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UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

EUGENE DIVISION

STATE OF WASHINGTON, et al., Plaintiff(s), v. UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al., Defendant(s).	Case No.: 6:25-cv-01748-AA NOTICE OF AMENDED ADMINISTRATIVE RECORD DOCUMENTS

NOTICE OF AMENDED ADMINISTRATIVE RECORD DOCUMENTS

Please take notice that Defendants hereby file amended Administrative Record documents reflecting 16 documents that were previously only able to be provided in native form. The documents have since been Bates stamped and Plaintiffs' counsel requested the documents be filed on the record. The native versions of these documents were previously transmitted to the Court

and to Plaintiffs' counsel on thumb drives containing the entirety of the Administrative Record. These documents were also designated on the record by slip sheets filed on January 16, 2026. The index below depicts all amended documents filed in conjunction with this notice and provides citation to the originally filed, corresponding slip sheets.

Document Title	**ECF and Bates Number of Originally Filed Slip Sheet**	**New Beginning Bates Number**	**New Ending Bates Number**
DE Making Proud Choices Manual	ECF 91-6 (WA-0000562)	WA-0016450	WA-0016699
MI Making Proud Choices Manual	ECF 93-9 (WA-0006290)	WA-0016950	WA-0017199
MN Making Proud Choices Manual	ECF 93-18 (WA-0007324)	WA -0017200	WA -0017449
CO All4You2 Manual	ECF 90-6 (WA-0000139)	WA -0017450	WA -0017867
NY Making Proud Choices Manual	ECF 95-1 (WA-0012094)	WA -0017868	WA -0018117
CO Draw the Line Respect the Line Materials	ECF 90-13 (WA-0000293)	WA -0018118	WA -0018650
WI Making Proud Choices Manual	ECF 97-14 (WA-0016422)	WA -0018651	WA -0018900
WI Positive Prevention Plus Manual	ECF 97-16 (WA-0016449)	WA -0018901	WA -0019356
CO Making Proud Choices Manual	ECF 90-14 (WA-0000294)	WA -0019357	WA -0019606
OR Friendship and Dating Handout Packet	ECF 95-3 (WA-0012163)	WA -0019607	WA -0019643
OR Friendship and Dating Manual	ECF 95-3 (WA-0012162)	WA -0019644	WA -0019800
IL Making Proud Choices Materials	ECF 91-12 (WA-0002031)	WA -0019801	WA -0020050
MD Making Proud Choices Materials	ECF 92-1 (WA-0002548)	WA -0020051	WA -0020300
WA Positive Prevention Plus High School	ECF 96-2 (WA-0014508)	WA -0020301	WA -0020756

Manual			
WA Positive Prevention Plus Middle School Manual	ECF 96-2 (WA-0014507)	WA -0020757	WA -0021212
NJ Teen PEP Materials	ECF 94-7 (WA-0011422)	WA -0021213	WA -0023235

When preparing the instant filing, Defendants noticed that the original Certification and Index of the Administrative Record was inadvertently omitted from Defendants' first Notice of Production (ECF 90). That original Certification and Index of the Administrative Record is attached hereto.

Dated: February 13, 2026.

Respectfully submitted,

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON

THE STATE OF WASHINGTON, *et al.* *Plaintiffs*, v. UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, *et al.* *Defendants*.	Case No. 6:25-cv-01748

CERTIFICATION AND INDEX OF THE ADMINISTRATIVE RECORD

I, Resa Matthew, Deputy Associate Commissioner, Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, certify to the best of my knowledge that the materials listed in the attached index constitute a true and complete copy of the administrative record, comprised of the non-privileged documents that were considered, either directly or indirectly, in connection with promulgation of the actions challenged in the above-captioned case.

Executed this 15th day of January 2026, in Washington, D.C.

RESA F. MATTHEW -S Digitally signed by RESA F. MATTHEW -S Date: 2026.01.15 15:15:01 -05'00'

Resa Matthew
Deputy Associate Commissioner
Family and Youth Services Bureau
Administration for Children and Families
U.S. Department of Health and Human Services

ADMINISTRATIVE RECORD INDEX

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2	August 26, 2025 Letter to State Grant Recipients	WA - 0000003	WA - 0000082
3	State PREP NOAs - August 6, 2025	WA - 0000083	WA - 0000116
4	State SRAE NOAs - August 6, 2025	WA - 0000117	WA - 0000136
5	Colorado PREP Materials Submitted for Medical Accuracy Review (MAR): Grantee Submission Form	WA - 0000137	WA - 0000138
6	Colorado PREP MAR Materials: All4You2! Slip Sheet	WA - 0000139	WA - 0000139
7	Colorado PREP MAR Materials: Be Proud! Be Responsible! Materials	WA - 0000140	WA - 0000292
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10	Connecticut PREP MAR Materials : Grantee Submission Form	WA - 0000295	WA - 0000297
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Introduction

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STIs. 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 STIs.
- 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!***

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curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STIs, 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, STIs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

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Overview of the Curriculum

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, 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 protection and contraception are mentioned as an important strategy for reducing the risk of HIV and other STIs, as well as pregnancy. Any reference to protection is meant to include the external (male) condom, internal (female) condom and dental dam. The use of the term protection *is meant to be inclusive of all people, regardless of their gender, sexual orientation or type of usage. The terms* birth control *or* contraception *may be used interchangeably, referring to methods used to prevent pregnancy.*

The ***Making Proud Choices!*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, 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 curriculum has 8 hours of content divided into eight 1-hour modules. It can be implemented in the 2-day format (four modules each day), 4-day format (two modules each day) or 8-day format (one module each day).

Curriculum Objectives

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

- Increased knowledge about prevention of HIV, other STIs 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.

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- Improved condom use skills.
- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STI 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 STIs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STIs 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: A Possible Outcome of Unprotected Sex: HIV Infection
- Module 3: Attitudes and Beliefs about HIV/AIDS and Condom Use
- Module 4: Strategies for Preventing HIV Infection: Stop, Think and Act
- Module 5: Possible Outcomes of Unprotected Sex: STIs
- Module 6: A Possible Outcome of Unprotected Sex: Pregnancy
- Module 7: Developing Condom Use and Negotiation Skills
- Module 8: Enhancing Refusal and Negotiation Skills

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 STIs, 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.

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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 video 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 participants 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.
- Videos are used to depict adolescents in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STIs, sexual involvement and HIV/STI prevention skills that are then discussed in a group setting. In addition to the videos provided with the curriculum, ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.
- The roleplay scenarios are designed to provide participants 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 participants' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the participants 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.

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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, video 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 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.

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CURRICULUM COMPONENTS AND FORMAT

Each module included in the ***Making Proud Choices!*** curriculum contains different activities. Reduced images of worksheets, 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 participants 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 participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include videos, 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 videos 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 participants' learning. All materials and exercises contained in the module are designed to help the participants to achieve these stated purposes.

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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.

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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 participants.

Student Workbooks

Student workbooks for participants include worksheets for individual and small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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 3, youth examine their attitudes and beliefs about condom use, and in Modules 7 and 8, 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 participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants' 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 participants' desires to maintain their partners' interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 7 and 8, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

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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 participants engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potential outcomes of unprotected sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that condoms can reduce the risk of pregnancy, HIV and other STIs. 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 7 and 8, participants learn negotiation and refusal skills necessary to communicate with their partners about condom use.

Personal Vulnerability to HIV/STI 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 STIs could really happen to them. One goal of ***Making Proud Choices!***, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STI infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2, 5 and 6.

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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 infections 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 participants 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.

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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 participants completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 participants, 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.

Since the original evaluation study, newer editions of the curriculum have been published. Updates to factual information are made to ensure medical accuracy and changes to language help keep the program activities relevant to a new generation and broader range of youth.

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BEHAVIORAL FINDINGS

The participants 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 participants 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 STIs; 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.

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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 participants, 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 participants to bring up additions/deletions as the need arises.
- Let participants know that everyone is responsible for following and determining the group agreements.

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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 participants' 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 participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

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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

Participants 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. Participants 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 and other STIs

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?

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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.
- Participants 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.

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STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants 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 participants work hard to prove their points. Because games can promote competition, remind participants 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 Video or Game

The practice of processing after an activity allows participants 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 open-ended questions designed to elicit discussion.

  General Reactions

  » What did you think of the video?

  » What is your response to the activity?

  » How do you think Pat felt when…?

- Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

  Personal Reactions

  » How did you feel about…?

  » Describe what you saw.

  » What will you do as a result of…?

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Sentence Stems

» Ask each participant to complete a phrase such as, "The most important thing I learned was…." Move quickly around the room. Give participants 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 participants develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign participants 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 participants 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.

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

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants 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 participants to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

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- 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 participants a choice on whether or not to participate.
- Encourage participants to improvise during roleplays to make them more their own.
- Reinforce participants for using the specific skill.
- Give participants a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach participants 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 participants 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."

STRATEGY 7: Student Workbooks

Student workbooks for participants include quiz questions, worksheets for small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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, videos 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 STIs, 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.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Making Proud Choices* page of ETR's Program Success Center at www.etr.org/ebi/programs/making-proud-choices. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR's Design4Learning page at www.etr.org/design-4-learning.

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.

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Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each participant)
Markers
Masking tape
Garbage bag
Monitor and device for showing videos, or internet access if using alternative videos
Condoms (one per participant or pair plus demonstration condoms)
Water-based lubricant
Condom demonstrator(s)
Small paper bag
Roll of paper towels
Chart paper
Index cards (1 labeled with a star, 1 labeled with a triangle, 1 labeled with a rectangle, 3–5 labeled with a circle for a group of 6–8)

Pre-Labeled Chart Paper

Group Agreements
Why Some Teens Have Sex
Possible Outcomes of Unprotected Sex
Proud and Responsible Prevention Strategies
Goals (written on left side of chart paper)
Making Proud Choices! Be Proud! Be Responsible!
The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and *Koko*
How STI Are Transmitted
Reasons to Avoid STIs
Contraceptives
Ways to Make Condom Use Easy and More Fun (for high school youth)
Ways to Make Condom Use Easy (for middle school youth)
Pros
Cons
Excuses Sexual Partners Give

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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
STI
Steps for Using a Condom
Agree/Disagree signs
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)

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: Kayla and Mia
Roleplay D: Devon and Jadon
Roleplay E: Alex and Casey
Observer Checklist

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Videos*

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

*ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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Background Reading

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Jemmott, L. S. (2000). Saving our children: Strategies to empower African-American adolescents to reduce their risk for HIV infection. *Journal of National Black Nurses Association*, 2 (1): 4–14.

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Making Proud Choices!

FIFTH EDITION

CURRICULUM

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MODULE 1

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

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants 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 possible outcomes of sex, and strategies for reducing possible negative outcomes.
- 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 participants 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.

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STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Welcome Activity
- Goals and Dreams Timeline Exercise
- Group Discussion

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* worksheet in the student workbook

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled chart paper:
  - » *Group Agreements*
  - » *Why Some Teens Have Sex*
  - » *Possible Outcomes of Unprotected Sex*
  - » *Proud and Responsible Prevention Strategies*
  - » *Goals*
  - » *Making Proud Choices! Be Proud! Be Responsible!*

PREPARATION NEEDED

1. Before the program begins, label all of the charts as listed under Materials.
2. Hang the pre-labeled 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: 60 minutes

ACTIVITY	MINUTES NEEDED
A. Welcome and Program Overview	5
B. Welcome Activity	10
C. Creating Group Agreements	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm	5
E. Brainstorming About Teens and Sex	10
F. Goals and Dreams Timeline	15
G. Brainstorming Obstacles or Detours Along Your Timeline	10

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ACTIVITY A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Welcome the participants 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 unintended pregnancy and sexually transmitted infections—STIs, sometimes called STDs—including HIV, the virus that causes AIDS.
>
> This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STIs. 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 STIs, including HIV.
>
> Although STIs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STI. Anyone can get an STI, including HIV, from having unprotected sexual intercourse with a partner who is infected.
>
> Unintended 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)*

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(continued)

If you're going to have sexual intercourse, it's critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let's clarify the terms we will be using. When we speak of ***protection***, we will be referring to *condoms* and *dental dams*. When we say ***condoms***, we will be referring to *external condoms* and *internal condoms*. External condoms are also known as male condoms. Internal condoms are also called female condoms.

Do you think teens should be worried about unintended pregnancy, HIV and other STIs?

3. Pause to allow participants 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 STIs.

To make the program interesting and fun, it includes videos, 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 participants 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.

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ACTIVITY B

WELCOME ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

The Welcome Activity encourages participants 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 participants sit in a circle.

FACILITATOR'S NOTE

If you know your participants and they already know each other this is an optional activity. An icebreaker that encourages group cohesion can be used in its place.

Sitting in a circle facing each other can build group cohesion. Have the participants sit on the floor, have them move their chairs close to each other, or set aside a special area of the room to accomplish this. Adapt this activity to accommodate group dynamics and environment. If creating a circle is not feasible, have the speaker toss a soft toy to the next speaker to encourage engagement.

2. Explain the Welcome Activity by saying,

> Let's introduce ourselves and get to know a little about each other.
>
> 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. I will speak first and when it is your turn please share your name, your age, the school you attend, your pronouns if you want to share, and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.

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3. **Model the Welcome Activity by beginning with yourself,**

> My name is _____ and I am _____.
> *(age)*
>
> I attend(ed) _____.
> *(high school, college or university)*
>
> 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 Welcome Activity 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.

FACILITATOR'S NOTE

Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus "outing" themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting 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 _____.

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ACTIVITY C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants 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 chart paper:
  - *Group Agreements*
- Markers
- Masking tape

TIME

5 minutes

PROCEDURE

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

> We're going to be talking about sexuality, pregnancy and STIs—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 participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the chart paper titled *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)*

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(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.

Move up, move back: If you tend to talk a lot in groups, talk less (move back) sometimes so others can talk. If you tend to be very quiet, share more (move 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

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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.

Young people may express themselves in ways that don't conform with their biological sex. There are many ways that youth can express their gender identity.

Being open to diversity can help reduce stereotyping, which can be very harmful to a young person. Stereotyping individuals imposes restrictions on their opportunities for individual expression and limits personal growth.

Besides, 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 participants do not mention them:

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

4. **Define terms related to diversity as needed.**

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

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(continued)

Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as ***(cisgender)*** or different from ***(transgender)*** the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

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.

5. Ask participants if they have any other suggestions they would like to add.

6. 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.

7. 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.

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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 chart paper:
  - *Making Proud Choices! Be Proud! Be Responsible!*

TIME

5 minutes

PROCEDURE

1. Tape the *Making Proud Choices! Be Proud! Be Responsible!* chart paper 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 participants brainstorm answers to these questions. Record their answers on the chart paper or a dry erase board.

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.

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» 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 STIs and unintended pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using protection such as an external or internal condom or dental dam.

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 STIs and unintended 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 STIs

» Have a healthier body

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» Stay in school

» Feel like you are helping your loved ones and your community

Always use protection 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 unintended pregnancy and STIs in your community.

FACILITATOR'S NOTE

Post the chart with participants' 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 participants to make proud choices.

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ACTIVITY E

BRAINSTORMING ABOUT TEENS AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

By exploring issues about teens and sex, participants 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 participants and helps the participants learn about the focus of the program.

MATERIALS

- Pre-labeled chart paper:
  - *Why Some Teens Have Sex*
  - *Possible Outcomes of Unprotected Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

TIME

10 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 chart paper (folded so that the titles are covered by the bottom half of the chart paper). Unfold the chart paper 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 chart paper titled *Why Some Teens Have Sex*, and then say,

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

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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, online or in the movies
- Forced
- To increase status in peer group
- Low self-esteem
- To prove masculinity/femininity

4. **Write all of the participants' comments on the chart paper.**

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 unintended pregnancy or STIs, they can face outcomes that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible outcomes of unprotected sex.

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7. **Unfold the next chart paper, *Possible Outcomes of Unprotected Sex*.**

8. **Then ask,**

> **What are some of the possible outcomes of unprotected sex?**

9. **Have participants brainstorm the possible outcomes of unprotected sex, and write all of their comments on the chart paper. (Be sure to include pregnancy, HIV and other STIs.)**

10. **Compliment the group on how much they know.**

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

> **What are some ways to prevent these possible negative outcomes?**

12. **Have participants brainstorm ways to prevent possible negative outcomes of unprotected sex.**

13. **Write all of the participants' comments on the chart paper. (Emphasize that protection—such as latex (or polyurethane/polyisoprene) condoms—can help prevent pregnancy and sexually transmitted infections, 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 may have sex. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for preventing those negative outcomes. 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.**

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ACTIVITY F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants 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* worksheet
- *Goals and Dreams Timeline* poster
- Pre-labeled chart paper:
  - *Goals* (Write Goals on the left side of chart paper)

TIME

15 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 things from your own life that you are proud of doing on the *Goals and Dreams Timeline* poster. Provide examples for each section. Be mindful that this activity may be challenging for some young people who may struggle to identify with the idea of setting future goals or even with reflecting on their own accomplishments, particularly in a group setting where the range will vary and young people may feel as if what they've done or want to do isn't "good enough." Listen for these insights and help youth recognize that their timelines will all differ based on things such as their experiences, interests and/or what brings them joy. When you model the activity include a range of accomplishments, taking care to highlight achievements beyond acquiring goods such as a car or house. This will help participants understand what you want them to do and encourage them to recognize their own varied accomplishments.

3. Have participants turn to the *Goals and Dreams Timeline* worksheet in their workbooks. Give the following instructions:

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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 or things you are proud of. This can be anything that's meaningful for you. For example, volunteering your time, playing for a sports team, getting certain grades, getting a job, learning something new, joining a club, winning a student election, getting a learner's permit, an artistic or musical performance, advocating for others, etc.

4. Give participants 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 thing you hope or want to make happen in this section. In 5 years, what do you hope to be proud of doing? You can write more than one thing if you like.

6. Give participants 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 thing you hope or want to make happen in the next 10 years. In 10 years, when you look back, what do you hope to be proud of doing?

You can write more than one thing if you like.

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

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9. Then encourage each participant to share with the group one item from each section by going around the room and asking,

> Looking ahead 5 years, what goal do you want to achieve or thing do you hope to do? How about in 10 years?

10. Next say,

> I want you to now choose one of your goals or hopes and write it on the back of your timeline. Next to that item, write two things you must do to achieve it or make it happen.

11. While they are working on this, unfold the *Goals* chart paper. 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 or aspirations. Be prepared to provide a few examples, such as graduating from high school, going to college, getting trained in a skill, buying a car or getting a good job. Have participants share the goals they've chosen and the actions they must take to achieve them.

12. Write these goals on the left side of the *Goals* chart paper, leaving space on the right half for items in the next activity.

13. Compliment participants on their answers.

14. 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.

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FACILITATOR'S NOTE

Some youth may be struggling to meet basic needs such as food, shelter or safety. Others may have experienced a traumatic event. Validate all of their accomplishments and their hopes. Be careful not to minimize or praise any accomplishments or hopes in such a way that creates a hierarchy, as no goal is better or more important than another.

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ACTIVITY G

BRAINSTORMING OBSTACLES OR DETOURS ALONG YOUR TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' 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 chart paper:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

TIME

10 minutes

PROCEDURE

1. Refer to the *Goals* chart paper from the previous activity.

2. Write "Obstacles" on the right side of the chart paper.

3. Ask the participants to brainstorm things that might prevent them from achieving the goals and dreams they listed by saying,

> 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. They are like roadblocks or detours along the way. What obstacles can you think of that may get in the way of your goals?

Answers should include:

» Unintended pregnancy or an uncurable STI such as HIV

4. Write their responses under "Obstacles or Detours" on the right side of the *Goals* chart paper with a different color marker.

5. Say,

> If you've already encountered any of these obstacles or detours, you understand how your life can change. Things can work out just fine but it may be harder.

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6. **Ask the following questions,**

> • **How can we avoid some of these obstacles or detours?**
>
> • **What can you do to make sure you don't get pregnant, get someone pregnant or get a chronic disease such as HIV?**

7. **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 if they would like to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.**

8. **Summarize by saying,**

> **I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles and navigate detours so you can reach your goals. If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky, or reducing your risk by using protection and effective birth control or engaging is less-risky behaviors.**
>
> **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.**

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GOALS AND DREAMS TIMELINE

Instructions:

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

Birthday: _____

THIS YEAR I AM AGE ___. HERE ARE SOME THINGS I'VE ALREADY DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
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: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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Worksheet

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MODULE 2

A POSSIBLE OUTCOME OF UNPROTECTED SEX: HIV INFECTION

GOALS

The goal of this module is to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish facts from falsehoods 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 second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; (2) provides opportunities for participants to develop skills in giving correct information on HIV/AIDS to friends; and (3) helps participants identify various behaviors that place them at risk for HIV infection.

STRATEGIES/METHODS

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

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *HIV/AIDS Frame* poster
- *Key Words* poster
- Video: The Subject Is HIV (or alternative videos*)
- *True or False: HIV Statements* (included in module)
- *Risk Continuum* signs
- *Risk Behavior* cards

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Chart paper
- Markers
- Masking tape

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the *True or False: HIV Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. Discussing HIV and AIDS	**10**
B. *The Subject Is HIV* Video and Discussion*	**25**
C. True or False: HIV	**10**
D. HIV Risk Continuum	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

DISCUSSING HIV AND AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

Learning basic information about HIV and AIDS will provide participants 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 participants' 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 participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

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 very low.
- **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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* Centers for Disease Control and Prevention. 2019. HIV basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.

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(continued)

What common body fluids can transmit HIV?

HIV is found in the blood, semen, vaginal fluids and rectal fluids (the mucus that lines the rectum to help with elimination of waste) 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, 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 vaginal or anal 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 or anal sex.** Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse. People who are allergic to latex can use polyurethane or polyisoprene condoms. Protection includes external or internal condoms and dental dams.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors. Be sure any sex partner has been tested before having sex. Discuss ways that you can reduce your risks together such as using condoms, taking PrEP, or regular testing.
- **Get tested for HIV.** The only way to know your HIV status is to get tested. The only way for your partner to know their HIV status is for them to get tested.
- **Take medication, if needed.** If you are having sex or sharing needles with someone who is living with HIV, talk to a medical provider about taking pre-exposure prophylaxis (PrEP). If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct participants' 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 participants to try to answer them. Supplement their answers with the information below each question.

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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 be living with 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.

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 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.

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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.

Common Tests for HIV Available at a Clinic:

If you get a test in a health care setting or lab, a health care provider or lab technician will take your sample (blood or oral fluid). If it's a rapid test, you may get test results in 30 minutes or less, but if it is a laboratory test, it can take several days for your results to be available. Your health care provider or counselor may talk with you about your risk factors, and answer any questions you might have. They will discuss next steps with you if your result is positive.

Rapid tests are usually done with blood from a finger prick or with oral fluid, and the results are ready in 30 minutes or less.

Laboratory tests require a blood sample.

- If the test comes back negative, and you haven't had a possible exposure during the previous 3 months before the test you took, you can be confident you don't have HIV.
- If your test result is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

Common Tests for HIV Available Over the Counter:

Home Access requires a finger prick to collect a blood sample. The person sends the sample to a licensed laboratory and gets the results by phone as early as the next business day. This is an anonymous test. Anyone who tests positive is immediately offered a follow-up test, counseling and referral to treatment.

The OraQuick In-Home HIV Test provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit. A positive test needs a follow-up test at the testing site, counseling and other referrals. HIV infection may show up later after exposure in an oral fluid test than a blood test, because the level of antibody in oral fluid is naturally lower.

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What is the window period?

The "window period" is the length of time between when a person first gets HIV and when a test can accurately detect it. This varies from person to person, and depends on the type of test done. During the window period, even before knowing about being infected, a person can transmit HIV to others. People getting tested at a clinic should ask their health care provider about the window period for the type of test they are taking. People testing at home should review the materials that come with the home test kit. If a test is taken within 3 months after possible exposure and the result is negative, the person should get tested again in another 3 months to be sure.

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 condoms?

A condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids or rectal fluids. Latex is a type of material used for external (male) condoms and is effective in preventing HIV transmission. People who are allergic to latex can use condoms made of polyurethane or polyisoprene. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Another form of protection is the internal (female) condom, which is made of nitrile and is safe for people with latex allergies. The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.

What is PrEP? What is PEP?

Pre-exposure prophylaxis (PrEP) is a medicine taken daily to reduce the risk of HIV infection. If someone is at very high risk for HIV, PrEP might be right for them. PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered for people who are not in a mutually monogamous relationship

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with a partner who recently tested HIV-negative, and if they are

- **A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months**
- **A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk of HIV infection (for example, people who use injection drugs or women who have bisexual male partners)**

Post-exposure prophylaxis (PEP) is an HIV medicine that can be taken after being potentially exposed to HIV to prevent becoming infected. If someone is HIV negative or doesn't know their HIV status and thinks they have recently been exposed to HIV during sex (for example, if a condom breaks), they should talk to their health care provider or an emergency room doctor about PEP right away (within 3 days). The sooner someone starts PEP, the better; every hour counts. If prescribed PEP, it is necessary to take it once or twice daily for 28 days.

What does U=U mean?

U=U means Undetectable = Untransmittable. If a person living with HIV has fewer than 200 copies of HIV per milliliter of blood, they are considered virally suppressed and the infection is undetectable on tests. Medications are used to suppress the virus so it becomes undetectable. People with undetectable viral loads cannot transmit the virus sexually to their partners.

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 lifespan. HIV is now considered a chronic disease. 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.

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.

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ACTIVITY B

THE SUBJECT IS HIV VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is HIV*, or alternative videos

PREPARATION

- Review the information about HIV in Appendix B.

TIME

25 minutes

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

PROCEDURE

FACILITATOR'S NOTE

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

1. Introduce the video by saying,

> This video you are going to see will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will talk about the video. 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 video, which is 18 minutes long.

3. At the end of the video, ask the participants 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).

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What was the message about condoms in the video?

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 young people 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 students in biology class?

Answer:

» It's important to talk with your partner about using protection.

» If a person respects themselves and their partner, they will use a condom.

» Not having sex is a good way to avoid pregnancy, HIV and other STIs.

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

You did a great job answering those questions and remembering the important messages in the video(s).

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(continued)

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 protection.

FACILITATOR'S NOTE

Some statistics have changed since the video was produced. In 2018, youth ages 13 to 24 accounted for an estimated 21% 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

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ACTIVITY C

TRUE OR FALSE: HIV

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about HIV provides an opportunity for learning the correct information about HIV/AIDS.

MATERIALS

- Markers
- Chart paper (for keeping score)
- Masking tape
- *True or False: HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

TIME

10 minutes

PROCEDURE

1. This activity reviews facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help participants understand the answers.

2. Introduce the *True or False* 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 "True" and "False" on the board or a sheet of chart paper.

4. Explain the activity,

> I am going to divide you into two teams. I will then read each team a statement and ask you whether it is true or false and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's true or false, 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 true or false.

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5. **Divide the group into two teams.**

6. **Go around to each team one at a time and read a statement from the *True or False: HIV Statements*.**

7. **Ask the first team to identify it as true or false and to state *WHY*.**

8. **Ask the second team if they agree. (If there is a disagreement, teach the right answer and explain why.)**

9. **If the second team agrees, but the answer is wrong, teach the right answer and explain why.**

10. **If the second team agrees and the answer is right, give the team the correct number of points.**

11. **Read the next statement to the second team.**

12. **The game is over when the statements are completed or time is up, whichever comes first.**

13. **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.**
>
> **Understanding that HIV can affect anyone helps people understand that they need to always protect themselves.**
>
> **You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.**

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TRUE OR FALSE: 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.**
   TRUE
2. **Having unprotected anal sex increases your chances of getting HIV.**
   TRUE
3. **You can tell by looking at people whether they have HIV.**
   FALSE
4. **HIV can be transmitted in blood, semen, vaginal fluids, and rectal fluids.**
   TRUE
5. **Having unprotected sex with someone who is living with HIV is one way of getting HIV.**
   TRUE
6. **If a person who is pregnant has HIV, there is a chance the baby can get it.**
   TRUE
7. **You have a bigger chance of getting HIV if you have sex with many people.**
   TRUE
8. **You can get HIV from using someone else's comb or hairbrush.**
   FALSE (NO CONTACT WITH BODY FLUIDS)
9. **Using protection during sex reduces the chance of getting a sexually transmitted infection, including HIV.**
   TRUE
10. **You can get HIV by sharing a needle with a drug user.**
    TRUE
11. **If you hug someone with HIV you can get it.**
    FALSE (NO CONTACT WITH BODY FLUIDS)
12. **Having an untreated STI can increase your chances of getting HIV.**
    TRUE
13. **AIDS is the stage of HIV in which your body cannot fight off diseases.**
    TRUE
14. **Having AIDS makes you more likely to get other diseases.**
    TRUE
15. **AIDS can be cured.**
    FALSE
16. **AIDS is caused by a virus.**
    TRUE (CALLED HIV)
17. **Anyone can get HIV.**
    TRUE (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)
18. **You can avoid getting HIV by exercising regularly.**
    FALSE
19. **You can take certain medications to reduce your risk of HIV.**
    TRUE
20. **Early treatment can help people with HIV stay healthy.**
    TRUE

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ACTIVITY D

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

15 minutes

PROCEDURE

1. Tape the *Risk Continuum* signs on the wall or blackboard like the diagram below.

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

2. Divide the group into pairs.

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 fluids 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 fluids or rectal fluids might create some risk of transmitting HIV.

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

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4. **Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the pairs.**

5. **Explain that "sex" in these questions means oral, anal and/or vaginal intercourse.**

6. **Ask each pair of participants to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.**

7. **After each answer, have participants 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 participants 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:**

> **Look at all the behaviors in the green light category. Notice all the things you can do to enjoy intimacy with your partner without putting yourself at risk for HIV. 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 STIs. 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.**

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RISK BEHAVIORS[1]

(*Note:* This guide reflects risk levels for HIV transmission only. There are some STIs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)

Vaginal sex without a condom ---------- Red Light

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 Light

Sharing eating utensils with someone who is living with HIV ---------- Green Light

Sharing needles and syringes ---------- Red Light

Anal sex with a condom and water-based lubricant[2] ---------- Yellow Light

Self-masturbation ---------- Green Light

Mutual masturbation ---------- Green Light

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) ---------- Green/Yellow Light

Anal sex without a condom[2] ---------- 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 is living with HIV ---------- Green Light

Flirting ---------- Green Light

Body rubbing/grinding (with clothes on/no exchange of body fluids) ------- Green Light

Hugging ---------- Green Light

Having sex with only one partner (monogamous) -------- Green/Yellow/Red Light

(Green if both have never had sex before. If one or both have had other partners, Yellow if they use condoms; Red if they don't use condoms.)

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water- or silicone-based lubrication can reduce their risk.[2]

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FACILITATOR'S NOTE

Other HIV prevention strategies include PrEP 2-1-1 and TasP.

- PrEP 2-1-1 dosing strategy has been shown to be 86% effective at preventing HIV transmission during anal sex (though less effective during vaginal sex). The PrEP 2-1-1 strategy involves taking 2 pills between 2 and 24 hours before sex and another pill within 24 hours after the first and the final pill 24 hours after that.[3]
- TasP or "Treatment as Prevention" means that people living with HIV who get treatment are less likely to transmit the infection. Reducing the amount of the virus in the body through treatment helps prevent transmission to others. An undetectable viral load means the virus is untransmittable (or U=U).[4]

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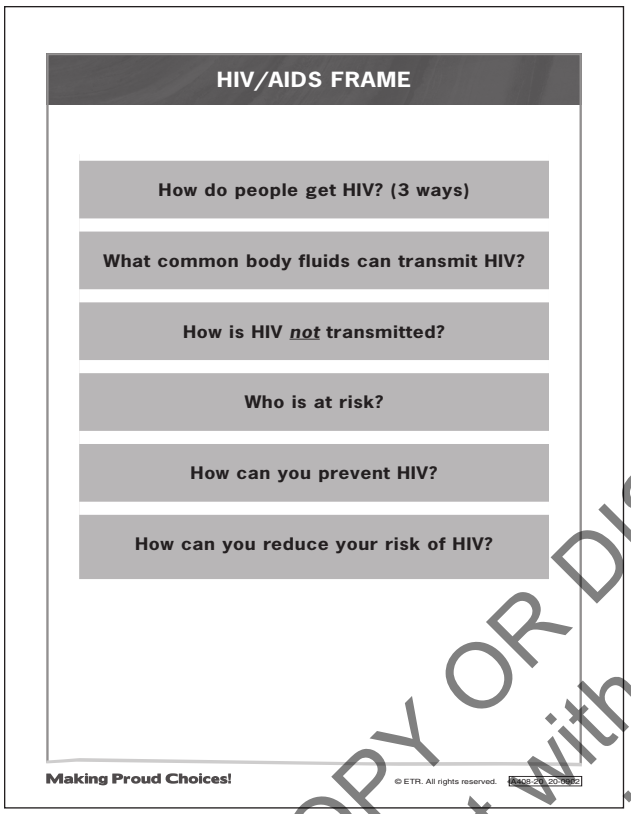
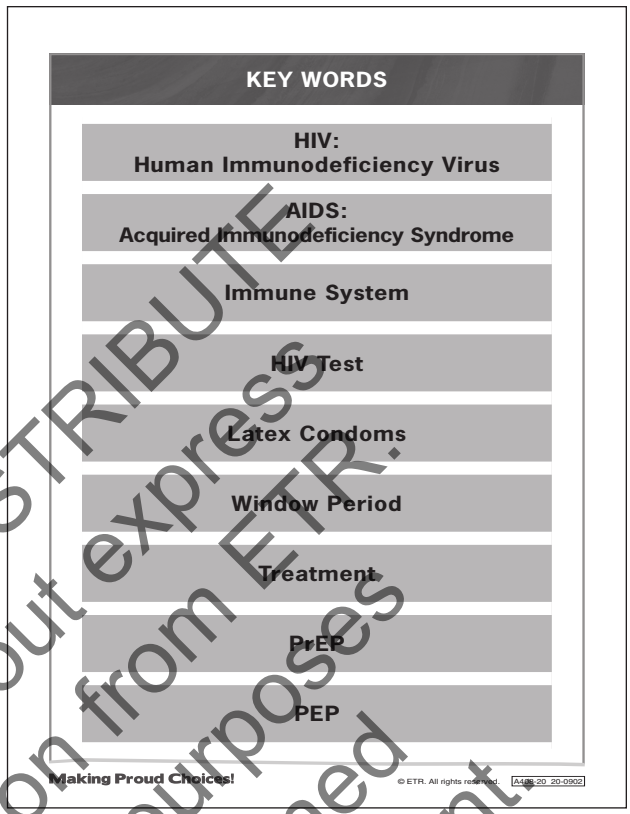


Poster



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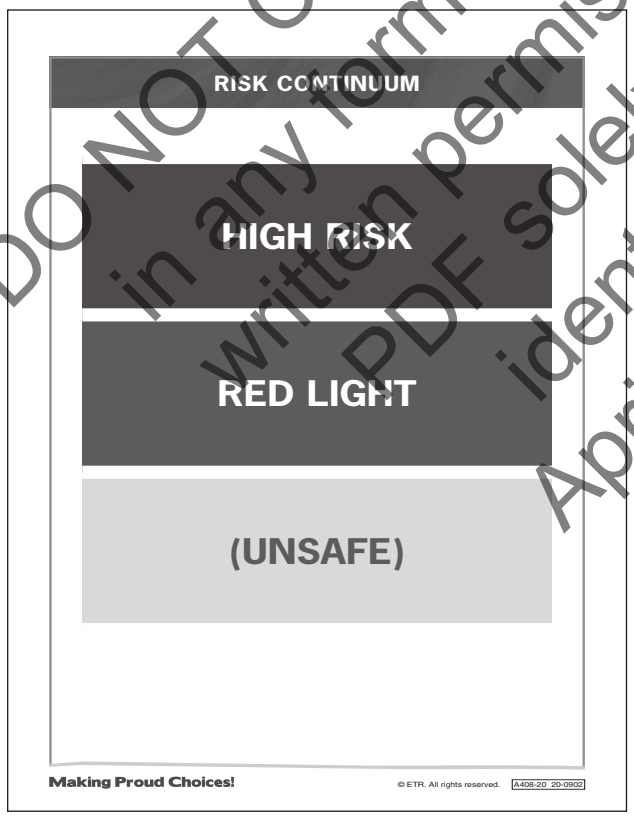
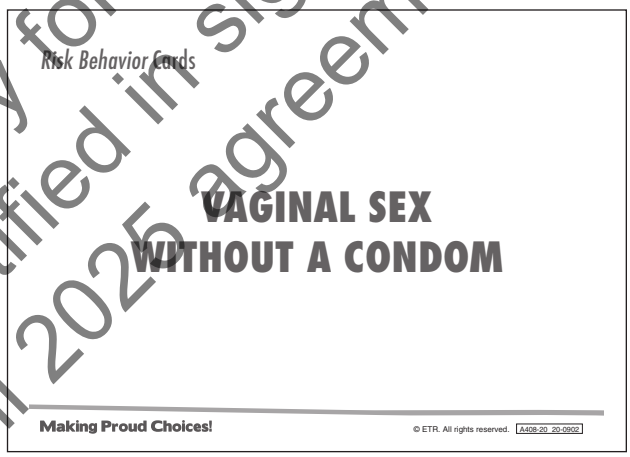


Posters (3 total)



Cards (24 total)

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MODULE 3

ATTITUDES ABOUT SEX, HIV AND CONDOM USE

GOALS

The goals of this module are to:

- Increase participants' 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, participants 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 third module: (1) informs participants about the transmission and prevention of HIV; and (2) helps participants advocate and give advice regarding HIV/AIDS and safer sex strategies.

