Planning For Student Diversity When Teaching About Puberty

Curriculum Unit 97.04.05
by Mickey Kavanagh

Introduction, Objectives and Strategies

A teacher looks out on a sea of diversity when s/he looks at the students in any 4th or 5th grade classroom in the New Haven Public Schools where puberty education is part of the K-12 Social Development curriculum. The goals of puberty education are to help young people feel good about themselves as they grow and develop, to provide a healthy environment for beginning to learn about sexuality as a positive aspect of being human, and to begin to arm them with the knowledge, skills and attitudes they’ll need to protect themselves against early pregnancy and diseases, including HIV/AIDS. The students are diverse in many ways, any one of which can have an affect both on their ability and willingness to learn about puberty and on the teacher’s strategies for teaching.

My objectives in writing this curriculum unit are: to highlight the ways in which children are diverse as they progress through puberty; to address the specific educational needs of the 20% who may be “precocious” in becoming sexually active(1); to look at puberty education through the lens of Dr. James Comer’s developmental pathways; and to integrate the social and emotional skills taught through Second Step (the Social Development Curriculum for grades four and five) with puberty education so they can be learned in a more organic and holistic way.

The strategies I plan to use follow. I will describe and document student diversity and delineate the needs of the 20% who may be engaging in sexual behavior that puts them at risk of pregnancy and disease. I will design lesson variations to meet the widely diverse developmental needs of the regular class and of the smaller group of sexually precocious children. By this I mean, for example, that if a child feels pressured to have sex, s/he needs to feel a stronger sense of self and his/her own values in order to resist the pressure; if a child is physically developed and awkward and self-conscious, s/he needs to understand the normalcy and transience of puberty; if a child feels eager to “try sex out,” it would be developmentally appropriate to provide information, to analyze societal influences toward early sex, and to encourage delaying sex. But if s/he “doesn’t want to wait” (exact words of a fifth grader this year), it is also developmentally appropriate to help them learn safer sex information and skills. This can be facilitated by separating students into developmentally homogeneous groups so that sexually precocious children will participate in additional lessons which directly address their more urgent needs. I will summarize the content of Dr. James Comer’s developmental pathways and the behavioral skills lessons taught in the Second Step curriculum. I have included a chart aligning all these components for easy reference as a reminder and a tool to help teachers.
integrate the puberty, social skills and developmental concepts they are conveying to their students. Some sample lesson plans and the integration chart provide specific role-play situations, case studies and other activities which explicitly connect puberty education to the social skills lessons.

**Three Aspects of Student Diversity**

One of the first, most striking and most obvious differences a teacher notices in a class of 25 students is the range of their stages of physical development. There will be some whose bodies are very childlike with no signs of sexual development at all. There will be some girls whose breasts have visibly developed and some boys who have obviously started their growth spurt. It can be assumed that some of these have already had their first period or experienced their first ejaculation. These early maturing girls and boys may be older than their peers as a result of having been retained at a younger age or they may just be naturally (genetically) programmed to mature at an early age. Body composition and race appear to be related to age at onset of puberty. Having a high fat-to-lean ratio and being of African-American heritage are two characteristics associated with the early onset of puberty. The reality of starting to exhibit signs of physical maturity early or late (compared to one’s peers) can have positive and/or negative emotional side-effects. Researchers have found that, for girls, maturing early or late can cause distress and feelings of low self-esteem and self-confidence. For boys, maturing early is a source of pride and can lead to high self-esteem and social success, while maturing late can cause even worse distress than that of the girls.(2)

Some 4th & 5th grade students will exhibit an open interest in and attraction to the opposite sex and others don’t at all yet. Some students may feel curious about sex and some may even feel eager to be “grown” so they will be able to start having sex. At the same time, in the same class, there will be students who have had little or no exposure to things sexual, other than what is pervasive in our society via the media. They may have given very little thought to sexuality in relation to themselves and can be embarrassed by open classroom discussion or they may just tune it out. Still other students may come from religious families where parents feel that they alone are responsible for the sex education of their children and, in fact, exercise their right to exclude their children from these classes. [Before the puberty lessons take place, parents receive a letter notifying them and inviting them to view the video their children will watch and to participate in discussion about talking with their children about sex, growing up and AIDS.] These excluded students are, however, still a part of the class and will likely be present during subsequent discussions which might arise during the rest of the year. The teacher’s job is to juggle all of this diversity when teaching about puberty, to assess the various developmental needs of her students and to create lessons and learning environments which promote each one’s continuous development.

Recent news has pointed out that puberty begins for all children at the age of six. The NY Times of Tuesday, July 1, 1997, reports on page C6 about research published in the December 1996 issue of *Current Directions in Psychological Science*. The researchers found that hormones from the adrenal glands which increase at age six actually kick off puberty. They go on to say, “Sexuality is a process of development that begins in middle childhood, not a precipitous psychological event that emerges at a single moment in time. There are several steps in the process: attraction, actual desire and finally a readiness to act on the desire.”(3) The authors found that young adults interviewed for the study remembered feelings of sexual attraction in the fourth grade, around the ages of 9 and 10. This means that in a classroom of diverse 4th or 5th graders, even the children who do not exhibit obvious signs of physical maturation have already embarked upon the process of
sexual development.

