



**WASHOE COUNTY SCHOOL DISTRICT
SEXUALITY, HEALTH, AND RESPONSIBILITY EDUCATION (S.H.A.R.E.)
ADVISORY COMMITTEE MEETING**

Wednesday, January 29, 2020 at 5:30 p.m.

WCSD Administration Building
425 East 9th Street, Board Room
Reno, Nevada 89512

AGENDA

1. OPENING ITEMS

- 1.01 Call to Order – 5:30 p.m., WCSD Administration Building, 425 East 9th Street, Board Room, Reno, Nevada 89512
- 1.02 Roll Call

2. DISCUSSION, PRESENTATION, AND ACTION ITEMS – Please note regarding public comment: any individual may address the public body concerning any Action item listed below. A completed "Citizen's Right to Speak" card must be submitted to the public body at the meeting. During the discussion of the action item, the Chair will invite the individual to come forward to speak. Individuals are limited to three minutes per item.

- 2.01 ACTION TO ADOPT THE AGENDA - Please Note: Items on this agenda may be taken out of order; the public body may combine two or more agenda items for consideration; and the public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. **The meeting will end at the conclusion of all items on the agenda, or the Chair will not entertain any new agenda items under Section 2 of this agenda at or near 8:00 PM. At or near 8:00 PM, the Chair will move to Section 3 of this agenda. Any items under Section 2 of this agenda not considered will automatically move to the next SHARE agenda.** (For Possible Action)
- 2.02 Introduction of Students Who Will Serve as Non-Voting Members to the S.H.A.R.E. Advisory Committee (For Presentation Only)
- 2.03 Discussion and Possible Action to Select a Committee Vice-Chair from the current membership of the Sexuality, Health and Responsibility Education (S.H.A.R.E.) Advisory Committee for a term ending June 30, 2020: Lydia DeFlorio, Kelly Roper, Ashley Wade, Sara Kiser, Sylvia Gonzalez, Andrea Thompson, Manuel Magana, Benjamin Zober, Tanja Hayes (For Possible Action)
- 2.04 Approval of the minutes of the meeting of the Sexuality, Health, and Responsibility Education Advisory Committee from September 10, 2019 (For Possible Action)
- 2.05 Discussion and Possible Action to provide the WCSD S.H.A.R.E. Administrator with Input on whether to include the topic of Sex Trafficking in the SHARE curriculum for 7th Grade, 8th Grade, Neither, or Both. (For Discussion Only)
- 2.06 Presentation and Discussion of the Proposed Sexuality, Health, and Responsibility Education (S.H.A.R.E.) Eighth (8th) Grade Curriculum, to include Lesson Plans and Accompanying PowerPoint Presentation Materials, for Draft Lesson *Reproductive and Sexual Health*, and the concepts proposed to include: Anatomy of the Male and

- Female Reproductive System, Functions of the Male and Female Reproductive System, Human Reproduction, Pregnancy, Abstinence, Sexual Health/Medical Visits, and Inclusion of Four Videos: Biological Male Anatomy (<https://youtu.be/G2ciOhidKpg>), Biological Female Anatomy (<https://youtu.be/j9QgcCK6FKM>), How Can I Reduce My Sexual Health Risk? (<https://youtu.be/24DR9GfYNcw>), Pregnancy and Reproduction Explained (<https://youtu.be/OejdOS4lqeE>); and Possible Action to either Recommend Adoption of the Proposed Curriculum, with any Additional Revisions, and Deletion of the Existing Curriculum Related to Reproductive and Sexual Health by the WCSD Board of Trustees or Recommend Revisions to the S.H.A.R.E. Coordinator for Future Additional Consideration by the S.H.A.R.E. Advisory Committee (For Possible Action)
- 2.07 Presentation and Discussion of the Proposed Sexuality, Health, and Responsibility Education (S.H.A.R.E.) Eighth (8th) Grade Curriculum, to include Lesson Plans and Accompanying PowerPoint Presentation Materials, for Draft Lesson *Abstinence, Contraceptives and Sexually Transmitted Infections (STIs)*, and the concepts proposed to include: Abstinence, Birth Control Methods, Emergency Contraception, Sexually Transmitted Infections and HIV Transmission, Local Resources for STD Treatment and Testing, and the Inclusion of One Video: Sex Education for Middle School Video 3 - Sex, Contraception and STIs (<https://youtu.be/cml6eJNEyowz>); and Possible Action to either Recommend Adoption of the Proposed Curriculum, with any Additional Revisions, and Deletion of the Existing Curriculum Related to Abstinence, Contraceptives and Sexually Transmitted Infections by the WCSD Board of Trustees or Recommend Revisions to the S.H.A.R.E. Coordinator for Future Additional Consideration by the S.H.A.R.E. Advisory Committee (For Possible Action)
- 2.08 Distribution of Revised Meeting Schedule for Meetings of the Sexuality, Health, and Responsibility Education Advisory Committee for the Remainder of the 2019-20 School Year Changing the Meeting Day to Mondays from Wednesdays (For Presentation Only)

3. CLOSING ITEMS

- 3.01 Announcement of Next Meeting: Monday, February 10, 2020, 5:30 p.m. at WCSD Administration Building, 425 East 9th Street, Board Room, Reno, Nevada 89512
- 3.02 Public Comment - Comments from the public are invited at this time on topics not specifically addressed elsewhere in the agenda. A "Citizen's Request to Speak" card should be filled out and submitted to the Recording Secretary before speaking during the Public Comment section. All persons are limited to three minutes per item. In accordance with Open Meeting Law and on the advice of legal counsel, the public body is discouraged from discussing and precluded from deliberating and/or acting on items raised by Public Comment which are not already on the agenda. The public body may impose reasonable content-neutral restrictions on public comment such as willfully disruptive comments that are irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers. Correspondence or written materials submitted for public comment by the general public shall be attached to the minutes of the meeting.

3.03 Adjourn Meeting

Forum Restrictions and Orderly Conduct of Business: The S.H.A.R.E. Advisory Committee conducts the business of the Washoe County School District during its meetings. The presiding officer may order the removal of any person whose statement or other conduct disrupts the orderly, efficient or safe conduct of the meeting. Warnings against disruptive comments or behavior may or may not be given prior to removal. The viewpoint of a speaker will not be restricted, but reasonable restrictions may be imposed upon the time, place and manner of speech. Irrelevant and unduly repetitious statements and personal attacks which antagonize or incite others are examples of speech that may be reasonably limited.

Members of the public wishing to request supporting materials for this meeting or who are disabled and require special accommodations at the meeting should contact Rochelle Proctor, S.H.A.R.E. Administrator. Ms. Proctor can be contacted in writing by email at RProctor@washoeschools.net, at PO Box 30425, Reno, Nevada 89520-3425 or by telephone at 775-861-4476.

This agenda and supporting materials, when appropriate, have been posted at the following locations:

www.washoeschools.net

www.boarddocs.com/nv/washoe/board.nsf/public

State of Nevada website (notice.nv.gov)

WCSD Central Administrative Building

Washoe County Administration Building

Washoe County Courthouse

Reno City Hall

Sparks City Hall

Sparks Library

Pyramid Lake Paiute Tribe Administration Building

Reno Sparks Indian Colony Administrative Office

**MEETING MINUTES OF THE
SEXUALITY, HEALTH, AND RESPONSIBILITY EDUCATION (SHARE)
ADVISORY COMMITTEE OF THE
WASHOE COUNTY SCHOOL DISTRICT BOARD OF TRUSTEES**

September 09, 2019

1. OPENING ITEMS

1.1 CALL TO ORDER

The meeting of the SHARE Advisory Committee was called to order at 6:12p.m. at the WCSD Administration Building, 425 East 9th Street, Board Room, Reno, Nevada 89512.

1.2 ROLL CALL

Chair Ashley Wade and Members Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Dariah Scott, Kelly Roper, and Andrea Thompson were present. Members Brent Brooks and Cassi Levesque were absent. Rochelle Proctor, WCSD SHARE Committee Liaison, and staff were also present.

2. DISCUSSION, PRESENTATION AND ACTION ITEMS

2.01 ACTION TO ADOPT THE AGENDA

On motion by Dariah Scott, second by Kelly Roper, the S.H.A.R.E. Advisory Committee approved the agenda as presented (Yea: Ashley Wade, Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Dariah Scott, Kelly Roper, Andrea Thompson Nay: 0) Final Resolution: 7-0, Motion Carries.

2.02 Approval of the minutes of the meeting of the Sexuality, Health, and Responsibility Education Advisory Committee from August 21, 2019

There was no discussion.

On a motion by Sara Kiser, second by Andrea Thompson, the S.H.A.R.E. Advisory Committee approved the minutes of the August 21, 2019 meeting of the S.H.A.R.E. Advisory committee (Yea: Ashley Wade, Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Dariah Scott, Kelly Roper, Andrea Thompson Nay: 0) Final Resolution: 7-0, Motion Carries.

2.03 Presentation, Discussion and Possible Action to Provide Input to the WCSD S.H.A.R.E. Coordinator on the Current and Proposed Topics of the 8th Grade Sexuality, Health, and Responsibility Education

(S.H.A.R.E.) Curriculum. See Attachment A (page 4 of this agenda) for a list of the current and proposed lesson topics. Note: This title is limited to discussion of proposed curriculum topics. Discussion of the proposed curriculum and associated materials shall occur at a future meeting of the S.H.A.R.E. Advisory Committee Meeting

Rochelle Proctor, S.H.A.R.E. Coordinator, presented current and proposed lesson topics and asked for input into recommendations for additional topics for the 8th grade SHARE curriculum.

The Committee discussed the topics that were presented and indicated support for them. They then discussed additional topics including sex trafficking, gender identity and sexual orientation, and sexting/social media.

Ms. Thompson suggested the committee add gender identity and sexual orientation as a lesson topic and cited National Sexual Education Standards as a source. Ms. Thompson added big changes occur in students in the 6th, 7th and 8th grades, physically, emotionally and developmentally.

The Committee discussed that the lessons should be presented in an age appropriate manner. Ms. Roper inquired about what is considered age appropriate for discussion of gender identity and other information.

Ms. Thompson referenced the National Sexual Education Standards and that the document explains age appropriate ages for lesson topics, and the various contributing organizations who have come together for content. It also speaks to suicide in young students who are questioning their gender identity.

There was discussion about references being added and available for students and their families, such as the national sexual education standards. Ms. Proctor indicated that the intention is to have resources and references for each grade level.