STRATEGIES/METHODS

- Video Viewing
- Group Discussion
- Problem-Solving Exercises

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *The Hard Way* character cards
- *Calling Koko Caller* worksheets in the student workbooks
- Video: *The Hard Way* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Pre-labeled chart paper:
  - » *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Markers
- Masking tape
- Pencils
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. Set up the video(s) to be ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. *The Hard Way* Video and Discussion*	**40**
B. Calling Koko	**20**

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ACTIVITY A

THE HARD WAY VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Hard Way*, or alternative videos
- Pre-labeled chart paper:
  - *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per participant)

TIME

40 minutes

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

PROCEDURE

1. Introduce the film.

> Sexually active young people are at risk for HIV infection. The video you are going to see is about young people. This video 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 chart paper (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 video, 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 video, 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.

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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6. **Begin the discussion by saying,**

> Let's talk about the characters in this video. 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. Notice the video refers to the use of birth control pills as "protection." While pills may protect against a pregnancy, they provide no protections against HIV and other STIs.
>
> 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?
>
> What could Renee and Miguel say to each other about their sexual health and desires to protect themselves from unintended pregnancy or STIs?
>
> 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,**

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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 video and our discussion? (Listen for these messages and reinforce if they are not shared: getting tested, talking about sexual health and protection, and using protection if having sex can help reduce the risk of HIV transmission.)

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. 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!

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ACTIVITY B

CALLING KOKO

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

20 minutes

PROCEDURE

FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 20 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants.

If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

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 participants into pairs or small groups.

3. Have participants turn to the *Calling Koko* worksheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)

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4. **Explain the following:**

> You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. **Give the pairs 5 minutes to discuss and write their advice.**

6. **Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice using the Main Points to Cover.**

7. **Using the following sample responses, discuss any points that participants do not come up with themselves.**

FACILITATOR'S NOTE

Sample responses are provided. Participants' answers do not have to match the sample 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 sample responses as a review before going on to the next caller.

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MAIN POINTS TO COVER

The surest protection is abstinence.

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

PrEP and PEP can reduce the risk of HIV transmission.

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?

– Charlie

Sample 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 or anal sex, the best way to reduce your risk of HIV is to use condoms. That includes external or male condoms made of latex, polyurethane or polyisoprene; or female or internal condoms. PrEP and PEP are medications that you can take to reduce your risk of HIV infection. PrEP is a pill you take every day to prevent HIV. PrEP may be a great option for someone who is in a relationship with someone living with HIV or for someone who is at high risk for HIV. PEP is a pill you can take for 28 days after having sex if you think you may have been exposed to HIV. 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.

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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 STIs.

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?

– Raymond

Sample Response to Caller 2

If you and your girlfriend have never had vaginal 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 always use protection even if you are only having sex with each other. 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 unintended pregnancy or getting an STI, including HIV.

Talk it over with your partner. You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.

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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 protection 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?

– Alex

Sample 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. Test kits are available over the counter at most drug stores. You can also go to a local HIV testing site such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person's body. Make an appointment to get tested and use condoms until you get the test results.

It sounds like your first time didn't go the way you had hoped it would. 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 STI. If you do decide to have sex, be proud and responsible and talk to your boyfriend about protection. Tell him it is important that you use condoms if you have sex. Let him know that you're concerned about 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.

I also want to make sure you feel supported. Please reach out to the wellness center or find a school club or group that supports and affirms you.

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MAIN POINTS TO COVER

Oral sex can transmit STIs, including HIV.

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

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

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 infections. Is oral sex safe? How do we protect ourselves from STDs?

– Carmello

Sample Response to Caller 4

Oral sex poses little to no risk of transmitting HIV. However, most STIs can be transmitted during oral sex. Untreated STIs can increase the risk of HIV transmission. This is why it is important to use protection for oral sex. For oral sex that involves putting the mouth to a vagina or an anus, use a dental dam. If you don't have a dental dam, you can cut a condom into a flat sheet. A penis should also be covered with a condom during oral sex.

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 infection. Using protection every time you have oral sex is the responsible thing to do. If you decide to have sexual intercourse, use an external (male) or internal (female) condom every time you have sex. And make sure you only use condoms that are made of latex, polyurethane, polyisoprene or nitrile.

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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! I'm scared to date! What should I do?

– Dana

Sample Response to Caller 5

I can understand your concerns about having sex. You can't look at people and tell whether or not they have an STI, such as HIV. 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. Talk to them about your concerns and how you plan to protect yourself. When you decide to have sex, be sure to use protection every time. By protection, I mean external or male condoms made of latex, polyurethane, or polyisoprene; internal or female condoms; or dental dams.

I am assuming your friend is getting treatment for HIV. Antiretroviral therapy, or ART, can help your friend live a long, healthy life. If she has a steady sexual partner who is HIV negative, ART could help reduce the chances of her transmitting HIV to her partner. Her partner can get on pre-exposure prophylaxis or PrEP treatment, which will reduce the risk of getting the virus.

People who think they may have been exposed to HIV should get treatment immediately. Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor's offices and HIV clinics. PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.

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MAIN POINTS TO COVER

People cannot give consent when they are drunk or high.

Get tested for pregnancy, STIs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making.

Use protection if you decide to have sex.

CALLER 6

Koko,

I'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Sample Response to Caller 6

This sounds like a tough situation. When people are drunk or high, they are more likely to have sex without using condoms, which increases their risk for STIs. Everybody has the right to say when they want or don't want to engage in sexual behaviors and to insist on using protection. When people are drunk or high they can't fully give consent to sexual activity. Please remember that someone doing something sexual to you while you are drunk or high means that technically you were not able to give consent, and so this may be a situation of sexual assault. Do not blame yourself. There are people in this world who seek out those who are too high or drunk to consent. If this person is known for having sex with people who are too drunk or high to consent, he likely isn't someone who has your best interests in mind. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

(continued)

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CALLER 6

Sample Response to Caller 6 *(continued)*

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 STIs. 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. EC is also available over the counter at most drug stores.

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).

Don't blame yourself. You deserve to have sexual partners who you feel comfortable communicating with, who respect what you want and don't want, and who will share the responsibility for using protection.

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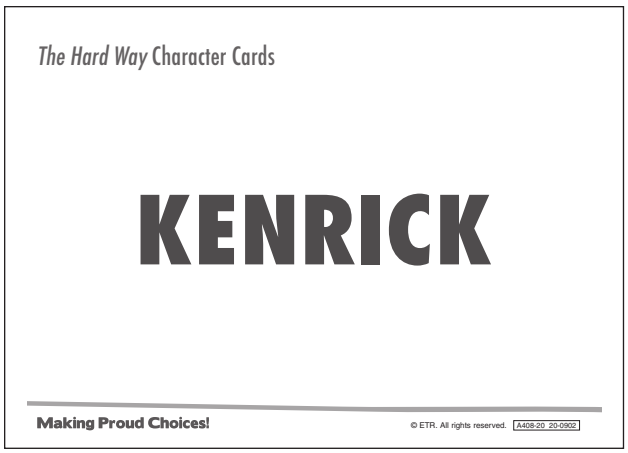

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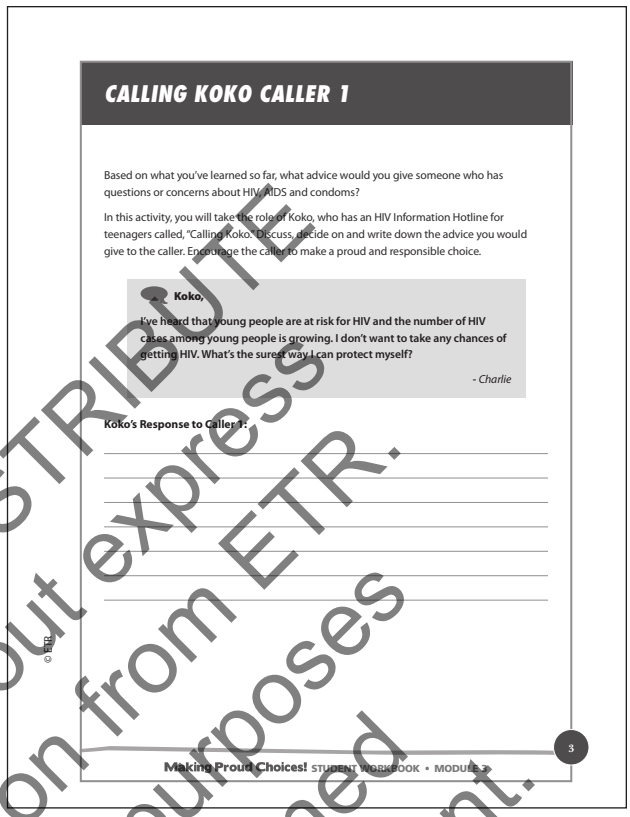

Worksheets (6 total)

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MODULE 4

STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT

GOALS

The goals of this module are to:

- Introduce participants 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, participants will be able to:

- 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.
- Provide correct answers to review questions on HIV and AIDS.

MODULE PREVIEW

The fourth module: (1) encourages participants 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
- Video Viewing
- Game

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* worksheet in the student workbook
- HIV/AIDS Game Questions (included in module)
- Video: *Nicole's Choice* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Masking tape
- Pencils
- Markers
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the information about sexually transmitted infections in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. STOP, THINK and ACT: Introduction to Problem Solving	**5**
B. Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT	**15**
C. *Nicole's Choice* Video and Discussion*	**25**
D. The HIV/AIDS Game	**15**

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ACTIVITY A

STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STOP, THINK and ACT* poster
- Masking tape

TIME

5 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 participants 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 participants provide a few answers.

Answers may include:

You may feel afraid, confused, angry or upset.

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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 participants 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 stick to the decisions I've made for my health and well-being?
> - 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.

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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.

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ACTIVITY B

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 participants' ability to use them.

MATERIALS

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

TIME

15 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,

> No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. 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. You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.

2. Divide the participants into pairs.

3. Have participants turn to the *Sean and Morgan Case Study* worksheet their workbooks.

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4. **Ask for a volunteer to read the case study and instructions to the group. Encourage the group 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 concerned about STIs 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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5. **Then say,**

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

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

7. After 8 minutes, even if most of the pairs have not finished, ask them to stop and begin discussing the case study. Ask one of the pairs 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 pair 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 pair 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 pair has given their responses, ask the other groups to comment and offer any different ideas for this section.

   Finally, ask a different pair 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 pair 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.

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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 STIs, 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.

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ACTIVITY C

NICOLE'S CHOICE VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *Nicole's Choice*, or alternative videos
- *STOP, THINK and ACT* poster

PREPARATION

- Review the information about STIs in Appendix B.

TIME

25 minutes

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

PROCEDURE

1. Introduce the video by saying,

> Now we will watch a video 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 video *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 participants 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?

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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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 a clinic to be tested for an STI?

Can you get HIV the same way you get other STIs?

8. **Summarize as follows,**

Getting an STI may bring up a lot of emotions. Though young people ages 15-24 are diagnosed with half of all new STIs,* many STIs can be prevented by using protection or choosing not to have sex. Only you can decide to protect your future and your health. Use protection every time you have sex. And use the right kind of protection: external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams.

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* Centers for Disease Control and Prevention. 2019. STDs in adolescents and young adults - 2018 Sexually Transmitted Diseases Surveillance. https://www.cdc.gov/std/stats18/adolescents.htm. Accessed 6/22/2020.

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ACTIVITY D

THE HIV/AIDS GAME

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

- Chart paper
- Markers

TIME

15 minutes

PROCEDURE

1. Introduce the next activity by saying,

> We are going to play a game* that will review the information we've talked about regarding HIV and AIDS.

2. Divide the group into two 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 bonus question (a one-point question).
- If someone answers out of turn, the interrupter's team receives a bonus question. The other team then gets a chance to answer a bonus question.

* Adapted from "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.

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4. **Keep score (or ask a participant to keep score) on the board or on chart paper.**

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 bonus question, use the bonus questions in the game for one point each. You may be able to create other situations that result in bonus question 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.**

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HIV/AIDS 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 diseases called opportunistic infections.

5. **Name three of the body fluids through which HIV is transmitted?**
   - Semen, vaginal fluids, 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). HIV is easily passed through oral sex.**

10. **(True) or False. Anal sex without a condom increases your chances of getting HIV.**

11. **True or (False). There is now a cure for AIDS.**

12. **(True) or False. If you think you were exposed to HIV, you can get Post-Exposure Prophylaxis (PEP) within 72 hours to avoid getting the virus.**

* See Appendix B for additional information on HIV and sources.

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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 by using condoms or taking PrEP which reduces risk of HIV transmission but not other STIs
- Engaging in low-risk activities such as kissing
- Not sharing needles or works
- Getting tested regularly
- Talking with your partners about HIV and making sure they get tested too

15. What does U=U mean?

- U=U stands for Undetectable equals Untransmittable. That means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. If there is an undetectable amount of HIV in their blood, the virus cannot be transmitted to others.

16. Name three ways HIV is passed.

- During unprotected vaginal or anal sex (sex without a condom)
- By sharing needles and syringes
- From an infected mother to the fetus or newborn child

17. Name two types of sexual practices in which HIV can be passed.

- Anal sex
- Vaginal sex

18. Name two high-risk behaviors.

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

19. (True) or False. Using water-based lube and condoms when you have vaginal or anal sex lowers the chance of getting HIV.

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

21. 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

BONUS QUESTIONS (ONE POINT)

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

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

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

24. (True) or False. Limiting the number of sexual partners a person has is one way of reducing the risk of HIV.

25. 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.

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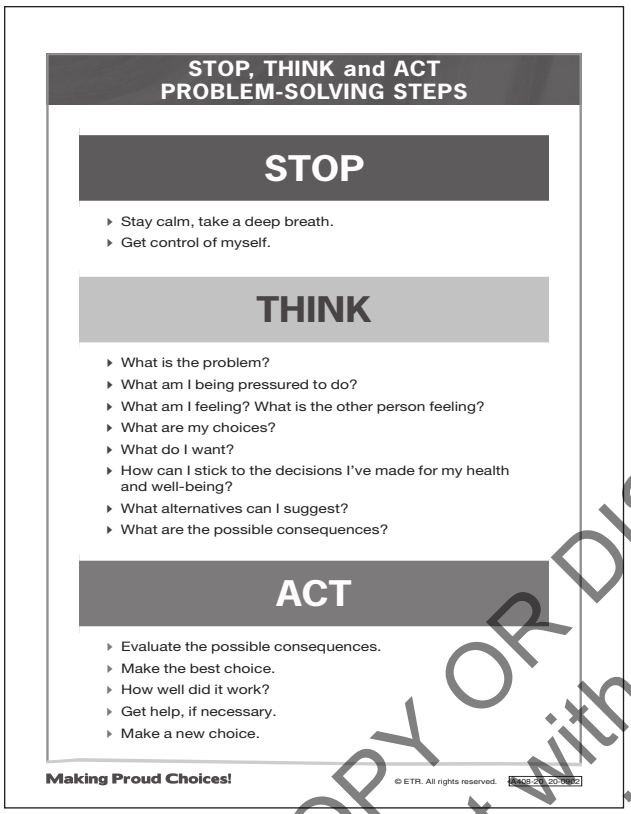

STOP, THINK and ACT
PROBLEM-SOLVING STEPS

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 stick to the decisions I've made for my health and well-being?
- 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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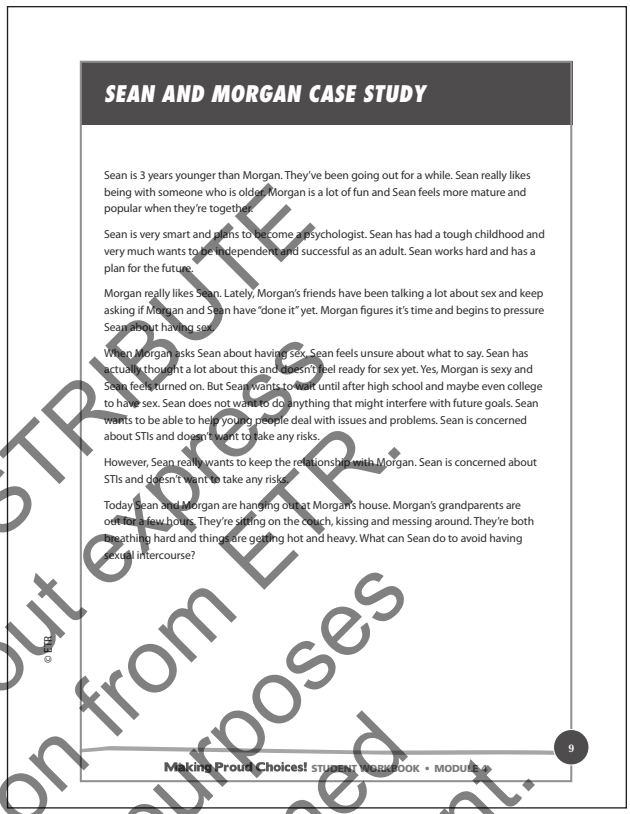
Poster



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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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 • MODULE 4 9

Worksheet

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MODULE 5

POSSIBLE OUTCOMES OF UNPROTECTED SEX: STIs

GOALS

The goals of this module are to:

- Increase participants' knowledge of sexually transmitted infections.
- Help participants identify strategies for preventing STIs.
- Increase participants' perceived vulnerability to STIs.
- Clarify participants' attitudes and beliefs about STIs and condom use.
- Teach participants the steps for correct use of a condom.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted infections.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STIs, including HIV, and pregnancy.

MODULE PREVIEW:

The fifth module: (1) helps participants examine the signs and symptoms of the most common STIs; (2) illustrates how STIs can impact the lives of young people; and (3) informs participants about correct use of condoms, as a way to prevent STIs.

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STRATEGIES/METHODS

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

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STI* poster
- *Agree* and *Disagree* signs (1 set)
- *Steps for Using a Condom* poster
- Video: *The Subject Is STDs* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Condoms
- Water-based lubricant
- Condom Demonstrator(s)
- Paper towels
- Small paper bag
- Monitor and video player, or internet access if using alternative videos
- Pre-labeled chart paper:
  - » *How STIs Are Transmitted*
  - » *Reasons to Protect Against STIs*
  - » *Group Agreements* (from earlier session)
- Chart paper
- Index cards for the Transmission Game—pre-labeled with four distinct shapes, e.g., star, rectangle, circle, and triangle**

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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.

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

** You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. 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 or www.etr.org/store/format/condom-kit.
4. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.
5. Set up the video(s) to be ready to play.
6. Read the instructions for the Transmission Game and make sure you're clear about the process.
7. Label the index cards for the game. For a group of 6–8, one person will have a "star" card, one person will have a "triangle" card, one person will have a "rectangle" card and the rest will have "circle" cards. Increase the number of "triangle," "rectangle" and "circle" cards in this approximate ratio for larger groups.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to include both the discussion and the video about STIs, and to provide more condom skills practice.)

ACTIVITY	MINUTES NEEDED
A. STI Facts	20
[A. (Alternate) *The Subject Is STDs* Video	20]
B. The Transmission Game	15
C. What I Think About HIV/STI and Safer Sex	10
D. Condom Use Skills	15

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 uses STI. It is important for everyone to understand that STIs (STDs) can present with or without symptoms.

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ACTIVITY A

STI FACTS

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STI* poster
- Pre-labeled chart paper:
  - *How STIs Are Transmitted*
  - *Reasons to Protect Against STIs*
- Markers
- Masking tape

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

PROCEDURE

1. Begin this activity by displaying the *STI* poster. Use chart paper to cover the poster so only the letters "S T I" are revealed.

2. Then say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

3. Ask the group to brainstorm all of the STIs they know.

4. Then uncover the poster and read any STIs they did not mention.

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

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5. Then say,

> **STIs fall into three categories:**
>
> - **Bacterial (caused by bacteria)—**These STIs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
> - **Viral (caused by a virus)—**Most of these STIs 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).
> - **Parasitical (caused by parasites)—**These STIs are curable. They include trichomoniasis and pubic lice.

6. Unfold the pre-labeled chart paper titled *How STIs Are Transmitted* and say to the group,

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

7. List the answers on the chart paper 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)
- » *(Optional) For high school youth:* Sharing sex toys or other devices with partners without using a new condom each time the device is used by a different person

8. Next ask,

> **Who can get an STI?**

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Answer:

» Anyone who has unprotected sexual intercourse (meaning without using condoms or dental dams).

9. **After participants have answered, say,**

That's right. Anyone who engages in unprotected sexual intercourse can get an STI. But teens and young adults are affected by STIs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STI 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 STIs?

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 STI?

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. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 06/2/2020.

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12. **Then say,**

> **In many cases, a person can have an STI and have no symptoms! This means that people may not even know they have an STI. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STI.**
>
> **Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include masturbating alone, petting, kissing, foreplay or dry humping. An exception is where skin-to-skin contact is involved with someone who has HPV, syphilis or herpes. In contrast, sexual activities that do include an exchange of body fluids increase the risk for STI transmission. These include vaginal, anal or oral sex.**

13. **Then ask,**

> **How can you protect yourself from getting an STI?**

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.
- Do not use or share needles or works (including syringes, caps, cleaning water) for injecting drugs.
- There is a vaccine that can prevent hepatitis B.
- There is also a vaccine that protects people against most types of HPV that cause genital warts or lead to cervical cancer.
- Get tested regularly.
- Talk to your partners about STIs and encourage them to get tested too.

14. **Then say,**

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We know how STIs are transmitted. We know signs and symptoms that can indicate an STI infection. We know some STIs don't have symptoms. We know how to avoid getting an STI. But why would a person want to avoid getting an STI and what are the reasons they should get treatment right away if they do get an STI?

Let's brainstorm *Reasons to Protect Against STIs* by thinking of some of the long-term physical and emotional consequences of getting an STI.

15. **List the group's responses on the chart paper. Encourage all participants to respond.**

Answers should include:

- Increased risk of getting HIV
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- 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, hepatitis C)
- Child born with an STI
- Embarrassment
- Odor and discharge
- Impact on relationship
- Stigma

16. **Explain that many of these reasons to protect against STIs can be prevented by abstaining from vaginal, anal or oral sex, or by using protection such as condoms. STIs are common and many people will get one at some point in their lives. Getting tested regularly and treated, if required, can limit or prevent negative health outcomes. That is why it is important to get tested and treated as soon as possible. Explain that no one chooses to get an STI. Some people have gotten STIs from sex that was against their will. Getting tested and treated, if necessary, is the responsible thing to do. Summarize this activity by saying,**

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**

(continued)

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(continued)

2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Avoid STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ALTERNATE ACTIVITY A

THE SUBJECT IS STD (VIDEO OPTION)*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is STDs,* or alternative videos

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

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

PROCEDURE

1. Say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

2. Introduce the video by saying,

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

3. Show the video, which is 17 minutes long.

4. When the video 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 STI from their partners?

(continued)

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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(continued)

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

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

FACILITATOR'S NOTE

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

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

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**
2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Protect Against STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ACTIVITY B

THE TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Labeled index cards (Star, Circle, Rectangle, Triangle)
- Pencils

TIME

15 minutes

PROCEDURE

1. Ask the rhetorical question,

> Who gets STIs? 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 STI if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STI; 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 labeled cards and pencils so that only one person has a "star," one or two people have a "triangle" and "rectangle" and the rest get a "circle." DO NOT tell participants what the symbols mean at this time.

Rectangle = Abstinence

Triangle = Condoms/Dental Dams

Circle = Unprotected Sex (oral, anal or vaginal sex without protection)

Star = Infection (STI/HIV)

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FACILITATOR'S NOTE

You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Give the following instructions:

- Listen carefully and be ready to share what you hear.
- Write your name on the side of the index card that has the symbol 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 symbol 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…

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

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

> - We are going to pretend that each conversation you had represented an act of "sexual intercourse."
> - Look at your cards. The shapes or symbols on the cards represent something in this exercise.
> - Will the person with the "star" card, please stand. For the purposes of this activity only, the star card represents an STI and anyone whose name is on your card could have the STI too.
> - (To the person with the "star"): 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 "triangle" on your card, that means you correctly used a protective barrier such as an external or internal condom, or a dental dam, every time to reduce your risk, and so you can sit back down.
> - If you have a "rectangle" 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 "circle" 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 an STI.

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.

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10. Thank the participants for participating in the game. Remind them that it is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.

11. Ask the participants to take their cards and rip them to pieces.

12. Ask the participants to sit down.

13. Ask the following questions:

> How did it feel to participate in this activity?
>
> Imagine you had the star or circle card. How did or does it feel to potentially have been exposed to an STI?
>
> How might it feel to potentially expose others to an STI?
>
> Imagine you had the triangle card. How did or does it feel to have protected yourself from STIs? How does it feel to have protected others?
>
> Imagine you had the rectangle card. How did or does it feel to have chosen abstinence?

14. Explain that for those having sex, talking to sexual partners about STIs and getting tested are two strategies that can reduce the risk of STIs, including HIV.

15. Ask the following questions:

> If getting tested had been an option in this game, how do you think that could have changed how many people were standing at the end?
>
> How would talking to your partner(s) about STIs before engaging in a sexual behavior change the number of people potentially exposed to an STI (i.e., the number of people standing at the end of this activity)?
>
> What did you learn by participating in this game that will help you make decisions about your sexual health in the future?

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Try to elicit the following answers:

- One person can infect many by passing the infection to someone who passes it on to the next person.
- STIs can be spread through unprotected vaginal, anal and oral sex.
- People should consider the risks their partners have taken in the past.
- Practicing abstinence and using protection such as condoms can prevent STI 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 or dental dams but it gets easier with practice.
- Anyone can get an STI regardless of whether the sex was consensual or forced.
- Getting tested is the only way to know for sure if you have an STI.

16. **Continue the activity by saying,**

This was just a game. However, it does highlight how fast and easily an STI can spread. A good way to reduce your risk for infection is to use a latex (or polyurethane/polyisoprene) condom or dental dam every time you engage in oral, anal or vaginal sex. Also, be sure to get tested regularly if having sex. Many STIs can be treated.

17. **Summarize as follows,**

As we reflect back to my first question, "Who gets STIs?," we have learned that it is possible for anyone to get an STI. STIs are common and many people will get an STI at some point in their lives. Remember, the proud and responsible things to do are to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex, to get tested, to talk to your partners about STIs, and to get treated if you get an STI.

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ACTIVITY C

WHAT I THINK ABOUT HIV/STI AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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/STIs 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 participants 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 participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.

7. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.

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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 participants a chance to switch after discussion of each statement.

9. Thank the participants 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, STIs and protection than your partner or friends. But the facts about HIV/STI remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal fluids and rectal fluids. Other STIs are also passed through having sex. Whenever you have sex, you must use latex or polyurethane/polyisoprene condoms or dental dams every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STI transmission. PrEP can also reduce your risk of HIV transmission, and PrEP plus condoms can reduce your risk of HIV and other STIs.

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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 an effective 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 feel as if they know how, but anyone can improve their skills by learning the specific steps that you will be learning 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. Have honest conversations about your sexual health and your plans to protect yourself from unintended pregnancy or STIs. Both of you should get tested so you know your status.)
- **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 STI, so you should always use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex. Often people with STIs don't have symptoms, and a person living with HIV may not have symptoms for many years.)

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ACTIVITY D

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants 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
- External condoms, lubricated (two per participant or pair of participants, plus demonstration condoms)
- Dental dam
- Lubricant
- Condom demonstrator(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 participants 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 external or male condoms correctly and to have you practice condom use skills. I want to make sure we are clear that when teaching you these skills 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.
>
> For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

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2. Explain what a condom is by saying,

> As we have learned, a condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids, or rectal fluids.
>
> The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth or anus. It also keeps the penis from being exposed to vaginal fluids or rectal fluids. It is used to keep sperm from entering the vagina to prevent a pregnancy. When it is used to avoid the exchange of body fluids, the external condom can reduce the risk for transmission of HIV and other STIs. Only latex, polyurethane or polyisoprene condoms are effective in preventing HIV and other STIs.
>
> ***Optional for high school youth:***
> The external condom may also be used on a sex toy or other insertive sexual device that is being shared. A new condom must be used each time the sex toy or device is used by a different person.

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, polyurethane or 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 an external condom correctly. Many of you may have never seen or touched a condom. We're going to practice using external 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.

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5. **Post the *Steps for Using a Condom* poster. Using a 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 participants during this activity.

STEPS FOR USING A CONDOM

1. Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
2. Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
3. Open the package carefully to avoid tearing.
4. Make sure condom is on the proper side to roll down correctly.
5. Pinch the tip of the condom to create space (½ inch) for semen.
6. Squeeze a few drops of water-based lubricant inside the tip.
7. Make sure the penis is erect and both partners are ready to engage in sexual activity before putting on the condom.
8. Continuing to squeeze the tip, place the condom on the head of the penis. Unroll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
9. Check during sex to make sure the condom isn't slipping.
10. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
11. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

6. **Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

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FACILITATOR'S NOTE

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants 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 participants 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. Try several brands and type to find the best fit.

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 such as water-based or silicone-based lubricants (e.g., Good Clean Love or Aloe Cadabra).

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 external condoms may also be used. 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.

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10. **Ask participants 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 STIs.**
>
> **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:* Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.**

12. **Summarize as follows,**

> **To protect yourself and your partner from sexually transmitted infections, 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 unexpired condoms on hand.**
> - **Get used to condoms so they become easy to use each time.**
> - **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 STIs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal sex.**

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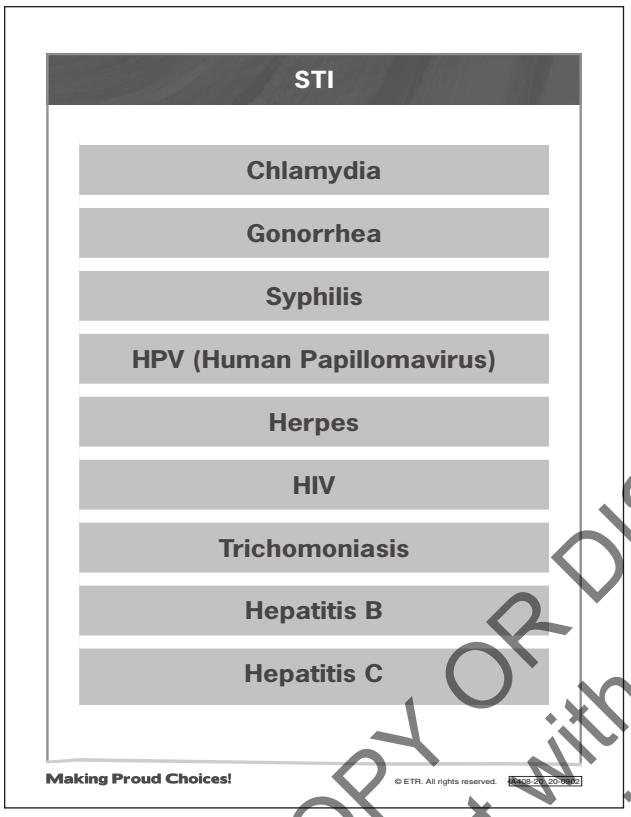

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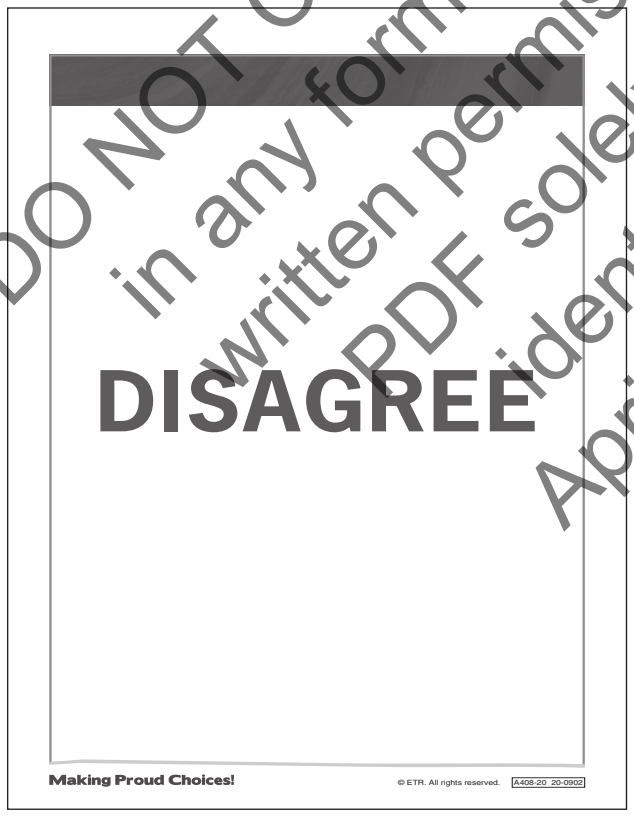

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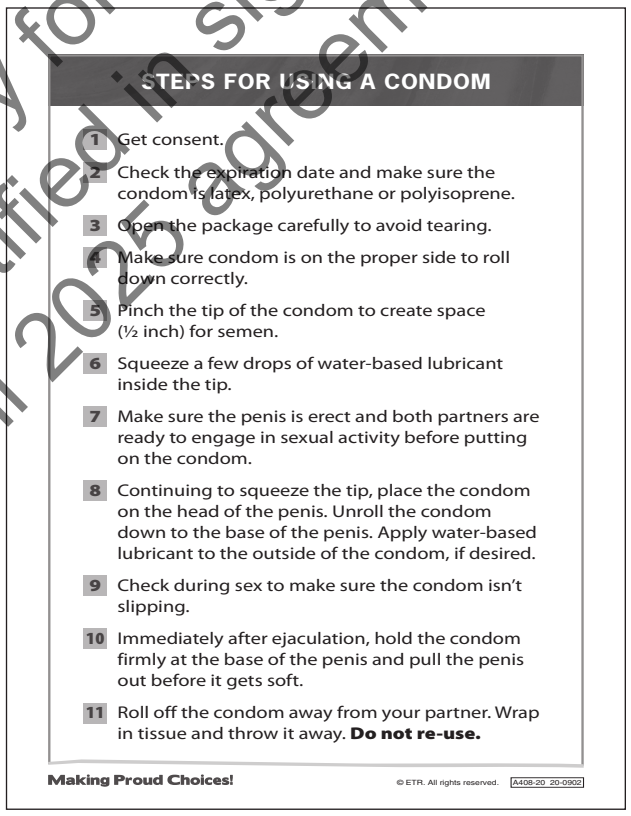

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MODULE 6

A POSSIBLE OUTCOME OF UNPROTECTED SEX: PREGNANCY

GOALS

The goals of this module are to:

- Increase participants' understanding of pregnancy as a possible outcome of unprotected sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Distinguish facts from falsehoods about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.

MODULE PREVIEW

The sixth module: (1) helps participants examine myths about pregnancy; (2) illustrates how pregnancy can impact the lives of young people; and (3) informs participants about the various forms of birth control.

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STRATEGIES/METHODS

- True or False Game
- Video Viewing
- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *True or False: Pregnancy Statements* (included in module)
- *Birth Control Choices* poster
- *Optional:* Video: *Tanisha & Shay* (or alternative videos*)
- *Agree/Disagree* signs (1 set)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pre-labeled chart paper: *Contraceptives*
- *Optional:* Monitor and video player, or internet access if using alternative videos
- Markers
- Masking tape

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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 *True or False: Pregnancy Statements* and get comfortable with the content.
4. *Optional:* Set up the video(s) to be ready to play.
5. Review the information about contraceptive methods in Appendix B.
6. 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 & Shay* Shay video or alternative videos, if you decide to extend the session and include the videos.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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7. 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.
8. Review how to use an internal 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. 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 participants the YouTube video.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* The use of the optional video(s) will increase the length of the module by up to 25 minutes. A video is an excellent way to help participants personalize and conceptualize the information, but should not replace or take time away from the discussion and demonstration of the contraceptive methods. Facilitators may wish to deliver this module across two 60-minute sessions.)

ACTIVITY	MINUTES NEEDED
A. True or False: Pregnancy Statements	10
[B. *(Optional) Tanisha & Shay* Video	+25]
C. Birth Control Methods Demonstration	40
D. Agree/Disagree - Attitudes About Contraception	10

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ACTIVITY A

TRUE OR FALSE: PREGNANCY STATEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about pregnancy provides an opportunity for learning the correct information about pregnancy.

MATERIALS

- *True or False: 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 what is true and what is false when it comes to the consequences of unprotected sex.

2. 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 true or false.
> - I also want you to explain why it is true or false.
> - If you don't know, I will ask for volunteers who think they know the answer.

3. Read the *True or False: Pregnancy Statements* on page 140.

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

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5. **Once all the statements have been completed say,**

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

6. **Summarize by saying,**

> **The more you know about the possible outcomes of sex, such as pregnancy and sexually transmitted infections, the better you will be at protecting yourself from experiencing an unintended pregnancy and/or STIs. Next, we are going to see a video (or videos) that describes how pregnancy can impact a young person's goals and dreams for the future.**

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TRUE OR FALSE: PREGNANCY STATEMENTS

1. **Every time you have unprotected vaginal sex, there is the possibility of getting pregnant, even the first time you have vaginal sex.**
   TRUE
   Pregnancy is a possibility every time someone has unprotected vaginal sex, regardless if it's the first time or the hundredth time.

2. **Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.**
   TRUE
   Pulling out, or withdrawal, does work in theory. However, it takes a lot of practice and concentration. It can be challenging, especially for teens and young adults, to actually pull the penis out before they ejaculate (or cum). Pulling out AND using another method of protection greatly increases the effectiveness.

3. **You can't get pregnant if you have sex standing up.**
   FALSE
   Sperm don't care what position you're in. Any time semen (which contains sperm) is able to travel up through the vagina and fallopian tubes to where sperm can fertilize an egg, you can get pregnant. There are no exceptions to that rule.

4. **If you have unprotected vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy.**
   TRUE
   If you had unprotected vaginal sex (or your birth control method failed) and you do not want to become pregnant, take an Emergency Contraceptive pill as soon as possible but no later than within 5 days. The EC pill (or a copper IUD) prevents a pregnancy from occurring.

5. **Douching (cleaning the vagina) after sex can prevent pregnancy.**
   FALSE
   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.

6. **You can't get pregnant unless you have an orgasm (cum).**
   FALSE
   It doesn't matter if you have an orgasm or not. You can get pregnant if you engage in vaginal sex without using protection.

