap,"

Methods and Strategies Brainstorming, Class Discussion, Crossword Puzzle

PROCEDURE

Step I Introduction (20 min)

~~Review the various changes associated with puberty discussed in lesson one and answer any questions students may have. Divide students into two large groups and provide them with the handout "Body, Mind, Feelings." Have students place the changes in the various categories on newsprint as described on the handout and then share information with the larger group.~~

Step II Problem-Solving and Healthy Self- Management Skills (15 mins.)

In the next activity, students will use problem-solving skills to help them develop healthy self-management skills. You can start the activity by saying, "Even though your parents may assist you with some of the issues, part of adolescence is becoming less dependent. As you grow up, you need learn to deal with problems on your own. We will now use problem-solving skills to address one issue that is associated with puberty." Explain what is meant by *problem-solving*.

Teacher Tip:

Here's how you can explain the steps to problem-solving to students:

Problem-Solving Steps:

- Identify a problem and state why this is a problem
- Determine the desired outcome in relation to the problem
- Identify possible ways to reach the desired outcome.
(how the problem might be solved)

1. **Ask students to first think of/brainstorm different issues associated with puberty, and write down their ideas on the board.** For example, body odour, bad backs from rapid growth, acne, mood swings, etc.
2. **Ask students to pick one issue from the list that might be viewed as a "problem." Ask them to state why this might be seen as a problem.** For example, the problem with body odour is that poor management of body odour can make a person feel uncomfortable and make it unpleasant for other persons to be physically close to us.
3. **Ask students to state the desired outcome associated with the issue or problem.** For example, "My/our wish is that we feel good about ourselves during this period of our life by carrying out hygiene practices that will help get rid of all our body odours."
4. **Ask student to problem-solve to identify alternative ways to meet the desired outcome (e.g., get rid of body odour).** For example: proper bathing, keeping under foreskin clean, in boys; change of clothing, washing under arm and arm of clothing appropriately, local remedies like baking soda, etc. (some students may not be able to afford deodorant)

Step III Conclusion

Conclude the lesson by summarizing the fact that there are certain changes associated with puberty that could be viewed as "problems." However, we can

(2 mins.)

deal with such problems, and even completely eliminate them, by having good problem-solving skills. Review the steps to problem-solving with whole class. Remind students that proper management and control of the physical and emotional changes that happen during puberty can make that period of life one of excitement, but lack of proper management can contribute to some of the difficulties experienced.

Assessment

Ask students to answer the following questions:

1. Who are the people you can ask for help during puberty?
2. What are some places or who are some persons you can get information from?
- 3.

HOMEWORK:

Ask students to pick one more issue related to puberty from those on the board. For homework, ask them to "problem-solve" this problem by writing down 1) why that issue could be a "problem," 2) a desired outcome to this problem, and 3) possible ways to reach the desired outcome.

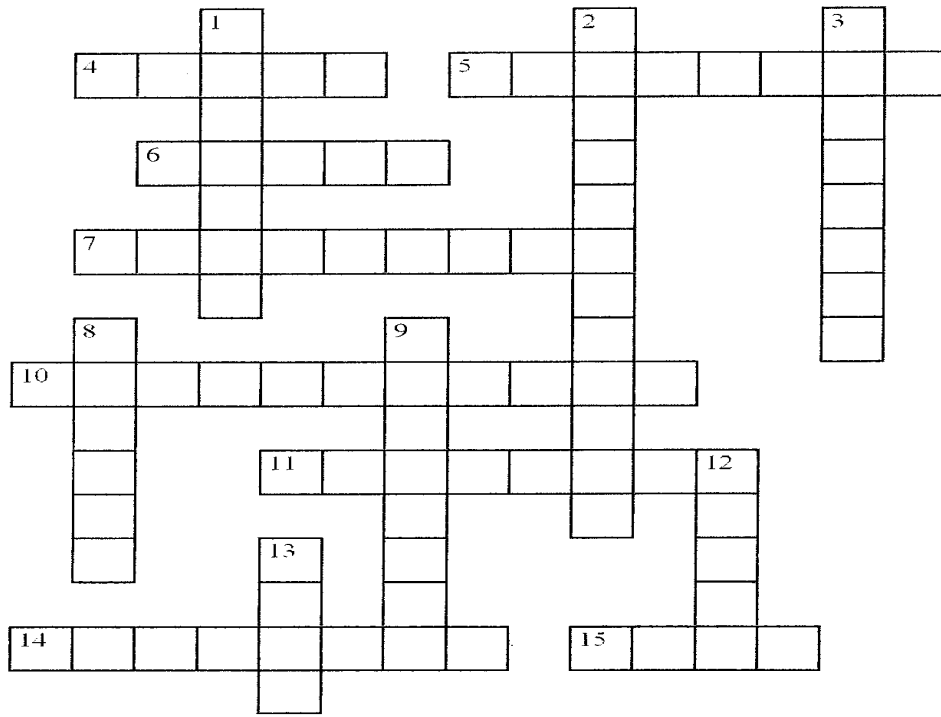
Ask students to also complete the crossword puzzle.

Body, Mind, Feelings

Form groups of five to six. Use the pubertal changes handout from lesson one to discuss some of the changes that occur during puberty. Use the handout to decide which changes can be described as changes of the mind, body or feelings then fill in the chart below. Some examples are provided to get you started.

	Body	Mind	Feelings
Boys	Penis gets bigger	Think about the future a lot	Might start to have crushes on other people
Girls	breasts starts to develop	Thinks about the future a lot	Might start to have crushes on other people

CROSSWORD PUZZLE PUBERTY/ BRIDGING THE GAP



ACROSS

- 4 strong feelings of attraction for someone
 5 stiffening of penis
 6 male reproductive organ
 7 release of sperm during sleep (nocturnal emission)
 10 period of rapid growth during puberty
 11 chemicals secreted by the body
 14 feelings such as joy, anger, sadness
 15 pimples on the skin

DOWN

- 1 period of growth and maturity between childhood and maturity
 2 male hormone
 3 smell of body sweat etc
 8 female glands which produce milk
 9 female hormones
 12 fluid containing sperm in males
 13 grows under arm and in pubic area during puberty.

Bridging the Gap (crossword puzzle solution)

PUBERTY	Period of growth and maturity between childhood and adulthood
HORMONES	Chemicals secreted by the body which increase growth
ESTROGEN	Female hormones
TESTOSTERONE	Male hormones
ACNE	Pimples on the skin
SEMEN	Fluid produce by males containing sperm
GROWTH SPURT	Period of rapid growth during puberty
CRUSH	Strong feelings of attraction towards someone
WET DREAMS	Involuntary release of semen during sleep
EMOTIONS	Feelings such as joy, anger and sadness
BODY ODOUR	Smell given off by the body
PENIS	Male reproductive organ
ERECTION	Stiffening of the penis
BREAST	Female milk producing glands
HAIR	It grows under your arms and pubic area

STRAND: Self and interpersonal relationships
lesson # 4

**REGIONAL
STANDARD :**

Respect the rich differences that exist among individuals, families, communities, 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:

Identify and discuss ways that individuals and groups contribute to the development of a peaceful and caring community.

Title

Service Learning

Age Level

Standard 5

Time

35 - 40 minutes

Purpose

To help students recognize the importance of serving others in the community

**Overview
(Include Concepts)**

In this lesson, students will come to understand the concepts of philanthropy and service learning.

Specific Objectives

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

- 1. define and use the vocabulary of philanthropy and service learning*
- 2. describe the importance of philanthropic activities to the common good.*

**Resources and
Materials**

Chalkboard, chalk, brochures/ information from NGO's, other groups or persons in Belize or abroad that are involved in service to community, worksheet

**Methods and
Strategies**

Brainstorming; individual work, class sharing

PROCEDURE

**Step I
Introduction
(5 min)**

Write the words:

PHILANTROPY , SERVICE LEARNING and COMMON GOOD on the board. Ask students to offer their own definitions. A hint to the meanings may lie in the fact that the three terms are placed together. Discuss.

**Step II
Making the
Connection
(10min)**

After the definitions have been established, ask students to think of examples of these terms that they have seen or experienced. Examples may include, NGO's, church groups, personal deeds, etc,

**Step III
Practicing
(20 mins.)**

In pairs or groups, have students look through the brochures/ information sheets. Have them fill out the table on the worksheet. Share information with the class. Students should have information on at least three or four

projects.