The adults in this particular study are homosexual in their sexual orientation. They date an awareness of being attracted to members of the same sex as early as 4th grade. Teachers must keep this in mind when teaching about puberty, and not assume that all students will grow up to be heterosexual. This kind of denial of variation in sexual orientation is damaging to a child’s development in terms of his/her self-awareness and self-acceptance. Our task in teaching children about their sexuality begins by enhancing their self-awareness and their feelings of self-acceptance to better enable them to grow up as healthy adults.

The second aspect of student diversity which I want to address is their experience with and/or expectations about sex and growing up. “Teachers must understand that there will likely be a diverse range of sexual experience within a group of young people. Some will be sexually active, some may not yet be interested in sex. It is also important to be aware that some of the young people in the class or group may still be in the process of evaluating their own sexual orientation, so it must not be assumed that every student will be heterosexual.”(4) Some students are “streetwise.” They have already seen a lot of sexually explicit material and/or behavior either in the movies, on TV shows, or, unfortunately, in their own living environments. “Sex starts early for many young people. Nationally, nearly four in ten (37%) 9th graders have had intercourse.”(5) “By age 15, African-American males are 2.5 times more likely than white males to have had intercourse; and African-American females, by age 15, are twice as likely as white females to have had intercourse. Minority youth are less likely than their white counterparts to use contraceptives and their pregnancy rates and birthrates are twice as high”(6)

Data from New Haven show an even greater percentage of students are having sex. The SAHA (Social and Health Assessment) is a survey administered to 6th, 8th and 10th graders every other year by the Social Development Program in collaboration with the Yale Child Study Center. SAHA results show that in 1996, 20% of 6th graders, 43% of 8th graders and 60% of 10th graders have had intercourse.(7) Fortunately, these percentages have decreased since 1992. This is, perhaps, the result of targeted curricula in Social Development classes as well as the result of a shift towards more explicit societal messages against the advisability of such early sexual activity. The 80% of 6th graders who are not having sex need positive reinforcement for continuing to make that choice. And the 20% who are having sex or are considering it need to have access to prevention education which directly addresses their needs. There are young adolescents in New Haven (as young as 14) who have been infected with HIV. Their risky behavior was having had four sexual partners in their young lives. This happens in a fashion that has been described as “serial monogamy”, that is, a teenager has only one boyfriend or girlfriend. They are monogamous for the whole time that they are together. Once they break up, it is likely that a subsequent partner will come along. The younger a child is when s/he begins to have sex, the more likely it is that s/he will have more than one sex partner. Early maturing girls who have sex at a young age are more likely to get involved with older boys, which can be a serious contributing factor to the risks of HIV infection. “For young women who are sexually active, the age of their first sex partner may influence their risk of transmission. Young women whose first sex partner was an older man (five or more years older) were less likely to use condoms and possibly at higher risk for HIV infection than young women whose first partner was the same age. The difference in age between the two partners may make it difficult for young women to negotiate condom use with their partner.”(8)

Children who engage in early sex tend to be those who are confronting many other factors in their lives which put them at risk for negative outcomes, such as living in poverty, in unstable homes, being homeless, truant or delinquent. Some of the students who have already had sexual intercourse, whether voluntarily or under coercion, have done so because of the realities of their living situations. “Adolescents may use sexual
behavior to meet other needs, including touch, intimacy, and friendship needs, as well as a means of achieving peer approval and demonstrating independence.”(9) They may have been forced to start having sex as part of gang initiation or to be accepted by their homeboys in the neighborhoods, housing projects or schools. In New Haven, this does happen although it is difficult to know how widespread it is. According to the literature, force plays a significant role in early sexual experience. “Most sexually active girls under 15 were victims of sexual abuse and rape by older males. Coercion and forced sex play a significant role in HIV infection in youth, both in situations in which transmission occurs, and as a psychological wound that increases the chances someone will fail to protect themselves. National estimates indicate that 15% of males have been sexually abused as children and that male victims of childhood sexual abuse are at twice the risk of HIV infection as male non-victims. Childhood sexual abuse is associated with continued high risk sexual behavior of gay and bisexual men, particularly among men who recall their experience as coercive.”(10)

Some of these students brag about their exploits, while others keep it hidden. Some talk about sex as a tool or weapon to hurt or degrade others or as a way to prove their manhood or womanhood. Both boys and girls equate early sexual activity with adulthood. What these children fail to realize is that having sex at an early age can pose serious risks to their health and well-being. US teenagers have much higher rates of childbearing, abortion, and pregnancy than do adolescents in other developed countries, even where levels of adolescent sexual activity appear to be very similar.(11) “This raises serious questions about the education and socialization of US teens and the societal messages that adolescents receive.”(12)

“It is no accident that HIV is gravitating toward young people who are particularly vulnerable in society. Any social condition that damages self-esteem, eliminates choices and a sense of control, makes it harder to stand up for yourself, or reduces the timeline along which you imagine your life is also likely to affect your ability to insist upon safe sex.”(13) “The rate of infection appears to be growing faster among young women than any other group. The proportion of young women among US adolescent (ages 13-19) AIDS cases has tripled from 14% in 1987 to 46% of the reported cases in the year preceding July, 1996. Heterosexual sex accounts for three quarters of cases in young women ages 20-24.”(14) There is a clear need to begin to address sex education and HIV prevention strategies to these children. It is easier to initiate behavior in a healthy way than to change a negative behavior to a positive one. While the goal of puberty/sex education for these children at such high risk of getting pregnant or catching a deadly disease is to encourage them to postpone having sexual intercourse, it also has to include information and skills which will equip them to reduce the potential harm from their risk-taking activities.