(continued)

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

   FALSE

   When young people first start having periods they often have irregular cycles and may even skip a month from time to time. But if someone has had vaginal sex and misses a period, pregnancy is a possibility. The person should get tested right away, and see a doctor if the pregnancy test is positive.

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

   FALSE

   If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. For many different reasons, gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

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

   TRUE

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

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

    TRUE

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

11. **A person cannot get pregnant from anal sex.**

    TRUE

    Yes, it's true a person can't get pregnant from having anal sex, but people still have to think about STIs. The lining of the anus is thin and lubricates less than the vagina, so it's easy for STIs to enter the body that way.

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OPTIONAL ACTIVITY B

TANISHA & SHAY VIDEO*

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 video player, or internet access if using alternative videos
- Video: *Tanisha & Shay*, or alternative videos

TIME

25 additional minutes

PROCEDURE

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

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

2. **Show the video in three segments as described below.**

> **I will be showing you this video in 3 segments. After each part, I'll ask you some questions about what you've seen.**

3. **Show Part 1: Tanisha Finds Out. At the end of the segment, process by asking these questions:**
   - » What did the provider tell Tanisha?
   - » What is your reaction? What do you think happens?
   - » Why do you think Tanisha and Shay did not use protection/ birth control?

> **Let's watch the next segment and find out what happens next.**

4. **Show Part 2: Sharing the News. At the end of the segment, process by asking these questions:**

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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- How does the pregnancy affect everyone in Tanisha's life?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What could Tanisha say to Shay when she shares the news of the pregnancy?
- What might it look like for Shay to be a part of Tanisha's decision-making process?
- What might this conversation and decision-making look like in a healthy relationship like Tanisha and Shay's?

Let's watch the last segment.

5. **Show Part 3: Now What? At the end of the segment, process by asking these questions:**
   - What did this video teach you about teen pregnancy?
   - What could Tanisha and Shay have done after they had unprotected sex to prevent a pregnancy?
   - Are these teens ready to become parents? Why or why not?
   - How would your life change if you became pregnant or got somebody pregnant now?
   - What about if you became a parent or became a parent again?

6. **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 unintended pregnancy by practicing abstinence or 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!

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ACTIVITY C

BIRTH CONTROL METHODS DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Pre-labeled chart paper:
  - *Contraceptives*
- *Birth Control Choices* poster
- Markers

TIME

40 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 some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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 chart paper titled *Contraceptives* and ask the participants to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the chart paper.

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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
- » Diaphragm
- » Cervical cap
- » Withdrawal

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 three different categories:* behavioral methods, 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 participants to handle the methods at the end when you've finished the demonstration.**

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* Shoupe, D., and D. R. Mishell, eds. 2016. *The Handbook of contraception: A guide for practical management*. New York: Humana Press, Springer International Publishing.

FACILITATOR'S NOTE

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let participants 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.

BEHAVIORAL METHODS

Abstinence

- Abstinence is the safest and most effective pregnancy and STI 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 STIs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STIs.
- 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 STIs, including HIV.

Withdrawal

- Withdrawal, or pulling out, is done by removing the penis fully from the vagina/anus before ejaculating and only ejaculating outside of the vagina/anus.
- Withdrawal is free and a method available to everyone.
- To be effective at preventing pregnancy, withdrawal must be used correctly and completely. This requires knowing and understanding a person's own body, which can be challenging for young people and people with little sexual experience.
- Withdrawal is most effective when used with another contraceptive method. Using withdrawal in addition to condoms or another form of birth control further reduces the risk of unintended pregnancy.

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FACILITATOR'S NOTE

Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness.

Sources: Laris, BA, et al. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education* DOI: 10.1080/14681811.2020.1768324; Hatcher, R. A. 2018. Contraceptive technology. New York: Ayer Company Publishers.

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 infections. 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 STIs. 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 by a trained medical provider.
- 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.
  - » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 4 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla, Kyleena and Liletta. They are effective from 3 to 5 years, depending on which one you get.

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- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STIs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a matchstick that is placed under the skin of your upper arm by a trained medical provider 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 STIs, so you should also use a condom.

The Shot

- People who use the shot receive hormonal shots every 3 months.
- Depo-Provera is the most common brand and is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STIs, 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 STIs, 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 STIs, 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 STIs, so you should also use a condom.

Diaphragm and cervical cap

- The diaphragm and cervical cap are vaginal barriers that cover the cervix to keep sperm from reaching and fertilizing an egg.
- The diaphragm is a reusable, dome-shaped cup made of latex or silicone. It is used with spermicidal gel and inserted into the vagina, where it is positioned to cover the cervix. It can be placed up to 6 hours before sex and must be left in place for at least 6 hours (but no more than 24 hours) after sex. Caya is a new one-size-fits-all diaphragm. Unlike earlier diaphragms, it does not require fitting and is easier to insert and remove. It is available with a prescription.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours and requires spermicidal gel. Like the diaphragm, it is inserted in the vagina before sex, and must be left in place for at least 6 hours afterward. FemCap is the only brand available. It has to be fitted by a provider and requires a prescription.

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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.*

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.

External (male) condom

- The external 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.

Internal (female) condom

- The internal 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.

(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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- The internal condom can be inserted right before sex, or up to 8 hours ahead of time.
- The internal condom can also be used for STI protection during anal sex. People of any gender can use these condoms for anal sex.
- These are the steps for using the internal 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 or anus (for additional STI protection). 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.
  - » Insert the inner ring into the vagina or anus and use your index finger to push it up into your vagina as far as it will go. If used vaginally, 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 or anus—about a half inch of the sheath should remain on the outside of your body.
  - » 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 or anal 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.

Note: Take care to present the internal 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 an external condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice

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and then it will be no problem. Note that the internal condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight. Also, because they are made of nitrile, they warm to body temperature and lack the smell of latex.

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 STIs, so you should also use a condom.

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 STI/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 STIs).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) reduces the risk of pregnancy after unprotected sex or when another birth control method fails.
- There are 2 types of EC available:

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  - » **EC pill**, also known as the morning-after pill, can be taken up to 5 days after unprotected sex. Some EC pills (Plan B One Step, Take Action and Next Choice One Dose) may be bought over the counter without a prescription and without having to see a pharmacist. Ella, a non-hormonal EC pill, requires a prescription from a health care provider or a pharmacist.
  - » **Copper-T IUD** (ParaGard) can act as emergency contraception when inserted by a health care provider within 5 days of unprotected sex.
- The sooner EC is taken (within 5 days) after unprotected sex, the more effective it is at preventing unintended pregnancy. Ella, unlike other EC pills, does not decrease in effectiveness during those 5 days.
- EC works by keeping sperm from fertilizing an egg by preventing ovulation or making the environment hard for sperm to survive in. EC is not the same thing as the abortion pill, and will not harm an existing pregnancy.
- Emergency contraception does not protect against HIV or other STIs, so protection like PEP should also be used.

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 people 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 people who use these methods not to smoke.

The side effects some people 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 people 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.

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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?
- How can I show myself respect in my sexual health decision making?

What are some ways partners 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

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

> If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted infections, 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 also helps prevent sexually transmitted infections, 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.

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ACTIVITY D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes participants aware of some of the reasons people may not use birth control.

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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 participants' 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 participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

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3. **Follow the instructions below:**

   - Ask participants to stand.
   - Read a statement from the *Attitudes Statements* below.
   - Ask participants 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 participants 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 participants 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 participants 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 unintended pregnancy can often make life more complicated. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (It might be embarrassing but 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.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)

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4. **Hormonal methods such as the shot can make someone fat and not sexy.** (The term *sexy* means appealing and exciting. It really has nothing to do with a person's body shape. Being happy with oneself projects a better self-image that may contribute to "feeling sexy." There is little evidence that links hormonal methods to weight gain. Diet, exercise and genetics have a bigger influence on a person's weight. If one contraceptive method does not work for you, you can always talk to your clinician about switching to a different method.)
5. **Internal condoms are too much trouble.** (The 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.)
6. **It's hard to talk about protection with the person you're having sex with.** (It might be challenging to have difficult conversation like this. However, it's easier 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.)
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 STIs. 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 STIs.)
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 raising their children. 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.)

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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.)
10. ***Optional for high school youth:*** **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.)

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 unintended pregnancy and STIs, 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 unintended pregnancy and STIs by using an effective method of birth control *and* condoms every time you have sex.

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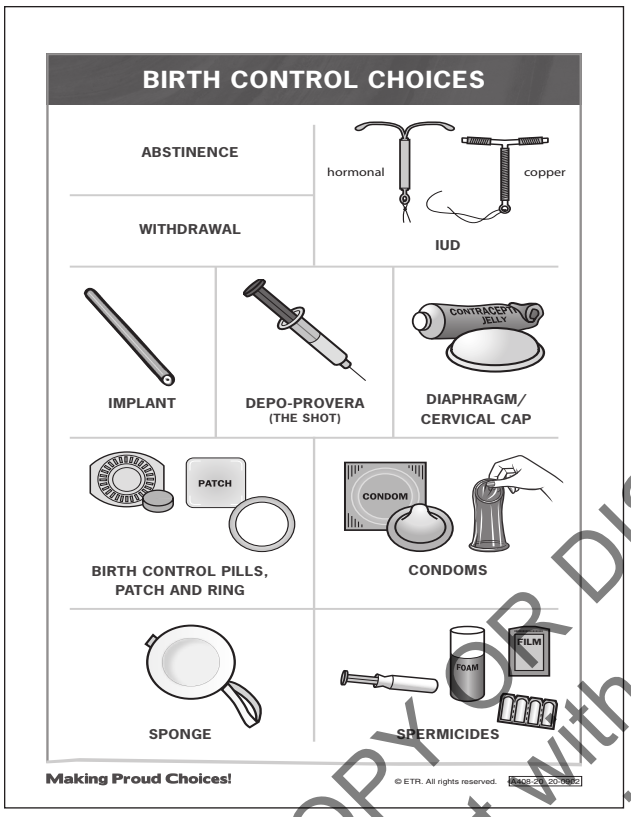

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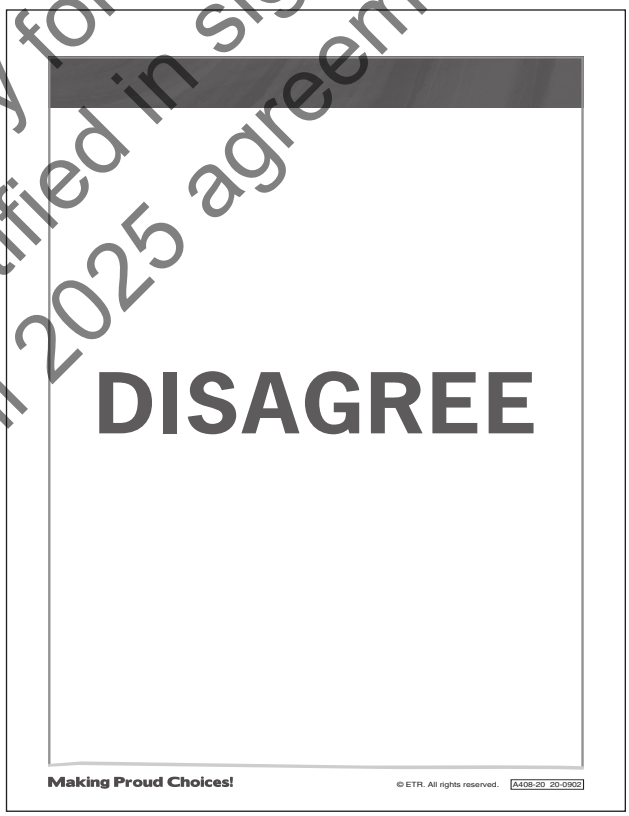

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MODULE 7

DEVELOPING CONDOM USE AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance participants' ability to resist situations that place them at risk for HIV/STI infection and pregnancy.

LEARNING OBJECTIVES

After completing this module, participants 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.
- 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 seventh module: (1) enhances participants' ability to use condoms correctly; (2) explores positive aspects of condom use; and (3) allows participants to practice condom negotiation skills.

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STRATEGIES/METHODS

- Exercises
- Scripted Roleplays

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- Video: *Condom Use Animation* (or alternative videos*) [for high school youth]
- *Condom Line-Up* cards
- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Worksheets in the student workbook:
  - » *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 chart paper:
  - » *Ways to Make Condom Use Easy and More Fun* (for high school youth)
  - » *Ways to Make Condom Use Easy* (for middle school youth)
  - » *Pros*
  - » *Cons*
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. *For high school youth:* Set up the video(s) to be ready to play.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Condom Line-Up	**10**
B. How to Make Condoms Fun and Pleasurable *(for high school youth)*	**10**
C. Barriers to Condom Use/Condom Pros and Cons	**10**
D. "What to Say If My Partner Says...": Responding to Excuses	**15**
E. Introduction to SWAT and Scripted Roleplays	**15**

(*Note:* This module includes different activities for middle school and high school youth. When implementing the program with middle school youth, adapt Activity A by skipping the video on condom use and including the optional discussion on how to make condom use easy, and skip Activity B. For high school youth, conduct all activities in the module as written.)

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ACTIVITY A

CONDOM LINE-UP

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 video player, or internet access if using alternative videos
- Video: *Condom Use Animation*, or alternative videos
- *Condom Line-Up* cards
- Masking tape
- Pre-labeled chart paper (for middle school youth):
  - *Ways to Make Condom Use Easy*

TIME

10 minutes

PROCEDURE

1. Introduce the *Condom Use Animation* video by saying,

> We are about to see a brief video on 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 video, which is 2 minutes long.

3. When the video 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 participants. (Give each participant more than one card if there are more cards than participants.)

6. Ask the group to stand.

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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 have sex?**

Answer

- » Get consent
- » Get condoms, lubricant and/or dental dams
- » Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.

8. **Have the participants 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. Consent
> 2. Get external condoms and check expiration date
> 3. Sexual arousal (hug, cuddle, kiss, massage)
> 4. Erection
> 5. Carefully remove condom from package
> 6. Dab water-based lubricant on penis or inside condom
> 7. Squeeze out any air from tip of condom and leave room for ejaculation
> 8. Roll condom on
> 9. Intercourse
>
> *(continued)*

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10. Orgasm *(optional)*
11. Hold onto the rim of condom and withdraw the penis
12. Remove and discard condom
13. Loss of erection
14. Relaxation

FACILITATOR'S NOTE

Steps 6 and 7 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. Orgasms are optional and not everyone will experience an orgasm every time.

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

» Consent, 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 person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do?

Answer

» This will happen to most people with penises 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.

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13. **Summarize by saying,**

> **You did a great job lining up the condom cards and discussing the correct steps in external 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. Remember, too, that you may also use internal condoms instead of external condoms. It is also important to remember that using two or more condoms at the same time can cause the condoms to weaken and tear. Never use two condoms at the same time. Condoms can be used with other birth control methods such as the pill or withdrawal to increase contraceptive effectiveness.**

OPTIONAL ACTIVITY FOR MIDDLE SCHOOL YOUTH

15. **When using this curriculum with middle school age youth, engage them in a discussion on how condom use can be made easy by asking these questions:**

    - What do you think makes some people uncomfortable about using protection such as external condoms? internal condoms? dental dams?
    - Why do you think other people use these forms of protection?
    - How might someone become more comfortable with the idea of using protection?
    - What might make it easier for someone to get and use condoms? (Use the pre-labeled chart paper to record responses.)

Skip Activity B and move directly to Activity C after this discussion.

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ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE (FOR HIGH SCHOOL YOUTH)

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants 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 chart paper:
  - *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 so 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 chart paper titled *Ways to Make Condom Use Easy and More Fun.*

4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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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 participants 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 smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.
- If using an internal condom, have it inserted before sex.

FACILITATOR'S NOTE

Remind youth that the only protective barriers that protect against HIV and other STIs are those made of latex, polyurethane, polyisoprene or nitrile. Anyone who is allergic to latex can use condoms made of the other materials.

Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense. If this is the case, ask the questions in a way that is less personal. You could ask, "What do you think some people do to make condom use easier and more fun?" or "Imagine an advertisement for condoms and dental dams, what might it say that would make people think using condoms is easier and more fun?"

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Participants should be reminded that only condoms consisting of latex, polyurethane, polyisoprene or nitrile can help protect against STIs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STI.

There are glow in the dark condoms that are latex and safe for STI/HIV protection, as well as flavored, ribbed and other options.

Just as there are different styles of condoms, each brand and type of lubricant is different. People have different preferences and may find that some lubricants feel better than others. Partners can try different brands to find one that feels comfortable and natural.

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 protection such as latex or polyurethane/polyisoprene condoms if you have sex.

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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 chart paper:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

TIME

10 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 chart paper, labeled *Pros* and *Cons*.

3. Ask participants to brainstorm all of the *Pros* (all of the reasons *for* using condoms), and list their answers on the chart paper.

Make sure their list includes:

» Condoms can help prevent pregnancy.

» Condoms can help prevent STIs, including HIV.

» Condoms make you feel good about yourself.

» You know you are safer when you use condoms.

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4. **Ask participants 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: Knowing that you are being responsible by using condoms will feel natural and good.

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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.**

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ACTIVITY D

"WHAT TO SAY IF MY PARTNER SAYS…": RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

Participants need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STIs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the participants to negotiate with a partner.

MATERIALS

- Pre-labeled chart paper:
  - *Excuses Sexual Partners Give*
- Markers

TIME

15 minutes

PROCEDURE

1. Unfold the pre-labeled chart paper 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 chart paper.

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?

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5. **Demonstrate by reading one excuse that is listed on the chart paper 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 participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms ruin 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 ruin 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. Let's try a few different types to find the one that feels best. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

OR

(continued)

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(continued)

Internal condoms are made of nitrile, which warms up with body heat. We can use extra lube too.

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: Dental dams are messy and smell funny.

Response: Dental dams aren't any messier or smellier than sex. Let's try a polyisoprene dental dam instead of a latex one so it doesn't smell. We can try different lubes too and find one that isn't smelly.

Excuse: Condoms are unnatural and turn me off.

Response: Worrying about unintended pregnancy and STIs turns me off. Condoms will make me feel safer and sexier.

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 unintended pregnancy or STI.

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 STIs, 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.

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(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 STI.

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 STI. 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. The only way to know if someone has an infection is to get tested.

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. Or we can use internal condoms. They're made of nitrile and they warm up with body heat!

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 out and get some condoms, then have sex.

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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 participants 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 STI and not know it. Make a plan to get tested together to know for sure.

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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 STIs, including HIV. Condoms (both external and internal) are the only birth control method besides abstinence that also helps protect you from HIV and other STIs.

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/nitrile) condom and/or dental dam every time you have sex.

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ACTIVITY E

INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants 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 participants 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

15 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 STIs 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.

Affirmative consent is a conscious, voluntary agreement to engage in sexual activity. This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person's consent to have sex. Policies and laws around affirmative consent protect both partners by making sure they are in agreement and there is mutual understanding of what is happening.

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 participants' 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

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(continued)

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 unintended pregnancy, HIV and other STIs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?
>
> How do you express your personal boundaries or communicate how far you are willing to go? People set personal boundaries based on what feels right or what is uncomfortable. In dating or intimate relationships, examples of boundaries may include being happy to go to the movies but not be alone in a bedroom, or wanting to kiss but not to have sex.
>
> Being clear on your personal boundaries will help you in situations where you need to make a decision and communicate that clearly. Just as important as setting and communicating your own boundaries is respecting the other person's boundaries and decisions. This is also a sign of a healthy relationship.
>
> 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.

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4. Review the entire *SWAT* poster with the participants 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.

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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 participants how to read the example with an assertive voice and body language.**

7. **Say to the participants,**

> **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 participant 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.**
> - **I have not said yes, which means this isn't happening.**

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.**

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10. **Review each item on the *Observer Checklist* poster to ensure participants 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 participants to act out the first roleplay. Have them turn to the scripted roleplay *While They're Out* (Ineffective Version) in their workbooks. 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 participants 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 STI like HIV.
>
> *(continued)*

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(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 STI. 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 their 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 their feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

Was there consent in this situation? *(No)*

Even though Person 1 didn't say no, did it seem like they were consenting to sex? *(No)*

Even though Person 1 didn't say no, how might Person 2 know that Person 1 did not consent? *(Unsure or soft tone of voice, no eye contact, only backed down because of pressure)*

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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 participants 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 STI 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 having sex. 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.

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16. **After the roleplay, thank the roleplaying participants 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.)*
>
> Did Person 1 respect Person 2's personal boundaries? *(Yes.)*
>
> Was there consent in this situation? *(Yes. There was mutual agreement on what to do next.)*
>
> How should this story end? *(If they have sex, each should continue to check how the other person is feeling and whether that person still wants to continue having sex. At any point, if either one says stop, they must stop. Consent can be revoked at any time.)*

17. **After participants 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 participants to read *Your Valentine's Day Gift* (Ineffective Version). Remind participants to continue to use the *Observer Checklist*.**

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19. **Begin by reading the Setting the Stage section before having the assigned participants 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. You 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)*

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.*

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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.)*

Did Person 1 respect Person 2's personal boundaries? *(No.)*

Was there affirmative consent in this situation? *(No. "I guess" is not affirmative consent.)*

How should this story end? *(They should stop because there is no affirmative consent to have sex.)*

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 participants 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.

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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.

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 participants 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 participants to respond.

25. Summarize as follows,

You had some really great observations. We just had a chance to practice saying no to unsafe behavior. We also had the opportunity to practice listening for consent.

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.

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Condom Line-Up Cards

CONSENT

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Cards (14 total)

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.
- I have not said yes, which means this isn't happening.

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Poster

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
Refused to engage in unsafe behavior	Y/N
Repeated refusal	Y/N
Body language said "NO"	Y/N
W Explained why	
Gave clear reasons	Y/N
A Provided alternatives	
Suggested alternative actions	Y/N
T Talked it out	
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 & Worksheet

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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

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 STI 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 STI. 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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Roleplay (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. You 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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Roleplay (2 versions)

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MODULE 8

ENHANCING REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills regarding condom use.
- Enhance participants' ability to resist situations that increase their risk for unintended pregnancy, HIV and other STIs.

LEARNING OBJECTIVES

After completing this module, participants 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 eighth module: (1) provides an opportunity for participants to practice condom negotiation skills; and (2) provides an opportunity for participants to practice communication and negotiation skills with a partner.

STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Video Viewing
- Closing Circle

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- Video: *Wrap It Up* (or alternative videos*)
- Roleplays and worksheet in the student workbook:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Kayla and Mia*
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*
- *Optional:* Additional roleplay scenarios found in Appendix A

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Pencils
- Masking tape

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Safer Sex Negotiation Skills and *Wrap It Up* Video*	**15**
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays	**35**
C. Talking to Your Partner about Condom Use - Information Review	**5**
D. Closing Activity	**5**

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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ACTIVITY A

SAFER SEX NEGOTIATION SKILLS AND *WRAP IT UP* VIDEO*

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides participants with additional skills necessary to help reduce their risk for unintended pregnancy, and STIs or HIV infection.

MATERIALS

- Posters
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- Video: *Wrap It Up*, or alternative videos
- Monitor and video player, or internet access if using alternative videos

TIME

15 minutes

(*Note:* Allow more time, if possible, to practice the SWAT technique and to view the video.)

PROCEDURE

FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills 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 video is 6 minutes so you'll need the final 8 minutes to show the video 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 protection and safer sex. This should include what types of protection to use, such as external or internal condoms and dental dams. 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.

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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 participant to read aloud an example from the chart until all the examples have been read. Encourage participants 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 unintended pregnancy, HIV and other STIs.
> - I am not ready to have a child (again).

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.

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6. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage the participants 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 participant to read aloud an example from the chart until all the examples have been read. Encourage the participants to make up their own examples as well.

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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.

9. Introduce the *Wrap It Up* video or alternative video(s) by saying,

> We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, one partner wants to use condoms and the other 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 used to convince a partner to use condoms.

10. Show the video, which is 6 minutes long.

11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the person who wanted to use condoms use the SWAT Refusal and Negotiation Skills we talked about before? How?
- Did they say no?
- Did they offer an explanation?
- Did they provide alternatives?

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(continued)

- **Did the two people talk it out?**
- **Did you think that they had any difficulty? If so, what?**
- **What were the partner's concerns about using a condom?**
- **What did the person who wanted to use condoms say to respond to their partner's statements and concerns?**
- **Was the person who wanted to use condoms ready to walk away from the relationship, if necessary?**
- **Were their personal boundaries and choice respected?**
- **Was there consent?**

13. **Continue processing with the following questions,**

» What could have happened if one partner decided to continue pressuring the other for sex while refusing to honor that person's decision to use protection?

» What were some other points in the story when their relationship could have turned into harassment, abuse or violence?

» The video was about a heterosexual relationship (boyfriend/ girlfriend). Could this happen in other types of adolescent relationships?

» If you suspect a friend may be in an abusive relationship or is being used by someone in a sexual way, what would you do?

14. **Summarize as follows,**

You have demonstrated a really good understanding of healthy and unhealthy relationships. As we have seen here, the foundation of a healthy relationship is respect, and it is guided by open and honest communication. You also learned refusal and negotiation skills that could help you in your relationships. 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.

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ACTIVITY B

PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity allows participants 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*
- Student workbook:
  - *Observer Checklist*
  - *Roleplays (A–E)*
- *Optional:* Additional roleplays found in Appendix A

TIME

35 minutes

PROCEDURE

FACILITATOR'S NOTE

During the roleplay practice, participants 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 participants 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.

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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 participants 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)*

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(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. **Have participants turn to the *Observer Checklist* worksheet 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 participant should play the role of Taylor. Have the participant turn to Roleplay A in the workbook and give them 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.**

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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 participants' 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?

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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. Have the first pair of participants turn to Roleplay B in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.

16. Explain to the roleplay participants,

> 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.

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19. **Remind observers to fill out the *Observer Checklist* as they watch the roleplay.**

FACILITATOR'S NOTE

After a few roleplays, participants 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 participants 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 participants 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 participants 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.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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(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 feel that Justice does not trust you 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 participants' 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?

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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. **Have the next pair of participants turn to Roleplay C in their workbooks.**

25. **Tell observers which character to observe. In Roleplay C, the person is Kayla. The goal of this roleplay is for Kayla 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 protection
>
> **Observe:** Kayla using SWAT
>
> *(KAYLA and MIA talking)*
>
> **Kayla**
>
> Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.
>
> 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 reduce the risk for yourself and your partner by always using protection.
>
> While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.
>
> *(continued)*

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(continued)

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

Mia

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kayla, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

28. Review the participants' responses on the *Observer Checklists* asking the following questions,

- Did Kayla use the SWAT technique?
- Did Kayla say no?
- Did Kayla explain why?
- Did Kayla provide alternatives?
- Did they talk it out?
- What could Kayla have done differently?

29. Process the roleplay using the following questions,

- What kept Mia from using protection?
- What are some of the consequences Mia could be facing for having intercourse without using protection?
- What do you think convinced Kayla to start practicing safer sex?

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- Was Kayla able to convince Mia? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms or dental dams every time you have sexual intercourse or oral sex?

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.

31. Have the next pair of participants turn to Roleplay D in their workbooks.

32. 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.

33. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

34. Read aloud the scenarios for both characters, and then have participants 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

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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 STI 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.

35. 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?

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36. 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?

37. 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.

38. Have the next pair of participants turn to Roleplay E in their workbooks.

39. 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 unprotected sex.

40. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

41. Read aloud the scenarios for both characters, and then have participants 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.

(continued)

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(continued)

Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might create trouble in 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.

42. Review the group's responses on their *Observer Checklists* 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?

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43. **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?

44. **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.

45. **Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

46. **Remind observers to continue to use the *Observer Checklist*.**

47. **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.

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.

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ACTIVITY C

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 participants 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 participants 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)

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(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 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 participants to brainstorm ways to avoid becoming pregnant or infected with HIV or another STI. (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 STIs.
- 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 unintended pregnancy, HIV and other STIs.
- Ask about your partner's sexual and drug use history.
- Get tested for and treated for HIV and other STIs.
- Encourage partners with HIV to get ART and stay on treatment.
- Encourage partners with other STIs to get and stay on treatment.
- If you think you might be at risk for HIV because of an infected partner, talk to your doctor about getting on PrEP.

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4. **Reinforce tips for consistent condom use by saying,**

> **Protect yourself and your partner by:**
>
> - **Using a latex or polyurethane/polyisoprene condom (or dental dam) 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. **Unintended pregnancy, HIV and other STIs are potential outcomes 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 unintended outcomes.**
> 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 STIs, 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.**

6. **Remind participants of resources,**

> **There are a number of resources we covered throughout the program. I want to make sure you have a list to refer to if or when you need resources or help.**

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FACILITATOR'S NOTE

Make sure you have referral resources for the youth completing your program. It should include reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV Hotlines. Also include:

- LYRIC Youth Talk Line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946.

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ACTIVITY D

CLOSING ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants a sense of closure to the program.

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Ask the participants to form a tight circle with their chairs.
2. Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the participants 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 every confidence 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.

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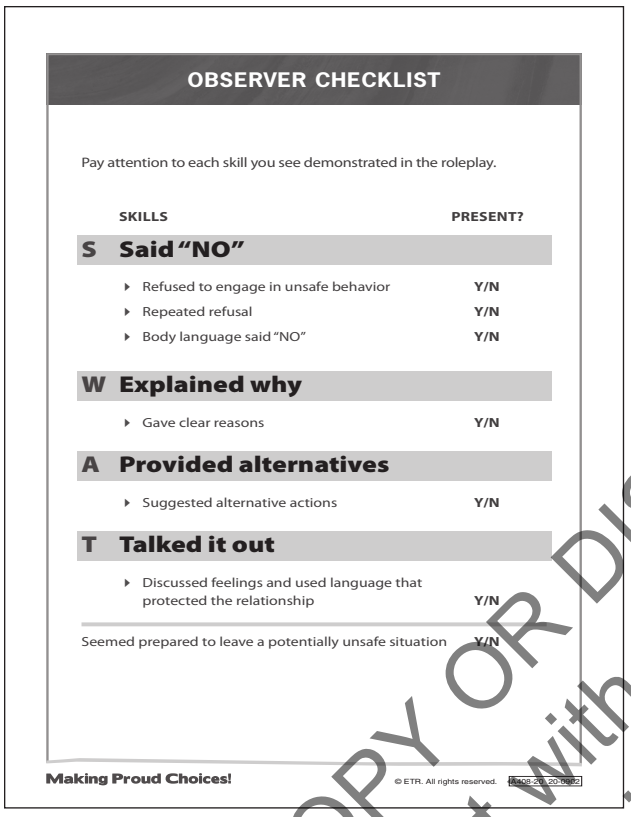

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
W Explained why	
▸ Gave clear reasons	Y/N
A Provided alternatives	
▸ Suggested alternative actions	Y/N
T Talked it out	
▸ 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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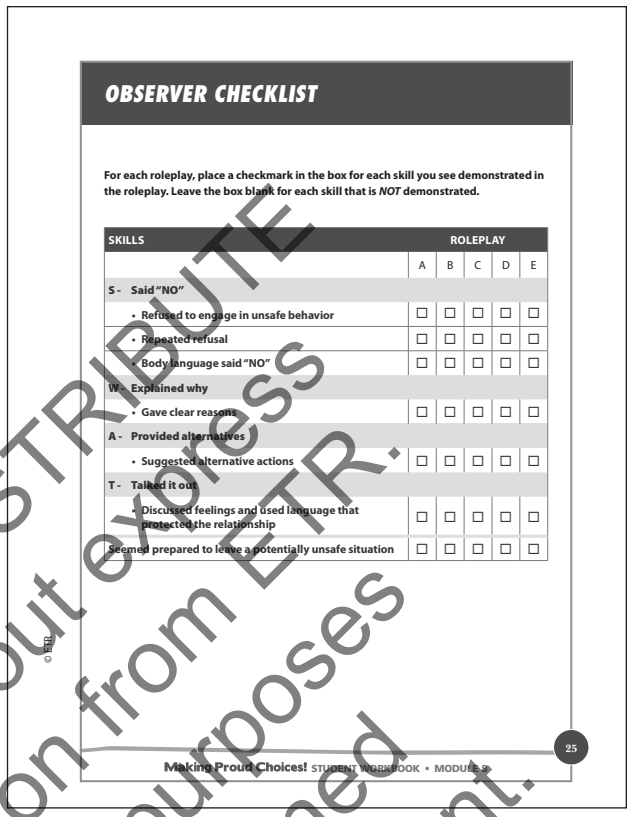

OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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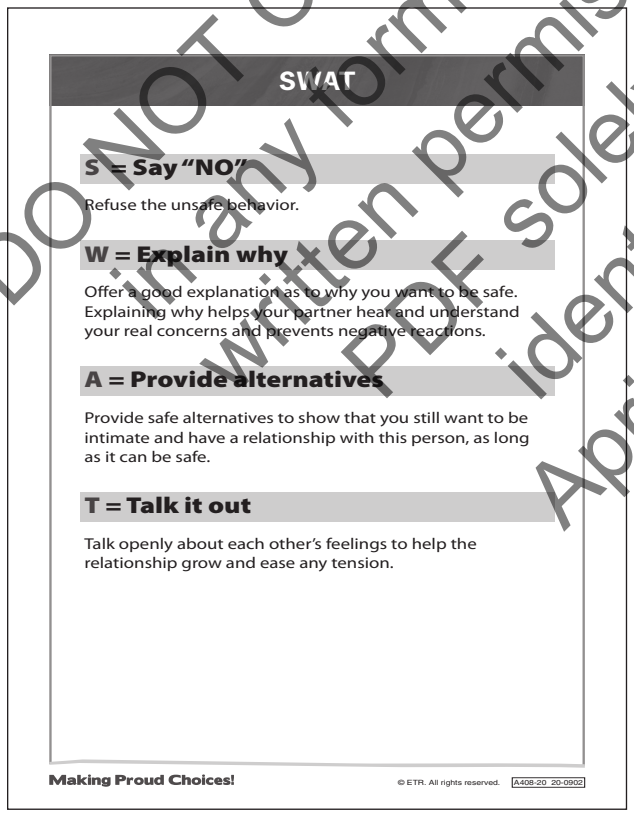
Making Proud Choices! STUDENT WORKBOOK • MODULE 8 25

Worksheet



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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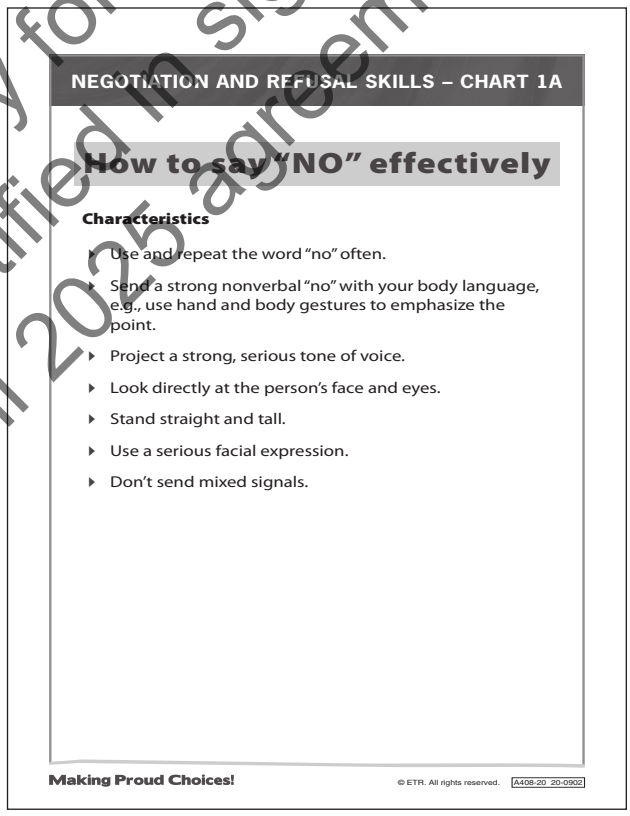

NEGOTIATION AND REFUSAL SKILLS – CHART 1A

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.
- I have not said yes, which means this isn't happening.

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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 unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).

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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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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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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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Roleplays A–E (5 total)

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GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.

IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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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?

- Charlie

Koko's Response to Caller 1:

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CALLING KOKO CALLER 2

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.

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?

– Raymond

Koko's Response to Caller 2:

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CALLING KOKO CALLER 3

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.

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?

– Alex

Koko's Response to Caller 3:

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CALLING KOKO CALLER 4

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

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.

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 infections. Is oral sex safe? How do we protect ourselves from STIs?

– Carmello

Koko's Response to Caller 4:

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CALLING KOKO CALLER 5

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.

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! I'm scared to date! What should I do?

– Dana

Koko's Response to Caller 5:

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CALLING KOKO CALLER 6

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'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Koko's Response to Caller 6:

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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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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SEAN AND MORGAN CASE STUDY (CONTINUED)

Using STOP, THINK and ACT and the questions below, decide what Sean should do to keep from having sex before being ready.

STOP:

What can Sean do to stop?

What can Sean do to stay calm?

THINK:

What is the problem? What is Sean being pressured to do?

What do you think Sean is feeling?

What does Sean think Morgan is feeling?

What are Sean's choices?

What does Sean really want to do?

What alternatives can Sean suggest to Morgan?

What are the possible consequences?

ACT:

What do you think is Sean's best choice?

How should Sean act on that choice?

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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 STI 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 STI. 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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WHILE THEY'RE OUT (EFFECTIVE 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. 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 STI 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 having sex. 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.

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Observer Checklist

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• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
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Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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. You 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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Observer Checklist

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SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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YOUR VALENTINE'S DAY GIFT (EFFECTIVE 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. You 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 only want to have sex when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

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.

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Observer Checklist

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SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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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ROLEPLAY B: JUSTICE AND ANGEL

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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 feel that Justice does not trust you 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.

