

# **Making Proud Choices! School Edition**

**FIFTH EDITION**

## **FACILITATOR CURRICULUM**

An Evidence-Based, Safer-Sex Approach  
to Teen Pregnancy and HIV/STD Prevention

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**Advancing Science  
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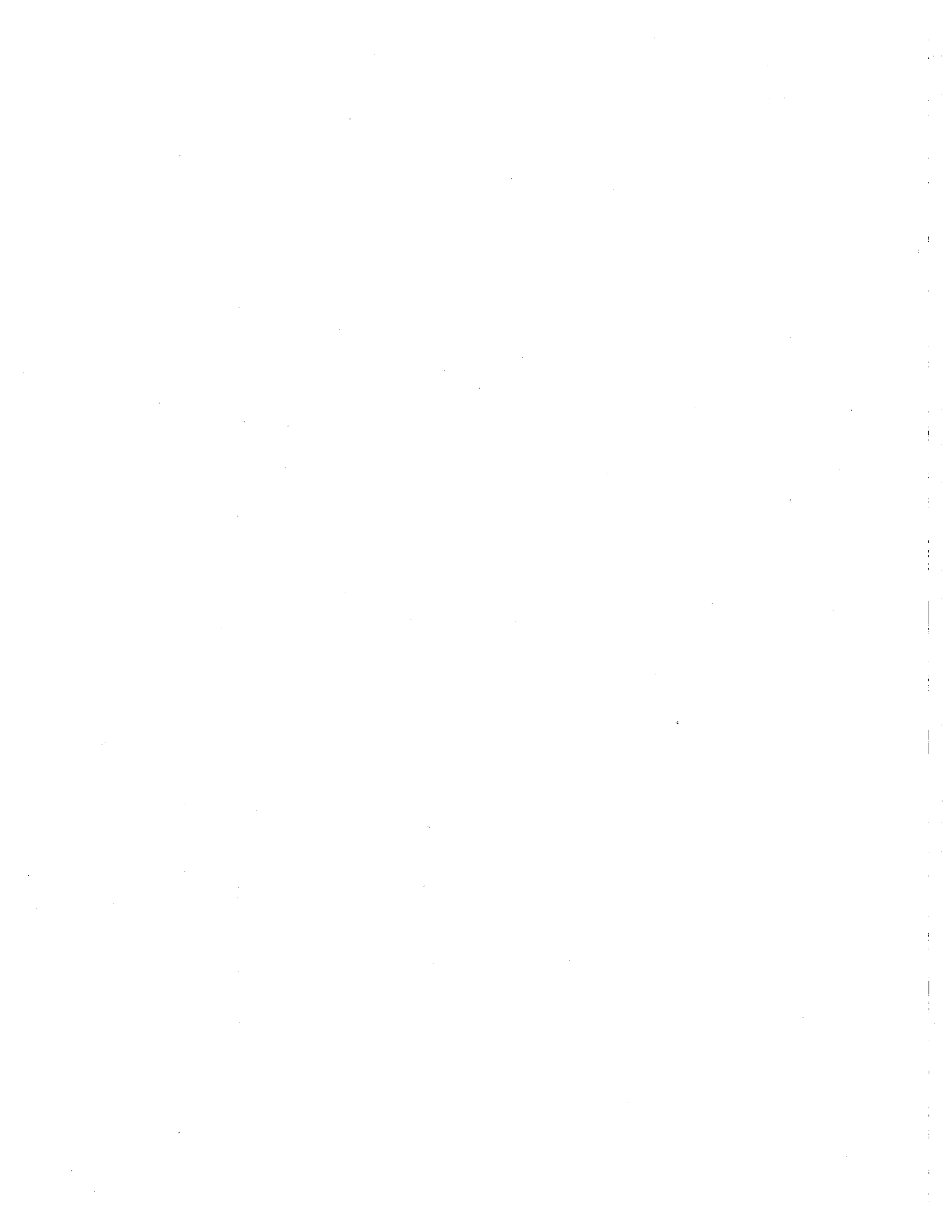
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*Making Proud Choices!* was developed, pilot-tested, implemented and evaluated in a study funded by the grant R01-MH52035 from the National Institute of Mental Health. This study was designed to identify the most effective ways to reduce the health risks of middle school aged inner-city youth.

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## ABOUT THE DEVELOPERS

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**John B. Jemmott, III, PhD**, received his PhD in social psychology from the Department of Psychology and Social Relations, Harvard University. After serving as a psychology professor at Princeton University for 18 years, he joined the faculty of the University of Pennsylvania, where he is currently the Kenneth B. Clark Professor of Communication Research in the Annenberg School for Communication and Director of the Center for Health Behavior and Communication in the Annenberg Public Policy Center. Throughout his career, Dr. Jemmott has conducted research on the psychological aspects of physical health. Since 1987, his research has centered on HIV sexual risk reduction among adolescents. Recognized nationally and internationally as a leader in HIV prevention research with adolescents, he has published over 60 articles and book chapters and has received numerous grants from the National Institutes of Health to support his research. Dr. Jemmott has served as a consultant on several research review committees, including the Behavioral Medicine Study

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# **Making Proud Choices! School Edition**

**FIFTH EDITION**

**FACILITATOR'S GUIDE**



# Introduction

*Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STD Prevention* is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STDs. The goal is to increase knowledge and perception of personal vulnerability, develop positive attitudes toward safer sex, and build the skills and confidence needed to abstain successfully or to use safer sex practices willingly and effectively if they choose to be sexually active.

It isn't easy to motivate people to modify their sexual behavior, even when that behavior puts them at risk. Hence, the model of human behavior used to understand sexual risk behavior in *Making Proud Choices!* draws upon social learning theories, and the interventions proposed for changing that behavior reflect a cognitive-behavioral approach. This curriculum has also been informed by data gathered through numerous focus groups as well as the developers' extensive experience working with young people.

In order to encourage young people to adopt less risky behaviors they must be provided with the following crucial tools:

- The information they need to understand the issues.
- The cognitive skills that will allow them to examine their beliefs about personal risks and consequences and to analyze the behaviors or situations that increase their risk of pregnancy, HIV and other STDs.
- The intrapersonal (within self) skills to understand and manage their feelings and thoughts.
- The interpersonal (between self and others) skills to define and exercise behaviors that reduce personal risk.
- A sense of self-efficacy or the confidence required to allow them to make safer decisions about their sexual choices.
- The motivation to apply these skills to their everyday lives.

The *Making Proud Choices!* curriculum that follows consists of three sections. The first is a Facilitator's Guide that includes information about facilitating the curriculum, the theory behind it and evaluation of the curriculum with behavioral findings. It also covers curriculum teaching strategies and format of the intervention modules, including information about group agreements and training strategies such as brainstorming, roleplaying, and interactive activities and games. The second is the *Making Proud Choices!*

curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STDs, contraceptive methods and drugs, guidelines for managing problem behavior, answers to commonly asked questions and a glossary.

This curriculum is intended to reduce the incidence of unprotected sexual behavior among adolescents and help them make a difference in their lives by making proud and safer choices about their sexual behavior. The facilitator's ability to deliver the information and conduct the exercises contained in this manual will determine the success of the curriculum, so please take the time to carefully read and understand the basic principles, key elements and content of each session. Our collective efforts can help prevent pregnancy, STDs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

# Overview of the Curriculum

*Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STD Prevention School Edition* is a fourteen-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STDs, and significantly decrease their chances of being involved in unintended pregnancies. The curriculum acknowledges that abstinence is the most effective way to eliminate these risks. However, realizing that abstinence is not the path that many young people will choose, the curriculum spends a great deal of time encouraging the practice of safer sex and condom use. The curriculum also addresses the underlying attitudes and beliefs that many young people have about birth control and condoms, provides information and exercises that teach adolescents how to use condoms correctly and gives them the confidence they need to choose and negotiate safer-sex practices.

*Note: Throughout this curriculum the importance of effective and consistent use of latex condoms is mentioned as an important strategy for reducing the risk of STD transmission. The facilitator should note that some individuals may have a latex allergy or develop awareness of a latex allergy in the future. It is appropriate to consistently remind students that polyurethane and polyisoprene condoms are an effective alternative to latex condoms if allergies are present. All are significantly more effective than animal skin condoms, such as lambskin, which are not considered to be an effective barrier for most STDs.*

The original *Making Proud Choices!* curriculum was designed to be used with smaller groups ranging from six to twelve students, but it can be implemented with larger numbers as well if more time is built into each session. It is appropriate for various community settings, including schools, and youth agencies. The school edition of the curriculum has 9 hours of content divided into fourteen 40-minute modules and is designed to work in a classroom setting.

## Curriculum Objectives

At the completion of the *Making Proud Choices!* curriculum youth will have:

- Increased knowledge about prevention of HIV, other STDs and pregnancy.
- More positive attitudes/beliefs about birth control and condom use.
- Increased confidence in their ability to negotiate safer sex and to use condoms correctly.
- Increased negotiation skills.
- Improved condom use skills.

- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STD risk-associated sexual behavior.
- A stronger sense of pride and responsibility in making a difference in their lives.

## Content Outline

The *Making Proud Choices!* curriculum has four major components. The first component focuses on goals and dreams and their relationship to adolescent sexual behavior. The second component emphasizes knowledge, including the causes, transmission and prevention of HIV, other STDs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STDs and HIV. The fourth stresses skills and self-efficacy including negotiation-refusal and condom use skills. It also provides time for practice, reinforcement and support.

## The Modules

- Module 1: Getting to Know You and Steps to Making Your Dreams Come True
- Module 2: The Consequences of Sex: HIV Infection: Part 1
- Module 3: The Consequences of Sex: HIV Infection: Part 2
- Module 4: Attitudes About Sex, HIV and Condom Use
- Module 5: Strategies for Preventing HIV Infection: Stop, Think and Act: Part 1
- Module 6: Strategies for Preventing HIV Infection: Stop, Think and Act: Part 2
- Module 7: The Consequences of Sex: STDs: Part 1
- Module 8: The Consequences of Sex: STDs: Part 2
- Module 9: The Consequences of Sex: Pregnancy: Part 1
- Module 10: The Consequences of Sex: Pregnancy: Part 2
- Module 11: Developing Condom Use and Negotiation Skills: Part 1
- Module 12: Developing Condom Use and Negotiation Skills: Part 2
- Module 13: Enhancing Refusal and Negotiation Skills: Part 1
- Module 14: Enhancing Refusal and Negotiation Skills: Part 2

## Types of Activities

The *Making Proud Choices!* curriculum includes a series of fun and interactive learning experiences designed to increase participation and help adolescents understand the risk behaviors that can lead to pregnancy and STDs, including HIV. Activities are designed to help youth feel comfortable practicing condom use, address their concerns about the



negative effects of practicing safer sex and build their condom-use skills as well as their ability to comfortably negotiate safer sex practices.

Facilitators may wish to add time to some of the modules, if possible, to allow for further discussion or to extend and reinforce the skills practice.

The activities involve viewing DVD clips, playing games, brainstorming, roleplaying, engaging in skill-building exercises and small-group discussions designed to build group cohesion and enhance the learning experience. Each activity is brief, and many require the students to get up out of their chairs and interact with one another. This maintains their interest and attention in a way that lectures or lengthy group discussions do not. Below is a description of the types of activities used as well as their underlying philosophies and goals.

- The goals and dreams activity encourages the adolescents to consider their goals for the future and to think about how participating in unsafe sex might affect the attainment of these goals.
- DVDs are used to depict adolescents in various situations. These DVDs evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STDs, sexual involvement and HIV/STD prevention skills that are then discussed in a group setting.
- The roleplay scenarios are designed to provide students with the confidence and skills necessary to negotiate condom use. They also recommend a variety of ways in which the prevention skills learned in this program can be implemented in the students' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the students to be proud of themselves, their families and their community, and to behave responsibly for everyone's sake.

## Training

It is highly recommended that educators who plan to teach ***Making Proud Choices!*** receive research-based professional development to prepare them to effectively implement the curriculum with fidelity for the intended target group. ETR provides research-based Training of Educators (TOE) that employs the key components required for quality implementation, including learner engagement, modeling, skills practice and follow-up support. Onsite and regional TOE on ***Making Proud Choices!*** is available through ETR's Professional Learning Services. For more information, please visit [www.etr.org/ebi/training-ta/types-of-services](http://www.etr.org/ebi/training-ta/types-of-services).

## Adapting This Program for Your Population

Program facilitators are encouraged to make minor adaptations (also referred to as “green light” adaptations) to optimize the program for the young people receiving it. Such adaptations are intended to help tailor the curriculum to the needs of participating youth. Examples of minor adaptations include updating statistics and changing the names or editing the language or scenarios in roleplays to better reflect your youth population.

It’s recommended that facilitators work with a small group of youth to review the roleplays and other activities and suggest minor changes to increase relevance before implementation. Other allowable enhancements include teaching reproductive health lessons before starting the program, and adding lessons before or after the curriculum lessons to address additional sexual health issues, such as dating violence or electronic dating aggression.

It is also acceptable to add time to the modules when needed to ensure that all the relevant content can be covered. Lengthening sessions can allow more time for review of previous lessons, discussion, questions, roleplay practice, personalization, DVD viewing and other activities. This adaptation may increase effectiveness.

Adaptations such as re-ordering the curriculum lessons or inserting additional content into the middle of the program are considered “yellow light” adaptations because they can have an impact on program flow and effectiveness. It’s best to discuss these kinds of changes with the program developers first.

Major changes (also referred to as “red light” adaptations) are discouraged and may significantly affect and alter program effectiveness. Examples of major changes include dropping entire activities or lessons, or altering the key messages of the program.

Adaptation guidelines for evidence-based curricula can be found at [www.etr.org/ebi](http://www.etr.org/ebi) and include additional examples of green-, yellow- and red-light adaptations.

Researchers and organizations interested in making significant adaptations to this curriculum for use in an evaluation are asked to contact ETR for support and permission first. Such adaptations might include combining the curriculum with another evidence-based program or adding a new element or component.

# CURRICULUM COMPONENTS AND FORMAT

Each module included in the *Making Proud Choices!* curriculum contains different activities. Reduced images of handouts, facilitator materials and posters are included at the end of each module. The first pages of each module explain the following information.

## Goals

A set of statements that give the facilitator a reference point for what students will learn from the module.

## Learning Objectives

A set of measurable objectives designed to help the facilitator “spot-evaluate” the extent to which a given activity has been successfully completed by the students.

## Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include DVDs, mini-lectures, brainstorming and roleplaying.

## Materials Needed

A list of equipment and materials needed for the module and for each specific activity.

## Implementation Time / Time Needed

The amount of time allotted to each activity in the module (e.g., Lecture—10 minutes; Small-Group Exercise—15 minutes). Facilitators should conduct each activity in the time allotted. Facilitators may wish to add time to some of the modules, if possible, to allow for further discussion of DVDs and other activities, or to extend and reinforce the skills practice.

## Rationale for Each Activity

The rationale for each activity is listed on the first page of the activity. It explains how and why the activity is helpful to students’ learning. All materials and exercises contained in the module are designed to help the students to achieve these stated purposes.

## Activities

Instructions for implementing each activity are fully described. For example, in the case of a roleplay exercise, each character receives a description of his or her circumstances and concerns. These exercises are designed to build prevention skills and are an essential part of the program.

## Procedures

The procedures for each activity are numbered and include all the steps necessary to implement the activity. Whenever the facilitator is to say a specific instruction or mini-lecture aloud, the material appears in a box.

For example, the procedure would look like this:

1. **Introduce the activity by saying,**

 **We are going to do a brainstorming activity now. What I'd like you to do is...**

Although it is not necessary to say verbatim what appears in the box, facilitators should be sure that the content and tone are conveyed. Some facilitators find that memorizing the materials works best for them. The group will probably be more attentive if they do not think the facilitator is reading to them.

## Facilitator Notes

Facilitator notes give tips to facilitators about implementing the activity. These notes appear at different points in the curriculum where background information or special teaching suggestions are provided. They are contained within a shaded box, as in the following example.

### **FACILITATOR'S NOTE**

**Be sure to post the group agreements on the wall at all times. The group agreements should be posted throughout all the sessions of the program.**

## **Mini-Lecture Notes**

Where mini-lectures appear in the curriculum, the lecture notes provide the key ideas to be presented; however, it is assumed that the facilitator will possess a working knowledge of the concepts being taught.

## **Summary Statements**

Each activity and module ends with a brief statement from the facilitator about the key take-away messages for students.

## **Handouts / Student Workbooks**

Handouts provided for students include worksheets for individual and small-group work and roleplay materials. These can be copied beforehand and distributed during each activity, or students can be given Student Workbooks during the first session. The workbook contains all the needed handouts and worksheets for the curriculum activities.

# THEORETICAL FRAMEWORK

Research shows that curricula are most effective if they are based on a sound theoretical framework. *Making Proud Choices!* draws upon three theories: the social cognitive theory, the theory of reasoned action, and its extension, the theory of planned behavior. These theories have been shown to be of great value in understanding a wide range of health-related behaviors.

Two major concepts are included in these theories: (1) self-efficacy or perceived behavioral control beliefs, which are defined as people's confidence in their ability to take part in the behavior, e.g., use a condom; and (2) outcome expectancies or behavioral beliefs, which are beliefs about the consequences of the behavior. Experience shows that all of the beliefs below are critically important to change behavior. The *Making Proud Choices!* curriculum addresses each of the principles, usually in more than one activity.

Below is a description of the two types of self-efficacy or perceived behavioral control beliefs emphasized in *Making Proud Choices!*

## **Practicing safer sex is easy: "I can do it"**

Many young people find it difficult to practice safer sex because of peer pressure, partner pressure and their perception of how others think of them. Therefore, they are less likely to negotiate condom use with their partners. In Module 4, youth examine their attitudes and beliefs about condom use, and in Modules 11 through 14, youth learn how to negotiate condom use with their partners.

## **Getting your partner to cooperate in practicing condom use is easy: "I can do it"**

Practicing safer sex within a relationship is not something students can do by themselves. They need the cooperation of a partner. Unfortunately, many students' partners may not be willing. For example, attempts to negotiate condom use may be interpreted as mistrust, belief that the other person is not "clean" or some other misperception. Be sensitive to students' desires to maintain their partners' interest and avoid conflict.

At the same time, students need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 11 through 14, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

Below is a description of the four types of outcome expectancies or behavioral beliefs emphasized in the *Making Proud Choices!* curriculum:

## **Goals and Dreams Beliefs**

The belief that unsafe sex, unprotected sex and having sex at a young age could have an impact on one's goals and dreams for the future, including education and a career. In Module 1, the students engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potentially negative consequences of sex. This belief is incorporated throughout the curriculum.

## **Prevention Beliefs**

The belief that condoms can reduce the risk of pregnancy, HIV and other STDs. This belief is incorporated throughout the curriculum.

## **Partner-Reaction Beliefs**

The belief that one's partner would not approve of condom use and react negatively to it. This might prevent a person from practicing safer sex. In Modules 11 through 14, students learn negotiation and refusal skills necessary to communicate with their partners about condom use.

## **Personal Vulnerability to HIV/STD and Pregnancy Beliefs**

Before young people change their behavior, they must have a reason, or source of motivation to do so. Unless adolescents see how they can personally benefit from doing something differently (for example, practicing safer sex), no amount of skill will be enough to produce change. Many young people do not believe that pregnancy, HIV or other STDs could really happen to them. One goal of *Making Proud Choices!*, then, is to increase students' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STD infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2 through 7.

# UNIQUE FEATURES OF THE *MAKING PROUD CHOICES!* CURRICULUM

*Making Proud Choices!* has a unique approach that is successful with adolescents. Three major themes serve as the foundation for this curriculum and its implementation.

## The Community and Family Approach

A key component of the approach is the strong emphasis on family and community. The importance of protecting one's family and community is used as a motive to change individual behavior. This strategy differs from the traditional approach of HIV prevention, which focused solely on protecting oneself as the motive to change risky behavior. The *Making Proud Choices!* theme encourages adolescents to be proud of themselves and to abstain from sex or practice safer sex in order to prevent sexually transmitted diseases and pregnancy, not only for their own sake, but for the sake of their families and community as well.

## The Role of Sexual Responsibility and Accountability

Learning to be sexually responsible and accountable is something that adolescents need to be taught. *Making Proud Choices!* teaches students to make responsible decisions regarding their sexual behavior, urges them to respect themselves and others, and stresses the importance of developing a positive self-image. They learn that being responsible and practicing safer sex, if they choose to have sex, can contribute to reaching their goals and dreams.

## The Role of Pride and Making Proud Choices with Safer Sex as Their Choice

Adolescence can be a difficult period of development. Adolescents are often faced with confusion, mixed emotions and uncertainty. They are bombarded with sexual messages from various sources, including the media, popular music and their peer group. They are often pressured to be sexually active. They struggle with issues of self-esteem, self-respect and self-pride. Because of this, it is extremely important that they learn to feel good about themselves and their decision to practice safer sex. *Making Proud Choices!* illustrates that making proud choices about safer sex and condom use can actually lead teens to develop a sense of pride, self-confidence and self-respect. The roleplay exercises and other skill-building activities reinforce the many positive benefits, both psychological and physical, of practicing safer sex.



# EVALUATION OF THE CURRICULUM

Evaluation is a critical component of the *Making Proud Choices!* program. Many health promotion programs have been implemented in schools, churches, clinics, community-based organizations and other venues, but unfortunately, very few of them include formal evaluation components. Through rigorous research methods, the developers have explored whether or not the interventions designed in this curriculum actually result in the desired outcomes. For example, they set out to determine whether adolescents who participated in *Making Proud Choices!* did indeed develop more positive outcome expectancies regarding safer sex, and whether such effects were evident up to 12 months after the intervention. Below is a description of the study and its results.

In the research study, the 8-hour curriculum, *Making Proud Choices!*, was implemented in a small group setting with African-American male and female adolescents between the ages of 11 and 13 on two consecutive Saturdays in three different middle schools. In this random control trial, 659 6th and 7th grade African-American male and female adolescents, mean age 11.8, were stratified by gender and age and randomly assigned to receive one of three 8-hour curricula: an abstinence curriculum, a safer sex curriculum or a health promotion curriculum (which served as the control group). The adolescents received the curriculum in small groups of six to eight students led by either an African-American adult facilitator (mean age 40) or two peer African-American co-facilitators (mean age 16).

The students completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 students, 97% returned to complete the 3-month follow-up questionnaire, 94% completed the 6-month, and 93% completed the 12-month follow-up. The primary measures were HIV risk-associated sexual behaviors. The secondary measures were variables from the theory of planned behavior and the social cognitive theory, including knowledge, beliefs, norms, intentions and self-efficacy regarding abstinence and condom use.

# BEHAVIORAL FINDINGS

The students who received the *Making Proud Choices!* safer sex curriculum reported:

- More consistent condom use and less unprotected sex in the 3 months after the intervention than did those in the control group.
- A higher frequency of condom use at the 3-, 6-, and 12-month follow-up sessions than did those in the control group.
- *Making Proud Choices!* was especially effective with sexually experienced adolescents. For instance, among students who were sexually experienced at baseline, those in the safer sex groups reported less sexual intercourse in the previous 3 months at the 6- and 12-month follow-up than the control group. In addition, they reported less unprotected sex at all three follow-up sessions than the control group.

## Other Significant Findings

- The adult and peer facilitators were equally effective. There were no differences in intervention effects on behavior with adult facilitators as compared with peer co-facilitators.
- The adolescents who received the *Making Proud Choices!* curriculum scored higher in condom use knowledge; believed more strongly that condoms can prevent pregnancy, HIV and other STDs; believed more strongly that using condoms will not interfere with sexual enjoyment; expressed greater confidence that they could have condoms available when they needed them; and reported greater confidence that they could exercise sufficient impulse control to use condoms and greater self-efficacy for using condoms than did those in the control group.

## For More In-Depth Information

Jemmott, J. B., III, Jemmott L. S. and Fong, G. (1998). Abstinence and safer sex HIV risk-reduction interventions for African-American adolescents: A randomized control trial. *Journal of the American Medical Association*, 279 (19): 1529–1536.

# Facilitator Information

## CURRICULUM TEACHING STRATEGIES

*Making Proud Choices!* uses several strategies to facilitate behavioral change. Each strategy is defined below and its use in the curriculum is described.

### STRATEGY 1: Setting the Environment: The Group Agreements

Module 1 is designed to create a safe, nurturing, non-threatening environment for students, stimulate their interest in the group, and provide them with more detailed information about the program. The group agreements that will govern participation in the group should be developed during Module 1. This presentation should permit and encourage discussion designed to give members a sense of participation in the group's decision making. That is, members should be encouraged to accept and live by the standards they agree upon and seek to alter those they wish to change. This is also a good time to provide reassurance to group members about concerns they may have about confidentiality, embarrassment and fear of active participation.

#### Steps to Creating Group Agreements

- Brainstorm possible agreements.

#### **For example:**

- » Respect each other's opinions.
  - » One person speaks at a time.
  - » No name-calling.
  - » Confidentiality.
  - » Begin and end on time.
- Clarify and discuss.
  - Eliminate any agreements not acceptable to all.
  - Come to a group consensus on all agreements.
  - Invite students to bring up additions/deletions as the need arises.
  - Let students know that everyone is responsible for following and determining the group agreements.

## General Tips For Improving Group Cohesion and Performance

The following tips can help build group cohesion:

- Frequently reward positive behavior (e.g., during demonstrations or exercises).
- Be supportive.
- Give compliments.
- Be non-judgmental.
- Respect students' feelings and boundaries.
- Model appropriate assertive behavior.
- Be firm when necessary.
- Demonstrate concepts and give examples when possible.
- Keep the language simple.
- Encourage group members to share their experiences at their own pace.
- Build on strengths.
- Listen.
- Let the group members react, think and analyze.
- Be flexible.
- Be patient with the process and try different approaches until you find one that works.
- Clearly convey your expectations for how group members treat each other and how they participate.
- Encourage participation through reinforcement, teaching communication skills, modeling sensitive material, and being supportive, respectful and inclusive regardless of the group members' opinions and beliefs.
- Demonstrate acceptance and respect for all students, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

## STRATEGY 2: Brainstorming

Brainstorming is a technique used to rapidly generate as many ideas as possible, within a given (usually brief) period of time, about a particular question, topic or problem.

**For example:** Important Concerns of Youth

Students are encouraged to spontaneously express their thoughts and reactions (and the facilitator usually records each idea). No evaluation or criticism of ideas is allowed during this part of brainstorming. Students simply say whatever comes to mind.

**For example:**

- Family
- Friends
- Money
- Having sex, or not
- Clothes
- School
- Relationships
- Peer pressure
- Pregnancy
- Violence
- Drug use
- Getting a job
- Popularity
- Music
- HIV/AIDS and other STDs

The facilitator may ask probing questions to elicit certain types of ideas or information.

Once a list has been generated, the group then discusses, evaluates and/or processes each idea (giving neither credit nor blame to the person who suggested it).

**For example:** Ask the group “why” each item is an important concern to youth, or how each item impacts their lives.

If the task requires it, the group may then choose to prioritize, categorize or select the best idea(s).

**For example:**

- On which of these things can you have a positive impact? How?
- Which of these things would be healthier to avoid or prevent? How?
- Which five items do you think represent the most important concerns of youth? Why?

For our purposes, brainstorming will be used primarily as a method for:

- Assessing the knowledge of the group members—How much do they already know?
- Introducing new information at a level appropriate to the group—Bridging.
- Stimulating discussion—Asking probing questions.
- Processing information—Clarifying and reinforcing the main points or objectives.

### **Positive Characteristics About Brainstorming:**

- Permits the facilitator to assess group dynamics: Who are the active members? How does the group respond?
- Builds group cohesion.
- Permits everyone to learn from the information that is generated.
- Permits the opportunity to assess knowledge and skills of the group.

### **Principles of Brainstorming:**

- Try to get out as many ideas as possible.
- Students can say anything that comes to mind.
- DON'T EVALUATE IDEAS; a later time can be set aside for evaluation.
- DON'T DISCUSS SUGGESTIONS; a later time can be set aside for discussion.
- Allow repetition.
- Encourage everyone's participation.
- Encourage building on other ideas.
- Allow periods of silence.

### **STRATEGY 3: Interactive Activities and Competitive Games**

Interactive activities and competitive games give the students the opportunity to practice what they learned. One of the best strategies for teaching young people is to use fun, interactive and competitive activities, and many such activities are included in this curriculum.

Games and activities are a good strategy for teaching content. Games often promote rich discussion as students work hard to prove their points. Because games can promote competition, remind students of the group agreements prior to the game.

**Facilitators—remember to read the instructions and game rules prior to teaching the game, and make adaptations as necessary.**

### **STRATEGY 4: Processing a DVD or Game**

The practice of processing after an activity allows students to reflect upon what they learned/experienced. Processing also allows the facilitator to draw out the key points of the activity. The most common way to process is to ask a series of questions or make a series of statements.

#### **For example:**

- Ask questions designed to elicit discussion.

#### **General Reactions**

- » What did you think of the DVD?
  - » What is your response to the activity?
  - » How do you think Pat felt when...?
- Encourage all students to contribute. In some groups, there are a few students who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all students to contribute.

#### **Personal Reactions**

- » How did you feel about...?
- » Describe what you saw.
- » What will you do as a result of...?

### **Sentence Stems**

- » Ask each student to complete a phrase such as, "The most important thing I learned was...." Move quickly around the room. Give students the right to pass.

### **"I" Statements**

- » I learned that...
- » I felt that...
- » I was pleased that...
- » I was disappointed that...

## **STRATEGY 5: Working in Small Groups**

### **Discussion Guidelines**

- Set up simple guidelines that encourage each person to participate.
- Be clear about the purpose of the small-group work.
- Use cooperative groups whenever possible to help students develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign students to groups and how you will assign roles within groups.
- The room and seating should facilitate discussion within the group as much as possible, without disturbing other groups.
- You need not remove yourself from the discussion; however, you should encourage group members to rely on each other for problem solving and decision making.
- Remind students when time is about to run out. Use a chime, train whistle, music, or some other clear sound to bring people back to the large group.
- Set clear norms, emphasizing that everyone's opinion is valuable, and that the group is working toward an atmosphere of trust.
- Determine the goal of the discussion, and periodically remind the group of that goal.



- Encourage students to become good listeners.
- Allow plenty of time for responses.
- Redirect conversation if one student tries to dominate.
- Try to engage the more quiet students by making longer eye contact or asking for their contribution.

## **STRATEGY 6: Roleplaying/Practice**

This method of acting out imaginary situations allows students to practice using a new skill. It provides an opportunity for students to take risks with new ways of behaving in a safe situation without fear of failure, and to see how their peers will react to their behavior.

### **Steps**

- Select roleplayers or ask for volunteers.
- Set the scene. Describe the situation carefully, but briefly.
- Give brief, clear instructions.
- Start the action.
- End the situation if it becomes stalemated or repetitive.
- Leave time to discuss:
  - » What happened.
  - » Why it turned out the way it did.
  - » Whether it turned out as desired.
  - » Who would have had to do what to make it turn out differently.

### **Tips for Making Roleplays Successful**

- Set and follow norms or ground rules for group behavior.
- See yourself as the director of a movie.
- Make every effort to allow students to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

- Record to ensure transfer.
- Start with low-risk situations and move to high-risk situations. It may be beneficial to begin with scripted roleplays and then move to unscripted roleplays.
- Give continuous positive reinforcement.

## Practice

Practice combines elements of roleplay and small-group work. Practice of specific skill steps is crucial for learning to occur. It should be a structured process.

Roleplay practice and learning may be enhanced if facilitators:

- Give students a choice on whether or not to participate.
- Encourage students to improvise during roleplays to make them more their own.
- Reinforce students for using the specific skill.
- Give students a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach students how to give feedback that focuses on the behavior, not the individual.
- Provide feedback on the skill-user's posture, tone, speech, eye contact and ability to follow the steps of the skill.

Whenever students take on a role, particularly if it is "negative" in some way, it is important to "de-role" them, so elements of the role do not remain in the group's perception of the person. For example, at the end of the roleplay take the roleplay cards away and say, "You are no longer in this role."

## Handouts / Student Workbooks

Handouts provided for students include quiz questions, worksheets for small-group work and roleplay materials. These can be copied beforehand and distributed during each activity, or students can be given Student Workbooks during the first session. The workbook contains all the needed handouts and worksheets for the curriculum activities.

# GENERAL TIPS FOR PREPARING TO IMPLEMENT THE CURRICULUM

- Review the curriculum manual ahead of time.
- Review the format of the manual, which consists of goals, objectives, preparation, materials and a detailed outline of what the facilitator should say and do for each activity.
- Become familiar with all activities, DVDs and curriculum materials.
- Make sure you have all the necessary equipment and materials.
- Review the supplemental background information provided in Appendix B about HIV, other STDs, contraceptive methods and effects of alcohol and other drugs.
- Learn about local resources such as health departments and family planning clinics.
- Know the policies of school districts and community agencies in regard to implementing new programs, discussing issues of sexuality and gaining parental support and permission.

## Materials

*Making Proud Choices!* uses the following materials at various points in the curriculum. Use this checklist to prepare for teaching. Some of the items will need to be prepared prior to beginning the sessions; others can be developed as part of the process.

### Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each student)  
Markers  
Masking tape  
Garbage bag  
Monitor and device for showing DVDs  
Condoms (one per student or pair plus demonstration condoms)  
Water-based lubricant  
Penis models  
Small paper bag  
Roll of paper towels  
Newsprint  
Index cards (2 labeled D, 3–4 labeled C, 3–4 labeled A, the remainder labeled U)

### Pre-Labeled Newsprint

*Group Agreements*  
*Why Some Teens Have Sex*  
*Consequences of Sex*  
*Proud and Responsible Prevention Strategies*  
*Goals* (written on left side of newsprint)  
*Making Proud Choices! Be Proud! Be Responsible!*  
*The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and Koko*  
*How STDs Are Transmitted*  
*Reasons to Avoid STDs*  
*Contraceptives*  
*Ways to Make Condom Use Easy and More Fun*  
*Pros*  
*Cons*  
*Excuses Sexual Partners Give*

## **Materials Included in Implementation Kit**

### **Cards**

*Risk Behavior cards*

*The Hard Way character cards (Kenrick, Miguel, Renee, Mom, Dad and Koko)*

*Condom Line-Up cards*

### **Posters**

*Goals and Dreams Timeline*

*HIV/AIDS Frame*

*Key Words*

*Risk Continuum signs*

*STOP, THINK and ACT*

*Agree/Disagree signs*

*STD*

*Steps for Using a Condom*

*Birth Control Choices*

*SWAT*

*Negotiation and Refusal Skills (Charts 1A, 1B, 2, 3, 4)*

*Observer Checklist*

*Roleplay Guidelines*

*Physical Changes of Puberty (optional)*

*TREO (optional)*

### **Handouts or Student Workbook Pages**

*Goals and Dreams Timeline*

*Calling Koko Callers (1–6)*

*Sean and Morgan Case Study*

*While They're Out Scripted Roleplay (Ineffective and Effective Versions)*

*Your Valentine's Day Gift Scripted Roleplay (Ineffective and Effective Versions)*

*Roleplay A: Jamie and Taylor*

*Roleplay B: Justice and Angel*

*Roleplay C: Jesse and Chris*

*Roleplay D: Devon and Jadon*

*Roleplay E: Alex and Casey*

*Observer Checklist*

**DVDs**

*The Subject Is HIV*

*The Hard Way*

*Nicole's Choice*

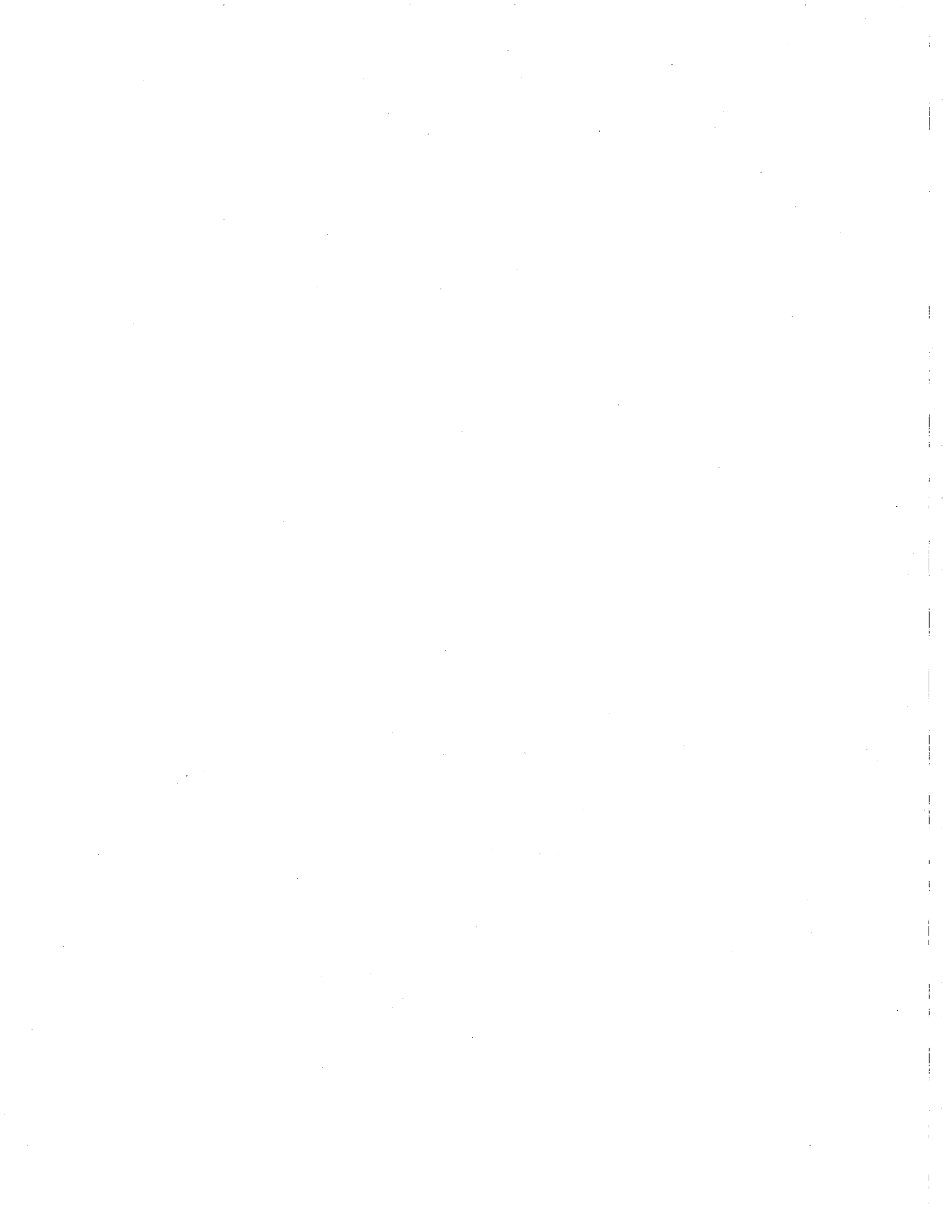
*The Subject Is STDs*

*Tanisha & Shay*

*Wrap It Up: Condom Negotiation and Condom Use Animation*

## Background Reading

- Jemmott, J. B., III, Fry, D., and Jemmott, L. S. (2009) Abstinence interventions. In A. O'Leary (Ed.) *Beyond Condoms*. New York: Plenum.
- Jemmott, J. B., III, and Jemmott, L. S. (2008). Helping adolescents reduce their risk of AIDS. In M. Chesney (Ed.). *Health Psychology and HIV Disease*. New York: Plenum.
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- Jemmott, J. B., III, Jemmott, L. S., and Fong, G. (1992). Reductions in HIV risk -associated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health*, 82: 372–377.





# **Making Proud Choices! School Edition**

**FIFTH EDITION**

**CURRICULUM**



# 1

# MODULE

## GETTING TO KNOW YOU AND STEPS TO MAKING YOUR DREAMS COME TRUE

### GOALS

The goals of this module are to:

- Provide students with an overview of the program.
- Increase students' personal investment and comfort in participating in the program.
- Increase students' ability to identify realistic goals for their future.
- Increase students' confidence about making proud and responsible choices to protect themselves and their community from unplanned pregnancy, HIV and other STDs.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Identify several agreements for group participation that will facilitate discussion and learning.
- Identify what it means to be proud and responsible.
- Describe the benefits of proud and responsible behavior.
- Identify at least two reasons why teens have sex, the consequences of sex, and strategies for reducing those consequences.
- Describe at least one goal they wish to achieve in the future.
- Identify barriers to achieving their personal goals and strategies for overcoming them.

### MODULE PREVIEW

The first module: (1) informs students about the program; (2) creates a safe space for talking about sexuality; (3) generates enthusiasm about *Making Proud Choices!* (4) promotes the goal of protecting themselves and their community; and (5) gives them ideas about how they can examine their own goals, and obstacles that might stand in the way of reaching them.

## STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Talking Circle Exercise
- Goals and Dreams Timeline Exercise
- Group Discussion

## MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* handouts or student workbooks

## MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled newsprint:
  - » *Group Agreements*
  - » *Making Proud Choices! Be Proud! Be Responsible!*
  - » *Goals*

## PREPARATION NEEDED

1. Before the program begins, label all of the newsprint charts as listed under Materials.
2. Hang the pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.

## INSTRUCTIONAL TIME: 40 minutes

### ACTIVITY

### MINUTES NEEDED

A. Welcome and Program Overview.....	3
B. Talking Circle.....	10
C. Creating Group Agreements.....	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm .	5
E. Goals and Dreams Timeline.....	12
F. Brainstorming Obstacles to Your Goals and Dreams.....	5

# ACTIVITY

# A

## WELCOME AND PROGRAM OVERVIEW

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Providing students with a general overview of the program will foster excitement and enthusiasm about participating.

#### MATERIALS


None

#### TIME

3 minutes

### PROCEDURE

1. Welcome the students and introduce yourself.
2. Present the purpose and format of the program by saying,

 This program is called *Making Proud Choices*. It will give you the tools to protect yourself and others from unplanned pregnancy and sexually transmitted diseases—STDs—including HIV, the virus that causes AIDS.

This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STDs. It also focuses on relationship issues, sexual behavior, decision making and negotiating in difficult situations. It's designed to teach specific information about ways to reduce your risk of getting pregnant or becoming infected with STDs, including HIV.

Although STDs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STD. Anyone can get an STD, including HIV, from having unprotected sexual intercourse with a partner who is infected.

Unplanned pregnancies can be prevented too. Many teen parents have been able to create successful lives for themselves and their children, especially when they have the support of some caring adults. However, they have to work a lot harder to do so. It's easier to reach your goals if you postpone having a child, or, if you're already a parent, postpone having another child.

(continued)


*(continued)*

If you're going to have sexual intercourse, it's critical to use birth control to prevent unplanned pregnancy and protection such as latex or polyurethane/polyisoprene condoms and dental dams to prevent STDs.

Do you think teens should be worried about unplanned pregnancy, HIV and other STDs?

3. Pause to allow students to answer.

4. Then say the following,

 The people who designed this program care about the lives of young people. They want you to have the knowledge and skills to protect yourselves and others against pregnancy, HIV and other STDs.

To make the program interesting and fun, it includes DVDs, exercises and games that I hope you will enjoy. Although the information is serious and important, I hope we can learn together and have a good time.

Other young people who've participated in this program have said they had a good time, learned a lot and would recommend it to their friends. I hope you will like it too.

Who has questions?

5. Answer any questions the students have about the purpose or format of the program.

6. Summarize by saying,

 Now that you have some idea of what to expect, let's get started.

# ACTIVITY

# TALKING CIRCLE

# B

## PREPARING FOR THE ACTIVITY

### RATIONALE

The Talking Circle encourages students to feel like important contributors to the group and gives them an opportunity to express their thoughts and feelings.

### MATERIALS

None

### TIME

10 minutes


## PROCEDURE

1. Have the students sit in a circle.

### FACILITATOR'S NOTE

It is important to designate a space or a particular way of sitting that is unique to the Talking Circle. Have the students sit on the floor, have them move their chairs very close to each other, or set aside a special area of the room to accomplish this.

2. Explain the Talking Circle by saying,

 The Talking Circle is a communication tool specific to American Indian people. It's been used for generations to bring people together to teach, learn, listen and share with each other and to help groups discuss important issues.

We will use the Talking Circle to introduce ourselves and get to know a little about each other and to talk about what we learned.

Each person will have a chance to speak. When you are finished speaking, the person sitting on your left will speak next.

If you're not ready when we come to you, you may pass and we will come back to you later. Let's try the Talking Circle by using it to introduce ourselves. I will speak first and when it is your turn please share your name, your age, the school you attend, your grade, preferred pronouns and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.


3. Model the Talking Circle by beginning with yourself,

 My name is \_\_\_\_\_ and I am \_\_\_\_\_.  
(age)

When referring to me, please use the pronouns \_\_\_\_\_ or \_\_\_\_\_.

I like to...(share something you enjoy doing).

4. Ask the person on your left to speak next. Encourage each group member to speak. When the Talking Circle is complete, thank each person for sharing.
5. Summarize this activity by saying,

 Thanks to all of you for sharing a little about yourselves. During the program, we will get to know more about each other and what is important to each of us. The Talking Circle is now over, but we will use it again later.

## FACILITATOR'S NOTE

Asking students to tell you their preferred pronouns is a way of creating a safe space for any transgender or gender nonconforming youth. Model what you want students to say by giving your own preferred pronouns. Some transgender youth might prefer typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Preferred pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting preferred pronouns sends the message that transgender and gender nonconforming youth are welcome and respected in the group.

You can also use alternative sentence stems in the introductions. Here are some ideas:

- One of my favorite TV shows or movies is \_\_\_\_\_.
- The best movie/book I've ever seen/read is \_\_\_\_\_.
- An item on my bucket list is \_\_\_\_\_.



# ACTIVITY

# CREATING GROUP AGREEMENTS

## C

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Group agreements help students feel more secure in a group setting and help facilitators provide structure when discussions become difficult or awkward. Developing guidelines as a group builds group cohesion and increases the likelihood that the agreements will be followed.

#### MATERIALS


- Pre-labeled newsprint:
  - *Group Agreements*
- Markers
- Masking tape

#### TIME

5 minutes

### PROCEDURE

1. Begin this activity by unfolding the pre-labeled newsprint titled *Group Agreements* and saying,

 We're going to be talking about sexuality, pregnancy and STDs—topics that sometimes can cause people to feel nervous or uncomfortable. What guidelines or agreements could we put in place to help make sure that everyone in the group feels safe, comfortable and able to participate?

2. Have students brainstorm a list of agreements or guidelines for the group to follow. As the students offer guidelines, write them on the newsprint entitled *Group Agreements*.
3. Make sure the list includes the following suggestions. Be sure to cover confidentiality, right to pass and respecting diversity.

#### GROUP AGREEMENTS AND GUIDELINE SUGGESTIONS

**Confidentiality:** When people share private information in this group, it should be kept private. If, for example, someone shares about crying because of hurt feelings, it would be a violation of the group agreements to discuss or joke about this outside the group. We will not talk about any personal information we hear in this group outside of this group.

(continued)

*(continued)*

There is one exception. If any of you tell me something that might cause you or someone else harm, I will have to tell someone for safety reasons—for example, if you told me you were going to hurt yourself or someone else, or if someone talks about being abused in any way. Please know that it is important to tell and to get help if you or someone else is being harmed. I encourage you to talk to me before or after the session, or to talk with another trusted adult outside of this group.

**No put-downs:** Show respect for others, even if you disagree with them. If someone says something that you disagree with, it would be a violation of the group agreements to say, “That’s stupid” or “You’re wrong.” Instead, say that you have a different idea and share it. All questions are important. There is no such thing as a “silly question.”

**Be supportive of each other:** We will be discussing important and sometimes personal information about making choices and risky behaviors. At times you may talk about yourself, your peers and your partners. Everyone in this room is different and has had different experiences. It is important that we respect these differences by not laughing at anyone or making put-down statements.

**Use “I statements”:** When we talk about personal subjects, we sometimes make assumptions about how others feel. In this group, it is important to talk about how YOU feel, think or act and not about how you think “all teens” or “all your friends” feel, think or act.

**Right to pass:** Sometimes when talking about subjects such as sexuality, someone might not want to talk or might have an uncomfortable feeling or memory. If you ever feel like being quiet or not sharing, it’s OK to just listen. If I call on you or someone asks you a question, you can say, “I pass.” Always take care of yourself. All group members have the right not to respond to any question they do not wish to address.

**Step up, step back:** If you tend to talk a lot in groups, step back sometimes so others can talk. If you tend to be very quiet, step up and participate a little more so the group can benefit from your ideas.

**Dealing with discomfort:** Sometimes certain conversations or topics can bring up uncomfortable feelings for people. If anything makes you feel uncomfortable during our sessions, let me know. If you need to step outside for a few minutes, we can arrange that. Also it’s OK to distract yourself by

*(continued)*

*(continued)*


doodling or using another strategy that helps you feel comfortable. Please come to me with any issues or concerns you have. If I can't help, I can connect you with people or resources that can help.

**Respect diversity:** Let's keep in mind that there's diversity in society and in this group. Individuals come from different family backgrounds, different racial and cultural groups and different living situations. Some young people have already had romantic relationships; others aren't even thinking about it. Some have had sexual intercourse. Some have had sex because they chose to; others may have had sex against their will. Some may identify as gay, lesbian, bisexual or straight. Some may identify as male, female or transgender. All of these differences make us unique. Regardless of how you see yourself, your background, previous relationships or experience, each of you has a place in this group. This will be a safe space for everyone.

Other agreements you should include if students do not mention them:

- Listen to others.
- Don't interrupt.
- Allow everyone to participate.

4. Ask students if they have any other suggestions they would like to add.
5. Once the list is complete, re-read each agreement and ask all group members to nod and say "yes" that they agree to follow that guideline.
6. Summarize this activity by saying,

 You did a great job creating the list! I will post our group agreements each time we meet so we can all see it and remember those guidelines.

I am excited and feel that we can work well together and respect each other by following our group agreements. I look forward to working with all of you.

## **FACILITATOR'S NOTE**

Be sure to post the group agreements throughout all the sessions of the program.

# ACTIVITY

# D

# MAKING PROUD CHOICES! BE PROUD! BE RESPONSIBLE! BRAINSTORM

## PREPARING FOR THE ACTIVITY

### RATIONALE

This activity introduces the theme of the program, "*Making Proud Choices! Be Proud! Be Responsible!*"

The emphasis on being proud and responsible provides a motivation for engaging in health-protective behavior and for encouraging others to do the same.

### MATERIALS

- Pre-labeled newsprint:
  - *Making Proud Choices! Be Proud! Be Responsible!*

### TIME

5 minutes


## PROCEDURE

1. Tape the *Making Proud Choices!* newsprint on the wall.

2. Open the discussion by saying,

 The title of this program is *Making Proud Choices!*

3. Then say,

 In this activity we are going to do some brainstorming. In brainstorming, you just say whatever comes to mind about a particular issue or question. I want you to brainstorm the answer to three questions.