In addition, any children who watch television may have been exposed to developmentally inappropriate and bizarre information about human sexual behavior. “No less than 24 talk shows specializing in the public disclosure of very personal intimacies were broadcast during a recent television season. Sample disclosures included: a woman claiming her sister began having sexual intercourse when she was eight years old; and a woman saying her father was gay. As such, these shows provide a unique—if not intelligent—source of sexuality information.”(15)

As a result of this inappropriate but pervasive exposure, students may ask questions like, “Why do people make so much noise when they have sex?” or describe scenes they’ve witnessed like, “When I was at my uncle’s house, he let me watch this movie where three people were doing it, and I saw this white stuff come out of the man’s penis.” Or tell about somebody on a talk show who did outrageous sexual things. These questions call for responses which reassure children that adult sex is not meant for children, that this is not something that “has to” happen to them now or ever. They need reassurance about the normalcy of the stage of development in which they find themselves. They also need to know that what they see in these movies or
TV shows is not much like real life, but more like a fantasy, similar to other extra-human feats they might have seen in the movies. This is a good time to mention the emotional (loving and caring for another human being) side of mature sexual relationships in real life. People spend a lot of time looking for close relationships in their life. Just having sex with someone is not going to get them the intimate relationship they’re looking for.

Most adults feel adolescents, especially pre-teens, are not mature enough to handle an intimate relationship that includes intercourse. However, the high incidence of teens who get pregnant or infected with a sexually transmitted disease (STD) indicates that many teens are sexually active and do not take the precautions which could prevent these negative consequences. Education has to try to help young people who are having sex to make and carry out decisions which will encourage their development as healthy young adults. “Teaching prevention skills is like teaching reading. You can't do it one time; you have to start at the beginning and bring kids along with a developmentally appropriate, sequenced, articulated curriculum. As skills get increasingly complex, you have to have more complex kinds of situations in which to practice those skills.”(16)

All of this diversity in experience and expectations about sex has implications for how the teacher will talk to the class about the changes of puberty and answer questions about sex, reproduction, and growing up. There is a need to achieve balance between concerns that giving “too much” information will be harmful to the children who have not visibly started to develop and, at the other end of the spectrum, concerns that early maturing children need to know more explicit and complete information before they become involved in sexual behaviors. My proposal here is to separate children according to their developmental needs and to engage them in educational activities which are most appropriate for each of them. The majority will participate in the basic puberty education (a video and question/answer session) along with the integrated application of social skills being taught through Second Step. The precocious 20% should have additional lessons. Programs that work best at helping this group avoid or reduce their risk-taking behaviors are intense and ongoing interventions which take place over time. They include skills-building for anticipating and avoiding potentially risky situations as well as handling them. Practicing skills is of critical importance in building the confidence to use them. Successful programs also aim to modify community norms, improve access to health care and devices like condoms which are necessary for safer practices, and are provided before the initiation of sexual activity. These high risk students need to participate in an after-school or weekend group to receive this ideal type of intervention. Some suggestions for working with them are included in the chart and sample lessons below.

“The most important thing that we can know about a person is what s/he takes for granted, and the most important and elemental facts about a society are those things that are seldom debated and generally regarded as settled.”(17) The third dimension of student diversity which I want to address is the variety of ethnic, religious and cultural traditions, beliefs and values which students bring from their family experience concerning sexual relationships; and how, when and what young people should learn about human sexuality. Many of these attitudes and beliefs are taken for granted. These include a wide range of attitudes towards communicating with young people about puberty and sex, from those who feel any discussion of sex between adults and children is taboo (as in many Hispanic communities) to those who feel that parents should be talking with their children in age-appropriate ways about sex from the earliest ages on up. “With social change and acculturation, a rift may appear between what is taught in the family and what is emphasized in social institutions. Children and adolescents often become victims of incompatible demands.”(18) The teacher needs to recognize, accept and respect these divergent, and sometimes conflicting, attitudes and beliefs. S/he needs to clearly articulate the rationale for any sex or puberty education so that parents and students can understand the public health necessity for it.
Moreover, in “A Youth Leader’s Guide to Building Cultural Competence”(19), the authors highlight the many aspects of cultural diversity which influence a student’s ability to learn and to which a culturally competent teacher must pay attention. These include language and communication style, health beliefs, family relationships, gender roles (whether boys should know more about sex than girls, who’s responsible for childrearing), religion (both the beliefs and the social role), level of acculturation (how much of the traditional ways remain in effect), immigration status, political power, racism, poverty and economic concerns, and any history of oppression. An adult working with young people about sexuality education needs also to consider the following questions concerning sexuality: how do people of the same gender express feelings of closeness to each other; are certain sexual acts taboo; how is masturbation viewed; how is homosexuality viewed; how and between whom is communication about sexuality approved or forbidden.