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ROLEPLAY C: KAYLA AND MIA

THEME: Two friends talk about protection

OBSERVE: Kayla using SWAT

(KAYLA and MIA talking)

KAYLA

Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.

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 reduce the risk for yourself and your partner by always using protection.

While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

MIA

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kalya, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

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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 STI 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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ROLEPLAY E: ALEX AND CASEY

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 create trouble in 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.

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OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY				
	A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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Introduction

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STIs. 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 STIs.
- 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!***

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curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STIs, 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, STIs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

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Overview of the Curriculum

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, 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 protection and contraception are mentioned as an important strategy for reducing the risk of HIV and other STIs, as well as pregnancy. Any reference to protection is meant to include the external (male) condom, internal (female) condom and dental dam. The use of the term protection *is meant to be inclusive of all people, regardless of their gender, sexual orientation or type of usage. The terms* birth control *or* contraception *may be used interchangeably, referring to methods used to prevent pregnancy.*

The ***Making Proud Choices!*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, 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 curriculum has 8 hours of content divided into eight 1-hour modules. It can be implemented in the 2-day format (four modules each day), 4-day format (two modules each day) or 8-day format (one module each day).

Curriculum Objectives

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

- Increased knowledge about prevention of HIV, other STIs 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.

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- Improved condom use skills.
- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STI 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 STIs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STIs 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: A Possible Outcome of Unprotected Sex: HIV Infection
- Module 3: Attitudes and Beliefs about HIV/AIDS and Condom Use
- Module 4: Strategies for Preventing HIV Infection: Stop, Think and Act
- Module 5: Possible Outcomes of Unprotected Sex: STIs
- Module 6: A Possible Outcome of Unprotected Sex: Pregnancy
- Module 7: Developing Condom Use and Negotiation Skills
- Module 8: Enhancing Refusal and Negotiation Skills

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 STIs, 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.

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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 video 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 participants 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.
- Videos are used to depict adolescents in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STIs, sexual involvement and HIV/STI prevention skills that are then discussed in a group setting. In addition to the videos provided with the curriculum, ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.
- The roleplay scenarios are designed to provide participants 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 participants' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the participants 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.

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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, video 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 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.

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CURRICULUM COMPONENTS AND FORMAT

Each module included in the ***Making Proud Choices!*** curriculum contains different activities. Reduced images of worksheets, 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 participants 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 participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include videos, 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 videos 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 participants' learning. All materials and exercises contained in the module are designed to help the participants to achieve these stated purposes.

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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.

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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 participants.

Student Workbooks

Student workbooks for participants include worksheets for individual and small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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 3, youth examine their attitudes and beliefs about condom use, and in Modules 7 and 8, 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 participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants' 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 participants' desires to maintain their partners' interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 7 and 8, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

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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 participants engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potential outcomes of unprotected sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that condoms can reduce the risk of pregnancy, HIV and other STIs. 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 7 and 8, participants learn negotiation and refusal skills necessary to communicate with their partners about condom use.

Personal Vulnerability to HIV/STI 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 STIs could really happen to them. One goal of ***Making Proud Choices!***, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STI infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2, 5 and 6.

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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 infections 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 participants 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.

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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 participants completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 participants, 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.

Since the original evaluation study, newer editions of the curriculum have been published. Updates to factual information are made to ensure medical accuracy and changes to language help keep the program activities relevant to a new generation and broader range of youth.

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BEHAVIORAL FINDINGS

The participants 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 participants 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 STIs; 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.

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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 participants, 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 participants to bring up additions/deletions as the need arises.
- Let participants know that everyone is responsible for following and determining the group agreements.

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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 participants' 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 participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

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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

Participants 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. Participants 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 and other STIs

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?

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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.
- Participants 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.

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STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants 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 participants work hard to prove their points. Because games can promote competition, remind participants 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 Video or Game

The practice of processing after an activity allows participants 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 open-ended questions designed to elicit discussion.

  General Reactions

  » What did you think of the video?

  » What is your response to the activity?

  » How do you think Pat felt when…?

- Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

  Personal Reactions

  » How did you feel about…?

  » Describe what you saw.

  » What will you do as a result of…?

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Sentence Stems

» Ask each participant to complete a phrase such as, "The most important thing I learned was…." Move quickly around the room. Give participants 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 participants develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign participants 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 participants 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.

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

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants 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 participants to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

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- 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 participants a choice on whether or not to participate.
- Encourage participants to improvise during roleplays to make them more their own.
- Reinforce participants for using the specific skill.
- Give participants a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach participants 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 participants 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."

STRATEGY 7: Student Workbooks

Student workbooks for participants include quiz questions, worksheets for small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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, videos 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 STIs, 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.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Making Proud Choices* page of ETR's Program Success Center at www.etr.org/ebi/programs/making-proud-choices. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR's Design4Learning page at www.etr.org/design-4-learning.

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.

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Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each participant)
Markers
Masking tape
Garbage bag
Monitor and device for showing videos, or internet access if using alternative videos
Condoms (one per participant or pair plus demonstration condoms)
Water-based lubricant
Condom demonstrator(s)
Small paper bag
Roll of paper towels
Chart paper
Index cards (1 labeled with a star, 1 labeled with a triangle, 1 labeled with a rectangle, 3–5 labeled with a circle for a group of 6–8)

Pre-Labeled Chart Paper

Group Agreements
Why Some Teens Have Sex
Possible Outcomes of Unprotected Sex
Proud and Responsible Prevention Strategies
Goals (written on left side of chart paper)
Making Proud Choices! Be Proud! Be Responsible!
The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and *Koko*
How STI Are Transmitted
Reasons to Avoid STIs
Contraceptives
Ways to Make Condom Use Easy and More Fun (for high school youth)
Ways to Make Condom Use Easy (for middle school youth)
Pros
Cons
Excuses Sexual Partners Give

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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
STI
Steps for Using a Condom
Agree/Disagree signs
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)

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: Kayla and Mia
Roleplay D: Devon and Jadon
Roleplay E: Alex and Casey
Observer Checklist

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Videos*

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

*ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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Background Reading

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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.

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Making Proud Choices!

FIFTH EDITION

CURRICULUM

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MODULE 1

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

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants 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 possible outcomes of sex, and strategies for reducing possible negative outcomes.
- 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 participants 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.

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STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Welcome Activity
- Goals and Dreams Timeline Exercise
- Group Discussion

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* worksheet in the student workbook

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled chart paper:
  - » *Group Agreements*
  - » *Why Some Teens Have Sex*
  - » *Possible Outcomes of Unprotected Sex*
  - » *Proud and Responsible Prevention Strategies*
  - » *Goals*
  - » *Making Proud Choices! Be Proud! Be Responsible!*

PREPARATION NEEDED

1. Before the program begins, label all of the charts as listed under Materials.
2. Hang the pre-labeled 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: 60 minutes

ACTIVITY	MINUTES NEEDED
A. Welcome and Program Overview	5
B. Welcome Activity	10
C. Creating Group Agreements	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm	5
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ACTIVITY A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Welcome the participants 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 unintended pregnancy and sexually transmitted infections—STIs, sometimes called STDs—including HIV, the virus that causes AIDS.
>
> This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STIs. 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 STIs, including HIV.
>
> Although STIs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STI. Anyone can get an STI, including HIV, from having unprotected sexual intercourse with a partner who is infected.
>
> Unintended 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)*

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(continued)

If you're going to have sexual intercourse, it's critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let's clarify the terms we will be using. When we speak of ***protection***, we will be referring to *condoms* and *dental dams*. When we say ***condoms***, we will be referring to *external condoms* and *internal condoms*. External condoms are also known as male condoms. Internal condoms are also called female condoms.

Do you think teens should be worried about unintended pregnancy, HIV and other STIs?

3. Pause to allow participants 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 STIs.

To make the program interesting and fun, it includes videos, 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 participants 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.

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ACTIVITY B

WELCOME ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

The Welcome Activity encourages participants 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 participants sit in a circle.

FACILITATOR'S NOTE

If you know your participants and they already know each other this is an optional activity. An icebreaker that encourages group cohesion can be used in its place.

Sitting in a circle facing each other can build group cohesion. Have the participants sit on the floor, have them move their chairs close to each other, or set aside a special area of the room to accomplish this. Adapt this activity to accommodate group dynamics and environment. If creating a circle is not feasible, have the speaker toss a soft toy to the next speaker to encourage engagement.

2. Explain the Welcome Activity by saying,

> Let's introduce ourselves and get to know a little about each other.
>
> 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. I will speak first and when it is your turn please share your name, your age, the school you attend, your pronouns if you want to share, and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.

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3. **Model the Welcome Activity by beginning with yourself,**

> My name is _____ and I am _____.
> *(age)*
>
> I attend(ed) _____.
> *(high school, college or university)*
>
> 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 Welcome Activity 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.

FACILITATOR'S NOTE

Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus "outing" themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting 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 _____.

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ACTIVITY C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants 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 chart paper:
  - *Group Agreements*
- Markers
- Masking tape

TIME

5 minutes

PROCEDURE

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

> We're going to be talking about sexuality, pregnancy and STIs—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 participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the chart paper titled *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)*

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(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.

Move up, move back: If you tend to talk a lot in groups, talk less (move back) sometimes so others can talk. If you tend to be very quiet, share more (move 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

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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.

Young people may express themselves in ways that don't conform with their biological sex. There are many ways that youth can express their gender identity.

Being open to diversity can help reduce stereotyping, which can be very harmful to a young person. Stereotyping individuals imposes restrictions on their opportunities for individual expression and limits personal growth.

Besides, 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 participants do not mention them:

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

4. **Define terms related to diversity as needed.**

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

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(continued)

Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as ***(cisgender)*** or different from ***(transgender)*** the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

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.

5. Ask participants if they have any other suggestions they would like to add.

6. 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.

7. 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.

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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 chart paper:
  - *Making Proud Choices! Be Proud! Be Responsible!*

TIME

5 minutes

PROCEDURE

1. Tape the *Making Proud Choices! Be Proud! Be Responsible!* chart paper 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 participants brainstorm answers to these questions. Record their answers on the chart paper or a dry erase board.

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.

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» 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 STIs and unintended pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using protection such as an external or internal condom or dental dam.

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 STIs and unintended 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 STIs

» Have a healthier body

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» Stay in school

» Feel like you are helping your loved ones and your community

Always use protection 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 unintended pregnancy and STIs in your community.

FACILITATOR'S NOTE

Post the chart with participants' 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 participants to make proud choices.

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ACTIVITY E

BRAINSTORMING ABOUT TEENS AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

By exploring issues about teens and sex, participants 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 participants and helps the participants learn about the focus of the program.

MATERIALS

- Pre-labeled chart paper:
  - *Why Some Teens Have Sex*
  - *Possible Outcomes of Unprotected Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

TIME

10 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 chart paper (folded so that the titles are covered by the bottom half of the chart paper). Unfold the chart paper 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 chart paper titled *Why Some Teens Have Sex*, and then say,

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

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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, online or in the movies
- Forced
- To increase status in peer group
- Low self-esteem
- To prove masculinity/femininity

4. **Write all of the participants' comments on the chart paper.**

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 unintended pregnancy or STIs, they can face outcomes that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible outcomes of unprotected sex.

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7. **Unfold the next chart paper, *Possible Outcomes of Unprotected Sex*.**

8. **Then ask,**

> **What are some of the possible outcomes of unprotected sex?**

9. **Have participants brainstorm the possible outcomes of unprotected sex, and write all of their comments on the chart paper. (Be sure to include pregnancy, HIV and other STIs.)**

10. **Compliment the group on how much they know.**

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

> **What are some ways to prevent these possible negative outcomes?**

12. **Have participants brainstorm ways to prevent possible negative outcomes of unprotected sex.**

13. **Write all of the participants' comments on the chart paper. (Emphasize that protection—such as latex (or polyurethane/polyisoprene) condoms—can help prevent pregnancy and sexually transmitted infections, 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 may have sex. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for preventing those negative outcomes. 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.**

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ACTIVITY F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants 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* worksheet
- *Goals and Dreams Timeline* poster
- Pre-labeled chart paper:
  - *Goals* (Write Goals on the left side of chart paper)

TIME

15 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 things from your own life that you are proud of doing on the *Goals and Dreams Timeline* poster. Provide examples for each section. Be mindful that this activity may be challenging for some young people who may struggle to identify with the idea of setting future goals or even with reflecting on their own accomplishments, particularly in a group setting where the range will vary and young people may feel as if what they've done or want to do isn't "good enough." Listen for these insights and help youth recognize that their timelines will all differ based on things such as their experiences, interests and/or what brings them joy. When you model the activity include a range of accomplishments, taking care to highlight achievements beyond acquiring goods such as a car or house. This will help participants understand what you want them to do and encourage them to recognize their own varied accomplishments.

3. Have participants turn to the *Goals and Dreams Timeline* worksheet in their workbooks. Give the following instructions:

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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 or things you are proud of. This can be anything that's meaningful for you. For example, volunteering your time, playing for a sports team, getting certain grades, getting a job, learning something new, joining a club, winning a student election, getting a learner's permit, an artistic or musical performance, advocating for others, etc.

4. Give participants 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 thing you hope or want to make happen in this section. In 5 years, what do you hope to be proud of doing? You can write more than one thing if you like.

6. Give participants 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 thing you hope or want to make happen in the next 10 years. In 10 years, when you look back, what do you hope to be proud of doing?

You can write more than one thing if you like.

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

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9. **Then encourage each participant to share with the group one item from each section by going around the room and asking,**

> Looking ahead 5 years, what goal do you want to achieve or thing do you hope to do? How about in 10 years?

10. **Next say,**

> I want you to now choose one of your goals or hopes and write it on the back of your timeline. Next to that item, write two things you must do to achieve it or make it happen.

11. **While they are working on this, unfold the *Goals* chart paper. 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 or aspirations. Be prepared to provide a few examples, such as graduating from high school, going to college, getting trained in a skill, buying a car or getting a good job. Have participants share the goals they've chosen and the actions they must take to achieve them.**

12. **Write these goals on the left side of the *Goals* chart paper, leaving space on the right half for items in the next activity.**

13. **Compliment participants on their answers.**

14. **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.

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FACILITATOR'S NOTE

Some youth may be struggling to meet basic needs such as food, shelter or safety. Others may have experienced a traumatic event. Validate all of their accomplishments and their hopes. Be careful not to minimize or praise any accomplishments or hopes in such a way that creates a hierarchy, as no goal is better or more important than another.

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ACTIVITY G

BRAINSTORMING OBSTACLES OR DETOURS ALONG YOUR TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' 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 chart paper:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

TIME

10 minutes

PROCEDURE

1. Refer to the *Goals* chart paper from the previous activity.

2. Write "Obstacles" on the right side of the chart paper.

3. Ask the participants to brainstorm things that might prevent them from achieving the goals and dreams they listed by saying,

> 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. They are like roadblocks or detours along the way. What obstacles can you think of that may get in the way of your goals?

Answers should include:

» Unintended pregnancy or an uncurable STI such as HIV

4. Write their responses under "Obstacles or Detours" on the right side of the *Goals* chart paper with a different color marker.

5. Say,

> If you've already encountered any of these obstacles or detours, you understand how your life can change. Things can work out just fine but it may be harder.

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6. **Ask the following questions,**

> • **How can we avoid some of these obstacles or detours?**
>
> • **What can you do to make sure you don't get pregnant, get someone pregnant or get a chronic disease such as HIV?**

7. **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 if they would like to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.**

8. **Summarize by saying,**

> **I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles and navigate detours so you can reach your goals. If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky, or reducing your risk by using protection and effective birth control or engaging is less-risky behaviors.**
>
> **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.**

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GOALS AND DREAMS TIMELINE

Instructions:

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

Birthday: _____

THIS YEAR I AM AGE ___. HERE ARE SOME THINGS I'VE ALREADY DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
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: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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Worksheet

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MODULE 2

A POSSIBLE OUTCOME OF UNPROTECTED SEX: HIV INFECTION

GOALS

The goal of this module is to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish facts from falsehoods 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 second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; (2) provides opportunities for participants to develop skills in giving correct information on HIV/AIDS to friends; and (3) helps participants identify various behaviors that place them at risk for HIV infection.

STRATEGIES/METHODS

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

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *HIV/AIDS Frame* poster
- *Key Words* poster
- Video: The Subject Is HIV (or alternative videos*)
- *True or False: HIV Statements* (included in module)
- *Risk Continuum* signs
- *Risk Behavior* cards

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Chart paper
- Markers
- Masking tape

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the *True or False: HIV Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. Discussing HIV and AIDS	**10**
B. *The Subject Is HIV* Video and Discussion*	**25**
C. True or False: HIV	**10**
D. HIV Risk Continuum	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

DISCUSSING HIV AND AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

Learning basic information about HIV and AIDS will provide participants 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 participants' 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 participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

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 very low.
- **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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* Centers for Disease Control and Prevention. 2019. HIV basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.

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What common body fluids can transmit HIV?

HIV is found in the blood, semen, vaginal fluids and rectal fluids (the mucus that lines the rectum to help with elimination of waste) 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, 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 vaginal or anal 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 or anal sex.** Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse. People who are allergic to latex can use polyurethane or polyisoprene condoms. Protection includes external or internal condoms and dental dams.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors. Be sure any sex partner has been tested before having sex. Discuss ways that you can reduce your risks together such as using condoms, taking PrEP, or regular testing.
- **Get tested for HIV.** The only way to know your HIV status is to get tested. The only way for your partner to know their HIV status is for them to get tested.
- **Take medication, if needed.** If you are having sex or sharing needles with someone who is living with HIV, talk to a medical provider about taking pre-exposure prophylaxis (PrEP). If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct participants' 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 participants to try to answer them. Supplement their answers with the information below each question.

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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 be living with 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.

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 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.

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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.

Common Tests for HIV Available at a Clinic:

If you get a test in a health care setting or lab, a health care provider or lab technician will take your sample (blood or oral fluid). If it's a rapid test, you may get test results in 30 minutes or less, but if it is a laboratory test, it can take several days for your results to be available. Your health care provider or counselor may talk with you about your risk factors, and answer any questions you might have. They will discuss next steps with you if your result is positive.

Rapid tests are usually done with blood from a finger prick or with oral fluid, and the results are ready in 30 minutes or less.

Laboratory tests require a blood sample.

- If the test comes back negative, and you haven't had a possible exposure during the previous 3 months before the test you took, you can be confident you don't have HIV.
- If your test result is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

Common Tests for HIV Available Over the Counter:

Home Access requires a finger prick to collect a blood sample. The person sends the sample to a licensed laboratory and gets the results by phone as early as the next business day. This is an anonymous test. Anyone who tests positive is immediately offered a follow-up test, counseling and referral to treatment.

The OraQuick In-Home HIV Test provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit. A positive test needs a follow-up test at the testing site, counseling and other referrals. HIV infection may show up later after exposure in an oral fluid test than a blood test, because the level of antibody in oral fluid is naturally lower.

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What is the window period?

The "window period" is the length of time between when a person first gets HIV and when a test can accurately detect it. This varies from person to person, and depends on the type of test done. During the window period, even before knowing about being infected, a person can transmit HIV to others. People getting tested at a clinic should ask their health care provider about the window period for the type of test they are taking. People testing at home should review the materials that come with the home test kit. If a test is taken within 3 months after possible exposure and the result is negative, the person should get tested again in another 3 months to be sure.

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 condoms?

A condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids or rectal fluids. Latex is a type of material used for external (male) condoms and is effective in preventing HIV transmission. People who are allergic to latex can use condoms made of polyurethane or polyisoprene. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Another form of protection is the internal (female) condom, which is made of nitrile and is safe for people with latex allergies. The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.

What is PrEP? What is PEP?

Pre-exposure prophylaxis (PrEP) is a medicine taken daily to reduce the risk of HIV infection. If someone is at very high risk for HIV, PrEP might be right for them. PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered for people who are not in a mutually monogamous relationship

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with a partner who recently tested HIV-negative, and if they are

- A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months
- A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk of HIV infection (for example, people who use injection drugs or women who have bisexual male partners)

Post-exposure prophylaxis (PEP) is an HIV medicine that can be taken after being potentially exposed to HIV to prevent becoming infected. If someone is HIV negative or doesn't know their HIV status and thinks they have recently been exposed to HIV during sex (for example, if a condom breaks), they should talk to their health care provider or an emergency room doctor about PEP right away (within 3 days). The sooner someone starts PEP, the better; every hour counts. If prescribed PEP, it is necessary to take it once or twice daily for 28 days.

What does U=U mean?

U=U means Undetectable = Untransmittable. If a person living with HIV has fewer than 200 copies of HIV per milliliter of blood, they are considered virally suppressed and the infection is undetectable on tests. Medications are used to suppress the virus so it becomes undetectable. People with undetectable viral loads cannot transmit the virus sexually to their partners.

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 lifespan. HIV is now considered a chronic disease. 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.

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.

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ACTIVITY B

THE SUBJECT IS HIV VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is HIV*, or alternative videos

PREPARATION

- Review the information about HIV in Appendix B.

TIME

25 minutes

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

PROCEDURE

FACILITATOR'S NOTE

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

1. Introduce the video by saying,

> This video you are going to see will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will talk about the video. 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 video, which is 18 minutes long.

3. At the end of the video, ask the participants 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).

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What was the message about condoms in the video?

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 young people 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 students in biology class?

Answer:

» It's important to talk with your partner about using protection.

» If a person respects themselves and their partner, they will use a condom.

» Not having sex is a good way to avoid pregnancy, HIV and other STIs.

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

You did a great job answering those questions and remembering the important messages in the video(s).

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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 protection.

FACILITATOR'S NOTE

Some statistics have changed since the video was produced. In 2018, youth ages 13 to 24 accounted for an estimated 21% 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

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ACTIVITY C

TRUE OR FALSE: HIV

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about HIV provides an opportunity for learning the correct information about HIV/AIDS.

MATERIALS

- Markers
- Chart paper (for keeping score)
- Masking tape
- *True or False: HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

TIME

10 minutes

PROCEDURE

1. This activity reviews facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help participants understand the answers.

2. Introduce the *True or False* 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 "True" and "False" on the board or a sheet of chart paper.

4. Explain the activity,

> I am going to divide you into two teams. I will then read each team a statement and ask you whether it is true or false and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's true or false, 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 true or false.

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5. **Divide the group into two teams.**

6. **Go around to each team one at a time and read a statement from the *True or False: HIV Statements*.**

7. **Ask the first team to identify it as true or false and to state *WHY*.**

8. **Ask the second team if they agree. (If there is a disagreement, teach the right answer and explain why.)**

9. **If the second team agrees, but the answer is wrong, teach the right answer and explain why.**

10. **If the second team agrees and the answer is right, give the team the correct number of points.**

11. **Read the next statement to the second team.**

12. **The game is over when the statements are completed or time is up, whichever comes first.**

13. **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.**
>
> **Understanding that HIV can affect anyone helps people understand that they need to always protect themselves.**
>
> **You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.**

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TRUE OR FALSE: 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.**
   TRUE
2. **Having unprotected anal sex increases your chances of getting HIV.**
   TRUE
3. **You can tell by looking at people whether they have HIV.**
   FALSE
4. **HIV can be transmitted in blood, semen, vaginal fluids, and rectal fluids.**
   TRUE
5. **Having unprotected sex with someone who is living with HIV is one way of getting HIV.**
   TRUE
6. **If a person who is pregnant has HIV, there is a chance the baby can get it.**
   TRUE
7. **You have a bigger chance of getting HIV if you have sex with many people.**
   TRUE
8. **You can get HIV from using someone else's comb or hairbrush.**
   FALSE (NO CONTACT WITH BODY FLUIDS)
9. **Using protection during sex reduces the chance of getting a sexually transmitted infection, including HIV.**
   TRUE
10. **You can get HIV by sharing a needle with a drug user.**
    TRUE
11. **If you hug someone with HIV you can get it.**
    FALSE (NO CONTACT WITH BODY FLUIDS)
12. **Having an untreated STI can increase your chances of getting HIV.**
    TRUE
13. **AIDS is the stage of HIV in which your body cannot fight off diseases.**
    TRUE
14. **Having AIDS makes you more likely to get other diseases.**
    TRUE
15. **AIDS can be cured.**
    FALSE
16. **AIDS is caused by a virus.**
    TRUE (CALLED HIV)
17. **Anyone can get HIV.**
    TRUE (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)
18. **You can avoid getting HIV by exercising regularly.**
    FALSE
19. **You can take certain medications to reduce your risk of HIV.**
    TRUE
20. **Early treatment can help people with HIV stay healthy.**
    TRUE

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ACTIVITY D

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

15 minutes

PROCEDURE

1. Tape the *Risk Continuum* signs on the wall or blackboard like the diagram below.

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

2. Divide the group into pairs.

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 fluids 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 fluids or rectal fluids might create some risk of transmitting HIV.

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

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4. **Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the pairs.**

5. **Explain that "sex" in these questions means oral, anal and/or vaginal intercourse.**

6. **Ask each pair of participants to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.**

7. **After each answer, have participants 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 participants 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:**

> **Look at all the behaviors in the green light category. Notice all the things you can do to enjoy intimacy with your partner without putting yourself at risk for HIV. 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 STIs. 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.**

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RISK BEHAVIORS[1]

(*Note:* This guide reflects risk levels for HIV transmission only. There are some STIs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)

Vaginal sex without a condom ---------- Red Light

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 Light

Sharing eating utensils with someone who is living with HIV ---------- Green Light

Sharing needles and syringes ---------- Red Light

Anal sex with a condom and water-based lubricant[2] ---------- Yellow Light

Self-masturbation ---------- Green Light

Mutual masturbation ---------- Green Light

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) ---------- Green/Yellow Light

Anal sex without a condom[2] ---------- 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 is living with HIV ---------- Green Light

Flirting ---------- Green Light

Body rubbing/grinding (with clothes on/no exchange of body fluids) ------- Green Light

Hugging ---------- Green Light

Having sex with only one partner (monogamous) -------- Green/Yellow/Red Light

(Green if both have never had sex before. If one or both have had other partners, Yellow if they use condoms; Red if they don't use condoms.)

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water- or silicone-based lubrication can reduce their risk.[2]

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FACILITATOR'S NOTE

Other HIV prevention strategies include PrEP 2-1-1 and TasP.

- PrEP 2-1-1 dosing strategy has been shown to be 86% effective at preventing HIV transmission during anal sex (though less effective during vaginal sex). The PrEP 2-1-1 strategy involves taking 2 pills between 2 and 24 hours before sex and another pill within 24 hours after the first and the final pill 24 hours after that.[3]
- TasP or "Treatment as Prevention" means that people living with HIV who get treatment are less likely to transmit the infection. Reducing the amount of the virus in the body through treatment helps prevent transmission to others. An undetectable viral load means the virus is untransmittable (or U=U).[4]

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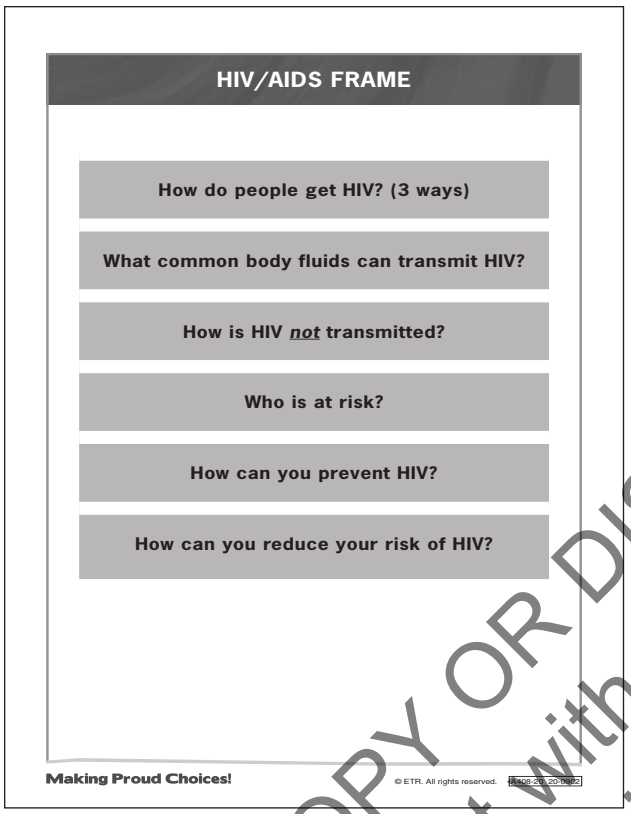

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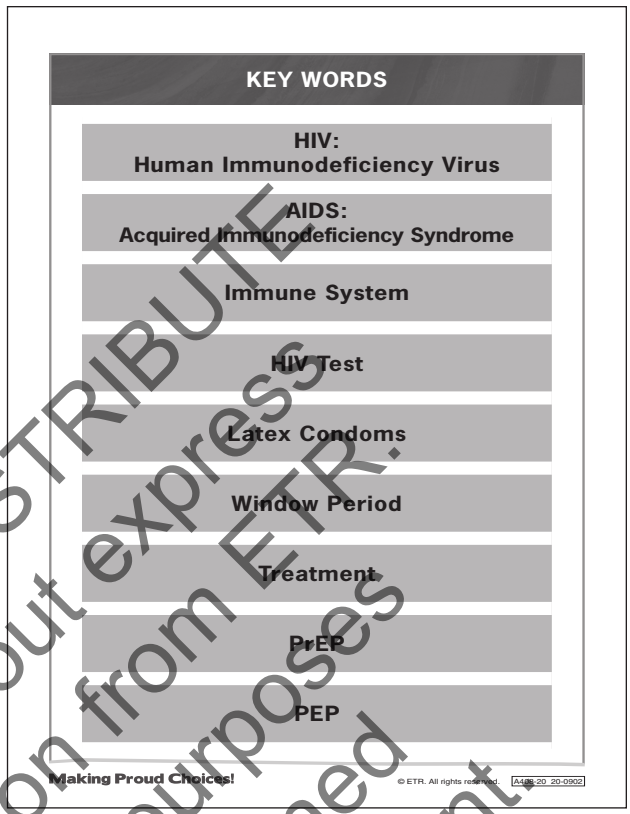

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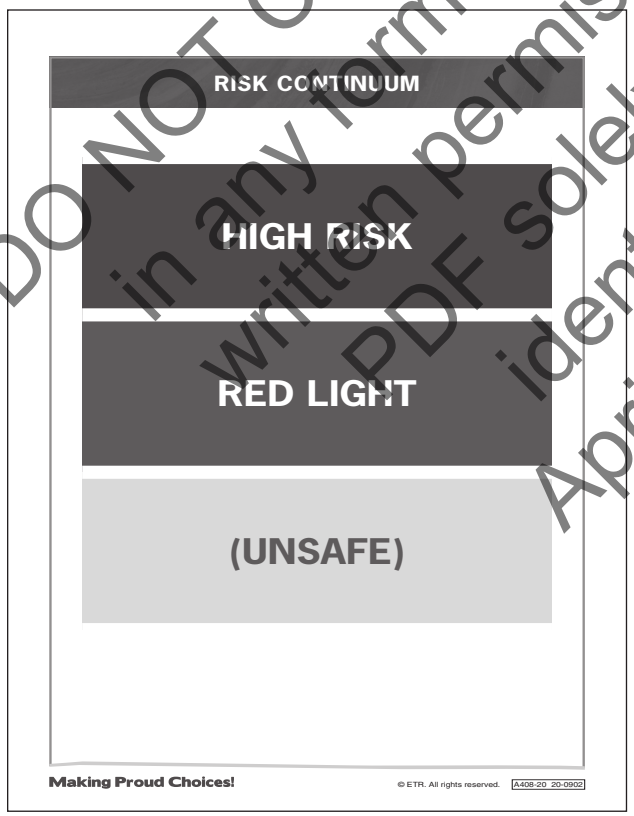
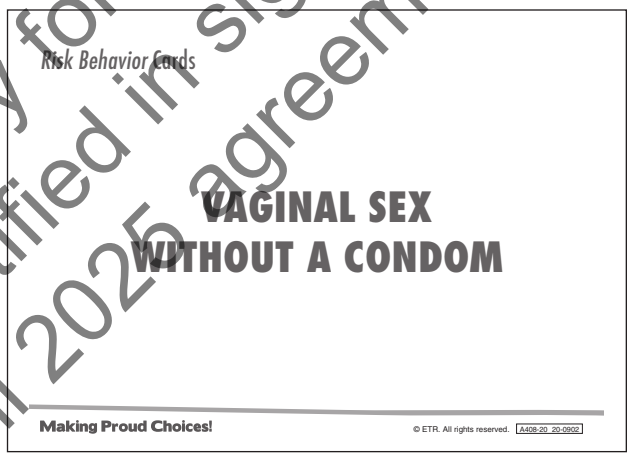


Posters (3 total)



Cards (24 total)

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MODULE 3

ATTITUDES ABOUT SEX, HIV AND CONDOM USE

GOALS

The goals of this module are to:

- Increase participants' 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, participants 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 third module: (1) informs participants about the transmission and prevention of HIV; and (2) helps participants advocate and give advice regarding HIV/AIDS and safer sex strategies.

STRATEGIES/METHODS

- Video Viewing
- Group Discussion
- Problem-Solving Exercises

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *The Hard Way* character cards
- *Calling Koko Caller* worksheets in the student workbooks
- Video: *The Hard Way* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Pre-labeled chart paper:
  - » *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Markers
- Masking tape
- Pencils
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. Set up the video(s) to be ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. *The Hard Way* Video and Discussion*	**40**
B. Calling Koko	**20**

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ACTIVITY A

THE HARD WAY VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Hard Way*, or alternative videos
- Pre-labeled chart paper:
  - *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per participant)

TIME

40 minutes

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

PROCEDURE

1. Introduce the film.

> Sexually active young people are at risk for HIV infection. The video you are going to see is about young people. This video 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 chart paper (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 video, 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 video, 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.

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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6. **Begin the discussion by saying,**

> Let's talk about the characters in this video. 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. Notice the video refers to the use of birth control pills as "protection." While pills may protect against a pregnancy, they provide no protections against HIV and other STIs.
>
> 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?
>
> What could Renee and Miguel say to each other about their sexual health and desires to protect themselves from unintended pregnancy or STIs?
>
> 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,**

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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 video and our discussion? (Listen for these messages and reinforce if they are not shared: getting tested, talking about sexual health and protection, and using protection if having sex can help reduce the risk of HIV transmission.)

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. 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!

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ACTIVITY B

CALLING KOKO

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

20 minutes

PROCEDURE

FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 20 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants.

If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

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 participants into pairs or small groups.

3. Have participants turn to the *Calling Koko* worksheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)

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4. **Explain the following:**

> You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. **Give the pairs 5 minutes to discuss and write their advice.**

6. **Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice using the Main Points to Cover.**

7. **Using the following sample responses, discuss any points that participants do not come up with themselves.**

FACILITATOR'S NOTE

Sample responses are provided. Participants' answers do not have to match the sample 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 sample responses as a review before going on to the next caller.

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MAIN POINTS TO COVER

The surest protection is abstinence.

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

PrEP and PEP can reduce the risk of HIV transmission.

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?

– Charlie

Sample 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 or anal sex, the best way to reduce your risk of HIV is to use condoms. That includes external or male condoms made of latex, polyurethane or polyisoprene; or female or internal condoms. PrEP and PEP are medications that you can take to reduce your risk of HIV infection. PrEP is a pill you take every day to prevent HIV. PrEP may be a great option for someone who is in a relationship with someone living with HIV or for someone who is at high risk for HIV. PEP is a pill you can take for 28 days after having sex if you think you may have been exposed to HIV. 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.

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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 STIs.

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?

– Raymond

Sample Response to Caller 2

If you and your girlfriend have never had vaginal 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 always use protection even if you are only having sex with each other. 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 unintended pregnancy or getting an STI, including HIV.

Talk it over with your partner. You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.

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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 protection 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?

– Alex

Sample 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. Test kits are available over the counter at most drug stores. You can also go to a local HIV testing site such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person's body. Make an appointment to get tested and use condoms until you get the test results.

It sounds like your first time didn't go the way you had hoped it would. 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 STI. If you do decide to have sex, be proud and responsible and talk to your boyfriend about protection. Tell him it is important that you use condoms if you have sex. Let him know that you're concerned about 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.

I also want to make sure you feel supported. Please reach out to the wellness center or find a school club or group that supports and affirms you.

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MAIN POINTS TO COVER

Oral sex can transmit STIs, including HIV.

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

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

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 infections. Is oral sex safe? How do we protect ourselves from STDs?

– Carmello

Sample Response to Caller 4

Oral sex poses little to no risk of transmitting HIV. However, most STIs can be transmitted during oral sex. Untreated STIs can increase the risk of HIV transmission. This is why it is important to use protection for oral sex. For oral sex that involves putting the mouth to a vagina or an anus, use a dental dam. If you don't have a dental dam, you can cut a condom into a flat sheet. A penis should also be covered with a condom during oral sex.

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 infection. Using protection every time you have oral sex is the responsible thing to do. If you decide to have sexual intercourse, use an external (male) or internal (female) condom every time you have sex. And make sure you only use condoms that are made of latex, polyurethane, polyisoprene or nitrile.

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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! I'm scared to date! What should I do?

– Dana

Sample Response to Caller 5

I can understand your concerns about having sex. You can't look at people and tell whether or not they have an STI, such as HIV. 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. Talk to them about your concerns and how you plan to protect yourself. When you decide to have sex, be sure to use protection every time. By protection, I mean external or male condoms made of latex, polyurethane, or polyisoprene; internal or female condoms; or dental dams.

I am assuming your friend is getting treatment for HIV. Antiretroviral therapy, or ART, can help your friend live a long, healthy life. If she has a steady sexual partner who is HIV negative, ART could help reduce the chances of her transmitting HIV to her partner. Her partner can get on pre-exposure prophylaxis or PrEP treatment, which will reduce the risk of getting the virus.

People who think they may have been exposed to HIV should get treatment immediately. Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor's offices and HIV clinics. PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.

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MAIN POINTS TO COVER

People cannot give consent when they are drunk or high.