Conclusion
(5 mins.)

Close by reminding students of the benefits of service learning.

Assessment

Have students come up with ideas for service learning projects at school.
Projects should include:

- objective
- target group / how will they benefit
- description of the activity

TEACHER'S PAGE

Background Information:

Philanthropy - involves the donation or granting of money to various worthy charitable causes. It is seen as a way to directly effect change in society without recourse to the bureaucratic mechanisms of government. Someone who practices philanthropy is known as a philanthropist. Philanthropy is a major source of income for artistic, musical, religious, and humanitarian causes.

Oprah Winfrey is said to be a philanthropist.

Common Good - the good of a community

Service Learning - an educational method by which participants learn and develop through active participation in service that is conducted in and meets the needs of a community. Service learning is coordinated with a school or community service program and with the community. It is integrated into and influences the lifelong learning of a participant and includes structured time for the participants to reflect on the service experience.

GOALS of Service-Learning

- To enhance student learning by joining theory with experience and thought with action.
- To fill unmet needs in the community through direct service which is meaningful and necessary.
- To enable students to help others, give of themselves, and enter into caring relationships with others.
- To assist students to see the relevance of the academic subject to the real world.
- To enhance the self-esteem and self-confidence of your students.
- To develop an environment of collegial participation among students, faculty, and the community.
- To give students the opportunity to do important and necessary work.
- To increase the civic and citizenship skills of students.
- To assist agencies to better serve their clients and benefit from the infusion of enthusiastic volunteers.
- To expose students to societal inadequacies and injustices and empower students to remedy them.
- To develop a richer context for student learning.
- To provide cross-cultural experiences for students.
- To better prepare students for their careers / continuing education.
- To foster a re-affirmation of students' careers choices.
- To keep them in class and serve as a tool for retention.
- To give student greater responsibility for their learning.
- To help students know how to get things done!
- To impact local issues and local needs.
- To do something. Anything. <http://www.fiu.edu/~time4chg/Library/goals.html>

WORKSHEET

Name _____

Name of Organization, Group, person, etc	Activity (What is being done?)	Objective (what is the purpose of the activity?)	Target group (who is benefiting?)

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:	Describe ways in which people influence others and how they are influenced
Title	Circle of Influence
Age Level	Standard 5
Time	35 - 40 minutes
Purpose	<i>To help students recognize the great influence people in their lives have on them and vice versa</i>

**Overview
(Include Concepts)**

In this lesson, students will participate in activities that will help them to understand that they are influenced by the people who are around them, and the influences can be positive or negative.

Specific Objectives

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

- 3. Describe ways in which people influence them and how they in turn influence people,*
- 4. Demonstrate acceptance of responsibility for personal development.*
- 5. Use critical thinking skills to assess the influences that impact on their personal development and healthy self management skills to respond to negative influences.*

Resources and Materials

Chalkboard, chalk, and "My Circle of Influence" worksheet

Methods and Strategies

Brainstorming; individual work, class sharing

PROCEDURE

**Step I
Introduction
(5 min)**

In groups of no more than five (5) students are given a sheet of paper and asked to select and draw a basic shape. Without communicating with one other, each group member adds to the shape until a recognizable image/drawing is produced. Groups show their images drawings to the rest of the class. Engage the class in a discussion on how each member of the group influenced the development of the final product.

**Step II
Making the
Connection
(10min)**

Use the activity as an analogy to show how significant persons in our lives have great influence on our personal development and vice versa. Have students brainstorm some ways in which people can exert an influence on oilier people's behaviour. Write students' ideas on the chalkboard.

Step III
Practicing
(20 mins.)

Tell students they are going to critically assess influences that impact their lives. Handout one copy of the "Circle of Influence" worksheet to each student and ask them to fill in two or three boxes. (The rest of the boxes can be filled in for homework)

Volunteers share some of their examples. Ask probing questions:

Conclusion
(5 mins.)

1) What are some negative influences?

2) How these might impact on you emotionally?

3) What are some ways of responding or coping with negative influences?

4) How do you know what is best for you?

Assessment

Review the concept of healthy self management: coping with emotions and stress, self awareness, self. Suggest ways of responding to or coping with a negative influence.

HOMEWORK

Review with students appropriate strategies for responding to, or coping with, both kinds of influences, and emphasise that appropriate responses to both kinds of influences can build self-esteem and boost personal development.

Have students plan role plays to show how a person can be affected by a positive or negative influence. Students will present role play at next session.

Complete the worksheet.

TEACHER'S PAGE

Background Information:

Circle of Influence

Many times the prominent people in our lives are great influences on our decisions. We also have an influence on those people.

If our friends are getting good grades, there will be pressure to get good grades to remain in the group. If friends are failing, then there is also a lot of pressure to fail in order to remain an accepted part of the group. If our friends are engaged in wrong behaviour (e.g., shoplifting, or walking with weapons), there is pressure to do the same in order to identify with the group. The people who are prominent in our lives help shape our decisions, and therefore it is important who sits in our circle of influence.

Members of our circle of influence can be our family, friends, teachers, clergy/church/mosque/mandir, counselors, and other important individuals who help shape our decisions. Supporters may be anyone who influences our lives or whom we influence. Even role models and idols that we have never met but admire, influence our decisions. We may rely on these people directly or indirectly.

It is normal to have some negative influences in our lives, but how we choose to deal with those relationships is what is important. Sometimes we need to escape the influence of people in our lives who are harming us. If these people are members of our immediate family, we might have to live with that person, but we need to protect and insulate ourselves in some way. Young persons are especially vulnerable in situations where the harmful influence is in the home. They need to be taught strategies to help them cope in these circumstances. For example, they might spend time listening to music, write a note to the person explaining their feelings and then rip it up, punch their pillow, join a sporting activity at school or in the community to get rid of physical frustration, or talk to a counselor, teacher, or friend. When the bad influence is someone outside of the home, then we might need to re-evaluate the relationship.

Young persons must know that none of us get through life by ourselves. We all need other people for love and support. The people in our circle of influence depend on us just as we depend on them. **OUR ACTIONS REFLECT ON THE PEOPLE AROUND US.**

We need to go to the people in our circle of support when we need help, want to share proud moments, or ask for help in carrying our burdens.

(Adapted from "Discovering Me" by Leslie Herod. Copyright 1999. Allyn & Bacon, Needham Heights, Massachusetts, USA.)

STANDARD SIX LESSON PLANS

LESSON PLAN # 1

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD 1: Demonstrate an understanding of the concept of human sexuality as an integral part of the total person which finds expression throughout the life cycle.

CORE OUTCOME 3: Assess ways in which behaviour can be interpreted as being 'sexual.'

Title "SEXUALITY"
HFLE Curriculum Pg. 52 & 53

Class Standard V1

Time 35 minutes

Purpose *To help students understand the different concepts, both positive and negative, that are related to human sexuality.*

Overview (Include Concepts)

In this lesson, students will be given "leaves" that are part of a sexuality tree. They will then discuss five different aspects of sexuality and use critical thinking skills to determine on which branch their leaf belongs and why.

Many people interchange sex with sexuality, and so talking about sexuality often means sexual intercourse (penetrative sex). However, sexuality is more than just sexual intercourse. It is found throughout the life cycle and is expressed in many different ways.

Specific Objectives Students will be able to:

1. Understand that sexuality is about more than "sex" or sexual intercourse.
2. Use critical-thinking skills to understand how there are many different aspects to human sexuality.

Resources and Materials Handouts "Sexuality leaves", "Sexuality Tree", board, chalk.

Methods and Strategies Brainstorming, game, class discussion

PROCEDURE

Step I Introduction (5 min.) Distribute paper leaves with words relating to sexuality written on them. Ask students to read out the word written on their leaf. When all words

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

are called out, ask them to brainstorm about a general term which relates to the words. Record students' responses on the board. Students may give responses such as "gender", "sex", or "relationships." If the correct response of sexuality is given, accept it. Otherwise provide students with the correct response.

Step II Skill Development and Reinforcement
(25 min.)