Public Comment:

- Luis Galvez, a WCSD student, spoke in favor of adding gender identity as a topic.

Ms. DeFlorio commented that part of the charge of the committee is to bring age appropriate lessons, using the members' suggestions. Ms. Proctor will bring these lessons back to the committee for discussion and approval.

On motion by Dariah Scott, second by Sara Kiser, the S.H.A.R.E. Advisory Committee recommended adding the following topics to the 8th Grade S.H.A.R.E. Curriculum: sex trafficking, sexting and social media. (Yea: Ashley Wade, Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Dariah Scott, Kelly Roper, Andrea Thompson Nay: 0) Final Resolution: 7-0, Motion Carries.

On motion by Andrea Thompson, second by Lydia DeFlorio, the S.H.A.R.E. Advisory Committee recommended adding the following topic to the 8th Grade S.H.A.R.E. Curriculum: gender identity and sexual orientation. (Yea: Ashley Wade, Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Dariah Scott, Kelly Roper, Andrea Thompson Nay: 0) Final Resolution: 7-0, Motion Carries.

On Motion by Sara Kiser, second by Kelly Roper, the S.H.A.R.E. Advisory Committee recommended accepting the topics initially presented by the SHARE Coordinator for the 8th Grade S.H.A.R.E. Curriculum (as presented on attachment A to the agenda) (Yea: Ashley Wade, Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Dariah Scott, Kelly Roper, Andrea Thompson Nay: 0) Final Resolution: 7-0, Motion Carries.

2.04 Presentation, Discussion and Possible Action to Provide Input to the WCSD S.H.A.R.E. Coordinator on the Current and Proposed Topics of the 7th Grade Sexuality, Health, and Responsibility Education (S.H.A.R.E.) Curriculum. See Attachment A (page 4 of this agenda) for a list of the current and proposed lesson topics. Note: This title is limited to discussion of proposed curriculum topics. Discussion of the proposed curriculum and associated materials shall occur at a future meeting of the S.H.A.R.E. Advisory Committee Meeting

Rochelle Proctor, S.H.A.R.E. Coordinator, presented current and proposed lesson topics and asked for input into recommendations for additional topics for the 7th grade SHARE curriculum.

The Committee discussed the topics that were presented and indicated support for them. They discussed additional topics including abstinence, sexually transmitted infections (STI's), contraceptives, reproduction, basic sexual intercourse

Ms. Kiser suggested adding references to local resources. She also spoke about students in middle school being developmentally different and added that there may be an overlap between the 7th and 8th grade lessons. Ms. Thompson agreed that there should be repetitive lessons in order for the information to stick.

Ms. Thompson proposed adding a lesson topic on gender identity and sexual orientation in 7th grade as well. Ms. Roper disagreed stating that her interpretation of the National Sexual Education Standards is to present this information by the end of 8th grade and, in her opinion, if it's not in the Standards it should not be included.

Chair Wade discussed the idea of presented curriculum in such a way that students gain mastery of a concept (grade bands). For example, in the first year the topic is introduced, in the second year additional details are added, and in the third year students would be expected to have mastery of the concept.

There was discussion among the committee related to grade bands, ensuring all students received appropriate information, and providing students with proper terminology and words to decrease the use of slurs.

Ms. Scott stated her concern that not all members of the Committee had a copy of the National Sexual Education Standards in front of them, and was uncomfortable using it as a reference to make decisions until everyone has a copy in front of them.

Public Comment

- Brooke Maylath from the Transgender Allies Group spoke about Senate Bill 204 from the 2019 Legislative Session which speaks to student suicide prevention.
- Ian Walker, a WCSD student, stated his believe that sexual orientation should be a topic for older students but not students in elementary school.

On motion by Ashley Wade, second by Andrea Thompson, the S.H.A.R.E. Advisory Committee recommended accepting the current topics proposed for the 7th grade curriculum and added the following topics: basic sexual intercourse, human reproduction, abstinence, contraceptives, STI's, and sexual orientation and gender identity.

Kelly Roper proposed a friendly amendment that local resources be available. Ashley Wade and Andrea Thompson accept the friendly amendment. (Yea: Ashley Wade, Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Dariah Scott, Kelly Roper, Andrea Thompson Nay: 0) Final Resolution: 7-0, Motion Carries.

2.05 Presentation, Discussion and Possible Action to Provide Input to the WCSD S.H.A.R.E. Coordinator on the Current and Proposed Topics of the 6th Grade Sexuality, Health, and Responsibility Education (S.H.A.R.E.) Curriculum. See Attachment A (page 4 of this agenda) for a list of the current and proposed lesson topics. Note: This title is limited to discussion of proposed curriculum topics. Discussion of the proposed curriculum and associated materials shall occur at a future meeting of the S.H.A.R.E. Advisory Committee Meeting

Rochelle Proctor, S.H.A.R.E. Coordinator, presented current and proposed lesson topics and asked for input into recommendations for additional topics for the 6th grade SHARE curriculum.

The Committee discussed the topics that were presented and indicated support for them. They discussed additional topics including

Ms. Roper asked for clarification on the third bullet point, "texting," and if it was meant to be "sexting." She added that sexting should be a topic. Ms. Scott agreed that texting should be included in a discussion of social media and sexting.

Ms. Thompson referenced bullying and suggested that "healthy relationships" be an added topic. She also recommended that gender identity and sexual orientation be added.

There was discussion about separating boys and girls for certain topics. Ms. Proctor responded that separating students has not been discussed with the new lessons. Currently, though, lessons are taught with one day being boy focused and one day being girl focused.

Ms. Roper suggested that sexual orientation may be added but that the topic of gender identity not be added to avoid confusion by younger students. Ms. Thompson agreed that the two topics could be separated but both should be discussed.

Chair Wade asks how 6th grade lessons are being delivered now that 6th grade is in middle school. Ms. Proctor replied that the counselors are teaching the 6th graders. Ms. Roper, asked if there is any desire with new curriculum to switch to science teachers or keep it with the counselors.

Following Ms. Scott's inquiry related to bullying, disciplinary action, and the use of slurs, the committee discussed the District's student behavior protocols.

Debra Biersdorff, Chief Academic Officer, informed the group of the District's behavior matrix which clearly delineates why a student might receive consequences or disciplinary action for various behaviors. She added that the District has a rigorous, thorough and clear process to address bullying, and has initiated a civil rights lesson beginning with middle school students. That lesson addresses bullying, sexual discrimination and harassment, etc. In 2021 it will be taught to high school students and the following year to elementary school students.

There was discussion about adding references to resources for students and their families. Ms. Gonzalez asked if the resources are accessible to students on their own, or if they have to have parent permission. Ms. Proctor responded that resources will likely be in the school community such as counselors, social workers, and nurses. Ms. Thompson suggested adding health care providers to resources for students.

Public Comment:

- Brooke Maylath spoke in favor of including gender identity in 6th grade; and of not separating students by gender when teaching the lessons.
- Baillie Stewart spoke in favor of the presented topics; encouraged the inclusion of gender identity; and better resources for teachers and parents.

On motion by Kelly Roper, second by Dariah Scott, the S.H.A.R.E. Advisory Committee recommended accepting the presented topics for the 6th grade S.H.A.R.E. curriculum and adding the following new topics: texting, sexting, social media, healthy relationships, adolescence puberty, local resources, and sexual orientation.

Ms. Thompson proposed a friendly amendment to include gender identity. Ms. Roper stated she would not accept the friendly amendment adding that if the Standards separate the topics (sexual orientation and gender identity) the committee needs to honor that.

(Yea: Ashley Wade, Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Dariah Scott, Kelly Roper, Andrea Thompson Nay: 0) Final Resolution: 7-0, Motion Carries.

On motion by Andrea Thompson, second by Sara Kiser, the S.H.A.R.E. Advisory Committee recommended adding gender identity as a 6th grade curriculum topic (Yea: Ashley Wade, Sara Kiser, Lydia DeFlorio, Sylvia Gonzalez, Andrea Thompson Nay: Dariah Scott, Kelly Roper) Final Resolution: 5-2, Motion Carries.

3. CLOSING ITEMS

3.01 ANNOUNCEMENT OF NEXT MEETING

The next meeting of the S.H.A.R.E. Advisory Committee will be November 13, 2019, 5:30 p.m. at WCSD Central Administration Building, 425 East 9th Street, Board Room, Reno, Nevada 89512

3.02 PUBLIC COMMENT

There was no public comment at this time.

3.3 ADJOURN MEETING

There being no more business, Chair Wade adjourned the meeting at 7:45 pm.

Lesson Topic: Reproductive and Sexual Health

Objectives:

- Identify the organs of the male and female reproductive systems.
- Describe the functions of the male and female reproductive systems.
- Describe how pregnancy occurs.
- Define abstinence
- Sexual Health-Doctor visits: reasons to go and what to expect

A Note About Language:

Language is important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun "they" instead of "her" or "him", using gender neutral names in scenarios and role-plays.

Activities:

Review reproductive anatomy and physiology

Biological Male Anatomy video (3:21): <https://youtu.be/G2ciOhidKpg>

Biological Female Anatomy video (2:01): <https://youtu.be/j9QgcCK6FKM>

How Can I Reduce My Sexual Health Risk? (7:16) Video <https://youtu.be/24DR9GfYNcw>

Pregnancy and Reproduction Explained (2:32): Video <https://youtu.be/OeidOS4lqeE>

When you should see the doctor and what to expect

Lesson Intro:

The purpose of SHARE is to assist you in making informed choices and avoid behaviors that put you at risk.

Today we're going to review the organs of the biological female and biological male reproductive system, discuss their functions, how pregnancy occurs and when and why it's important to see the doc about reproductive health.

Why do you think it's important for you (students) to understand how the reproductive system works?

Students can work either with a shoulder partner or individually to brainstorm some ideas.

Have students share and list on the board.

Review the male reproductive system

Slide 2: Biological Male Anatomy video link-play video

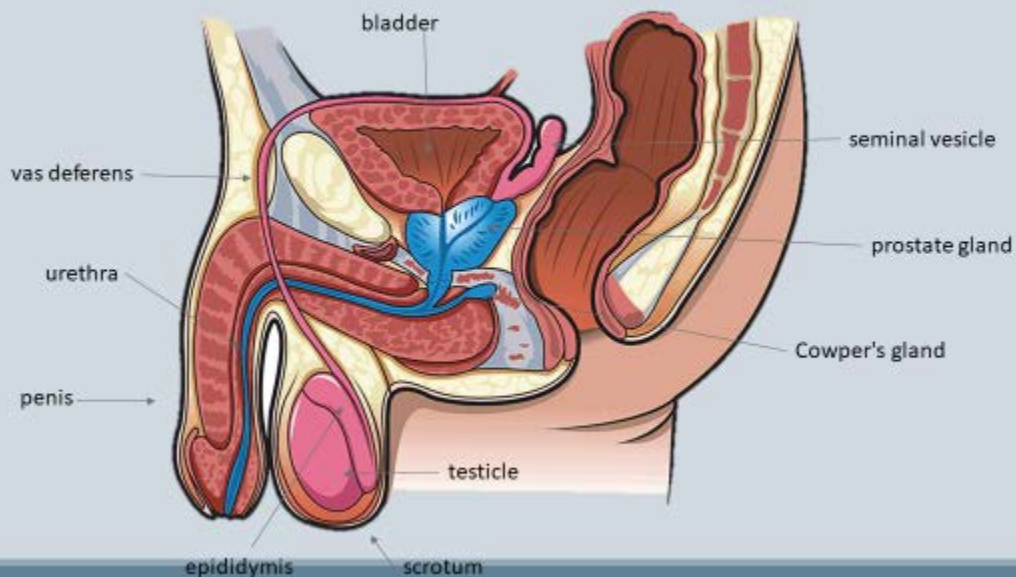
Biological Male Anatomy



Distribute the Male Reproductive Organs activity sheet.

Students work independently for few minutes to fill in their responses. Have them turn to a partner and compare. Students make corrections as you go over the diagram.

Slide 3: Male reproductive organs



Review each organ and its functions, asking students to share what they know. Correct any misinformation, as needed, using the notes below to guide discussion.

The male reproductive system includes the penis, testicles, scrotum, epididymis, vas deferens, prostate gland, seminal vesicles, urethra and Cowper's glands.

The Male Reproductive System

The penis

- Is made up of a spongy tissue. Most of the time it's soft and limp.
- When a man becomes sexually excited, the tissue of the penis fills with blood and it becomes larger and firmer. This is called an erection.
 - It happens before sexual intercourse.
 - It can happen when a man has feelings of sexual attraction or thoughts about sex. It can happen when a man feels excited or nervous, or for no reason at all. It can also happen during sleep.

The testicles

- The 2 testicles are about the size and shape of small plums.
- They make the hormone testosterone and produce sperm, the male reproductive cells. Every day, a healthy male produces several hundred million sperm.
- The testicles make sperm best at a few degrees cooler than normal body temperature. This is why they hang outside the body in the scrotum.

The scrotum

- Is a loose sac of skin that hangs behind the penis.
- It holds the testicles.
- If the testicles get cold, the scrotum hugs the body to warm them up to the best temperature for making sperm.
- If the testicles get too warm, the scrotum hangs low to cool them down.

The epididymis

- Is a tightly coiled tube that curves over the top of each testicle.
- After sperm are made, they move into the epididymis for up to 6 weeks.
- There they mature and develop the ability to swim.

The vas deferens

- Is the tube that leads out of the epididymis.
- There are 2 of them, one from each testicle.
- Each vas is about 17 inches long.
- Mature sperm move from the epididymis into the vas deferens, where they are stored until they leave the body.
- Unused sperm break down and get absorbed by the body.

The prostate gland

- Is about the size and shape of a walnut.
- The prostate makes a thin, milky fluid that helps the sperm move.
- The prostate grows larger at puberty.

The seminal vesicles

- Are pouches that connect to each vas deferens before it reaches the prostate gland.
- They make a sticky yellow liquid called seminal fluid that gives sperm energy and helps them move.
- Together, the fluid from the seminal vesicles and prostate gland make semen-the milky white liquid containing sperm that leaves the penis when a man ejaculates.
- Ejaculation is when the muscles of the reproductive organs contract and push the semen out of the man's body.

The urethra

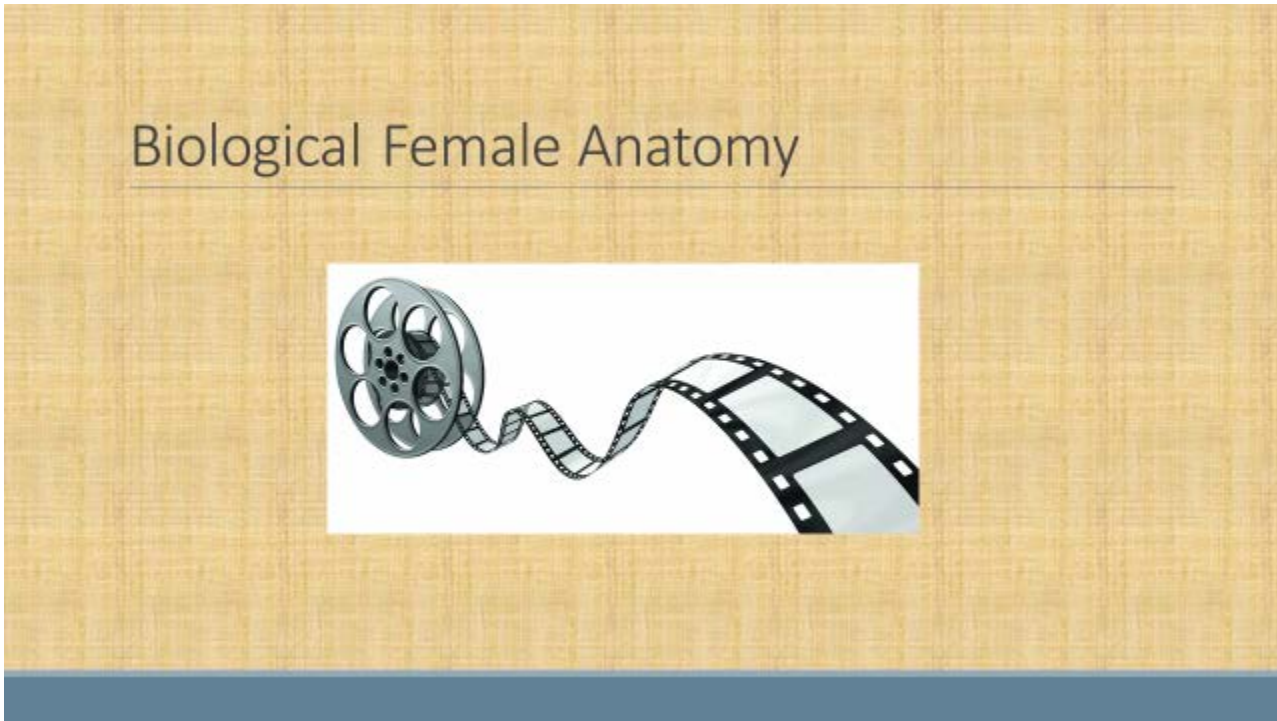
- Is a tube that starts at the bladder and runs through the penis to its end.
- It carries both urine and semen out of the body, but never at the same time.
- When a man is sexually excited, a valve closes off the bladder, so urine can't pass through the urethra.

The Cowper's Gland

- 2 small glands along the urethra.
- They make a clear fluid that passes through the urethra before a man ejaculates to flush out any traces of urine.
- This fluid is called pre-ejaculate.
 - Sometimes this fluid can contain sperm that have been left in the urethra from earlier ejaculations.

The Female Reproductive System

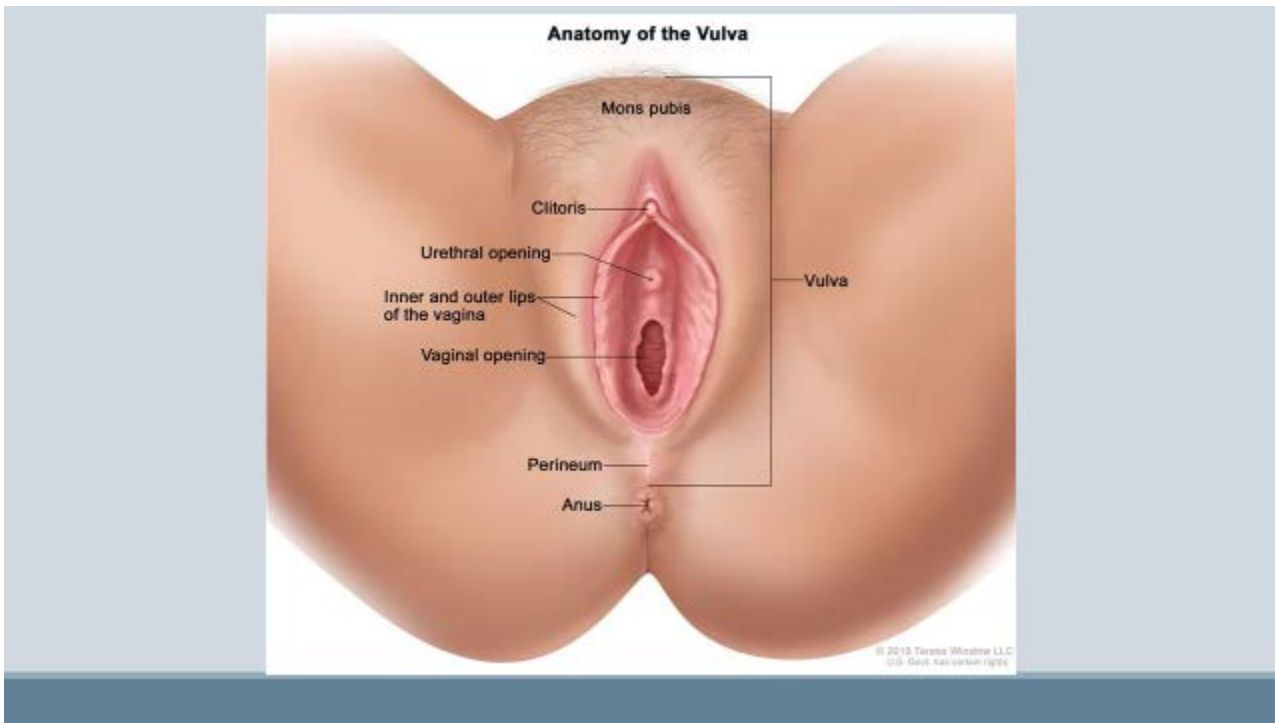
Slide 4: Biological Female Anatomy video link-play video



Distribute the Female Reproductive Organs activity sheet.

Students work independently for few minutes to fill in their responses. Have them turn to a partner and compare. Have students make corrections as you go over the diagram.

Slide 5: Female reproductive organs



The external female reproductive organs are the labia majora, labia minora, clitoris, urinary opening, and vaginal opening. Together with the mons pubis they are called the vulva.

Mons pubis

- Is the area where fat under the skin covers the pubic bone. Hair grows in this area during puberty.

Labia majora (outer lips) and labia minora (inner lips)

- Are folds of skin that surround and protect the clitoris, vaginal opening, and urinary opening.

Clitoris

- Is about the size of a pea and is full of sensitive nerve endings. Its purpose is to provide sexual pleasure.

Urethral opening

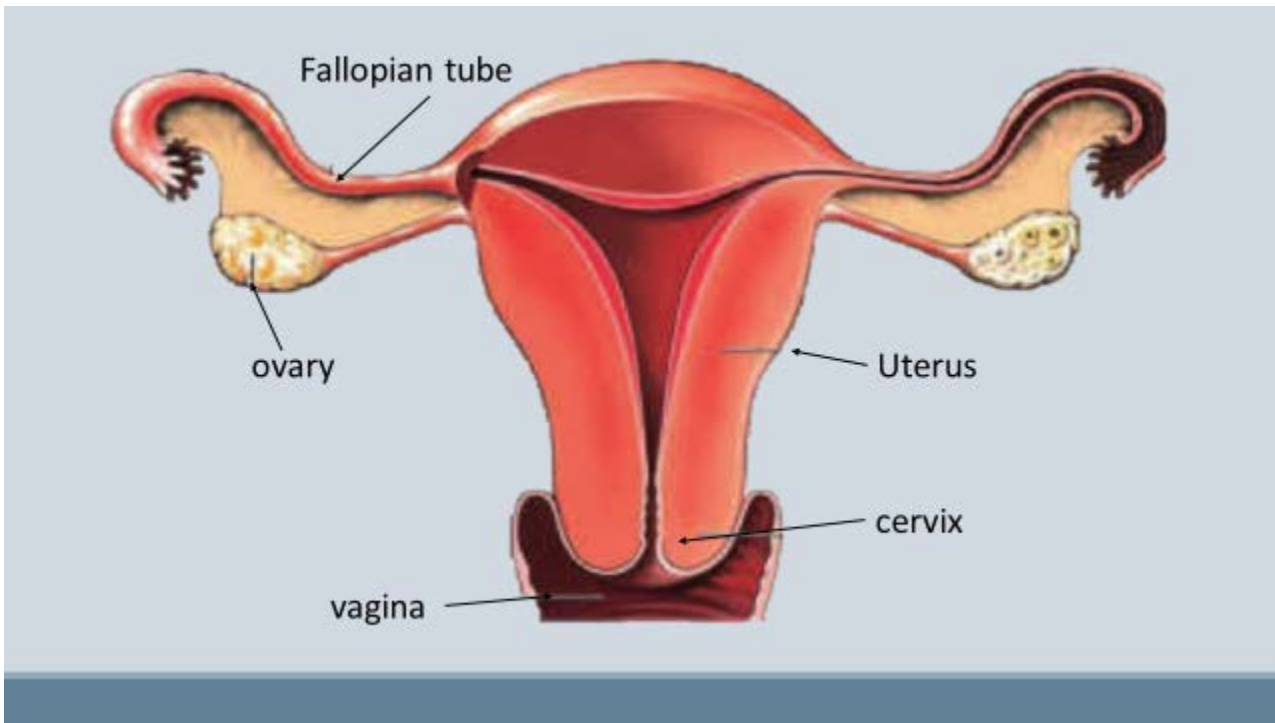
- Located below or behind the clitoris and this is where urine leaves the body.

Vaginal opening

- Below or behind the urinary opening and this is where menstrual fluid leaves the body
- Where a man's penis enters the woman's body during vaginal sexual intercourse
- Where a baby comes out during childbirth.

Female Reproductive Organs-Internal

Slide 6: Internal female reproductive organs



The internal female reproductive organs include the vagina, uterus, ovaries, fallopian tubes and cervix.

The vagina

- Is a muscular tunnel about 4 inches long that goes from the vaginal opening to the opening of the uterus.
- It provides a way for menstrual fluid to leave the body, and receives a man's penis during vaginal intercourse.
- It is also the passage through which a baby is born, so it's sometimes called the birth canal.

The uterus

- Is a pear-shaped organ, about the size of a fist.
- It is one of the strongest muscles in the body because it has to be able to push a baby out during childbirth.
- It's where a fertilized egg grows and develops into a baby when a woman is pregnant.
- After a girl reaches puberty, the uterus builds up a thick lining of blood and tissue approximately once a month, to support the growth of a fertilized egg. When the egg isn't fertilized this lining isn't needed, so it flows out of the body through the vagina. This is called menstruation or having a period.

The ovaries

- Are almond-shaped organs that make female hormones and hold the female's eggs.
- When a girl is born, her ovaries contain more than 300,000 egg cells.

- After puberty, about once a month, an egg matures in one of the ovaries and is released into the fallopian tube.

The fallopian tubes

- Come out of each side of the uterus.
- An egg travels from an ovary through a fallopian tube to get to the uterus.
- Fertilization happens when a male sperm enters the female egg while it is in the fallopian tube.

The cervix

- Is the narrow end of the uterus that opens into the vagina.
- During pregnancy, it stays tightly closed to help protect the developing fetus.

Review of Menstrual Cycle

Slide 7: menstrual cycle diagram



- One of the signs that a girl has reached puberty is that she begins to menstruate, or have periods.
- The menstrual cycle is called a cycle because it happens over and over. It is one way the female body becomes physically ready to reproduce.

Ask student volunteers to explain how the menstrual cycle works. Use the slides of the reproductive organs and the notes below, if needed, to reinforce and illustrate the following information.

- When a girl's body is going through puberty, about once a month, an egg begins to mature in one of her ovaries.
- While this is happening, her uterus begins building up a lining of blood and tissue that could support a fertilized egg. The time this takes can vary from woman to woman.
- When the egg is mature, it is released from the ovary into the fallopian tube.

- This is called ovulation.
- Ovulation happens about 14 days before a woman's next period.
- The egg then travels down the fallopian tube to the uterus.
 - When the egg is in the fallopian tube, it can be fertilized by a male's sperm.
 - If the egg has been fertilized, it attaches to the lining of the uterus and begins to grow. This is the start of a pregnancy.
 - If the egg hasn't been fertilized, the uterus will begin to shed its lining. The blood and tissue leave the uterus and flow out the vagina, and the woman has her period.

Review of How Pregnancy Occurs

Slide 8: Pregnancy and Reproduction Explained Video

Pregnancy and Reproduction Explained



- Once people reach puberty, anywhere from age 9 to 16, they're physically able to reproduce. Girls can get pregnant, and boys can fertilize an egg. However, usually young people are not prepared to raise and support a child until many years after puberty. When you know how pregnancy happens, you're better able to protect your reproductive health.
- About halfway through the menstrual cycle, one mature egg leaves the ovary — called ovulation — and travels through the fallopian tube towards your uterus.
- The egg hangs out for about 12-24 hours, slowly moving through the fallopian tube, to see if any sperm are around.
- If semen gets in the vagina, the sperm cells can swim up through the cervix and uterus and into the fallopian tubes, looking for an egg. They have up to 6 days to find an egg before they die.
- When a sperm cell joins with an egg, it's called fertilization. Fertilization doesn't happen right away. Since sperm can hang out in your uterus and fallopian tube for up to 6 days after sex, there's up to 6 days between sex and fertilization.

- If a sperm cell does join up with your egg, the fertilized egg moves down the fallopian tube toward the uterus. It begins to divide into more and more cells, forming a ball as it grows. The ball of cells (called a blastocyst) gets to the uterus about 3–4 days after fertilization.
- Implantation usually starts about 6 days after fertilization, and takes about 3-4 days to complete. The embryo develops from cells on the inside of the ball. The placenta develops from the cells on the outside of the ball.
- When a fertilized egg implants in the uterus, it releases pregnancy hormones that prevent the lining of your uterus from shedding — that's why people don't get periods when they're pregnant. If your egg doesn't meet up with sperm, or a fertilized egg doesn't implant in your uterus, the thick lining of your uterus isn't needed and it leaves your body during your period.

Remind students that being abstinent is the only 100% effective way to prevent HIV, other sexually transmitted diseases or infections and pregnancy.

Slide 9: WCSD def. of abstinence

WCSD Definition of Abstinence

- ***Sexual abstinence*** is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral and anal sex.
- *An abstinent person is someone who has either never had sex or someone who's had sex but who has decided not to continue having sex for a period of time.*
- *Abstinence is the only 100% effective way to prevent HIV, other sexually transmitted diseases or infections and pregnancy.*
 - SEX – when a person's genitals touch another person's genitals, mouth or anus.

Early Pregnancy Symptoms

Slide 10: early pregnancy symptoms



Many people notice symptoms early in their pregnancy, but others may not have any symptoms at all.

Common signs and symptoms of pregnancy can include:

- Missed period
- Swollen or tender breasts
- Nausea and/or vomiting
- Feeling tired
- Bloating
- Constipation
- Peeing more often than usual

Slide 11: How can I reduce my sexual Health Risk? Video

How Can I Reduce my Sexual Health Risk?



Slide 12: Talk to a trusted adult

Talk to a trusted adult

- Even if you're worried that talking to your parents about your body and sexual health will be awkward, it's a good idea to ask for their help (as long as you feel safe).
- Your parents were your age once, and they know what it's like to be a teenager.
- They might even be proud of you for being responsible about your health

Slide 13: Going to see a medical care provider

Going to see a medical health care provider

- Going to the doctor is an important part of making sure you stay healthy.
- Doctors can also answer any questions you have about puberty, your body, and sex.

Slide 14: Things to talk to your doctor about

Things to talk about with your doctor

- have had vaginal sex, oral sex, or anal sex
- have had unprotected sex (sex without a [condom](#) or dental dam)
- think you might have an [STD](#)
- feel any pain, itching, or discomfort in your genitals (penis, testicles, vagina, vulva, or anus)
- have really bad cramps, PMS, or other problems with your periods
- notice any lumps in your testicles
- Feel a lump in your breast or vulva
- think you might be pregnant
- don't feel safe in a relationship or at home

Slide 15: Things to remember during your visit

Things to remember...

- Doctors and nurses ask lots of questions so they can figure out if it's good idea to give you certain tests, help you use birth control, or talk with you about your relationships.
- There's no need to be embarrassed about answering those questions
 - — there are no wrong answers!

Slide 16: Things to keep in mind

Keep in mind:

Your body? You're the boss. If you don't want a particular exam or test, or you want them to stop something they've already started, it's OK to say stop.

Ask why. You're allowed to ask your doctor or nurse why they want to do whatever exam, test, or procedure they say you need. You have a right to know, and to feel safe about what they're doing. This idea is called "informed consent." Plus, health care professionals are usually happy to educate you about your body.

You can change doctors. Didn't feel safe with the doctor or nurse you visited? Find out if there's someone else in your area you can go to for your health care. It's good to find someone you can trust — and it's OK if it takes a few tries.

If anything happens during your appointment that doesn't feel right or makes you feel unsafe, let an adult you trust know about it.

- **Your body? You're the boss.** If you don't want a particular exam or test, or you want them to stop something they've already started, it's OK to say stop.
- **Ask why.** You're allowed to ask your doctor or nurse why they want to do whatever exam, test, or procedure they say you need. You have a right to know, and to feel safe about what they're doing. This idea is called "informed consent." Plus, health care professionals are usually happy to educate you about your body.

- **You can change doctors.** Didn't feel safe with the doctor or nurse you visited? Find out if there's someone else in your area you can go to for your health care. It's good to find someone you can trust — and it's OK if it takes a few tries.

If anything happens during your appointment that doesn't feel right or makes you feel unsafe, let an adult you trust know about it.

Slide 17: local resources

Local Resources

Washoe County Health District: Teen Health Mall/Clinic 775-328-2470

Northern Nevada HOPES 775-786-4673

Planned Parenthood of Northern Nevada 775-688-5555

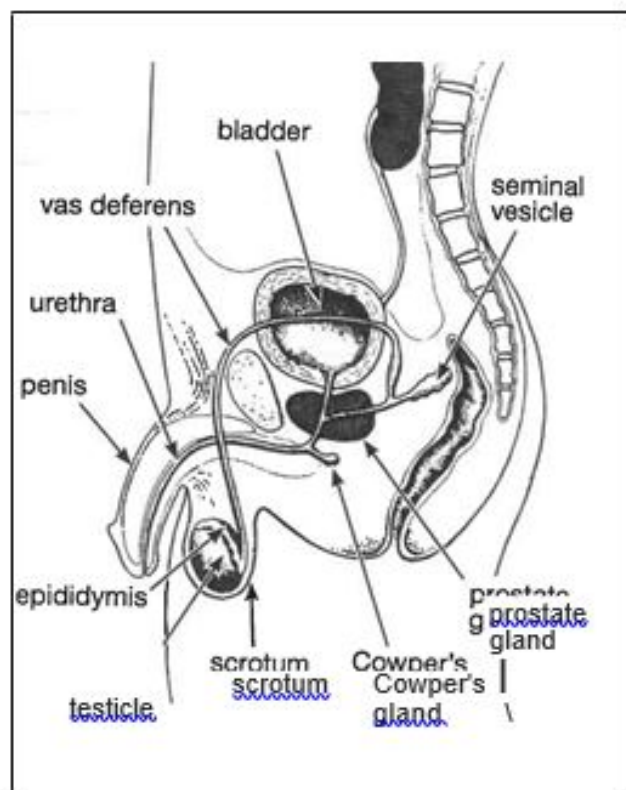
Crisis Call Center: text "listen" to 839863

Suicide Prevention Lifeline 1-800-273-8255

LGBTQ+ Friendly Services: <https://www.nnhopes.org/patients/services/lgbtq/>

Male Reproductive Organs

Directions: Write the name of the organ above its definition.



Egg-shaped organs that make testosterone and sperm.

A tightly coiled tube where sperm mature.

This pouch makes a fluid that gives sperm energy and helps them move.

This organ is made up of spongy tissue. When a man becomes sexually excited, the tissue fills with blood and becomes erect.

This loose sac of skin holds the testicles and keeps them at the right temperature for making sperm.

The tube that carries mature sperm away from the testicles and holds them until they leave the body.

This gland makes a clear fluid that cleans the urethra before sperm pass through it.

This walnut-sized gland makes fluid that mixes with the sperm to form semen.

The tube that carries sperm and urine out of the body.

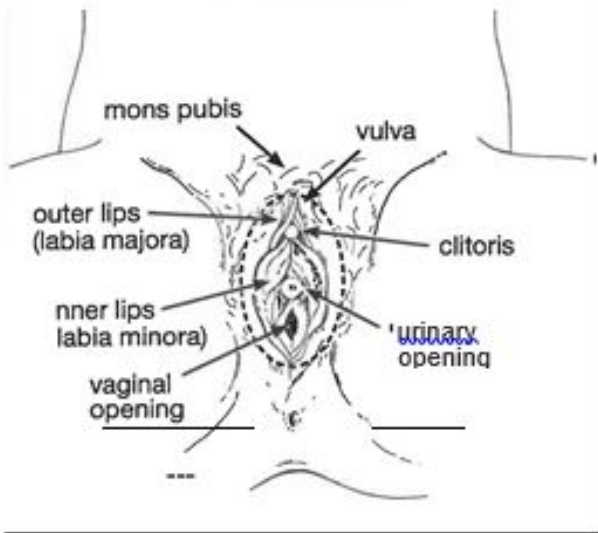
Self-Check

Did I write the name of each organ by its correct definition.

Female Reproductive Organs

Directions: Write the name of the organ above its definition.

External



The name for all of the external female reproductive organs.

The fatty tissue covering the pubic bone, above the vulva.

Inner folds of skin that cover and protect the vaginal and urinary openings.

Outer folds of skin that surround and protect the other external organs.

A pea-shaped organ full of nerve endings. Its purpose is to provide sexual pleasure.

Urine leaves the body through this opening.

A muscular tunnel that connects the external and internal reproductive organs.

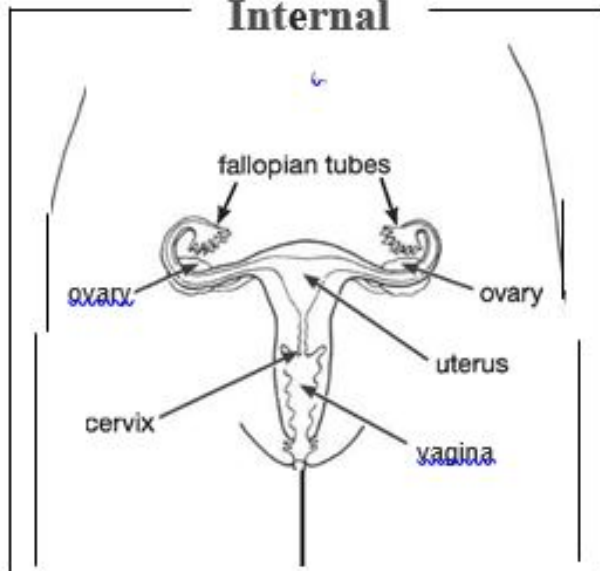
A pear-shaped organ, about the size of a fist. It's where a fertilized egg grows and develops while a woman is pregnant.

Almond-sized organs that make female hormones and hold eggs.

Tubes that carry eggs from the ovaries to the uterus.

The end of the uterus that connects it to the vagina.

Internal



Self-Check

☐ I wrote the name of each organ by its correct definition.

Lesson Topic: Abstinence, Contraceptives and STIs

Objectives:

- State that abstinence is the only 100% effective way to prevent pregnancy and STDs.
- Describe the impact of correct and consistent use of a birth control method on how effective it is at preventing pregnancy.
- Correctly recall that there is generally a gap between when a person may start to have vaginal sex and when they may wish to get pregnant, which makes using effective birth control important.
- State correctly what emergency contraception is.
- Describe at least two ways in which STDs, including HIV, can be transmitted.
- Name at least one step they plan to take personally to reduce or eliminate their chances of contracting an STD.
- Name at least one health center in the area to which they can go for STD testing and treatment that is affordable and confidential.

A Note About Language:

Language is important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun "they" instead of "her" or "him", using gender neutral names in scenarios and role-plays.

Activities:

Video: Sex Education for Middle School Video 3 - Sex, Contraception and STIs (18:58)

<https://youtu.be/cml6eJNEyow>

Types of Birth Control

Which one is not true?

STDs

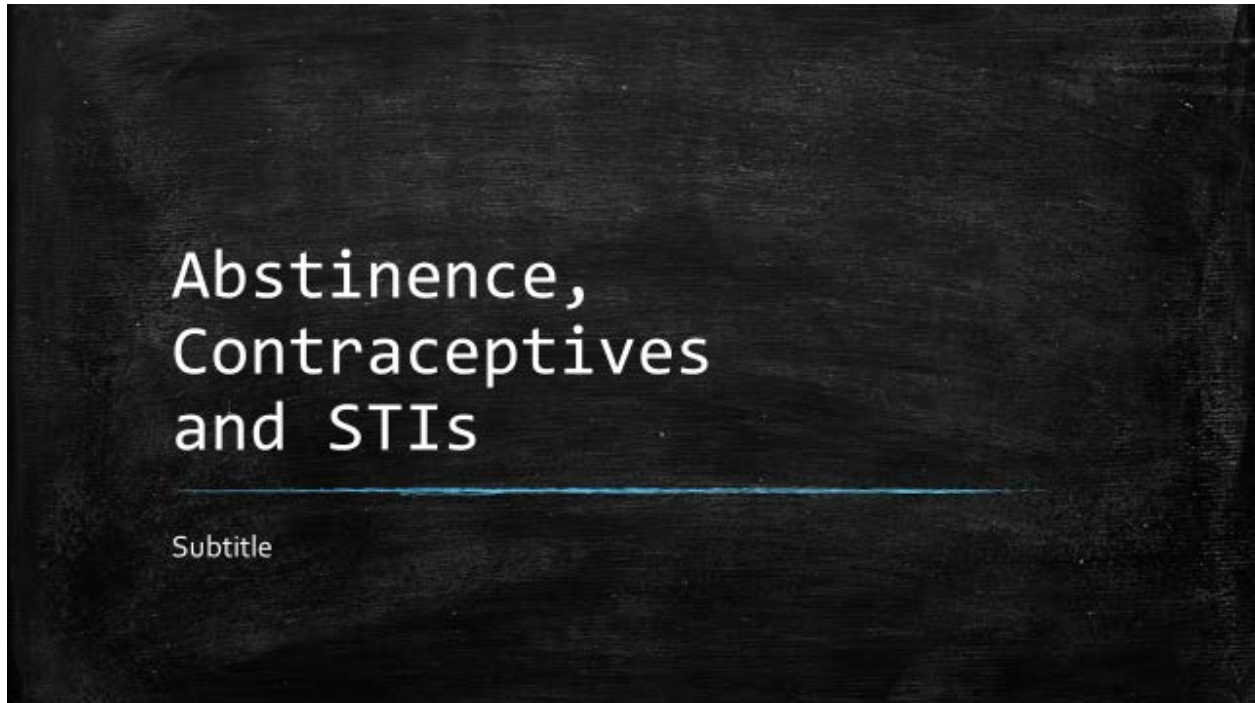
WCSD Definition of Abstinence

- ◇ **Sexual abstinence** is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral and anal sex.
- ◇ An abstinent person is someone who has either never had sex or someone who's had sex but who has decided not to continue having sex for a period of time.
- ◇ Abstinence is the only 100% effective way to prevent HIV, other sexually transmitted diseases or infections and pregnancy.
 - ◇ SEX – when a person's genitals touch another person's genitals, mouth or anus.

Lesson Intro:

The purpose of SHARE is to assist you in making informed choices and avoid behaviors that put you at risk.

Lesson Topics: abstinence, contraceptives and STIs.



Slide 2: Video: Sex Education for Middle School Video 3 - Sex, Contraception and STIs (18:58)

<https://youtu.be/cml6eJNEyow>

Sex Education for MS-Sex, Contraception and STIs



Types of Birth Control/contraception

Slide 3



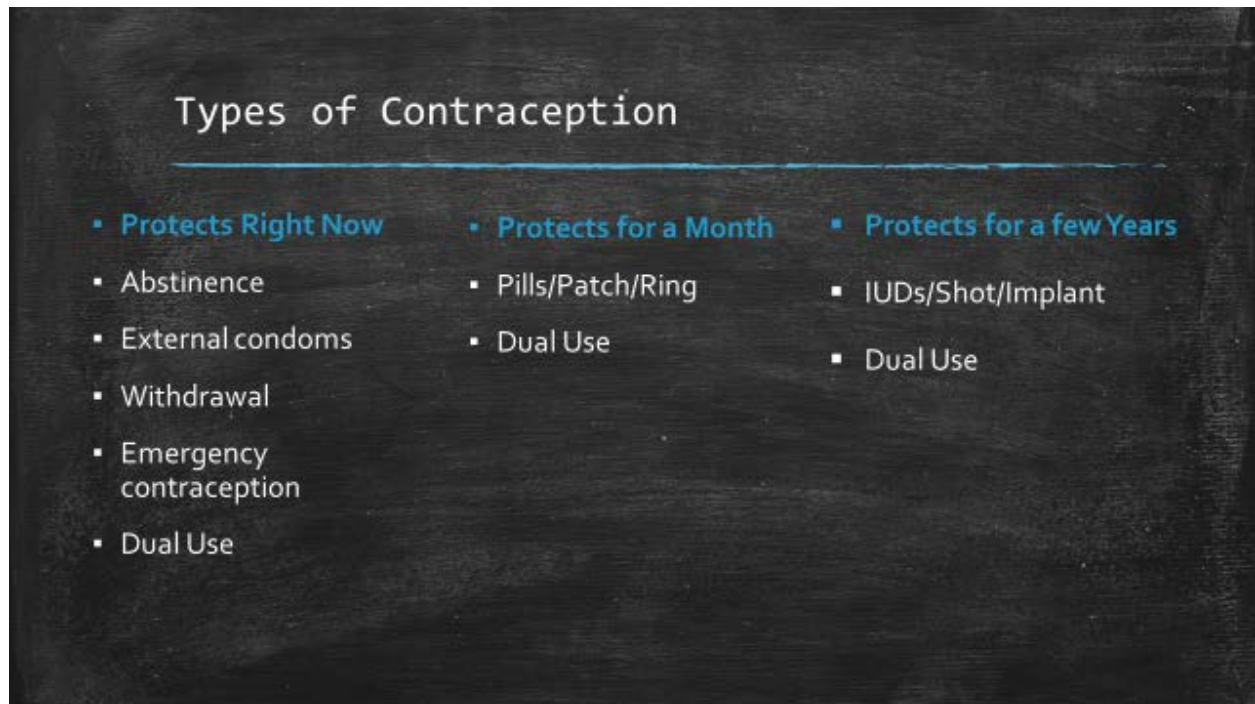
- Introduce the topic by explaining that birth control, sometimes referred to as contraception, is a way to prevent a pregnancy if a different sex couple has vaginal sex. There are many different kinds of birth control that work by preventing the sperm and egg from joining in a variety of ways, if they are used consistently and correctly. This means the method is used every time the way it was intended.

Slide 4: WCSD definition of abstinence- the only 100% effective way to prevent HIV, other sexually transmitted disease or infections and pregnancy.

WCSD Definition of Abstinence

- *Sexual abstinence is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral and anal sex.*
- *An abstinent person is someone who has either never had sex or someone who's had sex but who has decided not to continue having sex for a period of time.*
- *Abstinence is the only 100% effective way to prevent HIV, other sexually transmitted diseases or infections and pregnancy.*
 - SEX – when a person's genitals touch another person's genitals, mouth or anus.

Slide 5:



- Explain, There are many methods of birth control available to people who want to wait to have children until later in life or who may never want to have children.
- There are three categories of contraception
 - **Protects Right Now**
 - **Protects for a Month** (short acting methods)
 - **Protects for a Few Years** (long acting methods)

Say, "All of these methods work a little differently but some protect right now, some protect for a short time, like one month, and some protect for a long-time, sometimes even a few years."

Review the following 7 methods of birth control one at a time.

Abstinence:

- Abstaining from vaginal sex is the only 100% effective way to prevent pregnancy when done consistently and correctly. In fact, it is the method used by most 8th graders. Ask students what you mean by "when done consistently and correctly." Affirm or correct their statements until you feel satisfied that they understand that abstinence only works when people use it every time. This means a penis not going inside another person's vagina. Tell them that most people are not abstinent forever but choosing to delay having sex until you are a bit older can be a very healthy choice.

External Condoms:

- External condoms (sometimes called male condoms) are worn on a penis. Anyone can buy them at the store (including 8th graders) and they are very effective at preventing pregnancy when

used consistently (meaning every time a couple has vaginal sex) and correctly. They also have the added bonus of protecting against most sexually transmitted diseases or STDs.

Note to the Teacher: You will notice that we use the phrases “external” condom. Explain that, while students may be familiar with the terms “male” condom, you are using these terms to reflect how the methods are used, rather than to assign a gender to them.

The pill, patch and ring:

- The birth control pill, the patch and the ring all contain hormones that are very effective at preventing pregnancy. The patch and the ring work for a month at a time and then have to be replaced. The patch you replace once a week and the ring you replace once a month. The pill needs to be taken once a day, at the same time every day. A pack of pills lasts one month and then you need to start the next pack. These are called short-acting methods that you can get from a clinic.

IUDs, the shot and implant

- Most IUDs, the shot and the implant contain hormones that are very effective at preventing pregnancy for anywhere between a few months (3 months for the shot) and many years (up to 10 for some IUDs). These are called long-acting methods that you can get from a clinic too.

Withdrawal:

- Withdrawal, often called pulling out, is when a penis is removed from a vagina before sperm are ejaculated to prevent pregnancy and while it is not as effective as some other methods, it is definitely better than not using anything. It is not, however, the same thing as abstinence.

Emergency Contraception:

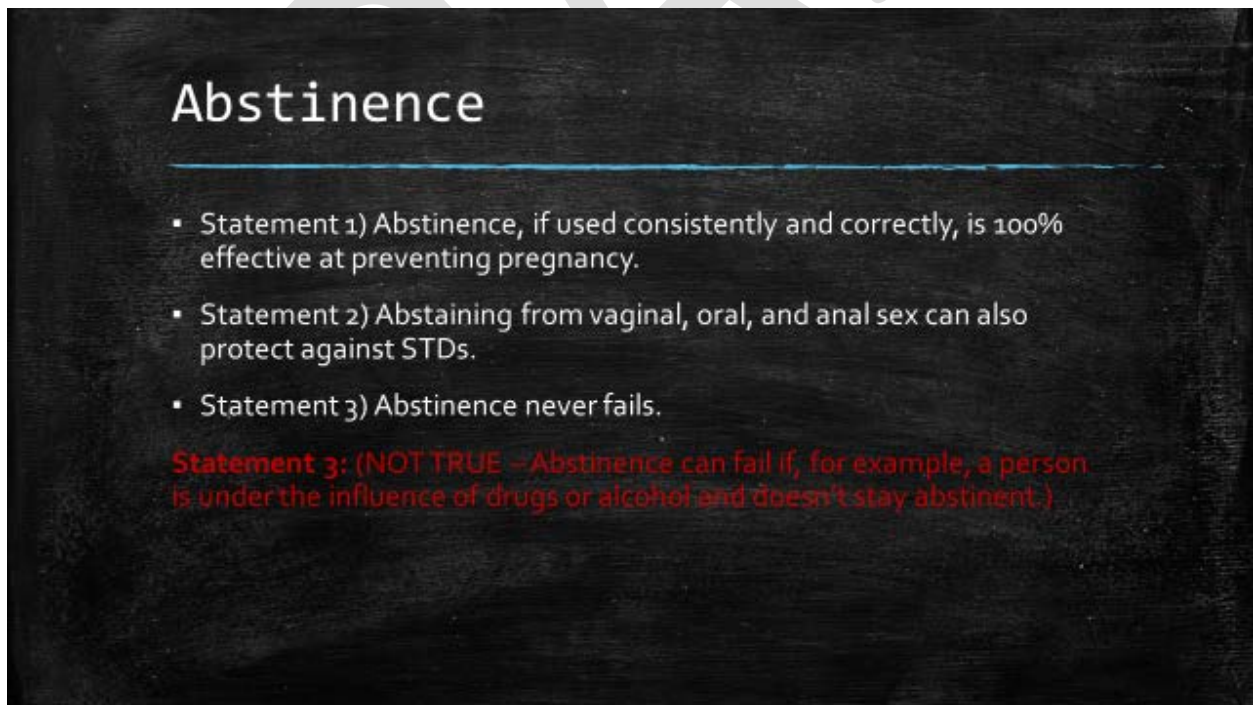
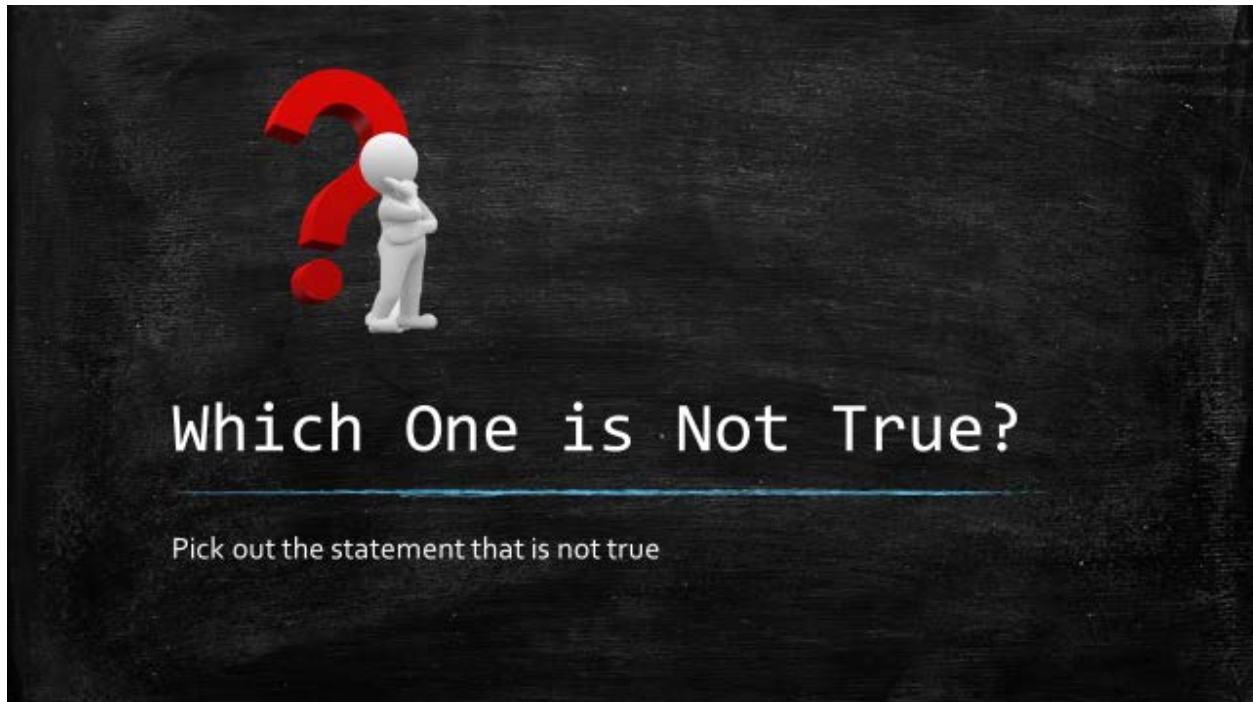
- Emergency contraception, often called Plan B, is medicine that is taken after unprotected vaginal sex to prevent pregnancy and the sooner it is taken after vaginal sex, the more effective it is.

Dual Use:

- Dual use is when people who have vaginal sex want to get the most effective protection possible by using a condom in addition to another method (a condom and the pill, a condom and the IUD). This doubles their protection and helps protect them against both unintended pregnancy and sexually transmitted diseases. But this does not apply to using two condoms at the same time, which should not be done, as that can cause the latex to break.

Slides 6-12: Which One is Not True?

- Walk students through slides and have them determine which statement is not true. The last click of each slide will reveal the correct answer of which statement was false.



External Condoms

- Statement 1) Condoms can help make sex last longer.
- Statement 2) You must be 16 years old to purchase condoms.
- Statement 3) Condoms, if used consistently and correctly, are 98% effective at preventing pregnancy.
- Statement 2: (NOT TRUE – Condoms can be legally bought from any store at any age. While they may be placed behind a counter, anyone of any age is legally allowed to buy condoms in all 50 states.)

Pills/Patch/Ring

- Statement 1) The pill, patch and ring can help reduce menstrual cramps and make menstrual periods shorter.
- Statement 2) The pill, patch and ring, if used consistently and correctly, are each 99% effective at preventing pregnancy.
- Statement 3) The pill, patch and ring, if used consistently and correctly, are also really effective at preventing STDs.

Statement 3: (NOT TRUE – The pill, patch and ring ONLY provide protection from pregnancy but do not provide any protection against STDs. So using a condom along with one of these methods will help increase the protection against pregnancy and protect against STDs.)

Withdrawal

- Statement 1) Withdrawal or pulling out, prevents most STDs.
- Statement 2) Withdrawal is more effective at preventing pregnancy than doing nothing if someone has unprotected sex.
- Statement 3) Pre-ejaculatory fluid (or "precum"), which comes out of a penis when it is erect, may contain some sperm. Withdrawal cannot prevent this "pre-cum" from getting inside a vagina.
- Statement 1: (NOT TRUE – Since withdrawal does not prevent skin-to-skin touching or fluid exchange, if one person is infected with an STD it can still be passed to their partner even if they used withdrawal perfectly.)

Emergency Contraception

- Statement 1) Anyone of any age and gender can buy emergency contraception from a drugstore like Target, CVS, Rite Aid or Walgreens.
- Statement 2) The sooner after unprotected vaginal sex a person takes emergency contraception, the more effective it is. It must be taken within five days after unprotected sex.
- Statement 3) Emergency contraception works by forming a barrier in the fallopian tube which prevents sperm from passing through.
- Statement 3: (NOT TRUE – Emergency contraception works mostly by telling the ovaries to not let any eggs out and sometimes by preventing the egg from being fertilized.)

Dual Use

- Statement 1) Dual use generally means using a condom in addition to another method of birth control for STD and pregnancy prevention.
- Statement 2) A person would need to get a doctor's permission before they used dual use with their partner.
- Statement 3) A person of any age is legally allowed to buy condoms at a drugstore like Target, CVS, Rite Aid or Walgreens.
- Statement 2:(NOT TRUE – Dual use is something two people can decide on their own if they want to increase their protection.)

STIs/STDs

We've reviewed some contraceptive methods that are effective in protecting against STDs.

Slide 13:

Sexually Transmitted Diseases-STDs

Sexually Transmitted Infections-STIs

The acronyms are often used interchangeably

- We're going to look at little closer at two ways in which STDs, including HIV, can be transmitted.
- Name at least one step they plan to take personally to reduce or eliminate their chances of contracting an STD.
- Name at least one health center in the area to which they can go for STD testing and treatment that is affordable and confidential.

Often times the acronyms, STI and STD are used interchangeably.

- STI-Sexually Transmitted Disease
- STD-Sexually Transmitted Disease

Ask the students to remind you what an STD is. Probe for diseases that can be passed from one person to another through sexual contact. Remind students that to get an STD one person has to have one, STDs are not created spontaneously by doing something sexual with another person.

Slide 14:

What are sexually transmitted diseases (STDs)?

- STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. Many of these STDs do not show symptoms for a long time. Even without symptoms, they can still be harmful and passed on during sex.

<https://www.cdc.gov/std/general/default.htm>

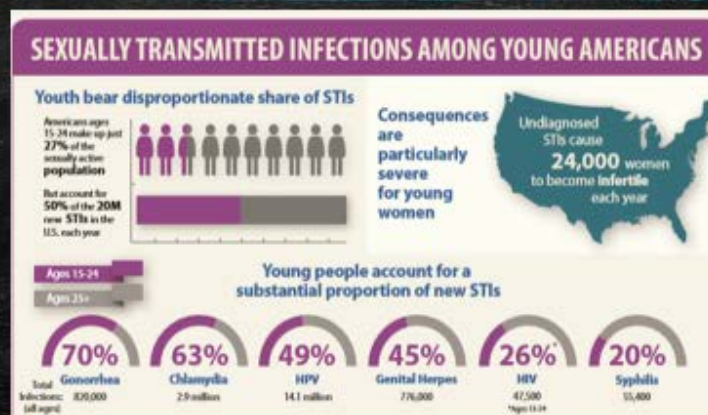
Slide 15: How are STDs spread?

How are STDs spread?

- You can get an STD by having vaginal, anal or oral sex with someone who has an STD.
- Anyone who is sexually active can get an STD.
- You don't even have to have anal or vaginal sex to get an STD.
 - This is because some STDs, like herpes and HPV, are spread by skin-to-skin contact.

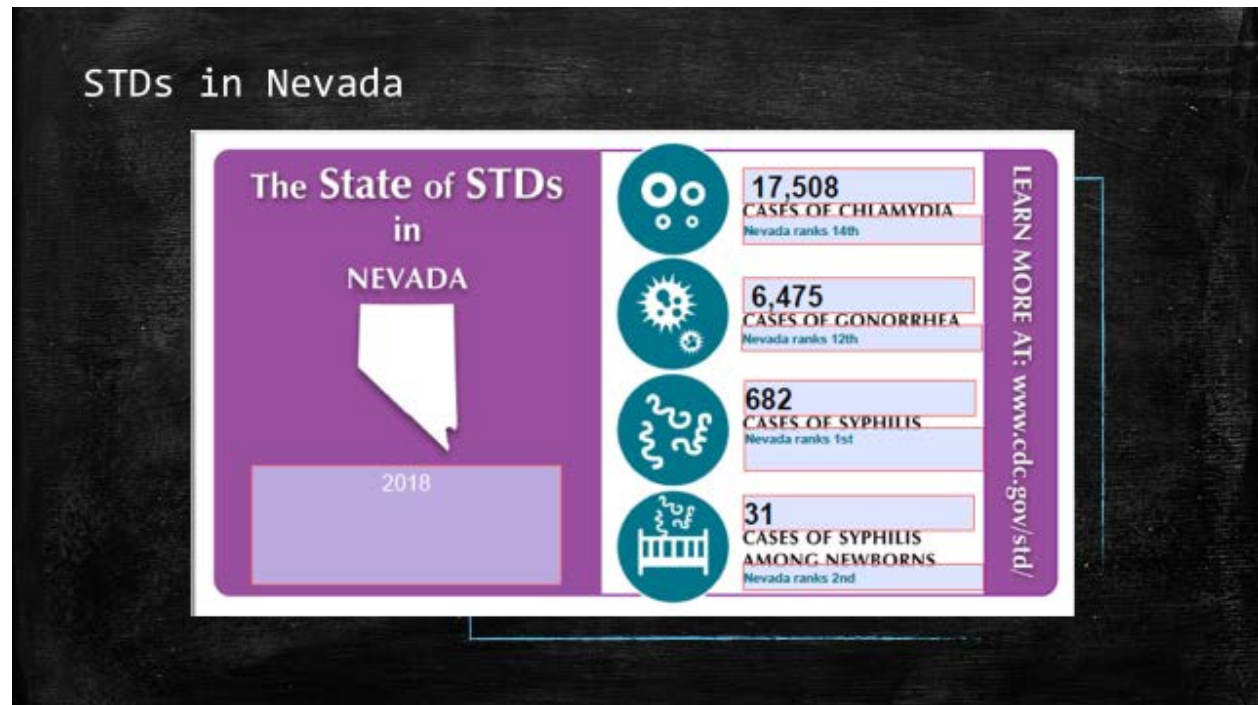
Slides 16-17: STD data

Sexually Transmitted Diseases



<https://www.cdc.gov/std/products/youth-sti-infographic.pdf>

Note that young people between 15-24 make up just 24% of the sexually active population, but account for 50% of the 20 million new STIs in the US each year.



Slide 18: Bacterial and Viral STIs

STIs

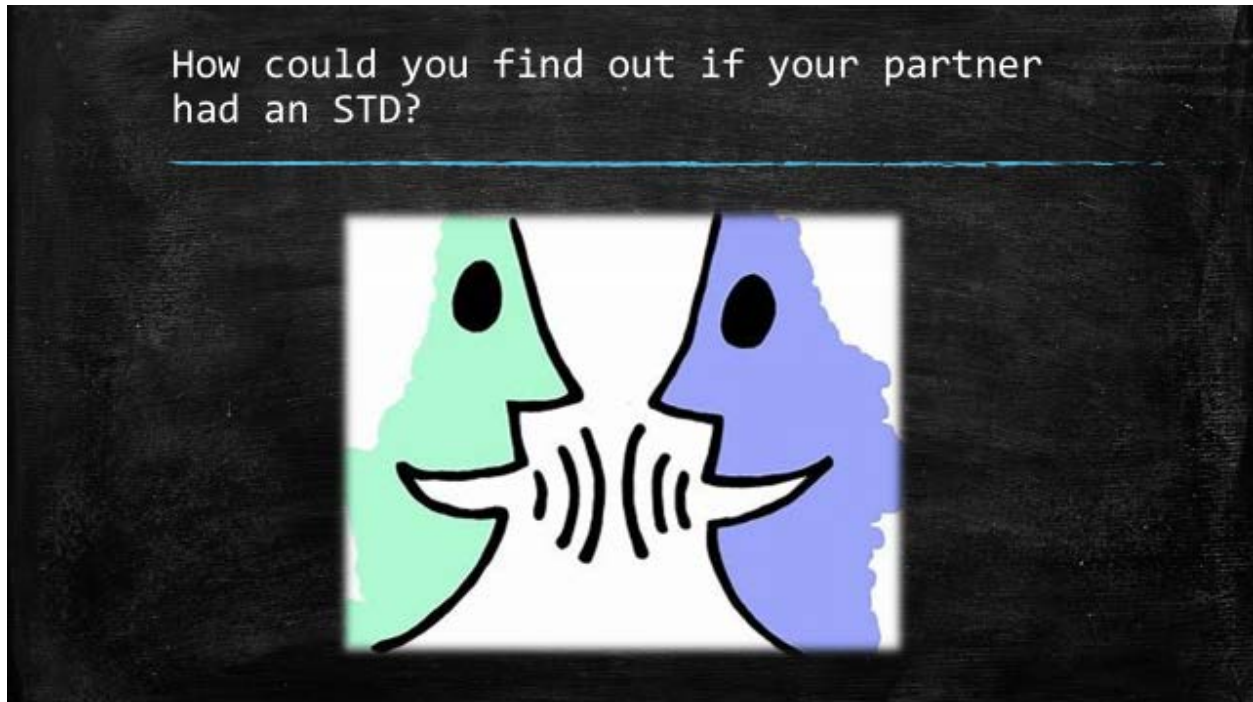
BACTERIAL (CURABLE)	VIRAL (TREATABLE)
<ul style="list-style-type: none">✓ Chlamydia✓ Gonorrhea✓ Syphilis	<ul style="list-style-type: none">▪ Genital Herpes (HSV)▪ Genital Warts (HPV)✓ Hepatitis B (HBV)✓ HIV✓ Hepatitis C (HCV)

✓ Reportable to the Health Department

<https://www.washoecounty.us/health/faq/cchs/teen-health-mall/index.php>

Curable with antibiotics.
Treatable-treat the symptoms, but disease is not curable.

Slide 19: How to find out if your partner has had an STD?



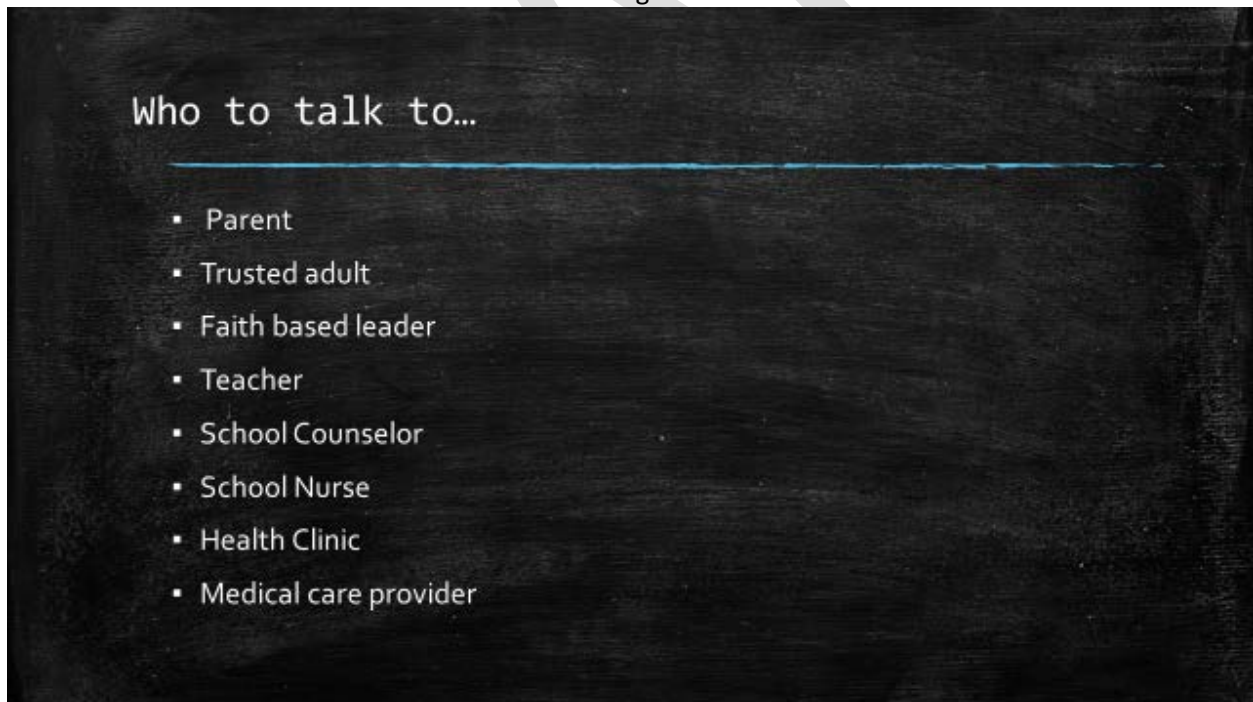
Slide 20: Ways to Reduce or Eliminate Your Risk



Slide 21-22: Where to go for testing and local resources



Slides 22-23: Who students can talk to and where to go for services



Local Resources

- Washoe County Health District: Teen Health Mall/Clinic 775-328-2470
- Northern Nevada HOPES 775-786-4673
- Planned Parenthood of Northern Nevada 775-688-5555
- Crisis Call Center: text "listen" to 839863
- Suicide Prevention Lifeline 1-800-273-8255
- LGBTQ+ Friendly Services:
<https://www.nnhopes.org/patients/services/lgbtq/>

Slide 24: Exit Ticket

Exit Ticket

- List 3 ways an STD can be spread from one person to another.
- If you were to find out you had an STD, what could you do to make sure you don't pass it to someone else?
- Explain why the following three strategies can be the most effective way to protect yourself or someone else from getting an STD.
 - Abstinence
 - Using condoms/barrier methods correctly each time you have sex
 - Getting tested for STDs (and making sure your partner does too) before you have sex together.

SHARE Curriculum Reference List

- Casparian, E.M., & Goldfarb, E.S. (2000). *Our whole lives; Sexuality education for grades 4-6*. Boston, MA: The Unitarian Universalist Association.
- Corina, H. (2016). *S.E.X. the all-you-need-to-know sexuality guide to get you through your teens and twenties*. Boston, MA: DaCapo Press.
- Education, Training and Research. (2017). *Teaching affirmative consent; Practical guidelines to increase student understanding*. Scotts Valley, CA: ETR
- Education, Training and Research. (2017). *The basics of reproductive health*. Scotts Valley, CA: ETR
- Montfort, S., & Brick, P. (2016). *Unequal partners; Teaching about power, consent and healthy relationships* (4th ed.) Morristown, NJ: The Center for Sex Education.
- National Guidelines task Force. (2004). *Guidelines for comprehensive sexuality education* (3rd ed.). New York, NY: SEICUS
- Quackenbush, M., Rothbart, B. (2016). *Supporting LGBTQ youth; Creating inclusiveness & equity in sexual & reproductive health programs*. Scotts Valley, CA: ETR
- Schroeder, E., Goldfarb, E., & Gelperin, N. (2015). *Rights, respect, responsibility; A K-12 sexuality education curriculum*. Advocates for Youth.
- Tavern, B., Milstein, S., & Montfort, S. (Eds). (2012). *Teaching Safer Sex* (3rd ed.). Morristown, NJ: The Center for Family Life Education.
- Wilson, P. M. (1999). *Our whole lives; Sexuality education for grades 7-9*. Boston, MA: The Unitarian Universalist Association.

SHARE Advisory Committee

2019-20 Meeting Dates

Revised Calendar

Meetings shall be held at the WCSD Administration Building unless otherwise posted.
Meeting times are 5:30 p.m. and are subject to change.

- Wednesday, January 29
- Monday, February 10
- Monday, March 9
- Monday, April 13
- Monday, April 27 (tentative)
- Monday, May 11