Get tested for pregnancy, STIs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making.

Use protection if you decide to have sex.

CALLER 6

Koko,

I'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Sample Response to Caller 6

This sounds like a tough situation. When people are drunk or high, they are more likely to have sex without using condoms, which increases their risk for STIs. Everybody has the right to say when they want or don't want to engage in sexual behaviors and to insist on using protection. When people are drunk or high they can't fully give consent to sexual activity. Please remember that someone doing something sexual to you while you are drunk or high means that technically you were not able to give consent, and so this may be a situation of sexual assault. Do not blame yourself. There are people in this world who seek out those who are too high or drunk to consent. If this person is known for having sex with people who are too drunk or high to consent, he likely isn't someone who has your best interests in mind. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

(continued)

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CALLER 6

Sample Response to Caller 6 *(continued)*

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 STIs. 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. EC is also available over the counter at most drug stores.

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).

Don't blame yourself. You deserve to have sexual partners who you feel comfortable communicating with, who respect what you want and don't want, and who will share the responsibility for using protection.

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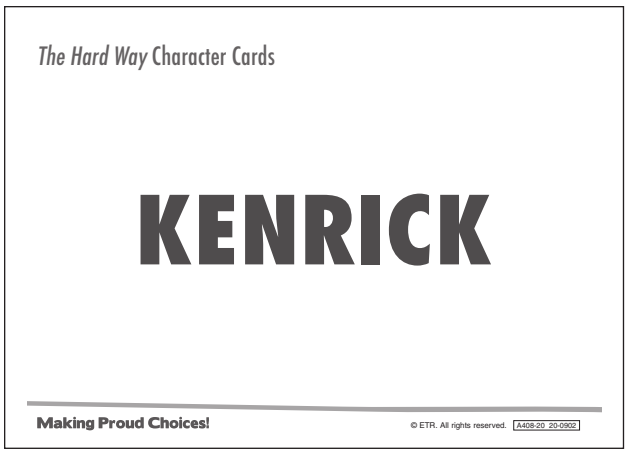

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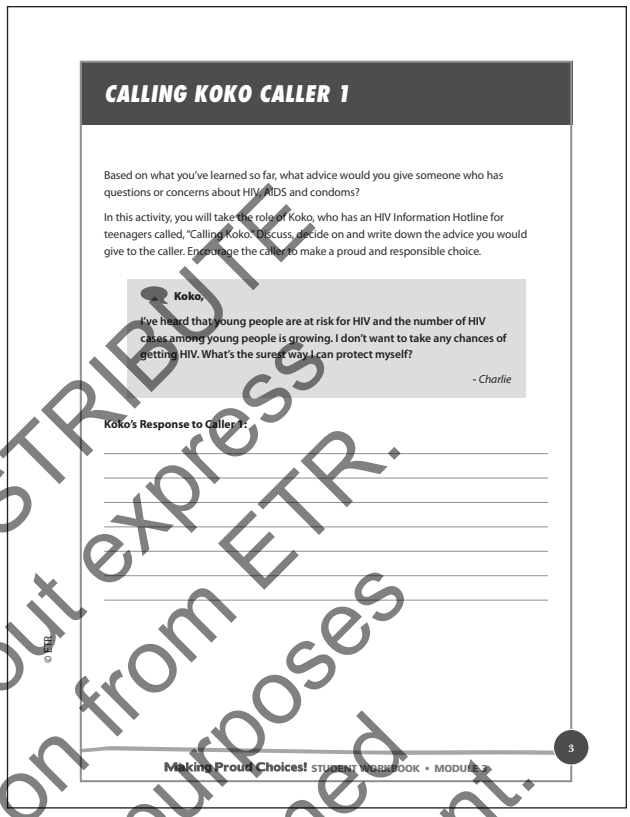

Worksheets (6 total)

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MODULE 4

STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT

GOALS

The goals of this module are to:

- Introduce participants 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, participants will be able to:

- 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.
- Provide correct answers to review questions on HIV and AIDS.

MODULE PREVIEW

The fourth module: (1) encourages participants 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
- Video Viewing
- Game

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* worksheet in the student workbook
- HIV/AIDS Game Questions (included in module)
- Video: *Nicole's Choice* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Masking tape
- Pencils
- Markers
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the information about sexually transmitted infections in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. STOP, THINK and ACT: Introduction to Problem Solving	**5**
B. Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT	**15**
C. *Nicole's Choice* Video and Discussion*	**25**
D. The HIV/AIDS Game	**15**

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ACTIVITY A

STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STOP, THINK and ACT* poster
- Masking tape

TIME

5 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 participants 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 participants provide a few answers.

Answers may include:

You may feel afraid, confused, angry or upset.

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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 participants 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 stick to the decisions I've made for my health and well-being?
> - 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.

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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.

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ACTIVITY B

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 participants' ability to use them.

MATERIALS

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

TIME

15 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,

> No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. 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. You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.

2. Divide the participants into pairs.

3. Have participants turn to the *Sean and Morgan Case Study* worksheet their workbooks.

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4. **Ask for a volunteer to read the case study and instructions to the group. Encourage the group 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 concerned about STIs 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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5. **Then say,**

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

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

7. After 8 minutes, even if most of the pairs have not finished, ask them to stop and begin discussing the case study. Ask one of the pairs 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 pair 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 pair 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 pair has given their responses, ask the other groups to comment and offer any different ideas for this section.

   Finally, ask a different pair 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 pair 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.

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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 STIs, 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.

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ACTIVITY C

NICOLE'S CHOICE VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *Nicole's Choice*, or alternative videos
- *STOP, THINK and ACT* poster

PREPARATION

- Review the information about STIs in Appendix B.

TIME

25 minutes

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

PROCEDURE

1. Introduce the video by saying,

> Now we will watch a video 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 video *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 participants 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?

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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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 a clinic to be tested for an STI?

Can you get HIV the same way you get other STIs?

8. **Summarize as follows,**

Getting an STI may bring up a lot of emotions. Though young people ages 15-24 are diagnosed with half of all new STIs,* many STIs can be prevented by using protection or choosing not to have sex. Only you can decide to protect your future and your health. Use protection every time you have sex. And use the right kind of protection: external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams.

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* Centers for Disease Control and Prevention. 2019. STDs in adolescents and young adults - 2018 Sexually Transmitted Diseases Surveillance. https://www.cdc.gov/std/stats18/adolescents.htm. Accessed 6/22/2020.

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ACTIVITY D

THE HIV/AIDS GAME

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

- Chart paper
- Markers

TIME

15 minutes

PROCEDURE

1. Introduce the next activity by saying,

> We are going to play a game* that will review the information we've talked about regarding HIV and AIDS.

2. Divide the group into two 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 bonus question (a one-point question).
- If someone answers out of turn, the interrupter's team receives a bonus question. The other team then gets a chance to answer a bonus question.

* Adapted from "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.

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4. **Keep score (or ask a participant to keep score) on the board or on chart paper.**

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 bonus question, use the bonus questions in the game for one point each. You may be able to create other situations that result in bonus question 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.**

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HIV/AIDS 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 diseases called opportunistic infections.

5. **Name three of the body fluids through which HIV is transmitted?**
   - Semen, vaginal fluids, 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). HIV is easily passed through oral sex.**

10. **(True) or False. Anal sex without a condom increases your chances of getting HIV.**

11. **True or (False). There is now a cure for AIDS.**

12. **(True) or False. If you think you were exposed to HIV, you can get Post-Exposure Prophylaxis (PEP) within 72 hours to avoid getting the virus.**

* See Appendix B for additional information on HIV and sources.

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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 by using condoms or taking PrEP which reduces risk of HIV transmission but not other STIs
- Engaging in low-risk activities such as kissing
- Not sharing needles or works
- Getting tested regularly
- Talking with your partners about HIV and making sure they get tested too

15. What does U=U mean?

- U=U stands for Undetectable equals Untransmittable. That means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. If there is an undetectable amount of HIV in their blood, the virus cannot be transmitted to others.

16. Name three ways HIV is passed.

- During unprotected vaginal or anal sex (sex without a condom)
- By sharing needles and syringes
- From an infected mother to the fetus or newborn child

17. Name two types of sexual practices in which HIV can be passed.

- Anal sex
- Vaginal sex

18. Name two high-risk behaviors.

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

19. (True) or False. Using water-based lube and condoms when you have vaginal or anal sex lowers the chance of getting HIV.

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

21. 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

BONUS QUESTIONS (ONE POINT)

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

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

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

24. (True) or False. Limiting the number of sexual partners a person has is one way of reducing the risk of HIV.

25. 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.

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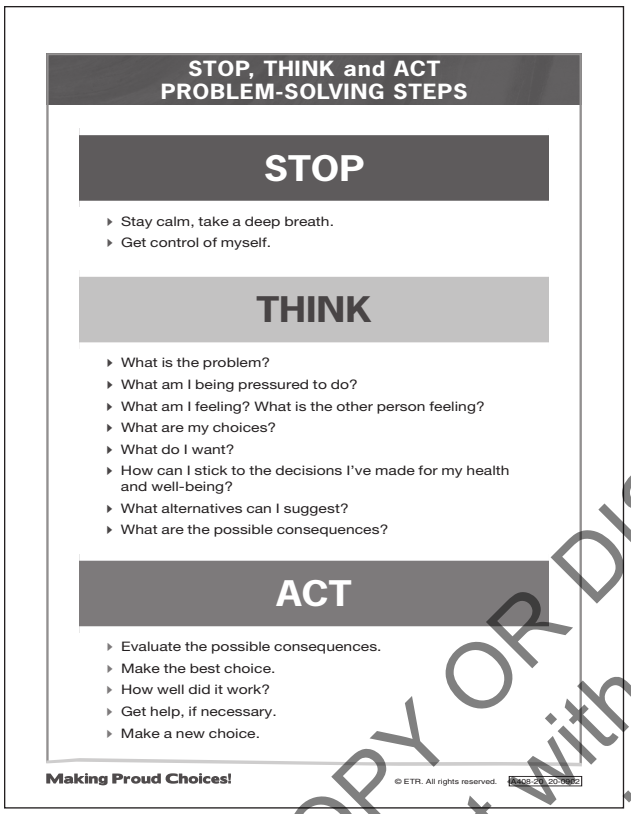

STOP, THINK and ACT
PROBLEM-SOLVING STEPS

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 stick to the decisions I've made for my health and well-being?
- 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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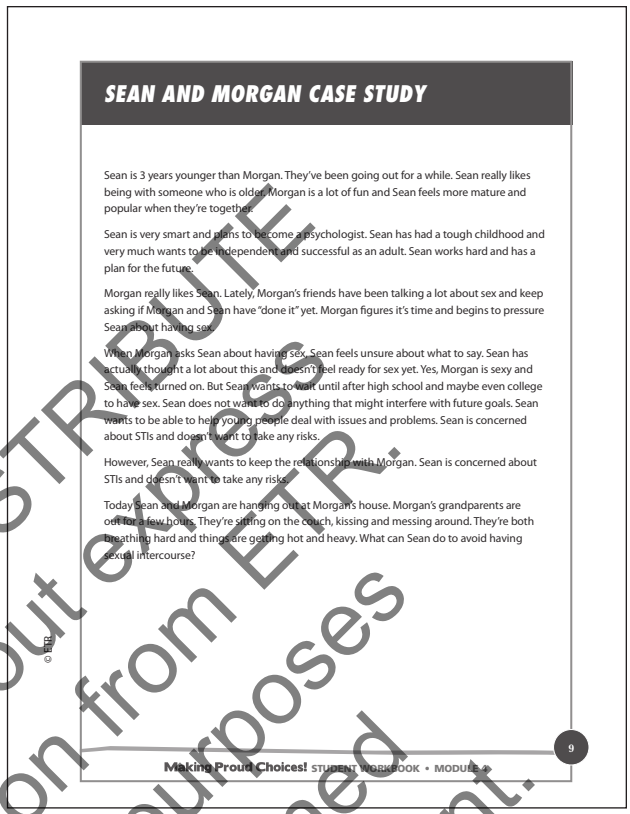
Poster



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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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 • MODULE 4 9

Worksheet

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MODULE 5

POSSIBLE OUTCOMES OF UNPROTECTED SEX: STIs

GOALS

The goals of this module are to:

- Increase participants' knowledge of sexually transmitted infections.
- Help participants identify strategies for preventing STIs.
- Increase participants' perceived vulnerability to STIs.
- Clarify participants' attitudes and beliefs about STIs and condom use.
- Teach participants the steps for correct use of a condom.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted infections.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STIs, including HIV, and pregnancy.

MODULE PREVIEW:

The fifth module: (1) helps participants examine the signs and symptoms of the most common STIs; (2) illustrates how STIs can impact the lives of young people; and (3) informs participants about correct use of condoms, as a way to prevent STIs.

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STRATEGIES/METHODS

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

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STI* poster
- *Agree* and *Disagree* signs (1 set)
- *Steps for Using a Condom* poster
- Video: *The Subject Is STDs* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Condoms
- Water-based lubricant
- Condom Demonstrator(s)
- Paper towels
- Small paper bag
- Monitor and video player, or internet access if using alternative videos
- Pre-labeled chart paper:
  - » *How STIs Are Transmitted*
  - » *Reasons to Protect Against STIs*
  - » *Group Agreements* (from earlier session)
- Chart paper
- Index cards for the Transmission Game—pre-labeled with four distinct shapes, e.g., star, rectangle, circle, and triangle**

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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.

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

** You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. 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 or www.etr.org/store/format/condom-kit.
4. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.
5. Set up the video(s) to be ready to play.
6. Read the instructions for the Transmission Game and make sure you're clear about the process.
7. Label the index cards for the game. For a group of 6–8, one person will have a "star" card, one person will have a "triangle" card, one person will have a "rectangle" card and the rest will have "circle" cards. Increase the number of "triangle," "rectangle" and "circle" cards in this approximate ratio for larger groups.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to include both the discussion and the video about STIs, and to provide more condom skills practice.)

ACTIVITY	MINUTES NEEDED
A. STI Facts	20
[A. (Alternate) *The Subject Is STDs* Video	20]
B. The Transmission Game	15
C. What I Think About HIV/STI and Safer Sex	10
D. Condom Use Skills	15

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 uses STI. It is important for everyone to understand that STIs (STDs) can present with or without symptoms.

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ACTIVITY A

STI FACTS

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STI* poster
- Pre-labeled chart paper:
  - *How STIs Are Transmitted*
  - *Reasons to Protect Against STIs*
- Markers
- Masking tape

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

PROCEDURE

1. Begin this activity by displaying the *STI* poster. Use chart paper to cover the poster so only the letters "S T I" are revealed.

2. Then say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

3. Ask the group to brainstorm all of the STIs they know.

4. Then uncover the poster and read any STIs they did not mention.

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

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5. **Then say,**

> **STIs fall into three categories:**
>
> - **Bacterial (caused by bacteria)—**These STIs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
> - **Viral (caused by a virus)—**Most of these STIs 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).
> - **Parasitical (caused by parasites)—**These STIs are curable. They include trichomoniasis and pubic lice.

6. **Unfold the pre-labeled chart paper titled *How STIs Are Transmitted* and say to the group,**

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

7. **List the answers on the chart paper 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)
   - » *(Optional) For high school youth:* Sharing sex toys or other devices with partners without using a new condom each time the device is used by a different person

8. **Next ask,**

> **Who can get an STI?**

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Answer:

» Anyone who has unprotected sexual intercourse (meaning without using condoms or dental dams).

9. **After participants have answered, say,**

That's right. Anyone who engages in unprotected sexual intercourse can get an STI. But teens and young adults are affected by STIs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STI 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 STIs?

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 STI?

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. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 06/2/2020.

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12. **Then say,**

> **In many cases, a person can have an STI and have no symptoms! This means that people may not even know they have an STI. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STI.**
>
> **Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include masturbating alone, petting, kissing, foreplay or dry humping. An exception is where skin-to-skin contact is involved with someone who has HPV, syphilis or herpes. In contrast, sexual activities that do include an exchange of body fluids increase the risk for STI transmission. These include vaginal, anal or oral sex.**

13. **Then ask,**

> **How can you protect yourself from getting an STI?**

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.
- Do not use or share needles or works (including syringes, caps, cleaning water) for injecting drugs.
- There is a vaccine that can prevent hepatitis B.
- There is also a vaccine that protects people against most types of HPV that cause genital warts or lead to cervical cancer.
- Get tested regularly.
- Talk to your partners about STIs and encourage them to get tested too.

14. **Then say,**

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We know how STIs are transmitted. We know signs and symptoms that can indicate an STI infection. We know some STIs don't have symptoms. We know how to avoid getting an STI. But why would a person want to avoid getting an STI and what are the reasons they should get treatment right away if they do get an STI?

Let's brainstorm *Reasons to Protect Against STIs* by thinking of some of the long-term physical and emotional consequences of getting an STI.

15. **List the group's responses on the chart paper. Encourage all participants to respond.**

Answers should include:

- Increased risk of getting HIV
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- 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, hepatitis C)
- Child born with an STI
- Embarrassment
- Odor and discharge
- Impact on relationship
- Stigma

16. **Explain that many of these reasons to protect against STIs can be prevented by abstaining from vaginal, anal or oral sex, or by using protection such as condoms. STIs are common and many people will get one at some point in their lives. Getting tested regularly and treated, if required, can limit or prevent negative health outcomes. That is why it is important to get tested and treated as soon as possible. Explain that no one chooses to get an STI. Some people have gotten STIs from sex that was against their will. Getting tested and treated, if necessary, is the responsible thing to do. Summarize this activity by saying,**

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**

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(continued)

2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Avoid STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ALTERNATE ACTIVITY A

THE SUBJECT IS STD (VIDEO OPTION)*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is STDs,* or alternative videos

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

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

PROCEDURE

1. Say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

2. Introduce the video by saying,

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

3. Show the video, which is 17 minutes long.

4. When the video 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 STI from their partners?

(continued)

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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(continued)

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

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

FACILITATOR'S NOTE

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

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

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**
2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Protect Against STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ACTIVITY B

THE TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Labeled index cards (Star, Circle, Rectangle, Triangle)
- Pencils

TIME

15 minutes

PROCEDURE

1. Ask the rhetorical question.

> Who gets STIs? 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 STI if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STI; 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 labeled cards and pencils so that only one person has a "star," one or two people have a "triangle" and "rectangle" and the rest get a "circle." DO NOT tell participants what the symbols mean at this time.

Rectangle = Abstinence

Triangle = Condoms/Dental Dams

Circle = Unprotected Sex (oral, anal or vaginal sex without protection)

Star = Infection (STI/HIV)

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FACILITATOR'S NOTE

You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Give the following instructions:

- Listen carefully and be ready to share what you hear.
- Write your name on the side of the index card that has the symbol 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 symbol 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…

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

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

> - We are going to pretend that each conversation you had represented an act of "sexual intercourse."
> - Look at your cards. The shapes or symbols on the cards represent something in this exercise.
> - Will the person with the "star" card, please stand. For the purposes of this activity only, the star card represents an STI and anyone whose name is on your card could have the STI too.
> - (To the person with the "star"): 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 "triangle" on your card, that means you correctly used a protective barrier such as an external or internal condom, or a dental dam, every time to reduce your risk, and so you can sit back down.
> - If you have a "rectangle" 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 "circle" 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 an STI.

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.

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10. Thank the participants for participating in the game. Remind them that it is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.

11. Ask the participants to take their cards and rip them to pieces.

12. Ask the participants to sit down.

13. Ask the following questions:

> How did it feel to participate in this activity?
>
> Imagine you had the star or circle card. How did or does it feel to potentially have been exposed to an STI?
>
> How might it feel to potentially expose others to an STI?
>
> Imagine you had the triangle card. How did or does it feel to have protected yourself from STIs? How does it feel to have protected others?
>
> Imagine you had the rectangle card. How did or does it feel to have chosen abstinence?

14. Explain that for those having sex, talking to sexual partners about STIs and getting tested are two strategies that can reduce the risk of STIs, including HIV.

15. Ask the following questions:

> If getting tested had been an option in this game, how do you think that could have changed how many people were standing at the end?
>
> How would talking to your partner(s) about STIs before engaging in a sexual behavior change the number of people potentially exposed to an STI (i.e., the number of people standing at the end of this activity)?
>
> What did you learn by participating in this game that will help you make decisions about your sexual health in the future?

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Try to elicit the following answers:

- One person can infect many by passing the infection to someone who passes it on to the next person.
- STIs can be spread through unprotected vaginal, anal and oral sex.
- People should consider the risks their partners have taken in the past.
- Practicing abstinence and using protection such as condoms can prevent STI 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 or dental dams but it gets easier with practice.
- Anyone can get an STI regardless of whether the sex was consensual or forced.
- Getting tested is the only way to know for sure if you have an STI.

16. **Continue the activity by saying,**

This was just a game. However, it does highlight how fast and easily an STI can spread. A good way to reduce your risk for infection is to use a latex (or polyurethane/polyisoprene) condom or dental dam every time you engage in oral, anal or vaginal sex. Also, be sure to get tested regularly if having sex. Many STIs can be treated.

17. **Summarize as follows,**

As we reflect back to my first question, "Who gets STIs?," we have learned that it is possible for anyone to get an STI. STIs are common and many people will get an STI at some point in their lives. Remember, the proud and responsible things to do are to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex, to get tested, to talk to your partners about STIs, and to get treated if you get an STI.

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ACTIVITY C

WHAT I THINK ABOUT HIV/STI AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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/STIs 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 participants 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 participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.

7. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.

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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 participants a chance to switch after discussion of each statement.

9. Thank the participants 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, STIs and protection than your partner or friends. But the facts about HIV/STI remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal fluids and rectal fluids. Other STIs are also passed through having sex. Whenever you have sex, you must use latex or polyurethane/polyisoprene condoms or dental dams every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STI transmission. PrEP can also reduce your risk of HIV transmission, and PrEP plus condoms can reduce your risk of HIV and other STIs.

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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 an effective 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 feel as if they know how, but anyone can improve their skills by learning the specific steps that you will be learning 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. Have honest conversations about your sexual health and your plans to protect yourself from unintended pregnancy or STIs. Both of you should get tested so you know your status.)
- **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 STI, so you should always use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex. Often people with STIs don't have symptoms, and a person living with HIV may not have symptoms for many years.)

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ACTIVITY D

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants 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
- External condoms, lubricated (two per participant or pair of participants, plus demonstration condoms)
- Dental dam
- Lubricant
- Condom demonstrator(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 participants 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 external or male condoms correctly and to have you practice condom use skills. I want to make sure we are clear that when teaching you these skills 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.
>
> For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

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2. Explain what a condom is by saying,

> As we have learned, a condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids, or rectal fluids.
>
> The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth or anus. It also keeps the penis from being exposed to vaginal fluids or rectal fluids. It is used to keep sperm from entering the vagina to prevent a pregnancy. When it is used to avoid the exchange of body fluids, the external condom can reduce the risk for transmission of HIV and other STIs. Only latex, polyurethane or polyisoprene condoms are effective in preventing HIV and other STIs.
>
> ***Optional for high school youth:***
> The external condom may also be used on a sex toy or other insertive sexual device that is being shared. A new condom must be used each time the sex toy or device is used by a different person.

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, polyurethane or 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 an external condom correctly. Many of you may have never seen or touched a condom. We're going to practice using external 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.

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5. **Post the *Steps for Using a Condom* poster. Using a 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 participants during this activity.

STEPS FOR USING A CONDOM

1. Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
2. Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
3. Open the package carefully to avoid tearing.
4. Make sure condom is on the proper side to roll down correctly.
5. Pinch the tip of the condom to create space (½ inch) for semen.
6. Squeeze a few drops of water-based lubricant inside the tip.
7. Make sure the penis is erect and both partners are ready to engage in sexual activity before putting on the condom.
8. Continuing to squeeze the tip, place the condom on the head of the penis. Unroll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
9. Check during sex to make sure the condom isn't slipping.
10. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
11. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

6. **Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

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FACILITATOR'S NOTE

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants 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 participants 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. Try several brands and type to find the best fit.

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 such as water-based or silicone-based lubricants (e.g., Good Clean Love or Aloe Cadabra).

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 external condoms may also be used. 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.

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10. **Ask participants 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 STIs.**
>
> **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:* Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.**

12. **Summarize as follows,**

> **To protect yourself and your partner from sexually transmitted infections, 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 unexpired condoms on hand.**
> - **Get used to condoms so they become easy to use each time.**
> - **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 STIs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal sex.**

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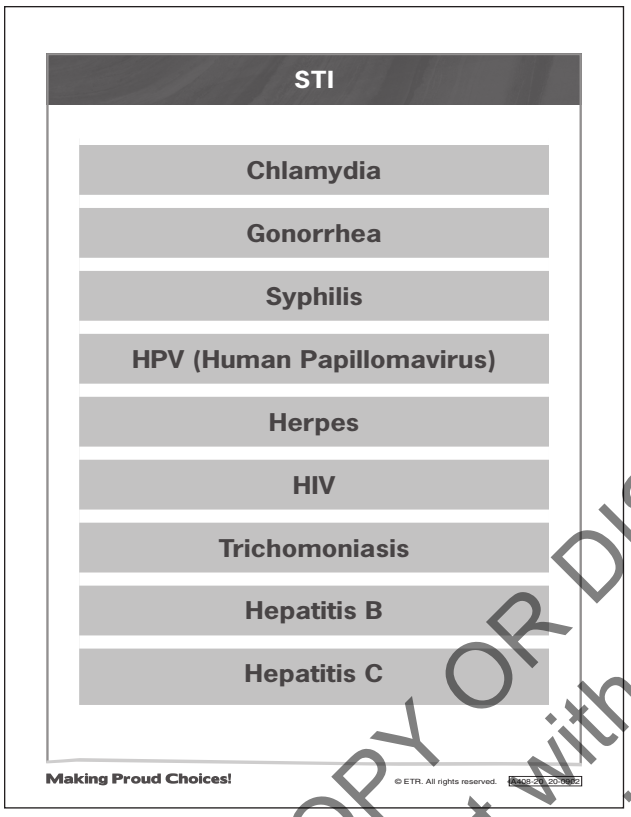

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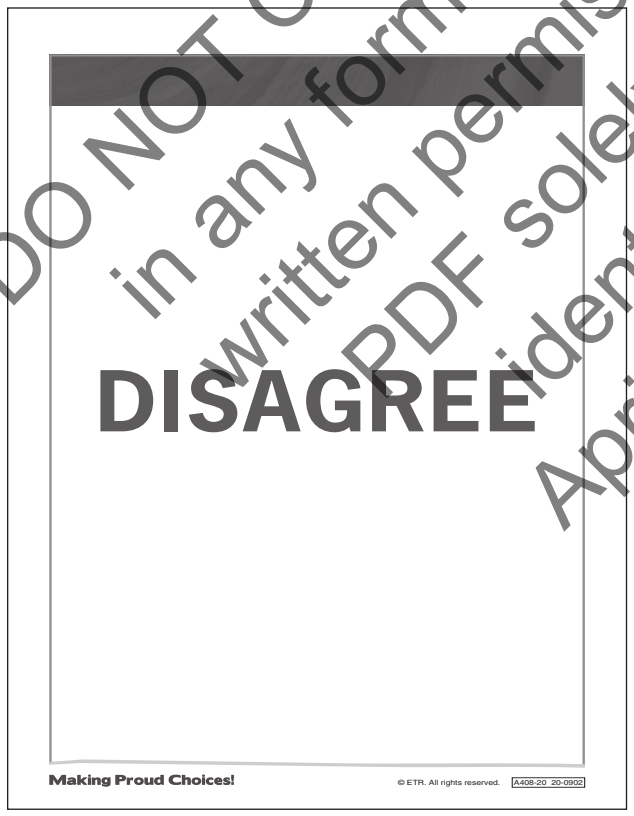

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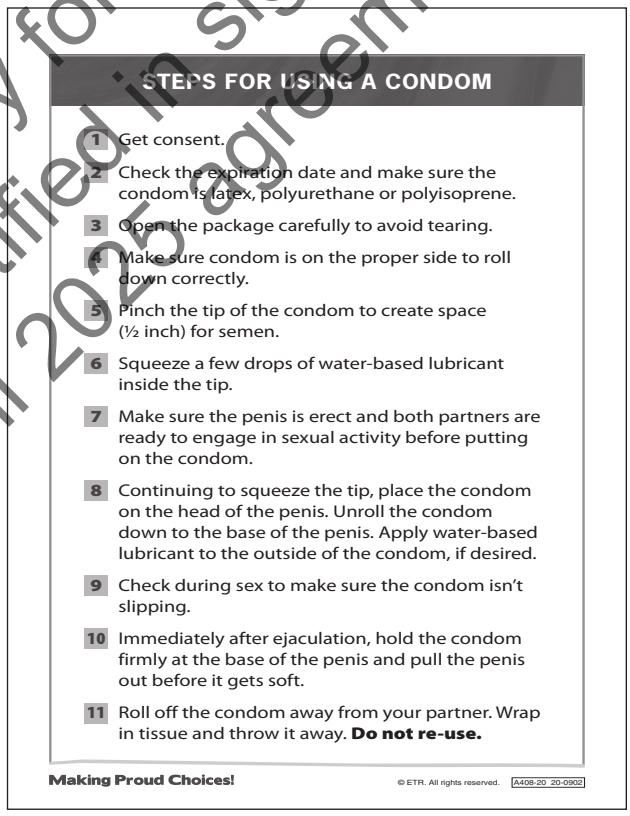

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MODULE 6

A POSSIBLE OUTCOME OF UNPROTECTED SEX: PREGNANCY

GOALS

The goals of this module are to:

- Increase participants' understanding of pregnancy as a possible outcome of unprotected sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Distinguish facts from falsehoods about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.

MODULE PREVIEW

The sixth module: (1) helps participants examine myths about pregnancy; (2) illustrates how pregnancy can impact the lives of young people; and (3) informs participants about the various forms of birth control.

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STRATEGIES/METHODS

- True or False Game
- Video Viewing
- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *True or False: Pregnancy Statements* (included in module)
- *Birth Control Choices* poster
- *Optional:* Video: *Tanisha & Shay* (or alternative videos*)
- *Agree/Disagree* signs (1 set)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pre-labeled chart paper: *Contraceptives*
- *Optional:* Monitor and video player, or internet access if using alternative videos
- Markers
- Masking tape

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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 *True or False: Pregnancy Statements* and get comfortable with the content.
4. *Optional:* Set up the video(s) to be ready to play.
5. Review the information about contraceptive methods in Appendix B.
6. 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 & Shay* Shay video or alternative videos, if you decide to extend the session and include the videos.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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7. 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.
8. Review how to use an internal 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. 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 participants the YouTube video.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* The use of the optional video(s) will increase the length of the module by up to 25 minutes. A video is an excellent way to help participants personalize and conceptualize the information, but should not replace or take time away from the discussion and demonstration of the contraceptive methods. Facilitators may wish to deliver this module across two 60-minute sessions.)

ACTIVITY	MINUTES NEEDED
A. True or False: Pregnancy Statements	10
[B. *(Optional) Tanisha & Shay* Video	+25]
C. Birth Control Methods Demonstration	40
D. Agree/Disagree - Attitudes About Contraception	10

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ACTIVITY A

TRUE OR FALSE: PREGNANCY STATEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about pregnancy provides an opportunity for learning the correct information about pregnancy.

MATERIALS

- *True or False: 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 what is true and what is false when it comes to the consequences of unprotected sex.

2. 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 true or false.
> - I also want you to explain why it is true or false.
> - If you don't know, I will ask for volunteers who think they know the answer.

3. Read the *True or False: Pregnancy Statements* on page 140.

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

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5. **Once all the statements have been completed say,**

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

6. **Summarize by saying,**

> **The more you know about the possible outcomes of sex, such as pregnancy and sexually transmitted infections, the better you will be at protecting yourself from experiencing an unintended pregnancy and/or STIs. Next, we are going to see a video (or videos) that describes how pregnancy can impact a young person's goals and dreams for the future.**

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TRUE OR FALSE: PREGNANCY STATEMENTS

1. **Every time you have unprotected vaginal sex, there is the possibility of getting pregnant, even the first time you have vaginal sex.**
   TRUE
   Pregnancy is a possibility every time someone has unprotected vaginal sex, regardless if it's the first time or the hundredth time.

2. **Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.**
   TRUE
   Pulling out, or withdrawal, does work in theory. However, it takes a lot of practice and concentration. It can be challenging, especially for teens and young adults, to actually pull the penis out before they ejaculate (or cum). Pulling out AND using another method of protection greatly increases the effectiveness.

3. **You can't get pregnant if you have sex standing up.**
   FALSE
   Sperm don't care what position you're in. Any time semen (which contains sperm) is able to travel up through the vagina and fallopian tubes to where sperm can fertilize an egg, you can get pregnant. There are no exceptions to that rule.

4. **If you have unprotected vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy.**
   TRUE
   If you had unprotected vaginal sex (or your birth control method failed) and you do not want to become pregnant, take an Emergency Contraceptive pill as soon as possible but no later than within 5 days. The EC pill (or a copper IUD) prevents a pregnancy from occurring.

5. **Douching (cleaning the vagina) after sex can prevent pregnancy.**
   FALSE
   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.

6. **You can't get pregnant unless you have an orgasm (cum).**
   FALSE
   It doesn't matter if you have an orgasm or not. You can get pregnant if you engage in vaginal sex without using protection.

(continued)

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

   FALSE

   When young people first start having periods they often have irregular cycles and may even skip a month from time to time. But if someone has had vaginal sex and misses a period, pregnancy is a possibility. The person should get tested right away, and see a doctor if the pregnancy test is positive.

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

   FALSE

   If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. For many different reasons, gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

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

   TRUE

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

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

    TRUE

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

11. **A person cannot get pregnant from anal sex.**

    TRUE

    Yes, it's true a person can't get pregnant from having anal sex, but people still have to think about STIs. The lining of the anus is thin and lubricates less than the vagina, so it's easy for STIs to enter the body that way.

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OPTIONAL ACTIVITY B

TANISHA & SHAY VIDEO*

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 video player, or internet access if using alternative videos
- Video: *Tanisha & Shay,* or alternative videos

TIME

25 additional minutes

PROCEDURE

1. Introduce the video by saying,

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

2. Show the video in three segments as described below.

> I will be showing you this video in 3 segments. After each part, I'll ask you some questions about what you've seen.

3. Show Part 1: Tanisha Finds Out. At the end of the segment, process by asking these questions:
   - » What did the provider tell Tanisha?
   - » What is your reaction? What do you think happens?
   - » Why do you think Tanisha and Shay did not use protection/ birth control?

> Let's watch the next segment and find out what happens next.

4. Show Part 2: Sharing the News. At the end of the segment, process by asking these questions:

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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- How does the pregnancy affect everyone in Tanisha's life?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What could Tanisha say to Shay when she shares the news of the pregnancy?
- What might it look like for Shay to be a part of Tanisha's decision-making process?
- What might this conversation and decision-making look like in a healthy relationship like Tanisha and Shay's?

Let's watch the last segment.

5. **Show Part 3: Now What? At the end of the segment, process by asking these questions:**
   - What did this video teach you about teen pregnancy?
   - What could Tanisha and Shay have done after they had unprotected sex to prevent a pregnancy?
   - Are these teens ready to become parents? Why or why not?
   - How would your life change if you became pregnant or got somebody pregnant now?
   - What about if you became a parent or became a parent again?

6. **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 unintended pregnancy by practicing abstinence or 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!

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ACTIVITY C

BIRTH CONTROL METHODS DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Pre-labeled chart paper:
  - *Contraceptives*
- *Birth Control Choices* poster
- Markers

TIME

40 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 some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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 chart paper titled *Contraceptives* and ask the participants to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the chart paper.

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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
- » Diaphragm
- » Cervical cap
- » Withdrawal

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 three different categories:* behavioral methods, 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 participants to handle the methods at the end when you've finished the demonstration.**

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* Shoupe, D., and D. R. Mishell, eds. 2016. *The Handbook of contraception: A guide for practical management*. New York: Humana Press, Springer International Publishing.

FACILITATOR'S NOTE

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let participants 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.

BEHAVIORAL METHODS

Abstinence

- Abstinence is the safest and most effective pregnancy and STI 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 STIs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STIs.
- 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 STIs, including HIV.

Withdrawal

- Withdrawal, or pulling out, is done by removing the penis fully from the vagina/anus before ejaculating and only ejaculating outside of the vagina/anus.
- Withdrawal is free and a method available to everyone.
- To be effective at preventing pregnancy, withdrawal must be used correctly and completely. This requires knowing and understanding a person's own body, which can be challenging for young people and people with little sexual experience.
- Withdrawal is most effective when used with another contraceptive method. Using withdrawal in addition to condoms or another form of birth control further reduces the risk of unintended pregnancy.

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FACILITATOR'S NOTE

Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness.

Sources: Laris, BA, et al. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education* DOI: 10.1080/14681811.2020.1768324; Hatcher, R. A. 2018. Contraceptive technology. New York: Ayer Company Publishers.

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 infections. 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 STIs. 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 by a trained medical provider.
- 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.
  - » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 4 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla, Kyleena and Liletta. They are effective from 3 to 5 years, depending on which one you get.

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- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STIs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a matchstick that is placed under the skin of your upper arm by a trained medical provider 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 STIs, so you should also use a condom.

The Shot

- People who use the shot receive hormonal shots every 3 months.
- Depo-Provera is the most common brand and is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STIs, 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 STIs, 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 STIs, 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 STIs, so you should also use a condom.

Diaphragm and cervical cap

- The diaphragm and cervical cap are vaginal barriers that cover the cervix to keep sperm from reaching and fertilizing an egg.
- The diaphragm is a reusable, dome-shaped cup made of latex or silicone. It is used with spermicidal gel and inserted into the vagina, where it is positioned to cover the cervix. It can be placed up to 6 hours before sex and must be left in place for at least 6 hours (but no more than 24 hours) after sex. Caya is a new one-size-fits-all diaphragm. Unlike earlier diaphragms, it does not require fitting and is easier to insert and remove. It is available with a prescription.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours and requires spermicidal gel. Like the diaphragm, it is inserted in the vagina before sex, and must be left in place for at least 6 hours afterward. FemCap is the only brand available. It has to be fitted by a provider and requires a prescription.