Explain to students that sexuality is a fundamental part of human life and that it means more than just sexual intercourse. State that there are many different aspects of human sexuality and that in today's lesson they are going to use the analogy of a tree to think about its different aspects, both positive and negative.

Inform students that they will now use critical thinking skills to determine on which branch of the "sexuality" tree they think each leaf belongs. Explain the definition of critical thinking: "*Someone who has critical thinking skills is able to look at the information in front of them, and think carefully about or analyze what that information means and why.*"

Draw or stick up an illustration of a tree trunk and some empty branches. Tell students that the trunk of the tree represents sexuality. You might say, "*Just like the tree trunk branches out, so too we do we have different aspects of sexuality. Some of these aspects are positive; others are not.*"

Label five branches on the tree with five elements of sexuality. Explain each of the five dimensions of sexuality to students {See Teacher Resource Page for possible definitions you can use}:

- Human Development
- Relationships and Emotions
- Sexual Behavior
- Sexual Health
- Sexual Violence



Teacher Tip:

Even though this exercise is a general one to discuss different issues of sexuality, **students may feel uncomfortable** when talking about issues such as sexual violence or sexual behaviour. Don't feel the need to push a student to participate if they seem uncomfortable about the topic.

When talking about **sexual violence**, it may be a good idea to mention the importance of help-seeking among those who experience any form of sexual violence - that is, seeking the help of a trust adult like a parent, teacher or clergyman. Mention that in the next few lessons, you will discuss help-seeking even more.

- Ask students to look again at the leaf that they received at the start of the lesson.
- Ask them to use critical-thinking skills to decide what the word on the leaf means and how it is related to human sexuality. Then ask them to decide which branch is most related to their word.
- Ask each student to place their leaf on the branch they chose. Ask them to say why they think their leaf goes on that branch.
- After each student has put their leaf on a branch, ask the other students if they would put it on a different branch and why.



Teacher Tip:

Remind students that there is no "wrong" or "right" answer to this activity. One student might think the word "Love" belongs with the "Relationships and Emotions," branch while another may feel that it belongs on the "Sexual Health" branch. Both of these thoughts can be correct. The point of this activity is to allow students to use critical-thinking skills to think about how human sexuality means many different things, and that sexuality is not just about sexual intercourse.

Step III Conclusion (5 min)

Stick up the completed sexuality tree on the board and have students compare the placement of the leaves. Let students know that there may be overlapping of the leaves on the tree. Have a brief discussion of any discrepancies. Review the key messages about sexuality that are on the Teacher Resource Page.

Assessment

See homework.

HOMEWORK:

Ask students to think of one other leaf for any 3 of the branches and to write down in 2-3 sentences why they think that leaf belongs to that branch.

Teacher Resource Page
Lesson # 1

LEAVES FOR SEXUALITY TREE (CAN BE CUT OUT AND USED OR REPRODUCED)

Puberty

Body Image

Hygiene

Gender

Love

Attraction

Friendship

Sexual Intercourse

Kissing

Flirting

HIV/AIDS

Pregnancy

Rape

Sexual Harassment

Teacher Resource Page

Lesson # 1

DEFINITIONS OF SEX AND SEXUALITY

Sex

Sex refers to whether a person is male or female, whether a person has a penis or vagina. Sex is also commonly used as an abbreviation to refer to sexual intercourse.

Sexuality

Sexuality refers to the total expression of who you are as a human being, your femaleness or your maleness. Everyone is a sexual being. Your sexuality is an interplay between body image, gender, identity, gender roles, sexual orientation, relationships, etc. It includes attitudes, values, knowledge and behaviors. Families, culture, society, values and beliefs influence how people express their sexuality.

Key Messages:

1. There are many different ways to define the term "sexuality."
2. Sexuality is an integral part of being human. It begins before birth and lasts until the end of life.
3. Sexuality is essential to the continued existence of humanity.
4. Sexuality is not just about the process of reproduction. Sexual behavior is only one part of sexuality.
5. Males and Females experience differences in biological, social, cultural, and psychological aspects of human sexuality.
6. The term "human sexuality" has many different dimensions. Here are 5 aspects of sexuality and examples of terms that could fall under each:
 - **Human Development:** How we grow as human beings, both physically, emotionally and cognitively. (puberty, body image, gender)
 - **Relationships and Emotions:** The relationships we have with others that help us express our sexuality and the feelings we have for ourselves and for others (love, attraction, friendship)
 - **Sexual Behavior:** Any behavior that is related to human sexuality (kissing, flirting, sexual intercourse)
 - **Sexual Health:** Ways in which our sexuality affects our health and well-being, both physically and emotionally (HIV, pregnancy, hygiene)
 - **Sexual Violence:** Acts of aggression or force towards someone that uses sex or sexuality as a means to cause injury or fear (rape, sexual harassment)

TREE LABELS
FIVE DIMENSIONS OF SEXUALITY

Sexual Violence
Sexual Health
Sexual Behavior
Relationships and Emotions
Human Development

LESSON PLAN # 2

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD 3:	Build capacity to recognize the basic criteria and conditions for optimal health
CORE OUTCOME 2:	Critically analyze the risks that impact on reproductive health.

Title **"RISKY BEHAVIORS"**
HFLE Curriculum pg. 52 & 53

Age Level Std VI

Time 35 minutes

Purpose *To make students aware of the negative consequences that can result from poor decision-making and actions, including alcohol and drug use and unprotected sex.*

Overview (Include Concepts)	In this lesson, students will be asked to name one decision they made today. Then, they will divide into small groups and read a scenario about people who made poor decisions for their health and well-being. They will discuss what different decisions these people could have made, and what new decisions they could make now.
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Factors such as alcoholism, drug addiction, and low self esteem, affect decisions which lead to unwanted sexual activity. Being aware of this allows children a better opportunity to avoid engaging in behaviours that could risk their health and the health of others.

Specific Objectives Students will be able to:

1. Develop and understanding of the use and abuse of illegal substances and alcohol as risky behaviors that impact on sexual health.
2. Use decision-making skills to think about how one's behaviour and reactions in certain situations have consequences.

Resources and Materials Scenarios depicting various risky behaviors that impact on sexual health (3 scenarios)

Methods and Strategies Brainstorming; class discussion, small group work.

PROCEDURE

Step I Introduction (5 min)

Place the term " decision" on chalk board and ask students to brainstorm for a meaning for the term " decision"

Say to students " *We all have to make decisions every day - whether we think carefully about them or not. Can someone give me an example of one decision you had to make today?*" (Decisions can be about what clothes to wear, what to eat, etc.") After taking a few answers, you can say " *That's great! Now, we're going to use decision-making skills to think about how decisions people make affect what happens to them afterwards.*"



Teacher Tip:

The above activity is a **brainstorming** activity, so it is important to gather many answers in a short amount of time. Sometimes you may need to start a brainstorming activity by providing the first answer yourself. Although a number of students may want to provide answers to your question, **this exercise should last only a few 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.

Tell students that there are many reasons why people might make poor decisions for their health. Sometimes they might feel pressured by someone else. Or, they might think that they won't be as well-liked if they don't behave a certain way. Other times, they are using alcohol or drugs, and this hurts their ability to make a good decision.

Step II Skill Development and Reinforcement (25 mins.)

First, tell students that they will be using decision-making skills in this lesson. Review what steps are involved in decision-making:

Decision-making Steps

- Think about and clarify the decision that has to be made.
- Consider the possible choices (the different things you might do).
- Examining the future consequences of each of the different choices (what will happen as a result of your choice) and how they will affect you and other people around you.
- Make a decision that will have the most positive, healthy results for you and others.

After reviewing these steps, break students out into small groups. Hand out one of the scenarios (below) to each group. Tell them they will be using decision-making skills to answer four questions. Ask students to spend 10 minutes reading and discussing the scenarios, by answering the following questions on a piece of paper.

- What are some of the poor decisions that the characters in your scenario made and why (what did it or could it lead to)?
- What would have been the correct decisions?
- What could they do now to correct their poor decisions?

- Is there any person or place that they can go for help to make things better?

After 10 minutes, ask one student from each group to read aloud their scenario to the whole class. Then ask the students to share their answers to the four questions they just discussed in small groups.