What does it mean to make proud choices? What does it mean to be "proud"? What does it mean to be "responsible"?


4. Have students brainstorm answers to these questions. Record their answers on the newsprint.

### Make sure their responses include:

- » *Making Proud Choices* means doing things that you feel good about, that your family and community will respect and that will help you achieve your goals and dreams.
- » To *Be Proud* is to feel happy and pleased about something you've done or accomplished, to feel that you have lived up to your expectations or behaved according to your own or community values.


- » To **Be Responsible** is to be dependable, dedicated, reliable, committed, truthful and trustworthy.

5. Explain that,

 Being proud and responsible means that you value yourself and you believe you are worthy! Each one of you has value. Each one of you is worthy. You have to behave in ways that show you understand your worth. Proud and responsible behavior also extends into the area of sex. It means talking with friends, partners and family members about behaviors that put them at risk of STDs and unplanned pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using a latex (or polyurethane/polyisoprene) condom and effective birth control.

We know that some young people have been sexually abused, and they didn't get to make a choice. Youth who have survived something like that can use that inner strength in the future to choose when they do and don't want to have sex and to always protect themselves and their partners from STDs and unplanned pregnancies. If you are currently in a situation where you don't get to make your own choices about sexual activity, I encourage you to reach out to me or another trusted adult to get help.


6. Then ask,

 What are the benefits of making proud choices and engaging in proud and responsible behaviors? What do we gain by being proud and responsible?

**Make sure answers include:**

- » Feel better about yourself
- » Have healthier relationships
- » Stay out of trouble
- » Accomplish your goals
- » Make people feel proud of you
- » Reduce your risk of pregnancy, HIV and other STDs
- » Have a healthier body

- » Stay in school
- » Feel like you are helping your loved ones and your community

 Always use condoms AND effective birth control. By acting responsibly you can feel proud because you're protecting yourself, your sexual partners and the families and communities you've formed. You can play a big role in preventing unplanned pregnancy and STDs in your community.

### **FACILITATOR'S NOTE**

Post the chart with students' list of words to describe what it means to be proud and responsible. You can refer back to their list throughout the program when encouraging the students to make proud choices.

# ACTIVITY

# GOALS AND DREAMS TIMELINE

# E

## PREPARING FOR THE ACTIVITY

### RATIONALE

To achieve their goals, students need to think about their future and to understand that their present behavior will have an impact on what they will be doing 5 and 10 years from now.

### MATERIALS

- Pencils
- *Goals and Dreams Timeline* handout
- *Goals and Dreams Timeline* poster
- Pre-labeled newsprint:
  - *Goals* (Write Goals on the left side of newsprint)

### TIME

12 minutes

## PROCEDURE

1. Display the *Goals and Dreams Timeline* poster.
2. Introduce the exercise by saying,

Everything and everyone has a past, present, and future. This next activity will help you take a closer look at your past, present, and future.

## FACILITATOR'S NOTE


Record some events from your own life on the *Goals and Dreams Timeline* poster. Provide examples for each section. This will help students understand what you want them to do.

3. Distribute the *Goals and Dreams Timeline* handout or have students turn to it in their workbooks. Give the following instructions:

This is a timeline that will help you think about what you have already accomplished in the past year and what you want to accomplish in the future. There are three sections. In the first section, write your age and any things you've already accomplished. This can be anything—big or small—that's meaningful for you. For example, playing for a sports team, getting certain grades, attending a particular social event, joining a club, winning a student election, getting a learner's permit, artistic or musical performance, etc.

4. Give students 1–2 minutes to complete the first task.


5. Then give the following instructions:

 Move on to the second section on your timeline. Imagine yourself 5 years from now. That will be 20\_\_\_. Write down the age you will be in 5 years. Think of at least one thing you hope to have achieved 5 years from now.

Write down at least one goal in this section. You can write more than one goal if you like.

6. Give students 1–2 minutes to complete the second task.


7. Then give the following instructions:

 Move on to the third section of your timeline. Imagine yourself 10 years from now. That will be 20\_\_\_. Write down the age you will be in 10 years. Write down at least one goal you would like to achieve in the next 10 years.


You can write more than one goal if you like.

8. Allow 1–2 minutes for students to complete their timelines.

9. Then put students in small groups of 3 to 5 and have each group elect a recorder. Encourage students to share with their groups one goal from the last two sections of their timelines.


 Looking ahead 5 years, what goal do you want to achieve? How about in 10 years? Share a few of your goals with your group.

10. Next say,

 I want you to now choose one of your goals and write it on the back of your timeline. Next to that goal, write two things you must do to achieve it.



11. Then, instruct the students to share this goal and the strategies for achieving it with their groups.
12. While they are working on this, unfold the *Goals* newsprint. Circulate and provide support to anyone who seems to be struggling. Some youth need a little extra coaxing or encouragement to identify and voice their goals. Be prepared to provide a few examples, such as going to college, getting trained in a skill, buying a car or starting a business.
13. In round-robin fashion, go around the room and let each group share the group members' goals as well as some collective strategies for how to achieve these goals. Have the recorders from each group write a few of the group members' goals on the left side of the *Goals* newsprint.
14. Compliment students on their answers.
15. Summarize the activity by saying,

 You can achieve your goals with a little planning and organizing, and by making proud and responsible decisions. Reaching your goals will make you and the people you care about proud. Remember that you are capable of doing whatever you put your mind to.

## ACTIVITY

# F

## BRAINSTORMING OBSTACLES TO YOUR GOALS AND DREAMS

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Directing students' attention to the potential obstacles they may face when pursuing their goals and dreams encourages them to develop strategies to avoid, surmount or reduce those obstacles.

#### MATERIALS


- Pre-labeled newsprint:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

#### TIME

5 minutes

### PROCEDURE

1. Have the groups from the previous activity remain together. Refer to the *Goals* newsprint.
2. With a different colored marker, write "Obstacles" on the right side of the newsprint.
3. Say,

 We have just listed our goals and dreams. Now let's talk about some of the things that may get in the way of us reaching our goals and dreams. These are called obstacles. What obstacles can you think of that may get in the way of your goals?


4. Give the groups 2 minutes to brainstorm things that might prevent them from achieving the goals they listed.

#### Answers should include:


» Unplanned pregnancy, HIV and other STDs

5. Go around the room and ask each group to share an obstacle. After each group has gone once, ask if there are other obstacles on their list that have not been said yet. Have the recorders write the obstacles on the right side of the newsprint.

6. Say,


 If you've already encountered any of these obstacles, you understand how your life can change. Things can work out just fine but it's usually a lot harder.

7. Ask the following questions,

-  • How can we avoid these obstacles?
- What can you do to make sure you don't get pregnant, get someone pregnant or get an STD, like HIV?

8. Pick a few of the key obstacles and discuss ways to avoid, overcome or reduce them. If there are any teen parents in the group, ask them to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.

9. Summarize by saying,

 I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles so you can reach your goals. If you decide to have sex, you can avoid obstacles such as unplanned pregnancy and STDs by choosing not to do anything risky, and always using latex (or polyurethane/polyisoprene) condoms and other protection.

You're worthy of all the good things you imagine for your future. Each time we meet you'll gain knowledge, beliefs and skills to empower you to make proud choices! I look forward to working with you.

# HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

## GOALS AND DREAMS TIMELINE

**Instructions:**  
Complete this timeline with goals you want to accomplish in the future. Examples include: high school graduation, having a committed and stable relationship, community college, college, getting your own place, buying a car, travel, employment or career, marriage, buying a home, children, starting a business, etc.

**Birthday:** \_\_\_\_\_

1.	
2.	
1.	
2.	
1.	
2.	

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Poster

## GOALS AND DREAMS TIMELINE

**Instructions:** Complete this timeline with goals you want to accomplish in the future. Examples include: high school graduation, having a committed and stable relationship, community college, college, getting your own place, buying a car, travel, employment or career, marriage, buying a home, children, starting a business, etc.

**THIS YEAR I AM AGE \_\_\_\_\_. HERE ARE SOME THINGS I'VE ALREADY ACCOMPLISHED:**

1.	
2.	

**IN FIVE YEARS I WILL BE AGE \_\_\_\_\_. HERE IS AT LEAST ONE GOAL OR DREAM I WOULD LIKE TO ACHIEVE BY THIS AGE:**

1.	
2.	

**IN TEN YEARS I WILL BE AGE \_\_\_\_\_. HERE IS AT LEAST ONE GOAL OR DREAM I WOULD LIKE TO ACHIEVE BY THIS AGE:**

1.	
2.	

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**Making Proud Choices!** STUDENT WORKBOOK

Handout/Student Workbook

# 2

# MODULE

## THE CONSEQUENCES OF SEX: HIV INFECTION: PART 1

### GOALS

The goal of this module is to:

- Increase students' knowledge about HIV/AIDS and HIV risk-associated behavior.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish myths from facts about HIV and AIDS.
- Identify how HIV infection can be prevented.

### MODULE PREVIEW

The second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; and (2) provides opportunities for students to develop skills in giving correct information on HIV/AIDS to friends.

### STRATEGIES/METHODS

- Question-and-Answer Session
- DVD Viewing
- Exercise
- Game

**MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT**

- *HIV/AIDS Frame* poster
- DVD: *The Subject Is HIV*
- *Myths and Facts About HIV/AIDS Statements* (included in module)

**MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Monitor and DVD player
- Newsprint
- Markers
- Masking tape

**PREPARATION NEEDED**

1. Make sure *The Subject Is HIV* DVD is set up and ready to play.
2. Review the *Myths and Facts About HIV/AIDS Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

**INSTRUCTIONAL TIME: 40 minutes**

(Note: Facilitators may wish to extend the time to allow more thorough discussion of the DVD.)

**ACTIVITY**

**MINUTES NEEDED**

A. <i>The Subject Is HIV</i> DVD and Discussion .....	25
B. <i>Myths and Facts About HIV</i> .....	15

## ACTIVITY

# A

## THE SUBJECT IS HIV DVD AND DISCUSSION

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Reinforcing information via a motivating DVD increases the possibility of reaching more teens who learn quickly through music DVDs and other television programs.

#### MATERIALS

- Monitor and DVD player
- DVD: *The Subject Is HIV*

#### PREPARATION

- Review the information about HIV in Appendix B.


#### TIME

25 minutes

(Note: Allow more time for discussion of the DVD, if possible, to help students personalize the information and to answer any questions they may have.)


### PROCEDURE

1. Introduce the DVD by saying,

 This DVD, *The Subject Is HIV*, will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will discuss the DVD. Pay close attention to messages about how people can and cannot become infected with HIV, about injection drug use and about condom use.

2. Show the DVD, which is 18 minutes long.

3. At the end of the DVD, ask the students to brainstorm answers to the following questions:

 What did they mean when they said "you can't get HIV from things you share?"

#### Answer:

- » You can't get HIV from casual contact (e.g., combs, toilet seats, telephones, eating after someone).

 What was the message about condoms in the DVD?


#### Answer:

- » Use condoms every time you have anal, oral or vaginal sex.

 What was the message about needle sharing?

**Answer:**

- » Do not share needles or works.

 **What were the messages discussed between the girls in the library?**

**Answers:**


- » Don't have sex before you are ready.
- » Don't let anyone pressure you to have sex.
- » If you have sex, you must use a latex (or polyurethane/polyisoprene) condom.

 **What were the messages discussed between the guys in biology class?**

**Answer:**

- » It's important to talk with your partner about using protection.
- » If a guy respects himself and his partner, he will use a condom.
- » Not having sex is a good way to avoid pregnancy, HIV and other STDs.

**4. Summarize this activity by saying,**

 **You did a great job answering those questions and remembering the important messages in the DVD.**

**HIV infection can happen to anyone who engages in risky behaviors. The choice is yours. I want you to make proud and responsible choices, so if you choose to have sex, choose to use a latex (or polyurethane/polyisoprene) condom.**

**FACILITATOR'S NOTE**

Some statistics have changed since the video was produced. In 2014, youth ages 13 to 24 accounted for an estimated 22% of new HIV infections in the United States. The most recent data on young people and HIV can be found at:  
[www.cdc.gov/hiv/group/age/youth/index.html](http://www.cdc.gov/hiv/group/age/youth/index.html)



# ACTIVITY

# B

# MYTHS AND FACTS ABOUT HIV

## PREPARING FOR THE ACTIVITY

### RATIONALE

Distinguishing between myths and facts about HIV provides an opportunity for learning the correct information about HIV/AIDS.

### MATERIALS


- Markers
- Newsprint (for keeping score)
- Masking tape
- *Myths and Facts about HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

### TIME

15 minutes

## PROCEDURE

1. This activity reviews myths and facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help students understand the answers.
2. Introduce the *Myths and Facts* activity by saying,


 The activity we are about to do will show just how much you know about HIV and how to protect yourself.

3. Put the words “Myths” and “Facts” on the board or a sheet of newsprint.
4. Ask students to define the words *myth* and *fact*.


#### Answer:

» A myth is a statement that is untrue; a fact is a statement that is true.

5. Explain the activity,

 You will be working in your teams to earn as many points as you can. I will read each team a statement and ask you whether it is a myth or a fact and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's a myth or a fact, then you get two more points. If your team answers incorrectly, then the other team has a chance to steal the question and get two points for correctly explaining why it's a myth or a fact.

6. Allow a moment for teams to get settled.
7. Go around to each team one at a time and read a statement from the *Myths and Facts About HIV Statements*.
8. Ask the first team to identify it as a myth or a fact and to state *WHY*.
9. Ask the following team if they agree. (If there is a disagreement, teach the right answer and explain why.)
10. If the following team agrees, but the answer is wrong, teach the right answer and explain why.
11. If the following team agrees and the answer is right, give the team the correct number of points.
12. Read the next statement to the following team.
13. The game is over when the statements are completed or time is up, whichever comes first.
14. Summarize by saying,

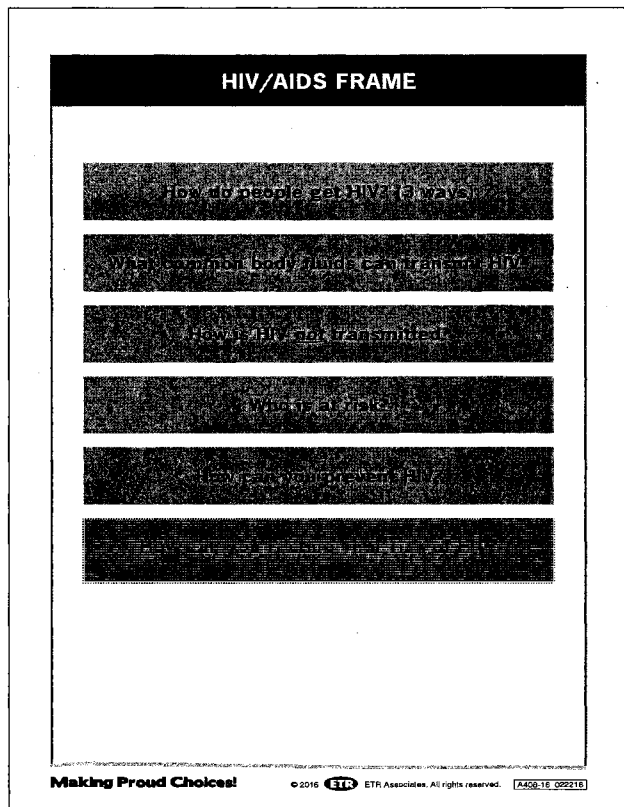
 When you believe in things that just aren't true, especially about HIV, it can cause you to make unhealthy choices. Knowing the facts can make all the difference.

You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.

## MYTHS AND FACTS ABOUT HIV STATEMENTS

[Do *NOT* change the order of the statements]

1. Having sex with someone who uses injection drugs is a way a person can get HIV.  
**FACT**
2. Having anal sex increases your chances of getting HIV.  
**FACT**
3. You can tell by looking at people whether they have HIV.  
**MYTH**
4. HIV can be transmitted in blood, semen, vaginal secretions, and rectal fluids.  
**FACT**
5. Having unprotected sex is one way of getting HIV.  
**FACT**
6. If a pregnant woman has HIV, there is a chance she may give it to her baby.  
**FACT**
7. You have a bigger chance of getting HIV if you have sex with many people.  
**FACT**
8. You can get HIV from using someone else's comb or hairbrush.  
**MYTH (NO CONTACT WITH BODY FLUIDS)**
9. Using a latex (or polyurethane/polyisoprene) condom during sex reduces the chance of getting a sexually transmitted disease, including HIV.  
**FACT**
10. You can get HIV by sharing a needle with a drug user.  
**FACT**
11. If you hug someone with HIV you can get it.  
**MYTH (NO CONTACT WITH BODY FLUIDS)**
12. Giving oral sex to a guy (your mouth on his penis) increases your chances of getting HIV.  
**FACT**
13. AIDS is the stage of HIV in which your body cannot fight off diseases.  
**FACT**
14. Having AIDS makes you more likely to get other diseases.  
**FACT**
15. AIDS can be cured.  
**MYTH**
16. AIDS is caused by a virus.  
**FACT (CALLED HIV)**
17. Anyone can get HIV.  
**FACT (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)**
18. You can avoid getting HIV by exercising regularly.  
**MYTH**
19. You can get HIV by eating certain foods.  
**MYTH**
20. Early treatment can help people with HIV stay healthy.  
**FACT**



Poster

# 3

# MODULE

## THE CONSEQUENCES OF SEX: HIV INFECTION: PART 2

### GOALS

The goal of this module is to:

- Increase students' knowledge about HIV/AIDS and HIV risk-associated behavior.
- Help students identify behaviors that place people at risk for contracting sexually transmitted diseases, including HIV infection.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Identify the basic facts about HIV and AIDS.
- Identify a person's risk of HIV infection as a result of engaging in various sexual and non-sexual behaviors.
- Identify which behaviors are low risk and no risk for contracting HIV infection.
- Identify how HIV infection can be prevented.

### MODULE PREVIEW

The third module: (1) informs students about the transmission and prevention of HIV/AIDS; and (2) helps students identify various behaviors that place them at risk for HIV infection.

### STRATEGIES/METHODS

- Discussion
- Game

**MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT**

- *Risk Continuum* signs
- *Risk Behavior* cards

**MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Masking tape

**PREPARATION NEEDED**

1. Review the information about HIV in Appendix B.

**INSTRUCTIONAL TIME: 40 minutes**

**ACTIVITY**

**MINUTES NEEDED**

A. HIV Risk Continuum.....	25
B. Understanding Messages About Sex .....	15

# ACTIVITY

# HIV RISK CONTINUUM

# A

## PREPARING FOR THE ACTIVITY

### RATIONALE

Actively identifying the HIV risk posed by different sexual and non-sexual behaviors helps students internalize the information and facilitates learning.

### MATERIALS

- *Risk Continuum* signs
- *Risk Behavior* cards
- Masking tape

### TIME

25 minutes

## PROCEDURE

1. Tape the *Risk Continuum* signs on different sides of the room.



No Risk	Some Risk	High Risk
Green Light	Yellow Light	Red Light
(Safe)	(Proceed with caution)	(Unsafe)

2. Divide the group into pairs or small groups.
3. Explain the following information,



In this activity, you will be given cards containing behaviors. You will have to place each card under the heading that you feel identifies the level of risk for HIV infection the behavior represents.

**High Risk/Red-Light Behaviors** involve contact with blood, semen, vaginal secretions or rectal fluids and can transmit HIV.

**Some Risk/Yellow-Light Behaviors** involve a barrier such as a condom or dental dam (latex sheath or cover), but they are activities during which exchange of blood, semen, vaginal secretions or rectal fluids might create some danger of transmitting HIV.


**No Risk/Green-Light Behaviors** involve no exchange of blood, semen, vaginal secretions or rectal fluids and thus pose no risk of transmitting HIV.

4. Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the groups.
5. Explain that “sex” in these questions means oral, anal and/or vaginal intercourse.
6. Ask each group to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.
7. After each answer, have students explain why they think the behavior belongs under that particular category. Ask if other group members agree. Use this opportunity to clarify misinformation.
8. Once there is agreement about where the *Risk Behavior* card should be placed, ask students to go tape the card under the correct category.

### **FACILITATOR’S NOTE**

*Risk Behavior* cards may be placed between categories because High, Some and No Risk represent a continuum and some behaviors do not fall solely within any one category.

9. Summarize as follows,

 To protect yourself from HIV infection, it is important to know which behaviors are safe and which are risky. You can use the information you have been learning in this program to make proud choices that reduce your risk for HIV infection and help you reach your goals and dreams. Remember, it’s not who you are but what you do that puts you at risk for HIV and other STDs. So be proud and responsible and always use latex (or polyurethane/polyisoprene) condoms and/or dental dams if you have any kind of sexual intercourse—oral, anal or vaginal.



## RISK BEHAVIORS

Vaginal sex without a condom	----- Red Light
Dry kissing	----- Green Light
Having protected sex with a person who is having sex with other people	----- Yellow Light
Romantic conversation	----- Green Light
Oral stimulation of the penis without a condom	----- Yellow/Red Light
Sharing eating utensils with someone who has HIV	----- Green Light
Sharing needles and syringes	----- Red Light
Anal sex with a condom*	----- Yellow/Red Light
Self-masturbation	----- Green Light
Mutual masturbation	----- Yellow/Green Light
<i>(Green for HIV. There are some STDs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)</i>	
Practicing abstinence	----- Green Light
Vaginal sex with a condom	----- Yellow Light
Massage	----- Green Light
Having sex with multiple partners without using a condom	----- Red Light
Oral stimulation of the vulva (female genitals) with a dental dam (latex barrier)	----- Yellow Light
Anal sex without a condom *	----- Red Light
Having protected sex with multiple partners	----- Yellow Light
Having sex without using a condom with a person who injects drugs	----- Red Light
Sexual fantasy	----- Green Light
Touching someone who has HIV	----- Green Light
Flirting	----- Green Light
Body rubbing/grinding (with clothes on)	----- Green Light
Hugging	----- Green Light
Having sex with only one person (monogamous)	----- Green/Yellow/Red Light
<i>(Green if both have never had sex before. If one or both have had other partners, Yellow if use condoms; Red if don't use condoms.)</i>	

\* Anal sex is a very risky behavior. It is a high risk/red-light behavior without a condom. With a condom, it is still more risky than vaginal sex—somewhere between yellow and red. For safety reasons, it's best to avoid anal sex. However, if people are going to engage in anal sex, using a condom can reduce their risk of getting HIV or other STDs.

## ACTIVITY

# B

## UNDERSTANDING MESSAGES ABOUT SEX

### PREPARING FOR THE ACTIVITY

#### RATIONALE

When students understand the sexual messages that stimulate their natural sexual curiosity, they will be better able to direct their curiosity appropriately.

#### MATERIALS NEEDED


None

#### TIME

15 minutes

### PROCEDURE

1. Begin this activity by saying,

 One reason that teens have sex is because they are curious. Sexual curiosity in teenagers is normal. In fact, your curiosity will increase as you get older. There are sexual messages all around you that may increase your curiosity. Let's look at some of these messages.

2. Ask students to brainstorm all the places they hear or learn about sex. There is no need to record the answers.

#### Answers may include:

- » School
- » Friends/peers
- » Parents
- » Religious groups or teachings
- » Media (TV, movies, music, Internet, books and magazines)


3. Ask students to brainstorm what their friends, partners or peers say about sex. There is no need to record the answers.

#### Answers may include:

- » Everyone is doing it.
- » Having sex makes you popular.
- » It feels good.
- » Trust me, I'll protect you.
- » If you love me, you'll do it.
- » If you don't, someone else will.

- » Nobody wants to be a virgin.
- » You won't because you're scared.
- » Having sex makes you a man/woman.
- » Wait until you're older.
- » You won't get pregnant.
- » You have to if you're horny.

4. Elicit as many responses as possible.
5. Encourage everyone to participate. Refer to the above list and add any messages that the students did not mention.
6. Ask students the following question,


 Think about movies you see or the music you listen to. What messages do they send about sex?

7. Be sure to elicit specific messages, not just the name of the movie or song. There is no need to record the answers.

**Answers may include:**

- » Sex is worth the risk.
- » Sex is more important than feelings.
- » No need to respect relationships.
- » It's OK to have multiple partners.
- » No one else is a virgin.
- » Dress, look, smell, act sexy.
- » People should show their bodies.
- » The more, the better.
- » Casual sex is fun.
- » Everyone cheats in relationships.


8. Encourage everyone to participate. Refer to the above list and add any messages that the students did not mention.
9. Ask the students,

 What messages do your parents or other trusted adults give you about sex?

**Answers may include:**

- » Don't have sex.
- » Wait until you are married to have sex.
- » Sex is not worth the consequences.

10. Ask the students,

 If you believe these messages, how will they help you achieve your goals and dreams? Alternatively, how might they get in the way?

11. Encourage several students to give answers.

### **FACILITATOR'S NOTE**

Appendix A includes an additional 25-minute activity on the potential negative consequences of sexting (Is Sexting OK?). If you plan to teach this additional activity as part of the program, you can skip to step 20 and conclude the current activity on Understanding Messages About Sex.

12. Ask the students,

 Has anyone ever heard of "sexting"? What is it?

**Answer:** It is when people send sexual messages and pictures using electronic devices like cell phones, emails and social networking sites.

13. Ask the students,

 Why do people sext?

14. Brainstorm reasons people sext.

**Answers may include:**

- » It's fun and exciting.
- » It helps you feel attractive.
- » To initiate sex.
- » It lets your partner know you are thinking about him or her.
- » It helps you keep your partner interested.

15. Next ask the students,


 Even though people have reasons for doing it, why is sexting a bad idea?

16. Brainstorm reasons sexting is dangerous.


**Be sure answers include:**

- » You don't have control over what someone does with your pictures and messages. They could end up all over your school or all over the Internet.
- » Sometimes people do mean things after a break up and they share the pictures and messages with their friends or online.
- » If your pictures are put on the Internet it will be extraordinarily difficult to get them off.
- » If your pictures are put on the Internet anyone can see them, including your family.
- » There may be legal consequences. Some states consider it a juvenile offense to sext, both for the recipient and the sender.


17. Ask students,

 What if you crop your head out of pictures you send? Would that make it safer?

18. Let students share their opinions, and then say,

 Even if you crop your head out of pictures, it's still pretty risky. Many people are very good with technology and can still link the pictures to you through your email address, phone number, username, your computer IP address or even your relationship with the person you sent it to. You'll spend a lot of your time trying to prove that the pictures aren't of you.

19. Then say,

 While sexting your partner can seem like fun, you run the risk of other people seeing your very personal and private pictures and messages. It could really hurt your reputation and relationships. There are too many consequences, including possibly being arrested. There are plenty of other fun and safe ways to make your relationship exciting and keep you and your partner close.


20. Process this activity with the following questions:

 Why do you think teens your age are curious about sex?

Do you think people your age are ready to handle the responsibilities and consequences of sex? Why or why not?

How do all of these messages affect you?

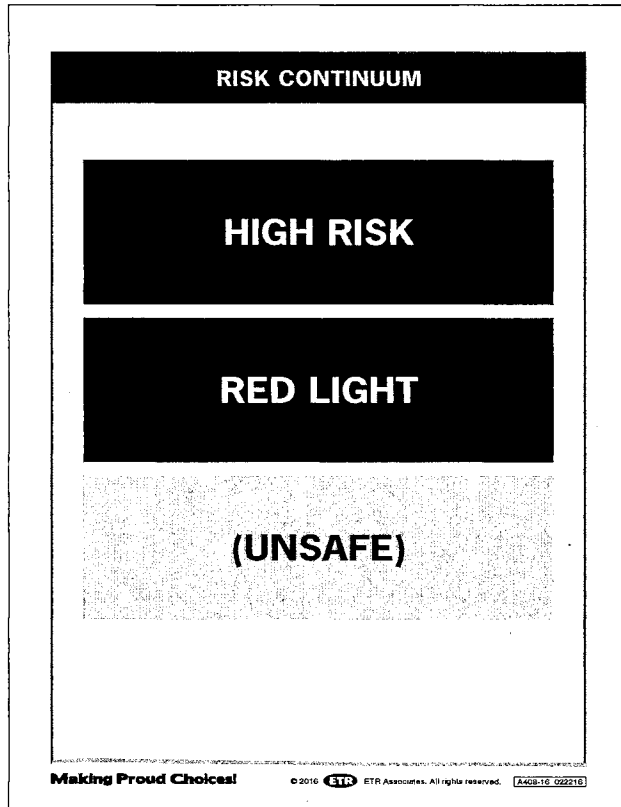
21. Summarize as follows,

 Being curious about sex at your age is natural and normal. However, experimenting with sex to satisfy curiosity can be an unhealthy way for you to learn about sex. It can lead to the consequences we talked about earlier such as pregnancy and STDs, including HIV. These consequences can alter your life and get in the way of your goals and dreams.

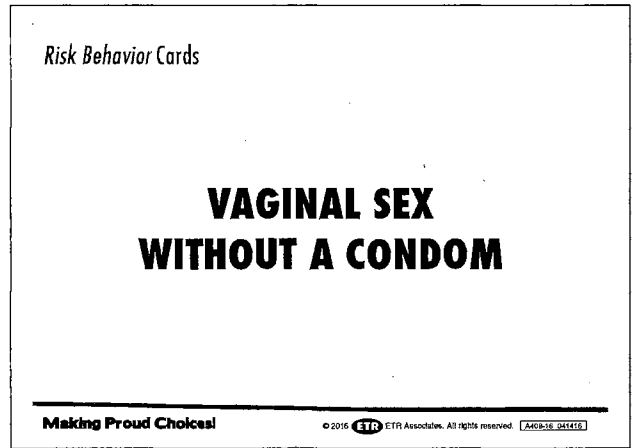
At your age, these are some proud and responsible things to remember:

- It's OK to *think* about sex.
- It's OK to *talk* about sex.
- It's OK to develop feelings and attitudes about sex.
- But *it's not* a good idea to have sex until you are prepared to have sex with respect and responsibility.

**HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE**



Posters (3 total)



Cards (24 total)



# 4

# MODULE

## ATTITUDES ABOUT SEX, HIV AND CONDOM USE

### GOALS

The goals of this module are to:

- Increase students' perceived vulnerability to HIV.
- Confront stereotypes about who becomes infected with HIV and learn more about how people can and cannot become infected.
- Reinforce knowledge about HIV and AIDS.
- Weaken negative beliefs and attitudes that foster risky sexual behaviors.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Identify their attitudes toward risky sexual behavior.
- Problem solve for risky sexual behavior situations.
- Recall correct information about HIV/AIDS.
- Advocate and give advice regarding safer sex strategies.

### MODULE PREVIEW

The fourth module: (1) informs students about the transmission and prevention of HIV; and (2) helps students advocate and give advice regarding HIV and safer sex strategies.

### STRATEGIES/METHODS

- DVD Viewing
- Group Discussion
- Problem-Solving Exercises

## **MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT**

- *The Hard Way* character cards
- *Calling Koko Caller* handouts or student workbooks
- DVD: *The Hard Way*

## **MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Newsprint
- Pre-labeled newsprint:
  - » *Kenrick, Miguel, Renee, Mom, Dad and Koko*
- Markers
- Masking tape
- Pencils
- Monitor and DVD player

## **PREPARATION NEEDED**

1. Label all of the newsprint charts as listed under Materials.
2. Hang the pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. Make sure *The Hard Way* DVD is set up and ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

## **INSTRUCTIONAL TIME: 40 minutes**

(Note: Facilitators may wish to extend the time to allow more thorough discussion of the DVD.)

## **ACTIVITY**

## **MINUTES NEEDED**

- |  |           |
|--|-----------|
| <b>A. <i>The Hard Way</i> DVD and Discussion .....</b> | <b>30</b> |
| <b>B. <i>Calling Koko: Part 1</i> .....</b>            | <b>10</b> |

# ACTIVITY

# A

## THE HARD WAY DVD AND DISCUSSION

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Reinforcing information about HIV, AIDS, risk levels and condom use through DVD presentations can promote further group discussion and enhance learning.

#### MATERIALS

- Monitor and DVD player
- DVD: *The Hard Way*
- Pre-labeled newsprint:
  - *Kenrick, Miguel, Renee, Mom, Dad and Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per student)


#### TIME

30 minutes


(Note: Allow more time for discussion of the DVD, if possible.)

### PROCEDURE

1. Introduce the film.


 Sexually active young people are at risk for HIV infection. The DVD titled *The Hard Way* is about young people. This DVD discusses what AIDS is, the ways people get HIV and the ways to prevent infection.

2. If you haven't done so already, write the names of the characters on newsprint (Kenrick, Miguel, Renee, Mom, Dad and Koko).
3. Divide the group into 6 teams. Hand out a character card to each team. Explain the activity.

 The cards you have just received have the name of one of the main characters in the video. While you watch the DVD, pay close attention to the person on your card. Watch what this person says and how this person thinks and acts. Also, notice anything that changes the person's thinking during the course of the video.

4. Start the DVD, which is 18 minutes long.
5. When the video has ended, plan to spend 10–12 minutes discussing the various characters. Pace yourself. Plan to spend about 2 minutes on each character.

6. Begin the discussion by saying,

 Let's talk about the characters in this film. I would like the group with Kenrick's card to go first.

How would you describe Kenrick?

What behaviors placed Kenrick at risk for HIV? *(Be sure the issue of number of partners gets addressed.)*

Now let's talk about Miguel.

Those of you with Miguel's card, what behaviors placed him at risk? *(Be sure number of partners gets addressed.)*

Why didn't Miguel use condoms?

Now let's talk about Miguel's partner, Renee.

What form of protection does Renee choose to use?

Those of you with Renee's card, why do you think Renee chose to use birth control pills instead of condoms as her form of protection?

Does this make sense? Do you think that using the pill is OK if you are having sex with only one person? Why or why not?

Those of you with the Dad card, what do you think about the way the dad talked to Kenrick?


Those of you with the Mom card, what do you think about the conversation between Kenrick and his mom?

How is Kenrick's conversation with his dad different from the one with his mom?

What adults have ever talked to you about condoms or safer sex? How do your parents, guardians or other caring adults deal with the issue?

Where would you turn for support and advice about relationships, sex and using protection?

7. Spend the next 10 minutes discussing Koko's message, HIV testing and relationships. Begin the discussion by saying,

 Now let's talk about Koko. What was her message in the video?

What do you think it would be like to get tested?

What would someone gain by getting tested? (What would be the benefits of getting tested?)


Now let's discuss the types of relationships in this film. Kenrick had multiple partners whereas Miguel had a steady girlfriend. How do you negotiate condom use when

- You have more than one partner?
- You have a steady partner?
- You have a new partner?

Which one—with more than one partner, a steady partner or a new partner—is easier or harder, and why?

Now let's talk about friendships and conversations people have with their friends about being safer and using condoms. Do you think that Kenrick and Miguel had talked about using condoms enough? What else could they have said to each other? What would you say to your friends? What would you want your friends to say to you?

8. Summarize the activity by saying,

 The characters in this video had to make decisions about whether to have sexual intercourse and whether to use condoms to protect themselves. What is the most important message you're taking away from the DVD and our discussion?

I hope you're walking away with the message that HIV can still be a risk even in a monogamous relationship.

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unplanned pregnancy and sexual transmission of HIV and other STDs. If you choose to have sex, it's important to use condoms correctly and consistently every time. If you've had unprotected sexual intercourse in the past, you can get tested and then use protection correctly in the future. It's the proud and responsible thing to do!

## B

PREPARING FOR  
THE ACTIVITY

## RATIONALE

Practicing solving HIV-related problems builds self-efficacy and students' ability to safely resolve risky situations and behaviors.

## MATERIALS


- *Calling Koko Caller* 1–6 handouts
- Pencils

## TIME


10 minutes

## PROCEDURE

1. Introduce this activity by saying,

 Based on what you have learned so far, you will give advice to someone who has questions or concerns about HIV, AIDS or condoms. In this activity, you will take the role of Koko, the expert on HIV, AIDS and condoms, who has an HIV Information Hotline for teenagers called *Calling Koko*. You will provide the solution to the concerns of one of these callers.


2. Divide the students into pairs or small groups.
3. Distribute the *Calling Koko* handouts or have students turn to these sheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)
4. Explain the following:

 You will discuss, decide on and then write down the advice you would give to the caller. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices. The next time we meet we will share the advice of each group.

## FACILITATOR'S NOTE

Be sure to visit each group during this process to ensure there are no concerns before breaking.

5. Give the pairs 5 minutes to discuss and write their advice.
6. Collect all *Calling Koko* handouts.
7. Say,

 You all had an opportunity to be the expert and it sounds like there is a lot of good advice. The next time we meet you will share the advice with the group.

# HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

The Hard Way Character Cards

# KENRICK

Making Proud Choices!

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Cards (6 total)

## CALLING KOKO CALLER 1

Based on what you've learned so far, what advice would you give someone who has questions or concerns about HIV, AIDS and condoms?

In this activity, you will take the role of Koko, who has an HIV Information Hotline for teenagers called, "Calling Koko." Discuss, decide on and write down the advice you would give to the caller. Encourage the caller to make a proud and responsible choice.

**Koko,**

I've heard that young people are at risk for HIV and the number of HIV cases among young people is growing. I don't want to take any chances of getting HIV. What's the surest way I can protect myself?

- No-Chance Charlie

Koko's Response to Caller 1:

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Making Proud Choices! STUDENT WORKBOOK

Handouts/Student Workbook (6 total)



# 5

# MODULE

## STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT: PART 1

### GOALS

The goals of this module are to:

- Introduce students to a problem-solving method to help think through and cope with sexual choices.
- Reinforce the knowledge about HIV and AIDS.
- Weaken negative beliefs and attitudes that foster risky sexual behaviors.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Advocate and give advice regarding safer sex strategies.
- State and explain the three steps of the problem-solving model.
- State how using problem-solving steps can help avoid risky situations.
- Explain how making their own decisions makes it more likely that they will achieve their goals and dreams.

### MODULE PREVIEW

The fifth module: (1) encourages students to think about their choices; (2) helps them understand the importance of protecting themselves against HIV; (3) reinforces information about risky behavior; and (4) provides them with a problem-solving strategy as a way to reduce their risk of HIV.

### STRATEGIES/METHODS

- Problem-Solving Strategies
- Case Study Worksheet
- Problem-Solving Activity

**MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT**

- *Calling Koko Caller* handouts or student workbooks
- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* handouts or student workbooks

**MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Newsprint
- Masking tape
- Pencils

**INSTRUCTIONAL TIME: 40 minutes**

(Note: Facilitators may wish to extend the time to allow more discussion of STOP, THINK and ACT.)

<b>ACTIVITY</b>	<b>MINUTES NEEDED</b>
A. <b>Calling Koko: Part 2</b> .....	<b>10</b>
B. <b>STOP, THINK and ACT: Introduction to Problem Solving</b> .....	<b>10</b>
C. <b>Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT</b> .....	<b>20</b>

# ACTIVITY

# CALLING KOKO: PART 2

# A

## PREPARING FOR THE ACTIVITY

### RATIONALE

Practicing solving HIV/AIDS-related problems builds self-efficacy and students' ability to safely resolve risky situations and behaviors.

### MATERIALS


- *Calling Koko Caller* handouts (collected from previous class)
- Pencils

### TIME

10 minutes

## PROCEDURE

1. Introduce the activity by reminding students,

 The last time we met, you played the role of Koko, an expert on HIV, AIDS, and condoms, by giving advice on HIV and safer sex. Each group provided a solution to the concerns of one of six callers. You will have a few minutes to review your answers from the previous class.

2. Pass out the *Calling Koko* handouts and provide 2–3 minutes to review and discuss the answers.
3. In a round-robin fashion allow each group to present. One person should read the part of the caller, and the other person should give Koko's advice.
4. Using the following suggested responses, discuss any points that students do not come up with themselves.

### FACILITATOR'S NOTE

Suggested responses are provided. Students' answers do not have to match the suggested responses word for word to be considered correct. However, in the large-group discussion, it is important to make sure that the points in each box get discussed. You may want to read the suggested responses as a review before going on to the next.

5. Close the activity by saying,

 Great job! It sounds like you are all becoming experts on HIV.

## **MAIN POINTS TO COVER**

The surest protection is abstinence.

If you choose to have sex, you must use a latex condom.

Don't share needles or works.

## **CALLER 1**

Koko,

I've heard that young people are at risk for HIV and the number of HIV cases among young people is growing. I don't want to take any chances of getting HIV. What's the surest way I can protect myself?

*– No-Chance Charlie*

### **Suggested Response to Caller 1**

Every time you engage in a behavior that involves an exchange of body fluids you take a chance of getting HIV. The surest way *NOT* to get HIV (the virus that causes AIDS) is to practice abstinence—choosing not to have sex. If you do decide to have vaginal, oral or anal sex, the best way to reduce your risk of HIV is to use condoms. And don't share needles of any kind with anyone for any reason (whether it's for drug use, tattoos or ear piercing). That's the proud and responsible thing to do.

## **MAIN POINTS TO COVER**

Commitment in a relationship is not always an effective form of protection.

Safer sex will reduce your risks of pregnancy, HIV and other STDs.

Talk to your partner about condoms.

Use latex condoms every time you have sex.

## **CALLER 2**

Dear Koko,

My girlfriend and I have been going out for a year. We really love each other, and both want to have sex. I trust her, but I'm concerned about HIV. My girlfriend and I are 14 years old, and neither one of us has tattoos, and we don't use drugs. We've been thinking about having sex, but only with each other. Do we have to worry about HIV?

*– Relationship Raymond*

### **Suggested Response to Caller 2**

If you and your girlfriend have never had vaginal, oral or anal sex with anyone else, and never used injection drugs or shared needles of any kind, the chances are that neither of you has HIV.

However, if you and your girlfriend start having sex, you should practice safer sex to prevent any future possibility of infection. Deciding to have sex with someone is a big decision and it involves thinking and talking to your partner about using condoms. Using condoms reduces your risk of getting an STD, including HIV.

Talk it over with your partner and use a latex (or polyurethane/polyisoprene) condom if you have vaginal, oral or anal sex.

## **MAIN POINTS TO COVER**

Get tested for HIV now, and again in 6 months.

If the test is positive, seek medical help immediately.

Avoid future risk of infection by using a latex condom every time you have vaginal, oral or anal sex.

## **CALLER 3**

Hi Koko,

Five months ago, I had sex with someone for the first time. We didn't use condoms. I didn't really enjoy it, and he never even called me again. Now I have a new boyfriend and he wants me to have sex, too. Is it possible that I might have been exposed to HIV when I did it before? Now, I'm anxious that I might be infected with HIV. What do I tell my boyfriend? What should I do?

– *Anxious Alex*

### **Suggested Response to Caller 3**

Yes, it is possible that you have been exposed to HIV. There is no way of knowing for sure without being tested. The most common type of HIV test looks for HIV antibodies, which may take up to 6 months to show up on the test. You should get tested soon, and then again 6 months later. If both tests are negative, you can feel safe that you did not get infected with HIV from having unprotected sex that time.

It sounds like you wish you had made a different choice 5 months ago. It's OK if you want to choose not to have sex right now. Abstinence is the surest way to protect yourself from HIV and other STD. If you do decide to have sex, be proud and responsible and talk to your boyfriend about condoms. Tell him it is important that you use condoms if you have sex. Let him know that you're really afraid of getting HIV, and what would happen if either of you got infected. If he cares about the relationship, he will understand that being abstinent or using condoms is the right thing to do.

## **MAIN POINTS TO COVER**

Oral sex can transmit STDs, including HIV.

Practicing safer sex can protect you against pregnancy, HIV and other STDs.

Other things can lead to intimacy and orgasm without risking getting pregnant, or infected with HIV or another STD.

## **CALLER 4**

It's like this Koko,

I am fifteen years old, and my girlfriend and I have never had vaginal sex. We do other things, though, including oral sex. Before, we just wanted to make sure that she didn't get pregnant. We had never really thought about infections like HIV. But, now I hear that teens my age are getting sexually transmitted diseases. Is oral sex safe? How do we protect ourselves from STDs?

– *Cautious Carmello*

### **Suggested Response to Caller 4**

ALL STDs, including HIV, can be transmitted during oral sex, whether it's performed on a man or a woman. Any woman who performs oral sex on a man should make sure that he is wearing a latex condom. Any man who performs oral sex on a woman should use a dental dam or other latex barrier, such as a non-lubricated condom cut to make a square.

From what you've told me, you already know there are other things that people can do for physical intimacy, or even sexual orgasm, that will not lead to pregnancy or transmission of disease. You and your girlfriend would be proud and responsible if you practiced safer sex by using latex (or polyurethane/polyisoprene) condoms and dental dams when you have oral sex. In addition, if you choose to have vaginal or anal sex, use a condom. That's the proud and responsible thing to do.

## **MAIN POINTS TO COVER**

You can't tell if a person has HIV by looking.

Look for a relationship, *not* a sexual partner.

If you decide to have sex, use a latex condom every time.

## **CALLER 5**

What's up, Koko,

I recently found out that a friend of mine is HIV positive and that she's had the virus for years. She's smart, fun to be around, and has only had sex with two guys her whole life. Now I'm afraid to be with anyone because if someone like her can get HIV, how can I know who's safe and who isn't? If she has HIV, then anyone could get it! I'm scared to date! What should I do?

*– Distraught Dana*

### **Suggested Response to Caller 5**

You are right to feel cautious about having sex. You can't look at people and tell whether or not they have an STD. Take time to get to know a person as a friend before you decide to have sex.

You can always decide to wait to have sex. If you decided to have sex, your best combination strategy is safer sex and time. Take the time to really get to know your potential partner. Then, use a latex (or polyurethane/polyisoprene) condom correctly and consistently every time if you decide to have vaginal, oral or anal sex.



## **MAIN POINTS TO COVER**

Get tested for pregnancy, STDs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making, and you may end up doing things that you regret.

Use latex condoms if you decide to have sex.

## **CALLER 6**

Koko,

I'm a senior this year and plan to go to college, but I did something the other night that was really stupid. I went to a party. I had a couple of beers and then somebody handed me a joint. Everyone else was smoking too. It was powerful stuff! I had never used drugs before. The next thing I knew I was in the bedroom with this basketball player I kind of had a thing for. We ended up having sex, and I don't even know if we used protection, because I was so high that I forgot to ask. I heard he does this type of thing a lot. Now he barely even speaks to me. I'm afraid that I could have gotten pregnant or gotten infected with an STD like HIV. What should I do?

– *Regretful Rihanna*

### **Suggested Response to Caller 6**

You sound like a smart person who made a serious mistake. Alcohol and other drugs can lower your inhibitions and cause you to make unhealthy choices, especially when it comes to sex. Peer pressure doesn't help either. It's never a good idea, under any circumstances, to have sex with someone you don't know very well. In the future, stay away from alcohol (at least until you are of legal age) and other drugs.

Go right away to your local reproductive health clinic and get emergency contraception (EC) to prevent a possible pregnancy. They can also test you for STDs. Make sure you go to the clinic right away. You have up to 5 days after unprotected sex to use EC, but the sooner, the better.

If you may have been exposed to HIV, immediately contact a doctor about post-exposure prophylaxis (PEP). These medications may be able to prevent the virus from infecting the body if taken immediately after exposure (within 72 hours).

Build a trusting and respectful relationship with someone before you have sex again. Always use condoms to prevent STDs and birth control to prevent pregnancy. And stay away from people like that basketball player. They aren't worth it.

## ACTIVITY

# B

## STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

### PREPARING FOR THE ACTIVITY

#### RATIONALE

By learning a problem-solving model, students will have a strategy they can rely on when faced with sexual decisions, rather than relying on emotions.

#### MATERIALS

- Poster: *STOP, THINK and ACT*
- Masking tape

#### TIME


10 minutes

### PROCEDURE

#### FACILITATOR'S NOTE


This activity is intended as a brief overview of the *STOP, THINK and ACT* problem-solving approach. Keep it simple and quick.

1. Hang the *STOP, THINK and ACT* poster.
2. Introduce the activity by saying,

 We've been talking about making proud choices but it can be hard to do when you might be experiencing pressure and conflict.

We are going to learn a problem-solving model that will help you think about making decisions under pressure.

3. Read the steps out loud to the group, pointing to the poster so the students can read along. Begin with *STOP*.


 The first step is *STOP*. Why might you need to *STOP* if you were being pressured sexually?

4. Let the students provide a few answers.

**Answers may include:**

You may feel afraid, confused, angry or upset.

5. Then say,


 **STOPPING** is important because it gives you a chance to take a deep breath, calm down and collect yourself.

6. Then move on to THINK.

 The second step is **THINK**. What might you need to think about?

7. Allow students to respond.

8. Then say,

 **THINKING** keeps you, not your emotions, in control of the situation. You don't want to overreact or underreact. Some of the things you want to think about include:

- What is the problem?
- What am I being pressured to do?
- What am I feeling? What is the other person feeling?
- What are my choices?
- What do I want?
- How can I stay in control?
- What alternatives can I suggest?
- What are the possible consequences?

The important thing here is to calm down and think things through a bit before acting.

9. Then move on to ACT.

Once you are calm and you have thought things through a bit, the next step is to **ACT** on your decision. Evaluate the possible consequences and make the best choice. Try it out and see how well it works. If your solution does not work well enough, you can try another alternative, or ask for help.

Sometimes after taking an action, you realize it wasn't the best choice for you and you would do it differently the next time. That's fine. It's just important to reflect on what happened so you can learn from your experiences.

10. Summarize by saying,

Next we will practice the **STOP, THINK** and **ACT** problem-solving steps.

# ACTIVITY

# C

## SEAN AND MORGAN CASE STUDY: PROBLEM SOLVING USING STOP, THINK AND ACT

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Applying the problem-solving steps to a situation will enhance the students' ability to use them.

#### MATERIALS

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* handout
- Pencils

#### TIME

20 minutes

### PROCEDURE

#### FACILITATOR'S NOTE

The case study has been written to be gender neutral. Sean and Morgan might be a boy and a girl, a girl and a boy, two boys, two girls, or transgender youth.

1. Begin this activity by saying,

When we are being pressured sexually, we often feel confused or upset and may not think clearly about how to deal with the situation. STOP, THINK and ACT may be a way to help you practice safer sex. So we are going to practice using STOP, THINK and ACT.

2. Divide students into small groups.
3. Distribute the *Sean and Morgan Case Study* handout or have students turn to it in their workbooks.
4. Ask for a volunteer to read the case study and instructions to the full group. Encourage everyone to read along. If there is no good reader, you should read.

## **SEAN AND MORGAN CASE STUDY**

Sean is 3 years younger than Morgan. They've been going out for a while. Sean really likes being with someone who is older. Morgan is a lot of fun and Sean feels more mature and popular when they're together.

Sean is very smart and plans to become a psychologist. Sean has had a tough childhood and very much wants to be independent and successful as an adult. Sean works hard and has a plan for the future.