The culturally competent teacher has become familiar with the cultural differences in meaning of children’s behavior in the classroom, including which gestures and body language indicate respect versus disrespect. For some cultural groups, including the dominant culture in the US, making eye contact shows respect for an adult. However, it shows utter disrespect in some Asian and Hispanic cultures. Moreover, socio-economic factors can profoundly affect beliefs such as the taboo, or lack of it, concerning teenage pregnancy. Young people living in poverty may have different expectations about what is possible to accomplish in this life and therefore have different opinions about the value versus the hardship of getting pregnant while still in high school. “When we consider teenagers raised in poverty—hungry, afraid of the violence and death that stalk the streets, lacking adequate medical care and social supports—we should not be surprised that our messages to say no or use contraceptives do not work. Pregnancy [or HIV] may seem like the least of their worries. In addition to comprehensive health and sexuality education services, we must provide programs that can deliver a range of educational and social services to help them develop a belief in their futures and motivate them to avoid pregnancy [and disease].(20) “For African-Americans and Latinos who live in poverty, having children is often the only way they have to prove that they are socially productive and to demonstrate their manhood or womanhood.”(21) They might feel, as well, that their body and their sexuality are the only things in life over which they can exercise control. This logically leads to the feeling that sex is a private arena and that outsiders (such as public health officials and educators) have no business telling them what to do with it.

The aural/oral tradition is a vital part of African-American tradition and can be a powerful tool for education. It is logical to use fables, stories, and proverbs to illustrate the concepts one is trying to teach. This can readily be extended to include analyzing current music videos, songs and raps. Some suggestions for incorporating this technique are included in the chart and sample lessons below.

**Developmental Pathways and Sex Education**

Taking all of these diverse conditions into account when educating children about puberty, human sexuality and the prevention of premature pregnancy and sexually transmitted diseases can be a monumental task. The overarching goal of any such education is to foster and encourage the continued positive development of each child. It can be helpful to look at meeting these diverse needs through the lens of what Dr. James Comer of the School Development Program at the Yale Child Study Center describes as six developmental pathways—six different areas in which children develop and grow.(22) Dr. Comer intends them as a framework for adults to use in focusing on the whole child’s positive and continual development. When evaluating a student’s behavior, this way of looking at it better enables one to create strategies which promote health and positive
self-esteem rather than leaving one stuck thinking only of ways to punish or restrain a child. It is recommended that an adult ask him/herself child-centered questions to come up with solutions. These are questions like: What is this child trying to do? What is this child up against? What is in his/her favor? What has been done and still needs to be done to help or create conditions, relationships and experiences for his/her continuous development? Comer’s developmental pathways incorporate many facets of other child development theories. Here is a brief description of the focus of each of the pathways along with some suggestions of how they can be used when planning puberty and sex education.

The **physical** pathway describes physical health and well-being. This includes biological development, nutrition, environmental factors which affect children, as well as fitness, coordination and motor skills. To encourage development along this pathway, provide a clear understanding of the natural development of puberty, reinforce positive health-promoting attitudes, and improve children’s decision-making skills. Some classroom activities can help to accomplish this. Talk about sexuality over the lifetime and place puberty on that continuum. Children can create their own lifeline, marking the ages at which significant sexual milestones might occur, and combine these with goal-setting so that they can see how early pregnancy would interfere with reaching their goals. The lessons in *Second Step* which teach impulse control can be used to refer to the importance of making good decisions about when to have sex or become a parent. They can also reinforce the idea that all impulses and urges do not need to be acted upon. The class can watch the video called, “Looking Good, Feeling Good: Healthy You” and talk about how caring for their changing bodies will help them traverse a potentially troubling stage in life. The class will watch a film on the normal changes (physical, emotional, intellectual and social) of puberty.

The **cognitive** pathway focuses on learning and a child’s ability to think logically, to mentally manipulate information and to apply knowledge to environmental conditions [referring to Jean Piaget’s developmental stages in reasoning ability(23)]. To encourage development along this pathway, work toward increasing children’s knowledge about their development. Help them to imagine what the internal structures and changes are that occur during puberty. Classroom activities include: using concrete objects to describe the internal structures of the body, e.g., a pear for the uterus, two almonds for the ovaries and two bendable straws for the Fallopian tubes. [See YNHTI Unit, Volume V 1988, “Talking With Kids About Sex and AIDS,” for more details on constructing complete male and female reproductive systems.] When referring to charts or diagrams about the inside of the body, help the children to understand and mentally manipulate the information by demonstrating how we can imagine what’s inside. Cut an apple in half and show the inside, making a parallel with charts showing the inside of the human body.