Step III
Conclusion
(5 min)

Summarize the sexual health risks (unplanned pregnancy, HIV, STDs, death) associated with the risky behaviors represented in the scenarios. You might end the lesson by saying, "*You did a great job thinking about why it's important to have good decision-making skills. We talked about why people make poor decisions about their health and how they can use decision-making skills to make positive ones instead. You also made a lot of useful suggestions about where people can go for help if they find themselves in a poor or dangerous situation.*"

Assessment

Collect answers on the questions discussed.

HOMEWORK:

Ask students to use decision-making skills as they write about two decisions they or someone else they knew made recently. One decision should have a negative consequence (for example, "I decided to jump off fence that was too high and I hurt myself") and one decision should have a positive consequence (for example, "I decide to make a present for my grandmother and it made her very happy.").

For the negative decision, ask them to write down what the other possible choices were, and how the outcome would be different if another choice was selected (for example, "I could have climbed down the fence slowly instead of jumping, and I would not have hurt myself.")

Teacher Resource Page

Lesson # 2

Scenarios

1. Betty and Ron

Betty is in Standard V1. She is at a friend's birthday party. There are lots of eats and drinks. Even though Betty has never drunk beer before, she drinks some beer at the party. She hopes it will impress Ron, a boy in First form, who she likes. She starts feeling drunk after just a little beer. Ron is also drunk, and he asks Betty to go to another room with him. Betty agrees. They start kissing, and Ron says he wants to have sex with her. Betty feels too drunk to think about what she is doing, so she doesn't say no to Ron.

2. Ted and Shena

Ted and Shena are both in Standard V1. They like each other a lot and feel that they are in love. Ted tells Sheena that he wants to have sex with her. He says if she loves him, she would have sex with him. Sheena doesn't feel ready to have sex yet, but agrees to have sex with Ted. She is afraid that Ted will like someone else if she refuses.

3. David and Tina

David is in Standard V1. He has an older cousin, Tina, who is in High School. David knows that Tina smokes marijuana. She told him that she sold some of her belongings so she could have money to buy marijuana. David heard that some girls who are Tina's age have sex with older men in the community for money. He is worried that Tina might do the same thing. He thinks of telling Tina's parents about her drug use, but he doesn't want Tina to be mad at him for telling them.

LESSON PLAN # 3

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD 4:	Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STI's.
CORE OUTCOME 2:	Set personal goals to minimize the risk of contracting HIV/AIDS, Cervical cancer, and STI's.

Title: "MINIMIZING THE RISKS OF HIV/AIDS"
HFLE Curriculum Pgs. 56 & 57

Class Std. V1

Time 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) Students will brainstorm what they think about when they hear the word "HIV." They will then each get a strip of paper with one type of action on it. They will mingle with other students for a few minutes. Afterwards, the class will discuss whether or not they could have gotten HIV from each other through the action on the students' strips of paper.

The HIV/AIDS pandemic is affecting people at younger and younger ages, and it is important to ensure that information is passed to youth. Having the basic knowledge of HIV/AIDS is important in making decisions about their risk factors.

Specific Objectives Students will be able to:

1. Describe modes of transmission of HIV.
2. Distinguish between (agents) ways in which HIV can or cannot be transmitted.
3. Utilize critical-thinking skills to analyze the ways in which HIV/AIDS is spread.

Resources and Materials Prior to the class, make strips of card with different ways that the HIV can be spread and cannot be spread: kissing, sexual intercourse, sharing needles, hugging, sitting on a toilet seat, caring for someone who has AIDS, etc.

Methods and Strategies

Brainstorm; game; class discussion

PROCEDURE

**Step I
Introduction
(10 min)**

Teacher introduces lesson by asking students to brainstorm ideas that come to mind when they hear HIV/AIDS and records students' responses. (Students may come up with concepts such as fear, homosexual, condoms, incurable, faithful, death, sex, discrimination, abstinence, fear, monogamous, contagious, etc. (see Teacher Notes). Review the ways that HIV is spread (See Teacher Resource Page) and the fact that there is no cure for HIV/AIDS.



Teacher Tip:

The above activity is a **brainstorming** activity, so it is important to gather many answers in a short amount of time. Sometimes you may need to start a brainstorming activity by providing the first answer yourself. Although a number of students may want to provide answers to your question, **this exercise should last only a few 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: Skill Development and Reinforcement
(20 min)**

- Distribute the strips of cards with words on them to approximately 6-8 different students. Give the other students blank cards, with nothing on them. Ask students to read their cards and then hide them, so that no one else knows which card they have.
- Ask students to mingle with as many other students as they desire. After 5 minutes, tell students to stop mingling and to sit back in their seats. Ask students how many other students they mingled with (e.g., 1 or 5). Then, say, "*Let's assume that every person you mingled with was a sexual partner. What could that mean to your chances of getting the HIV virus?*" Talk about how a person's chance of getting HIV increases every time he or she has another sexual partner.
- Now say, "*We will now use critical-thinking skills to think about how different acts may or may not spread HIV.*" Review the steps to critical thinking skills below:

Critical Thinking Skills:

- Consider the "action" that is on the card and think about what it means.
- Think about the different ways that you know HIV can spread from one person to another

Think about the "action" on the card and if it includes one of the modes of

transmission that HIV can be spread.

- Ask one student with a word strip to read what is on the strip. Then ask all students who mingled with that student to raise their hand. Ask the class if HIV can be spread in the manner mentioned on the strip. Ask students to think about why they think that HIV can or cannot be spread in this way. Go on to the other students with word strips and repeat the exercise.

**Step III:
Conclusion**
(10 min)

- Review the ways HIV can and cannot be spread (See Teacher Resource Page)
- Help students recognize how easily the virus is spread (the multiplier effect). Also, talk about how HIV does not have a face, and how anybody can get HIV.



Teacher Tip:

Students may have a lot of different questions about HIV and AIDS. The Resource Page for this lesson may provide you with many answers, so it would be helpful to read the Resource Page before this lesson. It's okay if you do not know an answer right away. You can say, "That's a great question. I will need to get more information to get the answer" or "Let's try to find the answer together."

Assessment

See homework.

HOMEWORK:

Ask students to write 1-2 paragraphs reflecting on what they learned today about HIV transmission.

Teacher Resource Page

Lesson # 3

HIV Transmission

HIV doesn't discriminate. Anyone can become infected with HIV, the virus that causes AIDS. **It is not who you are but what you do** that puts you at risk for getting HIV.

AIDS stands for Acquired Immune Deficiency Syndrome. It's caused by a virus called HIV, the Human Immunodeficiency Virus, which weakens the body's immune system (your defense against infections) so that it loses the ability to fight off infection and illnesses. Some medicines can lengthen the lives of people with AIDS, but there is **no** cure. The best way to combat the virus is to keep yourself from getting it.

How can you get HIV?

You can get HIV through direct contact with blood, semen, vaginal fluids, and breast milk. You can get the virus by:

- Exchanging blood, semen, and vaginal secretions through vaginal, oral, or anal intercourse with someone who has HIV. During vaginal intercourse, the risk of becoming infected is higher for women than men, because HIV is more easily transmitted from man to woman.
- Sharing needles or syringes used for injecting drugs, medicine, tattooing, or ear piercing with someone who has HIV.
- Being born to a mother who has the virus. (HIV can be passed to a fetus through the umbilical cord while it is still inside the mother, through contact with vaginal fluids and blood during birth or through breast milk.)

You can't get it from:

- Touching, talking to, or sharing a home with a person who is HIV infected or has AIDS.
- Sharing utensils, such as forks and spoons, used by someone with HIV infection or AIDS.
- Using swimming pools, hot tubs, drinking fountains, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV infection or AIDS.
- Having someone with HIV or AIDS hug, kiss, spit, sneeze, cough, breathe, sweat, or cry on you.
- Being bitten by mosquitoes.
- Donating blood in countries like the U.S. where a new needle is used for every donor. You do not come into contact with anyone else's blood. In the U.S., donated blood is always screened for HIV so the risk of infection from a blood transfusion is very, very low.

Maybe you have heard the term **HIV-positive**. It means that an antibody test has shown that someone has been infected with HIV. It does not necessarily mean that a person has AIDS right now.

now.

People with HIV may not know or show that they carry the virus for up to 15 years and possibly longer. They may look, act, and feel healthy, but can still infect others with HIV through unsafe sex and sharing needles.