Morgan really likes Sean. Lately, Morgan's friends have been talking a lot about sex and keep asking if Morgan and Sean have "done it" yet. Morgan figures it's time and begins to pressure Sean about having sex.

When Morgan asks Sean about having sex, Sean feels unsure about what to say. Sean has actually thought a lot about this and doesn't feel ready for sex yet. Yes, Morgan is sexy and Sean feels turned on. But Sean wants to wait until after high school and maybe even college to have sex. Sean does not want to do anything that might interfere with future goals. Sean wants to be able to help young people deal with issues and problems. Sean is also afraid of getting an STD and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean would be very hurt if Morgan turned to someone else for sex.

Today Sean and Morgan are hanging out at Morgan's house. Morgan's grandparents are out for a few hours. They're sitting on the couch, kissing and messing around. They're both breathing hard and things are getting hot and heavy. What can Sean do to avoid having sexual intercourse?

5. Then say,

 I want you to work in your assigned groups, and use the **STOP, THINK** and **ACT** steps to find a solution to the situation on your worksheet.

6. Give the groups about 7 minutes to complete the worksheets. Encourage all group members to help answer the questions. One of the group members can record the answers on the sheet. Circulate while groups are working to provide support as needed.

7. After 8 minutes, even if most of the groups have not finished, ask them to stop and begin discussing the case study. Ask one of the groups to give their responses to the first section of the worksheet—the STOP section. They are reporting on what Sean and Morgan can do to stop and stay calm.

When this group has reported their answers, ask the other groups if they have any responses that are different or if they have anything to add.


Ask a different group to report on the second section of the worksheet—the THINK section. They will define the problem, explain what Sean wants and alternatives that Sean can suggest.

When this group has given their responses, ask the other groups to comment and offer any different ideas for this section.

Finally, ask a different group to report on the third section of the worksheet—the ACT section. They will discuss what Sean should do and how Sean should act to carry out that choice.


When this group has given their responses, ask the other groups to comment and offer any different ideas for this section.

8. Ask the group to consider this question:

 How does the age difference between Morgan and Sean affect their relationship? Do they have trust, respect, equality and open communication?

Make the point that pressuring someone to have sex is not showing respect, and that the relationship is probably not equal. Morgan is 3 years older and is likely to be a lot more mature and experienced than Sean. Morgan probably has more power and influence in the relationship, which could put a lot of pressure on Sean. In healthy relationships, both partners are equal. One does not have more power than the other.

9. Summarize as follows,

 That's how STOP, THINK and ACT can be used to think through a problem.

You know that unprotected sexual intercourse can lead to pregnancy, HIV and other STDs, which can all make it harder to reach your goals. Using STOP, THINK and ACT can help you stay calm and think clearly so you can make the wise decision to always use protection if you have sexual intercourse.



# HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

## CALLING KOKO CALLER 1

Based on what you've learned so far, what advice would you give someone who has questions or concerns about HIV, AIDS and condoms?

In this activity, you will take the role of Koko, who has an HIV information Hotline for teenagers called, "Calling Koko." Discuss, decide on and write down the advice you would give to the caller. Encourage the caller to make a proud and responsible choice.

**Koko,**

I've heard that young people are at risk for HIV and the number of HIV cases among young people is growing. I don't want to take any chances of getting HIV. What's the surest way I can protect myself?

- No-Chance Charlie

**Koko's Response to Caller 1:**

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3

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Making Proud Choices! STUDENT WORKBOOK

Handouts/Student Workbook (6 total)

## STOP, THINK and ACT PROBLEM-SOLVING STEPS

### STOP

- ▶ Stay calm, take a deep breath.
- ▶ Get control of myself.

### THINK

- ▶ What is the problem?
- ▶ What am I being pressured to do?
- ▶ What am I feeling? What is the other person feeling?
- ▶ What are my choices?
- ▶ What do I want?
- ▶ How can I stay in control?
- ▶ What alternatives can I suggest?
- ▶ What are the possible consequences?

### ACT

- ▶ Evaluate the possible consequences.
- ▶ Make the best choice.
- ▶ How well did it work?
- ▶ Get help, if necessary.
- ▶ Make a new choice.

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Making Proud Choices!

Poster

## SEAN AND MORGAN CASE STUDY

Sean is 3 years younger than Morgan. They've been going out for a while. Sean really likes being with someone who is older. Morgan is a lot of fun and Sean feels more mature and popular when they're together.

Sean is very smart and plans to become a psychologist. Sean has had a tough childhood and very much wants to be independent and successful as an adult. Sean works hard and has a plan for the future.

Morgan really likes Sean. Lately, Morgan's friends have been talking a lot about sex and keep asking if Morgan and Sean have "done it" yet. Morgan figures it's time and begins to pressure Sean about having sex.

When Morgan asks Sean about having sex, Sean feels unsure about what to say. Sean has actually thought a lot about this and doesn't feel ready for sex yet. Yes, Morgan is sexy and Sean feels turned on. But Sean wants to wait until after high school and maybe even college to have sex. Sean does not want to do anything that might interfere with future goals. Sean wants to be able to help young people deal with issues and problems. Sean is also afraid of getting an STD and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean would be very hurt if Morgan turned to someone else for sex.

Today Sean and Morgan are hanging out at Morgan's house. Morgan's grandparents are out for a few hours. They're sitting on the couch, kissing and messing around. They're both breathing hard and things are getting hot and heavy. What can Sean do to avoid having sexual intercourse?

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Making Proud Choices! STUDENT WORKBOOK

9

Handout/Student Workbook





# 6

# MODULE

## STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT: PART 2

### GOALS

The goals of this module are to:

- Introduce students to a problem-solving method to help think through and cope with sexual choices.
- Review and reinforce the information learned thus far in the program.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Explain how making their own decisions makes it more likely that they will achieve their goals and dreams.
- Provide correct answers to review questions on HIV and AIDS.

### MODULE PREVIEW

The sixth module: (1) encourages students to think about their choices; (2) helps them understand the importance of protecting themselves against HIV; and (3) reinforces information about risky behavior.

### STRATEGIES/METHODS

- DVD Viewing
- Game

### MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- AIDS Basketball Game Questions (included in module)
- *STOP, THINK and ACT* poster
- DVD: *Nicole's Choice*

**MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Markers
- Newsprint
- Monitor and DVD player

**PREPARATION NEEDED**

1. Make sure the *Nicole’s Choice* DVD is set up and ready to play.
2. Review the information about sexually transmitted diseases in Appendix B.

**INSTRUCTIONAL TIME: 40 minutes**

(Note: Facilitators may wish to extend the time to allow more discussion of the DVD.)

<b>ACTIVITY</b>	<b>MINUTES NEEDED</b>
A. <i>Nicole’s Choice</i> DVD and Discussion.....	25
B. The AIDS Basketball Game.....	15

## ACTIVITY

# A

## NICOLE'S CHOICE DVD AND DISCUSSION

### PREPARING FOR THE ACTIVITY

#### RATIONALE

By using a realistic scenario, this DVD helps students understand the importance of protecting themselves against STD infection each time they engage in sexual intercourse.

#### MATERIALS

- Monitor and DVD player
- DVD: *Nicole's Choice*
- *STOP, THINK and ACT* poster

#### PREPARATION

- Review the information about STDs in Appendix B.


#### TIME

25 minutes

(Note: Allow more time for discussion of the DVD, if possible.)

### PROCEDURE

1. Introduce the DVD by saying,

 Now we will watch a DVD called *Nicole's Choice*. Pay attention. I want you to look at it and think about its messages. I also want you to think about what you would do in Nicole's situation. Check to see if Nicole uses the **STOP, THINK** and **ACT** problem-solving steps.


2. Show the DVD *Nicole's Choice*, which is 15 minutes long.

3. At the end, ask the following:

 What were some of the messages in the video?

4. Allow students to answer.

5. Refer to the poster *STOP, THINK and ACT*. Then ask,

 Did Nicole **STOP** and **THINK** when she was with Miguel? How would you have used **STOP, THINK** and **ACT** if you were Nicole?

6. After getting some answers from the group, ask,


 What messages about sexual partners did you receive from each person in the video?

- Randy?
- Lynette?
- Nicole?


**Answers:**

- » You expose yourself not only to your partner, but also to all of your partner's partners.
- » It is important for both individuals to get tested.
- » It is important to use condoms every time you have sex.

7. Then ask the following,

 How would you feel if you had to go to the STD clinic?  
Can you get HIV the same way you get other STDs?

8. Summarize as follows,

 Getting an STD can be embarrassing, painful, expensive and sometimes even life threatening. Only you can decide to protect your future and your health. Use a latex condom or dental dam every time you have vaginal, oral or anal sex.

# ACTIVITY

# THE AIDS BASKETBALL GAME

## B

### PREPARING FOR THE ACTIVITY

#### RATIONALE

This activity is a way to review and reinforce the information about HIV transmission covered in this program. It also allows you to end the module with a fun, high-energy activity.

#### MATERIALS


- Newsprint
- Markers

#### TIME

15 minutes


### PROCEDURE

1. Introduce the next activity by saying,

 We are going to play a game called AIDS Basketball\* that will review everything you've learned about HIV and AIDS.

2. Divide students into teams.

3. Start by giving the rules:

-  • Each team will get the chance to answer a question.
- The team member responsible for answering the question will rotate so that each team member gets a turn.
- The other team members can help, but the answer must be given within 10 seconds.
- Only correct answers earn points. Correct answers are worth two or three points.
- The team members answering the question can choose whether they want a two- or three-point question.
- If the answer is incorrect or not given in time, I will give the correct answer, and the other team will get a foul shot (a one-point question).
- If someone answers out of turn, the interrupter's team receives a foul. The other team then gets a chance to answer a one-point foul shot question.

\* "AIDS Basketball" from *AIDS: What Young Adults Should Know*, 2nd ed., by William L. Yarber. Adapted with permission from the Association for the Advancement of Health Education.

4. Keep score (or ask a student to keep score) on the board or on newsprint.
5. Try to get through all the questions, but remember you have only 15 minutes. The game goes quickly and is stimulating.

### **FACILITATOR'S NOTE**

If no one is given a foul shot, use the foul questions in the game for one point each. You may be able to create other situations that result in foul shots being awarded.

6. Use the questions that follow for the game. Correct answers are provided. Correct answers for True and False questions are in parentheses.
7. At the end of the game, total the team scores and declare a winning team.
8. Summarize by saying,



**Wow! What a game! You all remembered a lot of information. Remember to use all of the things you know and the STOP, THINK and ACT strategy to make proud and responsible choices.**



# **AIDS BASKETBALL QUESTIONS AND ANSWERS**

## **TWO-POINT QUESTIONS**

- 1. What does AIDS stand for?**
  - Acquired immunodeficiency syndrome
  
- 2. What causes AIDS?**
  - HIV, the human immunodeficiency virus
  
- 3. Which body system does HIV damage?**
  - Immune system
  
- 4. What happens to a person with AIDS that usually does not happen to people with a healthy immune system?**
  - They get certain rare diseases called opportunistic infections.
  
- 5. Name three of the body fluids through which HIV is transmitted?**
  - Semen, vaginal secretions, rectal fluids, blood and breast milk (any 3)
  
- 6. What are the most common ways HIV is transmitted?**
  - Unprotected sexual contact and exchange of blood
  
- 7. What drug-related behavior allows the exchange of blood?**
  - Sharing needles or works
  
- 8. How do most children get infected with HIV?**
  - From their infected mothers during pregnancy, at birth, or through breastfeeding
  
- 9. (True) or False. Anyone who has unprotected sex or shares needles can get HIV.**
  
- 10. (True) or False. Anal sex increases your chances of getting HIV.**
  
- 11. True or (False). There is now a cure for AIDS.**

**12. (True) or False. Oral sex without using a condom or dental dam increases the chance of getting HIV.**

**13. True or (False). You can catch HIV like you catch a cold, because HIV can be carried in the air.**

### **THREE-POINT QUESTIONS**

**14. What are two ways of reducing your risk of HIV?**

- Abstinence
- Practicing safer sex
- Not sharing needles or works

**15. Name three ways HIV is passed.**

- During unprotected sex (sex without a condom)
- By sharing needles and syringes
- From an infected woman to her fetus or newborn child

**16. Name three types of sexual practices in which HIV can be passed.**

- Anal sex
- Vaginal sex
- Oral sex

**17. Name two high-risk behaviors.**

- Unprotected anal, oral or vaginal sex
- Sharing of needles or works

**18. True or (False). Using Vaseline as a lubricant when you have sex lowers the chance of getting HIV.**

**19. (True) or False. People without any symptoms can have HIV and pass it to a sexual partner.**

**20. Name three sexual behaviors that do not involve any exposure to body fluids that can carry HIV. (Any 3)**

- Hugging
- Massage
- Touching
- Masturbation
- Sexual fantasy
- Grinding
- Romantic talking
- Cuddling

## FOUL SHOOTING QUESTIONS (ONE POINT)

21. Yes or No. Which of these can transmit HIV?

Stress	no
Sharing needles with someone who is HIV positive	yes
Touching someone who has HIV	no
Using the same fork as someone who is HIV positive	no
Using someone's comb	no
Being around someone with AIDS	no

22. (True) or False. People can have HIV and give it to others even if they do not look or feel sick.

23. True or (False). You cannot get HIV from sex if you have sex with only one person during your whole life.

24. True or (False). People infected with HIV through injecting drugs are not likely to pass the virus to sex partners unless the partner also injects drugs.

**STOP, THINK and ACT  
PROBLEM-SOLVING STEPS**

**STOP**

- ▶ Stay calm, take a deep breath.
- ▶ Get control of myself.

**THINK**

- ▶ What is the problem?
- ▶ What am I being pressured to do?
- ▶ What am I feeling? What is the other person feeling?
- ▶ What are my choices?
- ▶ What do I want?
- ▶ How can I stay in control?
- ▶ What alternatives can I suggest?
- ▶ What are the possible consequences?

**ACT**

- ▶ Evaluate the possible consequences.
- ▶ Make the best choice.
- ▶ How well did it work?
- ▶ Get help, if necessary.
- ▶ Make a new choice.

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Poster

# 7

# MODULE

## THE CONSEQUENCES OF SEX: STDs: PART 1

### GOALS

The goals of this module are to:

- Increase students' knowledge of sexually transmitted diseases.
- Help students identify strategies for preventing STDs.
- Increase students' perceived vulnerability to STDs.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Identify the signs and symptoms of the most common STDs.
- Identify how STDs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted diseases.

### MODULE PREVIEW:

The seventh module: (1) helps students examine the signs and symptoms of the most common STDs; and (2) illustrates how STDs can impact the lives of young people.

## STRATEGIES/METHODS

- Brainstorming
- DVD Viewing
- Group Discussions
- Exercises

## MATERIALS — INCLUDED IN IMPLEMENTATION KIT

- *STD* poster
- DVD: *The Subject Is STDs*

## MATERIALS — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Monitor and DVD player
- Pre-labeled newsprint:
- » *How STDs Are Transmitted*
- » *Reasons to Avoid STDs*
- » *Group Agreements* (from earlier session)
- Newsprint
- Index cards for the Transmission Game—pre-labeled with A, C, U or D

## PREPARATION NEEDED

1. Label all of the newsprint charts as listed under Materials.
2. Hang the pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. If you are using the DVD option, make sure *The Subject Is STDs* DVD is set up and ready to play.
4. Read the instructions for the Transmission Game and make sure you're clear about the process.
5. Label the index cards for the game. For a group of 6–8, one person will have a "D" card, one person will have a "C" card, one person will have an "A" card and the rest will have "U" cards. Increase the number of "C," "A" and "U" cards in this approximate ratio for larger groups.

**INSTRUCTIONAL TIME: 40 minutes**

(Note: Facilitators may wish to extend the time to include both the discussion and the DVD about STDs.)

<b>ACTIVITY</b>	<b>MINUTES NEEDED</b>
A. STD Facts .....	20
[ A. (Alternate) <i>The Subject Is STDs</i> DVD.....	20 ]
B. The Transmission Game .....	20

**FACILITATOR'S NOTE**

**STD or STI?** Some health educators prefer the term "STI" (sexually transmitted infection) over "STD" (sexually transmitted disease), whereas others use the two interchangeably. This intervention, along with the Centers for Disease Control and Prevention and many other leaders in health education, uses STD because this is the term understood by the greatest number of people, including teens. It is important for everyone to understand that STDs (STIs) can present with or without symptoms.

# ACTIVITY

# STD FACTS

## A

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Providing information about STD transmission and symptoms gives students the information they need to prevent the spread of STDs. It also provides a common ground for discussing attitudes and concerns about STDs and increases perceived vulnerability to infection as well as motivation to avoid infection. Seeing how STDs and HIV can impact the life of an individual helps motivate prevention planning.

#### MATERIALS

- STD poster
- Pre-labeled newsprint:
  - *How STDs Are Transmitted*
  - *Reasons to Avoid STDs*
- Markers
- Masking tape

#### PREPARATION

- Review the information about STDs in Appendix B.

#### TIME

20 minutes

### PROCEDURE

1. Begin this activity by displaying the *STD* poster. Use newsprint to cover the poster so only the letters "S T D" are revealed.

2. Then say,

Today we are going to talk about STDs. First, I want you to tell me what the letters S, T and D stand for.

#### Answer:

- » Sexually transmitted disease

Explain that they may have also heard the term *sexually transmitted infection* or STI.

3. Ask the group to brainstorm all of the STDs they know.
4. Then uncover the poster and read any STDs they did not mention.

- Chlamydia
- Syphilis
- Herpes
- Trichomoniasis
- Gonorrhea
- HPV (human papillomavirus)
- HIV
- Hepatitis B



5. Then say,

 STDs fall into three categories:

- **Bacterial (caused by bacteria)**—These STDs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
- **Viral (caused by a virus)**—These STDs are not curable. The symptoms can be treated, but the virus stays in the body. They include herpes, HIV, hepatitis B and HPV (human papillomavirus). Notice all the viral STDs start with the letter H.
- **Parasitical (caused by parasites)**—These STDs are curable. They include trichomoniasis and pubic lice.

6. Unfold the pre-labeled newsprint titled *How STDs Are Transmitted* and say to the group,


 As you can see there are a lot of different STDs. How do you think people get STDs?

7. List the answers on the newsprint as the group responds.

**Be sure their answers include:**

- » Vaginal intercourse (penis in vagina)
- » Oral sex (a person's mouth on another person's genitals)
- » Anal sex (penis in anus)
- » Mother to child (during pregnancy, at birth, or through breastfeeding)
- » Sharing needles
- » Skin-to-skin genital contact (herpes, syphilis, HPV)


8. Next ask,

 Who can get an STD?

**Answer:**

- » Anyone who has unprotected sexual intercourse.

9. After students have answered, say,

 **That's right. Anyone who engages in unprotected sexual intercourse can get an STD. But teens and young adults are affected by STDs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STD each year, and that about half of these occur in young people ages 15 to 24.\***

10. Ask the group,

 **What are some symptoms of STDs?**

**The list should include:**

- » Burning when urinating
- » Sores, blisters, bumps, warts or pimples near the genitals or mouth
- » Unusual discharge from penis or vagina
- » Rash or itching in the genital area
- » Frequent urination
- » Abdominal pain
- » **Often there are NO symptoms**

11. Ask,


 **How can you tell if someone has an STD?**

**Answers should include:**

- » **Often you cannot tell.**
- » You may see sores, blisters, warts, bumps, a rash or pimples near the genital area.

\* Centers for Disease Control and Prevention. 2014. Reported STDs in the United States. Available at: <http://www.cdc.gov/std/stats13/std-trends-508.pdf>. Accessed 7/26/16.

12. Then say,

 In many cases, a person can have an STD and have no symptoms! This means that people may not even know they have an STD. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STD.


13. Then ask,

 How can you protect yourself from getting an STD?

**Answers should include:**

- » Abstain from vaginal, oral and anal sex.
- » Use a latex or polyurethane/polyisoprene condom every time you have vaginal, oral or anal sex.
- » There is a vaccine that can prevent hepatitis B.
- » There is also a vaccine that protects young people against most types of HPV that cause genital warts or lead to cervical cancer.

14. Then say,

 We know how STDs are transmitted. We know signs and symptoms that can indicate an STD infection. We know some STDs don't have symptoms. We know how to avoid getting an STD. But why would we want to avoid getting an STD?

Let's brainstorm *Reasons to Avoid STDs* by thinking of some of the long-term physical and emotional consequences of getting an STD.


15. List the group's responses on the newsprint. Encourage all students to respond.

**Answers should include:**

- |                                 |                                 |
|---------------------------------|---------------------------------|
| » Increased risk of getting HIV | » Paralysis (syphilis, AIDS)    |
| » Death (syphilis, AIDS)        | » Brain damage (syphilis, AIDS) |
| » Blindness (syphilis)          | » Cervical cancer (HPV)         |

- » Genital warts (HPV)
- » Pelvic inflammatory disease (gonorrhea, chlamydia)
- » Infertility (gonorrhea, chlamydia)
- » Ectopic pregnancy (gonorrhea, chlamydia)
- » Chronic pelvic pain (from PID)
- » Liver disease (hepatitis B)
- » Child born with an STD (blindness, brain damage, death)
- » Embarrassment
- » Odor and discharge
- » Loss of relationship

16. Explain that no one chooses to get an STD. Some people have gotten STDs from sex that was against their will. Summarize this activity by saying,

 There are 4 important facts about STDs I want to emphasize:

1. Anyone can get an STD. Young people ages 15–24 make up half of all new STD cases. You or a partner can have an STD and not know it. Many people with STDs have no symptoms.
2. STDs increase the chance of HIV infection. They sometimes cause blisters or sores on or around the genitals which can become a point of entry for HIV during sex.
3. STDs can have serious emotional and physical consequences, including possible death in the case of AIDS and syphilis. The consequences for women are especially harsh and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STD to her baby.
4. Some STDs cannot be cured. This includes HIV.

If you choose to have sexual intercourse, the proud and responsible thing to do is always use a latex or polyurethane/polyisoprene condom. Not having sex is the surest way to prevent an STD.

## ALTERNATE ACTIVITY

# A

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Providing information about STDs through a DVD gives students the information they need to prevent the spread of STDs. It also provides a common ground for discussing attitudes and concerns about STDs and increases perceived vulnerability to infection as well as motivation to avoid infection. Seeing how STDs and HIV can impact the life of an individual helps motivate prevention planning.

#### MATERIALS

- Monitor and DVD player
- DVD: *The Subject Is STDs*

#### PREPARATION

- Review the information about STDs in Appendix B.

#### TIME

20 minutes

(Note: Allow more time for discussion of the DVD, if possible.)

## THE SUBJECT IS STD (VIDEO OPTION)

### PROCEDURE

1. Say,


 Today we are going to talk about STDs. First, I want you to tell me what the letters S, T and D stand for.

#### Answer:


- » Sexually transmitted disease

Explain that they may have also heard the term *sexually transmitted infection* or STI.

2. Introduce the DVD by saying,

 We are going to learn more about STDs. In this video, you will see sexually active teenagers finding out the facts and dealing with issues of STDs.

3. Show the DVD, which is 17 minutes long.
4. When the DVD is finished, ask the following questions,

 How did you feel about the coach's advice to Jamal to be direct and honest with Diana?

How did the teens react when they learned they might have been exposed to an STD from their partners?

What could you do if you found out you or a partner had an STD?

Why is it important to tell your partner if you have an STD?

## FACILITATOR'S NOTE

Be sure students understand that when the DVD refers to "using a condom" this means a latex or polyurethane/polyisoprene condom.

5. Explain that no one chooses to get an STD. Some people have gotten STDs from sex that was against their will. Summarize this activity by saying,

 There are 4 important facts about STDs I want to emphasize:

1. Anyone can get an STD. Young people ages 15 to 24 make up half of all new STD cases. You or a partner can have an STD and not know it. Many people with STDs have no symptoms.
2. STDs increase the chance of HIV infection. They sometimes cause blisters or sores on or around the genitals which can become a point of entry for HIV during sex.
3. STDs can have serious emotional and physical consequences, including possible death in the case of AIDS and syphilis. The consequences for women are especially harsh, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain and possible transmission of the STD to her baby.
4. Some STDs cannot be cured. This includes HIV.

If you choose to have sexual intercourse, the proud and responsible thing to do is always use a latex or polyurethane/polyisoprene condom. Not having sex is the surest way to prevent an STD.

## ACTIVITY

# B

## THE TRANSMISSION GAME

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Participation in an exercise that highlights how easy it is to get STDs breaks down students' feelings of invulnerability, and increases their motivation to practice safer sex.

#### MATERIALS


- Lettered index cards (A, C, U, D)
- Pencils

#### TIME

20 minutes

### PROCEDURE

1. Ask the rhetorical question,

 Who gets STDs? Don't answer. Just think about it. We are going to participate in an activity that will help us answer this question.

#### FACILITATOR'S NOTE

This activity illustrates how easy it is to transmit an STD if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some students may have already had an STD; some might be living with HIV; and others may have family members or friends who are affected by HIV. Make sure no one is stigmatized by the activity.

2. Distribute the lettered cards and pencils so that only two people have a "D," three to four people have "C" and "A" and the rest get a "U." Keep this approximate ratio if the group numbers are larger or smaller. DO NOT tell students what the letters mean at this time.

**A = Abstinence**

**C = Condoms**

**U = Unprotected Sex (oral, anal or vaginal sex without a condom)**

**D = Disease (STD/HIV)**

3. Give the following instructions:

- Listen carefully so you don't miss anything.
- Write your name on the side of the index card that has the letter on it.
- Stand and mingle (walk around) with others in the group until I say "stop."
- Pair off with the person standing closest to you.
- I will read you an incomplete sentence.
- You and your partner will each complete the sentence and discuss why you feel that way.
- When I call time (after 30 seconds to 1 minute), you will sign each other's card on the side without the letter on it. Return the card to the original owner.
- Then you'll move around the room again until I say "stop" and you will pair up with a new partner.
- We will keep doing this until you've had six brief discussions.

4. Read each of the following unfinished sentences, following the procedure you just described.

**UNFINISHED SENTENCES**

- If I had a condom in my pocket or purse, my partner would think...
- I could convince my partner to use a condom if I...
- You can make using condoms fun by...
- If I asked whether my partner was having sex with other people, the response might be...
- If I asked my partner to use a condom, the response would be...
- People do not like to use condoms because...

5. When the six unfinished sentences have been discussed, ask all students to have a seat.



6. Use the process below to discuss the activity. Say,

- This has been an exercise involving “verbal intercourse,” but we’re going to pretend that each conversation was an act of “sexual intercourse.”
- Look at your cards. The letters on the cards represent something in this exercise.
- Will the people with the “D” cards, please stand. For the purposes of this activity only, you have an STD and anyone whose name is on your card could have the STD too.
- (To the people with the “D”): Read the names on the back of your card. Everyone whose name is read, please stand.

7. After the people whose names were called are standing, say,

- If you have a “C” on your card, that means you correctly used a latex condom to reduce your risk, and so you can sit back down.
- If you have an “A” on your card, that means you insisted on abstinence and refused to engage in sexual intercourse or any type of skin-to-skin genital contact, so you can sit back down. Abstinence is the 100 percent sure way to protect yourself.
- If you have a “U” on your card, you must remain standing because you took a chance and engaged in unprotected sexual intercourse and now you are possibly infected with the STD.

8. Ask each of the people still standing, one at a time, to read the names on their cards. Use the same process to find out the total number of people who got “infected” during this activity.

9. Count the number of people standing and ask the group to consider what would happen if they each continued to have unprotected sex with new partners.

10. Ask the standing people to sit down.


11. Ask the person with the "D" card,

 How did it feel to imagine you had been infected with an STD?

12. Ask the people with the "U" cards,

 How did you feel about possibly being infected?

13. Ask the people with the "C" and "A" cards,

 How did you feel when you got to sit down because you had protected yourself?


14. Now ask,

 What did you learn from this activity?


**Try to elicit the following answers:**

- » One person can infect many by passing the disease to someone who passes it on to the next person.
- » STDs can be spread through unprotected vaginal, oral and anal sex.
- » People have sex not only with their partners, but also with their partner's past sexual partners.
- » Practicing abstinence and using latex condoms can prevent STD transmission.
- » You can't tell just by looking at someone who is infected and who isn't.
- » It may not be easy to talk about using condoms.
- » Anyone can get an STD regardless of whether the sex was consensual or forced.


15. Continue the activity by saying,

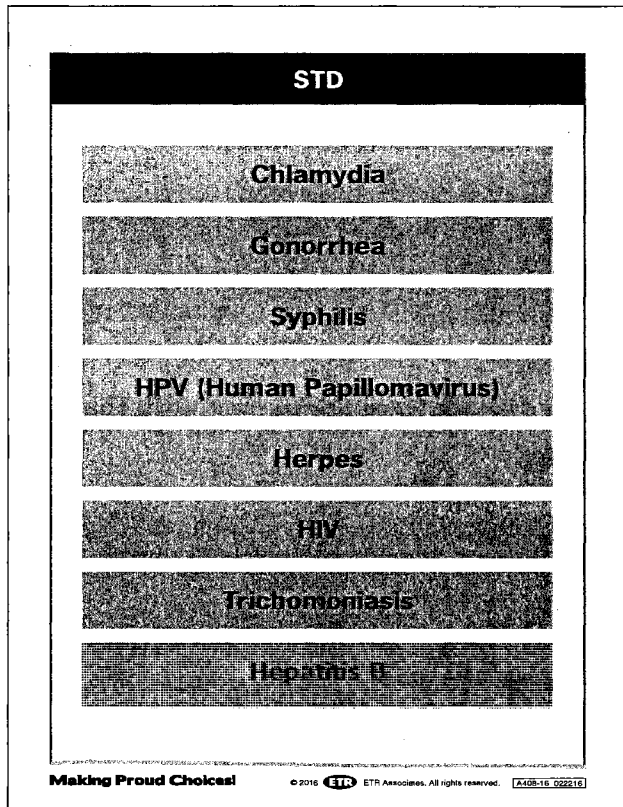
 This was just a game. However, it does highlight how fast and easily an STD can spread. A good way to avoid infection is to use a latex (or polyurethane/polyisoprene) condom every time you engage in oral, anal or vaginal sex.

16. Take the cards back and formally remove the disease from the person with the "D" card to avoid any future stigma by saying,

 This was just a game. So \_\_\_\_\_ (names of people with "D" card) I take this card and the disease back from you.

17. Summarize as follows,

 As we reflect back to my first question, "Who gets STDs?," we have learned that STDs are a threat to us all. Remember, the proud and responsible thing to do is to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex.



Poster

# 8

# MODULE

## THE CONSEQUENCES OF SEX: STDS: PART 2

### GOALS

The goals of this module are to:

- Increase students' knowledge of HIV.
- Help students identify strategies for preventing HIV and other STDs.
- Clarify students' attitudes and beliefs about STDs and condom use.
- Teach students the steps for correct use of a condom.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Identify how HIV is transmitted, and how it can be prevented.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STDs, including HIV, and pregnancy.

### MODULE PREVIEW:

The eighth module: (1) provides students with basic information about HIV; and (2) informs students about correct use of condoms as a way to prevent STDs.

### STRATEGIES/METHODS

- Brainstorming
- Group Discussions
- Exercises
- Agree/Disagree
- Condom Demonstration

## **MATERIALS — INCLUDED IN IMPLEMENTATION KIT**

- *Key Words* poster
- *HIV/AIDS Frame* poster
- *Agree and Disagree signs* (1 set)
- *Steps for Using a Condom* poster

## **MATERIALS — NOT INCLUDED IN IMPLEMENTATION KIT**

- Newsprint
- Lubricated condoms (two per student or pair of students, plus demonstration condoms)
- Water-based lubricant
- Dental dam
- Penis models
- Paper towels
- Markers
- Masking tape
- Small paper bag (to dispose of condoms)

## **PREPARATION NEEDED**

1. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each student. You may be able to buy or borrow them from your local reproductive health clinic. Also check out the following sources: [www.totalaccessgroup.com/wood\\_condom\\_demonstrator.html](http://www.totalaccessgroup.com/wood_condom_demonstrator.html) or [www.etr.org/store](http://www.etr.org/store).
2. Have the penis models, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.

## **INSTRUCTIONAL TIME: 40 minutes**

(Note: Facilitators may wish to extend the time to provide more condom skills practice.)

### **ACTIVITY**

### **MINUTES NEEDED**

<b>A. Discussing HIV and AIDS</b> .....	<b>10</b>
<b>B What I Think About HIV/STD and Safer Sex</b> .....	<b>15</b>
<b>C. Condom Use Skills</b> .....	<b>15</b>

# ACTIVITY

# DISCUSSING HIV AND AIDS

# A

## PREPARING FOR THE ACTIVITY

### RATIONALE

Learning basic information about HIV and AIDS will provide students with a foundation from which to work on attitudes and behaviors later in the program.

### MATERIALS

- Posters:
  - *HIV/AIDS Frame*
  - *Key Words*

### PREPARATION

- Review the information about HIV in Appendix B.

### TIME

10 minutes

## PROCEDURE

1. Hang the *Key Words* poster and *HIV/AIDS Frame* poster.
2. Direct students' attention to the *HIV/AIDS Frame* poster and ask the following questions.

## FACILITATOR'S NOTE

This activity is a discussion using a series of questions. Most youth already have some information about HIV. Invite students to answer the questions and correct any misinformation.

### HIV/AIDS FRAME POSTER — QUESTIONS & ANSWERS

#### How do people get HIV?

- **Through sex.** Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV. There is also some risk of transmission through oral sex, but it is much lower.
- **By sharing needles** for injecting drugs, vitamins, steroids or hormones, or for tattooing, piercing or any other reason.
- **From mother to child** either before or during birth. In a few cases HIV has been passed from mother to child through breastfeeding. A pregnant woman with HIV can take medicines to greatly lower the risk of her baby being born with HIV.

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### **What common body fluids can transmit HIV?**

HIV is found in the blood, semen, and vaginal and rectal fluids of someone with HIV. It is passed from person to person through these body fluids.

### **How is HIV not transmitted?**

HIV is not transmitted by casual, day-to-day contact between people. It is not transmitted through the air. It must get inside the body to infect a person.

People can't get HIV from:

- touching, coughing or sneezing
- toilet seats, eating utensils, swimming pools, water fountains, door knobs or phones
- casual contact such as hugging, dry kissing or sharing food
- donating blood
- tears, saliva, sweat or urine
- mosquitoes or other insects

### **Who is at risk?**

It is what people do, not who they are, that puts them at risk for HIV.

People are at risk for HIV if:

- They have sex with someone who's had other partners.
- They have sex without using a latex condom or other protection.
- They share needles or syringes to inject drugs, or had sex with someone who has.
- They share needles or other sharp objects for tattooing, piercing or any other reason.

### **How can you prevent HIV?**

- Don't have sex. This includes vaginal, anal and oral sex.
- Never inject drugs or share needles for any reason.

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### **How can you reduce your risk of HIV?**

- **Use a latex condom each and every time** for vaginal, anal or oral sex. People who are allergic to latex can use polyurethane or polyisoprene condoms.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STD.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors.
- **Get tested for HIV.** Be sure any sex partner has been tested before having sex.
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct students' attention to the *Key Words* poster. As you review the questions, point to the key word on the poster.
4. Review the following questions using the *Key Words* poster. Encourage all the students to try to answer them. Supplement their answers with the information below each question.

## **KEY WORDS POSTER – QUESTIONS & ANSWERS**

### **What is HIV?**

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS (acquired immunodeficiency syndrome). People who have HIV in their bodies are said to have HIV or to be HIV positive.

HIV damages the body's immune system, which normally protects the body from disease. The immune system becomes weaker until it can no longer fight off different types of infections.

There is no cure for HIV, but treatments can be started while the person still feels healthy. With these medicines, people with HIV can lead longer and healthier lives than ever before.

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### **What is AIDS?**

AIDS stands for acquired immunodeficiency syndrome. AIDS is the stage of HIV when the immune system has become very weak and damaged. When this happens, other diseases and infections can enter the body, including rare types of pneumonia, yeast infections, cancers and brain infections. These are called "opportunistic infections" because they take advantage of the weakened immune system.

### **How is AIDS different from HIV?**

HIV is the virus that enters the body and damages the immune system. People can live with HIV for years without getting sick. They may look and feel healthy and may not even know they have the virus. People who are taking medicine to treat HIV may be in this stage for several decades, although they can still transmit HIV to others.

AIDS is the condition that develops as a result of the damage done to the immune system. As the amount of virus in the body starts to go up and the CD4 cell count begins to go down, the person may begin to have symptoms. A person with HIV is diagnosed as having AIDS when the CD4 count drops below a certain level, or when certain opportunistic infections develop.

### **What is the immune system?**

The immune system is the body's defense against infections and diseases. When the immune system works as it should, white blood cells patrol the body and attack germs, viruses and other organisms that shouldn't be there.

HIV attacks specialized white blood cells called CD4 or T-cells. As the number of properly working CD4 cells decreases, the immune system becomes weaker until it can no longer fight off different types of infections. The most common treatments for HIV limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy.

### **What is the test for HIV?**

The most common type of HIV test looks for HIV antibodies in the body by testing blood or saliva. (Note: Be sure to clarify that HIV is not spread through saliva.) Antibodies are proteins the body makes in response to a virus. If a person has antibodies for HIV, he or she has HIV and can pass the virus to other people.

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There is also an HIV test that looks for antigens. An antigen is a protein that produces antibodies. HIV antigens can be detected very soon after infection (1–3 weeks) by testing the blood. These tests are more expensive and are not typically used for routine HIV testing. If a person has antigens for HIV, he or she has HIV and can pass the virus to other people.

The PCR (*polymerase chain reaction*) tests blood for the genetic material of HIV. Blood supplies in most developed countries are screened for HIV using PCR tests. PCR tests are also used to measure viral loads for people who are HIV positive. If a person has HIV genetic material, he or she has HIV and can pass the virus to other people.

#### **What is the window period?**

The “window period” is the length of time between when a person first gets HIV and when an HIV test can begin to detect signs of the virus in the body. It can be from 2 weeks to 6 months long, depending on what type of test is done. During the window period, even before they know they are infected, people can transmit HIV to others.


#### **Why is early treatment so important?**

There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. If people with HIV remain in medical care and continue to take the medicines to keep low viral loads, they can live long, healthy lives.

#### **Why is it important to use latex condoms?**

A condom is a sheath that covers the penis and acts as a barrier to keep semen from entering a partner’s vagina, mouth or anus during sex. Most condoms are made of latex (rubber). People who are allergic to latex can use condoms made of polyurethane (plastic) or polyisoprene (synthetic rubber). These types of condoms offer protection from HIV. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Most condoms found in the store are latex, but it’s important to check to make sure. Be sure to read the labels if you’re allergic to latex and use a polyurethane or polyisoprene condom instead.

5. Summarize by saying,

 Now you know the basics about HIV infection. These are the facts that can help you make proud choices so you can reach your goals and dreams.

# ACTIVITY

# B

## WHAT I THINK ABOUT HIV/STD AND SAFER SEX

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Examining attitudes and beliefs about HIV risk behaviors focuses students on factors that can keep them from practicing safer behaviors.

#### MATERIALS

- *Agree/Disagree* signs
- Masking tape


#### TIME

15 minutes

### PROCEDURE

1. Tape the *Agree* and *Disagree* signs on opposite sides of the room.

2. Begin this activity by saying,

 Let's look at what you think about HIV/STD and safer sex.

3. Read the following directions:

 I will read some statements and ask, "Agree or disagree"?


After I read each statement, stand under the Agree sign if you agree with the statement or stand under the Disagree sign if you do not agree with it.

4. Ask students to stand.
5. Read the *Agree/Disagree* statements one at a time (included at the end of the activity).
6. After each statement, ask the students to decide if they agree or disagree with the statement and to stand under the appropriate sign.
7. After each statement, ask students on each side to say why they agreed or disagreed with the statement.

## FACILITATOR'S NOTE

During the activity, bolster the attitudes supportive of condom use, and respond to those unsupportive of condom use by using the information provided after each statement.

8. Give the students a chance to switch after discussion of each statement.
9. Thank the students for sharing their opinions. Have them return to their seats.
10. Summarize as follows,

 This activity showed us that different people can have different opinions and beliefs. You may have a different opinion about sex, HIV, STDs and condoms than your partner or friends. But the facts about HIV/STD remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal secretions and rectal fluids. Other STDs are also passed through having sex. Whenever you have sex, you must use a latex or polyurethane/polyisoprene condom to reduce the chance of HIV and other STD transmission.

## **AGREE OR DISAGREE STATEMENTS**

- **It is hard to convince a sexual partner to use a condom.** (Even though it might be hard, it is important to do it.)
- **Condoms are effective at preventing HIV infection.** (If you choose to have sexual intercourse, using condoms correctly and consistently is the best way to prevent HIV infection.)
- **Sex can feel good if you use condoms.** (Sex can feel very good with condoms. You can buy a brand that feels natural and use extra lubricant. You'll learn more about this later.)
- **Most people know how to use condoms correctly.** (Many people think they know how but they actually make mistakes or they don't use condoms consistently. Everyone should learn the specific steps, and you will learn them in a few minutes.)
- **If you know your sexual partner very well, you shouldn't have to use a condom.** (Knowing your sexual partner very well does not mean you are safe. You need to use condoms; then you do not have to worry.)
- **If someone looks healthy, you shouldn't have to use a condom.** (Looking at a person never lets you know whether the person has HIV or another STD, so you should always use a latex or polyurethane/polyisoprene condom. Often people with STDs don't have symptoms, and a person with HIV may not have symptoms for many years.)

# ACTIVITY

# CONDOM USE SKILLS

## C

### PREPARING FOR THE ACTIVITY

#### RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, students will be more likely to use them consistently and correctly in their personal lives and feel proud and responsible in doing so.

#### MATERIALS

- *Steps for Using a Condom* poster
- Lubricated condoms (two per student or pair of students, plus demonstration condoms)
- Dental dam
- Lubricant
- Penis model(s)
- Paper towels
- Markers
- Masking tape
- Small paper bag (to dispose of condoms)

#### TIME


15 minutes

### PROCEDURE

#### FACILITATOR'S NOTE

Some religions and individuals do not believe in condom use. Acknowledge that and make sure that students are aware that condom use skills are the focus of this activity.


1. Clarify the purpose of the activity by saying,

 This activity is designed to show you how to use condoms correctly and to have you practice condom use skills. However, I'm not assuming that any of you are having sexual intercourse and I'm not encouraging you to do so. Having this knowledge and these skills will prepare you to make proud and responsible decisions if and when the need arises.

Some people don't believe in using condoms because it may be against their religion; other people have no beliefs against it. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.




2. Explain what a condom is by saying,

 A condom is a thin latex (rubber) sheath that slips snugly over an erect penis and keeps semen from entering the vagina, mouth or anus during sex. People who are allergic to latex can use condoms made of polyurethane (plastic) or polyisoprene (synthetic rubber). Only latex, polyurethane and polyisoprene condoms help prevent both pregnancy and STDs, including HIV.

3. Ask the group to brainstorm slang terms for condoms. They might mention rubber, raincoat, glove or sock. Keep this very brief. Then ask them to name some of the brands they've heard of.

4. Explain the following,

 We're going to be learning a lot about condoms. There are many different brands and types of condoms. Some are colored, ribbed, lubricated or flavored. People can choose the types they like as long as they are made of latex or polyurethane/polyisoprene.

Regardless of what you call them or the types you prefer, it's important to use condoms correctly and to have them available when you need them.

In the next activity, you're going to actually practice the steps for using a condom correctly. Many of you may have never seen or touched a condom. We're going to practice using condoms so that you will know what they feel like and how to use them if and when you are ready to use them.

Just as a person might need to adjust to wearing a new pair of shoes or glasses, using a condom requires getting used to new sensations.

5. Post the *Steps for Using a Condom* poster. Using a penis model/condom demonstrator, follow the steps listed on the chart to model what the youth will be doing. Read the instructions and add additional details as you demonstrate the procedure.

## FACILITATOR'S NOTE

The ideal way to demonstrate proper condom use is to use a plastic or wooden model of a penis. If a model is not available, demonstrate by using your fingers. Also, be sensitive to the comfort level of your students during this activity.


### STEPS FOR USING A CONDOM

1. Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
  2. Open the package carefully to avoid tearing.
  3. Make sure condom is on the proper side to roll down correctly.
  4. Pinch the tip of the condom to create space (½ inch) for semen.
  5. Squeeze a few drops of water-based lubricant inside the tip.
  6. Continuing to squeeze the tip, roll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
  7. Check during intercourse to make sure the condom isn't slipping.
  8. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
  9. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.
6. Distribute the materials to students so they can practice. Circulate and observe all students, at least briefly, to make sure they're following the steps correctly.

## FACILITATOR'S NOTE

There may be lots of giggling. Most students will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any students don't want to practice, allow them to pass. For some youth, especially those who have been sexually abused, it could be overwhelming to have to handle a penis model. Never push a young person to participate. Show empathy and check back in with them later to see how they're feeling. Not very many youth ask to pass. Most that do change their minds and decide to practice using a condom before the activity ends.

7. Collect the condoms and packaging in the paper bag.
8. Give students paper towels or wet wipes to wipe their hands.
9. Reinforce condom information by asking the following questions (answers are provided),

 **Can condoms fit any size penis?** Yes. Though condom sizes vary slightly from brand to brand, most can fit any size penis comfortably.

**What should you never use with a condom?** Condoms may break if you use Vaseline, lotion or grease, etc., as lubrication. Use only non-oil-based lubrication or water-based lubricants (e.g., K-Y Jelly or Astroglide).


**Is it OK to keep a condom in your pocket?** Yes, but *ONLY* for short periods of time. Prolonged exposure to any heat source (including body heat) can damage condoms.

**Can you use condoms after their expiration date?** No. Throw away unused condoms once the expiration date passes.

## FACILITATOR'S NOTE


In addition to latex condoms, polyurethane or polyisoprene condoms may also be used. Polyurethane is the material in female condoms and some male condoms. People who are allergic to latex can use these types of condoms instead of latex. However, the important point to emphasize is that lambskin condoms should never be used because they do not protect against HIV.

10. Ask students if they've ever heard of or seen a dental dam. Hold up a dental dam and say,

 A dental dam is a square of latex that can serve as a barrier between the mouth and a partner's vulva or anal area to prevent the transmission of STDs.

It can be difficult to find dental dams, so you can cut a non-lubricated condom into a square and use it as a barrier.

11. Explain how a dental dam can be used when having oral contact with the vulva or anal area. Also demonstrate how to cut a condom into a square in case a dental dam is not available. (*Note:* You can use scissors to cut off the rim and tip of the condom and to cut one side to create a square.)
12. Summarize as follows,

 To protect yourself and your partner from sexually transmitted diseases, including HIV, remember to:

- Use a latex (or polyurethane/polyisoprene) condom every time you have sex.
- Use a dental dam when having oral contact with the vulva or anal area.
- Keep a supply of condoms on hand.
- Get used to condoms, so they are natural and fun.
- Talk to your partner about using condoms.
- Refrain from using alcohol or other drugs because they affect your judgment.

Condoms make sense. Condoms help to protect both partners from pregnancy and STDs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal intercourse.

**HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE**

**KEY WORDS**

HIV  
Human Immunodeficiency Virus

AIDS  
Acquired Immunodeficiency Syndrome

Immune System

HIV test

Latex Condoms

Window Period

Resistant

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Poster

**HIV/AIDS FRAME**

How do people get HIV? (3 ways)

Which common body fluids can transmit HIV?

How is HIV not transmitted?

Who's at risk?

How can you prevent HIV?

What are the symptoms of HIV/AIDS?

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Poster

**AGREE**

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**DISAGREE**

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Poster

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### STEPS FOR USING A CONDOM

- Check the expiration date and make sure the condoms are latex or polyurethane/polyisoprene.
- Open the package carefully to avoid tearing.
- Make sure condom is on the proper side to roll down correctly.
- Pinch the tip of the condom to create space (½ inch) for semen.
- Squeeze a few drops of water-based lubricant inside the tip.
- Continuing to squeeze the tip, roll the condom down to the base of the penis.
- Check during intercourse to make sure the condom isn't slipping.
- Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
- Roll off the condom away from your partner. Wrap in tissue and throw it away. **Do not re-use.**

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Poster

# 9

# MODULE

## THE CONSEQUENCES OF SEX: PREGNANCY: PART 1

### **GOALS**

The goals of this module are to:

- Increase students' understanding of pregnancy as a consequence of sex.
- Increase students' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase students' understanding of the consequences of teen pregnancy.

### **LEARNING OBJECTIVES**

After completing this module, students will be able to:

- Identify at least two reasons teens have sex, the consequences of sex and strategies for reducing those consequences.
- Distinguish myths from facts about pregnancy.

### **MODULE PREVIEW**

The ninth module: (1) helps students examine myths about pregnancy; and (2) illustrates how pregnancy can impact the lives of young people.

## **STRATEGIES/METHODS**

- Myths/Facts Game
- DVD Viewing
- Group Discussion

## **MATERIALS NEEDED – INCLUDED IN IMPLEMENTATION KIT**

- *Myths and Facts About Pregnancy Statements* (included in module)
- DVD: *Tanisha & Shay*

## **MATERIALS NEEDED – NOT INCLUDED IN IMPLEMENTATION KIT**

- Pre-labeled newsprint:
  - » *Why Some Teens Have Sex*
  - » *Consequences of Sex*
  - » *Proud and Responsible Prevention Strategies*
- Monitor and DVD player
- Markers
- Masking tape

## **PREPARATION NEEDED**

1. Label all of the newsprint charts as listed under Materials.
2. Hang the pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. Review the *Myths and Facts About Pregnancy Statements* and get comfortable with the content.
4. Review the information about contraceptive methods in Appendix B.
5. Review and be familiar with current federal and state laws around pregnancy options, including adoption, abortion and safe surrender, so you can provide accurate information during the discussion of the *Tanisha and Shay* DVD.



**INSTRUCTIONAL TIME: 40 minutes**

<b>ACTIVITY</b>	<b>MINUTES NEEDED</b>
A. Brainstorming About Teens and Sex.....	5
B. Myths and Facts About Pregnancy .....	10
C. <i>Tanisha &amp; Shay</i> DVD .....	25

# ACTIVITY

# A

# BRAINSTORMING ABOUT TEENS AND SEX

## PREPARING FOR THE ACTIVITY

### RATIONALE

By exploring issues about teens and sex, students become more aware of the pressures they face and the choices they may have to make. It gives the facilitator more information about the thoughts and feelings of the students and helps the students learn about the focus of the program.

### MATERIALS

- Pre-labeled newsprint:
  - *Why Some Teens Have Sex*
  - *Consequences of Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

### TIME

5 minutes


## PROCEDURE

### FACILITATOR'S NOTE

As you facilitate this activity and the entire program, keep in mind that for some youth pregnancy and parenting are intentional. The reasons are complex. There may be family, cultural and community influences—in some families, cultures and communities, young parenthood is prized and has been modeled. Some youth place high value on parenthood because they see it as a realistic life option when they don't see options such as post-secondary education and/or a career as viable. Others see a baby as someone who will always love them. While it is impossible to fully address these complex motivations for pregnancy and parenting in this model, the program approaches pregnancy prevention by offering concrete information, positive attitudes and beliefs, and many opportunities for skill practice.