The **psychological** pathway refers to an individual’s self-awareness, feelings of adequacy, acceptance of differences, and ability to handle internal emotions appropriately. This encompasses Erikson’s Theory of Psychosocial Development(24) and Maslow’s Hierarchy of Needs.(25) To encourage development along this pathway, help children to feel good about their bodies and to accept as normal the emotional turbulence which can be a common experience of puberty and adolescence. Watch the video, “Feelings: Inside, Outside, Upside Down.” After class discussion about their own experiences with emotional changes, have students interview an adult about his or her experiences during puberty. The empathy lessons from *Second Step* can encourage the development of their ability to see things from another’s perspective and can be constantly reinforced when embarrassing situations arise that are related to puberty or wanting to be grown up.

The **language** pathway has as its goal the ability to use appropriate language in a variety of settings. It includes receptive and expressive language and the ability to process communications. It operates on the belief that language enhances problem-solving, reasoning and memory skills. It can be used to moderate
impulses and thereby helps in developing higher frustration tolerance. Language mastery also leads to the development of critical thinking skills such as thinking ahead to the consequences of an action. Learning the correct names of reproductive body parts and functions, and becoming increasingly comfortable discussing issues of sexuality encourages development along this pathway. It is important to set ground rules for class discussions which can help children feel safe. During the question and answer period following the puberty video, the teacher reads any written questions as they have been written, using slang if that’s what is there. Then s/he supplies the correct terminology while answering the question. S/he can also reword verbal questions. Communicating the message that language is a useful tool for satisfying curiosity about sexuality encourages development and is an important skill in delaying the initiation of sexual intercourse. There are several lessons in Second Step about listening skills. These skills can be reinforced during puberty lessons.

The social pathway refers to a sense of empathy, the use of communication skills in relationships and the ability to establish and maintain relationships. Understanding that all children may feel embarrassment and discomfort about their body and its changes, and practicing relationship skills encourage development along this pathway. While watching the video about feelings, have the students identify examples of good communication and relationship skills and talk about the consequences of each. Do an activity about the many types of close personal relationships people have in their lives (see sample lesson two.)

The ethical pathway focuses on a child’s awareness of appropriate and inappropriate behaviors, and respect for the rights of oneself and others. Comer refers to Kohlberg’s cognitive theory of moral development as well as other moral development theorists.(26) Learning to treat oneself and others respectfully even when operating in the sexual arena encourages development along this pathway. Read news stories, children’s books and discuss popular movies they’ve seen which portray relationships where people treat each other in respectful ways. Use the American Red Cross’ African Proverb Posters to create stories which illustrate the themes of this pathway. Have the children role-play situations where they must choose which is the ethical solution or outcome.

**Integrating Social Skills Teaching with Puberty/Sex Education**

The foundation of the Social Development curriculum in the 4th and 5th grades is a program called Second Step.(27) This curriculum teaches children to avoid violent interactions with their peers by becoming more competent at managing their emotions and using interpersonal skills such as taking another person’s perspective and controlling impulses. These skills and emotional competencies apply as well to learning about puberty and making decisions about sex as children grow. “Interventions that are effective in encouraging teenagers to postpone sexual intercourse help young people to develop the interpersonal skills they need to resist premature sexual involvement. Effective programs include a strong abstinence message, as well as information about contraception and safer sex. For interventions to be most effective, teenagers need to be exposed to these programs before initiating intercourse.”(28)

The first unit of Second Step is about Empathy. It is important to remember that various cultures place different emphases on the relative importance of self as opposed to others, the individual vs. the collective. The dominant US culture (primarily Euro-American and Caucasian) values independence while Hispanic, Asian and some African-Americans have a cultural tradition which values the collective over the individual. This means there will probably be wide variation in the ease and speed with which children acquire empathy. In cultures where the collective is more valued, a strong foundation for empathy has already been acquired. The
Second Step curriculum suggests that empathy can be learned by focusing on three components: determining the emotional state of another person, assuming the role and perspective of another person, and responding emotionally to another person. Empathy is a key ingredient in developing pro-social behaviors and interpersonal problem-solving skills. (29)

The second unit, Impulse Control, teaches children to stop and think through a problem instead of reacting by doing the first thing that comes to mind. First, children learn to apply problem-solving steps to social situations, and then they learn behavioral skills such as apologizing or joining in an activity as ways of successfully avoiding or solving problems in the future.

The third unit, Anger Management, teaches children ways of managing stress, controlling their anger and channeling it into socially acceptable directions. This unit comes after they learn problem-solving so they will have a way to change the anger-causing situation once they have calmed down.

These social and emotional coping skills can clearly be applied to social interactions among children which arise or revolve around puberty, relationships, and growing up. Each Second Step lesson recommends role-playing as a strategy for practicing new skills. Role play situations can easily and naturally include ones that relate to the changes of puberty which children are experiencing and studying, as well as to relationship issues with their peers, their parents, and other adults. “Transfer of training” is Second Step’s phrase to describe the successful use of a newly learned skill outside of the classroom. This is the point during each Second Step lesson where the teacher can specify possible situations, such as teasing someone who is particularly awkward, where the social skills carry over to real life.