You can protect yourself from HIV infection by not having sex or using drugs. You can lower your risk of exposure to HIV by making smart decisions. If you choose to have sexual intercourse, you can protect yourself by using latex condoms. Of course, condoms are also a safe, effective, and inexpensive form of birth control, so you can protect yourself from unwanted pregnancy at the same time. They also protect you from sexually transmitted infections (STIs).

100% Risk Free

Of course, the surest way to avoid the virus is to choose not to have sexual intercourse—vaginal, oral, or anal—and not to do drugs. Using any drugs at all, including alcohol, is risky. Drugs cloud your judgment and may lead you to make unsafe choices.

There are lots of physical ways to share love and sexual feelings with your partner that are safe, such as:

- Hugging.
- Holding hands.
- Touching.

What About Kissing?

There are no reported cases of people getting HIV from deep kissing. It might be risky, however, to kiss someone if there is a chance for blood contact—if the HIV infected person has an open cut or sore in the mouth or on the gums. It would be even more risky if both people had bleeding cuts or sores. So, use common sense—wait until any sores or cuts have healed before kissing.

Source: Advocates for Youth website (retrieved 2006):
<http://www.advocatesforyouth.org/youth/health/hiv/transmission.htm>

WORDS and their Relevance to HIV/STD Prevention Education

Abstinence	See Sexual abstinence.
AIDS	Acquired immunodeficiency syndrome; a collection of illnesses which signal that one's immune system has been damaged or suppressed by HIV infection.
Anonymous testing	Testing in which no name is asked or given so that no one knows the identity of the person being tested.
Antibody	A specialized protein produced by lymphocytes in response to bacteria, viruses, or other antigenic substances.
Anus	The anus can be easily bruised or injured during anal intercourse, thus providing an easy route for HIV transmission if the intercourse is unprotected.
Asymptomatic	Showing no outward sign of infection, not feeling sick.
AZT	Zidovudine, a medicine which helps the body strengthen the immune system and can improve the health of a person infected with HIV and/or living with AIDS.
Baby	An HIV infected pregnant woman can transmit HIV to her fetus before its birth and to her infant(s) during birth or in breastfeeding. Not all babies born to HIV-positive mothers will be HIV infected. When the mothers take medication, such as AZT, the virus is passed on to the baby only about 10 percent of the time.
Bisexual	Physical and romantic attraction to people of each gender.
Blood	Blood can transmit HIV. The Food and Drug Administration, a government organization, works with blood banks to ensure that the blood used in hospitals and other medical situations is safe.
CD4	One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell; CD4 molecules are present on CD4 cells (helper t-lymphocytes), which play an important role in fighting infections (foreign bodies).
Clitoris	The part of the female genitalia that provides pleasure and that can be stimulated without having sexual intercourse.
Communication	Good communication is necessary in order to negotiate sexual abstinence or condom use between romantic/sexual partners.

Condom	Latex condoms, used consistently and correctly, can prevent the transmission of HIV.
Confidential testing	Testing in which people must give a name, but the information is kept secret (confidential).
Death	AIDS is fatal.
Drunk	Judgment and coordination decrease when one is drunk. A drunken person may have difficulty making healthy decisions about sexual behaviors and may have difficulty in correctly using a condom.
ELISA test	Enzyme-linked immunosorbent assay—a commonly used test used to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another, different test—a western blot.
Epidemic	The spread of an infectious disease to many people in a population or geographic area.
Erection	When the penis fills with blood and becomes <i>hard</i> , this is called an erection. It is time to put on a latex condom if having sexual intercourse.
Fear	People often fear people with AIDS because they don't understand how HIV is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behavior; at other times it does not.
Friend	People with AIDS need friends.
HAART	Highly active anti-retroviral therapy—aggressive anti-HIV treatment, usually including a combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.
Helper t-lymphocytes	These cells play an important role in fighting infections by attacking and killing foreign bodies (such as bacteria and viruses) in the blood stream. See also CD4 for method by which HIV invades these cells.
Heterosexual	Physical and romantic attraction to people of the opposite gender.
HIV	Human immunodeficiency virus—the virus shown to cause AIDS.
HIV infection	Infection with the human immunodeficiency virus which may or may not make the infected person feel or be sick.

HIV negative	HIV negative (HIV-) means that a person's blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing antibodies to HIV is HIV-positive (HIV+).
HIV positive	HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies—white blood cells that are created by an individual's immune system because of the presence of HIV. Those not showing HIV antibodies are HIV negative (HIV-).
Homosexual	Physical and romantic attraction to people of the same gender.
Immune system	A system in the body that fights and kills bacteria, viruses, and foreign cells and which is weakened by HIV.
Infectious disease	A disease that is caused by infection; HIV is caused by infection with a virus, the human immunodeficiency virus.
Injection drug use	Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a needle and syringe; using needles that have previously been used by other people can transmit HIV.
Kaposi's sarcoma	A type of cancer once commonly found only in older men and now frequently seen in people infected with HIV.
Loneliness	Lonely people sometimes engage in sexual risk-taking behavior.
Lubrication	For greater comfort during sexual intercourse, latex condoms should be used with a water-soluble lubricant, such as KY jelly. Oil-based lubricants, such as Vaseline or hand cream, should <i>not</i> be used with latex condoms because oil destroys latex.
Marriage	Waiting until marriage to have sexual intercourse is a value held by some people and some religions.
Masturbation	Masturbation—gentle rubbing of the genitals by oneself or with another individual (mutual masturbation)—is one way to release sexual tension without having sexual intercourse.
Nonoxynol-9	Nonoxynol-9 (N-9) is a spermicide, an agent that kills sperm. The CDC reports that in important research with commercial sex workers, N-9 did not prevent HIV transmission and may have caused more transmission of HIV. Women who used N-9 frequently had more vaginal lesions, which might have facilitated the transmission of HIV. <i>N-9 should not be recommended as an effective means of HIV prevention.</i>

Opportunistic conditions	Infections or cancers that normally occur only in someone who has a weakened immune system due to AIDS, cancer, chemotherapy, or immunosuppressive drugs. Kaposi's sarcoma and pneumocystis carini pneumonia are examples of an opportunistic cancer and an opportunistic infection, respectively.
Pneumocystis carini	A type of pneumonia caused by a bacterium that is present in all lungs but which can make a person very sick when she or he has a weakened immune system.
Penis	The part of the male genitalia that provides pleasure; it can be stimulated without having sexual intercourse. Males should use a latex condom over the erect penis during oral, vaginal, and/or anal intercourse.
Pill	Oral contraception ("the pill") is an effective form of birth control, but it provides no protection against HIV. Latex condoms must be used during sexual intercourse to prevent HIV/STD infection.
PLWA (PLWH)	Person living with AIDS, or person living with HIV.
Protease	An enzyme that triggers the breakdown of proteins; HIV's protease allows the virus to multiply within the body.
Protease inhibitor	A drug that binds to HIV protease and blocks it from working, preventing the production of new, functional viral particles.
Relationships	In healthy romantic relationships, both partners can communicate clearly about their needs, including their sexual desires and limits.
Respect	Having respect for one's romantic partner means listening, communicating, and trusting each other, all of which are necessary to negotiate abstinence or condom use. Having respect for oneself means saying clearly what one wants and needs.
Retrovirus	The type of virus that stores its genetic information in a single-stranded RNA molecule, instead of in double-stranded DNA; HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus' genetic material becomes part of the cell.
Reverse transcriptase	A viral enzyme that constructs DNA from an RNA template—an essential step in the life cycle of a retrovirus such as HIV.
Safer sex	A commonly used term describing sexual practices which minimize the exchange of blood, semen, and vaginal fluids.