1. For this activity, use the pre-labeled newsprint (folded so that the titles are covered by the bottom half of the newsprint). Unfold the newsprint sheets one at a time, as needed.

2. Introduce the activity by saying,

 We are going to do some more **Brainstorming**. Remember in brainstorming, you just say whatever comes to mind about a particular issue or question.


3. Unfold the sheet of newsprint titled *Why Some Teens Have Sex*, and then say,

 Why do you think some teens your age are having sex?

**The responses should include the following:**


- » For pleasure or sexual release
- » To keep a partner/because partner expects it
- » To have fun
- » To satisfy curiosity
- » To express feelings of love or affection to a partner
- » To get attention or affection
- » To feel more grown up
- » To be popular
- » To get back at parents
- » To have a baby
- » To fit in with peer group
- » Loneliness
- » To feel loved or needed
- » Problems at home/living situation
- » See it on TV or in the movies
- » Forced
- » To increase status in peer group
- » Low self-esteem
- » To prove masculinity/femininity

4. Write all of the students' comments on the newsprint.
5. Compliment their good ideas.
6. Summarize as follows,

 As we can see, there are many reasons teens have sex. Regardless of the reasons, if they don't use protection to prevent unplanned pregnancy or STDs, they can face consequence that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible consequences of sex.

7. Unfold the next newsprint, *Consequences of Sex*.

8. Then ask,

 What are some of the consequences of sex?

9. Have students brainstorm the consequences of sex, and write all of their comments on the newsprint. (Be sure to include pregnancy, HIV and other STDs.)

10. Compliment the group on how much they know.

11. Next, unfold the newsprint titled, *Proud and Responsible Prevention Strategies* and ask,


 What are some ways to prevent the negative consequences of sex?

12. Have students brainstorm ways to prevent the negative consequences of sex.

13. Write all of the students' comments on the newsprint. (Emphasize that latex (or polyurethane/polyisoprene) condoms can help prevent pregnancy and sexually transmitted diseases, including HIV.)

14. Compliment the group on how much they know.

15. Point to their lists and summarize by saying,

 As we can see by your lists, there are many reasons teens have sex. We can also see there are many consequences of having sex. Yet, there are some proud and responsible strategies for preventing those consequences. You did a great job generating your lists. Throughout our lessons together we will be looking at many of these issues more closely. First, let's examine our goals and dreams and see how having unprotected sex can have an impact on them.

## ACTIVITY

# B

## MYTHS AND FACTS ABOUT PREGNANCY

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Distinguishing between myths and facts about pregnancy provides an opportunity for learning the correct information about pregnancy.

#### MATERIALS


- *Myths and Facts About Pregnancy Statements* (included in module)

#### TIME

10 minutes

### PROCEDURE

1. Introduce the following activity by saying,

 Let's take a closer look at what can happen when teenagers decide to have sex without using any protection. We'll play a game to help you separate the myths from the facts when it comes to the consequences of unprotected sexual intercourse.

2. Ask the students to review what a "myth" and a "fact" are. Say,

 What is a myth?

What is a fact?

#### ANSWER:

- » A myth is a statement that is untrue.
- » A fact is a statement that is true.

3. Explain the directions,

- I will go around the room and read a statement to each of you.
- I want you to tell me if the statement I read is a myth or a fact.
- I also want you to explain why it is a myth or a fact.
- If you don't know, I will ask for volunteers who think they know the answer.

4. Read the *Myths and Facts About Pregnancy Statements* on the next page.

5. Supplement the students' explanations with those provided after each statement or have other students give the information.

6. Once all the statements have been completed say,

Wow! You did a great job and seem to know a lot of the correct information.

7. Summarize by saying,

The more you know about the consequences of sex, such as pregnancy and sexually transmitted diseases, the better you will be at avoiding them. Next, we are going to see a video that describes how pregnancy can impact a young person's goals and dreams for the future.

## MYTHS AND FACTS ABOUT PREGNANCY STATEMENTS

1. **A girl can get pregnant before she has her first period.**

### FACT

A girl may begin releasing an egg 14 days before her first period so it is possible to get pregnant even if she hasn't had a period yet.

2. **You can't get pregnant/get someone pregnant the first time you have sex.**

### MYTH

Of course you can! It happens every day.

3. **You can get pregnant even if the penis is pulled out before ejaculation.**

### FACT

It does work in theory, but it's very difficult for many people, especially teens and younger men, to actually pull the penis out before they ejaculate (or come).

4. **You can't get pregnant if you have sex standing up.**

### MYTH

Sperm doesn't care what position you're in. Any time semen comes in contact with the vagina, you can get pregnant. There are no exceptions to that rule.

5. **You can't get pregnant if you and your partner are both having sex for the very first time.**

### MYTH

It doesn't matter if both partners have never had sex before. You can get pregnant if you engage in sexual intercourse without using protection.

6. **Douching (cleaning the vagina) after intercourse can prevent pregnancy.**

### MYTH

Douching will not prevent pregnancy. In fact, it can even help carry sperm up into the uterus and increase the chances. The vagina keeps itself clean naturally, so douching isn't necessary and isn't recommended. Douching throws off the vagina's natural balance and can even lead to infection.

7. **You can't get pregnant unless you have an orgasm (come).**

### MYTH

It doesn't matter if you enjoy the sex or you don't. You can get pregnant if you engage in penis-in-vagina intercourse without using protection.

8. **If a girl misses her period, she is definitely pregnant.**

### MYTH

When girls first start having periods they often have irregular cycles and may even skip a month from time to time. But if a girl has had sexual intercourse and she misses a period, she could be pregnant. She should get tested right away, and see a doctor if the pregnancy test is positive.

*(continued)*

**9. Gay and lesbian teens don't need to know how to avoid pregnancy.**

**MYTH**

If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. However, a lesbian teen can get pregnant if she has sex with a guy. A gay teen guy can get his partner pregnant if he has sex with a female. For many different reasons gay and lesbian teens sometimes engage in penis-in-vagina intercourse and they have to worry about pregnancy if they do.

**10. There's no safe time of the month to have sex and avoid pregnancy.**

**FACT**

True. There is no absolutely safe time of the month when you can't get pregnant or get someone pregnant.

**11. You can't get pregnant if you swallow semen.**

**FACT**

The only way you can get pregnant is if sperm cells enter the vagina, usually during sexual intercourse, and fertilize an egg cell.

**12. Having anal instead of vaginal intercourse is a good strategy for preventing pregnancy.**

**MYTH**

This is not a wise pregnancy prevention strategy because the behavior is high risk for STDs. Yes, it's true you can't get pregnant but the lining of the anus is thin and lubricates less than the vagina so it's easy for STDs to enter the body that way.



# ACTIVITY

# TANISHA & SHAY DVD

## C

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Presenting and reinforcing information about pregnancy can promote further discussion. Seeing how pregnancy can impact the lives of individuals helps increase prevention planning.

#### MATERIALS


- Monitor and DVD player
- DVD: *Tanisha & Shay*

#### TIME


25 minutes

### PROCEDURE

1. Introduce the DVD by saying,

 We are going to continue our focus on pregnancy prevention by watching a DVD called *Tanisha & Shay*. In this DVD you will see sexually active teenagers dealing with issues of pregnancy.

2. Show the DVD, which is 18 minutes long.
3. At the end of the DVD, process by asking the following questions:

-  • What did this video teach you about teen pregnancy?
- What is your reaction? What do you think happens?
- Why do you think Tanisha and Shay didn't use birth control?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What did you think about Tanisha's mom's reaction to the pregnancy?
- Tanisha talked about dropping out of school to work and take care of the baby. What do you think about that?
- Should Shay have to give up his scholarship? Why or why not?

(continued)


*(continued)*

- Were these teens ready to become parents? Why or why not?
- Tanisha's mom says Tanisha owes it to herself to explore all her options. What are Tanisha's options?

**Note:** Be sure to understand current federal and state laws regarding adoption, abortion and safe surrender in order to provide accurate information to students.

- How would your life change if you became pregnant or got somebody pregnant? If you became a parent?

4. Summarize this activity by saying,

 As you can see, becoming pregnant or getting someone pregnant can dramatically change your life. Therefore, it is important to avoid these consequences and practice abstinence or at least safer sex. Be prepared. If you're going to engage in sexual activity, make sure you use effective birth control and a latex (or polyurethane/polyisoprene) condom every time!

# 10

# MODULE

## THE CONSEQUENCES OF SEX: PREGNANCY: PART 2

### GOALS

The goals of this module are to:

- Increase students' understanding of pregnancy as a consequence of sex.
- Increase students' understanding of the consequences of teen pregnancy.
- Increase students' knowledge of various types of contraceptive methods.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Identify specific birth control methods that may be used to prevent pregnancy.
- Discuss their attitudes about contraception.

### MODULE PREVIEW

The tenth module: (1) informs students about the various forms of birth control; and (2) explores attitudes regarding reasons people may or may not use birth control.

### STRATEGIES/METHODS

- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

## **MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT**

- *Birth Control Choices* poster
- *Agree/Disagree* signs (1 set)

## **MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Pre-labeled newsprint: *Contraceptives*
- Markers
- Masking tape

## **PREPARATION NEEDED**

1. Label all of the newsprint chart as listed under Materials.
2. Hang the pre-labeled newsprint chart. Fold and tape the chart so the title remains covered by the bottom half of the sheet until you use it.
3. Review the information about contraceptive methods in Appendix B.
4. Gather materials to help teach the birth control information effectively: contraceptive charts, charts of the female reproductive organs, female pelvic models and a birth control kit. Many local health departments and Planned Parenthood affiliates will loan or sell demonstration kits. A local health care provider may also be able to provide samples of prescribed methods, such as oral contraceptives. Free or low-cost condoms may be available from your local department of public health or a clinic.
5. Review how to use an internal/insertive condom. There are several YouTube videos that clearly explain the steps, such as this one from the Female Health Company that manufactures a female condom: [www.youtube.com/watch?v=LRZH5ASO-eM](http://www.youtube.com/watch?v=LRZH5ASO-eM). Watch the video prior to the session so you feel comfortable with how the female condom is used. If you have any problems with this link, do an online search for "female condom how to use animated video." If you have Internet access, set up a laptop computer so you can show students the YouTube video.

**INSTRUCTIONAL TIME: 40 minutes**

<b>ACTIVITY</b>	<b>MINUTES NEEDED</b>
A. Birth Control Methods Demonstration.....	25
B. Agree/Disagree - Attitudes About Contraception.....	15

# ACTIVITY

# A

# BIRTH CONTROL METHODS DEMONSTRATION

## PREPARING FOR THE ACTIVITY

### RATIONALE

Reviewing and discussing the various forms of birth control methods will enhance students' knowledge and empower them to make informed choices about the most suitable method to use.

### MATERIALS

- Pre-labeled newsprint:
  - *Contraceptives*
  - *Birth Control Choices* poster
- Markers


### TIME

25 minutes

(Note: It is important to allow time to cover all of the different methods.)

## PROCEDURE

1. Introduce this activity by saying,

 We're about to review the various methods of birth control. Let me clarify a couple of things. The purpose of this activity is to present factual information about birth control. I don't assume that you're having sex. There may be many different experiences in this group. Some of you may never have engaged in sexual intercourse and won't any time soon. Others may have had sex, not always by choice. Some might be parents already. Regardless of your background and experience, it's important for all teens to receive factual information about birth control. Being informed about birth control puts you in the driver's seat so you can be in control of when you have children in the future and how close together you have them.


I also understand that personal values about birth control vary. For example, some people don't believe in using birth control because it goes against their religion; other people have no beliefs against it. The bottom line is that most people who have sex need a way to prevent pregnancy and STDs, including HIV. I want you to be able to make informed decisions about protecting yourselves, so we're going to learn about all of the options.

2. Unfold the pre-labeled newsprint titled *Contraceptives* and ask the students to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the newsprint.


**Answers should include:**

- » Abstinence
- » IUD
- » Implant
- » Depo-Provera (the shot)
- » Birth control pills, patch and ring
- » Male condom (external condom)
- » Female condom (internal condom)
- » Sponge
- » Spermicides

3. Post and point to the *Birth Control Choices* poster and say,

 This poster shows some common birth control, or contraceptive, methods. We will discuss them briefly. We won't have time to examine them in detail, but I want you to know what is available when you are ready to use them.

4. Begin your presentation by explaining,

 Contraceptive methods fall into two different categories: over-the-counter methods that can be purchased by anyone at any stores, clinics, supermarkets, convenience stores or online, and prescribed methods, which you have to see a health provider to get. I'll be talking about the methods in order of effectiveness, or how well they work to prevent pregnancy.

5. Using the following information, teach and demonstrate the various contraceptive methods. If you have a birth control kit, show the various methods as you discuss them. Don't pass the methods around while you're educating as it gets the group distracted. Allow students to handle the methods at the end when you've finished the demonstration.

**FACILITATOR'S NOTE**

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let students know they will get a more thorough education whenever they go to a health center to obtain contraception. See the section on Contraceptives in Appendix B for additional information.

## **ABSTINENCE**

- Abstinence is the safest and most effective pregnancy and STD prevention method.
- There are a lot of different definitions of abstinence. We define it as not engaging in sexual intercourse of any type (oral, anal or vaginal).
- It requires that you avoid any behaviors that might result in exchange of bodily fluids that can result in pregnancy or can transmit STDs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STDs.
- Abstinence requires skills—you have to know why you want to say no to risky sex and be able to communicate that assertively to a partner.
- It's important to have a backup method in case you decide to stop using abstinence in order to be able to protect yourself from pregnancy and STDs, including HIV.

## **PRESCRIBED METHODS**

To obtain some methods of birth control, you need a prescription from your doctor. Some of these methods work by regulating hormones involved in the reproductive process. These hormonal methods include some IUDs, the implant, Depo-Provera shots and birth control pills, the patch and the ring. Although these methods are very effective at preventing pregnancy, they do not prevent sexually transmitted diseases. Therefore, if you use one of these hormonal methods for pregnancy prevention, your partner must also use a latex condom so that you will be protected against STDs. Let's discuss the specific methods. These methods are highly effective if used correctly. And with some of them, there's nothing you have to do once they are inserted!

## **IUD**

- An IUD, or intrauterine device, is a small T-shaped piece of plastic, or plastic and metal, that is inserted into the uterus.
- There are 2 kinds of IUDs in the U.S.:
  - » **Non-hormonal:** The copper-T IUD (ParaGard) is a non-hormonal IUD that creates an environment in the uterus that makes it very hard for sperm to survive and for fertilized eggs to attach to the wall of the uterus, which is necessary for a pregnancy to occur. Once you get this type of IUD inserted, you are protected from pregnancy for up to 10 years.

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- » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 3 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla and Liletta. They are effective from 3 to 5 years, depending on which one you get.
- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STDs, so you should also use a condom.

### **Implant**

- The implant is a thin stick about the size of a cardboard match that is placed under the skin of your upper arm and releases hormones to prevent your body from releasing eggs.
- It can be used for up to 3 years.
- It can cause periods to be irregular or stop.
- The implant does not protect you from STDs, so you should also use a condom.

### **Depo-Provera (the shot)**

- Women who use Depo-Provera receive hormonal shots every 3 months.
- Depo-Provera is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STDs, so you should also use a condom.

### **Birth control pills**

- Birth control pills prevent the ovaries from releasing eggs during the monthly cycle.
- One pill must be taken each day at about the same time of day.
- When you start "the pill," you must use a back-up method for the first 7 days to prevent pregnancy.
- If you miss a day, you must take two pills the next day.
- If you miss more than one day, you must use a back-up method for 7 days to prevent pregnancy. You should also talk to your doctor about finishing the rest of your pack of pills.
- **NEVER** use another person's birth control pills (even your mother's or sister's). A doctor must prescribe the birth control pills that are safe for you.

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- The pill does not protect you from STDs, so you should also use a condom.

### **Birth control patch**

- The patch works the same way as the pill, except that instead of swallowing the hormones, you absorb them through the skin.
- The patch is a small, band-aid like sticker that you wear on either your back, hip, butt or upper outer arm and change once a week for 3 weeks, and then the fourth week you don't wear it and get your period.
- The patch does not protect you from STDs, so you should also use a condom.

### **Vaginal ring**

- The ring is a hormonal method just like the pill and the patch. With the ring, the hormones are absorbed through the vaginal wall.
- It is a small flexible ring that you insert into your vagina. It sits just below your cervix. Once you insert it, you leave it in for 3 weeks, and then take it out for a week to have your period.
- The ring does not protect you from STDs, so you should also use a condom.

### **Prescribed methods summary**

So you see you have choices with prescribed methods. Many of the newer methods are easier to use and effective for long periods of time. Let's review:

- With the pill, you have to take a pill once a day at the same time.
- With the patch, you have to replace the patch once a week for 3 weeks and then leave it off for 1 week (the 4th week).
- With the ring, you insert a new one once a month. You leave it in for 3 weeks and then take it out for 1 week (the 4th week) to have a period.
- With the shot, you have to go back to the health provider every 3 months for another shot.
- With the implant, you get one inserted and it's effective for 3 years.
- With the IUD, once it's inserted, it's effective for up to 10 years depending on the type of IUD.

Research shows that when teens use long-acting methods like the implant and the IUD, the rate of teen pregnancy goes down dramatically.\*

(continued)

\* Birgisson, N. E., Zhao, Q., Secura, G. M., Madden, T., Peipert, J. F. (2015). Preventing unintended pregnancy: The contraceptive CHOICE project in review. *Journal of Women's Health* 24 (5): 349–353.

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## **OVER-THE-COUNTER METHODS**

These methods of birth control can be purchased by anyone of any age, at drugstores, clinics, supermarkets, convenience stores and online without a prescription.

### **Male (external) condom**

- The male condom is a latex sheath that covers the penis and keeps semen from entering a partner's body.
- It should be put on the penis as soon as the penis is erect, and removed after ejaculation, away from the partner.
- Latex condoms are the most common. People who are allergic to latex can use polyurethane or polyisoprene condoms. Lambskin condoms do not protect against HIV, so don't use those.

### **Female (internal) condom**

- The female condom is a soft, loose-fitting polyurethane (plastic) or nitrile sheath that lines the vagina. Polyurethane is strong and unlikely to rip or tear during use. It is also unlikely to cause allergic reactions.
- The female condom can be inserted right before sex, or up to 8 hours ahead of time.
- These are the steps for using the female condom:
  - » Check the expiration date.
  - » Rub the outside of the package to spread the lubricant onto the condom.
  - » Open carefully by tearing at the notch on the top right of the package.
  - » Note that there are two rings. The thinner outer ring covers the area around the opening of the vagina. The thicker inner ring is used for insertion and to help hold the sheath in place during intercourse.
  - » There are different positions you can use to insert the condom—squat, raise one leg, sit or lie down. Choose a position that feels comfortable.
  - » While holding the condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.

*(continued)*

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- » Insert the inner ring into the vagina and use your index finger to push it up into your vagina as far as it will go. It will fit into place right under your cervix. Be sure the sheath is not twisted. Leave the outer ring on the outside of the vagina—about a half inch of the sheath should remain on the outside of your vagina.
- » You are now ready to guide your partner's penis into the condom's opening with your hand to make sure that it enters properly. Be sure that the penis is not entering on the side, between the sheath and the vaginal wall.
- » To remove the condom, place your finger under the outer ring. Twist it and pull it out. Wrap it in tissue and throw away.
- The female condom can also be used for STD protection during anal sex. Because people of any gender can use these condoms for anal sex, some educators have begun to call them internal or insertive condoms.

**Note:** Take care to present the female condom in a nonjudgmental fashion. It is a great option for people who choose to have sexual intercourse and don't want to depend on a partner to use a male condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure students that it will simply take a few times to practice and then it will be no problem. Note that the female condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous.

### **Sponge**

- The sponge is actually a dual method—it works as a barrier and a spermicide. With clean hands, you wet the sponge with clean water, gently squeeze the sponge until it foams up, fold the sides of the sponge and insert it into the vagina just as you would insert a tampon.
- The sponge can be inserted up to 24 hours before intercourse and must be left in place at least 6 hours after intercourse. This allows for more flexibility and spontaneity with sex. The sponge should not stay in for more than 30 hours.
- The sponge does not protect you from STDs, so you should also use a condom.

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## **Spermicides**

- You can also purchase various forms of spermicides—foam, cream, film, gel and suppositories—that prevent pregnancy by killing sperm cells before they can reach the egg cell.
- The sperm-killing substance in most vaginal spermicides is called nonoxynol-9. But nonoxynol-9 can cause an allergic reaction or irritation for some people, and this can increase the risk of STD/HIV infection. Spermicides need to be reapplied for each act of intercourse.
- Spermicides are somewhat less effective than condoms and many of the prescribed methods. However, they are good protection if they're used correctly and consistently, and very good if used along with a condom (which also prevents STDs).

## **FACILITATOR'S NOTE**

### **Side Effects and Hormonal Methods**


Hormonal methods (the pill, patch and ring) are safe, very effective methods of birth control. Most young women who use them have minimal side effects. Smoking cigarettes while using these methods can increase the risk of certain side effects, which is why health professionals advise women who use these methods not to smoke.

The side effects some women have while using these hormonal methods may include:

- irregular menstrual bleeding
- nausea, headaches, dizziness and breast tenderness
- mood changes
- blood clots (these are rare in women under 35 who do not smoke, but there may be a slightly higher risk with the patch than with the pill)

There are a few additional side effects to consider with the birth control shot (also a hormonal method), for example, no menstrual periods at all, weight gain and depression. Studies have linked the use of the long-acting progesterone shot to a loss of bone density. So teens considering getting the shot as a method should talk to their doctors about it.

6. Process this activity with the questions below:

 How does a teenager decide whether to use birth control and which method to use?

**Make sure answers include:**


- » Talk to parents, a health care provider, doctor, counselor, caregiver, caseworker or partner.
- » Ask questions.
- » Do lots of thinking.
- » Ask themselves questions such as:
  - Am I ready for parenthood?
  - Do I want to deal with a pregnancy?
  - Do I respect myself enough to protect myself?

 What are some ways males can participate in the process of using birth control?

**Make sure answers include:**

- » Help pay for it
- » Go to doctor/clinic with partner
- » Wear a latex (or polyurethane/polyisoprene) condom
- » Ask questions
- » Remind partner to use the method correctly
- » Help decide which method to use in addition to condoms
- » Be supportive

7. Summarize this activity by saying,

 If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted diseases, including HIV. To avoid these problems, you have to use effective methods to prevent pregnancy and infections.

You must use a latex or polyurethane/polyisoprene condom in addition to any other form of contraceptive you choose to use. The condom is the only birth control method that prevents sexually transmitted diseases, including HIV.

Remember, in order to reach your goals and dreams, the proud and responsible thing to do is to use effective methods of protection every time you have sex.

# ACTIVITY

# B

# ATTITUDES ABOUT CONTRACEPTION

## PREPARING FOR THE ACTIVITY

### RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes students aware of some of the reasons people may not use birth control.

### MATERIALS

- *Agree/Disagree* signs
- Masking tape

### TIME

15 minutes

## PROCEDURE

### FACILITATOR'S NOTE

The attitude statements reflect negative beliefs that limit a young person's ability to use safer sex strategies effectively. You will begin with the negative statement and, after some discussion, end on a positive note. The goal is to put a positive spin on each attitude and bolster beliefs that will enhance the students' ability to always choose to be safer.

1. Tape the *Agree* and *Disagree* signs on opposite sides of the room.
2. Introduce the activity by saying,



We have already learned that there are many methods of birth control or contraception.

Attitudes and beliefs often get in the way of using birth control, especially condoms, even when people know a lot about it. This activity is designed to help you look more closely at your attitudes and beliefs about birth control.

### FACILITATOR'S NOTE

Be careful to protect students who seem to be in the minority on a certain issue. Refer to the group agreements to give the students structure if they become unruly.



3. Follow the instructions below:

- Ask students to stand.
- Read a statement from the *Attitudes Statements* below.
- Ask students to stand under the sign—Agree or Disagree—that corresponds to how they feel about the statement.
- Ask volunteers to give their reasons for agreeing or disagreeing with the statement. If all students choose the same position, ask them to guess what reasons people in the opposing position might give.
- After some discussion of the statement, read the information in parentheses after each attitude statement. Promote attitudes that are supportive of birth control use. Remind the group that certain attitudes and beliefs can get in the way of correct use of birth control and condoms.
- Give students an opportunity to switch sides if they honestly have changed their attitude or belief about the statement.
- Continue with as many statements as time allows.

4. Thank the students for sharing their attitudes and opinions. Ask them to return to their seats.

 **ATTITUDE STATEMENTS**


1. **Birth control methods are harmful and will mess you up.** (Birth control methods are safe and effective. But an unplanned pregnancy can often make life messy. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (If you've decided you're ready to have sexual intercourse, you need to be ready to purchase condoms.)
3. **Girls who carry condoms are easy/slutty.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. The word *slut* is a demeaning put-down word that is designed to shame girls and reflects a serious double standard in our society. Girls can take control of condom use by using female condoms.)

(continued)

*(continued)*

4. **Female condoms are too much trouble.** (The female or internal condom might seem complicated, but it gets simpler once you understand how it works and know how to use it. It takes a couple of times of practice to feel confident, but once you know how to use it, you can be proud and responsible and have the condom already inserted if you know you're likely to engage in vaginal or anal intercourse.)
5. **It's hard to talk about protection with the person you're having sex with.** (It's easy to discuss birth control and condom use with a partner when your mind is made up and you know why you want to be safer. It's also easier in a healthy relationship based on trust, respect, equality and open communication.)
6. **Using condoms takes the pleasure out of sex.** (Using condoms can be fun and pleasurable if you have the skills to make them that way. We'll discuss those skills later in the program.)
7. **Gay, lesbian and bisexual youth don't need to learn about birth control and safer sex.** (All young people regardless of their sexual orientation [who they find themselves attracted to] need to be informed about sexuality, including information about birth control and condoms. If youth engage in sexual activity with a partner of the same sex, they should use condoms or dental dams to help prevent the spread of HIV and other STDs. Regardless of a person's sexual orientation or sexual identity, anyone who engages in penis-in-vagina sex must use birth control to prevent pregnancy and latex or polyurethane/polyisoprene condoms or other protection to reduce the risk of STDs.)
8. **Men don't need to know as much about birth control as women.** (People of all genders need to know about birth control because it takes a male sperm and a female egg to make a baby. When babies are born, men will have to share responsibility for supporting their children financially. Therefore, men should play an active role in planning when they become fathers. Men who know about birth control and participate in getting and using methods are wise, proud, responsible and supportive partners.)
9. **If you're a teen parent already, it's too late to worry about using birth control.** (Teen parents usually understand the realities of parenthood more than other teens. It's never too late to take charge of when you have a baby in the future. Having more than one child as a teenager increases the challenges you have to overcome to reach your goals and dreams.)

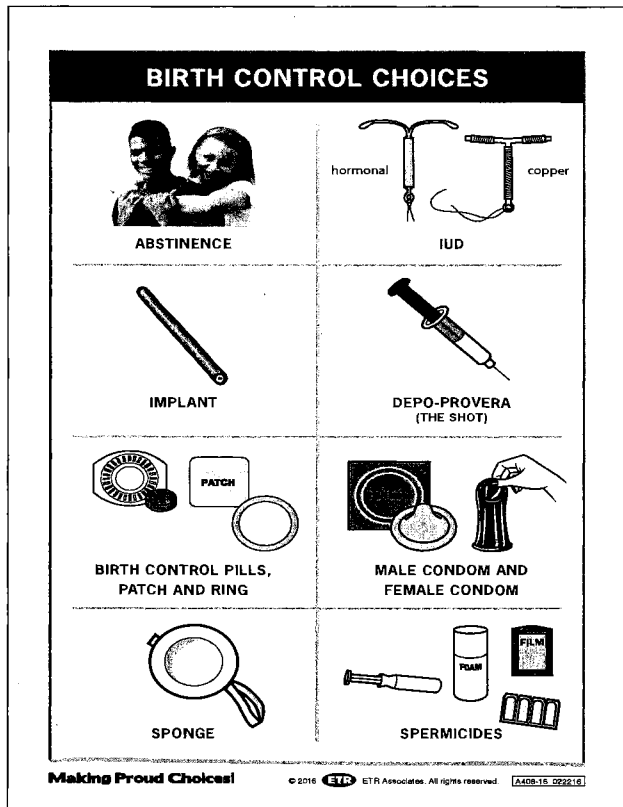
5. Summarize as follows,

 People have a lot of ideas and opinions about birth control. Sometimes these ideas and opinions are based on what they've heard from others. Sometimes they are based on myths and misinformation.

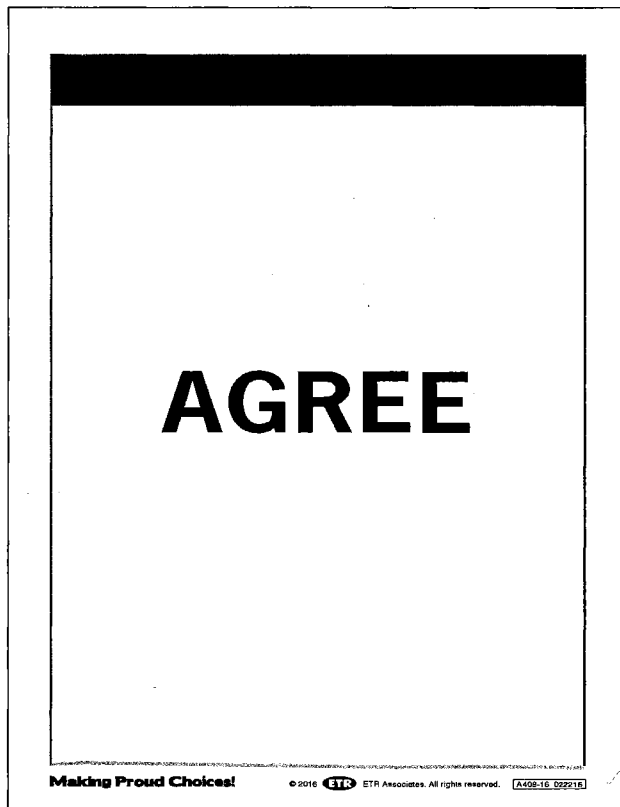
It's important to consider how your attitudes and beliefs might be affecting your desire and willingness to reduce your risk of unplanned pregnancy and STDs, including HIV.

It's up to you to think in ways that protect you and increase your chances of accomplishing your goals and having the life you want in the future.

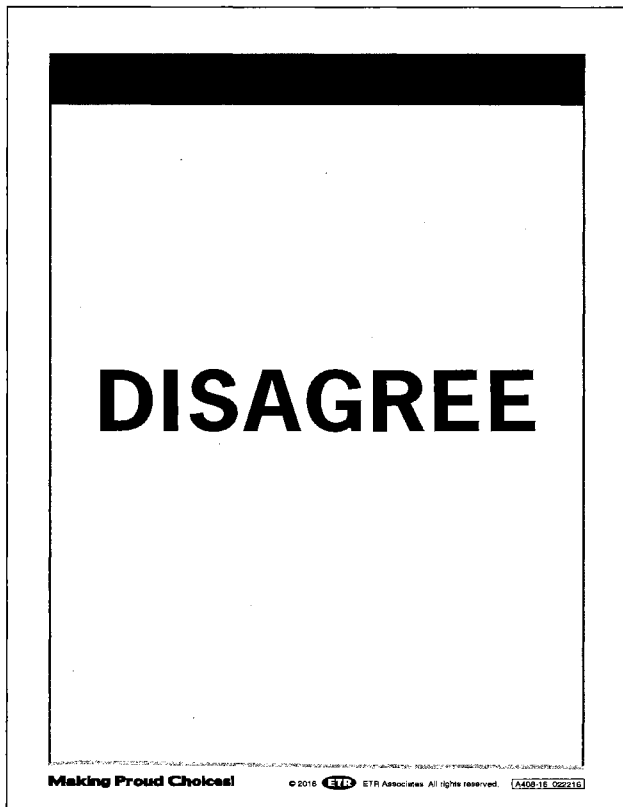
Take the proud and responsible path! Choose not to have sexual intercourse of any type (abstinence) and get the skills to practice the method effectively. Or, if you decide to have sexual intercourse, help protect yourself against unplanned pregnancy and STDs by using an effective method of birth control *and* condoms every time you have sex.



Poster



Poster



Poster

# 11

# MODULE

## DEVELOPING CONDOM USE AND NEGOTIATION SKILLS: PART 1

### GOALS

The goals of this module are to:

- Increase students' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- List the correct steps to using a condom.
- Identify barriers to using condoms and practicing other safer sex behaviors.
- Identify strategies for implementing condom use.
- Identify ways to make condoms a more pleasurable part of the sexual experience.

### MODULE PREVIEW

The eleventh module: (1) enhances students' ability to use condoms correctly; and (2) explores positive aspects of condom use.

### STRATEGIES/METHODS

- Exercises

### MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- DVD: *Condom Use Animation*
- *Condom Line-Up* cards

## **MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Pre-labeled newsprint:
  - » *Ways to Make Condom Use Easy and More Fun*
  - » *Condoms Won't Ruin the Mood If...*
  - » *Pros*
  - » *Cons*
- Markers
- Masking tape
- Monitor and DVD player

## **PREPARATION NEEDED**

1. Label all of the newsprint charts as listed under Materials.
2. Hang the pre-labeled newsprint charts in the order they will be used. Fold and tape the charts so the titles remain covered by the bottom half of the sheet until you use them.
3. Make sure the *Condom Use Animation* DVD is set up and ready to play.

## **INSTRUCTIONAL TIME: 40 minutes**

<b>ACTIVITY</b>	<b>MINUTES NEEDED</b>
A. Condom Line-Up .....	15
B. How to Make Condoms Fun and Pleasurable .....	10
C. Barriers to Condom Use/Condom Pros and Cons.....	15

# ACTIVITY

# CONDOM LINE-UP

# A

## PREPARING FOR THE ACTIVITY

### RATIONALE

Practicing putting the *Condom Line-Up* cards in the correct order reinforces knowledge, ability and confidence to use condoms correctly.

### MATERIALS


- Monitor and DVD player
- DVD: *Condom Use Animation*
- *Condom Line-Up* cards
- Masking tape

### TIME


15 minutes

## PROCEDURE

1. Introduce the *Condom Use Animation* DVD by saying,


 We are about to see a brief animation of how to correctly put on a condom. The information presented in it will be helpful throughout the rest of this activity, and as soon as we're done watching it, we'll have a chance to practice what we've learned together as a group.

2. Show the DVD, which is 2 minutes long.
3. When the DVD is over, introduce the *Condom Line-Up* activity by saying,

 We are going to demonstrate all the steps involved in putting on a condom by putting a set of condom-use cards in correct order.

4. Shuffle the *Condom Line-Up* cards.
5. Pass out the cards to the students. (Give each student more than one card if there are more cards than students.)
6. Ask the group to stand.

7. Explain to the group,

 These cards represent steps in proper condom use. Your task is to put them in the correct order. You will have about 1 minute to study them.

Before we start, can someone tell me what a couple should do before they get or buy condoms?

**Answer**

- » Discuss safer sex issues

8. Have the students put the cards in the proper order on the wall. Encourage all the group members to participate.
9. Ask if there are any final adjustments, and allow them to be made.
10. When the group has decided how the cards should be placed, verify the correct order or ask questions to prompt the movement to the correct order.
11. When the order is correct, review the steps:

 **ORDER OF CONDOM LINE-UP CARDS**

1. Get condoms and check expiration date
2. Sexual arousal (hug, cuddle, kiss, massage)
3. Erection
4. Carefully remove condom from package
5. Dab water-based lubricant on penis or inside condom
6. Squeeze out any air from tip of condom and leave room for ejaculation
7. Roll condom on
8. Intercourse
9. Orgasm (ejaculation)
10. Hold onto the rim of condom and withdraw the penis
11. Remove and discard condom
12. Loss of erection
13. Relaxation



## FACILITATOR'S NOTE


Steps 5 and 6 could be reversed and still be correct. Relaxation can occur at any point throughout the process, and should be a continuous part of the process. Loss of erection can also happen at any time throughout the process.

12. Next, use the following discussion questions to stimulate positive attitudes toward condom use. Say,

 Which steps in this process can involve a partner?

### Answers


- » Sexual arousal, rolling condom on, intercourse, orgasm, holding onto rim, removing condom and relaxation. A partner (of any gender) can also get or buy condoms and have them ready.

 If a male loses his erection after putting on a condom and before intercourse, what could the couple do?

### Answer

- » This will happen to most males at some point in their lives. Have partner take off condom, continue playing and stimulating one another, relax, and enjoy the fun. After a while, put a new condom on as part of the play.

13. Summarize by saying,

 You did a great job lining up the condom cards and discussing the correct steps of condom use. Remember and practice these steps so that you can make the proud choice and use condoms correctly every time if you've decided to have sex.

# ACTIVITY

# B

# HOW TO MAKE CONDOMS FUN AND PLEASURABLE

## PREPARING FOR THE ACTIVITY

### RATIONALE

Helping students see how they can make condom use fun and pleasurable for themselves and their partners encourages consistent use and a sense of pride and responsibility.

### MATERIALS


- Pre-labeled newsprint:
  - *Ways to Make Condom Use Easy and More Fun*
- Markers

### TIME

10 minutes


## PROCEDURE

1. Introduce this activity by saying,

 People often say that sex doesn't feel as good with a condom but we're going to talk about ways to make the experience more pleasurable.

Remember, I'm not assuming that you're having sex and I'm not encouraging you to have sex. This is information some of you will use right away and others can tuck it away for future reference.

2. Give the following examples of ways to make using condoms more pleasurable:

-  Try different brands to find one that feels most comfortable and natural.
- Use extra lubricant inside the tip of the condom and on the outside of the condom to increase wetness.

3. Unfold the pre-labeled newsprint titled *Ways to Make Condom Use Easy and More Fun*.
4. Ask students to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

5. Add the following ideas if they don't get mentioned:

- Make putting on the condom a part of foreplay.
- Think up a sexual fantasy using condoms.
- Act sexy/sensual while putting on the condom.
- Hide a condom on your body and ask your partner to find it.
- Use extra lubrication inside and outside the condom.
- Experiment with different colors, types and textures of condoms.
- Have a sense of humor and make jokes.
- Tell your partner that using a condom can make an erection last longer.

6. Now ask students to think of some ways to make using condoms easy—to keep them from interrupting sex. Give the following examples,

- You can talk about using condoms/dental dams in advance.
- Always have condoms on you.
- Learn to put the condom on in advance so you can do it more quickly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.

## FACILITATOR'S NOTE


Emphasize strategies for making condom use more pleasurable. Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense.

Students should be reminded that only condoms consisting of latex (or, if allergic to latex, polyurethane or polyisoprene) can help protect against STDs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STD.

Though different colors and textures may be appealing, glow in the dark condoms should not be used. They are only gag gifts.


Emphasize that you are not endorsing sexual activity among teenagers.

7. Ask the group the following questions,

 Do you feel prepared to use a condom if you have sex?

Do you feel prepared to respond to excuses for not using a condom?

8. Summarize as follows,

 Once you and your partner both agree to use condoms, do something positive and fun. Go to the clinic or store together. Get lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you'll use all of those condoms can be a turn-on.

Remember, the proud and responsible thing to do is to always use latex or polyurethane/polyisoprene condoms if you have sex.

# ACTIVITY

# C

## BARRIERS TO CONDOM USE/ CONDOM PROS AND CONS

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Pointing out the positive aspects of condoms—by changing negative statements about condom use into positive ones—may reinforce the need to use condoms correctly and consistently, as well as build self-efficacy. This activity also sets the foundation for roleplaying and proud and responsible decision-making skills.

#### MATERIALS

- Pre-labeled newsprint:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

#### TIME


15 minutes

### PROCEDURE

#### FACILITATOR'S NOTE

While doing this activity, you might also bring up the issue of dental dams and find out if the reasons for not using dental dams are similar to those for not using condoms.

1. Introduce this activity by saying,

 There are many reasons why people do or do not use condoms. The reasons people do use condoms are *pros* and the reasons people don't use condoms are *cons* or *barriers to condom use*.

2. Unfold the 2 sheets of newsprint, labeled *Pros* and *Cons*.
3. Ask students to brainstorm all of the *Pros* (all of the reasons for using condoms), and list their answers on the newsprint.

#### Make sure their list includes:


- » Condoms can help prevent pregnancy.
- » Condoms can help prevent STDs, including HIV.
- » Condoms make you feel good about yourself.
- » You know you are safer when you use condoms.

4. Ask students to brainstorm all the *Cons* (all of the reasons people *don't* use condoms).

**Make sure the answers include:**

- » Condoms are not available
- » Think condoms ruin the mood and pleasure
- » Using another form of birth control
- » Think condoms don't feel natural
- » Condoms cost too much
- » Don't know where to get free condoms
- » Partner doesn't want to use condoms
- » Embarrassed to bring up the subject
- » Parents might find them
- » Embarrassed to go to the store to buy them
- » Want to show they trust a partner

5. Explain the following,

 Since you are proud and responsible young people who respect yourselves and want to protect yourselves, let's now change these cons into pros.


6. Demonstrate by reading one of their cons/barriers and turning it into a pro.

 **Example**

**Con:** Condoms don't feel natural.

**Pro:** Having an STD won't feel natural either.

7. Then, give each member of the group a chance to change a con into a pro.
8. Cross each con off the list as it is changed into a pro.
9. Summarize as follows,

 **Good job. As you can see, we've changed all the *Cons* to *Pros*. There are no cons to using condoms. You will be using this skill again in a later activity.**

*Condom Line-Up Cards*

**GET CONDOMS AND CHECK  
EXPIRATION DATE**

**Making Proud Choices!**

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Cards (13 total)



# 12

# MODULE

## DEVELOPING CONDOM USE AND NEGOTIATION SKILLS: PART 2

### **GOALS**

The goals of this module are to:

- Increase students' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase students' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance students' ability to resist situations that place them at risk for HIV/STD infection and pregnancy.

### **LEARNING OBJECTIVES**

After completing this module, students will be able to:

- Identify barriers to using condoms and practicing other safer sex behaviors.
- Identify strategies for implementing condom use.
- Demonstrate the ability to respond to excuses a partner may give with statements in support of condom use.
- Identify strategies for negotiating condom use with their partners

### **MODULE PREVIEW**

The twelfth module: (1) explores positive aspects of condom use; and (3) allows students to practice condom negotiation skills.

### **STRATEGIES/METHODS**

- Exercises
- Scripted Roleplays

## **MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT**

- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Handouts or student workbooks:
  - » *While They're Out* (Ineffective and Effective Versions)
  - » *Your Valentine's Day Gift* (Ineffective and Effective Versions)
  - » *Observer Checklist*

## **MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Pre-labeled newsprint:
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and DVD player

## **PREPARATION NEEDED**

1. Label all of the newsprint charts as listed under Materials.
2. Hang the pre-labeled newsprint chart. Fold and tape the chart so the title remains covered by the bottom half of the sheet until you use it.

## **INSTRUCTIONAL TIME: 40 minutes**

(Note: Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

## **ACTIVITY**

## **MINUTES NEEDED**

- |  |           |
|--|-----------|
| <b>A. "What to Say If My Partner Says...": Responding to Excuses . . . .</b> | <b>20</b> |
| <b>B. Introduction to SWAT and Scripted Roleplays . . . . .</b>              | <b>20</b> |

# ACTIVITY

# A

## “WHAT TO SAY IF MY PARTNER SAYS...”: RESPONDING TO EXCUSES

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Students need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STDs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the students to negotiate with a partner.

#### MATERIALS

- Pre-labeled newsprint:
  - *Excuses Sexual Partners Give*
- Markers


#### TIME

20 minutes

### PROCEDURE


1. Unfold the pre-labeled newsprint titled *Excuses Sexual Partners Give*.

2. Begin the activity by saying,

 This next game is similar to the one we just played. It is about excuses partners might give for not wanting to use a condom.

Let's brainstorm excuses sexual partners give for not wanting to use condoms. What excuses might sexual partners give for not wanting to use a condom?

3. Write their responses on the newsprint.
4. Then say,

 Now let's see if we can change each excuse for not wanting to use a condom into a good reason to use a condom. In other words, what could you say to a potential sexual partner who said the following?


5. Demonstrate by reading one excuse that is listed on the newsprint and by giving a positive response to that excuse.

 **Example**

**Excuse:** I don't like the way condoms feel.

**Response:** I can show you how to make them feel much better.

6. Then, read each remaining excuse and call on volunteers to respond to them.  
Say,

 I am going to read more excuses. Your job is to convince me to use a condom.

## FACILITATOR'S NOTE

As you read the list of excuses, read only those that were not discussed by the group already. After the students respond, read the provided response as an alternative.

 **BREAKING THE MOOD STATEMENTS**

**Excuse:** Condoms kill the mood for sex.

**Response:** Only if you let them. With a little imagination, condoms can actually enhance sexual feeling.

OR

Let me show you that it doesn't have to kill the mood.

## **SEXUAL ENJOYMENT STATEMENTS**

**Excuse:** Condoms don't feel as good as the real thing...they aren't natural.

**Response:** Today's thin latex condoms feel quite natural. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

*(continued)*

*(continued)*

**Excuse:** Sex doesn't feel as good with a condom on.

**Response:** There is plenty of feeling left, and I would feel unsafe without it.

---

**Excuse:** Condoms are messy and smell funny.

**Response:** But with a condom we will be safer.

OR

Condoms aren't any messier or smellier than sex.

---

**Excuse:** Condoms are unnatural and turn me off.

**Response:** There's nothing natural about getting a disease either.

OR

I know how to turn you back on.

---

**Excuse:** When I stop to put it on, I'll lose my erection.

**Response:** Don't worry, I'll help you get it back.

---

**Excuse:** Let's do it just this once without a condom.

**Response:** Once is all it takes to cause a problem, like unplanned pregnancy or STD.

## **OTHER CONTRACEPTIVE METHODS STATEMENTS**

**Excuse:** We don't need to use condoms if we're using the pill!

**Response:** The pill doesn't help protect you from STDs, including HIV, but condoms do. Proper condom usage can protect our health.

## **RELATIONSHIP/TRUST STATEMENTS**

**Excuse:** People who use condoms don't trust each other.

**Response:** It's not a matter of trust—it is a matter of caring for yourself and the person you are with. In fact, both partners share a responsibility for having and using condoms— whether they trust each other or not.

*(continued)*

*(continued)*

**Excuse:** I love you. How can you think I would give you an infection?

**Response:** You wouldn't do it intentionally. But most people don't know when they are infected with an STD.

---

**Excuse:** But we've been having sex without condoms.

**Response:** I know, but we could enjoy each other a lot more if I did not have to worry.

OR

That does not mean it's not a good idea to use them from now on.

### **DISEASES AND HEALTH STATEMENTS**

**Excuse:** Condoms are for people with diseases. Do I look sick to you?

**Response:** Unfortunately you can't tell by looking at people if they have an STD. A person can look and feel healthy—and still be infected.

---

**Excuse:** I know I am disease free. I have not had sex with anyone in months.

**Response:** As far as I know, I'm free of disease too. But either of us could have an infection from a previous relationship and not know it.

---

**Excuse:** I'm allergic.

**Response:** I'm glad you told me. We can use a polyurethane or polyisoprene condom. They work for people who have latex allergies.

### **NOT HAVING A CONDOM PRESENT STATEMENTS**

**Excuse:** I do not have a condom with me.

**Response:** Let's satisfy each other without having intercourse then.


OR

Let's go to the clinic and get some condoms, then have sex.

7. When the group has finished, continue by saying,


 Are there any additional excuses you think should go on this list?

8. Record responses and then give these instructions,

 We're going to do some more practice responding to these kinds of excuses. Here are some things you can include in your responses:


- Good reasons to use condoms
- Ways to make using condoms more pleasurable
- Your beliefs about staying healthy and reaching your goals

9. Ask the students to brainstorm responses to the following questions (no need to record answers),

 What if your partner still says no to using condoms even after you've responded to excuses?


**Answer**

- » Then you should postpone having sex with that person until you both agree to use them.

 Do you need to use condoms even if you are involved with only one person?


**Answer**

- » Yes, even if you believe that neither of you has ever had sex with anyone else, shared needles, or had any other possible exposure to HIV. If any of these things aren't true, either one of you could have an STD and not know it. Also, sometimes people say they are one-on-one, but somebody ends up cheating.

 **Why is it important to use a condom even if you're using another effective method of birth control?**

**Answer**


- » Because while other birth control methods can prevent pregnancy, they don't offer protection from STDs, including HIV. Condoms (both male and female) are the only birth control method besides abstinence that also helps protect you from HIV and other STDs.

 **How do alcohol and other drugs affect your sexual decisions?**

**Answer**

- » Alcohol and other drugs make it more difficult for you to think about what you are doing. They cloud your judgment, and you may do things that you would not normally do. You might not STOP and THINK before acting. And you and/or your partner won't be capable of giving consent.

10. Summarize this activity by saying,

 **Those were great responses. We will be using this information later when we practice roleplaying. Remember, regardless of what excuse a partner gives, you need to be prepared to explain why you insist on using a condom every time you have sex. Knowing what you're going to say in advance makes it easier to give a response that helps you make the proud and responsible choice of using a latex (or polyurethane/polyisoprene) condom and/or dental dam every time you have sex.**



## ACTIVITY

# B

## INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

### PREPARING FOR THE ACTIVITY

#### RATIONALE

This scripted roleplay activity helps students identify and practice the skills necessary to slow a situation down and gives alternative ways to clearly say "NO." Using the *Observer Checklist* poster helps reinforce specific refusal skills by giving students a visual reminder as they watch others negotiate a potentially risky situation.

#### MATERIALS

- Posters:
  - *SWAT*
  - *Observer Checklist*
  - *How to Say "NO" Effectively* (Negotiation and Refusal Skills – Chart 1A)
  - *Examples of a Strong "NO"* (Negotiation and Refusal Skills – Chart 1B)
- Masking tape
- Scripted roleplays:
  - *While They're Out* (Ineffective and Effective Versions)
  - *Your Valentine's Day Gift* (Ineffective and Effective Versions)

#### TIME

20 minutes

(Note: Allow more time, if possible, to practice the SWAT technique and roleplays.)

### PROCEDURE

#### FACILITATOR'S NOTE

##### Refusal Skills and Consent


Refusal skills are a key component of many evidence-based programs designed to reduce pregnancy, HIV and other STDs among youth. Programs provide instruction and practice in delivering effective refusals, and programs including refusal skills have been shown to reduce sexual risk behaviors and increase their chances of avoiding unwanted sexual pressures.