The HBJ reading series for 4th and 5th grades contains many stories which are appropriate for reinforcing either the social skills or the puberty education the students are learning. There is a table in the bibliography which summarizes work done by 5th grade teachers at one middle school and the Social Development Facilitator to integrate some of the stories with particular Second Step lessons. Reading about others who confront problems and successfully cope by using social and emotional skills is a powerful way for children to learn.

Chart Integrating The Components of This Unit
(figure available in print form)

Sample Lesson One:

Analyzing Social Influences Pushing Young People Towards Sex

**Goal:** To examine the social influences, such as the media and peer pressure, which encourage early sexual experimentation. To help children recognize some of the messages that TV sends about sex roles and relationships. To discuss what qualities make a man or a woman worthy of respect.

**Materials:** Large sheets of blank newsprint, markers, tape; and several sheets with one emotional need (given as a reason why some teens have sex) at the top, Signs to post which say “Disagree”, “Agree”, “Not Sure” in big Print; Booklet, “Talking With TV: A Guide for Grown-ups
Set-Up: Although puberty is getting your body ready for reproduction, it does not mean you are ready for sex. You are not fully grown, and are not able, financially or emotionally, to raise a child. There are lots of influences around us, however, which make us curious and pressure us to have sex even though it's not a good idea at this age. Let’s look at some of these influences.

Procedure: Talk about influences in general. What are some social influences on you right now? Ex: hair styles, clothing, cool shoes

MEDIA

Small groups brainstorm and write on newsprint a list of movies, TV shows, songs, music videos etc. that had something about sex in them. Hang these around the room. Have the groups try to come up with a list that’s not about sex. Refer to booklet, “Talking With TV,” pp 7-12, for some examples.

Discuss: Let’s think about the messages we get concerning body image, emotional expression, families and marriage, sex roles, and sexual behavior and consequences. Are there more influences towards sex or away from it? How is “being in love” depicted on TV and movies? How are love relationships and sex different or the same in real life? Who were the characters involved in romantic relationships? Were any of the couples in the shows married? To each other? What are some consequences of sexual relationships that are not shown on TV shows? What is the media’s motivation for showing sex on TV?

GENDER ROLES AND EXPECTATIONS

What kinds of activities were the men and women engaged in? Who did what kind of work? How did men and women relate to each other?
What roles did men and women play in families? Who was the dominant person in the family?
Were any playing a non-traditional role? Do you think TV reflects the values of your family members?
Think of your favorite male or female media character. Now think of some men or women in real life whom you respect and say why. What are some characteristics of a man and a woman? What
WAYS TO SATISFY EMOTIONAL NEEDS

We all see and hear a lot about sex. It’s normal that it makes us curious about sex. It is used to appeal to people’s need to feel loved and cared for by someone else. Much of what we see does not give a true picture of how sex is in real life or the responsibilities and consequences of having sex. Some young people think that having sex will make them grown up, that they will suddenly be a real man or a real woman. No one act will turn a child into a grown up. Have a small group brainstorm reasons why some teens have sex, while another brainstorms reasons some teens don’t have sex. Analyze the list of reasons teen do have sexto identify emotional needs a teen might be trying to fulfill. Put one such emotional need at the top of a sheet of newsprint. Then assign a small group or pair of students to list ways other than having sex for a person to meet that need.

VALUES VOTING GAME.

Put up signs at opposite ends or around the room: Disagree, Not Sure, and Agree. Explain that there are usually no right or wrong answers. Students are to move to a spot near one of the signs to show how they feel about the statements being read. Read a statement aloud (see list of suggested statements below). Students move to the sign that describes how they feel. Ask volunteers to talk about why they feel that way. This will point up the range of attitudes in the group. Remember to praise individuals who take an unpopular position and to point out how difficult it can be to take a stand when you are alone or in the minority.

Suggested statements:

It’s up to the boy to decide what a couple will do when they go out. Males and females can be close friends without being romantically or sexually involved. In general men can be trusted.
Males can share feelings about relationships. If another man talks to a real man’s sweetheart, the real man will beat him up . . . or maybe beat up his sweetheart. Having sex is a sign that you’re grown, you’re a real man or woman.

Sample Lesson Two:

Types of Relationships

Goal: To identify the many kinds of close relationships people have beyond intimate sexual ones between men and women

Materials: TV, VCR, chart handout for each student, video clips (which you have edited or preset to appropriate scenes) which illustrate relationships. “The Cure” and “Boyz In The Hood” both provide good examples of a range of positive and negative relationships. Use short segments as triggers for the points you want to make, rather than showing an entire movie.

Set-Up: In mainstream American culture, as depicted in popular movies and TV shows, relationships are portrayed in a simplistic and unrealistic manner. Some films do provide an honest and insightful look at the ways in which people relate and commit to each other. Most people have an array of close relationships with their family and friends as well as with their romantic attachments. This lesson proposes watching at least one movie or TV show, and then analyzing the various relationships among the characters.

Procedure:
Hand out a chart with types of relationships and attributes to look for:

Families Couples Friendships

Respect and support one another
Abuse one another
Get help
Repair damaged relationships
Share responsibilities
Handle conflict
Address difficult emotions
in constructive ways
Share interests, time & private feelings
Resolve problems by honestly communicating
Support each other in the face of social pressure
Dispel stereotypes
Exploitation
Conflicting beliefs about relationships
Talk about the meanings of the words. Have each pair of students choose one type of relationship to watch for during the movie and to remember times when they see the charted attributes being enacted.