Semen	Semen is the fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV infected. Semen can transmit HIV.
Seroconversion	Development of detectable antibodies to HIV in the blood as a result of infection with HIV; it normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.
Sexual abstinence	Abstinence from sexual intercourse—at this time and/or in this relationship—is the best way to protect oneself from the sexual transmission of HIV.
Status	Whether one is or is not infected with HIV or other STDs; awareness of whether one is infected with HIV and/or other STDs.
STD	Sexually transmitted disease.
STI	Sexually transmitted infection, another commonly used acronym for STD.
Trust	Trusting that sexual partners will tell the truth about past behaviors and/or HIV/STD status may not always be safe. Trusting that sexual partners always know the truth about HIV/STD status is also not always safe.
Undetectable	Status of some PLWHs whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (like Magic Johnson, for example).
Vagina	The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.
Victim	The word victim (as in "AIDS victim" or "innocent victim") is a word that many people with HIV/AIDS find demeaning. More acceptable terms are PLWH for Person Living with HIV and PLWA for Person Living with AIDS .
Viral load	The amount of HIV per unit of blood plasma; used as a predictor of disease progression; see also <u>retrovirus</u> .
Western blot	A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All

positive HIV antibody tests should be confirmed with a western blot test.

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LESSON PLAN # 4 AND # 5

THEME: SEXUALITY AND SEXUAL HEALTH

CONTENT STANDARD 4:	Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.
CORE OUTCOME 2:	Set personal goals to minimize the risk of contracting HIV/AIDS, cervical cancer, and STIs.

Title	"CHOOSING ABSTINENCE!" HFLE Curriculum pgs. 52 & 53
Class	Std. V1
Time	Two 40 minute lessons
Purpose	To promote abstinence until the time is right and safe to engage in sexual intercourse

**Overview
(Include Concepts)**

For Lesson #4, students will read a story about the "Silver Ring Organization" and discuss it as a class. They will then brainstorm the benefits of choosing to be abstinent from sex and strategies that can help someone stay abstinent. At the end of lesson #4 they will come up with possible pressure "myths" and "lines" that people might say to someone to try to get them to have sex.

For Lesson #5, students will come up with possible responses to each of the pressure lines on a worksheet, and will role-play acting out these responses.

Abstinence is the most reliable way of not contracting HIV and other STI's and a guaranteed protection from pregnancy for children who are not ready for this aspect of life. However, it is not easy to resist pressures to become sexually involved.

Specific Objectives

Students will be able to:

1. Discuss the meaning of abstinence and the benefits.
2. Determine strategies to stay abstinent.
3. Demonstrate communication skills and refusal skills to support abstinence.

Resources and Materials

Copies of "The Silver Ring," examples of myths and pressure lines, Worksheet: "Lines - What Could I Say Back."

Methods and Strategies Story-telling, brainstorming, small group work, role-playing (skill rehearsal)

PROCEDURE

Step I
Introduction and
The Silver Ring
(15 mins.)

Ask for one student volunteer to read "The Silver Ring" story (see Teacher Resource Page). After it has been read, ask other students to identify the main message of the Silver Ring organization (students are to identify abstinence as the main theme of the organization.)

Ask students to brainstorm the benefits of abstinence (not engaging in sexual intercourse). Add any information, if needed; possible benefits include:

- Is a safe way of not contracting HIV and other STI's;
- Guarantees protection from pregnancy;
- Helps to avoid problems with parents over sexual involvement;
- Helps one to uphold personal religious beliefs;
- Helps one not getting involved until it is the right time;
- Makes one feel good about saving one's body for someone who really cares;
- Helps one avoid getting hurt by people who are not genuine, etc.



Teacher Tip:

The above activity is a **brainstorming** activity, so it is important to gather many answers in a short amount of time. Sometimes you may need to start a brainstorming activity by providing the first answer yourself. Although a number of students may want to provide answers to your question, **this exercise should last about 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.

This activity should end with students knowing that one can choose to abstain at any age even if one has already engaged in sexual intercourse.

Step II Skill
Development and
Reinforcement

Introduce the next activity by pointing out that young people sometimes expose themselves to situations that result in feeling pressure to get involved in sexual activity. State that commitment to abstinence requires behaving in ways that support one's stance for abstinence.

Brainstorming
10 mins.

Ask students to brainstorm behaviors that can help them stay abstinent. Again, you can provide one example to get them started.

Students may come up with ideas such as:

- doing things in groups rather than in pairs,
- avoiding drinking alcohol and using drugs,
- avoiding heavy petting,
- upholding teachings of personal faiths,
- formulating a set of personal goals and a plan for achieving such goals

**Myths or Lines
(10 mins.)**

At the end of this activity, you can say, "Those are some great ideas! Now, we're going to think of things someone might say to try to get someone else to engage in sexual activity. People often use flattery or false information about sex to pressure someone else to have sex. Can you think of what someone might say to try to get another person to engage in sexual activity?"

As students provide different myths or 'lines' that they might hear, write them on the board. [See Teacher Resource page for possible examples] After 5 minutes of collecting ideas, ask students to think about how they might respond to 2-3 of these lines to let the person know that they will not have sex or refuse their advances. **[If there is no time, responses can be generated during Lesson #5]**

At the end of this activity you can say, "You did a great job! In our next lesson, we are going to practice how we can respond to these kinds of lines and use refusal skills."

[END OF LESSON # 4]

[START OF LESSON # 5]

**Worksheet: Lines What
I Could Say Back
25 mins.**

"In the last lesson, you thought of some great myths and lines that people might use to try to get someone to have sex with them. Then, you also thought of some great response. Now, we're going to practice how to say some of these responses in an effective way."

Hand out the worksheet "Lines - What Could I Say Back." Ask one student to come to the front of the class to read aloud the first line ("I just want to show how much I love you") on the worksheet to you (the teacher).

Ask students what you might be able to say back (for example, "You can show me you love me by respecting me and my decision not to have sex.") Then role-play a possible response.



Teacher Tip:

When role-playing the response, show students how they can use communication skills and refusal skills, including body language, to say "No." Compare how to assertively say NO vs. aggressively say NO. Determine when it is suitable to be assertive vs. aggressive. (**See Teacher Resource Sheet for ideas**).

Ask students to break up into pairs and to create similar skits among themselves and to practice communication skills and refusal skills using statements from the worksheet. Skits can be centered around just one line or use multiple lines; leave it up to the students.

If time allows, ask 1-2 pairs to present their skits to the rest of the class.

Step III Conclusion **10 mins.**

Remind students that body language and non-verbal cues are important in communicating a point and refusing to do something. 'Pressure Lines' are often used by people you know, like peers, boyfriends, and girlfriends. Those who are intent on sexual crimes don't take 'NO' as an answer, and this often means doing more than trying to use words (e.g., running away; calling for help.).

Review the value of communication skills and refusal skills for staying abstinent and how it's important to learn how to resist pressures to have sex until one is ready.

Assessment

See homework

HOMEWORK:

Ask students to come up with 1-2 more lines that someone might say to pressure someone to have sex with them, and 1-2 more responses that the other person could say back.

Using the lines and responses that students bring in for their homework, create a class poster that is entitled "Lines: What I Could Say Back" that includes the lines and responses that students created. (See Sample Poster on the Teacher Resource Page.)

Teacher Resource Page Lessons #4 and #5

Step I

The Silver Ring (A True Story)

A group of young people in one part of the United States have formed the Silver Ring Organization. Members of this organization have committed themselves to wearing a silver ring as their commitment to abstaining from sexual intercourse and to wait until they feel ready to engage in such activity. This organization is growing by leaps and bounds among the younger generation. Day by day, boys and girls and young men and women make the conscious decision to protect themselves from the risks associated with sexual intercourse and to save their virginity until marriage. This movement has also attracted young people who felt misguided into engaging in early sexual activity. This second group of young people has started a second virginity by stopping all engagement in sexual activity.

Step II: Myths or Lines

MYTHS

(You can add additional myths from your culture)

You can't get pregnant

- the first time you have sex,
- by doing it standing up

You can't get HIV infected if you have oral sex.

PRESSURE LINES

Pressure Lines - are used by peers, boyfriends, girlfriends, seducers - usually people known as friends.

"If you loved me you would allow me."

"The blood will go up in your head and will get you crazy."

"I could get any number of girls/boys but I chose you."

"You just don't know what you are missing.

You might die and never get to know how good sex can be," etc.)

"Would you like a ride home?" ("high risk")

"Would you take off your shirt?"

"If you really wanted to be my boyfriend, you would have sex with me."

Teacher Resource Page

Lessons #4 and #5

REFUSAL SKILLS

VERBAL AND NON-VERBAL WAYS TO EXPRESS "NO"

Non verbal: serious facial expression, eye contact, gestures, soldier body, walking away.