At the same time, ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize affirmative consent, or "yes means yes," and are moving away from a "no means no" perspective. This affirmative consent approach encourages partners to communicate openly about their wishes and boundaries, both prior to and during sexual interactions. It emphasizes the risks to both parties when partners pressure each other and the responsibility of both parties to respect the other's limits.

When teaching refusal skills and evaluating the effectiveness of students' demonstration of those skills, it is important to affirm the value that no person who experiences sexual pressure, harassment or assault is to blame for being the target of those behaviors. Clear, assertive refusals can be encouraged, while also making sure youth understand that no one "deserves" to be pressured if a NO is unclear.

Instruction on boundaries and respecting another person's NO—both verbal and nonverbal—regardless of perceived clarity can be included to help young people understand the two-way nature of consent, and the importance of honest and respectful communication between friends and potential partners. This would be considered a "green-light" adaptation and can help optimize the success of the skill-building around refusals.

1. Display the *SWAT* poster, the *Negotiation and Refusal Skills Charts 1A and 1B*, and the *Observer Checklist* poster.
2. Begin this activity by saying,

 We've talked a lot about unplanned pregnancy, HIV and other STDs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?

Talking about safer sex can be difficult sometimes. However, it is very important that you talk with your sexual partner about your decision to use condoms when you have sex. Talking openly and honestly prevents misunderstandings.

We are going to work on a strategy for talking to your sexual partner about using condoms without blaming, arguing or getting into a fight. The strategy is called the *SWAT* technique.

3. Explain the following,

 The *SWAT* technique has four steps. Let's review the steps of the *SWAT* technique.

4. Review the entire *SWAT* poster with the students by reading each letter from the poster and describing what it means.

## **SWAT**

### **S = Say "NO"**

Refuse the unsafe behavior.

### **W = Explain why**

Offer a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents negative reactions.

### **A = Provide alternatives**

Provide safe alternatives to show that you still want to be intimate and have a relationship with this person, as long as it can be safe.

### **T = Talk it out**

Talk openly about each other's feelings to help the relationship grow and ease any tension that may have developed.

5. Next, read each characteristic on the *How to Say "NO" Effectively* chart (Chart 1A).


## **NEGOTIATION AND REFUSAL SKILLS – CHART 1A**

### **How to say "NO" effectively**

#### **Characteristics**

- Use and repeat the word "no" often.
- Send a strong nonverbal "no" with your body language, e.g., use hand and body gestures to emphasize the point.
- Project a strong, serious tone of voice.
- Look directly at the person's face and eyes.
- Stand straight and tall.
- Use a serious facial expression.
- Don't send mixed signals.

6. Demonstrate how to use those characteristics by modeling the first example from the *Examples of a Strong "NO"* chart (Chart 1B). Model by showing the students how to read the example with an assertive voice and body language.
7. Say to the students,

 Now, each of you will get a chance to read one of the *Examples of a Strong "NO."* When you read your example, say it like you mean it. Be sure to also send a strong nonverbal "no" with your body language, tone of voice and facial expression.

8. Go around the group and have each student read an example aloud.

## **NEGOTIATION AND REFUSAL SKILLS – CHART 1B**

### **Examples of a strong "NO"**

#### **Examples**


- No! I'm not ready to have sex yet!
- No! I won't have sex without a condom!
- No! I don't want to touch you there!
- No! Stop touching me like that!
- No! Stop trying to unbutton my pants.
- No! I'm not going to have sex with you!
- No! I really mean 'NO'!
- No! I want to protect myself. We have to use a condom.

9. Then say,

 You did a great job with that activity. We are now going to do roleplays using the SWAT technique and the *Observer Checklist*.

Let's review the *Observer Checklist* poster. The Y/N stands for yes or no.

10. Review each item on the *Observer Checklist* poster to ensure students understand it.
11. Then say,

 Now we are going to do some roleplays. As you watch the roleplays, pay attention to each skill to see whether it has (yes), or has not (no), been used by the actors.

12. Identify students to act out the first roleplay. Give each of them a copy of the scripted roleplay *While They're Out (Ineffective Version)*. Whisper to the actor playing Person 2 to avoid eye contact and use a soft tone of voice.
13. Begin by reading the Setting the Stage section of the roleplay before having the assigned students read their parts. Remind the group who is playing Person 1 and who is playing Person 2. Ask the audience to pay attention to Person 2 and make note of the skills that actor uses.

 **WHILE THEY'RE OUT – INEFFECTIVE VERSION**

**Setting the Stage:**

Your parents are out late. Your partner comes over, hoping to have sex with you. You want to have sex but you want to use condoms. Your partner refuses to use condoms. You decide to share how to make condoms feel much better.

**Person 1:** Why are you stopping now?

**Person 2:** Wait. Do you have a condom?

**Person 1:** No I told you, I don't like the way those things feel.

**Person 2:** Yeah, I know.

**Person 1:** I don't have a condom. I want to be able to feel you, and it doesn't feel as good. Let's just do it without a condom this time.

**Person 2:** I think there are ways using one can feel good. I don't want to get infected with an STD like HIV.

*(continued)*

*(continued)*

**Person 1:** You won't. And I don't need you to show me anything. I know how condoms are used.


**Person 2:** I know you know how to use them. And you would never give me an STD. Sorry, I freaked out for a minute.

**Person 1:** Yeah, I mean I love you. Nothing bad is going to happen.

**Person 2:** You're right.

*They keep kissing.*

14. Use the *Observer Checklist* poster to process this roleplay. Point to each skill on the *Observer Checklist* poster and ask the group if they saw it demonstrated in the roleplay:

 Did Person 2 say no? *(The person never said no.)*

Did the person refuse to engage in unsafe behavior? *(No)*

Did the person repeat the refusal? *(The person didn't repeat the objection.)*

Did the person's body language say no? *(The person didn't make eye contact and used a soft tone of voice.)*

Did the person explain why? *(The person did not give clear reasons. In addition, the person expressed doubt in his or her decision.)*

Did the person suggest alternatives? *(The person failed to offer any alternative actions.)*

Did the person talk it out and use language that protected the relationship? *(The person did not talk it over and express his or her feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

## FACILITATOR'S NOTE

Clear, assertive refusals can be encouraged, while also making sure youth understand that no one "deserves" to be pressured for giving an unclear NO. Be sure to affirm the value that no person who experiences sexual pressure, harassment or assault is to blame for being the target of those behaviors.

15. Then have the same two students read *While They're Out* (Effective Version), keeping the same roles. Whisper to Person 2 to be firm and use strong body language. Again, set up the roleplay by reading the Setting the Stage section. Remind the roleplay group to use the *Observer Checklist* to observe Person 2.

### WHILE THEY'RE OUT – EFFECTIVE VERSION

#### Setting the Stage:

Your parents are out late. Your partner comes over, hoping to have sex with you. You want to have sex but you want to use condoms. Your partner refuses to use condoms. You decide to share how to make condoms feel much better.

**Person 1:** Why are you stopping now?

**Person 2:** Wait. Do you have a condom?

**Person 1:** No I told you, I don't like the way those things feel.

**Person 2:** Yeah, I know. But I want to use a condom.

**Person 1:** I don't have a condom. I want to be able to feel you, and it doesn't feel as good. Let's just do it without a condom this time.

**Person 2:** No. I want to use a condom. I can show you how using one can feel good. I don't want to get infected with an STD like HIV.


**Person 1:** You won't. And I don't need you to show me anything. I know how condoms are used.

**Person 2:** I know, but it's better if we do it together. It's a responsible part of making love. I'm not going to have sex without a condom. So let's get condoms.

**Person 1:** OK. You're right.

*They stop talking and get condoms.*

16. After the roleplay, thank the roleplaying students and ask them to return to their seats. Then say,

 Let's use the *Observer Checklist* to review whether Person 2 used the skills that are listed.

Did Person 2 say no? *(Yes)*

Did Person 2 refuse to engage in unsafe behavior? *(Yes, absolutely)*

Did the person repeat the refusal? *(Yes)*

Did the person's body language say no? *(Yes)*


Did the person explain why? *(Yes)*

Did the person suggest alternatives? *(Yes, the person suggested going to get condoms.)*

Did the person talk it out and use language that protected the relationship? *(Yes, "It's better if we do it together.")*

Did the person seem prepared to leave the situation? *(Probably, but it wasn't necessary.)*

17. After students respond, ask the following questions:

 Why was Person 2 more successful in the second version?

Which version showed that they loved and respected themselves and each other enough to practice proud and responsible behavior?

18. Now ask for two new students to read *Your Valentine's Day Gift (Ineffective Version)*. Remind students to continue to use the *Observer Checklist*.



19. Begin by reading the Setting the Stage section before having the assigned students act out their parts.

### **YOUR VALENTINE'S DAY GIFT – INEFFECTIVE VERSION**

#### **Setting the Stage:**

It is Valentine's Day. You and your partner are going out to a movie and dinner. You know that at some point having sex will be discussed. Your partner is willing to use condoms, but you're just not ready for any of it. You decide to tell your partner that you want to wait to have sex.

**Person 1:** Happy Valentine's Day! Here is a little something I bought, though I was hoping our gifts to each other would be more than something from a store.

**Person 2:** Do you mean you were hoping we would have sex?

**Person 1:** Yes. You don't have to worry. I have condoms.

**Person 2:** Oh! You are moving so fast.

**Person 1:** We have been dating for a while. I love you and I'm ready.

**Person 2:** Well. I love you but I'm just not sure.

**Person 1:** Don't worry. We're using protection. After all, it's Valentine's Day and what better gift than to share our love?

**Person 2:** I just have some doubts...I'm scared.

**Person 1:** You are always going to be scared, but the important thing is that we love each other.

**Person 2:** *(Reluctantly)* I guess.

*They stop talking and begin to have sex.*

20. Use the *Observer Checklist* to process this roleplay. Point to each skill on the *Observer Checklist* and ask the group if they saw it demonstrated in the roleplay:

 From your observations, what was ineffective about this roleplay?

Did the person say no? *(The person never said no.)*

Did the person repeat the refusal? *(No)*

*(continued)*

(continued)

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.)*

Did the person suggest alternatives? *(The person failed to offer alternative actions.)*

Did the person talk it out? *(The person gave in to his or her partner rather than stating her or his own view.)*

## FACILITATOR'S NOTE

Again, encourage clear, assertive refusals, but stress that no one "deserves" to be pressured if the NO is unclear.

21. Now have the same two students read *Your Valentine's Day Gift* (Effective Version) keeping the same roles. Begin by reading the Setting the Stage section.

### YOUR VALENTINE'S DAY GIFT – EFFECTIVE VERSION

#### Setting the Stage:

It is Valentine's Day. You and your partner are going out to a movie and dinner. You know that at some point having sex will be discussed. Your partner is willing to use condoms, but you're just not ready for any of it. You decide to tell your partner that you want to wait to have sex.

**Person 1:** Happy Valentine's Day! Here is a little something I bought, though I was hoping our gifts to each other would be more than something from a store.

**Person 2:** Do you mean you were hoping we would have sex?

**Person 1:** Yes. You don't have to worry. I have condoms.

**Person 2:** No. You are moving so fast.

**Person 1:** No, I'm not. We've been dating for a while. I love you and I'm ready.

**Person 2:** Well, I'm not. I love you, but I'm not ready to have with sex you. I know you are the person that I want to be with, but I also know that I need you to be understanding and patient. I want to have sex only when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

(continued)


(continued)

**Person 1:** Well, I don't want to feel like I'm pressuring you to do something you don't want to do. It's important that you're sure. So, I guess I'll wait until you're ready.


**Person 2:** Thanks, for understanding. I love you so much and I'm really glad that you are willing to wait.

*They kiss and go to the movies.*

22. After the roleplay, thank the roleplaying students and ask them to return to their seats.
23. Then ask the group to use the *Observer Checklist* to answer the following questions,

 What do you think made this roleplay version successful?  
How was it different from the first version?

24. Allow students to respond.
25. Summarize as follows,

 You had some really great observations. We just had a chance to practice saying no to unsafe behavior.

Remember these SWAT techniques and refusal skills so that you can be proud and responsible and use them whenever you need to discuss abstinence, condom use and safer sex.

# HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

## SWAT

**S = Say "NO"**

Refuse the unsafe behavior.

**W = Explain why**

Offer a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents negative reactions.

**A = Provide alternatives**

Provide safe alternatives to show that you still want to be intimate and have a relationship with this person, as long as it can be safe.

**T = Talk it out**

Talk openly about each other's feelings to help the relationship grow and ease any tension.

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Poster

## NEGOTIATION AND REFUSAL SKILLS – CHART 1A

### How to say "NO" effectively

**Characteristics**

- ▶ Use and repeat the word "no" often.
- ▶ Send a strong nonverbal "no" with your body language, e.g., use hand and body gestures to emphasize the point.
- ▶ Project a strong, serious tone of voice.
- ▶ Look directly at the person's face and eyes.
- ▶ Stand straight and tall.
- ▶ Use a serious facial expression.
- ▶ Don't send mixed signals.

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Poster

## NEGOTIATION AND REFUSAL SKILLS – CHART 1B

### Examples of a strong "NO"

**Examples**

- ▶ No! I'm not ready to have sex yet!
- ▶ No! I won't have sex without a condom!
- ▶ No! I don't want to touch you there!
- ▶ No! Stop touching me like that!
- ▶ No! Stop trying to unbutton my pants!
- ▶ No! I'm not going to have sex with you!
- ▶ No! I really mean "NO"!
- ▶ No! I want to protect myself. We have to use a condom.

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Poster

## OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
<b>S Said "NO"</b>	
▶ Refused to engage in unsafe behavior	Y/N
▶ Repeated refusal	Y/N
▶ Body language said "NO"	Y/N
<b>W Explained why</b>	
▶ Gave clear reasons	Y/N
<b>A Provided alternatives</b>	
▶ Suggested alternative actions	Y/N
<b>T Talked it out</b>	
▶ Discussed feelings and used language that protected the relationship	Y/N
Seemed prepared to leave a potentially unsafe situation	Y/N

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Poster & Handout/Student Workbook

# HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

## WHILE THEY'RE OUT (INEFFECTIVE VERSION)

SCRIPTED ROLEPLAY

### Setting the Stage:

Your parents are out late. Your partner comes over, hoping to have sex with you. You want to have sex but you want to use condoms. Your partner refuses to use condoms. You decide to share how to make condoms feel much better.

**Person 1:** Why are you stopping now?

**Person 2:** Wait. Do you have a condom?

**Person 1:** No, I told you, I don't like the way those things feel.

**Person 2:** Yeah, I know.

**Person 1:** I don't have a condom. I want to be able to feel you, and it doesn't feel as good. Let's just do it without a condom this time.

**Person 2:** I think there are ways using one can feel good. I don't want to get infected with an STD like HIV.

**Person 1:** You won't. And I don't need you to show me anything. I know how condoms are used.

**Person 2:** I know you know how to use them. And you would never give me an STD. Sorry, I freaked out for a minute.

**Person 1:** Yeah, I mean I love you. Nothing bad is going to happen.

**Person 2:** You're right.

*They keep kissing.*

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Making Proud Choices! STUDENT WORKBOOK

Roleplay/Student Workbook (2 versions)

## YOUR VALENTINE'S DAY GIFT (INEFFECTIVE VERSION)

SCRIPTED ROLEPLAY

### Setting the Stage:

It is Valentine's Day. You and your partner are going out to a movie and dinner. You know that at some point having sex will be discussed. Your partner is willing to use condoms, but you're just not ready for any of it. You decide to tell your partner that you want to wait to have sex.

**Person 1:** Happy Valentine's Day! Here is a little something I bought, though I was hoping our gifts to each other would be more than something from a store.

**Person 2:** Do you mean you were hoping we would have sex?

**Person 1:** Yes. You don't have to worry. I have condoms.

**Person 2:** Oh! You are moving so fast.

**Person 1:** We have been dating for a while. I love you and I'm ready.

**Person 2:** Well, I love you but I'm just not sure.

**Person 1:** Don't worry we're using protection. After all, it's Valentine's Day and what better gift than to share our love?

**Person 2:** I just have some doubts...I'm scared.

**Person 1:** You are always going to be scared, but the important thing is that we love each other.

**Person 2:** (Reluctantly) I guess.

*They stop talking and begin to have sex.*

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Making Proud Choices! STUDENT WORKBOOK

Roleplay/Student Workbook (2 versions)



# 13

# MODULE

## ENHANCING REFUSAL AND NEGOTIATION SKILLS: PART 1

### GOALS

The goals of this module are to:

- Increase students' communication and negotiation skills regarding condom use.
- Enhance students' ability to resist situations that increase their risk for unplanned pregnancy, HIV and other STDs.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Demonstrate body language and strategies for effectively saying no to unprotected sex.
- Identify strategies for negotiating safer sex with a sexual partner.
- Demonstrate the ability to negotiate condom use with a partner.

### MODULE PREVIEW

The thirteenth module: (1) provides an opportunity for students to practice condom negotiation skills.

### STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- DVD Viewing

**MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT**

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- *DVD: Wrap It Up*
- Handouts or student workbooks:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Jesse and Chris*
  - » *Observer Checklist*

**MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- Monitor and DVD player
- Pencils
- Masking tape

**INSTRUCTIONAL TIME: 40 minutes**

<b>ACTIVITY</b>	<b>MINUTES NEEDED</b>
A. Safer Sex Negotiation Skills and <i>Wrap It Up</i> DVD .....	15
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays: Part 1 .....	25



## ACTIVITY

# A

## SAFER SEX NEGOTIATION SKILLS AND WRAP IT UP DVD

### PREPARING FOR THE ACTIVITY

#### RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides students with additional skills necessary to help reduce their risk for unplanned pregnancy, and STDs or HIV infection.

#### MATERIALS

- Posters:
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- DVD: *Wrap It Up*
- Monitor and DVD player

#### TIME

15 minutes


(Note: Allow more time, if possible, to practice the SWAT technique and to view the DVD.)

### PROCEDURE

#### FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills handouts and have group members practice the skills of offering explanations, providing alternatives to unsafe sex and talking it out. Plan to spend no more than 7 minutes on this review and practice. The DVD is 6 minutes so you'll need the final 8 minutes to show the DVD and have group members critique the actor's skills.

1. Hang the *Observer Checklist* poster, *SWAT* poster, and the *Negotiation and Refusal Skills* charts.
2. Introduce this activity by saying,


 Talking about condom use can be difficult. However, it is very important that you talk with your partner about condoms and safer sex. Having an open, honest discussion can help avoid misunderstandings.

We are going to work on a strategy for getting your partner to agree to use condoms, without blaming, arguing or getting into a fight.

Earlier we reviewed the SWAT technique for negotiating safer sex and the "S" part of the SWAT technique: Say "NO."

Now let's review the other steps of SWAT: "W," which is Explain Why, "A," which is Provide Alternatives, and "T," which is Talk It Out.

3. Show *Negotiation and Refusal Skills Chart 2—Explain Why*. Say,

 Let's start with *Explain Why—Give Clear Reasons to Support Your Choice*, which is the "W" part of the SWAT technique. The chart shows examples of explanations you might offer for why you are saying no to unsafe sex.

We will go around the group and I would like each of you to read aloud an example of an explanation that you can offer to a partner. When you say the statement, say it like you really mean it.

4. Go around the group and ask each student to read aloud an example from the chart until all the examples have been read. Encourage students to make up their own examples as well.

## **NEGOTIATION AND REFUSAL SKILLS – CHART 2**


### **Explain why**

Give clear reasons to support your choice.

#### **Examples**

- I want to protect myself with a condom every time I have sex.
- No, I won't risk my future goals by having unprotected sex.
- Condoms help prevent unplanned pregnancy, and STDs or HIV infection.
- I am not ready to be a parent yet.

5. Now, follow the same procedure with *Negotiation and Refusal Skills Chart 3—Provide Alternatives*. Say,

 Let's move on to *Provide Alternatives—Suggest Something Else*, which is the "A" part of the SWAT technique. The chart gives examples of alternative actions you might provide instead of having sex. Once again, we will go around the group, and I would like each of you to read aloud an example of an alternative action statement. When you say the statement, say it like you really mean it.

6. Go around the group and ask each student to read aloud an example from the chart until all the examples have been read. Encourage the students to make up their own examples as well.

### **NEGOTIATION AND REFUSAL SKILLS – CHART 3**


#### **Provide alternatives**

Suggest another action.

#### **Examples**

- Let's go buy some condoms right now.
- Let's get out of the bedroom. It makes me feel uncomfortable.
- If you're willing to use a condom, then we can have sex.
- Let's do something else that will feel good for both of us, since we don't have a condom.
- Let's go get something to eat.
- Let's go see a movie.

7. Now follow the same procedure with *Negotiation and Refusal Skills Chart 4—Talk It Out*. Say,

 Now let's work on the last part of SWAT: Talk It Out—Discuss Your Feelings, which is the "T." These are examples of how you might discuss your feelings about practicing safer sex. We will go around the group and I would like each of you to read aloud an example of a talk it out statement. When you say the statement, say it like you really mean it.

8. Go around the group and ask each student to read aloud an example from the chart until all the examples have been read. Encourage the students to make up their own examples as well.

## **NEGOTIATION AND REFUSAL SKILLS – CHART 4**


### **Talk it out**

Discuss your feelings.

#### **Examples**

- I feel like you don't really care about me when you pressure me like this.
- I'm not ready to have a baby. I would feel better if we use a condom.
- I'm glad you agreed to use condoms. I feel like you really care about me.
- You really turn me on when you touch me, but I won't have sexual intercourse without a condom.
- If you can't respect my feelings, then I'm prepared to end this relationship.
- Our future goals and dreams are more important than a moment of unsafe pleasure, so I'm glad we decided to use condoms.

9. Introduce the *Wrap It Up* DVD by saying,

 We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, the young woman wants to use condoms and the young man does not. Watch what happens, and take note of how they handle the situation, the things they say and how they say them, and be alert to the strategies she uses to convince him to use condoms.

10. Show the DVD, which is 6 minutes long.
11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the young woman use the SWAT Refusal and Negotiation Skills we talked about before? How?
  - Did she say no?
  - Did she offer an explanation?
  - Did she provide alternatives?
  - Did they talk it out?
  - Did you think that she had any difficulty? If so, what?
  - What were his concerns about using a condom?
  - What did she say to respond to his statements and concerns?
  - Was she ready to walk away from the relationship, if necessary?
  - Do you think that you could do that?
  - How could it have been handled differently?

13. Summarize as follows,

- It sounds like you are ready for the roleplays we will be doing shortly.

### **FACILITATOR'S NOTE**

You should determine the roles for the next roleplays before the activity begins. Having spent approximately 7 hours with this group, you will be able to assign the roles that best facilitate learning. All group members should participate.

## ACTIVITY

# B

## PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS: PART 1

### PREPARING FOR THE ACTIVITY

#### RATIONALE

This activity allows students guided practice for negotiating condom use with a partner in a controlled and safe environment. This practice increases their skills and feelings of confidence about condom negotiation and the likelihood that they will use these negotiation skills in real-life situations. Those not participating directly in the roleplay have the opportunity to identify helpful strategies and coach the actors.

#### MATERIALS

- Posters:
  - *Roleplay Guidelines*
  - *Observer Checklist*
  - *SWAT*
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- Handouts:
  - *Observer Checklist*
  - *Roleplays (A-C)*

#### TIME

25 minutes

### PROCEDURE

#### FACILITATOR'S NOTE

During the roleplay practice, students may roleplay sexual pressure situations with someone of a different or the same gender. This may be awkward for straight teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.

#### Here are some tips:

- Explain the situation in a matter-of-fact way. Let students know that they may be doing the roleplays with someone of a different or the same gender.
- Emphasize that they are playing roles. Doing the roleplay to practice the skill doesn't say anything about the sexual orientation of the people doing the roleplay or mean that anyone is expressing a real-life attraction toward the other person in the roleplay.
- Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and negotiate condom use to protect themselves. This will help ensure that they all get the most out of the roleplay activities.

1. Post the *Roleplay Guidelines* poster before starting this activity.


2. Begin this roleplay activity by saying,

 In a little while, we are going to roleplay some situations to practice using these techniques in pressure situations.

Try to incorporate everything you have learned so far. Be creative in your approach.

3. Ask students to define roleplaying.

4. After their responses, say,

 Right! Roleplaying is a technique that can help you learn what it feels like to be someone else or to practice how to handle a situation that is new, difficult or in some way stressful.

You should do your best to feel, sound and behave like the person you are roleplaying. You are trying to behave in a way that will help you and everyone else learn.

It is important to follow some guidelines when you do roleplays. Let's review them now.

5. Review each item on the *Roleplay Guidelines* poster. Remind the group to also use the *Negotiation and Refusal Skills Charts*.

### **ROLEPLAY GUIDELINES**


- Read your role carefully and think about how that person would really behave.
- Do your best to stay in character through the whole roleplay.
- Don't let comments and laughter distract you.
- Really try to feel and act like the person you are playing.
- Try things that you might not do ordinarily, just to see how it feels.

(continued)


(continued)

- Use SWAT:
  - » Say no; repeat it; use strong body language.
  - » Explain why you don't want to engage in unsafe behavior.
  - » Provide alternatives.
  - » Talk it out.

6. Distribute the *Observer Checklist* handout or have students turn to it in their workbooks and explain the following,

 This checklist will be used to critique the following roleplays just like we have been using the *Observer Checklist* poster. Put a "Y" in the box for each skill you see demonstrated in each roleplay and an "N" in the box for each skill that is NOT demonstrated.

7. If you don't have a co-facilitator, choose a group member to model Roleplay A with you (preferably someone who was identified in advance). You should play the role of Jamie, the person being pressured. The student should play the role of Taylor. Give the student the Roleplay A handout and a minute to think about the role.
8. Put two chairs in the middle of the group, angled toward each other and facing the *Negotiation and Refusal Skills Charts*.
9. Remind observers to use their *Observer Checklists* to critique Jamie.
10. Start by saying,

 The rest of you can coach us if we get stuck in the roleplay. Remember that no one says ALL the right things in every conversation. But we can always go back to our partners and say more about thoughts and feelings another time.



11. Read aloud the scenarios for both characters, then perform the roleplay.

## **ROLEPLAY A**

**Theme:** Loss of trust and sexual pleasure through condom use

**Observe:** Jamie Using SWAT

*(JAMIE and TAYLOR talking)*

### **Jamie**

You and your sexual partner (Taylor) are in your partner's living room with the lights down low and things are starting to get physical. You are trying to tell Taylor that you want to use protection, and Taylor is beginning to get angry. Taylor doesn't think sex will feel as good and does not want to use protection. But you want to use protection because you respect yourself. Your health is important to you and you want to protect yourself because you are worth it!


**Your task is to convince Taylor that sex can be just as pleasurable with condoms/dental dams.**

### **Taylor**

You and your partner (Jamie) are at your place and things are getting very intimate. Jamie is starting to talk about using protection and you are getting angry. Does Jamie think you have been sleeping around? You don't think using protection feels good and truly believe it will ruin the mood.

**Your task is to convince Jamie to have sex without protection.**

12. Review students' responses on the *Observer Checklist* by going over each item on the checklist. Encourage everyone, including the actors, to give input. Ask,

-  • Did Jamie use the SWAT technique?
- Did Jamie say no?
- Did Jamie explain why?
- Did Jamie provide alternatives?
- Did they talk it out?
- What could Jamie have done differently?

13. Continue to process the roleplay using the following questions,

- What methods/strategies did Jamie use to get the message across?
- Actors, what pressures were your characters feeling?
- Were there any misunderstandings or breakdowns in communication?
- Did these characters seem realistic to you?
- How would you have handled the situation differently?

14. Summarize Roleplay A by saying,

Condoms don't have to ruin sex. There are different techniques that can make condom use pleasurable and fun. It is important to talk about condom use ahead of time, before any touching or kissing begins. People have expectations in certain situations. If something happens that you don't like, tell your partner.

15. Give the assigned Roleplay B handout to the first pair of students or have them turn to it in their workbooks. Encourage the students to be themselves, but to also pretend as if this were a real situation for them.

16. Explain to the roleplay students,

You are using these roleplays to practice talking to a partner. I'll give you about a minute to read and decide how you will perform the roleplay.

17. Explain the following to everyone,

If, at any time, the players need help or the observers wish to move into a player's spot, raise your hands to signal me.

18. Tell observers which character to observe. (The character they should observe in each roleplay is underlined and described first.) In Roleplay B, the person is Justice. The goal of this roleplay is for Justice to be proud and responsible and resist pressure to have unsafe sex.

19. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

### FACILITATOR'S NOTE

After a few roleplays, students may no longer need the *Observer Checklist*, but you should continue to go over each skill.

20. Read aloud the scenarios for both characters in Roleplay B. Then have the players present the roleplay.

### FACILITATOR'S NOTE

Your job is to be sure that important issues are addressed and that students feel that they can effectively use their skills. Give suggestions and help as they need it. Do not allow disagreement to continue too long or for anti-condom roles to win.

You may wish to have students replay the roleplay again, having the audience help out, or play one of the roles yourself in order to show alternatives. What is important is that students practice communicating even when the situation is difficult. In real life, one of the hardest things to do is to fully explain yourself and be understood.

Students can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the students.

### ROLEPLAY B

**Theme:** Condom use versus partner trust

**Observe:** Justice using SWAT

*(JUSTICE and ANGEL talking)*

#### **Justice**

You have been going out with Angel for a while now and you want to talk about using condoms. You know Angel has had sex with other people, and you are concerned about pregnancy and STDs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

*(continued)*

(continued)

Angel may be offended because you're already using the pill for birth control, but you mention condoms anyway. You want to be with Angel, but only if you can be safer.

**Your task is to resist the temptation to have unsafe sex but still keep the relationship.**

### **Angel**

Your partner (Justice) just suggested that you start using condoms. You are already using the birth control pill and feel that Justice must think you are cheating if Justice is afraid to have sex with you without using a condom.

Your older sibling told you that you don't have to use condoms when you really love someone. You want to prove Justice trusts and cares about you by not using condoms.

**Your task is to try to convince Justice not to use condoms.**


21. Review the students' responses on the *Observer Checklist* by asking the following questions,

- Did Justice use the SWAT technique?
- Did Justice say no?
- Did Justice explain why?
- Did Justice provide alternatives?
- Did they talk it out?
- What could Justice have done differently?

22. Continue to process the roleplay using the following questions,

- Actors, what pressures were your characters feeling?
- Were there any misunderstandings or breakdowns in communication?
- Which decisions would you make in a situation like this?
- Do you know anyone who doesn't want a partner to use condoms?
- Would you risk losing your partner in order to protect yourself?

23. Summarize Roleplay B by saying,

 Relationships can be very complicated sometimes. Talking about condoms isn't always easy. Just remember, using condoms does not mean that you distrust your partner, it means that you care enough about yourself and your partner to make sure that you are *BOTH* protected.

24. Give the Roleplay C handout to the next pair of students or have them turn to it in their workbooks.
25. Tell observers which character to observe. In Roleplay C, the person is Jesse. The goal of this roleplay is for Jesse to be proud and responsible and resist pressure to have unsafe sex.
26. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.
27. Read aloud the scenarios for both characters in Roleplay C, and then have the players present the roleplay.

### **ROLEPLAY C**

**Theme:** Two friends talk about condom use

**Observe:** Jesse using SWAT

*(JESSE and CHRIS talking)*

#### **Jesse**

Your friend, Chris, is upset because a partner wants to use condoms. You have never used them either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about condoms.

Your partner dated other people before you and had sex with them. Your partner wasn't your first either. Now you understand how important it is to protect yourself and your partner by always using condoms.

While Chris is telling you all the reasons for not using condoms, you are trying to convince Chris that condoms are a good idea. Maybe you can get Chris to go to the clinic with you to get some condoms.

*(continued)*

(continued)

**Your task is to resist Chris's pressure to have unsafe sex and still keep your friend's respect.**

### **Chris**

Your partner told you that if you want to have sex you have to use condoms. The older kids say that "real men and women" don't wear condoms—They should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use a condom! Besides, you're already using birth control. And you're not worried about diseases because your partner is young.

Your friend, Jesse, wants to start using condoms because of some stupid class about HIV and AIDS. You can't respect Jesse if Jesse is not a "real woman/real man."

**Your task is to convince Jesse that condoms are a bad idea.**

28. Review the students' responses on the *Observer Checklists* asking the following questions,

- Did Jesse use the SWAT technique?
- Did Jesse say no?
- Did Jesse explain why?
- Did Jesse provide alternatives?
- Did they talk it out?
- What could Jesse have done differently?

29. Process the roleplay using the following questions,


- What kept Chris from using condoms?
- What are some of the consequences Chris could be facing for having intercourse without using condoms?
- What do you think convinced Jesse to start practicing safer sex?

(continued)

*(continued)*

- Was Jesse able to convince Chris? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms every time you have intercourse?

30. Summarize Roleplay C by saying,

 Once you make the decision to protect yourself, convince a friend to do the same. That way, you can both be protected and have some answers for the next friend who needs to know how to stay safer. Great Job everyone! We have more time to practice when we are together again.

# HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

## NEGOTIATION AND REFUSAL SKILLS – CHART 1A

### How to say “NO” effectively

#### Characteristics

- ▶ Use and repeat the word “no” often.
- ▶ Send a strong nonverbal “no” with your body language, e.g., use hand and body gestures to emphasize the point.
- ▶ Project a strong, serious tone of voice.
- ▶ Look directly at the person’s face and eyes.
- ▶ Stand straight and tall.
- ▶ Use a serious facial expression.
- ▶ Don’t send mixed signals.

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Posters (5 versions)

## OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
<b>S Said “NO”</b>	
▶ Refused to engage in unsafe behavior	Y/N
▶ Repeated refusal	Y/N
▶ Body language said “NO”	Y/N
<b>W Explained why</b>	
▶ Gave clear reasons	Y/N
<b>A Provided alternatives</b>	
▶ Suggested alternative actions	Y/N
<b>T Talked it out</b>	
▶ Discussed feelings and used language that protected the relationship	Y/N
Seemed prepared to leave a potentially unsafe situation	Y/N

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Poster & Handout/Student Workbook

## SWAT

### S = Say “NO”

Refuse the unsafe behavior.

### W = Explain why

Offer a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents negative reactions.

### A = Provide alternatives

Provide safe alternatives to show that you still want to be intimate and have a relationship with this person, as long as it can be safe.

### T = Talk it out

Talk openly about each other’s feelings to help the relationship grow and ease any tension.

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Poster & Handout/Student Workbook

## ROLEPLAY GUIDELINES

- ▶ Read your role carefully and think about how that person would really behave.
- ▶ Do your best to stay in character through the whole roleplay.
- ▶ Don’t let comments and laughter distract you.
- ▶ Really try to feel and act like the person you are playing.
- ▶ Try things that you might not do ordinarily, just to see how it feels.
- ▶ Use SWAT:
  - » **Say NO.** Repeat it. Use strong body language.
  - » Explain **why** you don’t want to engage in unsafe behavior.
  - » Provide **alternatives.**
  - » **Talk it out.**

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Poster



## HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

### ROLEPLAY A: JAMIE AND TAYLOR

**THEME:** Loss of trust and sexual pleasure through condom use

**OBSERVE:** Jamie using SWAT

*(JAMIE and TAYLOR talking)*

**JAMIE**

You and your sexual partner (Taylor) are in your partner's living room with the lights down low and things are starting to get physical. You are trying to tell Taylor that you want to use protection, and Taylor is beginning to get angry. Taylor doesn't think sex will feel as good and does not want to use protection. But you want to use protection because you respect yourself. Your health is important to you and you want to protect yourself because you are worth it!

*Your task is to convince Taylor that sex can be just as pleasurable with condoms/dental dams.*

**TAYLOR**

You and your partner (Jamie) are at your place and things are getting very intimate. Jamie is starting to talk about using protection and you are getting angry. Does Jamie think you have been sleeping around? You don't think using protection feels good and truly believe it will ruin the mood.

*Your task is to convince Jamie to have sex without protection.*

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**Making Proud Choices!** STUDENT WORKBOOK

19

Roleplays A–C (3 total)/Student Workbook



# 14

# MODULE

## ENHANCING REFUSAL AND NEGOTIATION SKILLS: PART 2

### GOALS

The goals of this module are to:

- Increase students' communication and negotiation skills regarding condom use.
- Enhance students' ability to resist situations that increase their risk for unplanned pregnancy, HIV and other STDs.

### LEARNING OBJECTIVES

After completing this module, students will be able to:

- Demonstrate body language and strategies for effectively saying no to unprotected sex.
- Identify strategies for negotiating safer sex with a sexual partner.
- Demonstrate the ability to negotiate condom use with a partner.
- Express pride about sticking to decisions that can help them to achieve their goals.

### MODULE PREVIEW

The fourteenth module: (1) provides an opportunity for students to practice condom negotiation skills; and (2) provides an opportunity for students to practice communication and negotiation skills with a partner.

### STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Talking Circle

**MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT**

- *SWAT* poster
- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *Roleplay Guidelines* poster
- Handouts or student workbooks:
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*

**MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT**

- None

**INSTRUCTIONAL TIME: 40 minutes**

<b>ACTIVITY</b>	<b>MINUTES NEEDED</b>
<b>A. Practicing and Enhancing Negotiation Skills:</b>	
<b>Unscripted Roleplays: Part 2</b> .....	<b>25</b>
<b>B. Talking to Your Partner About Condom Use —</b>	
<b>Information Review</b> .....	<b>5</b>
<b>C. Talking Circle</b> .....	<b>10</b>

# ACTIVITY

# A

# PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS: PART 2

## PREPARING FOR THE ACTIVITY

### RATIONALE

This activity allows students guided practice for negotiating condom use with a partner in a controlled and safe environment. This practice increases their skills and feelings of confidence about condom negotiation and the likelihood that they will use these negotiation skills in real-life situations. Those not participating directly in the roleplay have the opportunity to identify helpful strategies and coach those in the roleplay.

### MATERIALS


- Posters:
  - *Roleplay Guidelines*
  - *Observer Checklist*
  - *SWAT*
- Handouts:
  - *Observer Checklist*
  - *Refusal Skills Charts (1A, 1B, 2, 3, & 4)*
  - *Roleplays (D-E)*

### TIME


25 minutes

## PROCEDURE

1. Say,

 You have all learned so much in this program. I want to start with Roleplay D. Before we get started, who can remind us of the SWAT technique? (Point to hanging poster.)

2. Allow time for youth to answer. Then say,

 Very good. The SWAT technique has 4 steps. The first step, "S" stands for "Say 'NO' Effectively." The second step, "W" means "Explain Why." "A", the third step, is to provide alternatives. Lastly, "T" is to "Talk It Out." Let's spend more time practicing the SWAT technique by starting with Roleplay D.

3. Give the Roleplay D handout to the next pair of students or have them turn to it in their workbooks.
4. Tell observers which character to observe. In Roleplay D, the person is Devon. The goal of this roleplay is for Devon to be proud and responsible and resist pressure to have unsafe sex.
5. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

6. Read aloud the scenarios for both characters, and then have students present the roleplay.

## **ROLEPLAY D**

**Theme:** Initiating use of protection in an existing relationship

**Observe:** Devon using SWAT

*(DEVON and JADON talking)*

### **Devon**

You and your partner, Jadon, have been sexually active for a while. However, you have just completed a program called *Making Proud Choices!* You are thinking about the things you didn't know and the things that concern you. You think about your own behaviors. You think about Jadon's past sexual life and your own past sexual life. And now you begin to worry because you and your partner have been sexually active without using protection. Now you want to use protection. You know Jadon is stubborn and gets jealous very easily. You are afraid to say that you are concerned about HIV because Jadon might believe you are cheating, or even go and find a new partner.

You decide to tell Jadon about the program and all the important information you learned and that you want to use protection if you have sex again. When Jadon arrives, you are looking at the information about STD protection that was given to you at the program.

***Your task is to convince Jadon that you want to be proud and responsible and use protection.***

### **Jadon**

You have never used a condom or dental dam and don't want to. You have been having sex with Devon for a while now and have never used protection before. You believe that if Devon suddenly wants to use protection, then Devon must be cheating on you. You also believe that condoms/dental dams are not natural and sex won't feel as good if you use them.

***Your task is to convince Devon not to use condoms.***

7. Review the groups' responses on the *Observer Checklist* by going over each item on the checklist. Include input from the actors as well. Ask the following questions,

 • Did Devon use the SWAT technique?


- Did Devon say no?
- Did Devon explain why?
- Did Devon provide alternatives?
- Did they talk it out?
- What could Devon have done differently?

8. Continue to process the roleplay using the following questions,

 • What methods/strategies did Devon use to get the message across?

- Actors, what pressures were your characters feeling?
- Were there any misunderstandings or breakdowns in communication?
- How would you have practiced safer sex differently in that situation?

9. Summarize Roleplay D by saying,

 **Condoms don't make a person weak. They don't have to ruin sex. There are different techniques that can make condom use pleasurable and fun. The bottom line is you should take responsibility and be comfortable and confident in your choice to be safer.**

10. Give the Roleplay E handout to the next pair of students or have them turn to it in their workbooks.
11. Tell observers which character to observe. In Roleplay E, the person is Alex. The goal of this roleplay is for Alex to be proud and responsible and resist pressure to have unsafe sex.
12. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

13. Read aloud the scenarios for both characters and then have students present the roleplay.

## **ROLEPLAY E**

**Theme:** Possible loss of partner through condom use

**Observe:** Alex using SWAT

*(ALEX and CASEY talking)*

### **Alex**

You have been dating Dominique for a few months. You really like Dominique and think this might be serious. You have decided to have sex, but you really want to use condoms.

Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might lose the relationship.

You know Dominique has never used condoms before but you won't have sex without a condom. Besides, you learned how to make condoms feel better.

***Your task is to resist Casey's pressure, but not lose the friendship. You think Casey should be using condoms too.***

### **Casey**

You and your close friend (Alex) are going out with Chase and Dominique, who are also friends and a few years older than you.

You and Chase have had sex a couple of times and never used a condom. You think you might lose Chase if you ask to use a condom.

Your friend, Alex, is getting very close to having intercourse with Dominique. They're using birth control, but also want to use condoms.


You tell Alex that sex feels much better without condoms (even though you've never tried them).

You're afraid that if Alex insists on using a condom, Alex might lose Dominique.


***Your task is to try to convince Alex to have sex without using a condom.***




14. Review the group's responses on the *Observer Checklist* by asking,

-  • Did Alex use the SWAT technique?
- Did Alex say no?
- Did Alex explain why?
- Did Alex provide alternatives?
- Did they talk it out?
- What could Alex have done differently?

15. Process the roleplay using the following questions,

-  • What strategy did Alex use to continue to be safer?
- Actors, what pressures were your characters feeling?
- Would anyone have handled this situation differently?
- Did the roleplay seem realistic to you?


16. Summarize Roleplay E by saying,

 If you value and care about your best friend, you should help your friend make safer decisions. You can even teach your friend how to make condoms pleasurable.

17. Repeat any of the more successful roleplays, A–E, if time allows, using different students to show how similar situations can be handled in different ways.

18. Remind observers to continue to use the *Observer Checklist*.

19. Summarize by saying,

 **Wow! You have really learned a lot in this program. Your roleplays show that you have picked up quite a few skills also. I hope that you remember and use your knowledge and skills whenever the need arises.**

**It doesn't matter if a relationship is between a man and a woman, two women or two men. All couples have to communicate and negotiate. And all couples who have decided to have sex must take steps to avoid negative consequences, regardless of their sexual orientation. In a healthy relationship and when you really care about your partner, it's usually easier to talk about safer sex. It's important to choose relationships where both parties care about each other's goals, health and values.**

**Remember to be proud, be responsible and make proud choices because the choices that you make now can help you reach your goals for the future.**

## ACTIVITY

# B

## TALKING TO YOUR PARTNER ABOUT SAFER SEX— INFORMATION REVIEW

### PREPARING FOR THE ACTIVITY

#### RATIONALE

This activity provides tips and encouragement for applying the communication and negotiation skills that have been learned thus far, with the hope of ensuring that the knowledge, positive attitudes and skills will translate into behavior.

#### MATERIALS


None

#### TIME

5 minutes


### PROCEDURE

1. Remind students that using condoms (and/or dental dams) is an expression of responsibility for yourself and of pride in your own decisions. Say,

 There is no doubt that using condoms and other protection is a good idea because they make sex safer. It is important to choose latex or polyurethane/polyisoprene condoms and use them correctly.

You may have to overcome your partners' reluctance. But, if you choose to have vaginal, anal or oral sex, using a condom (or dental dam) is the first and most important step.

2. Ask students to brainstorm some suggestions that would make talking to a partner about using condoms easier. (No need to record their responses). Supplement their answers with the following:

 • Think about what you want to say ahead of time. Sort out your own feelings about using condoms and other protection before you talk with your partner.

- Choose a time to talk before anything sexual happens. Getting things clear before you have sex means you will both be prepared and relaxed.
- Decide how you want to start the conversation. You might say, "I need to talk with you about something

*(continued)*

*(continued)*

that is important to both of us," or "I've been hearing a lot lately about safer sex. Have you ever tried condoms?" or "I feel kind of embarrassed, but I care too much about you not to talk about this."

- The best time to discuss protection is before the first kiss, and certainly before any touching below the waist.
- Once you both agree to use condoms, do something positive and fun. Go to the store together. Buy lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you'll use all of those condoms can be a turn-on.

3. Ask students to brainstorm ways to avoid becoming pregnant or infected with HIV or another STD. (No need to record their responses.) Supplement their answers with the following:

- Practice safer sex (use latex or polyurethane/polyisoprene condoms/dental dams).
- Talk to your sexual partner about pregnancy, HIV and other STDs.
- Insist on using a condom/protection whenever you have sex.
- If you can get pregnant, use an effective method of birth control (IUD, implant, shot, pill, patch or ring).
- Educate yourself about unplanned pregnancy, HIV and other STDs.
- Ask about your partner's sexual and drug use history.

4. Reinforce tips for consistent condom use by saying,

- Protect yourself and your partner by:
  - Using a latex or polyurethane/polyisoprene condom every time you have vaginal, oral or anal intercourse.
  - Keeping a supply of condoms on hand.
  - Getting used to condoms, so they seem natural and fun.

5. Summarize what they learned from the program's activities as follows,

 We've covered a lot of information in this program. However, I want you to remember 5 very important things:

1. Unplanned pregnancy, HIV and other STDs are consequences of unprotected sex that can sometimes make it harder to reach your future goals and can also harm your health.
2. Whatever you've had to overcome in life, you can use that strength to make proud and responsible choices to avoid these consequences.
3. Even if you've had sex in the past, you can choose to abstain from sexual intercourse at this point in your life.
4. If you're going to have sex, that choice comes with the responsibility to use protection—condoms and/or dental dams to prevent HIV and other STDs, and effective birth control to prevent pregnancy.
5. Strive to have healthy relationships. Choose to be with someone who cares about your goals and your health. Talk about using protection at a calm time and don't wait until just before or during sex.

# ACTIVITY

# TALKING CIRCLE

## C

### PREPARING FOR THE ACTIVITY

#### RATIONALE

This activity provides students a sense of closure to the program.

#### MATERIALS

None

#### TIME

10 minutes

### PROCEDURE

1. Ask the students to form a tight circle with their chairs.
2. Ask each student to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the students for their attendance and let them know how much you enjoyed working with them.
4. Summarize the activity by saying,

Those were good responses. I am very proud of each and every one of you. Thank you for being part of this program. Now you can teach your friends and family what you've learned here.

I have faith that you're going to make the proud and responsible choice to always practice safer sex whenever you decide to have intercourse with someone.

Remember, practicing safer sex is the proud and responsible choice to make and will help you achieve your dreams.

## HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

### ROLEPLAY D: DEVON AND JADON

**THEME:** Initiating use of protection in an existing relationship

**OBSERVE:** Devon using SWAT

*(DEVON and JADON talking)*

#### DEVON

You and your partner, Jadon, have been sexually active for a while. However, you have just completed a program called *Making Proud Choices!* You are thinking about the things you didn't know and the things that concern you. You think about your own behaviors. You think about Jadon's past sexual life and your own past sexual life. And now you begin to worry because you and your partner have been sexually active without using protection. Now you want to use protection. You know Jadon is stubborn and gets jealous very easily. You are afraid to say that you are concerned about HIV because Jadon might believe you are cheating, or even go and find a new partner.

You decide to tell Jadon about the program and all the important information you learned and that you want to use protection if you have sex again. When Jadon arrives, you are looking at the information about STD protection that was given to you at the program.

*Your task is to convince Jadon that you want to be proud and responsible and use protection.*

#### JADON

You have never used a condom or dental dam and don't want to. You have been having sex with Devon for a while now and have never used protection before. You believe that if Devon suddenly wants to use protection, then Devon must be cheating on you. You also believe that condoms/dental dams are not natural and sex won't feel as good if you use them.

*Your task is to convince Devon not to use condoms.*

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**Making Proud Choices!** STUDENT WORKBOOK

Roleplays D-E (2 total)/Student Workbook

### SWAT

#### S = Say "NO"

Refuse the unsafe behavior.

#### W = Explain why

Offer a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents negative reactions.

#### A = Provide alternatives

Provide safe alternatives to show that you still want to be intimate and have a relationship with this person, as long as it can be safe.

#### T = Talk it out

Talk openly about each other's feelings to help the relationship grow and ease any tension.

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Poster

### NEGOTIATION AND REFUSAL SKILLS – CHART 1A

#### How to say "NO" effectively

##### Characteristics

- ▶ Use and repeat the word "no" often.
- ▶ Send a strong nonverbal "no" with your body language, e.g., use hand and body gestures to emphasize the point.
- ▶ Project a strong, serious tone of voice.
- ▶ Look directly at the person's face and eyes.
- ▶ Stand straight and tall.
- ▶ Use a serious facial expression.
- ▶ Don't send mixed signals.

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### NEGOTIATION AND REFUSAL SKILLS – CHART 1B

#### Examples of a strong "NO"

##### Examples

- ▶ No! I'm not ready to have sex yet!
- ▶ No! I won't have sex without a condom!
- ▶ No! I don't want to touch you there!
- ▶ No! Stop touching me like that!
- ▶ No! Stop trying to unbutton my pants!
- ▶ No! I'm not going to have sex with you!
- ▶ No! I really mean "NO"!
- ▶ No! I want to protect myself. We have to use a condom.

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# HANDOUTS AND POSTERS FOR FACILITATOR REFERENCE

## NEGOTIATION AND REFUSAL SKILLS – CHART 2

### Explain why

Give clear reasons to support your choice.

#### Examples

- ▶ I want to protect myself with a condom every time I have sex.
- ▶ No, I won't risk my future goals by having unprotected sex.
- ▶ Condoms help prevent unplanned pregnancy, and STDs or HIV infection.
- ▶ I am not ready to be a parent yet.

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## NEGOTIATION AND REFUSAL SKILLS – CHART 3

### Provide alternatives

Suggest another action.