After the movie or video segments, have student pairs spend time filling in the chart. Then have each pair report out to the larger group

Summarize: We all need people in our lives who care about us. There are many different types of relationships where we can fill this need. Having a sexual relationship in an attempt to feel cared for usually fails.
Using role plays to learn and practice social skills

**Goal:** To enable students to incorporate communication and assertiveness skills into their daily lives.

**Materials:** Index cards with cues on them for actors in the role-plays, and situations for role-plays

**Set-Up:** Skills can be really useful in getting you what you want. If you want to play basketball, you need to practice shooting, dribbling, and passing. The same is true in the realm of relationships. It’s important to know what you want, so you may need to spend some time figuring that out. Once you know, the best way to get it is to communicate respectfully and effectively.

**Procedure:**
Read a situation. Identify all the parts to be played. Ask for volunteers for each part. Give each player a cue card for their part.
Assign rest of the group to observe the role play for the particular skills being modeled and practiced in each role-play. Cue Card for observers about giving feedback: Start with something positive and supportive. Then follow with suggestions, using “I” messages like “I think . . . ” or “I feel . . . ”
Have the scene played out. Interrupt whenever necessary to coach the players. Ask for suggestions from the observers. What is really valuable is the discussion provoked by a role play, rather than the role play itself. First ask the players: How did it feel? Did it seem realistic, Could you use this in real life? Why or why not? What would make it useful? What are the communication skills they used? Ask for new players to do the scene again with different outcomes.
After doing a few of these samples or your own situations, have pairs or small groups create their own scenarios.

**Samples:**

1. Jack and Sue are from the same neighborhood and in the same class. They are friends and like each other a lot. They both have older sisters who have gotten pregnant in high school. They hear a lot of talk about how great sex is and Sue really wants to try it. She has decided to try it with
Jack. She invites him over to her apartment after school when no one else is home. Jack doesn’t want to have sex but he’s afraid Sue will make fun of him if he doesn’t.

Cue Card for Jack: You really like Sue but you don’t want to have sex. Try saying no, being honest about your feelings, offering a suggestion of something else to do. Do not give in.

Cue card for Sue: Continue to insist until he has said no three times. Then, agree to do something else with him.

2. Jane has a lot of family problems at home. She is only in the fifth grade, but she is 12, is fully developed and looks much older. She feels alone and unloved. She has a boyfriend, Sam, who is four years older. She doesn’t really love him but she wants to have a baby so she’ll have someone of her very own to love. Sam loves Jane.

Cue Card for Jane: You really want to get pregnant, so you’re very persuasive. See if Sam can convince you not to have a baby now.

Cue card for Sam: You love Jane and want to have sex with her but you do not want her to get pregnant. Be kind and loving and try to convince her to agree to use condoms.

3. Louis and Rick are best friends. Louis is bragging about how much he likes having sex and all the girls he’s been with. He’s pressuring Rick to find someone to have sex with.

Cue card for Rick: You do not want to have sex yet. You want to keep your friendship with Louis but he’s making you angry with all his pressuring and bragging. You tell him honestly how you feel and then try to get him to go shoot some hoops.

Cue Card for Louis: You keep up with the pressure for a while but then you agree that you want to stay friends and if Rick doesn’t want to have sex now, you’ll leave him alone.

4. Paul and Shawanda have been meeting in the stairwell at their middle school and making out. Paul wants to go all the way. Shawanda is scared and doesn’t know what to do.

Cue card for Paul: Keep insisting on having sex next time you meet. Ask the class for suggestions of more ways to keep up the pressure when you run out of ideas.

Cue card for Shawanda: You do not want to have sex. Be firm in your refusal and do not let him convince you.

5. Jerry is being pressured by his friend Gary to spread some gossip about a classmate of theirs.

Cue card for Jerry: You want Gary to tell all the kids in his math group that Pam lets anybody kiss her.

Cue card for Gary: You try to talk Jerry out of spreading gossip about Pam because you know how it feels when people have talked about you.
Notes

13. Collins, p. 16.
14. ibid., p.12.
18. Ibid, p 228.
29. Committee for Children, p. 27.

**Bibliography for Teachers**


This resource is designed to prepare teachers to work with teens and families who come from widely varied backgrounds. Its purpose is to enable culturally competent sexuality and HIV/AIDS prevention education.


Collins, C., *Dangerous Inhibitions: How America Is Letting AIDS Become An Epidemic Of The Young*. San Francisco: Center for AIDS Prevention Studies (CAPS), 1997. This is a pointed monograph which urgently encourages educators to "get real" about AIDS prevention and sexuality education for young people. CAPS offers other excellent data about recent research in AIDS prevention.