Verbal refusal:

- The word 'NO' (most effective of all verbal refusal)
- Repeating the word 'NO' as much as the pressure is being applied
- Suggest something else that you all can do by using an "I statement" (Parts of an "I" statement: I (feeling word) because/when What you would prefer to do. For example, "I feel disrespected when you try to suggest that I must show I like you by having sex with you. I would prefer if we could enjoy doing other things like going to watch movies together with the rest of our friends."

NB: Individuals are to use "I" statements only with persons they wish to maintain relationships, but do not wish to engage in sexual relationships. Otherwise it is best to use "NO."

WORKSHEET

LINES - WHAT COULD I SAY BACK

Opposite each "line" on the worksheet, write down what you could do or say in response, to refuse or avoid sex.

LINES, LINES, LINES	
What someone might say to you to persuade you to have sex	What you can do or say in response
<ul style="list-style-type: none"> I just want to show how much I love you. 	
<ul style="list-style-type: none"> You can't get HIV/AIDS 'cause I don't have it. 	
<ul style="list-style-type: none"> Everyone you know that is your age is doing it. 	
<ul style="list-style-type: none"> Because others can tell if you're a virgin or not, and you don't want them to think so ... duh. 	
<ul style="list-style-type: none"> You're not 'with it' if you want to wait until you're older. 	
<ul style="list-style-type: none"> The only way you can contract an STD is by having 'unsafe sex' with more than one person. 	
<ul style="list-style-type: none"> You can't get HIV/AIDS if you only have sex with me. 	
<ul style="list-style-type: none"> You had sex before, so why not with me? 	
MORE THAN ONE LINE for someone you care about.	
<ul style="list-style-type: none"> If you really loved me, you would want to do it 	<i>I love you but, I don't want to get involved with sex at this time of my life.</i>
<ul style="list-style-type: none"> But you had sex before, so why not with me? 	<i>That was a poor decision for me, and I choose not to have sex again until I think it's the right time for me. It's not you.</i>
<ul style="list-style-type: none"> ADD YOUR OWN 	
<ul style="list-style-type: none"> ADD YOUR OWN 	

[Sample Class Poster]

LINES: WHAT I COULD SAY BACK

**WHAT I MIGHT HEAR
BACK**

*If you really loved me, you
ready
would want to do it
would resp*

WHAT I COULD SAY

*I love you but I'm not
to have sex. If you love me, you*

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: Use critical thinking skills to recognize negative peer pressure

Title **ASK : Three Steps to Stand up for yourself**

Age Level Standard VI

Time 35- 40 minutes

Purpose *To help students learn and practice three steps that offer a structured way to find out what is involved in a situation and then avoid harmful or destructive activities.*

Overview
(Include Concepts)

In this lesson, students will learn three steps that will help them to deal with negative peer pressure. They will look at "outside pressure" and engage in role play to practice the three steps.

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

8. describe three steps for identifying and standing up to negative peer pressure
9. explain how and when the steps might be helpful practice using the steps

Resources and Materials Shop paper markers, student worksheets

Methods and Strategies Brainstorming; group work, class sharing

PROCEDURE

Step I Write the following quotation on the board:

Introduction
(5 min)

You can tell whether a man is clever by his answers. You can tell whether a man is wise by his questions. – Naguib Mahfouz, 1998 Nobel Laureate in Literature

Begin the lesson by asking students what they think the quotation means. What is important about asking questions? How can asking questions be useful when friends want you to join in an activity? After some discussion, point out that sometimes we need to check out what others are suggesting by asking questions.

Step II
Making the
Connection
(5min)

1. Introduce the concept of outside pressure.

Remind students that they have talked about inside pressures. (statements we tell ourselves that cause us to feel overwhelmed or anxious) Today they are going to explore one kind of outside pressure: Pressure from peers.

Ask students for examples of positive activities that peers might suggest.
Examples: studying together, helping someone, joining a club or team

Then ask for examples of negative activities.
Examples: cutting class, destroying property, breaking rules.

Point out that sometimes friends ask us to join them in activities. However, if someone says, "Let's stay after school today," this person may want to put in extra basketball practice, or break a window. We should not say "yes" before we know what the other person has in mind.

Explain that today students will learn and practice three steps that will help them decide whether or not to go along with a friend's suggestion.

Step III
Practicing
(25 mins.)

2. Explain the three steps of ASK. See Teach

Have students follow along on their handout as you review the steps on the chart you prepared:

A – Ask questions

Ask questions so you know what you are getting into. You need to know or find out the following information :

- Is it against the law, school rules, or the teaching of my religion?
- Is it harmful to me or to others?
- Would it disappoint my family or other important adults?
- Would I be hurt or upset if someone did this to me?

S – Stand up for yourself

If the answer to any of the questions above is "yes", your response to the peer pressure is "no". Make sure your actions go along with your best thinking and wise decision making process.

K – Know your positive options

Be ready to suggest a positive activity to do instead. If the other person does not accept your suggestion, leave. This person might decide to join you in the positive activity later.

3. Practice applying the ASK steps.

Have students pretend someone has just handed them a can of spray paint. This person asks "What to do some artwork?" Have students give examples for each step of the ASK process.

A-Ask questions

Examples:

- What kind of artwork?
- Where would we do it?
- Who said we could do it?

Answer students' questions, pretending to suggest spray painting a wall at school.

S - Stand up for Yourself

Students can be fairly sure there is something wrong here. Ask them for ways they could refuse to get involved.

Examples:

- No I'm not into that kind of thing. It would make a mess.
- Not me. My parents would really be mad and put me on punishment
- No, we'd both get in trouble.

K - Know your positive options

Have students suggest positive activities to do instead.

Emphasize that if the other person insists on doing the negative activity, the students should leave, if it's possible and safe to do so. Point out that if it is obvious from the beginning that activity could lead to trouble, students can say "No" without asking questions. At other times, the person's answers to their questions may make it clear that the activity is healthy and positive. Then they can say "yes".

Have students name as many positive activities as they can. List them on shop paper. Keep this list posted as students practice the three steps of ASK.

Student Practice STEP ONE

1. Tell students they will now practice the three steps. Organize groups of four and have each group appoint a Recorder. Read aloud one of the examples below, modifying it to be relevant to your students. Have each group write it to be relevant to your students. Have each group write down two or three questions that would help find out whether the suggested activity could lead to trouble. (Important - Do not ask students to model negative behavior.)

Examples:

- Can I see your homework?
- What to come over to my house after school?
- Want to do something together tonight?
- What to come to a party?
- Let's go to the corner store.
- Are your parents home?
- Do you have any money?
- Want to go riding with my brother in his car?

- Are you bored?
- Want to do something fun?
- Let's go to the movies. My friend works there.
- I see that CD you wanted for sale over there. Want me to get it for you?
- Want to come over tonight while I'm baby-sitting?
- Let's have some fun with the phone!

Have the groups take turns asking you questions without repeating any. Answer only what they ask, as in this example:

Teacher: Hey, can I see your homework?

STEP ONE: ASK QUESTIONS

First Group: What for?

Teacher: I just need a few answers I couldn't get.

Second Group: Didn't you do your homework?

Teacher: I did most of it. Just let me see yours.

2. Students practice STEP TWO: Stand up for yourself.

Ask students if they think the situation will lead to trouble. If so, how could they stand up for themselves and their values? How can they say "No!" to negative peer pressure? Ask each group to think of two or three ways and share these with the class.

Examples:

- No, that's cheating. Cheating is wrong.
- No, the teacher could find out and we'd both get in trouble.

3. Students practice STEP THREE: Know your positive options.

As the third step, offer an alternative activity from the class list.

Example:

- I've got to get to class, but we could do homework together after school one day this week.

Emphasize that if the other person insists on doing the negative activity, the student should leave, if at all possible.

Repeat the process with as many situations as time allows. Give the groups specific feedback on their questions and refusals.

Point out that the ASK steps are a valuable tool in resisting negative peer pressure and avoiding activities that often lead to trouble. Tell the class not to worry if the process feels awkward right now. Allow for additional practice time as is appropriate.

Step IV Conclusion (5 mins.)