#### Examples

- ▶ Let's go buy some condoms right now.
- ▶ Let's get out of the bedroom. It makes me feel uncomfortable.
- ▶ If you're willing to use a condom, then we can have sex.
- ▶ Let's do something else that will feel good for both of us, since we don't have a condom.
- ▶ Let's go get something to eat.
- ▶ Let's go see a movie.

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## NEGOTIATION AND REFUSAL SKILLS – CHART 4

### Talk it out

Discuss your feelings.

#### Examples

- ▶ I feel like you don't really care about me when you pressure me like this.
- ▶ I'm not ready to have a baby. I would feel better if we use a condom.
- ▶ I'm glad you agreed to use condoms. I feel like you really care about me.
- ▶ You really turn me on when you touch me, but I won't have sexual intercourse without a condom.
- ▶ If you can't respect my feelings, then I'm prepared to end this relationship.
- ▶ Our future goals and dreams are more important than a moment of unsafe pleasure, so I'm glad we decided to use condoms.

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## OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
<b>S Said "NO"</b>	
▶ Refused to engage in unsafe behavior	Y/N
▶ Repeated refusal	Y/N
▶ Body language said "NO"	Y/N
<b>W Explained why</b>	
▶ Gave clear reasons	Y/N
<b>A Provided alternatives</b>	
▶ Suggested alternative actions	Y/N
<b>T Talked it out</b>	
▶ Discussed feelings and used language that protected the relationship	Y/N
Seemed prepared to leave a potentially unsafe situation	Y/N

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Poster & Handout/Student Workbook



**ROLEPLAY GUIDELINES**

- ▶ Read your role carefully and think about how that person would really behave.
- ▶ Do your best to stay in character through the whole roleplay.
- ▶ Don't let comments and laughter distract you.
- ▶ Really try to feel and act like the person you are playing.
- ▶ Try things that you might not do ordinarily, just to see how it feels.
- ▶ Use SWAT:
  - » **Say NO.** Repeat it. Use strong body language.
  - » Explain **why** you don't want to engage in unsafe behavior.
  - » Provide **alternatives**.
  - » **Talk it out.**

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# **Making Proud Choices! School Edition**

**FIFTH EDITION**

**APPENDIXES**



# A

# APPENDIX

## ADDITIONAL ACTIVITIES (ROLEPLAYS, GAMES, PUBERTY, HEALTHY RELATIONSHIPS, SEXUALITY 411)

The information in the sections that follow should be viewed as supplemental. The authors encourage use of these sections when attempting to address issues and needs that may emerge in the group.

Appendix A provides additional roleplays that integrate safer sex and varying sexual orientations. Two games: HIV/STD Jeopardy and Survivor have also been provided as alternatives to AIDS Basketball. There are also several activities provided to cover basic information about puberty, healthy relationships and other sexuality-related topics.

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## OPTIONAL ACTIVITY

## ADDITIONAL ROLEPLAY SITUATIONS/SAFER SEX

### FACILITATOR'S NOTE

The following roleplays are additional situations that you might wish to use during the roleplay activity.

#### **ROLEPLAY I: TARYN AND TANYA**

**Theme:** Two females; STD/HIV concerns in a lesbian relationship; safer oral sex

**Observe:** TARYN using SWAT

#### **Taryn**

You have just started your first sexual relationship with Tanya.

The two of you have engaged in oral sex and have not used latex barriers.

You are not sure if two women involved in a sexual relationship have to worry about STDs, including HIV.

You want to use a latex barrier with Tanya but you are not sure how she will react.

**Your role:** Convince Tanya to use a latex barrier when you have sex.

#### **Tanya**

You and Taryn have been intimate for 2 weeks.

You have never used a latex barrier with her or any of your partners.

You have never thought about STDs or HIV.


*(continued)*

*(continued)*

You hope Taryn doesn't want to use dental dams or any other latex barrier.

You don't want to use a latex barrier because you think it interferes with the feeling.

Summarize Roleplay I by saying,

 Communication is the most important aspect of any relationship no matter what your sexual orientation. The more knowledge and understanding you have, the better able you are to protect yourself. Remember if you are going to have oral sex, you need to use a latex barrier.

---

 **ROLEPLAY II: ALONZO AND WILL**

**Theme:** Two males; HIV, and condom use

**Observe:** ALONZO using SWAT

**Alonzo**

You have slept with Will three times already, always unprotected.

You have goals and dreams for the future and you want to use condoms.

**Your role:** Get Will to agree that condoms need to be used when you are both having sex.

**Will**

You and Alonzo have just started being sexually intimate.


You have not used a condom during sex because you think you are too young to get HIV. You think only older guys get HIV; and that young ones are safe.

You are not interested in using condoms until you are older.

You think that condoms ruin the mood and interfere with the pleasure of having sex.

You also know that Alonzo has a serious girlfriend.

Summarize Roleplay II by saying,

 People are at risk for HIV infection regardless of whether they are straight, gay or bisexual, young or old. Remember that, if you are going to have sex, using a condom is the only sure way to reduce the risk of contracting STDs like HIV.

*Note:* The CDC considers anal sex a high-risk behavior with or without a condom, but people who do engage in anal sex can reduce the risk of HIV and other STDs by using condoms with lots of water-based lubrication.

---

### **ROLEPLAY III: MIKE AND GEOFF**

**Theme:** Two males seeking advice from a friend about condom use

**Observe:** MIKE using SWAT

#### **Mike**

You know Geoff and his girl are about to have sex.

You also know Geoff does not use condoms.

You know it is important to use condoms every time you have sex in order to reduce your risk of getting infected with an STD, like HIV, and reducing the chance of an unplanned pregnancy.

You want your friend to use condoms every time he has sex.

**Your role:** Convince Geoff of the importance of condoms.

#### **Geoff**

You and your girlfriend are getting really close to having sex.


You don't want to get her pregnant but you don't like condoms, so you plan to pull out.

Mike is coming over to hang out.

You can't wait to tell him about your plans to have sex with your girl.



Summarize Roleplay III by saying,

 It is important that you teach your friends information about HIV and other STDs, pregnancy prevention and condoms. Talk to your friends about using condoms and being safer. Show your friends that protecting yourself is important and that they should do the same.

---

### **ROLEPLAY IV: SAM AND CHARLIE**

**Theme:** One partner wants to use condoms; they discuss other options

**Observe:** SAM using SWAT

#### **Sam**

You and Charlie have been dating for 6 months and have talked about having sex.

Charlie has never used condoms.

You don't want to have sex without condoms.

You think that Charlie will be mad if you initiate a conversation about condoms. But you won't have sex without using them.

After school you talk to Charlie about using condoms.

**Your role:** Convince Charlie to use condoms when you have sex.

#### **Charlie**

You have been dating Sam for 6 months.


You are in love and want to have sex without using condoms.

You are tired of talking about them and none of your friends use them.

You really care for Sam, but you have never used condoms before and are embarrassed to tell anyone that you don't know how.

Sam wants to talk after school.

Summarize Roleplay IV by saying,

 It is important to talk about your decision to have safer sex or abstain before the moment arrives. Be confident in your decision. Remember, the only way to be 100 percent sure that you have not contracted HIV through sexual contact is to abstain from sex. However, if you choose to have sex, you must make proud choices and use condoms.

# OPTIONAL ACTIVITY

# HIV/STD JEOPARDY

## PREPARING FOR THE ACTIVITY

### RATIONALE

Using a familiar game format that is popular and fun will enhance student learning of HIV-related facts and/or serve as a review of the facts.

### MATERIALS

- HIV/STD Jeopardy Questions
- Board for keeping score

### TIME

15 minutes

*(Note: An alternative activity to AIDS basketball)*

## PROCEDURE


1. Explain that the activity will reinforce information covered so far. It is a game called HIV/STD Jeopardy.

### FACILITATOR'S NOTE

Explain that in the real game of Jeopardy, the contestants receive an answer and must come up with the correct question. In HIV/STD Jeopardy, students will be asked a question and then must come up with the correct answer.

2. Divide the group into two teams.
3. One person from each team chooses a category and a point value. If he or she gets the correct answer, the team receives the points. If not, the other team has the opportunity to confer and reply and earn the points.
4. The next team has the chance to choose a category and a point value. The game continues until the board is cleared and the game is over. The team with the highest amount of points wins the game.
5. Have someone keep score on a sheet of paper or on the board.

6. At the end of the game say,

 **WOW! What a game! You all remembered a lot of the information. The important thing to remember is that you have learned lots of strategies in this program to help keep yourselves safer. I hope you enjoyed it and learned a lot.**

# HIV/STD JEOPARDY QUESTIONS

## HIV FACTS

**\$100**

**What does AIDS stand for?**

- Acquired immunodeficiency syndrome

**\$200**

**What is HIV?**

- The virus that causes AIDS

**\$300**

**Who can get HIV?**

- Anyone. It's not who you are but what you do. People are not high risk, but their behaviors may be.

**\$400**

**What system does HIV affect?**

- The immune system

**\$500**

**What happens to a person with HIV that usually does not occur in people with a healthy immune system?**

- They acquire certain rare diseases.

## STD FACTS

**\$100**

**What does STD stand for?**

- Sexually transmitted disease

**\$200**

**Name 3 STDs.**

- Syphilis, HPV, herpes, gonorrhea, trichomoniasis, chlamydia, HIV, hepatitis B

**\$300**

**Name 2 symptoms of STDs.**

- Burning when urinating, discharge from penis/vagina, sores, bumps, itching, rash. Sometimes there are no symptoms.

**\$400**

**What is the difference between an STD that is caused by a bacteria and an STD that is caused by a virus?**

- Bacterial STDs can be treated and cured. Viral STDs cannot be cured, just treated.

**\$500**

**What happens if a person does not get treated for an STD?**

- It leads to other health problems, such as pelvic inflammatory disease, sterility, blindness, death.

## PREVENTION

**\$100**

**What are two ways to prevent HIV transmission?**

- Abstinence, condoms, not sharing needles

**\$200**

**What is the only birth control method besides abstinence that also offers protection against HIV?**

- A latex or polyurethane/polyisoprene condom (male or female)

**\$300**

**Name two high-risk behaviors.**

- Unprotected anal, oral or vaginal sex, sharing needles

**\$400**

**What is the most certain way to avoid contracting HIV or another STD?**

- Practice abstinence

**\$500**

**What are some safer sexual behaviors (that won't transmit HIV)?**

- Cuddling, massage, masturbation, fantasy

## TRANSMISSION

**\$100**

**Name two ways that HIV is transmitted.**

- Unprotected sex, sharing needles, from mother to fetus during pregnancy or childbirth, from mother to child through breast-feeding

**\$200**

**What are two ways you cannot contract HIV?**

- Sharing drinking glasses, touching, sitting in a classroom together, toilet seats, other casual contact

**\$300**

**Name two body fluids that can transmit HIV.**

- Blood, semen, vaginal secretions, rectal fluids, breast milk

**\$400**

**How were most children with HIV infected?**

- From mother to fetus during pregnancy, at birth, or through breast milk

**\$500**

**Why is early treatment for HIV important?**

- There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. If people with HIV remain in medical care and continue to take the medicines to keep low viral loads, they can live long, healthy lives.



## CONDOMS

**\$100**

**What material should condoms be made of to help protect against HIV and other STD infection?**

- Latex, polyurethane or polyisoprene

**\$200**

**What should you put on a condom during vaginal or anal intercourse?**

- Water-based lubricant, such as K-Y Jelly or Astroglide

**\$300**

**What type of lubricant should never be used with male condoms?**

- Oil-based, such as Vaseline or baby oil

**\$400**

**Who buys almost half of all condoms sold in the U.S.?**

- Women

**\$500**

**When do you remove a used male condom?**

- After ejaculation, but before the penis gets soft

## CONDOM USE KNOWLEDGE

(TRUE OR FALSE)

**\$100**

**Condoms can be reused.**

- FALSE

**\$200**

**The penis should be erect (hard) when the condom is put on it.**

- TRUE

**\$300**

**The condom should be completely unrolled before it is placed on the penis.**

- FALSE

**\$400**

**When a condom is placed on the penis some space should be left at the tip of the condom.**

- TRUE

**\$500**

**To remove a condom after sex, grasp the tip and remove it gently but swiftly.**

- FALSE

**EXTRA**

**\$600**

**Storing or carrying condoms in a hot or warm place can destroy their effectiveness?**

- TRUE

# OPTIONAL ACTIVITY

# HIV/STD SURVIVOR

*(Note: An alternative activity to AIDS basketball)*

## PREPARING FOR THE ACTIVITY

### RATIONALE

Using a familiar game format that is popular and fun will enhance student learning of HIV-related facts and/or serve as a review of the facts.

### MATERIALS

- HIV/STD Survivor Questions
- Paper
- Markers

### TIME

15 minutes


## PROCEDURE

1. Explain that the activity will reinforce information covered so far. It is a game called HIV/STD Survivor.


### FACILITATOR'S NOTE

Explain that in the real game of Survivor, the student who remains in the game until the end is the winner. In HIV/STD Survivor, the team with the most survivors is the winner.

2. Hand each student a sheet of paper.
3. Divide the class into teams. Each team should have an equal number of students.
4. Read the following directions.

 I will need one member from each team to come to the front of the room. I am going to ask a question. Each person at the front of the room should answer the question on the sheet provided. You will have 15 seconds. If you get the correct answer, the next member of the team should come to the front. If you are unsure of the answer, you can poll your team. Each team can only do this twice during the game. If you answer incorrectly, you are eliminated and the next team member comes to the front, ready to play.

5. The game continues until each team member has come to the front of the room, at least once. The team with the most survivors wins.
6. Have someone keep a record of which teams used the "Ask for Help" option. Remember each team can only do this twice during the game.
7. At the end of the game say the following,

 **WOW! What a game! You all remembered a lot of the information. The important thing to remember is that HIV and other STDs can be prevented. The key is to use the strategies you learned in this program. I hope you enjoyed the game and learned a lot.**

# HIV/STD SURVIVOR QUESTIONS

## HIV FACTS

### **What does AIDS stand for?**

- Acquired immunodeficiency syndrome

### **What is HIV?**

- The virus that causes AIDS

### **Who can get HIV?**

- Anyone. It's not who you are but what you do. People are not high risk, but their behaviors may be.

### **What system does HIV affect?**

- The immune system

### **What happens to a person with HIV that usually does not occur to people with a healthy immune system?**

- They acquire certain rare diseases.

## STD FACTS

### What does STD stand for?

- Sexually transmitted disease

### Name 3 STDs.

- Syphilis, HPV, herpes, gonorrhea, chlamydia, trichomoniasis, HIV, hepatitis B

### Name 2 symptoms of STDs.

- Burning when urinating, discharge from penis/vagina, sores, bumps, itching, rash. Sometimes there are no symptoms.

### What is the difference between an STD that is caused by a bacteria and an STD that is caused by a virus?

- Bacterial STDs can be treated and cured. Viral STDs can not be cured, just treated.

### What happens if a person does not get treated for an STD?

- It leads to other health problems, such as pelvic inflammatory disease, sterility, blindness, death.

## PREVENTION

**What are two ways to prevent HIV transmission?**

- Abstinence, using condoms, not sharing needles

**What is the only birth control method besides abstinence that also offers protection against HIV?**

- A latex, polyurethane or polyisoprene condom (male or female)

**Name two high-risk behaviors.**

- Unprotected anal, oral or vaginal sex, sharing needles

**What is the most certain way to avoid contracting HIV or another STD?**

- Practice abstinence

**What are some safer sexual behaviors (that won't transmit HIV)?**

- Cuddling, massage, masturbation, fantasy

## TRANSMISSION

**Name two ways that HIV is transmitted.**

- Unprotected sex, sharing needles, from mother to fetus during pregnancy or birth, from mother to child through breastfeeding

**What are two ways you cannot contract HIV?**

- Sharing drinking glasses, touching, sitting in a classroom together, toilet seats, other casual contact

**Name two body fluids that transmit HIV.**

- Blood, semen, vaginal secretions, rectal fluids, breast milk

**How were most children with HIV infected?**

- From mother to fetus during pregnancy, at birth, or through breast milk

**Why is early treatment for HIV important?**

- There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. If people with HIV remain in medical care and continue to take the medicines to keep low viral loads, they can live long, healthy lives.



# CONDOMS

**What material should condoms be made of to help protect against HIV and other STD infection?**

- Latex, polyurethane or polyisoprene

**What should you put on a condom during vaginal or anal intercourse?**

- Water-based lubricant, such as K-Y Jelly or Astroglide

**What type of lubricant should never be used with male condoms?**

- Oil-based, such as Vaseline or baby oil

**Who buys almost half of all condoms sold in the U.S.?**

- Women

**When do you remove a used male condom?**

- After ejaculation, but before the penis gets soft

## CONDOM USE KNOWLEDGE

(TRUE OR FALSE)

**Condoms can be reused.**

- FALSE

**The penis should be erect (hard) when the condom is put on it.**

- TRUE

**The condom should be completely unrolled before it is placed on the penis.**

- FALSE

**When a condom is placed on the penis some space should be left at the tip of the condom.**

- TRUE

**To remove a condom after sex, grasp the tip and remove it gently but swiftly.**

- FALSE

**Storing or carrying condoms in a hot or warm place can destroy their effectiveness?**

- TRUE

# OPTIONAL ACTIVITY

# PUBERTY AND ADOLESCENT SEXUAL DEVELOPMENT DISCUSSION

## PREPARING FOR THE ACTIVITY

### RATIONALE

Having the students review the physical and emotional aspects of puberty and sexual development will give them a better understanding of their growth and development.

### MATERIALS

- *Physical Changes of Puberty* poster

### TIME

20 minutes

## PROCEDURE

1. Introduce the activity by saying,

Today we will be discussing puberty and adolescent sexual development. Some tips on proper hygiene will also be discussed.

2. Ask the students what comes to mind when they think of the word *puberty*.
3. Define puberty:

Puberty is the period in human life when an individual first becomes capable of sexual reproduction. Many physical and emotional changes begin to take place within the body.

4. Display the *Physical Changes of Puberty* poster.

# PHYSICAL CHANGES OF PUBERTY

## FOR GIRLS

Breasts develop

Underarm hair

Pubic hair

Height increases

Weight increases

Menstruation

Acne (pimples)

Sweat more actively

Voice changes

Pubic hair

Other body hair

Muscles develop



## FOR BOYS

Breasts swell (slightly)

Underarm hair\*

Facial hair

Testes, scrotum, penis develop

Sperm production

Acne (pimples)

Sweat more actively\*

Voice changes

Pubic hair

Other body hair  
(legs, arms, chest, face)

Muscles develop



\*Same for girls and boys

5. Review the contents of the poster by asking the following questions. Remind the students that they can use the poster to answer the questions.

- What are the physical changes of puberty for girls? (*Answers: breasts develop, underarm hair, hips develop, body fills out, menstruation, acne, sweat more actively, voice changes, pubic hair, other body hair, muscles develop*)
- What are the physical changes of puberty for boys? (*Answers: breasts swell (slightly), underarm hair, facial hair, testes, scrotum, penis develops, sperm production, acne, sweat more actively, voice changes, pubic hair, other body hair, muscles develop*)
- At what age do you think puberty usually begin for girls? (*Answer: As early as 9 or as late as 16*)
- At what age do you think puberty usually begin for boys? (*Answer: As early as 9 or as late as 16*)

### FACILITATOR'S NOTE

It is very important to discuss the wide variation of ages when puberty can begin and progress. Girls generally begin puberty earlier than boys.

Puberty can begin as early as age 9 or as late as age 16 and still be completely normal.

6. Now say,


Let's talk about the emotional changes associated with puberty that young people experience as they become teenagers.

What are some of the emotional changes that teenagers go through?

#### Answers:

- » Need for independence, desire to be accepted by peers, rebellion against authority, mood swings, insecurities about changes, excitement about changes, hopes and dreams for the future

7. Introduce hygiene by saying :

 Another part of adolescent development is proper hygiene.

8. Ask the following questions. Use the information under the questions to provide information during your discussion.

 Can you think of some hygiene needs for girls during puberty?

**Answers include:**

- » Wipe from front to back after using the bathroom.
- » Wear cotton underwear.
- » Avoid tight jeans or pants that can cause irritation and infection.
- » Change tampons/pads frequently when menstruating.
- » Do not douche or use feminine hygiene products because they can cause irritation and infection. Vaginas are self-cleaning; they are not dirty.
- » Wash daily, using underarm deodorant.
- » Wash face gently with mild soap.
- » Don't touch your face often.
- » Don't pop or squeeze pimples.
- » If your skin is oily, use an astringent to dry it out, but don't overuse it. Your skin may react by producing even more oil!
- » Drink lots of water, eat well, and get lots of rest.

 Can you think of some hygiene needs for boys during puberty?

**Answers include:**

- » Wash carefully under foreskin (if applicable).
- » Avoid tight jeans—they aren't good for keeping testes cool, which is necessary for good sperm production.

- » Wash daily, using underarm deodorant.
- » Wash face gently with mild soap.
- » Don't touch your face often.
- » Don't pop or squeeze pimples.
- » If your skin is oily, use an astringent to dry it out, but don't overuse it. Your skin may react by producing even more oil!
- » Drink lots of water, eat well, and get lots of rest.

 **Do we see anything in common for boys and girls regarding hygiene?**

**Answers:**

- » Wash daily, using underarm deodorant.
- » Wash face gently with mild soap.
- » Don't touch your face often.
- » Don't pop or squeeze pimples.
- » If your skin is oily, use an astringent to dry it out, but don't overuse it. Your skin may react by producing even more oil!
- » Drink lots of water, eat well, and get lots of rest.

 **Why do many teens have perspiration odors and get pimples?**


**Answer:**

- » They have increased sweat production, increased oil production, and are experiencing hormone changes, which make it easier for bacteria to grow. Body odor is caused when bacteria grow in warm, moist areas. Therefore, teens should wash daily and use deodorant and powder.

 **• Do adolescents care about their appearance? (YES) Why?**

- Do they care about their hair, body odor, breath and clothes?
- Do you care about these things for yourself?
- What do you do about them?
- What does this have to do with your health?

9. Summarize by saying,

 It is very important to know the wide range of ages when puberty can begin and progress. Girls generally begin puberty earlier than boys. Puberty can begin as early as age 9 or as late as age 16 and still be completely normal. The proud and responsible thing to do is know your body and take care of it. Respect and protect it. You won't get another one.



# OPTIONAL ACTIVITY

# HEALTHY RELATIONSHIPS

## PREPARING FOR THE ACTIVITY

### RATIONALE

By identifying characteristics of healthy and unhealthy relationships, students will be able to distinguish the differences. Many teens aren't clear about behaviors that are unhealthy in relationships, believing for example, that extreme jealousy is normal and a sign of love.

### MATERIALS


- Markers
- Pre-labeled newsprint
  - *Characteristics of Healthy Relationships*
  - *Characteristics of Unhealthy Relationships*
- *TREO: Four Components of Healthy Relationships* poster

### TIME

20 minutes

## PROCEDURE

1. Introduce the activity by saying,

 Let's think about what is required for a healthy relationship. Imagine for a minute a relation-SHIP. (Note: Draw a picture of a ship on top of waves.)

What are the characteristics of a relation-SHIP that will help keep it afloat? (These are characteristics of healthy relationships.)

What are the sharks in the water that will cause the relation-SHIP to sink? (These are characteristics of unhealthy relationships.)

2. You can process this activity in several ways depending on your group. You can divide students into small groups or pairs and have them brainstorm the two lists. Or you can brainstorm both lists in the large group. Record students' responses on charts. Add any characteristics from the lists below. Post these charts and keep them available for future sessions.

## Expected Answers:

### Characteristics of Healthy Relationships

- » Trust—The trust goes both ways.
- » Open communication
- » Equality—The two people are of a similar age and have an equal say in how they spend time and make decisions. (Partners who are older and more mature tend to control what happens in the relationship because they have more experience and more resources such as money.)
- » Shared interests—They like to do many of the same things.
- » Shared values—They have similar views about what is important in life and what is right and wrong.
- » Caring, love, and affection—These feelings go both ways.
- » Respect for self and for partner
- » They manage conflict well—When they disagree or have arguments, they can talk things out so each person feels OK about what happened.
- » Nonviolence and emotional safety—There is no violence of any type (verbal, physical, emotional or sexual).

### Characteristics of Unhealthy Relationships

- » Frequent miscommunication or lack of communication
- » Controlling behavior
- » Frequent and excessive jealousy
- » Differences in age, power, maturity
- » Disrespect—name calling, put-downs, public humiliation
- » Pressure to do things you don't want to do
- » Being willing to do anything to hold on to a partner
- » Doing things you don't want to do because a partner expects it
- » Isolation from friends and family
- » Frequent arguments that don't get resolved
- » Stress, sadness, fear or feelings of desperation
- » Engaging in behaviors that are risky to your health
- » Physical, emotional or sexual abuse/violence

## FACILITATOR'S NOTE

Tune into any cultural differences with respect to relationships. In some communities there may be cultural beliefs about what is valued in relationships. Also, make sure you are knowledgeable about state laws regarding relationship violence and assault.

3. As students offer characteristics, ask clarifying questions to help deepen their understanding of healthy relationships. For example,

- How do you know when you have (the characteristic, e.g., trust) in a relationship?
- What does it look like when two people trust each other?
- Give me some examples of open communication in a relationship.

4. Display the *TREO: Four Components of Healthy Relationships* poster and say,

- You did a great job on the brainstorming. To help you remember four of the most important components of healthy relationships, we'll use the acronym "TREO."
- **Trust:** Partners trust each other and feel safe in a relationship.
  - **Respect:** First you respect yourself. Second, you respect each other.
  - **Equality:** Partners have equal amounts of power and control in the relationship.
  - **Open Communication:** Partners talk openly and listen to each other.


5. Ask the following question,

- How would being in a healthy relationship affect your ability to make proud and responsible choices about sex?

**Answers should include:**

- » A partner would care about you and want to keep you safe.
- » You would trust each other.
- » A partner would treat you like an equal and make decisions jointly instead of pressuring you or forcing you to do things.
- » You would have open communication and it would be easier to talk about sexual feelings and decisions.

6. Summarize the activity by saying,

 Now that you know the difference between healthy and unhealthy relationships, look for partners who can form a healthy relationship with you. When something happens and you get that “uh oh” feeling in your stomach... that’s a warning sign of an unhealthy relationship. Pay attention.

Also, relationships are a two-way street. You have to be the kind of partner that you want to have. You have to be trustworthy and communicate. You have to want to keep your partner safe.

Remember TREO—trust, respect, equality and open communication are necessary for healthy relationships. It’s much easier to choose proud and responsible behavior when you’re in a healthy relationship.

# TREO

## Four Components of Healthy Relationships

### Remember "TREO"

#### **T = Trust**

Partners trust each other and feel safe in the relationship.

#### **R = Respect**

First, you respect yourself. Second, you respect each other.

#### **E = Equality**

Partners have equal amounts of power and control in the relationship.

#### **O = Open communication**

Partners talk openly and listen to each other.

# OPTIONAL ACTIVITY

# IS SEXTING OK?\*

## PREPARING FOR THE ACTIVITY

### RATIONALE

Youth don't often have a realistic understanding of how quickly and permanently a sexy digital image can spread. This activity demonstrates the potential negative consequences of "sexting."

### MATERIALS

- Pre-labeled newsprint:
  - *Why Teens Might Send Nude Pictures*
  - *Possible Outcomes of Sexting*
  - *Credible Websites for Teens*
  - *Recipient Codes chart*
- Markers and masking tape
- Letter-size envelope for each student
- Slips of paper for each student
- One large envelope
- A photo (two 8"x10" copies and a wallet-sized copy for each student, plus 8 extras)
- 3 small binder clips

### TIME

25 minutes

## PROCEDURE

### FACILITATOR'S NOTE

In advance of this activity, get your materials prepared:

- Select a good-quality photo that is appropriate and interesting for your age group. It can be something silly and unrelated to the topic. Or you might choose a photo of a naked doll, but it should not be controversial. Make two 8"x10" copies of the photo and enough wallet-size copies for each student to get one, plus an extra 8 wallet-size copies. Put the two 8"x10" pictures in the large envelope.
- Write the following messages on 3 of the slips of paper:
  - » Forward picture to 1 person
  - » Forward picture to 2 people
  - » Forward picture to 3 people

On each of these 3 slips, write "S" in the bottom right corner and stuff each slip into a separate letter-size envelope. Place the corresponding number of wallet-size photos into each envelope. Write "1" on the front of each small envelope, seal the envelopes, and clip them together. Place them in the large envelope.

- On another slip of paper, write "Show picture to everyone." Write an "F" in the bottom right corner. Place this slip and enough wallet-size copies of the photo for each student to be given one into an envelope. Write "2" on the front of the envelope, seal, and place in the large envelope.
- Prepare enough additional slips of paper for all but 4 students to get one. Write "Do not forward picture" on this final set of slips. Then write the following codes in the lower right hand corner: "SP," "T," "SBF," "C," "S" (write this on any remaining slips of paper).

(continued)

\*Adapted from Sex Etc. Discussion Guide, Spring 2011. Answer at Rutgers University.


(continued)

Use each code once before beginning to use "S". Stuff each of these slips into an envelope without pictures and seal the envelopes. Write "3" on the front of each envelope, and clip these envelopes together.

- Make a chart titled Recipient Codes and list the following:
  - » SP Sender's parent/guardian
  - » T Teacher
  - » SBF Sender's best friend
  - » C Crush (someone the sender has a crush on)
  - » F Facebook page
  - » S Another student at school
- Place all of the pictures and sealed envelopes into the large envelope.


*Note:* The number of "1" and "2" envelopes should equal approximately one-third of your total students. For 4–6 students, use one "1" envelope and one "2" envelope. For 8–10 students, use two "1" envelopes and one "2" envelope. For 11–14 students, use three "1" envelopes, and one "2" envelope.

1. Introduce the activity by saying,

 Today we're going to talk about sexuality issues in this age of technology. Many young people have cell phones, Facebook pages, and spend time on the Internet. (*Note:* Get a show of hands for students who've ever had a cell phone or a Facebook page.)


We're going to do a brief activity that will demonstrate how quickly information can spread through a social network. We'll focus specifically on the practice of sending sexy pictures via a cell phone. Some people call this practice "sexting." We're going to explore the possible results of sexting.

2. Uncover the pre-labeled newsprint charts: *Why Teens Might Send Nude Pictures* and *Possible Outcomes of Sexting*. Conduct a brief brainstorming activity (no more than 5 minutes) using the questions below. Write students' responses on newsprint charts.

 What are some reasons a teen might send a nude or sexy picture to someone (or post it on Facebook)?

Expected responses:

- Because the person kept asking for a picture (pressure)
- To have fun/get a laugh from your friends/gain status
- To flirt with people/let them know you like them
- To show off your body or feel attractive
- To make other people “horny” or turned on
- To make someone jealous
- To be sexy with a partner or keep a partner interested
- To hurt an ex-partner
- To embarrass or harass another teen


 What could be the outcome or result of sending a nude or sexy picture?

Expected responses:

- The recipient forwards the picture on to someone else...who forwards it to someone else.
- The picture goes viral.
- People might use it against you or blackmail you.
- The person in the picture gets hurt, embarrassed or humiliated.
- Parents, teachers and other adults find out about the picture.
- College admission personnel, future employers and future partners see the picture.
- The sender gets charged with distributing sexually explicit pictures of a minor, which is illegal.



3. Explain that you want to do an activity to illustrate what can happen when someone sends a sexy text. Recruit a volunteer who is willing to roleplay this situation. Have that person come to the front of the room.
4. Give the volunteer the two 8"x10" pictures. Distribute the sealed envelopes to the remaining group members. Give these instructions,

 \_\_\_\_\_ (volunteer's name) has just sent a nude or partially nude picture via text.

The rest of you have just received a sealed envelope with a number written on the front. Don't open your envelope until I tell you to.

Would all of you who have a "1" or a "2" on your envelope raise your hands?


5. Ask the volunteer to choose two people who have their hands raised and give each of them one of the 8"x10" pictures.
6. One at a time, ask each of these two people (recipients) to open their envelopes, read the instructions aloud, and then follow the instructions, being sure to forward the wallet-sized pictures to people with 1s and 2s on their envelopes first.

### **FACILITATOR'S NOTE:**

Make sure these recipients forward their wallet-sized photos correctly. All of the 1s and 2s in the group must end up with the photo before any 3s get the photo.

7. Go through the entire process with the first recipient before going on to the second recipient.
8. Now ask any new recipients of the photo to stand.
9. One at a time, have each of these people open their envelopes, read their instructions, and do what the instructions tell them to do.
10. Go through the same process with the third group of recipients.

11. Continue in this manner until the activity plays out. The activity will end when the picture gets to a group of recipients who do not pass it along.
12. Ask everyone who received the picture to raise a hand. Remind the group that the picture represents a nude picture of the sender sent by text.
13. Display the *Recipient Codes* chart. Then go around the room and ask each student to read the code from the bottom right-hand corner of the slip, then say which person that represents based on the codes on the chart.
14. Process the activity by saying,

 About 30 percent of people who have received a nude or semi-nude image shared the picture with other people. To make this activity realistic, I gave about 30 percent of you instructions to share the pictures with others.

Now let's talk about your reactions to the activity.

How did you feel when you realized who had received the nude picture?

*(Note: Check in specifically with the sender and the first two recipients.)*


Let's talk about Facebook. How realistic is it that someone would post the picture on Facebook?

In the role that you had based on the code chart, how did you feel about receiving the picture? *(Note: Check in very briefly with the "parent/guardian," "teacher," and "sender's best friend" to get their reactions.)*

Sender, how would a naked picture of you affect your relationship with the various people who now have it in this activity?

What is the key message to take away from this activity?

15. Collect the envelopes and pictures so you will have them the next time you do this activity. Summarize by saying,

 It's illegal to distribute a nude photo of a minor even if that minor is you! As we've seen in this activity, the picture can go viral quickly. The proud and responsible decision about sexting is to never take these types of pictures and to never send them to anyone. It's the only way to be 100 percent sure you don't end up in this situation. If you receive these types of pictures from someone else, delete them immediately, and do not pass them on. Go to a trusted adult for help if you or someone you know is ever in a situation like this.

# OPTIONAL ACTIVITY

# MYTHS AND FACTS ABOUT SEXUALITY

## PREPARING FOR THE ACTIVITY

### RATIONALE

Distinguishing between myths and facts about various sexuality topics provides an opportunity for learning the correct information.

A fun, high-energy game helps review and reinforce the information that's been covered.

### MATERIALS

- *Myth and Fact Statements about Sexuality*
- *Family Feud Questions*
- Newsprint & markers to keep score
- Chart listing credible websites for teens

### TIME

50 minutes

## PROCEDURE

### FACILITATOR'S NOTE

This activity deals with a wide variety of sexuality issues. Some of them may not be of interest to your group and some may not be appropriate for your agency. Please review the list of myth/fact statements and choose those that are most appropriate for your group and your setting.

Also, feel free to set up an anonymous question box if you sense that students have questions they are uncomfortable asking.

1. Introduce the activity by saying,



We're going to play another myths and facts game.

This time we'll be talking about a lot of different kinds of sexuality issues and concerns that affect people in very real ways. I know I can count on all of you to remember our group agreements and to treat all of these issues with respect.

*(Note: Make sure the Group Agreements chart is posted.)*

2. Remind students of the directions,



We're going to divide into two teams. I'll take turns giving each team a statement.

When I read the statement, talk for a few minutes in your group to decide whether it's a myth or a fact.

Each person in the group will take a turn at being the spokesperson for your team.

*(continued)*

*(continued)*

When it's your turn, tell me if the statement is a myth or a fact and explain why.

This is a friendly competition so we aren't going to keep score.


3. Divide students into two teams and conduct the game as described above. You can use a different format for the game, if desired.
4. Supplement students' explanations with those provided after each statement.
5. Post the chart listing credible teen websites. Explain that websites that end in ".org," ".gov" or ".edu" are more likely to be credible.

### **FACILITATOR'S NOTE**

For the chart listing credible websites for teens, include the following websites and any others you would recommend:


- [stayteen.org](http://stayteen.org)
- [sexetc.org](http://sexetc.org)
- [amplifyyourvoice.org](http://amplifyyourvoice.org)

6. Conclude by saying,

 Being well informed about many aspects of sexuality will help you to become a sexually healthy person. For most of us, it's a journey. It's very helpful to replace myths with facts. Being well informed makes it easier to talk with a partner about sexuality. And being well informed will help empower you to make proud and responsible sexual decisions.

Now we're going to review this information by playing Family Feud.

7. Explain the game by saying,


 We're going to play a fun game to help you reinforce the knowledge we just covered in the myth/fact game.

How many of you have ever seen the TV game show, *The Family Feud*?

This is how the game will work:

- You'll work in two "families" or teams. The teams will be different from the myth/fact game we just played.
  - I'm going to ask five questions. Each family will take turns sending up an individual contestant to compete to answer my question.
  - When the two contestants come to the front of the room, they should shake hands and prepare to compete. Family members in the background should cheer their contestant.
  - I'll read the question to the contestants. Whoever raises a hand first gets to answer the question. You'll have 10 seconds to give your answer.
  - If you get the answer wrong, the other family can try to answer. If they get the answer wrong, I'll call up two new contestants.
  - The team with the most points wins.
8. Read the first Family Feud question. Follow the procedure you've laid out. As you call up contestants, encourage the families to have fun and to cheer their family members on. Keep time and manage the process carefully. This should be competitive and fun. However, make sure students give correct answers and understand the information.
  9. At the end of the game, announce the winning family.

10. Again display the chart listing credible teen websites and summarize the activity by saying,

 This has been a great discussion today. Sexuality is a key part of who you are and it's a topic you need to be able to discuss openly and honestly. Please continue to educate yourselves by going to credible websites like the ones we've recommended. Also, make sure there's at least one trusted adult you can go to with questions and concerns.

**When you have knowledge and people who can provide support and resources, you will be in a better position to make proud and responsible decisions about sexual behavior and sexuality.**

## MYTH AND FACT STATEMENTS ABOUT SEXUALITY

1. **It's illegal for a minor (underage teenager) to send a nude photo to another minor.**

### FACT

This is true. Most teens don't realize they're breaking the law when they do this. State and federal laws make it illegal to create, possess or distribute sexually explicit photographs of minors even if it's a picture of you! You could be arrested, fined, put on probation, spend time in jail, or be placed in a national database of sex offenders.

2. **Once you send a text, photo, or email, you can never take it back or undo it.**

### FACT

This is very true and it's something you should think about before sending anything sexual into cyberspace. Ask yourself some questions:

- Could this ever hurt me?
- Could it hurt someone else?
- Would it be better to communicate this verbally (on the phone or in person)?
- Would I be OK if a lot of people saw this (including future partners, friends or employers)?

3. **You can make your Facebook page completely private and control who sees it.**

### MYTH

Although you can and should make your online profiles, such as Facebook, as private as possible, no social networking site is completely safe. If you've posted pictures of yourself drinking, using drugs or in sexual situations, other people will probably see those pictures at some point. Individuals who are savvy about technology can find ways to access your information. Also, colleges and employers are routinely asking to check out an applicant's online profile. An impulsive decision to send someone a sexy picture of yourself can come back to haunt you later. Make proud choices. Don't post pictures of yourself or others that you might regret later.

4. **If sexuality information is posted on an Internet website, you can count on it to be accurate and credible.**

### MYTH

Unfortunately, this is not true. There's a lot of good information on great websites for teens. It's a great way to get educated, keep yourself updated, and stay connected with peers who have similar interests and concerns. However, there's a lot of misleading, incorrect, and irresponsible information out there as well, so become an Internet critic. Learn how to evaluate websites. Use reliable directories and take



recommendations from trusted sources. Websites that end in “.org,” “.gov” or “.edu” are more likely to be credible. Check out stayteen.org, sexetc.org and amplifyyourvoice.org. Scarleteen.com is also a helpful and credible website.

**5. Sexuality is more than sexual intercourse.**

**FACT**

We’ve been talking a lot about sexual intercourse in this program. But there’s a difference between sexual intercourse and sexuality. Sexual intercourse is behavior that involves genitals; sexuality is a part of who we are as human beings—our gender, our bodies and how they respond, how we feel about our bodies, who we’re attracted to, liking and loving other people, and it also includes behaviors such as intercourse. All people are sexual, and sexuality is a natural and normal part of being human. It’s important for people to seek facts, to work through any issues, and to gain communication skills so they can develop a positive and healthy sexuality even if they’ve experienced sexual harm in their past.

**6. Oral sex is not real sex.**

**MYTH**

Some teens and adults don’t consider oral sex to be real sex. But it is real and it is sex. Oral sex is a type of sexual intercourse, and it’s an intimate sexual behavior. It’s also risky and can transmit STDs including HIV.

**7. The terms lesbian, gay, bisexual and straight refer to a person’s sexual orientation.**

**FACT**

True. Sexual orientation refers to that inner sense of who you’re attracted to romantically and sexually. Lesbian and gay (or homosexual) people are attracted to people of their own gender. Straight (or heterosexual) people are attracted to people of a different gender. Bisexual people can be attracted to people of more than one gender.

**8. Transgender is another term for gay, lesbian and bisexual people.**

**MYTH**

Actually transgender is not about being gay, lesbian or bisexual because it’s not about sexual orientation. Transgender refers to a person’s gender identity. Gender identity is your inner sense of your gender—Do you feel like a guy? Do you feel like a girl? Do you feel like something different than a guy or a girl? Often gender identity matches a person’s body—someone with a girl’s body feels like a girl on the inside or someone with a boy’s body feels like a boy on the inside—but not always. Transgender is when a person’s inner feelings about gender don’t match the body.

**9. Transgender youth are actually gay.**

**MYTH**

No. Being gay and being transgender are two different things. Being gay refers to that inner sense of who you're attracted to romantically and sexually. Lesbian and gay people are attracted to their own gender. Being transgender is about gender identity—your inner sense of your gender—Do you feel like a guy? Do you feel like a girl? Do you feel like something different than a guy or a girl? Often gender identity matches a person's body—someone with a girl's body feels like a girl on the inside or someone with a boy's body feels like a boy on the inside—but not always. Transgender is when a person's inner feelings about gender don't match the body. Transgender people can have any sexual orientation—gay, lesbian, bisexual or straight.

**10. Most bisexuals are really gay or lesbian but haven't come out yet.**

**MYTH**

Bisexuality is a real sexual orientation. There are people who do have the potential to be attracted to more than one gender. Many experts believe that the majority of human beings are actually bisexual. Some people have bisexual attractions but don't identify as bisexual. Many bisexuals feel discriminated against because they are not always accepted in the gay or straight community.

**11. Masturbation is manual stimulation of another person's genitals.**

**MYTH**

Masturbation is actually defined as stimulating one's own genitals for sexual pleasure. You might also hear the term "self-stimulation" or "self-pleasuring." Personal values about masturbation vary. For some people, masturbation may be against their religion; other people have no beliefs against it. The bottom line is that most people masturbate at some point in their lives.

**12. You can get an STD from masturbating.**

**MYTH**

Absolutely not; masturbation is a safe way to feel pleasure and release sexual tension without fear of STDs or pregnancy.

**13. Masturbation can cause a guy to have a low sperm count.**

**MYTH**

This is a big myth. You may also have heard that you can go blind or get pimples if you masturbate. None of this is true. In fact, masturbation has some health benefits such as relieving stress. It's also a way for people to relax, feel pleasure, and learn about their sexual responses. Personal values about masturbation vary. For some

people, masturbation may be against their religion; other people have no beliefs against it. The bottom line is that most people masturbate at some point in their lives. Masturbation is something you can choose to do or not do if it goes against your values.

**14. It's OK to masturbate in public if you feel like it.**

**MYTH**

Absolutely not; masturbation is a private act. It's not OK to masturbate in public places or in front of other youth or caregivers. However, it's fine in private. It's important to be able to understand and manage your sexual urges and to abide by societal rules and expectations.

**15. Pornography on the Internet and cable TV is a realistic portrayal of sexual behavior.**

**MYTH**

These are movies. Not reality. The porn industry tends to present unrealistic sexual images. Here are some examples:

- Actors are often shaved of all body hair, very lean and muscular, with large breasts and penises, airbrushed, etc. Most real people don't look this way.
- You often see women in stereotypical roles, as objects for men's pleasure, which encourages violence against women.
- Sexual encounters often go on for an unrealistic length of time.
- Sex tends to happen without any real emotional connection or relationship.
- Safer sex may not be practiced so it seems like it's OK to engage in unsafe sex.

When teens view porn, they're getting sex "mis-education." It's natural to be curious about sexual behavior, but seeing sex presented in this manner can lead to unrealistic expectations and unhealthy relationships.

**16. Alcohol can affect your ability to consent to have sex.**

**FACT**

Legally speaking, people cannot give consent if they're incapacitated. You must be able to freely and soberly give consent. You can't be drunk or high. You can't feel threatened. You can't have a disability that affects your mental capacity to give consent. The definition of sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. So you could be arrested for sexual assault if you have sex with someone who is drunk or high, because the person wasn't capable of giving consent.

**17. If you and a romantic partner have had sex many times in the past, you can assume you have your partner's ongoing consent.**

**MYTH**

This is a big myth. Giving consent is a freely given, sober, present act of agreeing through mutually understandable words or actions to participate in specific sexual activity. This is a mouthful. Let's break it down:

- Freely given means the recipient was not pressured or threatened.
- Sober means not high or intoxicated.
- Present means the agreement to engage in sex happens today, right now, in the present.
- Through mutually understandable words and actions means the person says, "Yes, I want to have sex with you." Or touches you in a sexual way or responds enthusiastically. Words that communicate consent include: "yes," "don't stop," "that feels good," "I want to...," "I'm sure."
- Specific sexual activity means that the person has to agree to each sexual act. For example, someone might agree to oral sex but not to vaginal or anal intercourse.

Consent is complicated but it's important to understand what's required.

**18. If a prospective father doesn't feel ready to have a child, he can insist that his partner have an abortion.**

**MYTH**

In the case of an unplanned pregnancy, a girl or woman has three options: (1) she can have the baby and raise it (with her partner, alone or with support of caregivers); (2) she can have the baby and place it for adoption; or (3) or she can have an abortion. Because the pregnancy is happening in her body, the woman gets to make this decision independently. So if she wants to have the baby, her partner can voice his opinion but the decision is up to her. The only real power boys or men have in this situation is to prevent an unplanned pregnancy from happening in the first place. Bottom line: use a condom!

## FAMILY FEUD QUESTIONS

**1. What is a legal consequence of sexting?**

Arrest, probation, jail, fines, placement in a national database of sex offenders

**2. Who might ask to see your Facebook profile at a later point in your life?**

College admissions staff or employers

**3. What is a good website for getting sexuality information?**

stayteen.org, sexetc.org, scarleteen.com, amplifyyourvoice.org.

**4. What is sexual orientation?**

People's inner sense of who they are romantically and sexually attracted to—same gender, a different gender, or more than one gender

**5. What is an appropriate place to masturbate?**

A private place

**6. What's one way to make sure a sex education website is credible?**

Use reliable directories; take recommendations from trusted sources; look for websites that end in .edu, .gov, or .org.

**7. What's the difference between sexual intercourse and sexuality?**

Sexual intercourse is behavior that involves genitals; sexuality is a part of who we are as human beings—our gender, our bodies and how they respond, how we feel about our bodies, who we're attracted to, liking and loving other people, and it also includes behaviors such as intercourse.

**8. What's required for someone to give consent to have sex?**

The agreement to have sex must be

- Freely given
- In the present
- With someone who is sober/capable of giving consent
- Stated through mutually understandable words and actions
- Related to a specific sexual activity



# B

# APPENDIX

## SUPPLEMENTAL BACKGROUND INFORMATION

There may be times when facilitators implementing this curriculum need some background information to help teach a given topic. This section covers supplemental background information on sexually transmitted diseases, contraceptives and the effects of alcohol and other drugs. This information is not to be taken as an in-depth review. If you need more information, please contact your Department of Health or visit the CDC website: [www.cdc.gov](http://www.cdc.gov).

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# INFORMATION ABOUT HIV

## What Is HIV?

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS. People who have HIV in their bodies are said to have HIV or to be HIV positive.

HIV damages the body's immune system, which normally protects the body from disease. In particular, HIV attacks specialized white blood cells called CD4 or T-cells. HIV takes over the machinery of the CD4 cells to make copies of itself and spread throughout the body, so the immune cells can't do their job of protecting the body. As the number of properly working T-cells decreases, the immune system becomes weaker until it can no longer fight off different types of infections.

HIV is a disease with many stages. People can live with HIV for years without getting sick. They may look and feel healthy and may not even know they have the virus. But even when a person with HIV looks and feels fine, he or she can pass the virus to others.

## What is AIDS?

AIDS stands for acquired immunodeficiency syndrome. It is a condition caused by HIV. AIDS is the stage of HIV when the immune system has become very weak and damaged. When this happens, other diseases and infections can enter the body. These are called "opportunistic infections" because they take advantage of the weakened immune system.

Blood tests can be done to determine the number of CD4 cells and the amount of HIV in the blood (the viral load). The CD4 count is a standard measure of how well the immune system is working. A person with HIV is diagnosed as having AIDS when he or she has a CD4 count below 200 per cubic milliliter of blood (most people without HIV have a count of 700 to 1000) or when certain opportunistic infections occur. These may include cancers; Pneumocystis carinii, a lung infection; other viral infections; or severe weight loss.

## How do people get HIV?

HIV is found in the blood, semen or vaginal fluids, and rectal fluids of someone with HIV. It is passed from person to person through these body fluids.

People can get HIV:

- **Through sex.** Anyone who has unprotected vaginal or anal sex with someone who has HIV can get HIV. There is also some risk of transmission through oral sex, but it is much lower.



- **By sharing needles** for injecting drugs, vitamins, hormones or steroids. HIV-infected blood may be left in the needle or syringe and passed on to the next user. Other injection supplies (sometimes called “works”) can also pass HIV (e.g., water, cotton and cookers).
- **By sharing needles** for tattooing, piercing or for any other reason.
- **From mother to child either before or during birth.** There are also a few known cases in which HIV has been passed from mother to child through breastfeeding. A pregnant woman with HIV can take medicines to greatly lower the risk of her baby being born with HIV.

As a general guideline, people should avoid having direct contact with other people’s blood. This is why medical providers, including first responders, wear gloves when they are providing care that might bring them into contact with another person’s blood.

Before 1985, some people got HIV from infected blood transfusions or blood products. Since 1985, the supply of blood and blood products in the United States and most developed countries has been routinely tested, making this form of transmission now extremely rare.

### **Ways HIV is *not* transmitted**

HIV is not transmitted by casual, day-to-day contact between people. The virus is not transmitted through the air. It must get inside the body to infect a person.

People can’t get HIV from:

- touching, coughing, sneezing or kissing
- toilet seats, eating utensils, swimming pools, water fountains or telephones
- casual contact such as hugging, dry kissing or sharing food
- donating blood
- tears, saliva, sweat or urine
- mosquitoes or other insects

### **Who is at risk for HIV?**

It is what people do, not who they are, that puts them at risk for HIV.

