



Department of Instruction

8th Grade Health Education

Mental & Emotional Health

- Personal Responsibility
- Self-Esteem and Goal Setting
- Stress Management
- Anxiety and Depression
- Suicide Prevention

Substance Abuse Prevention

- Appropriate use of Medicine
- Alcohol, Nicotine, Marijuana and Prevention
- Analyzing Influences on Drug Use
- Opioids & Prescription Drugs
- The Science of Addiction
- Healthy Decision-Making
- Benefits of Being Drug Free
- Responding to Peer Pressure

Family Life and Human Sexuality

- Healthy Relationships & Consent
- Benefits of Abstinence
- Influences on Abstinence
- Resisting Sexual Pressure
- STI and HIV Facts
- Pregnancy and Disease Prevention
- Protecting One's Sexual Health

The goal of health education is to provide students with the knowledge and skills needed to lead healthy, productive lives. Health education is a critical component of a well-rounded education. It allows students to develop health literacy, which is the ability to access, understand, appraise, apply, and advocate for health information and services to maintain or enhance the health of self or others.

Comprehensive health education can influence healthy behaviors of all students and promote healthy outcomes for school age youth. Improving students' health and wellbeing can yield educational benefits by increasing their readiness to learn and reducing health-related issues that prevent students from living productive lives. When students are offered a well-designed, well-delivered comprehensive health education, schools can help students reduce the risk of injury, prevent disease, and promote healthy

lifestyles into adulthood. Our goal, again, is to provide information and practice skills to ultimately enable them to make health-enhancing decisions for themselves and others to lead a healthy lifestyle.

8th Grade Health is typically taught either 2nd or 3rd marking period during the PE Block. This is on an A/B day rotation, and therefore is roughly 20-23 days of instruction for the year.

8th Grade Family Life and Human Sexuality Overview

This is an eight-day unit. Parents have the prerogative to opt-out of family life instruction for their child. This can be for certain days of the instruction or the instruction as a whole. Below is a description of what is taught so that if parents are concerned about certain topics and would rather teach them in the home, they are informed about what we are covering. Again, parents can opt out of none, some, or all family life objectives. We encourage parents to speak with the teacher to preview lessons to make an informed decision of opting out of instruction based upon what is being taught and in what context.

Day 1: Healthy v Unhealthy Relationships We begin our Family Life section learning about healthy vs. unhealthy relationships. This runs the spectrum of relationships with parents, friends, boyfriends, girlfriends, relatives, coaches, teachers, etc. We investigate student perceptions of relationships and dating. Students participate in a group activity where they respond to discussion questions aimed at having them think about what is important in relationships for them because we ultimately want them to know and understand their own feelings, boundaries, and relationships. We continue discussions and students describe and discuss qualities of good relationships and then unhealthy ones. They practice providing healthy advice to peers, can explain what qualities are important in relationships, and think about how they can develop healthy relationships now and in the future. They complete an activity worksheet where they provide advice in relationship scenarios to reinforce recognizing healthy/unhealthy relationship qualities.

Day 2: Benefits of Abstinence We move into more specific relationships and discuss the benefits of abstinence. Abstinence is defined as choosing not to engage in any sexual activity that can result in pregnancy or a sexually transmitted infection. This lesson reinforces the choice to be abstinent and identifies the benefits of sexual abstinence. Students create an infographic or poster with this information. We describe healthy and safe ways teens can show affection for one another.

Day 3: Influences on Abstinence Students examine influences on the choice to be abstinent. They identify and discuss various positive and negative influences or pressures on a person's choice to be abstinent and then list positive influences in their own lives that will support their choice to be abstinent. We discuss ways to not place ourselves in situations where there may be negative influences on abstinence. Students discuss reasons to be sexually abstinent and the consequences of not remaining abstinent. They identify ways to help themselves remain abstinent and supports for choices to remain abstinent (parents, trusted adults, like-minded friends, kids who don't use drugs and alcohol, etc.) and they learn ways to be a supportive friend. They answer the question "Why is it important for teens to remain sexually abstinent?"