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(continued)

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.*

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.

External (male) condom

- The external 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.

Internal (female) condom

- The internal 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.

(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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- The internal condom can be inserted right before sex, or up to 8 hours ahead of time.
- The internal condom can also be used for STI protection during anal sex. People of any gender can use these condoms for anal sex.
- These are the steps for using the internal 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 or anus (for additional STI protection). 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.
  - » Insert the inner ring into the vagina or anus and use your index finger to push it up into your vagina as far as it will go. If used vaginally, 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 or anus—about a half inch of the sheath should remain on the outside of your body.
  - » 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 or anal 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.

Note: Take care to present the internal 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 an external condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice

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and then it will be no problem. Note that the internal condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight. Also, because they are made of nitrile, they warm to body temperature and lack the smell of latex.

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 STIs, so you should also use a condom.

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 STI/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 STIs).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) reduces the risk of pregnancy after unprotected sex or when another birth control method fails.
- There are 2 types of EC available:

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  - » **EC pill**, also known as the morning-after pill, can be taken up to 5 days after unprotected sex. Some EC pills (Plan B One Step, Take Action and Next Choice One Dose) may be bought over the counter without a prescription and without having to see a pharmacist. Ella, a non-hormonal EC pill, requires a prescription from a health care provider or a pharmacist.
  - » **Copper-T IUD** (ParaGard) can act as emergency contraception when inserted by a health care provider within 5 days of unprotected sex.
- The sooner EC is taken (within 5 days) after unprotected sex, the more effective it is at preventing unintended pregnancy. Ella, unlike other EC pills, does not decrease in effectiveness during those 5 days.
- EC works by keeping sperm from fertilizing an egg by preventing ovulation or making the environment hard for sperm to survive in. EC is not the same thing as the abortion pill, and will not harm an existing pregnancy.
- Emergency contraception does not protect against HIV or other STIs, so protection like PEP should also be used.

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 people 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 people who use these methods not to smoke.

The side effects some people 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 people 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.

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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?
- How can I show myself respect in my sexual health decision making?

What are some ways partners 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

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

> If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted infections, 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 also helps prevent sexually transmitted infections, 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.

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ACTIVITY D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes participants aware of some of the reasons people may not use birth control.

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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 participants' 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 participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

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3. **Follow the instructions below:**

   - Ask participants to stand.
   - Read a statement from the *Attitudes Statements* below.
   - Ask participants 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 participants 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 participants 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 participants 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 unintended pregnancy can often make life more complicated. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (It might be embarrassing but 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.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)

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4. **Hormonal methods such as the shot can make someone fat and not sexy.** (The term *sexy* means appealing and exciting. It really has nothing to do with a person's body shape. Being happy with oneself projects a better self-image that may contribute to "feeling sexy." There is little evidence that links hormonal methods to weight gain. Diet, exercise and genetics have a bigger influence on a person's weight. If one contraceptive method does not work for you, you can always talk to your clinician about switching to a different method.)
5. **Internal condoms are too much trouble.** (The 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.)
6. **It's hard to talk about protection with the person you're having sex with.** (It might be challenging to have difficult conversation like this. However, it's easier 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.)
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 STIs. 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 STIs.)
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 raising their children. 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.)

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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.)
10. ***Optional for high school youth:*** **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.)

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 unintended pregnancy and STIs, 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 unintended pregnancy and STIs by using an effective method of birth control *and* condoms every time you have sex.

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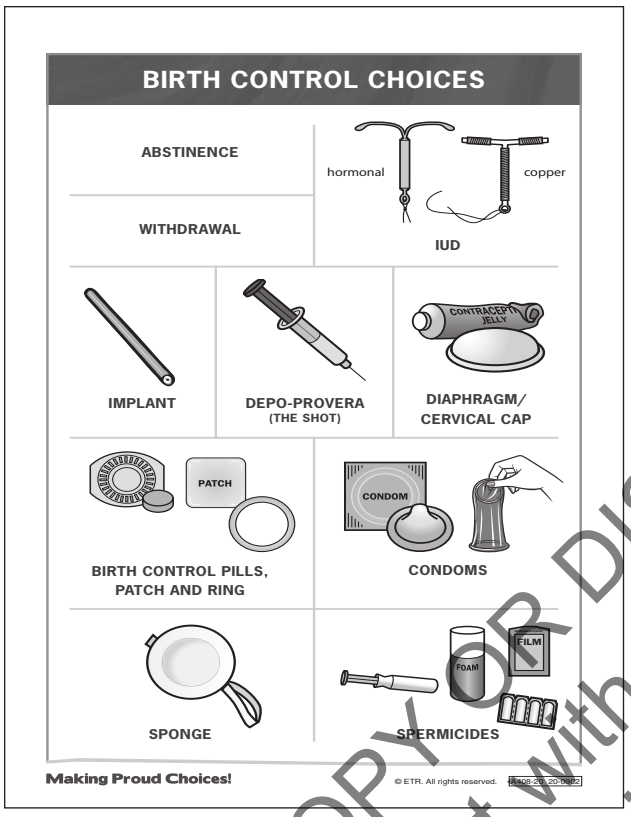

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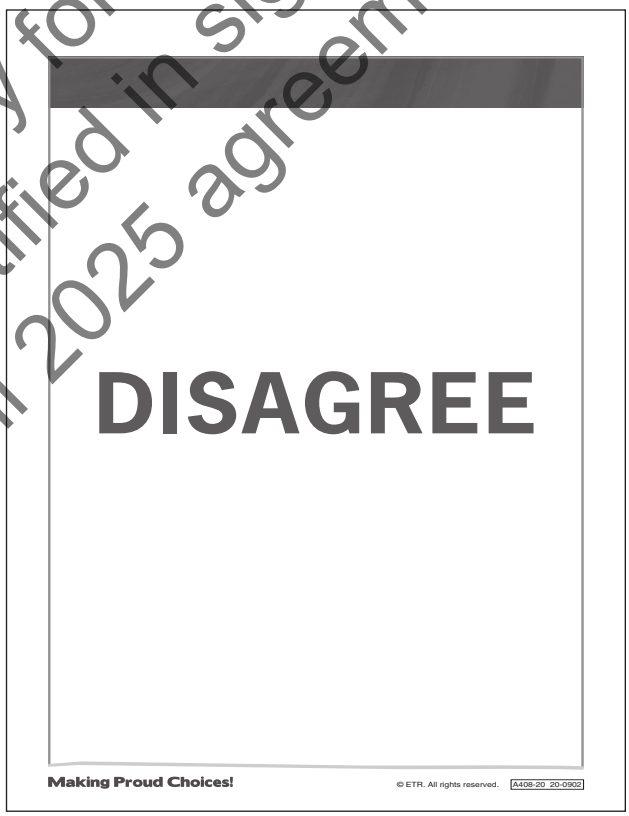

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MODULE 7

DEVELOPING CONDOM USE AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance participants' ability to resist situations that place them at risk for HIV/STI infection and pregnancy.

LEARNING OBJECTIVES

After completing this module, participants 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.
- 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 seventh module: (1) enhances participants' ability to use condoms correctly; (2) explores positive aspects of condom use; and (3) allows participants to practice condom negotiation skills.

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STRATEGIES/METHODS

- Exercises
- Scripted Roleplays

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- Video: *Condom Use Animation* (or alternative videos*) [for high school youth]
- *Condom Line-Up* cards
- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Worksheets in the student workbook:
  - » *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 chart paper:
  - » *Ways to Make Condom Use Easy and More Fun* (for high school youth)
  - » *Ways to Make Condom Use Easy* (for middle school youth)
  - » *Pros*
  - » *Cons*
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. *For high school youth:* Set up the video(s) to be ready to play.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Condom Line-Up	**10**
B. How to Make Condoms Fun and Pleasurable *(for high school youth)*	**10**
C. Barriers to Condom Use/Condom Pros and Cons	**10**
D. "What to Say If My Partner Says...": Responding to Excuses	**15**
E. Introduction to SWAT and Scripted Roleplays	**15**

(*Note:* This module includes different activities for middle school and high school youth. When implementing the program with middle school youth, adapt Activity A by skipping the video on condom use and including the optional discussion on how to make condom use easy, and skip Activity B. For high school youth, conduct all activities in the module as written.)

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ACTIVITY A

CONDOM LINE-UP

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 video player, or internet access if using alternative videos
- Video: *Condom Use Animation*, or alternative videos
- *Condom Line-Up* cards
- Masking tape
- Pre-labeled chart paper (for middle school youth):
  - *Ways to Make Condom Use Easy*

TIME

10 minutes

PROCEDURE

1. Introduce the *Condom Use Animation* video by saying,

> We are about to see a brief video on 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 video, which is 2 minutes long.

3. When the video 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 participants. (Give each participant more than one card if there are more cards than participants.)

6. Ask the group to stand.

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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 have sex?**

Answer

- » Get consent
- » Get condoms, lubricant and/or dental dams
- » Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.

8. **Have the participants 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. Consent
> 2. Get external condoms and check expiration date
> 3. Sexual arousal (hug, cuddle, kiss, massage)
> 4. Erection
> 5. Carefully remove condom from package
> 6. Dab water-based lubricant on penis or inside condom
> 7. Squeeze out any air from tip of condom and leave room for ejaculation
> 8. Roll condom on
> 9. Intercourse
>
> *(continued)*

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10. Orgasm *(optional)*

11. Hold onto the rim of condom and withdraw the penis

12. Remove and discard condom

13. Loss of erection

14. Relaxation

FACILITATOR'S NOTE

Steps 6 and 7 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. Orgasms are optional and not everyone will experience an orgasm every time.

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

» Consent, 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 person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do?"

Answer

» This will happen to most people with penises 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.

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13. **Summarize by saying,**

> **You did a great job lining up the condom cards and discussing the correct steps in external 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. Remember, too, that you may also use internal condoms instead of external condoms. It is also important to remember that using two or more condoms at the same time can cause the condoms to weaken and tear. Never use two condoms at the same time. Condoms can be used with other birth control methods such as the pill or withdrawal to increase contraceptive effectiveness.**

OPTIONAL ACTIVITY FOR MIDDLE SCHOOL YOUTH

15. **When using this curriculum with middle school age youth, engage them in a discussion on how condom use can be made easy by asking these questions:**

    - What do you think makes some people uncomfortable about using protection such as external condoms? internal condoms? dental dams?
    - Why do you think other people use these forms of protection?
    - How might someone become more comfortable with the idea of using protection?
    - What might make it easier for someone to get and use condoms? (Use the pre-labeled chart paper to record responses.)

Skip Activity B and move directly to Activity C after this discussion.

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ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE (FOR HIGH SCHOOL YOUTH)

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants 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 chart paper:
  - *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 so 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 chart paper titled *Ways to Make Condom Use Easy and More Fun.*

4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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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 participants 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 smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.
- If using an internal condom, have it inserted before sex.

FACILITATOR'S NOTE

Remind youth that the only protective barriers that protect against HIV and other STIs are those made of latex, polyurethane, polyisoprene or nitrile. Anyone who is allergic to latex can use condoms made of the other materials.

Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense. If this is the case, ask the questions in a way that is less personal. You could ask, "What do you think some people do to make condom use easier and more fun?" or "Imagine an advertisement for condoms and dental dams, what might it say that would make people think using condoms is easier and more fun?"

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Participants should be reminded that only condoms consisting of latex, polyurethane, polyisoprene or nitrile can help protect against STIs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STI.

There are glow in the dark condoms that are latex and safe for STI/HIV protection, as well as flavored, ribbed and other options.

Just as there are different styles of condoms, each brand and type of lubricant is different. People have different preferences and may find that some lubricants feel better than others. Partners can try different brands to find one that feels comfortable and natural.

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 protection such as latex or polyurethane/polyisoprene condoms if you have sex.

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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 chart paper:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

TIME

10 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 chart paper, labeled *Pros* and *Cons*.

3. Ask participants to brainstorm all of the *Pros* (all of the reasons *for* using condoms), and list their answers on the chart paper.

Make sure their list includes:

» Condoms can help prevent pregnancy.

» Condoms can help prevent STIs, including HIV.

» Condoms make you feel good about yourself.

» You know you are safer when you use condoms.

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4. **Ask participants 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: Knowing that you are being responsible by using condoms will feel natural and good.

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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.**

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ACTIVITY D

"WHAT TO SAY IF MY PARTNER SAYS…": RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

Participants need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STIs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the participants to negotiate with a partner.

MATERIALS

- Pre-labeled chart paper:
  - *Excuses Sexual Partners Give*
- Markers

TIME

15 minutes

PROCEDURE

1. Unfold the pre-labeled chart paper 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 chart paper.

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?

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5. **Demonstrate by reading one excuse that is listed on the chart paper 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 participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms ruin 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 ruin 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. Let's try a few different types to find the one that feels best. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

OR

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Internal condoms are made of nitrile, which warms up with body heat. We can use extra lube too.

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: Dental dams are messy and smell funny.

Response: Dental dams aren't any messier or smellier than sex. Let's try a polyisoprene dental dam instead of a latex one so it doesn't smell. We can try different lubes too and find one that isn't smelly.

Excuse: Condoms are unnatural and turn me off.

Response: Worrying about unintended pregnancy and STIs turns me off. Condoms will make me feel safer and sexier.

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 unintended pregnancy or STI.

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 STIs, 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.

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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 STI.

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 STI. 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. The only way to know if someone has an infection is to get tested.

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. Or we can use internal condoms. They're made of nitrile and they warm up with body heat!

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 out and get some condoms, then have sex.

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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 participants 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 STI and not know it. Make a plan to get tested together to know for sure.

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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 STIs, including HIV. Condoms (both external and internal) are the only birth control method besides abstinence that also helps protect you from HIV and other STIs.

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/nitrile) condom and/or dental dam every time you have sex.

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ACTIVITY E

INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants 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 participants 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

15 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 STIs 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.

Affirmative consent is a conscious, voluntary agreement to engage in sexual activity. This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person's consent to have sex. Policies and laws around affirmative consent protect both partners by making sure they are in agreement and there is mutual understanding of what is happening.

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 participants' 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

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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 unintended pregnancy, HIV and other STIs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?
>
> How do you express your personal boundaries or communicate how far you are willing to go? People set personal boundaries based on what feels right or what is uncomfortable. In dating or intimate relationships, examples of boundaries may include being happy to go to the movies but not be alone in a bedroom, or wanting to kiss but not to have sex.
>
> Being clear on your personal boundaries will help you in situations where you need to make a decision and communicate that clearly. Just as important as setting and communicating your own boundaries is respecting the other person's boundaries and decisions. This is also a sign of a healthy relationship.
>
> 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.

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4. Review the entire *SWAT* poster with the participants 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.

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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 participants how to read the example with an assertive voice and body language.**

7. **Say to the participants,**

> **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 participant 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.**
> - **I have not said yes, which means this isn't happening.**

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.**

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10. **Review each item on the *Observer Checklist* poster to ensure participants 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 participants to act out the first roleplay. Have them turn to the scripted roleplay *While They're Out* (Ineffective Version) in their workbooks. 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 participants 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 STI like HIV.
>
> *(continued)*

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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 STI. 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 their 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 their feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

Was there consent in this situation? *(No)*

Even though Person 1 didn't say no, did it seem like they were consenting to sex? *(No)*

Even though Person 1 didn't say no, how might Person 2 know that Person 1 did not consent? *(Unsure or soft tone of voice, no eye contact, only backed down because of pressure)*

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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 participants 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 STI 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 having sex. 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.

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16. **After the roleplay, thank the roleplaying participants 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.)*
>
> Did Person 1 respect Person 2's personal boundaries? *(Yes.)*
>
> Was there consent in this situation? *(Yes. There was mutual agreement on what to do next.)*
>
> How should this story end? *(If they have sex, each should continue to check how the other person is feeling and whether that person still wants to continue having sex. At any point, if either one says stop, they must stop. Consent can be revoked at any time.)*

17. **After participants 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 participants to read *Your Valentine's Day Gift* (Ineffective Version). Remind participants to continue to use the *Observer Checklist*.**

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19. **Begin by reading the Setting the Stage section before having the assigned participants 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. You 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)*

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.*

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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.)*

Did Person 1 respect Person 2's personal boundaries? *(No.)*

Was there affirmative consent in this situation? *(No. "I guess" is not affirmative consent.)*

How should this story end? *(They should stop because there is no affirmative consent to have sex.)*

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 participants 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.

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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.

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 participants 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 participants to respond.

25. Summarize as follows,

You had some really great observations. We just had a chance to practice saying no to unsafe behavior. We also had the opportunity to practice listening for consent.

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.

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Condom Line-Up Cards

CONSENT

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Cards (14 total)

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.
- I have not said yes, which means this isn't happening.

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Poster

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
Refused to engage in unsafe behavior	Y/N
Repeated refusal	Y/N
Body language said "NO"	Y/N
W Explained why	
Gave clear reasons	Y/N
A Provided alternatives	
Suggested alternative actions	Y/N
T Talked it out	
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 & Worksheet

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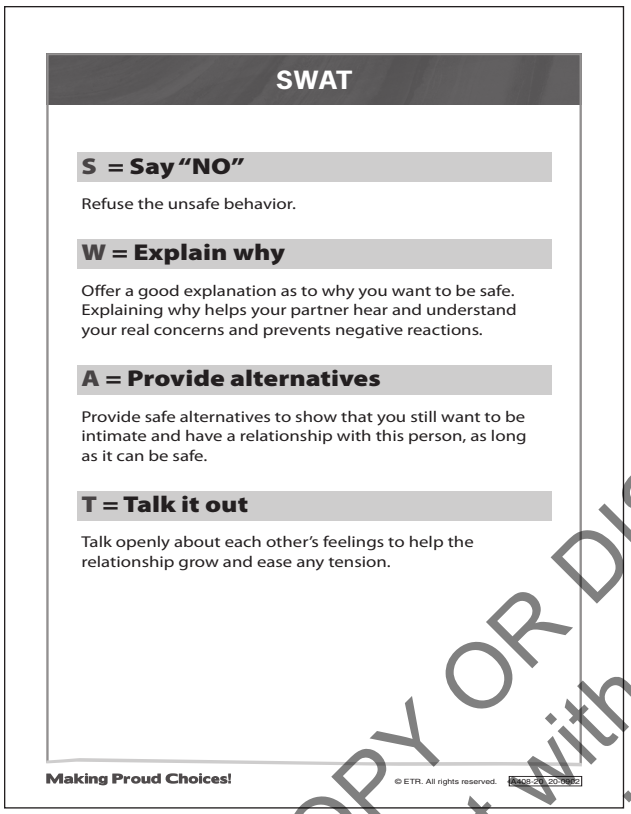

SWAT

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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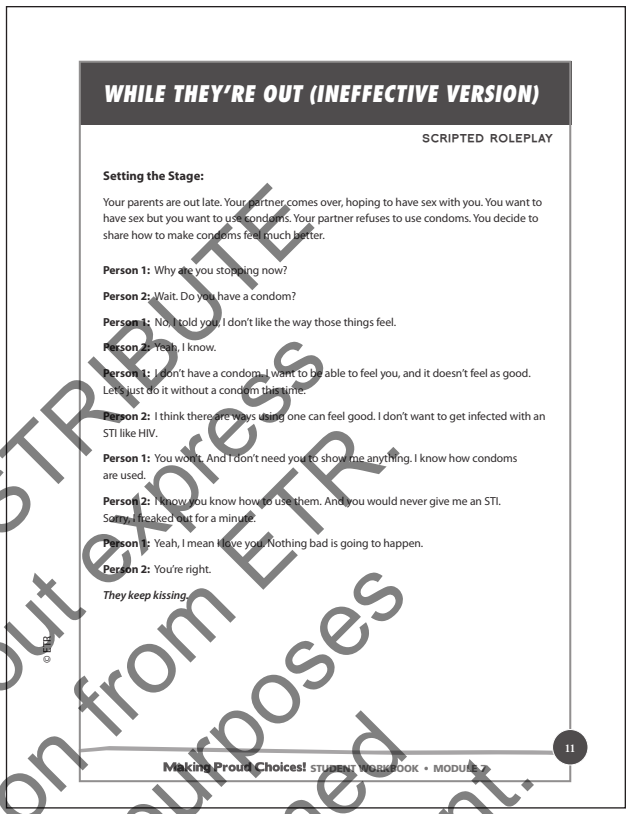

WHILE THEY'RE OUT (INEFFECTIVE VERSION)

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 STI 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 STI. 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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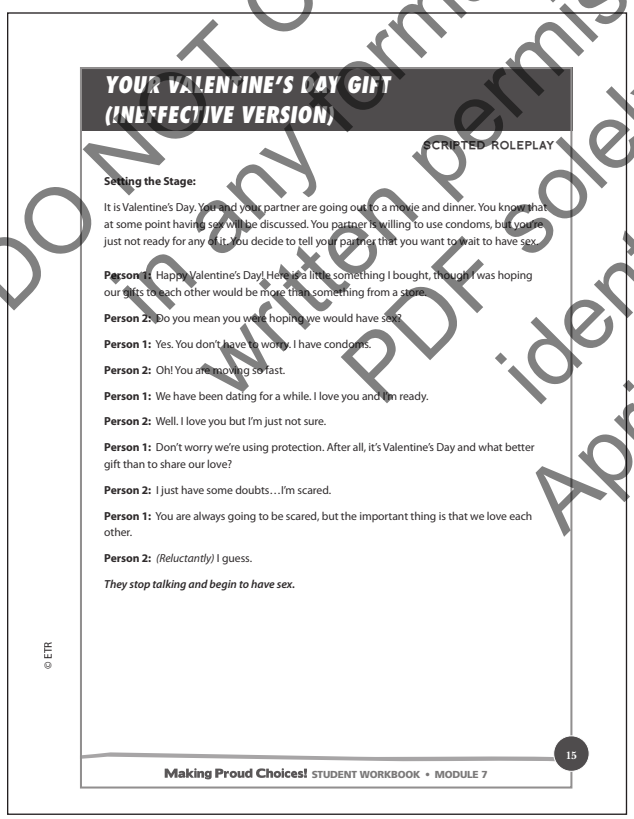
Roleplay (2 versions)



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. You 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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Roleplay (2 versions)

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MODULE 8

ENHANCING REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills regarding condom use.
- Enhance participants' ability to resist situations that increase their risk for unintended pregnancy, HIV and other STIs.

LEARNING OBJECTIVES

After completing this module, participants 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 eighth module: (1) provides an opportunity for participants to practice condom negotiation skills; and (2) provides an opportunity for participants to practice communication and negotiation skills with a partner.

STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Video Viewing
- Closing Circle

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- Video: *Wrap It Up* (or alternative videos*)
- Roleplays and worksheet in the student workbook:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Kayla and Mia*
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*
- *Optional:* Additional roleplay scenarios found in Appendix A

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Pencils
- Masking tape

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Safer Sex Negotiation Skills and *Wrap It Up* Video*	**15**
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays	**35**
C. Talking to Your Partner about Condom Use - Information Review	**5**
D. Closing Activity	**5**

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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ACTIVITY A

SAFER SEX NEGOTIATION SKILLS AND *WRAP IT UP* VIDEO*

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides participants with additional skills necessary to help reduce their risk for unintended pregnancy, and STIs or HIV infection.

MATERIALS

- Posters
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- Video: *Wrap It Up*, or alternative videos
- Monitor and video player, or internet access if using alternative videos

TIME

15 minutes

(*Note:* Allow more time, if possible, to practice the SWAT technique and to view the video.)

PROCEDURE

FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills 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 video is 6 minutes so you'll need the final 8 minutes to show the video 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 protection and safer sex. This should include what types of protection to use, such as external or internal condoms and dental dams. 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.

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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 participant to read aloud an example from the chart until all the examples have been read. Encourage participants 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 unintended pregnancy, HIV and other STIs.
> - I am not ready to have a child (again).

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.

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6. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage the participants 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 participant to read aloud an example from the chart until all the examples have been read. Encourage the participants to make up their own examples as well.

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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.

9. Introduce the *Wrap It Up* video or alternative video(s) by saying,

> We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, one partner wants to use condoms and the other 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 used to convince a partner to use condoms.

10. Show the video, which is 6 minutes long.

11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the person who wanted to use condoms use the SWAT Refusal and Negotiation Skills we talked about before? How?
- Did they say no?
- Did they offer an explanation?
- Did they provide alternatives?

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(continued)

- **Did the two people talk it out?**
- **Did you think that they had any difficulty? If so, what?**
- **What were the partner's concerns about using a condom?**
- **What did the person who wanted to use condoms say to respond to their partner's statements and concerns?**
- **Was the person who wanted to use condoms ready to walk away from the relationship, if necessary?**
- **Were their personal boundaries and choice respected?**
- **Was there consent?**

13. **Continue processing with the following questions,**

» What could have happened if one partner decided to continue pressuring the other for sex while refusing to honor that person's decision to use protection?

» What were some other points in the story when their relationship could have turned into harassment, abuse or violence?

» The video was about a heterosexual relationship (boyfriend/ girlfriend). Could this happen in other types of adolescent relationships?

» If you suspect a friend may be in an abusive relationship or is being used by someone in a sexual way, what would you do?

14. **Summarize as follows,**

You have demonstrated a really good understanding of healthy and unhealthy relationships. As we have seen here, the foundation of a healthy relationship is respect, and it is guided by open and honest communication. You also learned refusal and negotiation skills that could help you in your relationships. 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.

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ACTIVITY B

PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity allows participants 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*
- Student workbook:
  - *Observer Checklist*
  - *Roleplays (A–E)*
- *Optional:* Additional roleplays found in Appendix A

TIME

35 minutes

PROCEDURE

FACILITATOR'S NOTE

During the roleplay practice, participants 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 participants 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.

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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 participants 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)*

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(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. **Have participants turn to the *Observer Checklist* worksheet 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 participant should play the role of Taylor. Have the participant turn to Roleplay A in the workbook and give them 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.**

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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 participants' 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?

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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. Have the first pair of participants turn to Roleplay B in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.

16. Explain to the roleplay participants,

> 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.

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19. **Remind observers to fill out the *Observer Checklist* as they watch the roleplay.**

FACILITATOR'S NOTE

After a few roleplays, participants 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 participants 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 participants 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 participants 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.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

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 STIs, 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)

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(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 feel that Justice does not trust you 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 participants' 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?

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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. **Have the next pair of participants turn to Roleplay C in their workbooks.**

25. **Tell observers which character to observe. In Roleplay C, the person is Kayla. The goal of this roleplay is for Kayla 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 protection
>
> **Observe:** Kayla using SWAT
>
> *(KAYLA and MIA talking)*
>
> **Kayla**
>
> Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.
>
> 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 reduce the risk for yourself and your partner by always using protection.
>
> While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.
>
> *(continued)*

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(continued)

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

Mia

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kayla, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

28. Review the participants' responses on the *Observer Checklists* asking the following questions,

- Did Kayla use the SWAT technique?
- Did Kayla say no?
- Did Kayla explain why?
- Did Kayla provide alternatives?
- Did they talk it out?
- What could Kayla have done differently?

29. Process the roleplay using the following questions,

- What kept Mia from using protection?
- What are some of the consequences Mia could be facing for having intercourse without using protection?
- What do you think convinced Kayla to start practicing safer sex?

(continued)

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(continued)

- Was Kayla able to convince Mia? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms or dental dams every time you have sexual intercourse or oral sex?

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.

31. Have the next pair of participants turn to Roleplay D in their workbooks.

32. 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.

33. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

34. Read aloud the scenarios for both characters, and then have participants 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
>
> *(continued)*

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(continued)

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 STI 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.

35. 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?

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36. 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?

37. 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.

38. Have the next pair of participants turn to Roleplay E in their workbooks.

39. 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 unprotected sex.

40. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

41. Read aloud the scenarios for both characters, and then have participants 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.

(continued)

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(continued)

Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might create trouble in 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.

42. Review the group's responses on their *Observer Checklists* 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?

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43. **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?

44. **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.

45. **Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

46. **Remind observers to continue to use the *Observer Checklist*.**

47. **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.

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.

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ACTIVITY C

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 participants 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 participants 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)

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(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 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 participants to brainstorm ways to avoid becoming pregnant or infected with HIV or another STI. (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 STIs.
- 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 unintended pregnancy, HIV and other STIs.
- Ask about your partner's sexual and drug use history.
- Get tested for and treated for HIV and other STIs.
- Encourage partners with HIV to get ART and stay on treatment.
- Encourage partners with other STIs to get and stay on treatment.
- If you think you might be at risk for HIV because of an infected partner, talk to your doctor about getting on PrEP.

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4. **Reinforce tips for consistent condom use by saying,**

> **Protect yourself and your partner by:**
>
> - **Using a latex or polyurethane/polyisoprene condom (or dental dam) 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. **Unintended pregnancy, HIV and other STIs are potential outcomes 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 unintended outcomes.**
> 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 STIs, 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.**

6. **Remind participants of resources,**

> **There are a number of resources we covered throughout the program. I want to make sure you have a list to refer to if or when you need resources or help.**

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FACILITATOR'S NOTE

Make sure you have referral resources for the youth completing your program. It should include reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV Hotlines. Also include:

- LYRIC Youth Talk Line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946.

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ACTIVITY D

CLOSING ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants a sense of closure to the program.

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Ask the participants to form a tight circle with their chairs.
2. Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the participants 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 every confidence 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.

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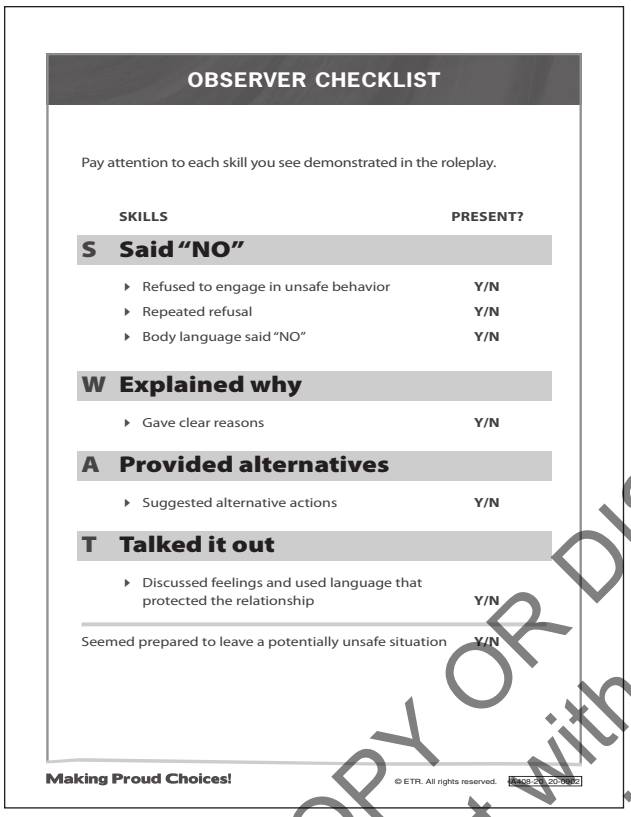

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
W Explained why	
▸ Gave clear reasons	Y/N
A Provided alternatives	
▸ Suggested alternative actions	Y/N
T Talked it out	
▸ 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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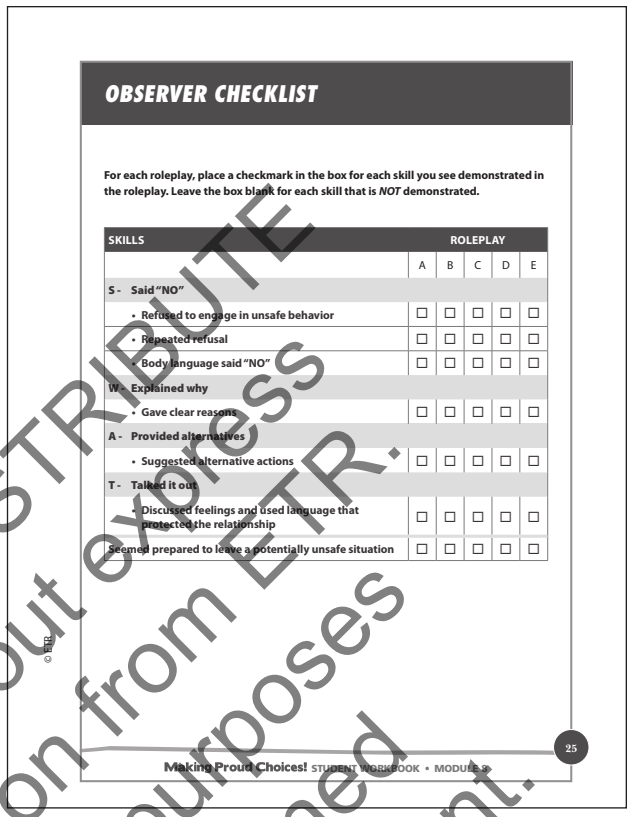

OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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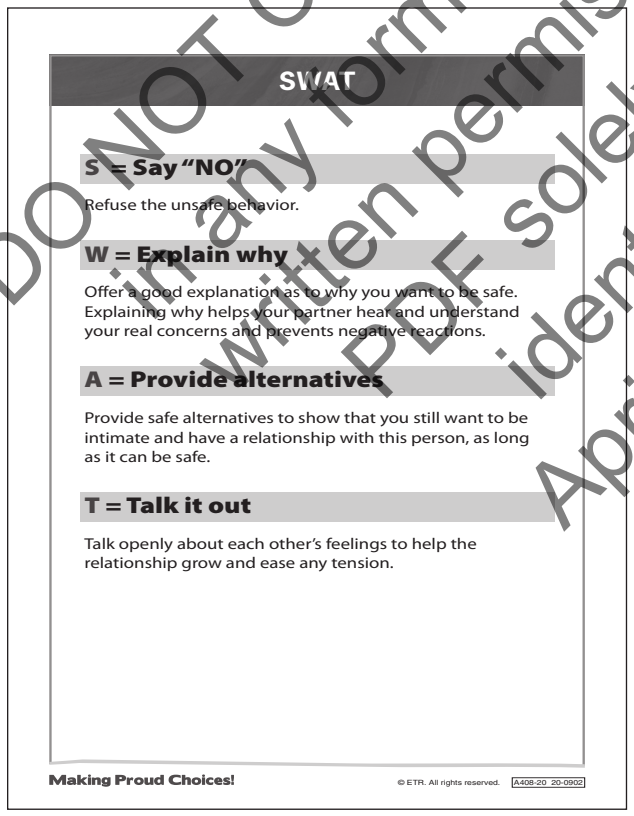
Making Proud Choices! STUDENT WORKBOOK • MODULE 8 25

Worksheet



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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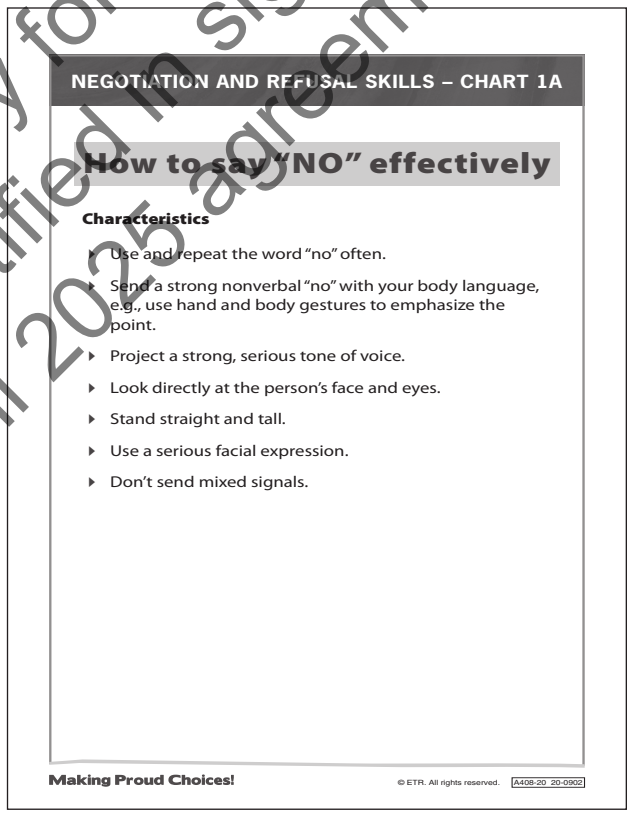

NEGOTIATION AND REFUSAL SKILLS – CHART 1A

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.
- I have not said yes, which means this isn't happening.

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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 unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).

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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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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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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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Roleplays A–E (5 total)

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GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.

IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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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?

- Charlie

Koko's Response to Caller 1:

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CALLING KOKO CALLER 2

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.

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?

– Raymond

Koko's Response to Caller 2:

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CALLING KOKO CALLER 3

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.

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?

– Alex

Koko's Response to Caller 3:

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CALLING KOKO CALLER 4

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

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.

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 infections. Is oral sex safe? How do we protect ourselves from STIs?

– Carmello

Koko's Response to Caller 4:

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CALLING KOKO CALLER 5

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.

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! I'm scared to date! What should I do?

– Dana

Koko's Response to Caller 5:

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CALLING KOKO CALLER 6

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'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Koko's Response to Caller 6:

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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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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SEAN AND MORGAN CASE STUDY (CONTINUED)

Using STOP, THINK and ACT and the questions below, decide what Sean should do to keep from having sex before being ready.

STOP:

What can Sean do to stop?

What can Sean do to stay calm?

THINK:

What is the problem? What is Sean being pressured to do?

What do you think Sean is feeling?

What does Sean think Morgan is feeling?

What are Sean's choices?

What does Sean really want to do?

What alternatives can Sean suggest to Morgan?

What are the possible consequences?

ACT:

What do you think is Sean's best choice?

How should Sean act on that choice?

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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 STI 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 STI. 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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 STI 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 having sex. 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.