People are at risk for HIV if:

- They have sex with someone who’s had other partners.
- They have sex without using a latex condom.

- They share needles or syringes to inject drugs, or had sex with someone who has.
- They share needles or other sharp objects for tattooing, piercing or any other reason.

Babies born to women with HIV are also at risk.

People are probably not at risk if:

- They haven't ever had sex, or have had sex with only one partner, who doesn't have HIV and who's had sex only with them.
- They haven't ever shared needles to inject drugs or for any other reason, and haven't had sex with anyone who has.

### How can people eliminate or reduce the risk of getting HIV?

To eliminate the risk of HIV:

- **Don't have sex.** This includes vaginal, anal and oral sex.
- **Never inject drugs, or share needles** for any reason.

To reduce the risk of HIV:

- **Use a latex condom each and every time** for vaginal, anal or oral sex. Condoms must be used consistently and correctly to ensure protection.
- **Don't use oil-based lubricants.** Oils in hand lotions, massage oils, petroleum jelly, etc., can cause a male condom to leak or break.
- **Have a monogamous relationship** with only one partner who doesn't have HIV, who doesn't use injection drugs or share needles or syringes for any reason, and who never has sex with anyone else. (*Note: This choice isn't realistic for many teens because they tend to be involved in a series of relatively short-term relationships. It's also not a completely safe choice because some people may lie about their sexual or drug-use histories or may not know if they have HIV or another STD.*)
- **Discuss HIV with a partner.** Ask about past or present risk behaviors.
- **Get tested for HIV.** Be sure any sex partner has been tested before having sex.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STD.
- **Have safer sex** that doesn't put you in contact with a partner's blood, semen or vaginal or rectal fluids. This means using condoms during vaginal or anal intercourse, using condoms or other barriers during oral sex or having sex play without intercourse.

- **People who use injection drugs** should never share needles. If needles or works are shared or re-used, clean them 3 times with water, 3 times with bleach and 3 times with water before each use.
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.
- **If you may have been exposed to HIV**, immediately contact a doctor about post-exposure prophylaxis (PEP). These medications may be able to prevent the virus from infecting the body if taken immediately after exposure (within 72 hours).
- **If a partner has HIV**, talk to a doctor about pre-exposure prophylaxis (PrEP). These medications can be taken daily to prevent HIV. These medications are NOT for everyone, and there are risks associated with this treatment.

### **What types of HIV test are available?**

The most common type of HIV test is the antibody test. The test looks for HIV antibodies in the body by testing blood or saliva. Antibodies are proteins the body makes in response to a virus. If a person has antibodies for HIV, he or she has HIV and can pass the virus to other people.

There is also an antigen test for HIV. An antigen is a protein that produces antibodies. HIV antigens can be detected very soon after infection (1–3 weeks) by testing the blood. These tests are more expensive and are not typically used for routine HIV testing. If a person has antigens for HIV, he or she has HIV and can pass the virus to other people.

The PCR (*Polymerase chain reaction*) tests blood for the genetic material of HIV. Blood supplies in most developed countries are screened for HIV using PCR tests. PCR tests are also used to measure viral loads for people who are HIV positive. If a person has HIV genetic material, he or she has HIV and can pass the virus to other people.

Tests are available at public health clinics, hospitals, state and local health departments, at community events, mobile testing vans and other locations. Many places offer free or low-cost testing. Home testing kits can be purchased at pharmacies or online.

### **What happens when a person gets tested?**

At most HIV test sites, a counselor explains the test during a pretest session. This information may be provided one-on-one, to a couple, through a video or in a small-group session. People can ask questions and talk about their risks for HIV at this time.

Then a health worker takes a little blood from the person's arm or finger, or takes some cells from the inside of the cheek or gums with a cotton swab. It doesn't hurt and it is very quick. The sample will be sent to a lab for testing, or tested on site.

Most testing centers also help the person plan to deal with either a positive or negative result, and provide the names and phone numbers of appropriate community agencies that may be of further help (e.g., a hotline to call if the person has further questions about risk behaviors or referrals for care and treatment).

People using home kits mail a small blood or saliva sample to a lab, using a code name or number. Test results are given by telephone when the person calls and gives the code.

### **Where can a person go to get tested?**

One of the easiest ways to find a convenient HIV testing site is to use the online HIV Testing and Care Services Locator (<http://aids.gov/locator/>). Users can type in a ZIP code to see a list of HIV testing sites (including free HIV testing).

Tests are available at public health clinics, hospitals, state and local health departments, community events, mobile testing vans and other locations. Many places offer free or low-cost testing. Home testing kits can be purchased at pharmacies or online. People using home kits mail a small blood or saliva sample to a lab, using a code name or number. Test results are given by telephone when the person calls and gives the code.

### **Can teens be tested without parent permission?**

Yes, teens can consent to HIV testing without parent permission. However, to be sure, teens should check with the test site beforehand to find out what policies are followed. They can ask if they need parental consent for testing or treatment, and whether the clinic will share information with parents.

### **Who will know the results?**

Most testing sites offer *confidential* testing. This means that the result is told only to the person taking the test, and it is also put in his or her medical file.

Some test sites offer *anonymous* testing. This means the person doesn't give a name, and the test result is reported only to him or her. Home testing kit results are anonymous.

When selecting a testing site, a person may wish to find out whether the test is anonymous or confidential, how results are verified and recorded and if before and after counseling is part of the procedure.

## **What about routine testing in clinical settings?**

More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (12.8%) are unaware of their infection (CDC, 2015). They therefore can't benefit from early treatment and are likely to pass the virus to others without knowing it. To promote earlier detection and reduce stigma around testing, the Centers for Disease Control and Prevention (CDC) recommends that all patients in clinical settings be tested for HIV as part of their routine medical care unless the person opts out. HIV screening should also be included in the routine panel of prenatal tests for all pregnant women. People at high risk of HIV infection should get tested at least once a year. In 2012, Congress passed a law (H.R. 4470 Routine HIV Screening Coverage Act of 2012) requiring health insurance to cover the cost of these screenings.

In health care settings, pretest prevention counseling and informed consent are not required in order to reduce barriers to testing in these settings. CDC believes HIV testing can be covered under a general permission form (consent form) that is signed for all medical care.

## **How long does it take to get the results?**

Laboratory test results can take up to 2 weeks. Many clinics now offer a rapid test, with results available within 30 minutes. If the rapid test is positive, the sample needs to be tested again to be sure. Results of the confirmation test can take up to 2 weeks.

Home testing kit results take around 7 days, or as little as 3 days if mailed using an overnight mail service.

## **What does it mean if the test result is positive?**

A series of tests are performed on positive samples. A confirmed positive test means antibodies, antigens or HIV genetic material were found in the body. The person is then known to have HIV.

Most sites provide counseling for people testing positive. The counselor will help people deal with the stress and emotional issues, discuss what to do to maintain health, and explain how to prevent transmitting HIV to others.

## **What does it mean if the test result is negative?**

If the initial test result is negative, it means no antibodies to HIV were found in the person's blood. No further testing is called for, and most likely the person tested is not infected.

However, a person who was exposed to HIV recently (generally within 3 months or, in rare instances, up to 6 months before testing) may not yet have developed antibodies that can be detected by the test. If a person has tested negative on the HIV antibody test but has had some HIV-related risk within the past 6 months, it's important for that person to stop the risky behavior and be tested again 6 months after the last risky behavior to be sure of the results.

### **How long does it take for an HIV test to show that a person has HIV?**

The "window period" is the length of time between when a person first gets HIV and when an HIV test can begin to detect signs of the virus in the body. It can be from 2 weeks to 6 months long, depending on the type of test that is done. During the window period, even before they know they are infected, people can transmit HIV to others.

### **Are there treatments for HIV?**

Yes. The sooner people find out they have HIV, the earlier they can begin getting care and treatment. An early diagnosis allows people to participate in decisions about their treatment and begin taking medicines to strengthen the immune system and decrease the amount of the virus in the body.

There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. With ART medicines, people with HIV can lead longer and healthier lives than ever before. The most common treatments limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy.

Pregnant women with HIV can take medicines to greatly reduce the baby's risk of having HIV.

### **Will everyone with HIV get sick eventually?**

While complications from HIV infection are possible, current treatments and medications are giving people with HIV a positive prognosis and near-normal life-span. If people with HIV remain in medical care and are able to continue to take the medications to keep low viral loads, they can live long, healthy lives. Patients living with HIV would then be vulnerable to the same health conditions that affect all people as they age.

## How is HIV treated?

HIV treatment consists of the ongoing, monitored use of a drug or drugs. Treatment has 3 main goals:

- Some medications slow the spread of HIV. Different types of these antiviral drugs interfere at different stages in the production of HIV by the body. Using several antiviral drugs together in combination treatment has been found to slow the progress of HIV significantly.
- Some medicines make the immune system stronger.
- Other medicines prevent or treat opportunistic infections. These drugs can slow or stop many of the diseases, cancers or illnesses a person with HIV can get when the immune system has become very weak.

There are currently five different “classes” of HIV drugs that work in different ways to stop the virus from replicating in the body. Each class of drug attacks the virus at different points in its life cycle. Typically, people are prescribed a combination of 3 different HIV medicines to control the amount of virus in the body and protect the immune system. The combination of medicines also helps prevent HIV drug resistance.

When deciding about treatment, the person with HIV and his or her health care provider consider how healthy the person feels, the viral load, the person’s ability to take the medicines as directed, current life circumstances, and how the treatment may affect the person’s health in the future. There may be social and environmental factors that affect a person’s ability to remain in medical care and to continue taking HIV medicines. When people begin treatment for HIV, they may need other services and support to stay healthy (for example housing, mental health care, food assistance, support groups and medication management programs).

It’s important for people with HIV to work closely with an HIV treatment team to identify the most appropriate treatment plan to meet their needs and support long-term health and wellness.

# SEXUALLY TRANSMITTED DISEASES (STD)

## WHAT IS AN STD?

Sexually transmitted disease (STD) is a term used to categorize a group of infections typically transmitted through vaginal, oral or anal sex. You may also hear the term STI or sexually transmitted infection. Most STDs are caused by either bacteria or viruses. Typically STDs caused by bacteria can be cured and those caused by viruses cannot be cured. However, all types can be treated and prevented.

## TYPES OF STDs

### CHLAMYDIA

*Organism:* Caused by a **bacterium** called *Chlamydia trachomatis*

*How Transmitted:* Vaginal, anal and oral sex

*Symptoms:* **Females** – Thick yellow vaginal discharge, irregular periods, bleeding with intercourse and/or burning and pain during urination

**Males** – Watery white discharge from penis and burning and/or pain during urination

**However, most people with chlamydia do not have any symptoms.**

*Complications:* **Females** – If left untreated, can cause pelvic inflammatory disease (PID), tubal pregnancy and infertility. **About 10–15% of women with untreated chlamydia get pelvic inflammatory disease (PID).** A pregnant woman with chlamydia can also give the infection to her fetus, which can cause premature birth, miscarriage or intrauterine death. In newborns, it can also cause low birth weight, pneumonia and/or conjunctivitis (an eye infection).

**Males** – If left untreated, infection can spread from the urethra (area responsible for urination/pee) to the testicles, causing swelling, tenderness and even sterility. It can also lead to a more widespread infection that includes conjunctivitis (eye infection), arthritis and skin lesions.



Having chlamydia increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

*Diagnosis:* Must have a test to know you are infected. The CDC recommends annual screening for sexually active women age 25 and younger.

*Treatment:* Easily treated with antibiotics. A person with chlamydia is also tested for gonorrhea since these infections can coexist. The partner(s) of the infected person must also be treated. Once treated, a person is cured. However, a person can be reinfected if exposed to chlamydia again.

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## SYPHILIS

*Organism:* Caused by a **bacterium** called *Treponema pallidum*

*How Transmitted:* Direct contact with sores through vaginal, anal or oral sex or touching

*Symptoms:* **Females and Males** – Symptoms begin 1–12 weeks after infection and occur in three stages.

**First Stage** – Symptoms include the appearance of a sore called a chancre and swelling of the lymph nodes near the groin. The sore usually is small, round and painless. It lasts around 1–8 weeks and heals on its own. There may be multiple sores.

**Second Stage** – The second stage of syphilis begins as the sore heals or several weeks after it heals. Symptoms include the appearance of a red, bumpy, scaly, non-itchy rash. The rash may come and go and includes spots on the palms of the hands and soles of the feet. On the face, the rash may look like acne. Slimy white patches in the mouth or on the genitals, wart-like growths around the anus, patchy hair loss and flu-like symptoms (headache, fever, body aches, fatigue, loss of appetite) may also occur. This stage lasts from weeks to a year.

**Latent Stage** – After the second stage, most people who are untreated enter the latent stage. This stage has no symptoms and may last a lifetime.

**Third Stage** – About 15% of untreated people who enter the latent stage of syphilis go on to develop tertiary syphilis—the third stage of infection. This begins 10–20 years after the initial infection. It can cause heart disease, brain damage, paralysis, blindness and even death.

*Complications:* Damage to the body that occurs prior to treatment may not be reversible.

A woman can give the disease to her fetus during pregnancy or have a miscarriage. Babies infected with syphilis are often born prematurely and can develop problems with their eyes, central nervous systems, bones, liver and spleen. They may also have swollen lymph nodes, yellow skin (jaundice), skin rash and anemia.

Having syphilis increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

*Diagnosis:* Must be tested to know if you have the infection.

*Treatment:* Easily treated with penicillin and other antibiotics.

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## GONORRHEA

*Organism:* Caused by a **bacterium** called *Neisseria gonorrhoeae*

*How Transmitted:* Direct contact with infected person through vaginal, anal or oral sex

*Symptoms:* **Females** – Burning and pain during urination, frequent urination, thick yellow discharge

**Around 50% of women with gonorrhea show symptoms.**

**Males** – Burning and/or pain during urination, discharge from penis

**Some men with gonorrhea have no symptoms at all.**

**Rectal Gonorrhea** – Can result from anal sex. Symptoms such as rectal discharge and discomfort around anus can occur, but infection is usually asymptomatic.

**Gonococcal Pharyngitis** – Can result from oral sex. Symptoms include sore throat, difficulty swallowing and red, swollen tonsils.

**Complications:** **Females** – If left untreated, infection can lead to pelvic inflammatory disease (PID), ectopic pregnancy and infertility. Can also lead to more widespread infection that includes arthritis and skin lesions on the arms and legs. A pregnant woman can give the infection to her baby during childbirth. This can cause serious health problems for the baby.

**Males** – If left untreated, infection can spread from the urethra to the testicles and cause sterility. Can also lead to a more widespread infection that includes arthritis and skin lesions.

Having gonorrhea increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

**Diagnosis:** Must be tested to know if you have the infection.

**Treatment:** Can be easily treated with antibiotics. A person diagnosed with gonorrhea is also tested for chlamydia since these infections often coexist. The partner(s) of the infected person must also be tested. Once treated, a person is cured. However, a person can be reinfected if exposed to gonorrhea again.

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## HERPES

**Organism:** Caused by a **virus** called *herpes simplex virus (HSV)*. There are two types:

- HSV Type 1: Usually causes cold sores or fever blisters; can be spread from mouth to genitals during oral sex
- HSV Type 2: Can cause sores/blisters on the genitals

Either type 1 or type 2 can cause a herpes infection in the mouth, eyes, vagina, penis or anal area.

**How Transmitted:** Direct contact with infected person through vaginal, anal or oral sex, kissing, or skin-to-skin contact

A person with herpes can infect someone else just by “rubbing” when they have a sore; for example, rubbing the penis against the vulva without having clothes on. **THIS MEANS YOU DO NOT HAVE TO HAVE SEXUAL INTERCOURSE TO GET HERPES.**

The easiest way to pass herpes is through contact with the sores. HOWEVER, a person infected with herpes does not have to have sores to pass the virus/infection on to someone else. Women can also pass this infection to a baby during childbirth.

*Symptoms:* **Females and Males** – Painful sores on the vagina, penis, anal area or mouth. These sores tend to recur. This means that even if herpes sores go away, they often come back. This may happen for the rest of a person's life. **Some people do not have any symptoms.**

*Complications:* Women can pass the infection to their babies during childbirth.

Having herpes increases the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

*Diagnosis:* Must have a test to know if you are infected. The doctor swabs a small amount from the sore and tests the cells to see if it contains the virus.

*Treatment:* **There is no cure for herpes**, only treatment for the symptoms (sores). Most patients are treated with Acyclovir (Zovirax) to slow down the recurrence of the sores and ease the pain during an outbreak. Since sores come back when a person is under stress, it is also recommended that an infected person get plenty of rest, stay away from stressful situations, exercise and eat healthy.

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## HPV

*Organism:* Caused by *human papillomavirus*, a **virus** with more than 100 types

*How Transmitted:* Direct contact with infected person through vaginal, anal or oral sex, or skin-to-skin contact

A person with HPV can infect someone else just by "rubbing," for example, rubbing the penis against the vulva without having clothes on. **THIS MEANS YOU DO NOT HAVE TO HAVE SEXUAL INTERCOURSE TO GET HPV.**

*Symptoms:* **Females and Males** – Soft, moist, pink, fleshy warts that can look like cauliflower. They are usually painless and can be raised, pointed or flat in shape. Usually they appear in clusters, but they can also grow alone. If left untreated, warts may go away, stay the same or grow and spread. Most people do not have any symptoms.

**Complications:** Women can pass this infection to their babies during childbirth.

Most people with HPV do not develop health problems from it, but some types of the virus can cause genital warts, and others can lead to cervical cancer or cancer of the vulva, vagina, penis, anus or back of the throat.

**Diagnosis:** Genital warts can usually be diagnosed by physical exam or their appearance. An HPV test can screen for cervical cancer.

**Treatment:** Warts can be treated with a chemical cream or they can be removed. A doctor will determine the best course of treatment. However, because HPV may be a lifelong infection, treatment may clear only the warts and not the infection.

**Prevention:** Vaccines can protect males and females against some of the most common types of HPV that cause problems. HPV vaccines are given in three doses over 6 months. It is important to get all three doses to get the best protection. The vaccines are most effective when given before a person's first sexual contact, prior to possible exposure to HPV.

**Females** – Vaccines are available to protect females against the types of HPV that cause most cervical cancers. Two of these vaccines also protect against most genital warts. Vaccines are recommended for 11- and 12-year-old girls, and for girls and women ages 13 through 26 who did not get any or all of the doses when they were younger. Vaccines can also be given to girls beginning at age 9.

**Males** – Two vaccines protect males against most genital warts and some kinds of HPV-related cancer. Vaccines are available for boys and men ages 9 through 26.

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## TRICHOMONIASIS

**Organism:** Caused by a **single-cell protozoan parasite** called *Trichomonas vaginalis*

**How Transmitted:** Direct contact with infected person through vaginal sex

*Symptoms:* **Females** – Frothy, yellow-green vaginal discharge with a strong odor. May also cause discomfort during sexual intercourse and urination, as well as irritation and itching of the genitals. Sometimes, lower abdominal pain can occur.

**Males** – Most men with trichomoniasis do not have signs or symptoms; however, some men may temporarily have an irritation inside the penis, mild discharge or slight burning after urination or ejaculation.

*Complications:* Pregnant women with trichomoniasis may have babies who are born early or with low birth weight.

If left untreated, the genital inflammation caused by trichomoniasis can increase the risk of being infected with HIV if exposed, and of passing HIV to a partner if HIV positive.

*Diagnosis:* Must be tested to know if you have the infection.

*Treatment:* Trichomoniasis can be treated and cured with prescription drugs, either metronidazole or tinidazole, given by mouth in a single dose. The partner(s) of the person infected must also be tested and treated. Once treated, a person is cured. However, a person can be reinfected if exposed to trichomoniasis again.

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## HEPATITIS B

*Organism:* Caused by a **virus** called *hepatitis B virus (HBV)*

*How Transmitted:* Hepatitis B is transmitted through activities that involve percutaneous (i.e., puncture through the skin) or mucosal contact with infectious blood or body fluids (e.g., semen, saliva).

*Symptoms:* Symptoms begin between 60–150 days after exposure to the virus. Symptoms can include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain and jaundice.

*Complications:* Hepatitis B can develop from an acute (short-lived) infection into a chronic infection that leads to a disease of the liver that can be very serious. Liver damage in chronic hepatitis B, if not stopped, continues until the liver becomes hardened and scarlike. This is

called cirrhosis, a condition traditionally associated with alcoholism. When this happens, the liver can no longer carry out its normal functions, a condition called liver failure. The only treatment for liver failure is liver transplant.

**Diagnosis:** Must be tested to know if you have the infection.

**Treatment:** If a healthcare provider determines the hepatitis B infection is acute (short-lived), the person may not need treatment. Instead, the healthcare provider will work to reduce any signs and symptoms experienced while the person's body fights the infection. If the case is chronic, the healthcare provider may recommend antiviral medications, or in severe cases, liver transplant.

**Prevention:** There is a vaccine that can prevent hepatitis B. It is recommended for infants, people age 18 and younger who were not vaccinated as infants, and adults who are at risk.

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## HIV

**Organism:** Caused by a **virus** called *human immunodeficiency virus* that damages a person's body by destroying specific blood cells, called CD4 cells, or T cells, which are crucial to helping the body fight diseases.

**How Transmitted:** HIV is primarily spread by unprotected anal or vaginal sex. It can also be spread by sharing needles or syringes, or from a mother to her fetus.

**Symptoms:** The only way to know if you are infected is to be tested for HIV. People cannot rely on symptoms to know whether or not they are infected. However, the following may be warning signs of advanced HIV infection: rapid weight loss; dry cough; recurring fever or profuse night sweats; profound and unexplained fatigue; swollen lymph glands in the armpits, groin or neck; diarrhea that lasts for more than a week; white spots or unusual blemishes on the tongue, in the mouth or in the throat; pneumonia; red, brown, pink or purplish blotches on or under the skin or inside the mouth, nose or eyelids; memory loss; depression; and other neurological disorders.

*Complications:* HIV infection, if left untreated with anti-retroviral drugs, can lead to AIDS (acquired immunodeficiency syndrome). HIV infection weakens the immune system, making an infected person highly susceptible to a number of bacterial, viral, fungal and parasitic infections. It can also make an infected person more susceptible to certain types of cancers.

Infections can include pneumonia, tuberculosis, viral hepatitis, herpes simplex virus, human papillomavirus, meningitis and non-Hodgkin's lymphoma.

*Diagnosis:* Must be tested to know if you have the infection.

*Treatment:* There is no cure for HIV; however, there are treatment options that can help people living with HIV experience long and productive lives. Anti-retroviral medications inhibit the growth and replication of HIV at various stages of its life cycle. There are several classes of these drugs available, and the options should be discussed with a healthcare provider.

*Prevention:* Post-exposure prophylaxis (PEP) is treatment with medicines that may be able to prevent the virus from infecting the body if taken within 72 hours of exposure. Pre-exposure prophylaxis (PrEP) involves taking daily medication to lower the chances of infection. It is most often used by people with HIV-positive partners or others at high risk.

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## HOW TO PREVENT AN STD

The most effective way to prevent an STD is to *NOT HAVE SEX*, either oral, anal or vaginal. People who choose to have sex need to use a latex or polyurethane/polyisoprene condom each time.

### Remember:

- You cannot tell by just looking if someone has an STD.
- For some of the most common STDs (chlamydia, gonorrhea, HPV), many people never have any symptoms.



- Some people with STDs never get treated because they did not have symptoms or the symptoms disappeared. These people were never cured and may have passed the infection to others.
- Washing, urinating or douching does not prevent STDs.
- You can get an STD again and again.
- You can get an STD if you have sex only once.
- Once you are infected with a viral STD such as herpes you are always infected—there is no cure.

### **WHAT TO DO IF YOU THINK YOU HAVE AN STD**

See a health provider. If you have been sexually active, have not used condoms, and know or think your sex partner has an STD you need to ask the doctor to test you, even if you have no symptoms. The tests are simple and are the only way to know for sure if you are infected with an STD.

#### **Remember:**

- Always use a latex or polyurethane/polyisoprene condom.
- If you or your partner(s) have unusual discharge, sores or rashes on or near the vagina, penis or anal area, STOP having sex, get tested and get treated if needed.
- If you have an STD, TAKE ALL YOUR MEDICINE EVEN IF YOU FEEL BETTER OR THE SYMPTOMS GO AWAY.
- Tell your partner(s) that you have an STD and that they should be tested and treated. If your partner(s) do not get treated and you continue to have sex, you may be reinfected. BE RESPONSIBLE!

## CONTRACEPTIVE METHODS

Condoms are only one of many birth control methods that exist. However, **they are the only method besides abstinence that can effectively prevent the transmission of sexually transmitted infections, including HIV.** The other methods of protection described here are effective only in preventing pregnancy.

Adolescents can obtain two types of contraceptive methods: prescribed methods that must be obtained from a health care provider, or over-the-counter methods that can be purchased from a store without a prescription. Contraceptives can also be categorized as hormonal methods (e.g., birth control pills and Depo-Provera) and barrier methods (e.g., condoms and diaphragms). Except for abstinence and condoms, use of any of the following methods should be coupled with consistent condom usage for STD prevention.

This section describes the methods in order of effectiveness.

### Abstinence (Choosing Not to Have Sex)

**What it is:** Not engaging in sexual activities; also called abstinence. Choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STDs.

**How it works:** Individuals or couples decide that not having sex (vaginal, anal and/or oral) is the best decision for them. People decide to do this for many reasons. They find other ways of showing their love and affection. They learn ways to tell their partners how they feel so they can stick with their decision.

**How to use it:** Choosing not to have sex is the simplest of all methods to use. It's free. You don't have to store it in a special place.

**How and where to get it:** You've got it. It's free.

**Effectiveness and advantages:** Choosing not to have sex is the safest and most effective method of preventing HIV, other STD and pregnancy. It works all the time when people consistently avoid any behaviors that can potentially result in pregnancy or STD.

**Risks and disadvantages:** There are no health risks. People need to be prepared to deal with pressure if a partner doesn't agree that abstinence is the best choice.

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## Long-Acting Reversible Contraception (LARC)

### IUD

**What it is:** The IUD (intrauterine device) is a small, plastic device shaped like a “T” that is inserted into the uterus by a doctor. There are four IUDs currently on the market—the Copper T, Mirena, Skyla and Liletta. Depending on the type of IUD, it can provide protection from pregnancy for 3 to 10 years. IUDs are reversible, meaning they can be removed by a health care provider and do not have to stay in place for a set number of years.

**How it works:** The IUD prevents pregnancy by affecting the way sperm move and preventing sperm from fertilizing an egg. Some IUDs (Mirena, Skyla) also release hormones that prevent pregnancy the same way as the birth control pill.

**How to use it:** The IUD must be inserted by a health care provider. After it is inserted, no further action for pregnancy prevention is required. The IUD is an approved method for young women, including teens (American College of Obstetricians and Gynecologists, 2012).

**How and where to get it:** IUDs must be obtained from a health care provider. The provider puts the IUD into the uterus through the vagina, using a small tube. The sides of the “T” collapse into a skinny straight line when it goes into the body, so it doesn’t poke the vagina or uterus. The procedure can be done at the clinic or doctor’s office.

**Effectiveness and advantages:** The IUD is highly effective (more than 99%) at preventing pregnancy. IUDs wrapped with copper (Copper T) provide protection for up to 10 years. Hormonal IUDs (Skyla, Liletta, Mirena) provide protection for 3 to 5 years. Some people prefer to use an IUD because it is very private and always in place and they don’t have to remember to take a pill each day. It can be removed by a health care provider at any time, and fertility rapidly returns to previous levels after removal.

**Risks and disadvantages:** *The IUD doesn’t protect against HIV or other STD.* Side effects may include changes to the menstrual cycle, more bleeding and cramping during periods or spotting between periods. It must be inserted and removed by a health care provider.

### Implant

**What it is:** Implants include 1 or more tiny rods or tubes of artificial hormones (progestin) that are placed under the skin of the upper arm by a health care provider. Implants work for at least 3 years and are reversible, meaning they can be removed by a health care provider at the end of their period of efficacy or earlier if women want to get pregnant or change methods.

**How it works:** The implant slowly releases a low dose of the hormone progestin into the bloodstream. This stops the ovaries from releasing eggs. It also thickens cervical mucus, which makes it more difficult for sperm to reach the egg.

**How to use it:** Implants must be inserted by a health care provider. After insertion, no further action for pregnancy prevention is required until the 3-year period expires. The implant is an approved method for young women, including teens (American College of Obstetricians and Gynecologists, 2012).

**How and where to get it:** Implants must be obtained from a health care provider. A small incision is made on the inside of the upper arm; then the rod, which is about the size of a matchstick, is inserted. The procedure can be done at the clinic or doctor's office with a local anesthetic.

**Effectiveness and advantages:** The implant is highly effective (more than 99%) at preventing pregnancy, and it provides protection for 3 years. Some people prefer to use it because it is very private and always in place and they don't have to remember to take a pill each day. It can be removed by a health care provider at any time, and fertility rapidly returns to previous levels after removal.

**Risks and disadvantages:** *The implant doesn't protect against HIV or other STD.* Side effects may include spotting between periods, light periods, longer periods or no periods at all. It must be inserted and removed by a health care provider.

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## Hormonal Methods

### Depo-Provera®

**What it is:** Depo-Provera® is an injectable form of birth control that uses a synthetic hormone (progestin) to prevent pregnancy.

**How it works:** Depo-Provera® injections inhibit ovulation by suppressing hormone levels. Depo-Provera® also inhibits the development of the endometrium (the lining of the uterus) and contributes to the development of thick cervical mucus that decreases sperm penetration.

**How to use it:** Depo-Provera® must be obtained from a health care provider. For immediate protection, the first shot needs to be received during the first 5 days of a normal menstrual period; but an additional form of contraception should be used for 2 weeks after the first

injection as a precautionary measure. After that, no further action is needed. Depo-Provera® provides protection all day, every day—as long as people return to the doctor's office every 12 weeks for an injection.

**How and where to get it:** Depo-Provera® requires a prescription from a doctor. People must visit their doctors every 12 weeks to receive an injection. According to the manufacturer, Depo-Provera® costs about the same per year as birth control pills.

**Effectiveness and advantages:** Depo-Provera® is extremely effective at preventing pregnancy (more than 99%), as long as the injections are done on schedule. Other than receiving an injection every 12 weeks, no other steps are required for protection against pregnancy. Some people prefer to use Depo-Provera® because it is very private and they don't have to remember to take a pill each day.

**Risks and disadvantages:** Like the pill, *Depo-Provera® doesn't protect against HIV or other STD.* There are several potential side effects, including weight gain and irregular or unpredictable menstrual bleeding. Other side effects may include nervousness, dizziness, stomach discomfort, headaches, fatigue or a decrease in the amount of mineral stored in the bones (a possible risk-factor for osteoporosis).

People should talk with their health care providers to ensure that Depo-Provera® is a good option for them, and must visit the doctor every 12 weeks for the injections. Once the injections are stopped, fertility will not return for an average of 6 months to 1 year. However, this period of potential "infertility" should not be regarded as a "safe" time to have unprotected intercourse.

## Birth Control Pill

**What it is:** The birth control pill is a prescription drug that contains different amounts of the hormones estrogen and progesterone.

**How it works:** The pill mimics the hormones of pregnancy. It stops the release of fertile eggs from the ovaries, and thickens the mucus in the cervix so it is hard for sperm to enter the uterus.

**How to use it:** Birth control pills must be obtained from a health care provider. The person takes 1 pill at approximately the same time each day, as prescribed. After finishing the first pack of pills she is protected all day, every day—as long as she continues to take the pills as prescribed.

**How and where to get it:** The person must make an appointment with a health care provider, who will provide the pills at that time or write a prescription for the birth control pills with instructions about when to begin taking them.

**Effectiveness and advantages:** The birth control pill is more than 99% effective at preventing pregnancy if the person takes it every day, uses some other method of protection during the first month, and doesn't use another person's pills. The pill is convenient and does not affect the spontaneity of a sexual relationship.

While a person is taking the pill, periods may be lighter, shorter and more regular, with less cramping. The pill may protect from other health care issues, such as pelvic inflammatory disease and ovarian and endometrial cancer.

**Risks and disadvantages:** *The birth control pill doesn't protect against HIV or other STD.* There may be several minor side effects, including nausea, sore breasts, weight gain, skin problems and depression. A health care provider will discuss rare health risks, such as high blood pressure, blood clots, heart attack and stroke, especially for those who smoke.

## **Birth Control Patch & Vaginal Ring**

**What they are:** The birth control patch is a thin plastic square that can be worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts). The vaginal ring is a soft, flexible ring inserted into the vagina.

**How they work:** The patch or ring slowly releases artificial hormones into the body. They prevent pregnancy in the same ways as the birth control pill, by stopping the release of fertile eggs from the ovaries, and thickening the mucus in the cervix so it is hard for sperm to enter the uterus.

**How to use them:** The patch or the ring must be obtained from a health care provider. They are worn every day. A new patch is applied each week. The ring is changed once a month.

**How and where to get them:** The patch and the ring must be prescribed by a health care provider. People can place the patch on the body or insert the ring themselves, but must see a health care provider to get them.

**Effectiveness and advantages:** The patch and the ring are more than 99% effective in preventing pregnancy when they are used correctly. This means remembering to wear the patch and change it each week or to insert the ring and change it each month. The patch and the ring are simple and easy to use, as long as they are worn and changed as required.

For many, these methods are convenient and don't interfere with the spontaneity of a sexual relationship. The patch and the ring can lessen the bleeding and cramping of heavy or painful menstrual periods.

**Risks and disadvantages:** *The patch and the ring don't protect against HIV or other STD.* They must be worn every day, whether people are having sex or not. A health care provider will discuss rare health risks, such as high blood pressure, blood clots, heart attack and stroke, especially for those who smoke.

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## Barrier Methods

### Male Condom (External Condoms)

**What it is:** A male latex condom is a sheath made of thin latex rubber that fits over an erect penis. Condoms are also called “rubbers” or “prophylactics.” There are alternatives for people allergic or sensitive to latex, including polyurethane (a type of plastic) and polyisoprene (a non-latex rubber).

**How it works:** The condom fits snugly over the erect penis and catches semen and sperm when the man ejaculates. Condoms provide a mechanical barrier that prevents direct contact with semen, sperm and other body fluids that can contain sexually transmitted bacteria and viruses, including HIV.

A common misperception is that condoms contain “holes,” and that HIV can pass through the holes. Laboratory studies show that intact *latex, polyurethane* or *polyisoprene* condoms provide a continuous barrier to microorganisms, including HIV.

**How to use it:** The condom is unrolled onto the erect penis before the penis is placed anywhere near the partner's body.

Air pollution, heat and sunlight can weaken latex condoms. Leaving condoms in sunlight for 8–10 hours begins to weaken their strength. Condoms should not be stored for long periods in a wallet, pants pocket or glove compartment of a car. They can probably be kept safely in a wallet for up to a month. Condoms should be stored in a cool, dry place, and the package should not be opened until the condom is to be used. A condom can be used only once, and should not be used after the expiration date on the package or if it is visibly damaged.

Oil-based lubricants such as petroleum jelly, hand lotions, baby oil or other oils can weaken latex condoms and should not be used. Lubricants should be water-based, such as K-Y Jelly®, Glide®, surgical jellies and most contraceptive jellies.

**How and where to get it:** Condoms are available at markets, drugstores, family planning and STD clinics and online. They also may be available in vending machines or at schools. Anyone can buy condoms, regardless of age or gender. No prescription is needed.

**Effectiveness and advantages:** Latex condoms can be 98% effective in preventing pregnancy, but only if they are used correctly and consistently (i.e., *every time* a person has sex); this represents *perfect use*. Several studies of “discordant couples” (couples in which one member is infected with HIV and the other is not) show that using latex condoms with every act of intercourse also substantially reduces the risk of HIV transmission.

Condoms are double-dipped in latex during the manufacturing process (latex gloves are only single-dipped). Condoms are regulated by the FDA, and are subject to stringent testing. Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship.

**Risks and disadvantages:** Condom effectiveness depends on how the condom is used. Studies have found that most latex condom failure results from user errors, such as using the condom incorrectly (e.g., using after genital contact, failing to unroll the condom completely, using oil-based lubricants), using the condom inconsistently or using a damaged condom (e.g., a condom that has been torn by fingernails or jewelry, or that has been stored improperly). ***In terms of pregnancy prevention, first year failure rates among typical users average about 18%.***

There are no serious health risks. Sometimes condoms may irritate the skin, especially if they contain a spermicide or if the user is allergic to latex. Use of another brand or a hypoallergenic (polyurethane or polyisoprene) condom will solve this problem in most cases. Use of condoms lubricated with the spermicide called nonoxynol-9 is no longer recommended. Some couples complain that condoms reduce sexual feelings. Others say it makes no difference. Some people complain about having to stop and put on the condom; but if the couple puts it on together, it can become a part of their shared responsibility within the relationship.

***Natural membrane (also known as lambskin) condoms will not protect from HIV and other STD to the same degree as latex condoms.***



## Female Condom (Insertive Condoms)

**What it is:** The female or insertive condom is a thin, loose-fitting polyurethane or nitrile pouch that contains a flexible ring at each end. One ring lies inside the closed end of the pouch and is used to insert the condom into the vagina; it also holds the condom in place. The other ring forms the open edge of the pouch and remains outside the body after the condom is inserted.

**How it works:** Condoms provide a mechanical barrier that prevents direct contact with semen, sperm and other body fluids that can sexually transmit bacteria and viruses, including HIV.

**How to use it:** A person inserts the end of the condom with the ring inside into the vagina. The outside ring should lie on the vulva outside of the body. **Female condoms should not be used along with male condoms.** If both types of condoms are used at the same time, neither will stay in place. A condom can be used only once, and should not be used after the expiration date. It can be inserted up to 8 hours before intercourse, but most people insert it between 2 and 20 minutes before having sex. The condom should be removed after intercourse and thrown away in the trash.

**How and where to get it:** Female condoms may be purchased at drugstores or online without a prescription and are sometimes available at family planning or STD health centers. Anyone can buy condoms, regardless of age or gender.

**Effectiveness and advantages:** When used correctly and consistently, the female condom can be 95% effective in preventing pregnancy, and also provides protection from HIV and other STD. It offers a barrier contraceptive option that can be used instead of a male condom. It can be obtained without a prescription. If it is inserted early, it does not interrupt sex. The nitrile used in the condom is stronger than latex, has good heat-transfer characteristics that can increase pleasure, is not susceptible to deterioration with oil-based products, and is less susceptible than latex to deterioration during storage.

**Risks and disadvantages:** Consistent and correct use is essential for effectiveness with the female condom. There are no serious health risks; however, some have reported minor issues using the condom. It may be awkward to insert without practice. A couple must be aware of keeping the condom in place as it can be pushed inside the body during sex, or the penis can slip to the side of the condom. Other problems may include minor irritation, discomfort and breakage.

## Vaginal Barriers

### Diaphragm, Cervical Cap, Sponge

**What they are:** Vaginal barriers are devices that cover the cervix (opening to the uterus) to keep sperm from reaching and fertilizing an egg. They come in different forms.

- The diaphragm is a reusable flexible, dome-shaped cup made of latex or silicone. It is inserted in the vagina and positioned to cover the cervix. It can be inserted up to 6 hours before sex, and must be left in place at least 6 but no more than 24 hours after intercourse.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours. Like the diaphragm it is inserted in the vagina before sex, and must be left in place for 6 hours after intercourse.
- The sponge is made of soft polyurethane that contains spermicide. It is inserted in the vagina before intercourse and provides protection for 24 hours. It, too, must be left in place for at least 6 hours after intercourse, but should not be left in the vagina for any more than 30 hours total. The sponge is not reusable.

**How they work:** Vaginal barriers prevent fertilization by blocking sperm from entering the uterus and fallopian tubes, so the sperm cannot reach the egg.

**How to use them:** Vaginal barriers are inserted into the vagina to cover the cervix before having intercourse. The diaphragm and cervical cap should be coated with spermicide before insertion. The sponge should be moistened with water and has spermicide built in.

**How and where to get them:** A person must be fitted for a diaphragm or cervical cap by a health care provider. The sponge comes in one size and is available at drugstores, family planning clinics and some supermarkets.

**Effectiveness and advantages:** If used correctly with spermicide every time a couple has sexual intercourse, vaginal barriers are fairly effective at preventing pregnancy (diaphragm, 88–94%; sponge, 76–91%; cervical cap, 71–86%); the range in effectiveness reflects *typical use* (not always using the method consistently and correctly) versus *perfect use* (always using the method consistently and correctly). The sponge and cervical cap are more effective for those who have not had children. When used *with a latex or polyurethane condom*, the combined method is very effective at preventing pregnancy, HIV and other STD. If they are inserted early, use does not require an interruption in lovemaking. The diaphragm and cervical cap are reusable.

**Risks and disadvantages:** There are no health risks associated with using vaginal barriers. Some people may have an allergic reaction to the material the barrier is made of or the spermicide used with it. There is a low risk of vaginal or urinary infections. To avoid a very low risk of toxic shock syndrome, people should not leave a vaginal barrier method in the body longer than recommended. ***When used alone, vaginal barriers with spermicides do not protect from HIV and other STD.***

## Vaginal Spermicides

### Contraceptive Foam, Gel, Cream, Film, Suppositories or Tablets

**What they are:** Spermicides are made up of 2 components: a base or carrier (i.e., foam, gel, cream, film, suppository or tablet), and a chemical that kills sperm.

**How they work:** These spermicidal preparations are inserted into the vagina before sexual intercourse. After insertion, the spermicide disperses and kills sperm before they pass through the cervix to the uterus.

**How to use them:** Contraceptive foam, gel, cream, film, suppositories or tablets are inserted into the vagina near the cervix. Spermicides must be reinserted each time the couple has intercourse. Foam, gel and cream are effective immediately. Film, suppositories and tablets are not fully effective until *15 minutes after insertion*. Spermicidal preparations remain effective no more than 1 hour after insertion. They also must be reinserted if more than 1 hour elapses between initial insertion and intercourse. All vaginal spermicides can be used alone, or with a diaphragm or latex condom for increased protection.

**How and where to get them:** Vaginal spermicides are available at supermarkets, drugstores, family planning clinics and online. A prescription is not required. There is no age limit for purchasing them.

**Effectiveness and advantages:** If used correctly every time a couple has sexual intercourse, spermicides alone are fairly effective at preventing pregnancy (82% with *perfect use* to 72% with *typical use*). When used *with a latex or polyurethane condom*, the combined method is very effective at preventing pregnancy, HIV and other STD. When used *with a diaphragm*, gels and creams are very effective at preventing pregnancy.

**Risks and disadvantages:** There are no health risks associated with using vaginal spermicides. Some people may have an allergic reaction or irritation. This can sometimes increase the risk of HIV and other STD transmission. If a reaction or irritation occurs, another brand may work better. Foam, gel or cream must be inserted right before having sexual intercourse; and film, suppositories and tablets must be inserted at least 15 minutes before intercourse. Spermicides need to be reapplied for each act of intercourse. ***When used alone, vaginal spermicides do not protect from HIV and other STD.***

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## Emergency Contraception

**What it is:** Emergency contraception (EC) is a method that reduces the risk of pregnancy after unprotected sex.

**How it works:** Emergency contraception prevents pregnancy primarily by stopping the egg from being released, so the sperm can't fertilize it.

**How to use it:** There are several different types of emergency contraception pills available in the United States. Depending on the type taken and the individual circumstances, a person may take one pill or several. EC works best when started as soon as possible after unprotected sex. It works best when started right away, but can be taken up to 5 days after sex. A copper IUD, inserted by a health care provider up to 5 days after unprotected sex, can also act as emergency contraception.

**How and where to get it:** Some kinds of pills are available from a pharmacist or at drugstores without a prescription. Other kinds require a prescription from a health care provider. A health care provider must insert the IUD.

**Effectiveness and advantages:** Taking EC as soon as possible or up to 5 days after unprotected sex can reduce the risk of pregnancy up to 89%. An IUD inserted within 5 days of unprotected intercourse reduces the risk for pregnancy by 99%.

Emergency contraception makes sense if a couple does not want to become pregnant and their regular birth control method was damaged, slipped out of place, or wasn't used correctly. It can also be used to prevent pregnancy in cases of sexual assault.

**Risks and disadvantages:** Common side effects that can occur when taking EC pills include heavier menstrual bleeding, nausea, lower abdominal pain, fatigue, headache and dizziness. The IUD can cause increased menstrual bleeding, pain and/or cramping, as well as spotting between periods.

Some people do become pregnant or are already pregnant when they use emergency contraception. Studies have found no risk to a developing fetus from the use of EC pills. There is an increased risk of miscarriage from an IUD.

Emergency contraception should be viewed as a contingency measure. It is important for sexually active couples to practice a regular form of birth control. ***Emergency contraception provides no protection against HIV or other STD.***

# DRUGS AND THEIR EFFECT ON SEXUAL RESPONSIBILITY

Reaching goals and dreams requires a person to be clear thinking, responsible and in control. Using alcohol and/or other drugs may prevent people from making the best decisions and, consequently, attaining their goals and dreams. Alcohol and other drugs alter thinking and impair judgment. This can lead to risky sexual behaviors. Below is a description of various drugs, what they look like and their effects.

## ALCOHOL

*(booze, brew, hair of the dog, hooch, juice, sauce, spirits)*

Alcohol is the drug in beer, wine and liquor. When a person drinks alcohol, it goes straight from the stomach into the blood and then to the brain. Alcohol is a depressant and quickly changes the way the brain works.

### What does it look like?

Alcohol is a colorless liquid that has a slight chemical odor. A standard drink has ½ ounce of pure alcohol. Each of the following alcoholic beverages is considered a standard drink:

- 12-ounce beer
- 10-ounce microbrew
- 8- to 9-ounce malt liquor
- 4 to 5 ounces of wine
- 1½ ounces of 80-proof liquor

### What are its effects?

Drinking affects each person differently, depending on age, gender and body size, as well as how much and how fast a person drinks. How much food is in the person's stomach is also a factor. Only time will make a person sober. Drinking coffee, taking a shower, getting fresh air or vomiting will not get rid of the alcohol in a person's blood.

At the very early stages of drinking, alcohol can produce an enjoyable "buzz" effect. But when the blood alcohol level (BAL) reaches .05% to .06%, positive effects decrease and negative effects increase. Drinking too much on a single occasion impairs thinking and memory, slows reaction time, blurs vision, decreases inhibitions and can cause vomiting and passing out. At very high blood alcohol levels, breathing can stop, the heart can stop

and death can occur from alcohol poisoning.

Chronic heavy drinking, or drinking too much over a long period of time, can cause serious health problems. These include the loss of memory and motor skills, heart damage, stroke, liver disease and an increased risk of certain cancers.

Some adults can choose to drink responsibly. They control how much they drink and stop before they drink too much. But some people become addicted to alcohol and can't control how much they drink. They can't stop before they drink too much and continue use despite personal harm or injury.

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## MARIJUANA

*(pot, dope, grass, weed, Mary Jane, chronic, reefer, ganja, kaya, doobie)*

Marijuana comes from the leaves of the hemp plant *cannabis sativa*. It can be eaten in certain foods or smoked. Medicinal and recreational use has been legalized in some places. But marijuana is illegal for anyone under age 21.

### What does it look like?

Marijuana is a green or gray mixture of dried, shredded flowers and leaves.

### What are its effects?

The effects vary from person to person depending on how strong the marijuana is, how it's taken and whether other drugs or alcohol are involved. At first, marijuana can make people feel relaxed, in a good mood, and even silly. Users will likely experience dry mouth, rapid heartbeat, some loss of coordination, poor sense of balance and slower reaction times, along with intoxication. Blood vessels in the eyes will expand causing the red eye effect.

Marijuana in a person's system may impair short-term memory. This happens because all forms of marijuana contain THC (delta 9 tetrahydrocannabinol), the main active chemical in marijuana, which alters the way the brain works. After a few minutes, paranoia or anxiousness may set in, then intense hunger (a.k.a. the munchies). Finally, sleepiness may occur.

For some people, marijuana raises blood pressure slightly and can double the normal heart rate. This effect can be greater when other drugs are mixed with marijuana.

Marijuana can make people more likely to do things they might later regret. Like other drugs it impairs judgment and alters thinking. In addition, marijuana reduces coordination and concentration. It's harder to do many things, including sports, dancing, acting and studying.

Keep in mind that marijuana is illegal for anyone under 21. Using, holding, buying or selling it can get you suspended or expelled from school, and even a criminal record and jail time.

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## **CRACK AND COCAINE**

*(coke, snow, blow, toot, nose candy, flake, the lady)*

Cocaine is a powerful stimulant drug that comes from the leaves of the South American coca plant. Taking it makes people feel energetic and powerful at first, but then depressed, edgy and needing more.

### **What does it look like?**

Cocaine is a white powder that people either snort or dissolve and inject with a needle. Crack is a form of cocaine that has been chemically altered and crystallized, so it can be smoked.

### **What are its effects?**

At first, cocaine makes people feel energetic and powerful. As these feelings wear off, however, they quickly become depressed and edgy, and they experience intense craving for more.

Cocaine and crack are among the most addictive drugs available. Not only can these drugs harm the body, they can distort priorities to the point where all that matters is getting the next fix. Being high on cocaine or crack, or pursuing the next hit, often results in violence, car crashes, falls, burns and drownings.

People addicted to crack and cocaine often do risky things they later regret. They may spend all their money on these drugs and do any number of other things to support their habit, such as stealing from people they love, trading sex for money, selling drugs and getting involved in all kinds of other illegal activities. In their pursuit to feed the crack and cocaine addiction, users hurt the people around them and often end up alone.

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## INHALANTS

*(all kinds of household goods, poppers, whippets, laughing gas, amyl nitrite, butyl nitrite, nitrous oxide, rush)*

Inhalants are chemicals people sniff for a head rush. Usually, it's a product that's meant for something else, like gases, glue or cleaning products.

### What are their effects?

People who use inhalants get a quick, giddy head rush. They are cheap and usually readily available, making them an easy choice for those who use them. Users feel slightly stimulated and uninhibited, but within a minute or two, a major headache comes on (the first indication that this is a bad idea). Hallucinations and numb hands and feet are often part of the package. Suffocation and sudden death can also occur, even during the first time a person uses these drugs.

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## HALLUCINOGENS

*LSD (acid), psilocybin (mushrooms), mescaline*

Hallucinogens change your thought processes, emotions and perceptions. The most popular are acid and mushrooms. LSD is the most potent hallucinogen.

### What do they look like?

Acid usually comes in the form of a small piece of paper (blotter acid) that has been soaked in the drug. It also comes in small tablets called microdots or small squares of gelatin called window panes. When users place the acid on their tongue, the drug is absorbed and enters the blood stream. Mushrooms look like dried edible mushrooms, but they are not the same as the mushrooms you eat with foods like pizza. There are thousands of kinds of mushrooms. Hallucinogenic mushrooms are unique and contain a poison that makes you feel high.