Day 4: Resisting Sexual Pressure This lesson introduces refusal skills. In a class activity, student groups will suggest pressure lines that can threaten their choice to be abstinent. They will then learn effective words and actions to resist sexual pressure and then they practice that with words and actions so that they have something already thought about for a future time in their lives when they encounter a pressure they are uncomfortable with.

Day 5: STI and HIV Facts The lesson moves into STI and HIV Facts. Students study facts about STIs. They define STIs and learn how these infections are transmitted. They will review the facts including symptoms, which STIs can and cannot be cured, and the physical, social, and emotional consequences of sexually transmitted diseases/infections. This does include how to protect oneself from an STI, including abstaining from all forms of sex. We do tell students that when they someday choose to be sexually active that they need to have the maturity to be able to discuss STIs and get tested, use condoms, and get regular checkups. We also inform them that if/when they think they could have an STI that they should not let embarrassment stop them from seeking medical treatment right away. That can be done at a health department. While we hope they would share with their family, the ultimate goal is that they go for treatment; we don't want their shame or embarrassment to stand in the way of their reproductive health or that of others they may come into contact with.

Day 6 and Day 7: Preventing Pregnancy, STI, and HIV In this lesson students will learn about some commonly used birth control methods. After brainstorming a list of contraceptive methods they may have heard about, students learn how the different types of methods work and their effectiveness. They learn which protect from pregnancy alone and which help protect from HIV and STIs as well as pregnancy.

In this lesson we discuss that becoming sexually active carries certain risks and consequences and address them. We do promote that most teens in this age group are not sexually active, but that it is important to understand how to protect their sexual health for the future. Abstinence is always the reminder to prevent any consequences (physical, social, emotional) of sexual activity.

Pregnancy is introduced as occurring when a sperm fertilizes an egg during vaginal intercourse, and when the fertilized egg travels to the uterus, implants in the lining, and begins to grow. Again, the surest way to not get pregnant is not to engage in vaginal sex. Staying abstinent prevents pregnancy 100% of the time and it is free, you don't have to go to a doctor, and you are protected from STIs, too.

We move along to recognize that when a couple is physically, mentally, and emotionally mature enough to engage in sexual activity there are methods they can use to reduce the risk of pregnancy. This is something that should be discussed and prepared for prior to engaging in intercourse and is the responsibility of both the male and the female.

We discuss that some methods of birth control require a prescription from a physician. We learn how these hormonal methods work to prevent the likelihood of pregnancy if used correctly. However, they do not prevent sexually transmitted infections, HIV, and diseases. When a male and female couple use a hormonal method for pregnancy prevention, they should also use a condom to protect against STIs and HIV. Again, we reiterate, the only 100% effective way not to give or get an STI is to be abstinent.

We then move into barrier methods to reduce the risk of pregnancy and STIs and HIV. We recognize that when condoms are used correctly every time a person has sex, they are an effective method of birth control and STI prevention – not 100%, because again, that is abstinence. As we discussed that hormonal methods require a prescription from a doctor, barrier methods like the condom do not and can be purchased at drug stores, grocery stores, online, or at health clinics without a prescription. We are not advocating they go buy them, but we do want them to know the facts so when they make a decision, they can make a safer one. We do discuss ineffective methods of birth control. There is so much misinformation in the world, we don't want our students to be naive. We reiterate they are personally responsible for their sexual health and ignoring consequences shows a lack of maturity, yet another example of why they are not ready to have sex and should continue to remain abstinent.

Day 8: Making Sexual Health Decisions In this skills-based lesson, students apply what they have learned about refusal and negotiation skills to create and practice original roleplays that demonstrate resisting sexual pressure. They think about a situation where a person who wants to be abstinent might be pressured to have sex. We discuss the reality of peer pressure and practicing how to react ahead of time increases the chance of successfully saying “no” to things they don't want to do or things that can hurt their health. They are given the parameters of the roleplay. They will write their roleplays and practice them in small groups. They will provide feedback to their peers, and some may be asked to demonstrate them for the class. We end the class with the question, “Why is it important to be confident in your ability to say no to sexual pressure?”