Assessment

Ask students to write and perform monologues based on resisting peer pressure. This will be a first - person account of a successful experience, but the experience might be totally fictional. Students might follow this guide:

- Think of a situation involving peer pressure
- Identify the setting - place, time of day, people present

- Be specific about what took place; outline the details before writing them
- Write in first person
- Describe "your" thoughts and feelings in the situation
- Show how 'you' resisted peer pressure.

Have students perform the monologues for the class and other students.
As an option, create a booklet of stories to give to younger students.

HOMEWORK

Have students describe how a person their age could use the three steps of ASK. Have them write the dialogue as one person suggests an activity and the other person asks questions to determine whether the activity will lead to trouble and refuses to join in if the activity seems negative.

ASK For Information

Sometimes we get into trouble because we do not ask enough questions. When someone encourages you to do something you think might lead to trouble, use the three steps of ASK.



A

ASK QUESTIONS

Ask questions so you know what you're getting into. Then you can decide if the situation could lead to trouble. Here are some things you need to know – or find out by asking questions:

- Is it against the law, school rules, or the teaching of my religion?
- Is it harmful to me or to others?
- Would it disappoint my family or other important adults?



S

STAND UP FOR YOURSELF

If the answer to any of the questions above is “**Yes**”, your response to the pressure to join in should be “**No.**”



K

KNOW YOUR POSITIVE OPTIONS

Know some positive activities and suggest one of them. If the person insists on the negative activity, leave. The person might decide to join you later.

STRAND: Self and interpersonal relationships

LESSON # 7

REGIONAL STANDARD :	Examine the nature of self, family, school and community in order to build strong healthy relationships.
CORE OUTCOME :	Demonstrate appropriate skills needed to promote health personal growth and development
Title	Setting Personal Goals
Age Level	Standard 6
Time	35 - 40 minutes
Purpose	<i>To help students understand that setting personal goals is key to their growth and development.</i>

Overview (Include Concepts)	In this lesson, students will look at the importance of setting goals and identify areas for growth in their own lives.
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Specific Objectives	At the end of this lesson, students will be able to: <ul style="list-style-type: none">• <i>set attainable goals for themselves</i>• <i>identify goals for personal change</i>• <i>make plans to achieve their goals</i>
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Resources and Materials	<i>two sheets of chart paper, one copy per student of Worksheet 1: Goal-setting Chart</i>
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Methods and Strategies	Brainstorming; individual work, class sharing
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PROCEDURE

Step I Introduction (5 min)	<i>Brainstorm as a class to create two lists, each on a separate chart, one titled "Things We're Good At" and the other "Things We Want to Work On." Students' ideas at this point should be school-based so that you can guide and support them. The "Things We Want to Work On" list will provide them with a pool of ideas for setting their personal goals.</i>
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Discuss the fact that though some students may feel that they're already good at some things, others may feel that they require improvement in the same areas. This should help students realize that they may find support from other students.

Step II Making the Connection	<i>Ask each student to refer to the charts to help them choose one personal goal. Ask each to think about what it would look like and sound like after the goal has been met. For example, a student whose goal is to keep better track of</i>
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(10min)

his or her library books may visualize returning the books on time and hearing a compliment from the school librarian on his or her promptness.

Suggest that students think of positive self-talk phrases that they could say to themselves (e.g., "I think I can. I think I can."). Ask each to think of things that he or she could do to try to meet his or her goal. For example, the same student could plan to choose and use a special place to keep his or her library books.

Step III
Practicing
(20 mins.)

Distribute a copy of Worksheet 1 to each student and have students complete as much of it as they can at this point. You might have students tape their copies of the worksheet in a class folder or to their desks as a constant reminder. Some students might prefer to keep their goals and plans private, while others might be agreeable to sharing theirs. Set up an area in the room where students can meet to help each other decide on goals or plans. The brainstormed lists can be displayed in this area. Students can ask people who have already achieved their goals for help. Encourage students to sign up to be helpers or support people for their classmates. You might also list ideas about other people and places students can go for help.

Conclusion
(5 mins.)

Ask students to share their goal-setting charts with family members, older friends, or neighbours. Remind them that it is through sticking to their goals that they will be able to grow and develop.

Assessment

Decide on a system for reflecting on student progress:

- a reminder during a regular daily class meeting*
- student self-reflection in a personal journal*
- individual conferences with students*

Celebrate students' successes by having them share their goals as they are met. Students may wish to role-play their successes by acting out scenes from before and after their goals have been met.

WORKSHEET

Name _____

Date _____

My goal is _____

I'm going to start by _____

I can get help by _____

I'll know I've met my goal
when _____

Date that I set my goal: _____

Date that I met my goal: _____

My family helped me reach my goal by _____

STRAND: Self and interpersonal relationships
LESSON # 8

REGIONAL STANDARD : Respect the rich difference that exist among individuals, families, communities, 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 : Use cognitive and social skills to identify ways to reduce prejudices against persons from divers groupings

Title **Reducing Prejudice**

Age Level Standard 6

Time 35 - 40 minutes

Purpose *To help students reduce prejudice an accept the diversity that exists among people*

Overview (Include Concepts) In this lesson, students will gain an understanding of the effects of prejudice and develop an acceptance of others' differences

Specific Objectives At the end of this lesson, students will be able to:
1. Explain how "prejudice" affects social relations.
2. Demonstrate intolerance of prejudice.
3. Use social skill (accepting differences) to reduce prejudice.

Resources and Materials *4 red ribbons. 4 black ribbons (you may substitute other colours. X and Y). role-play scenarios, and rewards (pencils, erasers, candy, or some other small token)*

Preparation: Select two teams of no more than four students each. Distribute team-colour ribbons to team members. Prepare lists of the easy and difficult words.

Methods and Strategies Brainstorming; individual work, class sharing

PROCEDURE

Step I Introduction (5 min) *(2 minutes maximum) Conduct a spelling bee involving two pre-assigned teams. All students wearing X-colour ribbons are given very easy words to spell, and the other team wearing Y-colour ribbons are given difficult and unfamiliar words. Students are rewarded for their correct responses. After the 2 minutes, announce and congratulate the winning team.*

Ask students to share their feelings about the exercise. Tell them that accepting differences (social skill) leads to reducing prejudice. Introduce the

*concept of prejudice and make reference to the spelling quiz.
(it is important to explain that prejudice is about more than race/ ethnicity/
religion)*

Step II
Making the
Connection
(5min)

In groups of no more than five (5) students prepare role play scenario assigned to each group.

Step III
Practicing
(20 mins.)

First group performs role play. Ask the following questions to help students to accept differences by reflecting on their own feelings:

- *How did you feel about the bad unfair treatment that the person received?*
- *Have you ever seen experienced such a situation?*
- *How do you think the person who was unfairly treated feels?*

Have the first group role-play a different ending for the situation showing tolerance for differences and a reduction of prejudice. This procedure is repeated for each group.

Conclusion
(5 mins.)

Debrief using the following questions as a guide:

- *How does it feel when someone makes fun of you or leaves you out of an activity because you are different?*
- *Was it easy to think of different ways to handle these situations?*
- *What did you learn from the role plays?*
- *What can you do to reduce prejudice and discrimination?*

Assessment

*Ask students to respond the letter in the handout, stating the type of prejudice and suggesting ways to reduce it.
(Substitute name and appropriate ethnic religious group specific to his her cultural context)*

Dear Morgan

My best friend _____ is a _____. We became friends when we started attending secondary school. He/she is fun to be around and likes the same thing I do. But I have to lie to my parents when I meet him/ her because they wouldn't want me hanging out him/her. My Dad says we should stick to our own kind. I'm worried that my family might find out and I would lose my best friend. What do you think I should do?

Scenarios for role play:

1. A new student arrives at school wearing the dress of her native country. The other children make fun of her and call her a weirdo. No one wants to sit next to her.
2. A student's father has told him that all people of a certain race are bad. The student gets a friend to join him in picking on children of that race. One day, a terrible fight breaks out in the schoolyard and several students are hurt.
3. Several boys sign up for an intramural field hockey game. The girls refuse to play with them.
4. Several students attend a special class for gifted students. In the school cafeteria, other students call them nerds and make fun of them.
5. *In a locker room, a male student is upset and crying. A group of five other boys tease him and call him a sissy. They exclude him*