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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. You 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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Setting the Stage:

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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 only want to have sex when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

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.

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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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ROLEPLAY B: JUSTICE AND ANGEL

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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 feel that Justice does not trust you 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.

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ROLEPLAY C: KAYLA AND MIA

THEME: Two friends talk about protection

OBSERVE: Kayla using SWAT

(KAYLA and MIA talking)

KAYLA

Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.

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 reduce the risk for yourself and your partner by always using protection.

While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

MIA

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kalya, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

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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 STI 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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ROLEPLAY E: ALEX AND CASEY

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 create trouble in 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.

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OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY				
	A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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Introduction

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STIs. 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 STIs.
- 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!***

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curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STIs, 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, STIs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

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Overview of the Curriculum

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, 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 protection and contraception are mentioned as an important strategy for reducing the risk of HIV and other STIs, as well as pregnancy. Any reference to protection is meant to include the external (male) condom, internal (female) condom and dental dam. The use of the term protection *is meant to be inclusive of all people, regardless of their gender, sexual orientation or type of usage. The terms* birth control *or* contraception *may be used interchangeably, referring to methods used to prevent pregnancy.*

The ***Making Proud Choices!*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, 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 curriculum has 8 hours of content divided into eight 1-hour modules. It can be implemented in the 2-day format (four modules each day), 4-day format (two modules each day) or 8-day format (one module each day).

Curriculum Objectives

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

- Increased knowledge about prevention of HIV, other STIs 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.

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- Improved condom use skills.
- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STI 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 STIs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STIs 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: A Possible Outcome of Unprotected Sex: HIV Infection
- Module 3: Attitudes and Beliefs about HIV/AIDS and Condom Use
- Module 4: Strategies for Preventing HIV Infection: Stop, Think and Act
- Module 5: Possible Outcomes of Unprotected Sex: STIs
- Module 6: A Possible Outcome of Unprotected Sex: Pregnancy
- Module 7: Developing Condom Use and Negotiation Skills
- Module 8: Enhancing Refusal and Negotiation Skills

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 STIs, 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.

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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 video 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 participants 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.
- Videos are used to depict adolescents in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STIs, sexual involvement and HIV/STI prevention skills that are then discussed in a group setting. In addition to the videos provided with the curriculum, ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.
- The roleplay scenarios are designed to provide participants 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 participants' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the participants 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.

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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, video 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 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.

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CURRICULUM COMPONENTS AND FORMAT

Each module included in the ***Making Proud Choices!*** curriculum contains different activities. Reduced images of worksheets, 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 participants 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 participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include videos, 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 videos 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 participants' learning. All materials and exercises contained in the module are designed to help the participants to achieve these stated purposes.

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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.

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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 participants.

Student Workbooks

Student workbooks for participants include worksheets for individual and small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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 3, youth examine their attitudes and beliefs about condom use, and in Modules 7 and 8, 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 participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants' 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 participants' desires to maintain their partners' interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 7 and 8, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

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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 participants engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potential outcomes of unprotected sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that condoms can reduce the risk of pregnancy, HIV and other STIs. 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 7 and 8, participants learn negotiation and refusal skills necessary to communicate with their partners about condom use.

Personal Vulnerability to HIV/STI 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 STIs could really happen to them. One goal of ***Making Proud Choices!***, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STI infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2, 5 and 6.

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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 infections 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 participants 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.

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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 participants completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 participants, 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.

Since the original evaluation study, newer editions of the curriculum have been published. Updates to factual information are made to ensure medical accuracy and changes to language help keep the program activities relevant to a new generation and broader range of youth.

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BEHAVIORAL FINDINGS

The participants 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 participants 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 STIs; 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.

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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 participants, 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 participants to bring up additions/deletions as the need arises.
- Let participants know that everyone is responsible for following and determining the group agreements.

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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 participants' 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 participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

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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

Participants 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. Participants 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 and other STIs

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?

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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.
- Participants 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.

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STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants 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 participants work hard to prove their points. Because games can promote competition, remind participants 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 Video or Game

The practice of processing after an activity allows participants 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 open-ended questions designed to elicit discussion.

  General Reactions

  » What did you think of the video?

  » What is your response to the activity?

  » How do you think Pat felt when…?

- Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

  Personal Reactions

  » How did you feel about…?

  » Describe what you saw.

  » What will you do as a result of…?

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Sentence Stems

» Ask each participant to complete a phrase such as, "The most important thing I learned was…." Move quickly around the room. Give participants 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 participants develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign participants 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 participants 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.

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

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants 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 participants to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

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- 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 participants a choice on whether or not to participate.
- Encourage participants to improvise during roleplays to make them more their own.
- Reinforce participants for using the specific skill.
- Give participants a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach participants 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 participants 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."

STRATEGY 7: Student Workbooks

Student workbooks for participants include quiz questions, worksheets for small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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, videos 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 STIs, 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.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Making Proud Choices* page of ETR's Program Success Center at www.etr.org/ebi/programs/making-proud-choices. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR's Design4Learning page at www.etr.org/design-4-learning.

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.

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Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each participant)
Markers
Masking tape
Garbage bag
Monitor and device for showing videos, or internet access if using alternative videos
Condoms (one per participant or pair plus demonstration condoms)
Water-based lubricant
Condom demonstrator(s)
Small paper bag
Roll of paper towels
Chart paper
Index cards (1 labeled with a star, 1 labeled with a triangle, 1 labeled with a rectangle, 3–5 labeled with a circle for a group of 6–8)

Pre-Labeled Chart Paper

Group Agreements
Why Some Teens Have Sex
Possible Outcomes of Unprotected Sex
Proud and Responsible Prevention Strategies
Goals (written on left side of chart paper)
Making Proud Choices! Be Proud! Be Responsible!
The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and *Koko*
How STI Are Transmitted
Reasons to Avoid STIs
Contraceptives
Ways to Make Condom Use Easy and More Fun (for high school youth)
Ways to Make Condom Use Easy (for middle school youth)
Pros
Cons
Excuses Sexual Partners Give

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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
STI
Steps for Using a Condom
Agree/Disagree signs
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)

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: Kayla and Mia
Roleplay D: Devon and Jadon
Roleplay E: Alex and Casey
Observer Checklist

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Videos*

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

*ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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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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Making Proud Choices!

FIFTH EDITION

CURRICULUM

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MODULE 1

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

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants 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 possible outcomes of sex, and strategies for reducing possible negative outcomes.
- 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 participants 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.

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STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Welcome Activity
- Goals and Dreams Timeline Exercise
- Group Discussion

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* worksheet in the student workbook

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled chart paper:
  - » *Group Agreements*
  - » *Why Some Teens Have Sex*
  - » *Possible Outcomes of Unprotected Sex*
  - » *Proud and Responsible Prevention Strategies*
  - » *Goals*
  - » *Making Proud Choices! Be Proud! Be Responsible!*

PREPARATION NEEDED

1. Before the program begins, label all of the charts as listed under Materials.
2. Hang the pre-labeled 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: 60 minutes

ACTIVITY	MINUTES NEEDED
A. Welcome and Program Overview	5
B. Welcome Activity	10
C. Creating Group Agreements	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm	5
E. Brainstorming About Teens and Sex	10
F. Goals and Dreams Timeline	15
G. Brainstorming Obstacles or Detours Along Your Timeline	10

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ACTIVITY A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Welcome the participants 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 unintended pregnancy and sexually transmitted infections—STIs, sometimes called STDs—including HIV, the virus that causes AIDS.
>
> This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STIs. 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 STIs, including HIV.
>
> Although STIs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STI. Anyone can get an STI, including HIV, from having unprotected sexual intercourse with a partner who is infected.
>
> Unintended 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)*

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(continued)

If you're going to have sexual intercourse, it's critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let's clarify the terms we will be using. When we speak of ***protection***, we will be referring to *condoms* and *dental dams*. When we say ***condoms***, we will be referring to *external condoms* and *internal condoms*. External condoms are also known as male condoms. Internal condoms are also called female condoms.

Do you think teens should be worried about unintended pregnancy, HIV and other STIs?

3. Pause to allow participants 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 STIs.

To make the program interesting and fun, it includes videos, 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 participants 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.

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ACTIVITY B

WELCOME ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

The Welcome Activity encourages participants 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 participants sit in a circle.

FACILITATOR'S NOTE

If you know your participants and they already know each other this is an optional activity. An icebreaker that encourages group cohesion can be used in its place.

Sitting in a circle facing each other can build group cohesion. Have the participants sit on the floor, have them move their chairs close to each other, or set aside a special area of the room to accomplish this. Adapt this activity to accommodate group dynamics and environment. If creating a circle is not feasible, have the speaker toss a soft toy to the next speaker to encourage engagement.

2. Explain the Welcome Activity by saying,

> Let's introduce ourselves and get to know a little about each other.
>
> 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. I will speak first and when it is your turn please share your name, your age, the school you attend, your pronouns if you want to share, and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.

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3. **Model the Welcome Activity by beginning with yourself,**

> My name is _____ and I am _____.
> *(age)*
>
> I attend(ed) _____.
> *(high school, college or university)*
>
> 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 Welcome Activity 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.

FACILITATOR'S NOTE

Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus "outing" themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting 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 _____.

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ACTIVITY C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants 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 chart paper:
  - *Group Agreements*
- Markers
- Masking tape

TIME

5 minutes

PROCEDURE

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

> We're going to be talking about sexuality, pregnancy and STIs—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 participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the chart paper titled *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)*

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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.

Move up, move back: If you tend to talk a lot in groups, talk less (move back) sometimes so others can talk. If you tend to be very quiet, share more (move 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

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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.

Young people may express themselves in ways that don't conform with their biological sex. There are many ways that youth can express their gender identity.

Being open to diversity can help reduce stereotyping, which can be very harmful to a young person. Stereotyping individuals imposes restrictions on their opportunities for individual expression and limits personal growth.

Besides, 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 participants do not mention them:

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

4. **Define terms related to diversity as needed.**

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

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Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as ***(cisgender)*** or different from ***(transgender)*** the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

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.

5. Ask participants if they have any other suggestions they would like to add.

6. 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.

7. 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.

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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 chart paper:
  - *Making Proud Choices! Be Proud! Be Responsible!*

TIME

5 minutes

PROCEDURE

1. Tape the *Making Proud Choices! Be Proud! Be Responsible!* chart paper 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 participants brainstorm answers to these questions. Record their answers on the chart paper or a dry erase board.

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.

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» 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 STIs and unintended pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using protection such as an external or internal condom or dental dam.

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 STIs and unintended 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 STIs

» Have a healthier body

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» Stay in school

» Feel like you are helping your loved ones and your community

Always use protection 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 unintended pregnancy and STIs in your community.

FACILITATOR'S NOTE

Post the chart with participants' 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 participants to make proud choices.

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ACTIVITY E

BRAINSTORMING ABOUT TEENS AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

By exploring issues about teens and sex, participants 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 participants and helps the participants learn about the focus of the program.

MATERIALS

- Pre-labeled chart paper:
  - *Why Some Teens Have Sex*
  - *Possible Outcomes of Unprotected Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

TIME

10 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 chart paper (folded so that the titles are covered by the bottom half of the chart paper). Unfold the chart paper 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 chart paper titled *Why Some Teens Have Sex*, and then say,

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

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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, online or in the movies
- Forced
- To increase status in peer group
- Low self-esteem
- To prove masculinity/femininity

4. **Write all of the participants' comments on the chart paper.**

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 unintended pregnancy or STIs, they can face outcomes that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible outcomes of unprotected sex.

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7. **Unfold the next chart paper, *Possible Outcomes of Unprotected Sex*.**

8. **Then ask,**

> **What are some of the possible outcomes of unprotected sex?**

9. **Have participants brainstorm the possible outcomes of unprotected sex, and write all of their comments on the chart paper. (Be sure to include pregnancy, HIV and other STIs.)**

10. **Compliment the group on how much they know.**

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

> **What are some ways to prevent these possible negative outcomes?**

12. **Have participants brainstorm ways to prevent possible negative outcomes of unprotected sex.**

13. **Write all of the participants' comments on the chart paper. (Emphasize that protection—such as latex (or polyurethane/polyisoprene) condoms—can help prevent pregnancy and sexually transmitted infections, 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 may have sex. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for preventing those negative outcomes. 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.**

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ACTIVITY F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants 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* worksheet
- *Goals and Dreams Timeline* poster
- Pre-labeled chart paper:
  - *Goals* (Write Goals on the left side of chart paper)

TIME

15 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 things from your own life that you are proud of doing on the *Goals and Dreams Timeline* poster. Provide examples for each section. Be mindful that this activity may be challenging for some young people who may struggle to identify with the idea of setting future goals or even with reflecting on their own accomplishments, particularly in a group setting where the range will vary and young people may feel as if what they've done or want to do isn't "good enough." Listen for these insights and help youth recognize that their timelines will all differ based on things such as their experiences, interests and/or what brings them joy. When you model the activity include a range of accomplishments, taking care to highlight achievements beyond acquiring goods such as a car or house. This will help participants understand what you want them to do and encourage them to recognize their own varied accomplishments.

3. Have participants turn to the *Goals and Dreams Timeline* worksheet in their workbooks. Give the following instructions:

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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 or things you are proud of. This can be anything that's meaningful for you. For example, volunteering your time, playing for a sports team, getting certain grades, getting a job, learning something new, joining a club, winning a student election, getting a learner's permit, an artistic or musical performance, advocating for others, etc.

4. Give participants 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 thing you hope or want to make happen in this section. In 5 years, what do you hope to be proud of doing? You can write more than one thing if you like.

6. Give participants 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 thing you hope or want to make happen in the next 10 years. In 10 years, when you look back, what do you hope to be proud of doing?

You can write more than one thing if you like.

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

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9. **Then encourage each participant to share with the group one item from each section by going around the room and asking,**

> **Looking ahead 5 years, what goal do you want to achieve or thing do you hope to do? How about in 10 years?**

10. **Next say,**

> **I want you to now choose one of your goals or hopes and write it on the back of your timeline. Next to that item, write two things you must do to achieve it or make it happen.**

11. **While they are working on this, unfold the *Goals* chart paper. 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 or aspirations. Be prepared to provide a few examples, such as graduating from high school, going to college, getting trained in a skill, buying a car or getting a good job. Have participants share the goals they've chosen and the actions they must take to achieve them.**

12. **Write these goals on the left side of the *Goals* chart paper, leaving space on the right half for items in the next activity.**

13. **Compliment participants on their answers.**

14. **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.**

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FACILITATOR'S NOTE

Some youth may be struggling to meet basic needs such as food, shelter or safety. Others may have experienced a traumatic event. Validate all of their accomplishments and their hopes. Be careful not to minimize or praise any accomplishments or hopes in such a way that creates a hierarchy, as no goal is better or more important than another.

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ACTIVITY G

BRAINSTORMING OBSTACLES OR DETOURS ALONG YOUR TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' 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 chart paper:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

TIME

10 minutes

PROCEDURE

1. Refer to the *Goals* chart paper from the previous activity.

2. Write "Obstacles" on the right side of the chart paper.

3. Ask the participants to brainstorm things that might prevent them from achieving the goals and dreams they listed by saying,

> 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. They are like roadblocks or detours along the way. What obstacles can you think of that may get in the way of your goals?

Answers should include:

» Unintended pregnancy or an uncurable STI such as HIV

4. Write their responses under "Obstacles or Detours" on the right side of the *Goals* chart paper with a different color marker.

5. Say,

> If you've already encountered any of these obstacles or detours, you understand how your life can change. Things can work out just fine but it may be harder.

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6. **Ask the following questions,**

> • **How can we avoid some of these obstacles or detours?**
>
> • **What can you do to make sure you don't get pregnant, get someone pregnant or get a chronic disease such as HIV?**

7. **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 if they would like to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.**

8. **Summarize by saying,**

> **I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles and navigate detours so you can reach your goals. If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky, or reducing your risk by using protection and effective birth control or engaging is less-risky behaviors.**
>
> **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.**

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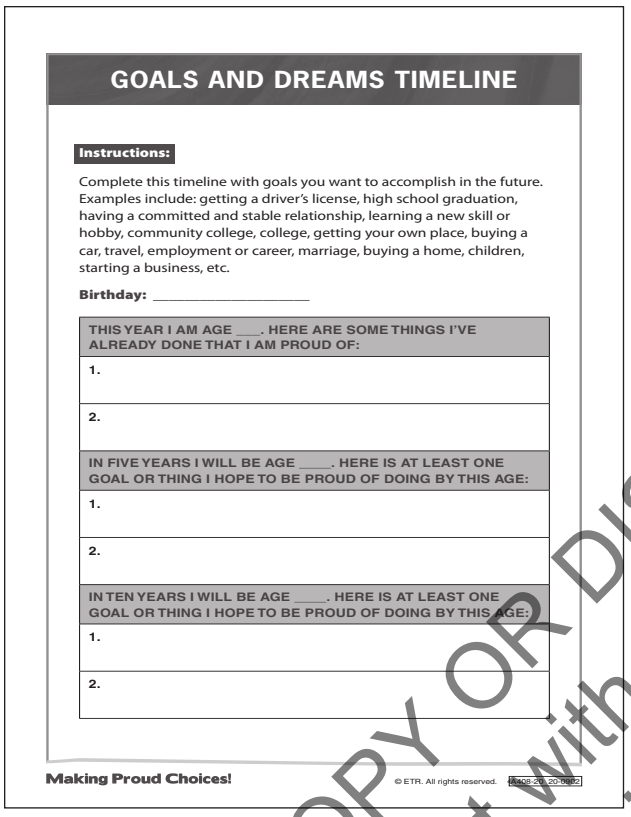

GOALS AND DREAMS TIMELINE

Instructions:

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

Birthday: _____

THIS YEAR I AM AGE ___. HERE ARE SOME THINGS I'VE ALREADY DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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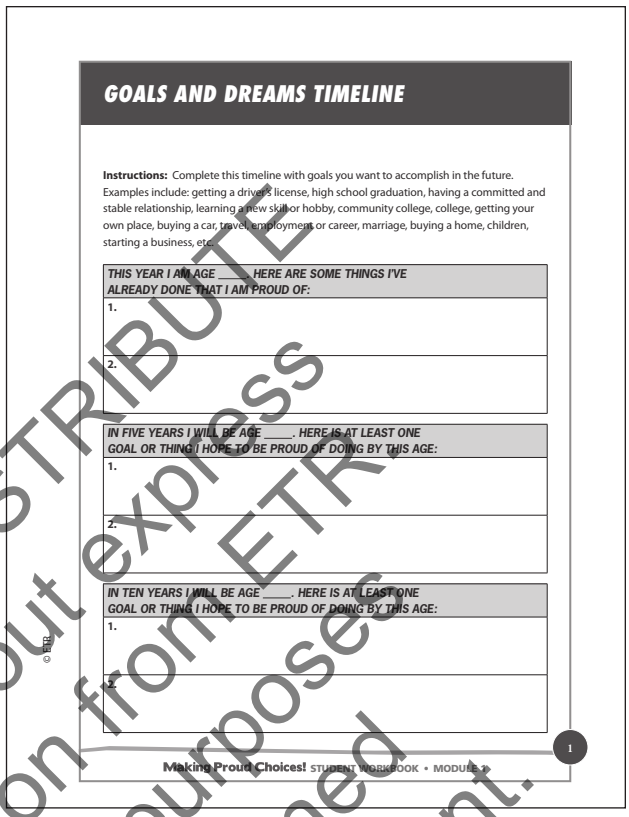
Poster



GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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Making Proud Choices! STUDENT WORKBOOK • MODULE 1 1

Worksheet

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MODULE 2

A POSSIBLE OUTCOME OF UNPROTECTED SEX: HIV INFECTION

GOALS

The goal of this module is to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish facts from falsehoods 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 second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; (2) provides opportunities for participants to develop skills in giving correct information on HIV/AIDS to friends; and (3) helps participants identify various behaviors that place them at risk for HIV infection.

STRATEGIES/METHODS

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

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *HIV/AIDS Frame* poster
- *Key Words* poster
- Video: The Subject Is HIV (or alternative videos*)
- *True or False: HIV Statements* (included in module)
- *Risk Continuum* signs
- *Risk Behavior* cards

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Chart paper
- Markers
- Masking tape

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the *True or False: HIV Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. Discussing HIV and AIDS	**10**
B. *The Subject Is HIV* Video and Discussion*	**25**
C. True or False: HIV	**10**
D. HIV Risk Continuum	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

DISCUSSING HIV AND AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

Learning basic information about HIV and AIDS will provide participants 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 participants' 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 participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

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 very low.
- **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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* Centers for Disease Control and Prevention. 2019. HIV basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.

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(continued)

What common body fluids can transmit HIV?

HIV is found in the blood, semen, vaginal fluids and rectal fluids (the mucus that lines the rectum to help with elimination of waste) 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, 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 vaginal or anal 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 or anal sex.** Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse. People who are allergic to latex can use polyurethane or polyisoprene condoms. Protection includes external or internal condoms and dental dams.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors. Be sure any sex partner has been tested before having sex. Discuss ways that you can reduce your risks together such as using condoms, taking PrEP, or regular testing.
- **Get tested for HIV.** The only way to know your HIV status is to get tested. The only way for your partner to know their HIV status is for them to get tested.
- **Take medication, if needed.** If you are having sex or sharing needles with someone who is living with HIV, talk to a medical provider about taking pre-exposure prophylaxis (PrEP). If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct participants' 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 participants to try to answer them. Supplement their answers with the information below each question.

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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 be living with 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.

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 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.

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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.

Common Tests for HIV Available at a Clinic:

If you get a test in a health care setting or lab, a health care provider or lab technician will take your sample (blood or oral fluid). If it's a rapid test, you may get test results in 30 minutes or less, but if it is a laboratory test, it can take several days for your results to be available. Your health care provider or counselor may talk with you about your risk factors, and answer any questions you might have. They will discuss next steps with you if your result is positive.

Rapid tests are usually done with blood from a finger prick or with oral fluid, and the results are ready in 30 minutes or less.

Laboratory tests require a blood sample.

- If the test comes back negative, and you haven't had a possible exposure during the previous 3 months before the test you took, you can be confident you don't have HIV.
- If your test result is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

Common Tests for HIV Available Over the Counter:

Home Access requires a finger prick to collect a blood sample. The person sends the sample to a licensed laboratory and gets the results by phone as early as the next business day. This is an anonymous test. Anyone who tests positive is immediately offered a follow-up test, counseling and referral to treatment.

The OraQuick In-Home HIV Test provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit. A positive test needs a follow-up test at the testing site, counseling and other referrals. HIV infection may show up later after exposure in an oral fluid test than a blood test, because the level of antibody in oral fluid is naturally lower.

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What is the window period?

The "window period" is the length of time between when a person first gets HIV and when a test can accurately detect it. This varies from person to person, and depends on the type of test done. During the window period, even before knowing about being infected, a person can transmit HIV to others. People getting tested at a clinic should ask their health care provider about the window period for the type of test they are taking. People testing at home should review the materials that come with the home test kit. If a test is taken within 3 months after possible exposure and the result is negative, the person should get tested again in another 3 months to be sure.

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 condoms?

A condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids or rectal fluids. Latex is a type of material used for external (male) condoms and is effective in preventing HIV transmission. People who are allergic to latex can use condoms made of polyurethane or polyisoprene. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Another form of protection is the internal (female) condom, which is made of nitrile and is safe for people with latex allergies. The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.

What is PrEP? What is PEP?

Pre-exposure prophylaxis (PrEP) is a medicine taken daily to reduce the risk of HIV infection. If someone is at very high risk for HIV, PrEP might be right for them. PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered for people who are not in a mutually monogamous relationship

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with a partner who recently tested HIV-negative, and if they are

- **A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months**
- **A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk of HIV infection (for example, people who use injection drugs or women who have bisexual male partners)**

Post-exposure prophylaxis (PEP) is an HIV medicine that can be taken after being potentially exposed to HIV to prevent becoming infected. If someone is HIV negative or doesn't know their HIV status and thinks they have recently been exposed to HIV during sex (for example, if a condom breaks), they should talk to their health care provider or an emergency room doctor about PEP right away (within 3 days). The sooner someone starts PEP, the better; every hour counts. If prescribed PEP, it is necessary to take it once or twice daily for 28 days.

What does U=U mean?

U=U means Undetectable = Untransmittable. If a person living with HIV has fewer than 200 copies of HIV per milliliter of blood, they are considered virally suppressed and the infection is undetectable on tests. Medications are used to suppress the virus so it becomes undetectable. People with undetectable viral loads cannot transmit the virus sexually to their partners.

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 lifespan. HIV is now considered a chronic disease. 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.

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.

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ACTIVITY B

THE SUBJECT IS HIV VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is HIV*, or alternative videos

PREPARATION

- Review the information about HIV in Appendix B.

TIME

25 minutes

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

PROCEDURE

FACILITATOR'S NOTE

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

1. Introduce the video by saying,

> This video you are going to see will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will talk about the video. 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 video, which is 18 minutes long.

3. At the end of the video, ask the participants 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).

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What was the message about condoms in the video?

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 young people 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 students in biology class?

Answer:

» It's important to talk with your partner about using protection.

» If a person respects themselves and their partner, they will use a condom.

» Not having sex is a good way to avoid pregnancy, HIV and other STIs.

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

You did a great job answering those questions and remembering the important messages in the video(s).

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(continued)

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 protection.

FACILITATOR'S NOTE

Some statistics have changed since the video was produced. In 2018, youth ages 13 to 24 accounted for an estimated 21% 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

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ACTIVITY C

TRUE OR FALSE: HIV

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about HIV provides an opportunity for learning the correct information about HIV/AIDS.

MATERIALS

- Markers
- Chart paper (for keeping score)
- Masking tape
- *True or False: HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

TIME

10 minutes

PROCEDURE

1. This activity reviews facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help participants understand the answers.

2. Introduce the *True or False* 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 "True" and "False" on the board or a sheet of chart paper.

4. Explain the activity,

> I am going to divide you into two teams. I will then read each team a statement and ask you whether it is true or false and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's true or false, 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 true or false.

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5. **Divide the group into two teams.**

6. **Go around to each team one at a time and read a statement from the *True or False: HIV Statements*.**

7. **Ask the first team to identify it as true or false and to state *WHY*.**

8. **Ask the second team if they agree. (If there is a disagreement, teach the right answer and explain why.)**

9. **If the second team agrees, but the answer is wrong, teach the right answer and explain why.**

10. **If the second team agrees and the answer is right, give the team the correct number of points.**

11. **Read the next statement to the second team.**

12. **The game is over when the statements are completed or time is up, whichever comes first.**

13. **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.**
>
> **Understanding that HIV can affect anyone helps people understand that they need to always protect themselves.**
>
> **You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.**

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TRUE OR FALSE: 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.**
   TRUE
2. **Having unprotected anal sex increases your chances of getting HIV.**
   TRUE
3. **You can tell by looking at people whether they have HIV.**
   FALSE
4. **HIV can be transmitted in blood, semen, vaginal fluids, and rectal fluids.**
   TRUE
5. **Having unprotected sex with someone who is living with HIV is one way of getting HIV.**
   TRUE
6. **If a person who is pregnant has HIV, there is a chance the baby can get it.**
   TRUE
7. **You have a bigger chance of getting HIV if you have sex with many people.**
   TRUE
8. **You can get HIV from using someone else's comb or hairbrush.**
   FALSE (NO CONTACT WITH BODY FLUIDS)
9. **Using protection during sex reduces the chance of getting a sexually transmitted infection, including HIV.**
   TRUE
10. **You can get HIV by sharing a needle with a drug user.**
    TRUE
11. **If you hug someone with HIV you can get it.**
    FALSE (NO CONTACT WITH BODY FLUIDS)
12. **Having an untreated STI can increase your chances of getting HIV.**
    TRUE
13. **AIDS is the stage of HIV in which your body cannot fight off diseases.**
    TRUE
14. **Having AIDS makes you more likely to get other diseases.**
    TRUE
15. **AIDS can be cured.**
    FALSE
16. **AIDS is caused by a virus.**
    TRUE (CALLED HIV)
17. **Anyone can get HIV.**
    TRUE (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)
18. **You can avoid getting HIV by exercising regularly.**
    FALSE
19. **You can take certain medications to reduce your risk of HIV.**
    TRUE
20. **Early treatment can help people with HIV stay healthy.**
    TRUE

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ACTIVITY D

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

15 minutes

PROCEDURE

1. Tape the *Risk Continuum* signs on the wall or blackboard like the diagram below.

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

2. Divide the group into pairs.

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 fluids 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 fluids or rectal fluids might create some risk of transmitting HIV.

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

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4. **Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the pairs.**

5. **Explain that "sex" in these questions means oral, anal and/or vaginal intercourse.**

6. **Ask each pair of participants to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.**

7. **After each answer, have participants 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 participants 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:**

> **Look at all the behaviors in the green light category. Notice all the things you can do to enjoy intimacy with your partner without putting yourself at risk for HIV. 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 STIs. 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.**

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RISK BEHAVIORS[1]

(*Note:* This guide reflects risk levels for HIV transmission only. There are some STIs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)

Vaginal sex without a condom ---------- Red Light

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 Light

Sharing eating utensils with someone who is living with HIV ---------- Green Light

Sharing needles and syringes ---------- Red Light

Anal sex with a condom and water-based lubricant[2] ---------- Yellow Light

Self-masturbation ---------- Green Light

Mutual masturbation ---------- Green Light

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) ---------- Green/Yellow Light

Anal sex without a condom[2] ---------- 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 is living with HIV ---------- Green Light

Flirting ---------- Green Light

Body rubbing/grinding (with clothes on/no exchange of body fluids) ------- Green Light

Hugging ---------- Green Light

Having sex with only one partner (monogamous) -------- Green/Yellow/Red Light

(Green if both have never had sex before. If one or both have had other partners, Yellow if they use condoms; Red if they don't use condoms.)

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water- or silicone-based lubrication can reduce their risk.[2]

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FACILITATOR'S NOTE

Other HIV prevention strategies include PrEP 2-1-1 and TasP.

- PrEP 2-1-1 dosing strategy has been shown to be 86% effective at preventing HIV transmission during anal sex (though less effective during vaginal sex). The PrEP 2-1-1 strategy involves taking 2 pills between 2 and 24 hours before sex and another pill within 24 hours after the first and the final pill 24 hours after that.[3]
- TasP or "Treatment as Prevention" means that people living with HIV who get treatment are less likely to transmit the infection. Reducing the amount of the virus in the body through treatment helps prevent transmission to others. An undetectable viral load means the virus is untransmittable (or U=U).[4]

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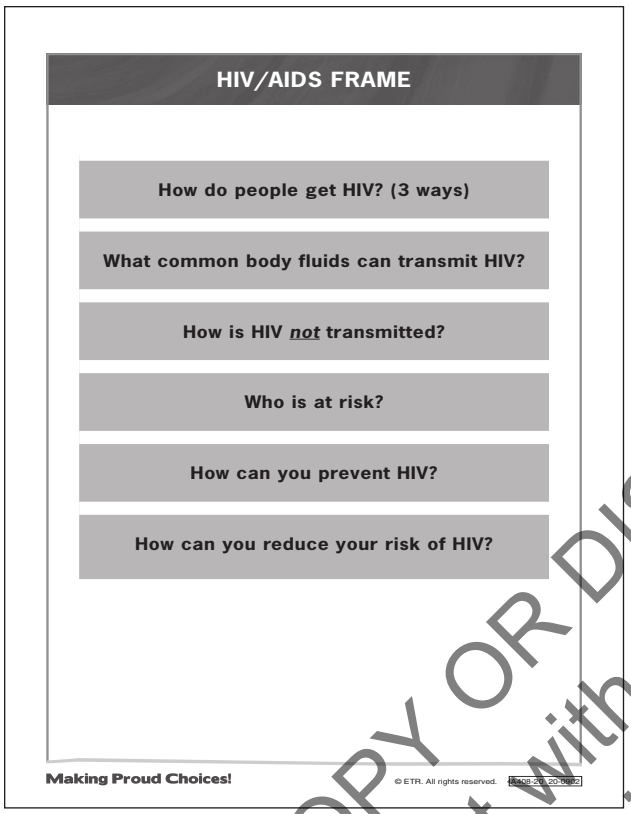

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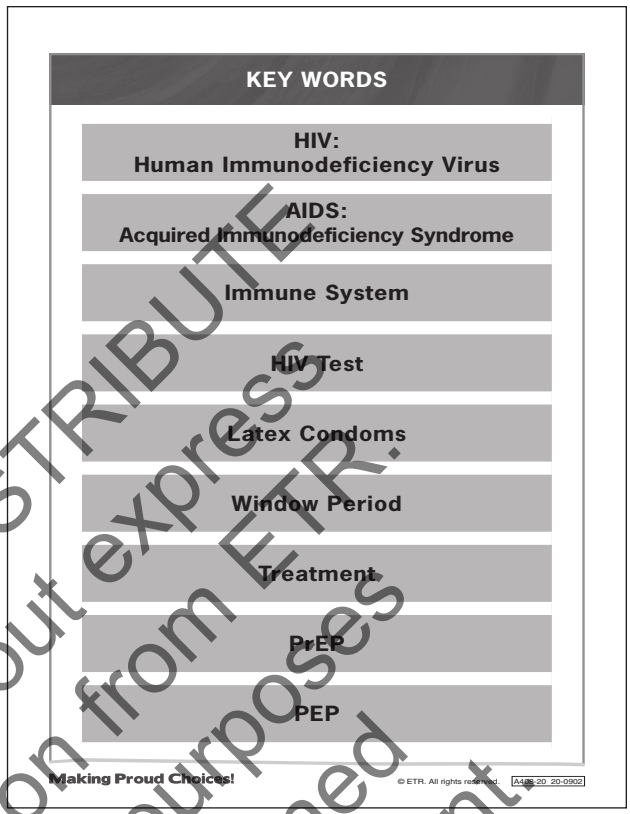

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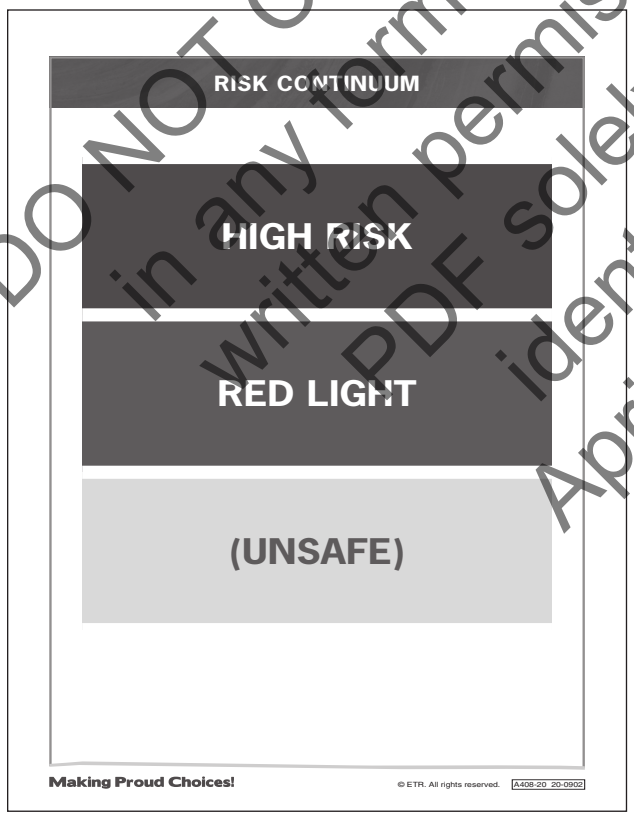
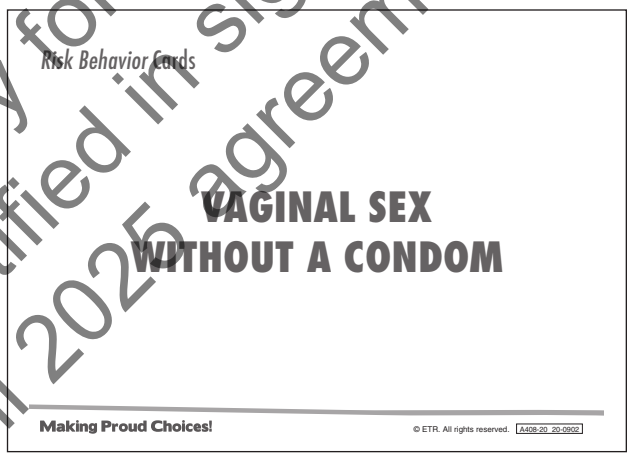


Posters (3 total)



Cards (24 total)

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MODULE 3

ATTITUDES ABOUT SEX, HIV AND CONDOM USE

GOALS

The goals of this module are to:

- Increase participants' 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, participants 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 third module: (1) informs participants about the transmission and prevention of HIV; and (2) helps participants advocate and give advice regarding HIV/AIDS and safer sex strategies.

STRATEGIES/METHODS

- Video Viewing
- Group Discussion
- Problem-Solving Exercises

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *The Hard Way* character cards
- *Calling Koko Caller* worksheets in the student workbooks
- Video: *The Hard Way* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Pre-labeled chart paper:
  - » *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Markers
- Masking tape
- Pencils
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. Set up the video(s) to be ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. *The Hard Way* Video and Discussion*	**40**
B. Calling Koko	**20**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

THE HARD WAY VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Hard Way*, or alternative videos
- Pre-labeled chart paper:
  - *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per participant)

TIME

40 minutes

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

PROCEDURE

1. Introduce the film.

> Sexually active young people are at risk for HIV infection. The video you are going to see is about young people. This video 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 chart paper (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 video, 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 video, 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.

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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6. **Begin the discussion by saying,**

> Let's talk about the characters in this video. 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. Notice the video refers to the use of birth control pills as "protection." While pills may protect against a pregnancy, they provide no protections against HIV and other STIs.
>
> 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?
>
> What could Renee and Miguel say to each other about their sexual health and desires to protect themselves from unintended pregnancy or STIs?
>
> 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,**

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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 video and our discussion? (Listen for these messages and reinforce if they are not shared: getting tested, talking about sexual health and protection, and using protection if having sex can help reduce the risk of HIV transmission.)