### What are their effects?

The effects of hallucinogens vary greatly—even unpredictably—depending on the dose, a person's mood, personality and surroundings. The effects usually begin 30–90 minutes after ingestion and can last up to 12 hours. The physical effects include dilated pupils, increased blood pressure, sweating, nausea, loss of appetite, sleeplessness, dry mouth and tremors. The major effects, though, are on the emotions and perceptions. Emotions while



“tripping” may change frequently and vary widely—from fear and anxiety to euphoria. People’s perceptions are also altered so that they lose their sense of time and direction and see distorted shapes and movements. Colors, sounds and smells may also be intensified. In some cases, a phenomenon known as synesthesia occurs, in which people report the ability to hear colors or see music.

When experiencing a “good trip,” people feel a heightened sense of awareness. However, during a “bad trip,” people may feel intense anxiety and a fear of dying or going insane. Furthermore, some people experience harmful psychological effects of the drug after the trip has ended. Psychological effects may persist for many years after and include severe mood swings, disordered thinking, loss of a sense of reality and visual problems. Some users experience flashbacks, which include hallucinations and other visual disturbances. These flashbacks may occur repeatedly for many years after they stop the drug, even after taking a hallucinogen only once.

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## **DISSOCIATIVE DRUGS**

PCP (*angel dust, ozone, wack, rocket fuel, supergrass*)  
ketamine (*special K, vitamin K, cat valium*)  
dextromethorphan (*DXM, robo*)

Dissociative drugs include PCP, ketamine and dextromethorphan. These drugs may create an out-of-body experience and detachment from the environment for the user. They affect the part of the brain that controls the pain perception, memory, emotions and mood.

### **What do they look like?**

PCP and ketamine both come in pill form or in powdered form to be snorted or smoked. Ketamine is odorless and tasteless, and has been used as a date rape drug because of this. Dextromethorphan is an ingredient in over-the-counter cough syrup. Users ingest many times the recommended dose for coughs when getting high on this drug.

### **What are their effects?**

At low doses, PCP causes increased breathing, heart rate, and blood pressure. At higher doses, it can cause dangerously rapid breathing, increased heart rate and increased blood pressure, as well as dizziness, nausea, blurry vision, decreased pain perception, muscle contractions, and kidney damage. At extreme doses, PCP can lead to convulsions, coma and even death.

The psychological effects of **PCP** are unpredictable and may last from hours to days. Users experience detachment from reality, distortion of perceptions and hallucinations. It can also cause severe confusion, violence and suicide. PCP is addictive, and people may experience depression for years after stopping chronic use.

The effects of **ketamine** range from a dream-like state, euphoria, hallucinations and dissociation from one's body to complete sensory distortion and horrible feelings of death. At high doses, it can cause memory loss, high blood pressure and life-threatening problems with breathing.

The effects of **dextromethorphan** range from a mild effect and vision changes at low doses to a complete detachment from one's body at high doses.

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## Heroin

*(smack, H, ska, junk)*

Heroin is a highly addictive drug that comes from morphine. It produces a sense of euphoria that users constantly chase.

### What does it look like?

It usually appears as white or brown powder, or as a black sticky paste. It can be injected, snorted or smoked.

### What are its effects?

Short-term, heroin causes a sense of euphoria and clouded thinking that can lead to impaired decision making. This is followed by alternating wakeful and drowsy periods. Heroin causes depressed breathing and therefore overdose can be fatal. Injecting the drug increases a person's risk of contracting HIV and other blood-borne diseases.

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## **Methamphetamine**

*(speed, meth, chalk, ice, crystal, glass)*

A highly addictive substance, closely related to amphetamine. It is toxic to the nervous system and has long-lasting effects. It is popular with teens as it is inexpensive and relatively easy to obtain.

### **What does it look like?**

Methamphetamine can be in the form of a white powder that can be taken orally, snorted or injected. It could also be in the form of a rock or crystal that is heated and smoked.

### **What are its effects?**

Methamphetamine increases energy, awake-time and physical activity. It increases the heart rate, blood pressure and body temperature. Long-term use can result in mood disorders, violent behavior, anxiety, confusion and insomnia. It can also result in severe dental problems. All users are at increased risk of contracting infectious diseases such as HIV and hepatitis.

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## **MDMA**

*(ecstasy, XTC, E, Adam, hug, beans, love drug)*

MDMA (ecstasy) is a popular drug among teens and young adults in the club and rave scenes. It has effects similar to both amphetamines (speed) and hallucinogens (LSD), such as increased energy, a dream-like state and euphoria.

### **What does it look like?**

MDMA usually comes in a pill form. Pills come in a variety of colors and designs. It can also be snorted or injected.

### **What are its effects?**

MDMA is a synthetic drug that has effects similar to both amphetamines (speed) and hallucinogens (LSD). The pleasurable effects of ecstasy include alertness, increased energy, euphoria, self-confidence and a feeling of closeness to others. Its effects last from 3 to 6 hours. The physical effects include nausea, muscle tension, teeth clenching, blurred vision, increased heart rate, increased blood pressure and increased body temperature. In high

doses, body temperature can become dangerously high (called malignant hyperthermia), leading to muscle breakdown and kidney damage. Heart attacks, strokes or seizures may also occur in some people who use the drug.

New research is also finding that MDMA damages the area of the brain involved with memory, thought, mood and sleep. This damage can lead to depression, sleep problems, anxiety and paranoia. Furthermore, since this drug is synthetic, the actual content of the drug varies widely. Ecstasy pills may contain caffeine, dextromethorphan, heroin and mescaline in addition to MDMA. Accidental deaths have been reported among people who thought they were taking MDMA, but ingested another, more harmful drug instead.

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## **TOBACCO**

*(bidi, butt, cigarette, cig, stoge, cancer stick, chew, dip, smoke)*

Tobacco is an agricultural crop, most commonly used to make cigarettes. It is grown all over the world and supports a billion-dollar industry. The psychoactive ingredient is nicotine, a stimulant, but more than 4,000 other chemicals (2,000 of which are known to be poisonous) are present in cigarettes.

### **What does it look like?**

Dried, cut-up leaves that are processed, dried and then either rolled and smoked or chewed.

### **What are its effects?**

Nicotine, the main drug in tobacco, is highly addictive. It triggers complex biochemical and neurotransmitter disruptions. It elevates heart rate and blood pressure, constricts blood vessels, irritates lung tissue, and diminishes one's ability to taste and smell. Tobacco use will also lead to stained teeth, bad breath and premature face wrinkles. The health risks associated with tobacco are very serious and include cancer of the lungs, mouth, throat, esophagus and more; frequent feelings of cold; chronic bronchitis; emphysema; stroke; and heart disease.

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## PRESCRIPTION DRUGS

*(opiates, stimulants, central nervous system depressants)*

Prescription drug abuse means taking a prescription medication that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed. Abuse of prescription drugs can produce serious health effects, including addiction. Commonly abused classes of prescription medications include opiates (for pain), central nervous system depressants (for anxiety and sleep disorders) and stimulants (for ADHD and narcolepsy).

### What do they look like?

Prescription drugs like these most commonly come in pill form. The pills vary in color and shape depending on their type, brand and dosage and have different letters, numbers or symbols on them. For this reason, it is very easy to identify a pill that you may come across. However, when used recreationally, prescription pills can be crushed up into a powder, making identifying the substance more difficult. Additionally, prescription drugs can come in liquid form, to be taken orally.

### What are their effects?

When taken properly, prescription drugs are effective and helpful to those who need them. However, when taken recreationally, they often have adverse and dangerous effects.

**Opiates** – Long-term use of opiates or central nervous system depressants can lead to physical dependence and addiction. Opiates can produce drowsiness and constipation and, depending on the amount taken, can depress breathing. Opiates act directly on the respiratory center in the brainstem, and if taken in excessive amounts, they can shut down breathing altogether and cause death.

**Depressants** – Central nervous system depressants slow down brain function. If combined with other medications that cause drowsiness or with alcohol, heart rate and respiration can slow down dangerously. Like opiates, they are extremely addictive.

**Stimulants** – Stimulants can increase blood pressure, heart rate and body temperature, and decrease sleep and appetite, which can lead to malnutrition and its consequences. Repeated use of stimulants can lead to feelings of hostility and paranoia. At high doses, they can lead to serious cardiovascular complications, including stroke. Addiction to stimulants is also a very real consideration for anyone taking them without medical supervision.

While on their own each of these drugs poses risks and health complications (especially when taken recreationally), when combined with other drugs or with alcohol, they are extremely dangerous. Mixing prescription pills with other drugs or alcohol can result in serious physical and mental problems and even death. Any prescription drug should be taken under the supervision of a licensed doctor.

*Sources: National Clearinghouse for Alcohol and Drug Information. National Institute for Drug Abuse.*

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**In summary, making proud and responsible choices will help you when you are faced with the many factors and influences that might impact your decisions about drugs.**

# APPENDIX

## C

### GROUP MANAGEMENT PROBLEMS AND STRATEGIES

Group management problems exist when one or more group members exhibit behaviors that interfere with, inhibit, deflect from or slow down the procedures or goals of the group. Some behaviors occur very rarely, others with greater frequency.

The following suggestions for dealing with group management problems will usually suffice, but even skilled facilitators must deal with new challenges that arise from time to time. Most methods for reducing group management problems are only a temporary bridge between initial student resistance and the point in the process at which the student regards participation to be useful, valuable and personally relevant. The following lists common management problems in adolescent groups and possible strategies for preventing and dealing with these problems.

# TYPES OF GROUP MANAGEMENT PROBLEMS

## INACTIVITY

**Minimal Participation** – Students seldom volunteer a comment, provide only brief answers, and, in general, leave facilitators feeling as though they are struggling to keep the group on task.

**Apathy** – Apathy is a more extreme form of minimal participation. Almost everything the facilitator does to direct, enliven or activate the group is met with disinterest, lack of spontaneity and little if any progress toward group goals.

**Falling Asleep** – Students may appear so uninvolved that they fall asleep. Before assuming this is due to lack of interest, inquire into the cause of the fatigue. Boredom, lack of sleep and physical illness are all possible reasons.

**Excessive Restlessness** – Students fidget while sitting, rock their chairs, get up and pace, or display other nonverbal, verbal, gestural or postural signs of restlessness. Such behavior is often accompanied by digression, monopolizing or interrupting behavior.

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## ACTIVE RESISTANCE

**Participation, but Not as Instructed** – Students are off target. They might be trying to roleplay, serve as co-actor, give accurate feedback, or engage in other tasks, but their own personal agendas or misperceptions interfere, and they wander off course to irrelevant topics.

**Passive-Aggressive Isolation** – Instead of participating as instructed, students actively go off task and raise personal agendas. Passive-aggressive isolation is the purposeful, intentional withholding of appropriate participation and involvement.

**Negativism** – Students signal overtly, by word and action, the wish to avoid participation in the group. They openly refuse to roleplay, provide feedback or complete assignments. They also might not come to sessions, come late to sessions or walk out in the middle of a session.



**Disruptiveness** – This includes displays of behaviors more extreme than negativism that are intended to interfere with the learning process. Examples include openly ridiculing the facilitator or other students, and distracting nonverbal behaviors such as gestures, movements or noises.

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## HYPERACTIVITY

**Digression** – Students act out repetitive and strongly motivated attempts to move away from the purposes and procedures. In some cases, the students are feeling some emotion, such as anger, anxiety or despair, and are determined to express it. In other cases, activities set off associations, which the students want to present and discuss. Digression is often characterized by jumping out of role in the roleplay. Rather than merely wandering off track, the students drive the train off its intended course.

**Monopolizing** – This includes subtle and not so subtle efforts by students to get more than a fair share of time during a session. Examples include long monologues, unnecessary requests to repeat roleplays, elaborate feedback and attention-seeking efforts.

**Interruption** – Interruption is similar to monopolizing, but more intrusive and insistent. Interruption involves breaking into a modeling display, roleplay or feedback period with comments, questions, suggestions, observations or other statements. An interruption might be assertive or angry, take the form of making faces or excessive humor or be presented benevolently as a helper.

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## COGNITIVE INADEQUACIES AND EMOTIONAL DISTURBANCE

**Inability to Pay Attention** – Closely related to excessive restlessness, the inability to pay attention often is a result of internal or external distractions that command a student's attention. Inability to pay attention except for brief time spans also may be due to cognitive impairment.

**Inability to Comprehend Concepts** – The inability to understand key points and messages may be due to developmental problems, intellectual inadequacy, lack of experience or physical or emotional disorders. Failure to understand also can result from lack of clarity by the facilitator.

**Bizarre Behavior** – A number of such behaviors might include talking to oneself or inanimate objects, offering incoherent statements to the group, becoming angry for no apparent reason, hearing and responding to imaginary voices and exhibiting peculiar mannerisms. Such behavior not only pulls other students off task but also can frighten them or make them highly anxious and is indicative of more serious mental health problems.

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## STRATEGIES FOR REDUCING GROUP MANAGEMENT PROBLEMS

### SIMPLIFICATION METHODS

**Reward Minimal Student Accomplishment** – Rather than responding positively to students only when they enact a complete and accurate roleplay or other task, reward them for lesser, but still successful accomplishments, such as the correct portrayal of only one or two behavioral steps. In extreme examples, merely paying attention to someone else's roleplay could be the accomplishment.

**Shorten the Task** – Ask less of the students by shortening the activity or roleplay.

**Have the Student Read a Prepared Script** – This approach removes from students the burden of figuring out what to say and eases getting in front of the group and acting out the skill. As with all simplification methods, using a prepared script should be a temporary device, used to move students in the direction of roleplaying without assistance.

**Have the Student Play the Scripted Role First** – Let students who are uncomfortable with performing in front of their peers play the scripted roleplay first. This accustoms them to going before the group and speaking because the spotlight is mostly on someone else. This method should be used temporarily. Before moving on to the next skill, all students should play the main role using the particular skill.

## ELICITATION OF RESPONSE METHODS

**Call for Volunteers** – In the early stages, facilitators often elicit participation. The least directive way is calling for volunteers.

**Introduce Topics for Discussion** – Calling for volunteers in a highly apathetic group may yield no response. Under this circumstance, introduce discussion topics that appear especially relevant to the needs, concerns, aspirations and skill deficiencies of the particular students.

**Call on a Specific Student** – This is a more active and directive facilitator intervention. It is often useful to select a student whose attentiveness, facial expression, eye contact or other nonverbal signal communicates potential involvement and interest.

**Prompt and Coach Students** – The facilitator takes on the role of coach or prompter and feeds roleplay lines to a student or carefully directs the group's discussion. The most direct way involves a facilitator standing behind the student during a roleplay and whispering statements that represent each behavioral step for the student to say out loud.

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## THREAT REDUCTION METHODS

**Employ Additional Live Modeling by the Group Facilitator** – The facilitator demonstrates a skill repeatedly. Such facilitator behavior makes it easier for the students to get up and risk less-than-perfect performances in an effort to learn the skill. Such additional live modeling also proves useful to those students who have difficulty roleplaying because of cognitive inadequacies.

**Postpone the Student's Roleplaying Until Last** – A student unwilling to participate is not required to roleplay until both the facilitator's live modeling and roleplaying by all other students are completed. However, no student should be excused completely from practicing the skill. To do so would run counter to the purpose of the group.

**Provide the Student with Direct Reassurance** – In case of student reluctance to roleplay, the following steps might be used as a guide for providing encouragement.

- **Step 1:** Offer resistant students the opportunity to explain their reluctance to roleplay and listen nondefensively.
- **Step 2:** Express your understanding of the resistant student's feelings.
- **Step 3:** If appropriate, respond that the student's view is a viable alternative.
- **Step 4:** Present your own view in greater detail, with both supporting reasons and probable outcomes.
- **Step 5:** Express the appropriateness of delaying a resolution.
- **Step 6:** Urge the student to try to roleplay the given behavioral steps.

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## **METHODS FOR TERMINATING INAPPROPRIATE RESPONSES**

**Urge Students to Remain on Task** – Bring the students back on track gently, but firmly. Do this by pointing out to students what they are doing incorrectly and reminding them of the target behaviors.

**Ignore Student Behavior** – Inappropriate behaviors can be terminated by ignoring them. This withdrawal of reinforcement, which leads to the extinction process, is best applied to behaviors that the group can tolerate while still remaining on task as the process is taking place. Deal with behaviors that are more disruptive or dangerous to the group's functioning more directly.

**Interrupt Ongoing Student Behavior** – Interrupt ongoing student behavior when other methods fail. Do it firmly, unequivocally, and with the clear message that the group has its tasks. It might require removing a student from the group for a period of time.

# D

# APPENDIX

## SUPPORTING A TRAUMA-INFORMED APPROACH TO SEXUALITY EDUCATION

Trauma is prevalent among youth in this country, and the need to address trauma in youth programming is increasingly clear.<sup>1</sup> Trauma occurs when individuals are exposed to harmful or threatening events that overwhelm their ability to cope in the moment or in the future.<sup>2</sup> These include experiences of physical, emotional or sexual abuse, neglect, caregiver substance use or mental illness, family instability, assault and community violence.<sup>3</sup> Not all children and youth are the same, and they may respond differently in the face of these exposures based on their subjective experience of the event(s), their age, their history of exposure and available resources and supports.<sup>2,4</sup>

Advances in neuroscience show that intense or ongoing exposures to traumatic events, without protective factors, alter the body's stress response system—affecting a young person's cognitive, social and emotional development.<sup>3</sup> In the classroom setting, these physiological changes can manifest as problems or challenges with learning, paying attention, regulating emotions, showing self-control and developing trusting relationships.<sup>2</sup> In severe cases, young people may exhibit symptoms of post-traumatic stress disorder (PTSD) or child traumatic stress. Potentially traumatic experiences are also part of the constellation of risk factors associated with early sexual initiation,<sup>5</sup> more sexual partners,<sup>6,7</sup> unprotected sex<sup>7</sup> and teen pregnancy,<sup>7,8</sup> as well as poorer mental health and substance use.<sup>9</sup>

Schools, youth-serving organizations and educators play an important role in recognizing and responding to trauma, as well as promoting healing and resilience for trauma survivors. A trauma-informed approach: (1) realizes the widespread impact of trauma and understands potential paths for recovery; (2) recognizes the signs and symptoms of trauma in students, staff and families; (3) responds by fully integrating knowledge about trauma into policies, procedures and practices; and (4) resists re-traumatization by avoiding practices that inadvertently create stressful or toxic environments.<sup>1</sup>

Specific practices educators, youth workers, schools and youth-serving organizations can implement to cultivate trauma-informed sexuality education include the following:

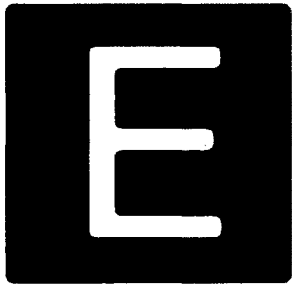
- Provide training to staff so that they understand the effects of trauma and know how to recognize and respond to it appropriately.<sup>1,10,11</sup>
- Create a culture of safety so that both staff and participating youth feel physically and psychologically safe.<sup>1,10</sup> This includes establishing clear agreements around privacy, respect for self and others and appropriate behavior for the group setting.
- Build and maintain trust and transparency in relationships.<sup>1</sup> For sexuality education, it is especially important to inform youth and parents about the educator's obligation to report incidents in which young people disclose abuse or the intent to harm themselves or others.
- Create a culture of empowerment that recognizes people's individual strengths, resiliency and ability to heal from past trauma.<sup>1,10</sup>
- Recognize that trauma can arise from power differences due to culture, gender and sexual orientation.<sup>1,10</sup> Use inclusive language that empowers diverse populations. Avoid stigmatizing particular groups of youth or reinforcing limiting stereotypes.
- Facilitate open conversations. Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships and determine when they are ready to engage in safe, consensual sexual activity.<sup>10</sup>
- Avoid judgment or attaching shame to past experiences or current sexual behaviors, particularly teen parenting and sexually transmitted infections.<sup>10</sup>
- Be aware that some students' behavior problems that arise in the group setting may stem from past trauma. Adopt disciplinary policies that focus on restoring relationships and integrating offending students back into the school and community. Traditional disciplinary policies that focus on punishment often aggravate the sense of rejection felt by someone with a history of trauma.<sup>11</sup>

In addition, many educators and youth workers who work with traumatized youth also are vulnerable to the effects of trauma. This is often referred to as compassion fatigue or secondary traumatic stress. Educators can help avoid compassion fatigue by becoming aware of the signs (such as increased irritability with youth, difficulty planning lessons and activities, feeling numb or detached or intrusive feelings about a student's trauma), asking for support from colleagues, seeking help to heal from their own personal traumas and engaging in self-care by setting boundaries, eating well, exercising and taking a break when needed.<sup>2</sup>

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# APPENDIX

## FAQ/GLOSSARY

### ANSWERS TO COMMON QUESTIONS ASKED BY ADOLESCENTS

#### QUESTIONS ABOUT HIV/AIDS

##### 1. Does AIDS affect people of all races?

- Yes. Anyone, regardless of race, can acquire HIV if that individual participates in risky sexual or needle-sharing behaviors with an infected person.

##### 2. What causes AIDS?

- AIDS is the end result of an infection caused by a virus called the human immunodeficiency virus.

##### 3. Can people of all ages get HIV?

- Yes. People of all ages can get the virus if they are exposed to it through risky behaviors. Even children can get HIV. The majority of infected children acquired the virus from an infected mother during pregnancy or childbirth. Others acquired the virus during breastfeeding. Some children became infected from blood transfusions before blood supplies were routinely screened for HIV.

##### 4. Is HIV infection like other diseases?

- HIV infection is not like communicable diseases such as a cold, flu or measles that can be passed through casual contact, including sneezing, coughing or sharing eating utensils. No cases have been established where HIV was passed by those means.

### **5. Can you carry the virus and not develop AIDS?**

- Yes. Worldwide there are people who are infected with HIV and have not developed AIDS. Many people who are HIV positive do not know they are infected. People with HIV can transmit it to others even if they don't have any symptoms.

### **6. How does HIV break down the immune system?**

- Scientists know that the virus destroys the white blood cells of the immune system. White blood cells consist of T-cells and B-cells and protect a person from disease. Some T-cells, also called helper cells, or CD-4 cells, help the B-cells produce antibodies against invading disease-causing organisms. When HIV enters the body, it infects/destroys the helper (CD-4) cells. When you lose CD-4 cells, your immune system breaks down and it becomes difficult to fight infections/diseases.

### **7. How contagious is HIV?**

- In comparison to other communicable diseases, HIV infection is much less contagious than germs of the common cold, flu, measles and tuberculosis. These diseases can spread through the air, whereas HIV is spread only through infected body fluids.

### **8. Can you get HIV from casual contact?**

- No one should be afraid of becoming infected through casual contact. Transmission of the virus takes place during behaviors in which certain bodily fluids are exchanged, including semen, vaginal secretions, rectal fluids, blood or breast milk. People can, for example, work with others, attend school and public events, eat at restaurants, and be around people with HIV without the fear of getting HIV. People who are caring for another family member who has HIV or AIDS are also not at increased risk for contracting the virus. Children attending school with another student who is HIV positive are not at increased risk for becoming infected.

### **9. Can you get HIV from kissing?**

- No. You cannot get HIV from a kiss on the cheek or a closed-mouth kiss. There are extremely rare cases of HIV being transmitted via deep "French" kissing, but in each case, infected blood was exchanged due to bleeding gums or sores in the mouth. Because of this remote risk, it is recommended that individuals who are HIV positive avoid deep, open-mouth "French" kissing with a non-infected partner, as there is a potential risk of transferring infected blood.

## **10. What can an individual do to keep from getting HIV?**

- People can reduce their risk of contracting HIV by practicing responsible behavior around sexual expression and drug use. Responsible sexual precautions include: (1) sexual abstinence, (2) sexual fidelity, (3) avoiding exchange of body fluids by using a condom, and (4) avoiding sexual partners who have engaged in risky behaviors. These precautions can also help prevent the contraction of other STDs. Responsible behavior regarding drug use includes abstaining from using drugs at the most, and avoiding sharing needles and syringes at the very least.

## **11. Can HIV/AIDS be cured?**

- There is no cure for HIV, but anti-retroviral treatments (ART) can be started while the person still feels healthy. With ART medicines, people with HIV can lead longer and healthier lives than ever before. The most common treatments limit the ability of the virus to reproduce. They help protect the immune system and improve the chances of staying healthy. Pregnant women with HIV can take medicines to greatly reduce the baby's risk of having HIV.

## **12. Is there a vaccine for HIV?**

- No. Scientists are working to develop a vaccine, but a solution appears to be many years away.

## **13. Should a student with HIV be allowed in school?**

- Yes. A student living with HIV or AIDS poses no risk to other students. However, there may be times when the person might not be able to attend school because of illness.

## **14. Should people with HIV be banned from public events, schools and jobs?**

- No. Since HIV cannot be passed by casual contact, there is no reason why a person living with HIV or AIDS should be kept from being a participating member of a community.

## **15. Can HIV be transmitted during oral sex?**

- Absolutely. Whenever there is vaginal, anal or oral sex between two people and one is HIV positive, the virus may be transmitted to the uninfected person. The vagina, anus and mouth are lined with sensitive tissues called mucous membranes, which can come in contact with blood, semen, vaginal secretions or rectal fluids during all types of intercourse. The virus can enter an uninfected person's bloodstream through tiny tears in the mucous membranes that occurred during sex or that were

there beforehand. These tears can be very small, existing without any pain or visible blood to act as a warning sign.

The safest option is to practice sexual abstinence. If that's not your choice, then knowing your partner well enough to communicate openly with each other about diseases and precautions lessens your risk. Couples should use a new latex or polyurethane/polyisoprene condom every time they have sex, including oral sex. For oral sex on a woman, dental dams can be used. These are available in many drugstores or can be made by cutting a non-lubricated condom lengthwise and opening it up to cover the vulva. Partners can also get tested for STDs, including HIV, before they begin having sex with each other.

**16. Is it possible to have HIV and not have any visible symptoms? If so, how can I know if a partner is infected?**

- Yes, it is possible for a person to have HIV and not have symptoms. One way to find out if your partner is infected is by asking. The foundation of love and responsible sex is good communication. An open and honest discussion with someone you know and trust will probably result in the truth. But remember, people might not know that they have HIV or another STD. If you are concerned that your partner might have HIV or another STD, you and your partner may want to be tested just to be sure.

**17. How effective are condoms in preventing the transmission of HIV and other STDs?**

- If used properly, latex condoms are highly effective against most STDs, including HIV. Proper use of condoms means:
  - » Using latex or polyurethane/polyisoprene condoms, not lambskin.
  - » Using fresh condoms that have been stored in a cool, dark place (not a wallet or a glove compartment).
  - » Handling the condoms carefully, avoiding damage from rings and fingernails and keeping them rolled up or in the package until you are ready to use them.
  - » Putting the condom on as soon as erection is achieved.
  - » Leaving some room at the tip of the condom when it is put on.
  - » When a lubricant is desired, using only water-based lubricants such as K-Y Jelly®.

**18. Isn't AIDS a gay disease?**

- No. AIDS, a result of HIV infection, is caused by a virus (HIV). Anyone can get HIV through the exchange of blood, semen, vaginal or rectal fluids with an infected

person. Like anyone else, men who have sex with men are at higher risk only if they engage in activities that include the exchange of these fluids.

**19. Why are injection drug users at high risk for getting HIV?**

- Injection drug users who share needles and works with others have an increased risk of getting HIV because drops of blood from one person can cling to the needle or works. When a person is shooting up, infected blood can pass HIV directly into the bloodstream of another person.

**20. Are Hispanics and African Americans more likely to develop AIDS than other ethnic groups?**

- Although HIV infection affects us all, the number of AIDS cases among Hispanics and African Americans is proportionately higher than that of the general population. The reasons for this difference are linked to socioeconomic factors (e.g., level of education, income, access to health care, etc.) and not to racial factors.

**21. If I am HIV positive or am at risk for HIV infection, whom should I tell?**

- Telling someone you have HIV isn't easy. Consider telling your doctors, dentist and dental hygienist, and be sure to tell your sex partners (past, present and future). If you share needles and syringes, also tell these partners.

**22. Can I get HIV from kissing on the cheek?**

- Kissing on the cheek is very safe. Even if the person kissing you has HIV, your skin is a good protector.

**23. Can I get infected with HIV by someone who performs oral sex on me?**

- It is unlikely that you would get HIV if an infected person performed oral sex on you. However, if the person receiving oral sex has HIV or AIDS, the person performing oral sex can get it.

**24. Is vaginal sex dangerous? If I have only vaginal sex, can I get infected with HIV?**

- HIV is caused by a virus, and if a person has the virus, vaginal sex puts that person's partner at risk for HIV infection. Many women have gotten the virus from their infected male partners during vaginal sex. Many men have been infected by their female partners during vaginal sex as well. Couples should use condoms every time they have sex if either partner is infected or unsure of his or her HIV status. Though condoms sometimes break, they greatly lower the chances of HIV transmission from one partner to another.

**25. How can vaginal sex cause HIV infection in women?**

- A woman can get HIV from vaginal sex if her partner is infected. The walls of the vagina are surrounded by blood vessels. HIV infected semen can enter the woman's body, usually through tiny cuts and tears in the walls of the vagina that the woman might not even know about.

**26. Can I get HIV from anal sex?**

- Yes. If either partner is infected with HIV, the other partner can be infected during anal sex. Generally, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and contains many blood vessels. However, the person who inserts the penis is also at risk if the partner is infected because HIV can enter through sores or abrasions on the penis.

**27. If I just fool around, can I get HIV?**

- It depends what you do. You can get HIV, the virus that causes AIDS, if the blood, semen, vaginal secretions or rectal fluid of an infected person enters your bloodstream in any way.

**28. What sexual activities are safe?**

- Safer sexual activities include:
  - » No sex—oral, anal or vaginal
  - » Sex between two mutually monogamous, uninfected partners who do not share needles or syringes with anyone
  - » Body rubbing/massaging, mutual masturbation (*Caution: safe against HIV and some other STDs only as long as bodily fluids are not exchanged. Some STDs [herpes, HPV] can be passed by unprotected skin-to-skin contact.*)
  - » Massaging one's own genitals, self-masturbation
  - » Kissing and other activities that do not include touching the penis, vagina or rectum

**29. Can a woman get HIV from having sex with a man? Can a man get HIV from having sex with a woman?**

- Yes. Either a woman or a man can become infected during oral, vaginal or anal sex if the partner is HIV positive.

**30. Can lesbians get HIV?**

- Yes, but cases of woman-to-woman transmission of HIV where unprotected sex was the only risk factor are extremely rare. Like anyone else infected with HIV, any infected woman who has sex with other women can infect her partner(s) during sex if certain bodily fluids are exchanged.

**31. If I pick my sexual partner carefully, am I safe?**

- You can't tell by looking or asking questions whether or not someone has HIV. The only way to be sure is for a person to be tested.

**32. Are condoms effective? How safe are they? I've heard they fail 10 percent of the time. Is that true?**

- Latex or polyurethane/polyisoprene condoms help protect you from the transmission of HIV and other disease agents. They greatly reduce your risk of infection if used properly. Condom failures usually result from improper use.

**33. How can someone get infected with HIV from a needle?**

- Because the virus can be spread through blood-to-blood contact, the person using a contaminated needle or syringe is at high risk of getting HIV. A contaminated needle can carry the virus directly into the bloodstream. This includes needles used for body piercing and tattooing as well.

**34. My teammates and I use needles to take steroids. I share needles only with my friends. Can I get HIV?**

- Yes. If any of your friends or teammates has HIV and you share needles and syringes, you could become infected. Remember, it isn't just the type of drug that the needle is used for; it is the behavior that creates the risk. Also, you can't tell by the way someone looks whether that person has HIV or not.

**35. What drugs are associated with getting HIV?**

- The use of alcohol, cocaine, crack, heroin and amphetamines is associated with the transmission of HIV. These drugs affect people's judgment and may lead to high-risk activities such as having unprotected sex or sharing needles for any purpose.

**36. Why is crack associated with HIV?**

- Crack is a form of cocaine that is smoked. People who use it have a higher risk of becoming infected with HIV because of activities associated with crack culture and because it reduces a person's decision-making skills.

**37. Can I get HIV from someone's saliva?**

- There are no documented cases of saliva transmitting HIV. While there is a theoretical possibility of spreading HIV by saliva, research suggests that it is highly unlikely.

**38. What if someone with HIV bites me? Will I get AIDS?**

- It's rare, but in 1997, someone in the United States became infected from a bite by an HIV-infected person. The potential for transmission exists if the skin is broken and blood is exchanged.

**39. Can I get HIV from the tears of someone with AIDS?**

- No. There is no evidence that anyone in the United States has become infected with the virus from touching the tears of an infected person.

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**QUESTIONS ABOUT SEXUALLY TRANSMITTED DISEASES**

**40. I'm a teenager; I'm not at risk for getting an STD, right?**

- Wrong. Young people ages 15 to 24 account for nearly half of all new cases of STD each year.\* There are other STDs out there besides HIV, and they are on the rise among teens. These include chlamydia, gonorrhea, syphilis, herpes and human papillomavirus (HPV), which causes genital warts and can lead to cervical cancer.

**41. Can you get an STD from a public restroom?**

- This is not very likely. Most STDs are only transmitted during sexual contact, either by skin-to-skin contact or through body fluid exchange. Crabs, or pubic lice, may be transmitted through sexual contact, sleeping in infected bedding and sharing infected clothing. Lice cannot survive away from the human body for longer than 24 hours, so contracting pubic lice from a toilet seat is unlikely.

\* Centers for Disease Control and Prevention. 2015. STDs in Adolescents and Young Adults. From [www.cdc.gov/stds/stats14/adol.htm](http://www.cdc.gov/stds/stats14/adol.htm). Accessed 1/5/16.



#### **42. Can I get HIV or another STD from getting a tattoo or through body piercing?**

- There can be a risk for HIV or another blood-borne infection (such as hepatitis B or C) if the instruments used for piercing or tattooing are not properly sterilized or disinfected between clients. Any instrument used to pierce or cut the skin should only be used once and thrown away, or thoroughly cleaned and sterilized before it is used again. Ask the staff at the parlor about their equipment. They will show you what precautions they use.

#### **43. Can I get an STD from kissing?**

- This is possible but not very common. If your partner's mouth is infected with an STD, then he or she may be able to pass that infection to your mouth during a kiss. Fever blisters and cold sores can be passed through a kiss if your partner is infected. Blood-borne infections such as HIV or hepatitis B or C can only be passed through kissing if there is an exchange of infected blood. If your partner has an infection in his or her genital area, then kissing on the mouth will not transmit the infection.

#### **44. Can I get an STD from oral sex?**

- Yes. During oral sex, there is skin-to-skin contact and bodily fluid exchange, so it is important to use barrier methods such as unlubricated condoms or dental dams to protect you during oral sex.

#### **45. Why don't teens who are having sex protect themselves from STDs?**

- They may:
  - » Be embarrassed about buying or getting condoms.
  - » Feel peer/date pressure.
  - » Use alcohol and drugs, which affects their judgment.
  - » Have a lack of knowledge.
  - » Believe using birth control pills is enough protection.
  - » Be embarrassed about asking questions.
  - » Not think about it ahead of time.

#### **46. How do I get tested for an STD?**

- There are different tests for each of the different STDs. Some STDs are hard to test for if you do not have any symptoms. Some STDs can be identified through a simple blood test or a urine test; others can be detected only through culturing body

fluid from the penis, vagina or open sore on the body. If you go in for testing, it is important to ask your health care provider which tests will be done and which will not. Sometimes, weeks or months need to pass to give your body enough time to develop antibodies that will show up in a test.

**47. Where do I go to get tested?**

- Your local health department, community clinic, private doctor or Planned Parenthood are all good locations to check out for STD testing. The CDC National HIV STD Testing website lets you look up free or low-cost clinics in your area that do STD testing: [gettested.cdc.gov](http://gettested.cdc.gov).

**48. What's the difference between confidential and anonymous testing?**

- All medical care that you receive should be confidential. This means that the information you discuss with your health care providers must stay in your files at the clinic or doctor's office and not be released to anyone without your permission. Anonymous testing is when your name is not associated with the test or the results in any way. You are given a number or code word to identify yourself during testing and when receiving results.

**49. Do my parents have to find out if I get tested for STDs and HIV?**

- No. Clinics will see you without your parents' permission. If you are concerned about this, call the clinic before you go. Ask if you need to bring your parent along for permission and what information the clinic will share with them. This way you know what to expect ahead of time.

**50. What are the common symptoms of STDs?**

- STDs can cause physical symptoms such as bumps or sores on the skin, discharge, pain or burning during urination (peeing) or symptoms like the flu. Some STDs do not cause any symptoms at all.

**51. Can I have an STD and not know it?**

- Yes. STDs can take weeks, months or even years before symptoms show. Some people never develop any symptoms for some STDs. However, STDs can still be transmitted whether or not the person has symptoms.

**52. How do I know if my partner is infected?**

- The simple answer is that you may not know unless your partner knows and tells you or gets tested and shows you the results.
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**QUESTIONS ABOUT PREGNANCY**

**53. Can you get pregnant by kissing?**

- No. The only way a woman can get pregnant is if sperm cells enter her vagina and fertilize one of her egg cells. This usually happens during vaginal sex, but can also happen if a man ejaculates near the entrance to the vagina, but not inside it, or if sperm is introduced into the vagina by hand.

**54. Can a boy get a girl pregnant if he has not had a wet dream?**

- Yes. A boy can get a girl pregnant whenever he is able to have an ejaculation. Even if a boy has never had a wet dream, his testicles may be producing sperm.

**55. If a girl misses her period, is she definitely pregnant?**

- Certainly not. When girls first start having periods they often have irregular cycles and may even skip a month from time to time. However, if a girl has had sexual intercourse and she misses a period, she could be pregnant. She should take a pregnancy test and see a doctor right away.

**56. Can a girl get pregnant if she has sex standing up?**

- Yes. Sperm does not care what position you are in. Any time semen comes in contact with the vagina a girl may get pregnant. There are no exceptions to that rule. There are no safe positions or safe times for having sex without risking pregnancy.

**57. Can a girl get pregnant the first time she has vaginal sex?**

- Yes, if she has started ovulating and there is an egg present, it can be fertilized by a sperm. A girl may ovulate before she has had her first period, so not menstruating yet is not a guarantee of not getting pregnant.

**58. Can a girl get pregnant from swallowing semen?**

- No. The only way a girl can get pregnant is if sperm cells enter her vagina, usually during sexual intercourse, and fertilize one of her egg cells.

**59. Can douching after intercourse prevent pregnancy?**

- No. Douching will not prevent pregnancy; it only pushes the sperm up the vagina increasing the chance of pregnancy. Douching may also cause irritation and lead to infection.

**60. Is withdrawal (pulling the penis out of the vagina before ejaculation) a good way to avoid pregnancy?**

- No. This is the way many teenage girls get pregnant. Withdrawal requires a great deal of self-control. Interrupting sexual intercourse can be very difficult for people "caught up in the moment." Also, sperm sometimes may be present in pre-ejaculate fluid, and pulling the penis out just before ejaculation will not keep these sperm from entering the partner's body.

**61. Can Vaseline prevent pregnancy?**

- No. Vaseline does not contain anything to kill sperm, so it is not a contraceptive. Also, Vaseline collects bacteria, is thick and greasy, and is hard to wash off.

## GLOSSARY

**ABSTINENCE:** Choosing not to have sexual intercourse, (oral, anal or vaginal) or to participate in any behavior that can transmit an STD.

**ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS):** A result of infection with the human immunodeficiency virus (HIV) in which the immune system is not able to effectively fight infection. A person is diagnosed with AIDS when his or her CD4 count drops below a certain level or one or more opportunistic infections develop.

**AIDS:** See *acquired immunodeficiency syndrome*.

**ANAL SEX (ALSO ANAL INTERCOURSE):** Inserting the penis into the anus of the sexual partner.

**ANONYMOUS TESTING:** Testing done with no identifying information recorded. Only the person tested can obtain the results.

**ANTIBODY:** A substance in the blood formed to combat invading disease agents such as viruses, bacteria, fungi and parasites.

**ANTIBODY-NEGATIVE TEST RESULT:** A test result in which no signs of antibodies to HIV are detected; either the person does not have HIV, or the person has recently become infected with HIV but does not yet have detectable antibodies.

**ANTIBODY-POSITIVE TEST RESULT:** A test result in which antibodies to HIV are detected; the person is assumed to be infected with HIV if both the initial and follow-up tests show positive results.

**ANUS:** The opening of the rectum that controls the release of waste (feces) from the body.

**BISEXUAL:** Being romantically or sexually attracted to two genders. Also having sexual partners of more than one gender.

**BLOOD-BORNE DISEASE:** Disease agents, for example HIV and hepatitis B, that are carried in and transmitted through the bloodstream.

**BODY FLUIDS:** Fluids that the body makes such as tears, saliva, sweat, blood, vaginal fluid, semen, rectal fluids and breast milk.

**CASUAL CONTACT:** Ordinary social contact; for example, kissing on the cheek, shaking hands, and using a telephone, toilet or swimming pool. Not a means of spreading HIV. Diseases such as the common cold or flu can be spread in this manner.

**CASUAL TRANSMISSION:** Transmitting (spreading) an infection or disease through casual contact. Not a means of transmitting HIV.

**CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC):** Federal health agency that is part of the U.S. Department of Health and Human Services that provides national health and safety guidelines and statistical data on HIV, STDs and other diseases.

**CONDOM:** A sheath made of latex, polyurethane, polyisoprene or lamb intestine that fits over the erect penis; when used correctly, latex and polyurethane/polyisoprene condoms can provide protection against HIV and other STD transmission. Lambskin condoms should never be used because they do not protect against HIV and other STDs.

**CONFIDENTIAL TESTING:** Testing in which test results are linked to a person's name and recorded in medical files. State laws limit who can have access to the results and under what conditions they can gain access.

**CONTAMINATED NEEDLES:** Needles that have been used by an HIV-infected person and have not been properly cleaned. HIV transmission is possible if the needles are shared. Any needle that has already been used is likely to be contaminated with something.

**CRACK:** A form of cocaine that is smoked.

**CUNNILINGUS:** Mouth-to-vagina sex. See *oral sex*.

**DISINFECTANT:** A chemical that destroys agents; for example, liquid chlorine bleach can be used to clean needles and syringes.

**DRY KISS:** One that does not involve mouth-to-mouth or open-mouth contact; examples include social kissing and kissing on the cheek.

**EJACULATE:** To eject semen from the penis during orgasm.

**EJACULATION:** The spontaneous discharge of semen from the penis during orgasm.

**EPIDEMIC:** A rapidly spreading disease affecting a large number of people in a population.

**EXPOSURE TO HIV:** Occurs during an exchange of bodily fluids with someone infected with HIV. It can lead to possible HIV transmission.

**FELLATIO:** Mouth-to-penis sex. See *oral sex*.

**FEMALE CONDOM:** A soft, loose fitting polyurethane sheath providing a physical barrier that lines the vagina and protects against HIV transmission.

**FRENCH KISS:** See *open-mouth kiss*.

**GAY:** A term for people who are romantically and sexually attracted to someone of the same gender. Often used to refer to males who are attracted to other males and whose sex partners are men.

**GENITAL CONTACT:** Contact between the sexual organs of two people.

**HETEROSEXUAL:** Being romantically or sexually attracted to people of another gender. Also, having sexual partners of a different gender.

**HIV:** See *human immunodeficiency virus*.

**HOMOSEXUAL:** Being romantically or sexually attracted to people of the same gender. Also, having sexual partners of one's own gender.

**HUMAN IMMUNODEFICIENCY VIRUS (HIV):** The virus that causes AIDS and destroys the body's immune system, making it susceptible to life-threatening opportunistic infections or rare cancers.

**IMMUNE:** Protected from a particular disease.

**IMMUNE SYSTEM:** A variety of cells and substances within the body that fight disease agents such as viruses, bacteria, parasites and fungi.

**INCIDENCE:** The number of new cases of a disease over a period of time.

**INCUBATION:** The period of time from the point of infection to the onset of symptoms.

**INFECTION:** Invasion of the body by a disease agent.

**INTERCOURSE:** A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) using the mouth to touch the genitals of another person (oral sex); or (3) insertion of a man's penis into the anus of another person (anal sex).

**LESBIAN:** A term for females who are romantically or sexually attracted to other females and whose sexual partners are women.

**LUBRICANT:** Something wet and slippery, used to reduce friction during sex. A person can put it on the outside of a condom or inside the vagina or anus during sex to keep a condom from getting dry and breaking. There are two kinds of lubricants: water-based and oil-based. Only water-based lubricants are recommended because oil-based lubricants can weaken latex and cause a condom to tear or break.

**MASTURBATION:** Massaging one's own genitals for sexual stimulation.

**MONOGAMY:** Having sex with only one person. This can prevent HIV and other STDs if two people test negative for infections before they initiate sex, and then agree to have sex with only each other. Some people interpret monogamy as having sex with one and only one person at a time. Therefore they end up having many partners one after another and are at risk for STDs, including HIV, if each new partner is not tested and treated, if needed, before they have sex.

**MUTUAL MASTURBATION:** Massaging each other's genitals for sexual stimulation. See *masturbation*.

**NON-LUBRICATED CONDOM:** A condom that is packaged without a lubricant. It is very dry and seems like it has chalk on it. However, it is safe for people to put in their mouths during oral sex to prevent HIV and other STDs. A person can cut it along the side and then cut off the tip to make a square of latex. This square is then a barrier to be used over the anus or vagina during oral sex.

**NONOXYNOL-9:** A chemical used in some contraceptive creams, foams and jellies that kills sperm. According to the CDC, nonoxynol-9 is no longer recommended for use with condoms for added protection from HIV during vaginal sex. It does not offer added protection against HIV and, if a person is allergic, can even increase the risk.

**OIL-BASED LUBRICANT:** A lubricant made from something that has oil in it. The oil can cause holes in a latex condom when people use it during sex. Then germs that cause STDs, including HIV, can go through these holes and enter people's bodies. Vaseline, mineral oil and lotions are some examples of oil-based lubricants.

**OPEN-MOUTH KISS:** One that involves tongue-to-tongue contact.

**ORAL SEX (ORAL INTERCOURSE):** Contact of the mouth or tongue with a partner's genitals.

**PENIS:** The male sexual organ.

**POLYURETHANE CONDOMS:** Condoms made of plastic that can be used by people who are allergic to latex. Research continues on their effectiveness. Latex condoms continue to be recommended as the most effective barrier.

**POLYISOPRENE CONDOMS:** Condoms made of a kind of synthetic rubber that can be used by people who are allergic to latex. Research continues on their effectiveness. Latex condoms continue to be recommended as the most effective barrier.

**POSITIVE TEST RESULT:** Findings that show the presence of antibodies; the person tested is assumed to be infected with HIV and able to infect others.

**PREGNANCY:** The time from when the sperm and egg fuse and implant into the uterus, until birth. This takes about 9 months.

- A woman can get pregnant even if:
  - » She is having her period.
  - » She hasn't had her first period yet.



- » She is under 12 years old.
- » It is her first time.
- » She does not have an orgasm.
- » She does not have vaginal intercourse very often.
- » A man pulls his penis out of her vagina before he ejaculates.
- » Her partner touches only the outside of her vagina with his penis.
- » She urinates right after sex.
- » She douches with anything after sex.
- » She jumps up and down after sex.

**PRE-SEMINAL FLUID:** The drops of semen that can leak out of the penis just before a man ejaculates. It can transmit HIV and other STDs.

**PUBERTY:** When a young person starts to change into an adult male or female and becomes capable of sexual reproduction. Hormones cause these changes. It doesn't happen to everyone at the same time, but can begin any time between ages 9 and 16. A girl's breasts grow larger, and she begins menstruating. A boy's penis and testicles grow and develop, and his voice starts to change. Both boys and girls begin to grow pubic hair. They may also grow hair on other parts of their bodies. These changes are usually finished by age 20. Puberty is also a time during which feelings about self, family and others change. Moods and emotions change too.

**PULLING OUT:** Removing the penis from a partner's vagina, anus or mouth before ejaculating. It does not prevent the spread of HIV and other STDs, and does not always prevent pregnancy. Pulling out is another term for *withdrawal*.

**RECTUM:** The last portion of the digestive tract, just above the anus.

**RISK BEHAVIOR:** An activity that puts a person at increased risk for contracting HIV and other STD.

**SAFER SEX:** Sexual practices that involve no exchange of blood, semen, vaginal secretions or rectal fluids.

**SALIVA:** The fluid produced in the mouth.

**SEMEN:** Whitish fluid ejaculated from the penis during orgasm that contains sperm from the testes and fluid secreted from several glands to nourish and protect the sperm.

**SEX (SEXUAL INTERCOURSE):** A type of sexual contact involving: (1) insertion of a penis into a vagina (vaginal intercourse); (2) using the mouth to touch the genitals of another person (oral sex); or (3) insertion of a man's penis into the anus of another person (anal sex).

**SEXUAL ORIENTATION:** Refers to the romantic and sexual attraction people feel for others. People can be attracted to others of the same gender, a different gender or more than one gender.

**SEXUALLY TRANSMITTED DISEASE (STD):** A term used to categorize a group of infections typically transmitted through sexual contact. Gonorrhea, syphilis, herpes, HIV, HPV, chlamydia and hepatitis B are all examples of STDs. Typically, STDs caused by bacteria or parasites can be cured, while those caused by viruses cannot be cured. But all types of STD can be treated and prevented.

**SPERMICIDE:** A chemical that kills sperm. Spermicide can come in the form of a foam, cream, film, suppository, tablet or gel.

**STD:** See *sexually transmitted disease*.

**SYNDROME:** A group of related symptoms or diseases.

**T-CELL:** A type of white blood cell essential to the body's immune system. It helps regulate the immune system and control B-cell and macrophage functions. It is attacked by HIV.

**TRANSFUSION (BLOOD):** The act of receiving blood intravenously.

**VACCINE:** A substance made from modified or denatured bacteria or viruses that produces immunity to that particular disease.

**VAGINA:** A muscular tunnel that extends from the vulva to the cervix. It provides a way for menstrual fluid to leave the body, receives a penis during vaginal intercourse and provides a way for a baby to be born.

**VAGINAL FLUID:** Fluid that provides moistness and lubrication in the vagina. Vaginal fluid contains HIV in an HIV infected woman.

**VAGINAL SEX (ALSO CALLED VAGINAL INTERCOURSE):** Insertion of a penis into the vagina.

**VIRUS:** A disease agent that must live within cells of the body to survive, often destroying these cells.

**VULVA:** External female genitalia, including the clitoris, urethral opening, labia and vaginal opening.

**WET KISS:** See *open-mouth kiss*.

**WORKS:** Needles, syringes and other equipment used to prepare, cook and inject drugs.