Committee For Children, *Second Step: A Violence Prevention Curriculum*, Grades 4-5. Seattle, WA: 1992. This is the basic Social Development Curriculum for these grades. The skills it teaches (empathy, impulse control and anger management) are appropriate to apply to situations concerning puberty and relationships. The May 28, 1997 issue of the Journal of the American Medical Association reports on the effectiveness of this curriculum at reducing violence by improving children’s interpersonal skills.

Crozier, Louis M, Editor, *Losing It: The Virginity Myth*. Washington, DC: Avocus Publishing, 1993. This is a compilation of 22 first-person stories of how young people lost their virginity and their thoughts on how they’d do things differently if they could. It has stories which may be instructive if adapted to be read to young people who are eager to start having sex.


Edwards, Mac, Editor, *SIECUS Report*. New York: Sexuality Information and Education Council of the United States. Published every other month, this newsletter frequently has interesting articles related to young people and their developing sexuality. SIECUS also has a wide variety of bibliographies, a library, and is a very rich source of information. 130 W. 42nd St., Suite 350, NY, NY 10036. Phone: 212-819-9770; E-mail: SIECUSsiecus.org

Family Life Council of Greater Greensboro, Inc. *Wise Guys: Male Responsibility Curriculum*, Greensboro, NC: 1995. This curriculum is targeted at 10-15 year old males and proposes to help them delay the onset of intercourse and to use protection when they do have sex and to understand the meaning of responsibility.


Harris, Robie H., illustrated by Michael Emberley, *It’s Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health*. Cambridge, Ma: Candlewick Press, 1994. This is a comprehensive and humorous book for young people about all aspects of developing humans. It is on the teachers’ list rather than the classroom list because it is so comprehensive. It may offend some people and should not be used in the classroom without prior notice to parents and administrators. With such notice, it can be a very useful way of covering the factual part of puberty and human sexuality. I recommend it for the small group sessions with the “precocious” students.

Petrich-Kelly, Barbara and Rohm, Kristen, *Growing Up and Learning to Feel Good about Yourself: An Educator’s Bilingual Guide to Teaching Puberty*. Santa Cruz, CA: ETR Associates, 1996. This curriculum has the great advantage of being in both Spanish and English. There are lesson plans about your body, human sexuality, relationships, changes and choices. These are preceded with a section on teacher preparation which covers information, attitudes and the importance of feeling good about teaching this subject.

**Materials for Classroom Use**

**Videos**

“*What Kids Want To Know About Sex and Growing Up*”, put out by Children’s Television Workshop. The first 30 minutes is the part shown to 5th graders in New Haven. The rest provides an excellent model of how to answer controversial or sensitive questions children may ask. This video is available in video stores on the community service shelf. One hour long.

“*Looking Good, Feeling Good: Healthy You*”, from Sunburst Communications (1-800-431-1934), Pleasantville, NY. A clever film which covers the potentially boring topics of hygiene and health throughout puberty with fast action, graphics, and humor. 17 minutes.

“*Feelings: Inside, Outside, Upside Down*”, also from Sunburst. A very thorough and engrossing presentation about the emotional changes of puberty. It also shows young people using communication and relationship skills to solve problems and deal with their feelings.

“*Always Changing*”, Procter & Gamble School Programs (1-800-526-6611). Shown to 4th grades. It and other hygiene films and products are free from the company for students.

**Other Formats**

Channing L. Bete, Co., Inc. (1-800-628-7733) Scriptographic pamphlets about many issues surrounding puberty, adolescence, talking with adolescents about sex, decision-making, AIDS. These are available free from the State or City Health Department and are very easy to read.

Madaras, Linda *What’s Happening To My Body ? For Girls* and *For Boys*. These are very reassuring and comprehensive books which cover the basic facts of male and female development. Each has a chapter about the other sex. They are very good for individual reading, for research and reports.

Pamphlets from *ETR Associates* (1-800-321-4407) can be useful tools for classroom or small group activities, especially with peer educators.

* 101 Ways to Say No To Sex: Students’ Ideas for Being Firm About Saying NO (Also in Spanish)

* 101 Ways to Survive Puberty

* Growing Older: Facts and Feelings (8 pages)

Braunginn, Stephen Higginbotham *Stand Strong* . Madison, WI: Wisconsin Clearinghouse, 1991. This is a 16 page comic book aimed at ages 12-18, which focuses on the lives of several African-American teenagers at an urban youth center. Although the protagonists are older than 4th and 5th graders, they are facing the same decisions which the precocious students are facing. The comic book format is fun to read and the story can open discussion about the difficulties students face in overcoming peer pressure, preventing pregnancy, resisting alcohol and other drugs, and in building a positive self-image. *Stand Strong* comes with a companion booklet for
adults who work with African-American youth called, *What Caring Adults Can Do To Help Our African-American Youth*.


American Red Cross’ *African Proverb Posters* . This is set of large, beautiful posters with a lesson related to HIV/AIDS prevention accompanying each one. They can be applied to learning about puberty, growing up and making decisions about sex.

*Story Books* for students to read: (Most recommended for ages 12 and up) selected from the Bookfinder (see above) because they treat social and emotional themes related to puberty, maturation and relationships.


**HBJ Reading Series: 5th grade stories** which are connected to the developmental pathways, the social skills and the puberty education goals of this unit: