

# Teacher Workshop Curriculum



## UNDERSTANDING AND LEARNING ABOUT STUDENT HEALTH

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## UNDERSTANDING AND LEARNING ABOUT STUDENTS' HEALTH



### *Teacher Workshop Curriculum Outline:*

***Goal:** To increase teachers' comfort with common topics of adolescent health and improve the interaction between the school and the School Based Health Clinic (SBHC.)*

#### **Workshop Four: Reproductive Health—What Role Does a Teacher Play?**

- Brief review of puberty, normal timelines for males and females
- Demographics of sexual activity, STIs in Washington Heights
- Role of teachers in addressing reproductive health
- Role of SBHC, medical providers in addressing reproductive health

## **Lesson Plan: Reproductive Health:**

### ***What Role Does A Teacher Play?***

**Goal:** *To review normal puberty, discuss sexual activity and sexually transmitted infections in adolescents, and to discuss the role of teachers and the SBHC in addressing reproductive health.*

**Introduction:** Brief introduction of yourself and teachers. Briefly review lesson plan outline. (5 minutes)

**Warm up: *Adolescents and Sexual Activity: Do You Agree?*** Inform the teachers you are going to read a series of statements. Teachers should raise their hands if they agree with the statement. (5 minutes)

--Key points

- \* Issues of reproductive health will come up in the schools
- \* Even if students are not sexually active (which most are not), they are still impacted by the topic.
- \* Important for teachers to reflect on and discuss their own feelings/opinions about reproductive health so they can better address the issues that arise.

**Puberty—Normal Timelines for girls and boys** (10 minutes) Handout: *Puberty—Quick Overview.*

--Key points

- \* Puberty onset occurs at different times for males and females
- \* Wide range of puberty onset among each gender—important teenagers know they are “normal”
- \* Growth spurts and body changes can lead to “awkward” appearances
- \* Increased sweating/body odor raises issues of hygiene

**Sexual Activity and Teenagers: Quick Facts** (10 minutes)

--Key points

- \* Significant percentage of teenagers sexually active; this number increases most during high school
- \* Majority of adolescents report using contraception, but still significant number that do not.
- \* Adolescents account for 50% of diagnoses of STIs
- \* Significant number of adolescents have not been tested for STIs

**Role of School in Addressing Reproductive Health** (10 minutes)

--Key points

- \* Minors are entitled to confidential reproductive health care in NYS
- \* SBHC provides many of these services to which minors are entitled
- \* Teachers should understand pubertal changes and sexual issues facing teenagers today and know where to refer.

**Questions** (5 minutes)

## ***Adolescents and Sexual Activity: Do You Agree?***

*This activity is designed to begin the discussion of puberty and sexual activity in adolescents by asking teachers to think about and share their opinions on specific questions related to this topic. Read each question aloud and ask teachers to raise their hands if they agree.*

1. Students should be taught about normal puberty.

*Agree*

*Disagree*

2. Students should be taught sexual education.

*Agree*

*Disagree*

3. Students are entitled to confidential reproductive health care (i.e. without parents knowing).

*Agree*

*Disagree*

4. Having confidential access to contraception makes students more likely to have sex.

*Agree*

*Disagree*

5. Students are more likely to use reproductive health care services if they know it is confidential.

*Agree*

*Disagree*

6. If a student is noted to have poor hygiene (i.e. body odor), it is the teacher's responsibility to talk to him/her about hygiene.

*Agree*

*Disagree*

7. If a student asks a teacher a question about sex, the teacher should discuss it with him/her?

*Agree*

*Disagree*

8. Most students in the school are having or have had sexual intercourse.

*Agree*

*Disagree*

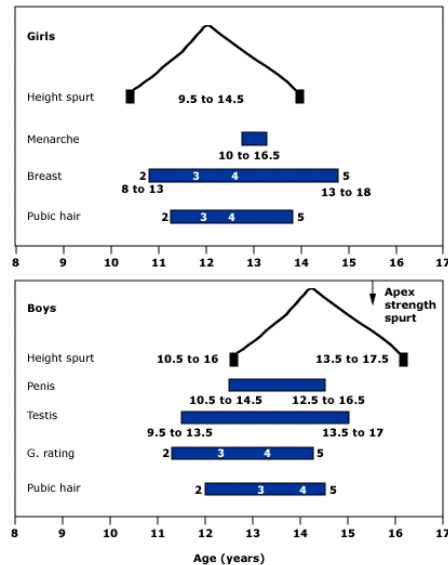
## Puberty: Quick Overview

Puberty is when hormonal changes in your body result in changes in physical and sexual characteristics, making you capable of reproduction.



### Females:

- Usually start puberty between ages 8 and 13 (average age is 10.5 years)
- Some girls start pubertal changes as early as 6 or 7 (obesity can be a contributing factor in earlier onset)
- Breast development occurs first, followed by hair growth
- Menstruation occurs 2 to 2.5 years after puberty starts (10.5-16.5 years.)
- Other changes include
  - Growth spurt, widening of hips, increased body fat
  - Increased sweating and body odor, resulting in need to wear deodorant
  - Acne



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### Males:

- Usually start puberty between ages 10 and 14 (average age is 11.5-12 years)
- Initial change is enlargement of testes/scrotum followed by penile enlargement, pubic hair development, and facial/ axillary hair development
- Other changes include
  - Growth spurt, increased muscle mass
  - Increased sweating and body odor, resulting in need to wear deodorant
  - Acne
  - Nocturnal emissions (“wet dreams,”) increased erections
  - Voice changing (cracking, then becoming deeper)

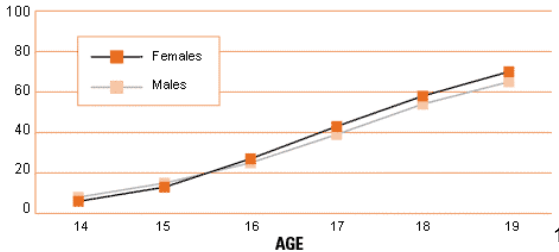
<sup>1</sup> [http://www.uptodate.com/patients/content/topic.do?topicKey=~IK0vgQ8Prt8r/z&selectedTitle=3~150&source=search\\_result](http://www.uptodate.com/patients/content/topic.do?topicKey=~IK0vgQ8Prt8r/z&selectedTitle=3~150&source=search_result)

## Sexual Activity in Adolescents: Quick Facts

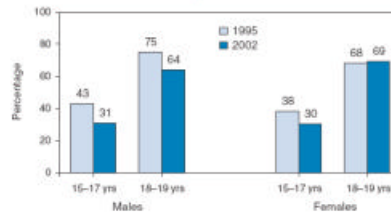
### Initiation of Sexual Activity:

- ❖ Approximately 10-15% of middle school students report having engaged in sexual activity
- ❖ 47% of 9-12<sup>th</sup> graders report having sexual intercourse (33% 9<sup>th</sup> graders, 62% 12<sup>th</sup> graders)<sup>3</sup>
- ❖ The median age at first intercourse is 17.4 years old for females and 16.9 years old for males<sup>3</sup>
- ❖ 13% of girls and 15% of boys report initiating sexual intercourse prior to age 15<sup>1</sup>
- ❖ 10% of girls report that their first intercourse was non-voluntary<sup>1</sup>

% who have had intercourse, 2002



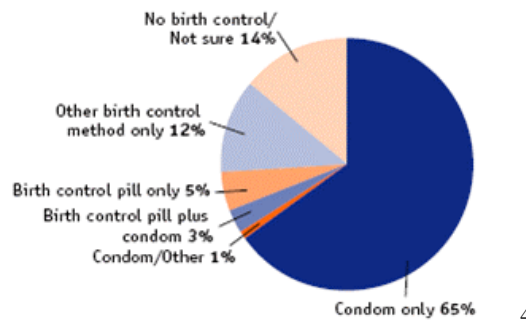
Percentage of Never-Married Teens Aged 15-19 Years Who Reported Ever Having Sexual Intercourse, by Sex and by Age Group — United States, 1995 and 2002



### Contraception Use<sup>1</sup>:

- ❖ 75% teenage girls and 82% teenage boys used some method of contraception during their **first** intercourse
- ❖ 98% of sexually active girls have used at least one type of birth control
- ❖ Condoms are the most common method of birth control, followed by oral contraceptive pills
- ❖ FEW teenagers use protection against BOTH pregnancy and STIs
- ❖ The older a teenage girl is at initiation of intercourse, the more likely she is to use contraception
- ❖ Approximately 2/3 of teenagers reported receiving some education on methods of birth control
- ❖ A sexually active female who is not using contraception has a 90% chance of becoming pregnant within one year

Percent of NYC youth who used birth control the last time they had sex, by method, 2005



<sup>1</sup> [http://www.guttmacher.org/pubs/fb\\_ATSRH.html](http://www.guttmacher.org/pubs/fb_ATSRH.html)

<sup>2</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/figures/m430qsf.gif>

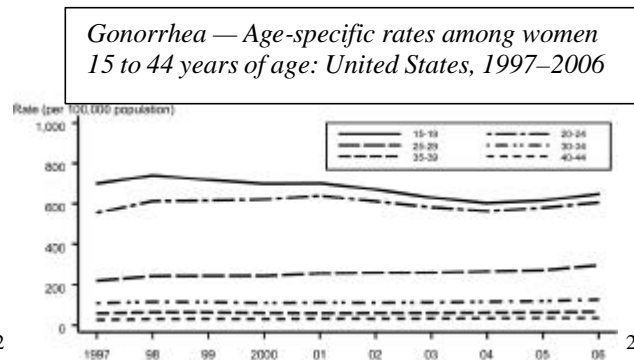
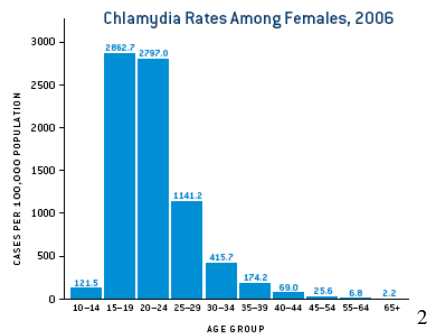
<sup>3</sup> <http://www.kff.org/youth/hivstds/upload/U-S-Teen-Sexual-Activity-Fact-Sheet.pdf>

<sup>4</sup> [www.nyc.gov/html/doh/html/pr2007/pr075-07.shtml](http://www.nyc.gov/html/doh/html/pr2007/pr075-07.shtml)

## Sexual Activity in Adolescents: Quick Facts

### Sexually Transmitted Infections (STIs)

- ❖ There are approximately 9 million new cases of STIs among adolescents (15-24 year olds) each year. This represents almost one half of the total new cases of STIs.<sup>1</sup>
- ❖ Human papillomavirus (HPV) accounts for approximately 50% of the STIs. Certain types of HPV cause cervical cancer and genital warts. *(There is a new vaccine called Gardasil against the 4 most common types of HPV that cause cervical cancer and genital warts).*
- ❖ Chlamydia is the most common bacterial STI among teenagers. Up to ¾ of males and ½ of females do not have symptoms of infection; therefore routine screening of sexually active teenagers is important.
- ❖ Gonorrhea is another common bacterial STI. Up to 90% of females do not have symptoms on infection.
- ❖ Untreated chlamydia or gonorrhea can cause pelvic inflammatory disease (PID) and/or **infertility** with repeated infections or if not treated. *(Symptoms of PID can include abdominal pain, vaginal discharge, fever, painful urination, pain with intercourse, irregular menstrual bleeding).*



- ❖ Having an STI makes an individual two to five times more likely to acquire HIV if exposed via sexual contact than those not infected with an STI.
- ❖ Approximately 13% of new HIV diagnoses each year are made in people under the age of 25.
- ❖ In New York City, the number of 13-19 year olds infected with HIV increased 29% between 2004 and 2006.<sup>3</sup>
- ❖ Only approximately 30% of teenagers under the age of 18 report having been tested for STIs.

<sup>1</sup> [http://www.guttmacher.org/pubs/fb\\_ATSRH.html](http://www.guttmacher.org/pubs/fb_ATSRH.html)

<sup>2</sup> <http://www.cdc.gov/std/stats/adol.htm>

<sup>3</sup> [http://www.nydailynews.com/news/2008/05/18/2008-05-18\\_hiv\\_rate\\_rise\\_in\\_city\\_teens.html](http://www.nydailynews.com/news/2008/05/18/2008-05-18_hiv_rate_rise_in_city_teens.html)



## What is the Role of the School in Reproductive Health?



### Teenagers' Rights:

- In New York State, any minor “who understands the risks, benefits, and proposed alternatives to certain health services” has the right to confidential reproductive health care.”
- This includes the right to obtain the following services **without** parental consent or notification:
  - Contraceptive counseling and care
  - Emergency contraception
  - Pregnancy testing
  - Abortion
  - STI testing and treatment (including HIV testing)
- Information pertaining to reproductive health in a minor’s medical record cannot be disclosed without the minor’s consent.

**Minors' Rights to Confidential Reproductive Health Care In New York**


**A Minor:**  
A minor is a person under the age of 18.

**Informed Consent:**  
A minor who understands the risks, benefits and proposed alternatives to certain health services outlined in this card may give informed consent. Informed consent may be verbal or written and should be noted in the patient record.

**Confidentiality:**  
Confidentiality requires that information about a patient's treatment generally may not be disclosed without his/her permission. Confidential health care for adolescents means a provider may generally not disclose medical records to anyone, including parents, without the patient's consent. It is usually helpful for a young person to talk with a parent or responsible adult when making health care decisions. Whenever possible, open communication with a parent or legal guardian should be encouraged for adolescents making health care decisions. However, open communication with parents is not always possible for young people.

Fear of disclosure prevents some minors from seeking services. When young people are assured that health care providers will respect their right to confidentiality, they are more likely to seek care, especially reproductive health care.

Developed by the Mount Sinai Adolescent Health Center, New York Civil Liberties Union Reproductive Rights Project and Physicians for Reproductive Choice and Health (FACRD).



New York



### School Based Health Clinics



#### What Reproductive Health Care Services Do They Offer?

*(This may depend on whether you are in a Middle School or a High School)*

- General Reproductive Health Care
- General Reproductive Health Education
- Contraceptive counseling and referrals as needed
- Contraception—condoms, oral contraceptive pills, Depo-Provera, etc.
- Emergency contraception
- Pregnancy testing
- STI testing
- STI treatment
- PAP Smears and referrals for abnormal PAPs

#### What is the Role of Teachers?

- Important to be aware of pubertal changes students are experiencing and be prepared to address hygiene issues (since the teacher sees the student daily, this is less embarrassing for the student rather than referring them to someone they do not know).
- Also important to be aware of choices students are confronted with and are making with regard to sexual activity.
- Many teachers will be approached by students with questions regarding puberty and/or sexual activity.
- If a teacher doesn't feel comfortable discussing these issues, he/she should know where to refer the student.