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. 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!

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ACTIVITY B

CALLING KOKO

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

20 minutes

PROCEDURE

FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 20 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants.

If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

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 participants into pairs or small groups.

3. Have participants turn to the *Calling Koko* worksheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)

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4. **Explain the following:**

> You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. **Give the pairs 5 minutes to discuss and write their advice.**

6. **Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice using the Main Points to Cover.**

7. **Using the following sample responses, discuss any points that participants do not come up with themselves.**

FACILITATOR'S NOTE

Sample responses are provided. Participants' answers do not have to match the sample 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 sample responses as a review before going on to the next caller.

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MAIN POINTS TO COVER

The surest protection is abstinence.

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

PrEP and PEP can reduce the risk of HIV transmission.

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?

– Charlie

Sample 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 or anal sex, the best way to reduce your risk of HIV is to use condoms. That includes external or male condoms made of latex, polyurethane or polyisoprene; or female or internal condoms. PrEP and PEP are medications that you can take to reduce your risk of HIV infection. PrEP is a pill you take every day to prevent HIV. PrEP may be a great option for someone who is in a relationship with someone living with HIV or for someone who is at high risk for HIV. PEP is a pill you can take for 28 days after having sex if you think you may have been exposed to HIV. 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.

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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 STIs.

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?

– Raymond

Sample Response to Caller 2

If you and your girlfriend have never had vaginal 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 always use protection even if you are only having sex with each other. 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 unintended pregnancy or getting an STI, including HIV.

Talk it over with your partner. You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.

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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 protection 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?

– Alex

Sample 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. Test kits are available over the counter at most drug stores. You can also go to a local HIV testing site such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person's body. Make an appointment to get tested and use condoms until you get the test results.

It sounds like your first time didn't go the way you had hoped it would. 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 STI. If you do decide to have sex, be proud and responsible and talk to your boyfriend about protection. Tell him it is important that you use condoms if you have sex. Let him know that you're concerned about 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.

I also want to make sure you feel supported. Please reach out to the wellness center or find a school club or group that supports and affirms you.

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MAIN POINTS TO COVER

Oral sex can transmit STIs, including HIV.

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

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

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 infections. Is oral sex safe? How do we protect ourselves from STDs?

– Carmello

Sample Response to Caller 4

Oral sex poses little to no risk of transmitting HIV. However, most STIs can be transmitted during oral sex. Untreated STIs can increase the risk of HIV transmission. This is why it is important to use protection for oral sex. For oral sex that involves putting the mouth to a vagina or an anus, use a dental dam. If you don't have a dental dam, you can cut a condom into a flat sheet. A penis should also be covered with a condom during oral sex.

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 infection. Using protection every time you have oral sex is the responsible thing to do. If you decide to have sexual intercourse, use an external (male) or internal (female) condom every time you have sex. And make sure you only use condoms that are made of latex, polyurethane, polyisoprene or nitrile.

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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! I'm scared to date! What should I do?

– Dana

Sample Response to Caller 5

I can understand your concerns about having sex. You can't look at people and tell whether or not they have an STI, such as HIV. 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. Talk to them about your concerns and how you plan to protect yourself. When you decide to have sex, be sure to use protection every time. By protection, I mean external or male condoms made of latex, polyurethane, or polyisoprene; internal or female condoms; or dental dams.

I am assuming your friend is getting treatment for HIV. Antiretroviral therapy, or ART, can help your friend live a long, healthy life. If she has a steady sexual partner who is HIV negative, ART could help reduce the chances of her transmitting HIV to her partner. Her partner can get on pre-exposure prophylaxis or PrEP treatment, which will reduce the risk of getting the virus.

People who think they may have been exposed to HIV should get treatment immediately. Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor's offices and HIV clinics. PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.

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MAIN POINTS TO COVER

People cannot give consent when they are drunk or high.

Get tested for pregnancy, STIs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making.

Use protection if you decide to have sex.

CALLER 6

Koko,

I'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Sample Response to Caller 6

This sounds like a tough situation. When people are drunk or high, they are more likely to have sex without using condoms, which increases their risk for STIs. Everybody has the right to say when they want or don't want to engage in sexual behaviors and to insist on using protection. When people are drunk or high they can't fully give consent to sexual activity. Please remember that someone doing something sexual to you while you are drunk or high means that technically you were not able to give consent, and so this may be a situation of sexual assault. Do not blame yourself. There are people in this world who seek out those who are too high or drunk to consent. If this person is known for having sex with people who are too drunk or high to consent, he likely isn't someone who has your best interests in mind. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

(continued)

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CALLER 6

Sample Response to Caller 6 *(continued)*

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 STIs. 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. EC is also available over the counter at most drug stores.

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).

Don't blame yourself. You deserve to have sexual partners who you feel comfortable communicating with, who respect what you want and don't want, and who will share the responsibility for using protection.

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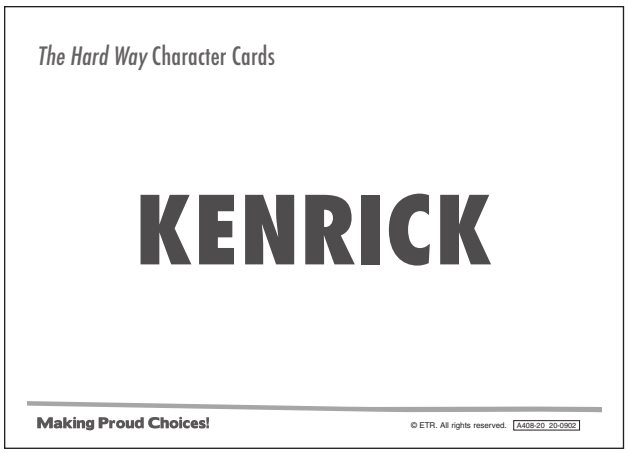
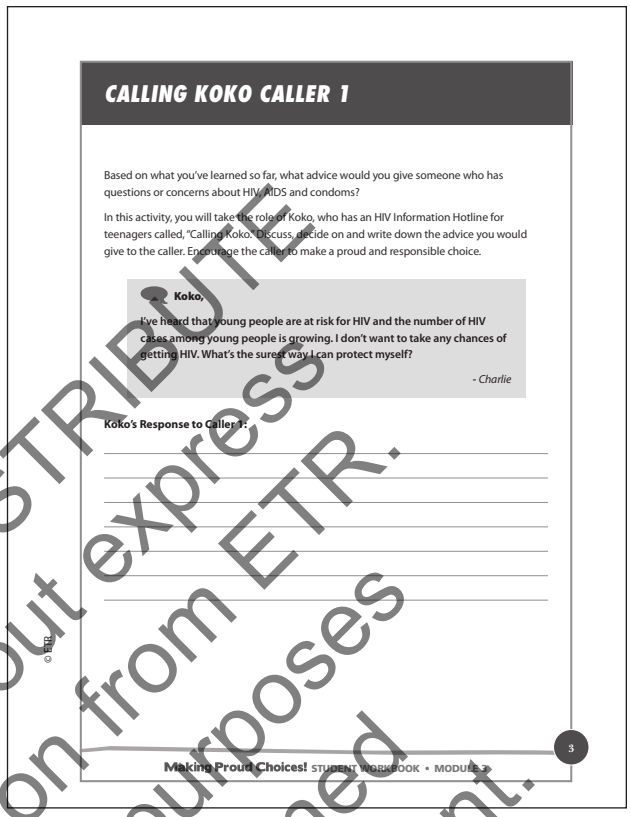


Cards (6 total)



Worksheets (6 total)

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MODULE 4

STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT

GOALS

The goals of this module are to:

- Introduce participants 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, participants will be able to:

- 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.
- Provide correct answers to review questions on HIV and AIDS.

MODULE PREVIEW

The fourth module: (1) encourages participants 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
- Video Viewing
- Game

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* worksheet in the student workbook
- HIV/AIDS Game Questions (included in module)
- Video: *Nicole's Choice* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Masking tape
- Pencils
- Markers
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the information about sexually transmitted infections in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. STOP, THINK and ACT: Introduction to Problem Solving	**5**
B. Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT	**15**
C. *Nicole's Choice* Video and Discussion*	**25**
D. The HIV/AIDS Game	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STOP, THINK and ACT* poster
- Masking tape

TIME

5 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 participants 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 participants provide a few answers.

Answers may include:

You may feel afraid, confused, angry or upset.

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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 participants 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 stick to the decisions I've made for my health and well-being?
> - 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.

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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.

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ACTIVITY B

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 participants' ability to use them.

MATERIALS

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

TIME

15 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,

> No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. 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. You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.

2. Divide the participants into pairs.

3. Have participants turn to the *Sean and Morgan Case Study* worksheet their workbooks.

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4. **Ask for a volunteer to read the case study and instructions to the group. Encourage the group 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 concerned about STIs 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 pairs, and use the STOP, THINK and ACT steps to find a solution to the situation on your worksheet.

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

7. After 8 minutes, even if most of the pairs have not finished, ask them to stop and begin discussing the case study. Ask one of the pairs 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 pair 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 pair 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 pair has given their responses, ask the other groups to comment and offer any different ideas for this section.

   Finally, ask a different pair 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 pair 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.

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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 STIs, 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.

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ACTIVITY C

NICOLE'S CHOICE VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *Nicole's Choice*, or alternative videos
- *STOP, THINK and ACT* poster

PREPARATION

- Review the information about STIs in Appendix B.

TIME

25 minutes

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

PROCEDURE

1. Introduce the video by saying,

> Now we will watch a video 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 video *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 participants 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?

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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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 a clinic to be tested for an STI?

Can you get HIV the same way you get other STIs?

8. **Summarize as follows,**

Getting an STI may bring up a lot of emotions. Though young people ages 15-24 are diagnosed with half of all new STIs,* many STIs can be prevented by using protection or choosing not to have sex. Only you can decide to protect your future and your health. Use protection every time you have sex. And use the right kind of protection: external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams.

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* Centers for Disease Control and Prevention. 2019. STDs in adolescents and young adults - 2018 Sexually Transmitted Diseases Surveillance. https://www.cdc.gov/std/stats18/adolescents.htm. Accessed 6/22/2020.

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ACTIVITY D

THE HIV/AIDS GAME

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

- Chart paper
- Markers

TIME

15 minutes

PROCEDURE

1. Introduce the next activity by saying,

> We are going to play a game* that will review the information we've talked about regarding HIV and AIDS.

2. Divide the group into two 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 bonus question (a one-point question).
> - If someone answers out of turn, the interrupter's team receives a bonus question. The other team then gets a chance to answer a bonus question.

* Adapted from "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.

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4. **Keep score (or ask a participant to keep score) on the board or on chart paper.**

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 bonus question, use the bonus questions in the game for one point each. You may be able to create other situations that result in bonus question 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.**

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HIV/AIDS 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 diseases called opportunistic infections.

5. **Name three of the body fluids through which HIV is transmitted?**
   - Semen, vaginal fluids, 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). HIV is easily passed through oral sex.**

10. **(True) or False. Anal sex without a condom increases your chances of getting HIV.**

11. **True or (False). There is now a cure for AIDS.**

12. **(True) or False. If you think you were exposed to HIV, you can get Post-Exposure Prophylaxis (PEP) within 72 hours to avoid getting the virus.**

* See Appendix B for additional information on HIV and sources.

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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 by using condoms or taking PrEP which reduces risk of HIV transmission but not other STIs
- Engaging in low-risk activities such as kissing
- Not sharing needles or works
- Getting tested regularly
- Talking with your partners about HIV and making sure they get tested too

15. What does U=U mean?

- U=U stands for Undetectable equals Untransmittable. That means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. If there is an undetectable amount of HIV in their blood, the virus cannot be transmitted to others.

16. Name three ways HIV is passed.

- During unprotected vaginal or anal sex (sex without a condom)
- By sharing needles and syringes
- From an infected mother to the fetus or newborn child

17. Name two types of sexual practices in which HIV can be passed.

- Anal sex
- Vaginal sex

18. Name two high-risk behaviors.

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

19. (True) or False. Using water-based lube and condoms when you have vaginal or anal sex lowers the chance of getting HIV.

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

21. 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

BONUS QUESTIONS (ONE POINT)

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

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

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

24. (True) or False. Limiting the number of sexual partners a person has is one way of reducing the risk of HIV.

25. 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.

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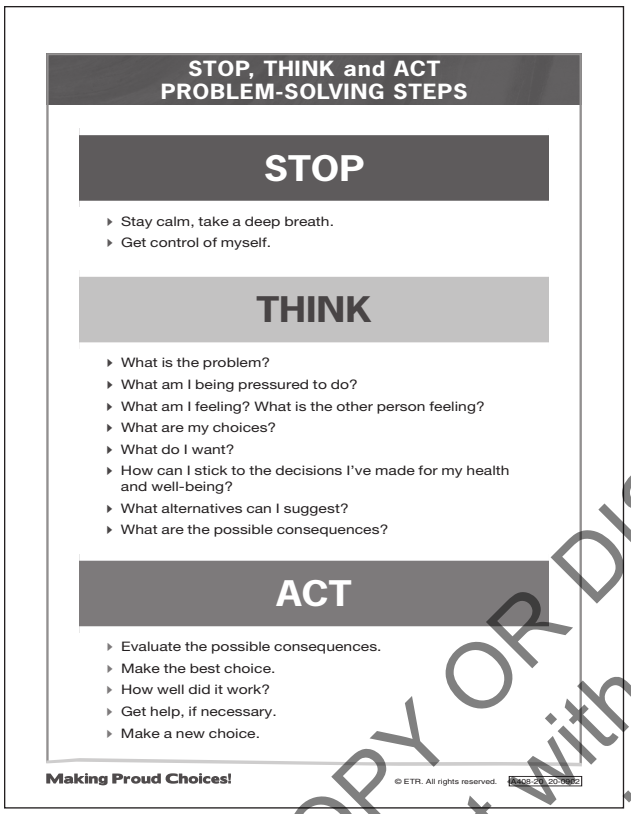

STOP, THINK and ACT
PROBLEM-SOLVING STEPS

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 stick to the decisions I've made for my health and well-being?
- 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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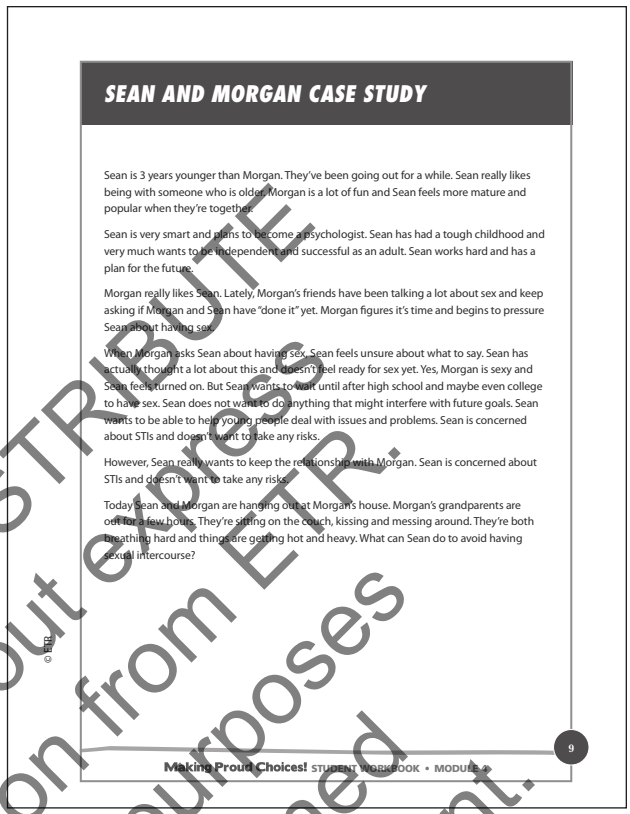
Poster



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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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 • MODULE 4 9

Worksheet

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MODULE 5

POSSIBLE OUTCOMES OF UNPROTECTED SEX: STIs

GOALS

The goals of this module are to:

- Increase participants' knowledge of sexually transmitted infections.
- Help participants identify strategies for preventing STIs.
- Increase participants' perceived vulnerability to STIs.
- Clarify participants' attitudes and beliefs about STIs and condom use.
- Teach participants the steps for correct use of a condom.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted infections.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STIs, including HIV, and pregnancy.

MODULE PREVIEW:

The fifth module: (1) helps participants examine the signs and symptoms of the most common STIs; (2) illustrates how STIs can impact the lives of young people; and (3) informs participants about correct use of condoms, as a way to prevent STIs.

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STRATEGIES/METHODS

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

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STI* poster
- *Agree* and *Disagree* signs (1 set)
- *Steps for Using a Condom* poster
- Video: *The Subject Is STDs* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Condoms
- Water-based lubricant
- Condom Demonstrator(s)
- Paper towels
- Small paper bag
- Monitor and video player, or internet access if using alternative videos
- Pre-labeled chart paper:
  - » *How STIs Are Transmitted*
  - » *Reasons to Protect Against STIs*
  - » *Group Agreements* (from earlier session)
- Chart paper
- Index cards for the Transmission Game—pre-labeled with four distinct shapes, e.g., star, rectangle, circle, and triangle**

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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.

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

** You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. 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 or www.etr.org/store/format/condom-kit.
4. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.
5. Set up the video(s) to be ready to play.
6. Read the instructions for the Transmission Game and make sure you're clear about the process.
7. Label the index cards for the game. For a group of 6–8, one person will have a "star" card, one person will have a "triangle" card, one person will have a "rectangle" card and the rest will have "circle" cards. Increase the number of "triangle," "rectangle" and "circle" cards in this approximate ratio for larger groups.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to include both the discussion and the video about STIs, and to provide more condom skills practice.)

ACTIVITY	MINUTES NEEDED
A. STI Facts	20
[A. (Alternate) *The Subject Is STDs* Video	20]
B. The Transmission Game	15
C. What I Think About HIV/STI and Safer Sex	10
D. Condom Use Skills	15

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 uses STI. It is important for everyone to understand that STIs (STDs) can present with or without symptoms.

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ACTIVITY A

STI FACTS

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STI* poster
- Pre-labeled chart paper:
  - *How STIs Are Transmitted*
  - *Reasons to Protect Against STIs*
- Markers
- Masking tape

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

PROCEDURE

1. Begin this activity by displaying the *STI* poster. Use chart paper to cover the poster so only the letters "S T I" are revealed.

2. Then say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

3. Ask the group to brainstorm all of the STIs they know.

4. Then uncover the poster and read any STIs they did not mention.

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

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5. Then say,

> **STIs fall into three categories:**
>
> - **Bacterial (caused by bacteria)—**These STIs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
> - **Viral (caused by a virus)—**Most of these STIs 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).
> - **Parasitical (caused by parasites)—**These STIs are curable. They include trichomoniasis and pubic lice.

6. Unfold the pre-labeled chart paper titled *How STIs Are Transmitted* and say to the group,

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

7. List the answers on the chart paper 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)
- » *(Optional) For high school youth:* Sharing sex toys or other devices with partners without using a new condom each time the device is used by a different person

8. Next ask,

> **Who can get an STI?**

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Answer:

» Anyone who has unprotected sexual intercourse (meaning without using condoms or dental dams).

9. **After participants have answered, say,**

That's right. Anyone who engages in unprotected sexual intercourse can get an STI. But teens and young adults are affected by STIs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STI 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 STIs?

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 STI?

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. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 06/2/2020.

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12. **Then say,**

> **In many cases, a person can have an STI and have no symptoms! This means that people may not even know they have an STI. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STI.**
>
> **Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include masturbating alone, petting, kissing, foreplay or dry humping. An exception is where skin-to-skin contact is involved with someone who has HPV, syphilis or herpes. In contrast, sexual activities that do include an exchange of body fluids increase the risk for STI transmission. These include vaginal, anal or oral sex.**

13. **Then ask,**

> **How can you protect yourself from getting an STI?**

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.
- Do not use or share needles or works (including syringes, caps, cleaning water) for injecting drugs.
- There is a vaccine that can prevent hepatitis B.
- There is also a vaccine that protects people against most types of HPV that cause genital warts or lead to cervical cancer.
- Get tested regularly.
- Talk to your partners about STIs and encourage them to get tested too.

14. **Then say,**

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We know how STIs are transmitted. We know signs and symptoms that can indicate an STI infection. We know some STIs don't have symptoms. We know how to avoid getting an STI. But why would a person want to avoid getting an STI and what are the reasons they should get treatment right away if they do get an STI?

Let's brainstorm *Reasons to Protect Against STIs* by thinking of some of the long-term physical and emotional consequences of getting an STI.

15. **List the group's responses on the chart paper. Encourage all participants to respond.**

Answers should include:

- Increased risk of getting HIV
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- 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, hepatitis C)
- Child born with an STI
- Embarrassment
- Odor and discharge
- Impact on relationship
- Stigma

16. **Explain that many of these reasons to protect against STIs can be prevented by abstaining from vaginal, anal or oral sex, or by using protection such as condoms. STIs are common and many people will get one at some point in their lives. Getting tested regularly and treated, if required, can limit or prevent negative health outcomes. That is why it is important to get tested and treated as soon as possible. Explain that no one chooses to get an STI. Some people have gotten STIs from sex that was against their will. Getting tested and treated, if necessary, is the responsible thing to do. Summarize this activity by saying,**

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**

(continued)

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(continued)

2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Avoid STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ALTERNATE ACTIVITY A

THE SUBJECT IS STD (VIDEO OPTION)*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is STDs,* or alternative videos

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

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

PROCEDURE

1. Say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

2. Introduce the video by saying,

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

3. Show the video, which is 17 minutes long.

4. When the video 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 STI from their partners?

(continued)

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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(continued)

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

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

FACILITATOR'S NOTE

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

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

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**
2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Protect Against STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ACTIVITY B

THE TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Labeled index cards (Star, Circle, Rectangle, Triangle)
- Pencils

TIME

15 minutes

PROCEDURE

1. Ask the rhetorical question,

> Who gets STIs? 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 STI if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STI; 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 labeled cards and pencils so that only one person has a "star," one or two people have a "triangle" and "rectangle" and the rest get a "circle." DO NOT tell participants what the symbols mean at this time.

Rectangle = Abstinence

Triangle = Condoms/Dental Dams

Circle = Unprotected Sex (oral, anal or vaginal sex without protection)

Star = Infection (STI/HIV)

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FACILITATOR'S NOTE

You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Give the following instructions:

- Listen carefully and be ready to share what you hear.
- Write your name on the side of the index card that has the symbol 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 symbol 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…

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

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

> - We are going to pretend that each conversation you had represented an act of "sexual intercourse."
> - Look at your cards. The shapes or symbols on the cards represent something in this exercise.
> - Will the person with the "star" card, please stand. For the purposes of this activity only, the star card represents an STI and anyone whose name is on your card could have the STI too.
> - (To the person with the "star"): 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 "triangle" on your card, that means you correctly used a protective barrier such as an external or internal condom, or a dental dam, every time to reduce your risk, and so you can sit back down.
> - If you have a "rectangle" 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 "circle" 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 an STI.

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.

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10. Thank the participants for participating in the game. Remind them that it is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.

11. Ask the participants to take their cards and rip them to pieces.

12. Ask the participants to sit down.

13. Ask the following questions:

> How did it feel to participate in this activity?
>
> Imagine you had the star or circle card. How did or does it feel to potentially have been exposed to an STI?
>
> How might it feel to potentially expose others to an STI?
>
> Imagine you had the triangle card. How did or does it feel to have protected yourself from STIs? How does it feel to have protected others?
>
> Imagine you had the rectangle card. How did or does it feel to have chosen abstinence?

14. Explain that for those having sex, talking to sexual partners about STIs and getting tested are two strategies that can reduce the risk of STIs, including HIV.

15. Ask the following questions:

> If getting tested had been an option in this game, how do you think that could have changed how many people were standing at the end?
>
> How would talking to your partner(s) about STIs before engaging in a sexual behavior change the number of people potentially exposed to an STI (i.e., the number of people standing at the end of this activity)?
>
> What did you learn by participating in this game that will help you make decisions about your sexual health in the future?

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Try to elicit the following answers:

- One person can infect many by passing the infection to someone who passes it on to the next person.
- STIs can be spread through unprotected vaginal, anal and oral sex.
- People should consider the risks their partners have taken in the past.
- Practicing abstinence and using protection such as condoms can prevent STI 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 or dental dams but it gets easier with practice.
- Anyone can get an STI regardless of whether the sex was consensual or forced.
- Getting tested is the only way to know for sure if you have an STI.

16. **Continue the activity by saying,**

This was just a game. However, it does highlight how fast and easily an STI can spread. A good way to reduce your risk for infection is to use a latex (or polyurethane/polyisoprene) condom or dental dam every time you engage in oral, anal or vaginal sex. Also, be sure to get tested regularly if having sex. Many STIs can be treated.

17. **Summarize as follows,**

As we reflect back to my first question, "Who gets STIs?," we have learned that it is possible for anyone to get an STI. STIs are common and many people will get an STI at some point in their lives. Remember, the proud and responsible things to do are to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex, to get tested, to talk to your partners about STIs, and to get treated if you get an STI.

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ACTIVITY C

WHAT I THINK ABOUT HIV/STI AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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/STIs 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 participants 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 participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.

7. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.

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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 participants a chance to switch after discussion of each statement.

9. Thank the participants 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, STIs and protection than your partner or friends. But the facts about HIV/STI remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal fluids and rectal fluids. Other STIs are also passed through having sex. Whenever you have sex, you must use latex or polyurethane/polyisoprene condoms or dental dams every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STI transmission. PrEP can also reduce your risk of HIV transmission, and PrEP plus condoms can reduce your risk of HIV and other STIs.

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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 an effective 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 feel as if they know how, but anyone can improve their skills by learning the specific steps that you will be learning 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. Have honest conversations about your sexual health and your plans to protect yourself from unintended pregnancy or STIs. Both of you should get tested so you know your status.)
- **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 STI, so you should always use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex. Often people with STIs don't have symptoms, and a person living with HIV may not have symptoms for many years.)

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ACTIVITY D

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants 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
- External condoms, lubricated (two per participant or pair of participants, plus demonstration condoms)
- Dental dam
- Lubricant
- Condom demonstrator(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 participants 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 external or male condoms correctly and to have you practice condom use skills. I want to make sure we are clear that when teaching you these skills 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.
>
> For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

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2. Explain what a condom is by saying,

> As we have learned, a condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids, or rectal fluids.
>
> The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth or anus. It also keeps the penis from being exposed to vaginal fluids or rectal fluids. It is used to keep sperm from entering the vagina to prevent a pregnancy. When it is used to avoid the exchange of body fluids, the external condom can reduce the risk for transmission of HIV and other STIs. Only latex, polyurethane or polyisoprene condoms are effective in preventing HIV and other STIs.
>
> ***Optional for high school youth:***
> The external condom may also be used on a sex toy or other insertive sexual device that is being shared. A new condom must be used each time the sex toy or device is used by a different person.

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, polyurethane or 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 an external condom correctly. Many of you may have never seen or touched a condom. We're going to practice using external 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.

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5. **Post the *Steps for Using a Condom* poster. Using a 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 participants during this activity.

STEPS FOR USING A CONDOM

1. Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
2. Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
3. Open the package carefully to avoid tearing.
4. Make sure condom is on the proper side to roll down correctly.
5. Pinch the tip of the condom to create space (½ inch) for semen.
6. Squeeze a few drops of water-based lubricant inside the tip.
7. Make sure the penis is erect and both partners are ready to engage in sexual activity before putting on the condom.
8. Continuing to squeeze the tip, place the condom on the head of the penis. Unroll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
9. Check during sex to make sure the condom isn't slipping.
10. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
11. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

6. **Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

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FACILITATOR'S NOTE

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants 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 participants 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. Try several brands and type to find the best fit.

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 such as water-based or silicone-based lubricants (e.g., Good Clean Love or Aloe Cadabra).

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 external condoms may also be used. 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.

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10. **Ask participants 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 STIs.**
>
> **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:* Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.**

12. **Summarize as follows,**

> **To protect yourself and your partner from sexually transmitted infections, 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 unexpired condoms on hand.**
> - **Get used to condoms so they become easy to use each time.**
> - **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 STIs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal sex.**

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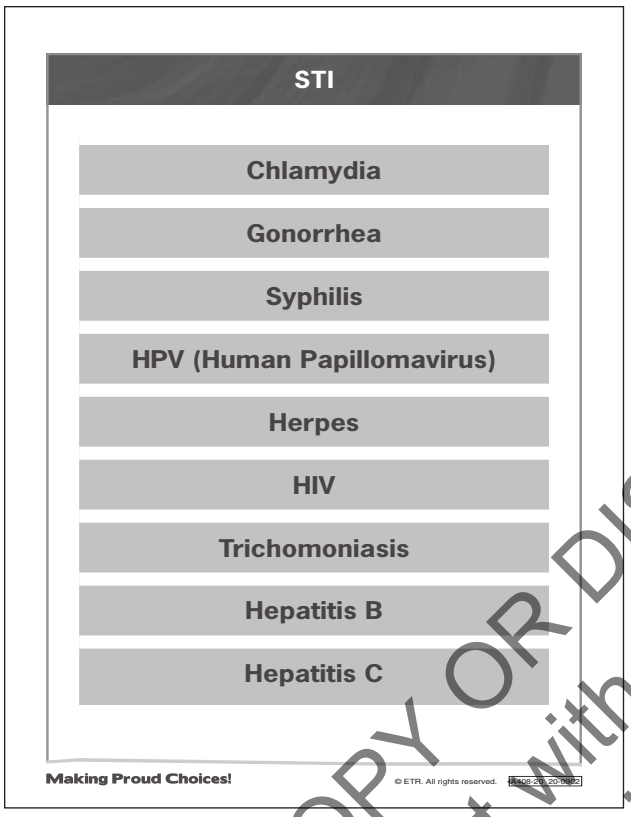

Poster

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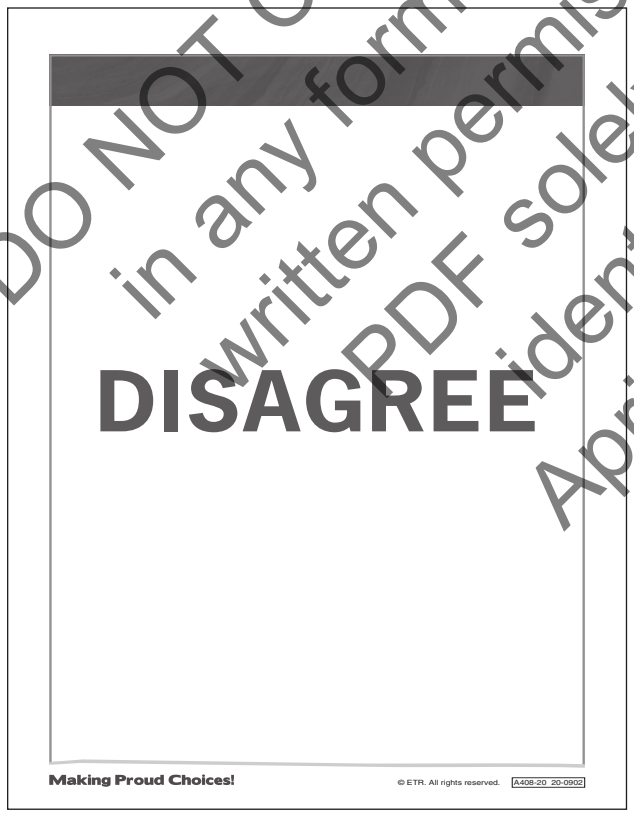

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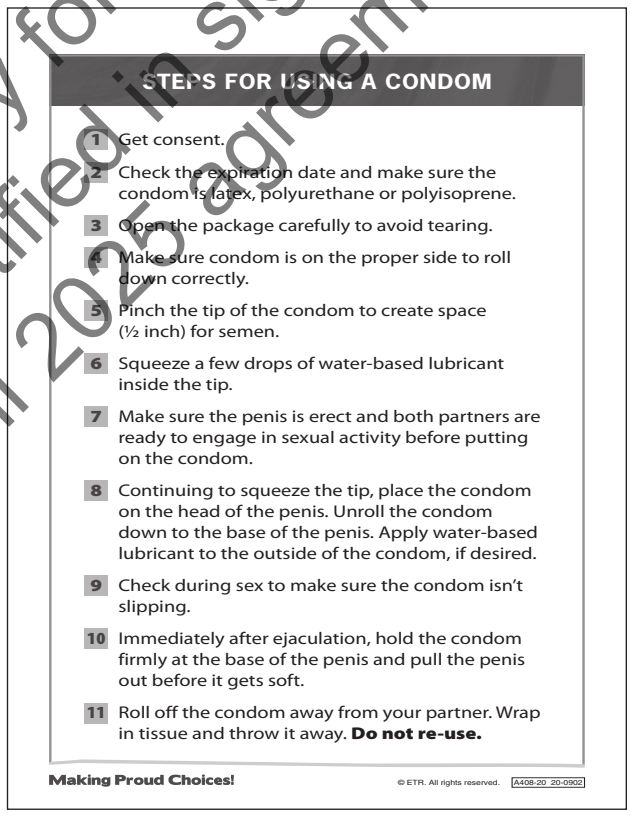

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MODULE 6

A POSSIBLE OUTCOME OF UNPROTECTED SEX: PREGNANCY

GOALS

The goals of this module are to:

- Increase participants' understanding of pregnancy as a possible outcome of unprotected sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Distinguish facts from falsehoods about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.

MODULE PREVIEW

The sixth module: (1) helps participants examine myths about pregnancy; (2) illustrates how pregnancy can impact the lives of young people; and (3) informs participants about the various forms of birth control.

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STRATEGIES/METHODS

- True or False Game
- Video Viewing
- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *True or False: Pregnancy Statements* (included in module)
- *Birth Control Choices* poster
- *Optional:* Video: *Tanisha & Shay* (or alternative videos*)
- *Agree/Disagree* signs (1 set)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pre-labeled chart paper: *Contraceptives*
- *Optional:* Monitor and video player, or internet access if using alternative videos
- Markers
- Masking tape

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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 *True or False: Pregnancy Statements* and get comfortable with the content.
4. *Optional:* Set up the video(s) to be ready to play.
5. Review the information about contraceptive methods in Appendix B.
6. 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 & Shay* Shay video or alternative videos, if you decide to extend the session and include the videos.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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7. 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.
8. Review how to use an internal 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. 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 participants the YouTube video.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* The use of the optional video(s) will increase the length of the module by up to 25 minutes. A video is an excellent way to help participants personalize and conceptualize the information, but should not replace or take time away from the discussion and demonstration of the contraceptive methods. Facilitators may wish to deliver this module across two 60-minute sessions.)

ACTIVITY	MINUTES NEEDED
A. True or False: Pregnancy Statements	10
[B. *(Optional) Tanisha & Shay* Video	+25]
C. Birth Control Methods Demonstration	40
D. Agree/Disagree - Attitudes About Contraception	10

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ACTIVITY A

TRUE OR FALSE: PREGNANCY STATEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about pregnancy provides an opportunity for learning the correct information about pregnancy.

MATERIALS

- *True or False: 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 what is true and what is false when it comes to the consequences of unprotected sex.

2. 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 true or false.
> - I also want you to explain why it is true or false.
> - If you don't know, I will ask for volunteers who think they know the answer.

3. Read the *True or False: Pregnancy Statements* on page 140.

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

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5. **Once all the statements have been completed say,**

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

6. **Summarize by saying,**

> **The more you know about the possible outcomes of sex, such as pregnancy and sexually transmitted infections, the better you will be at protecting yourself from experiencing an unintended pregnancy and/or STIs. Next, we are going to see a video (or videos) that describes how pregnancy can impact a young person's goals and dreams for the future.**

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TRUE OR FALSE: PREGNANCY STATEMENTS

1. **Every time you have unprotected vaginal sex, there is the possibility of getting pregnant, even the first time you have vaginal sex.**
   TRUE
   Pregnancy is a possibility every time someone has unprotected vaginal sex, regardless if it's the first time or the hundredth time.

2. **Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.**
   TRUE
   Pulling out, or withdrawal, does work in theory. However, it takes a lot of practice and concentration. It can be challenging, especially for teens and young adults, to actually pull the penis out before they ejaculate (or cum). Pulling out AND using another method of protection greatly increases the effectiveness.

3. **You can't get pregnant if you have sex standing up.**
   FALSE
   Sperm don't care what position you're in. Any time semen (which contains sperm) is able to travel up through the vagina and fallopian tubes to where sperm can fertilize an egg, you can get pregnant. There are no exceptions to that rule.

4. **If you have unprotected vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy.**
   TRUE
   If you had unprotected vaginal sex (or your birth control method failed) and you do not want to become pregnant, take an Emergency Contraceptive pill as soon as possible but no later than within 5 days. The EC pill (or a copper IUD) prevents a pregnancy from occurring.

5. **Douching (cleaning the vagina) after sex can prevent pregnancy.**
   FALSE
   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.

6. **You can't get pregnant unless you have an orgasm (cum).**
   FALSE
   It doesn't matter if you have an orgasm or not. You can get pregnant if you engage in vaginal sex without using protection.

(continued)

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

   FALSE

   When young people first start having periods they often have irregular cycles and may even skip a month from time to time. But if someone has had vaginal sex and misses a period, pregnancy is a possibility. The person should get tested right away, and see a doctor if the pregnancy test is positive.

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

   FALSE

   If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. For many different reasons, gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

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

   TRUE

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

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

    TRUE

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

11. **A person cannot get pregnant from anal sex.**

    TRUE

    Yes, it's true a person can't get pregnant from having anal sex, but people still have to think about STIs. The lining of the anus is thin and lubricates less than the vagina, so it's easy for STIs to enter the body that way.

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OPTIONAL ACTIVITY B

TANISHA & SHAY VIDEO*

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 video player, or internet access if using alternative videos
- Video: *Tanisha & Shay,* or alternative videos

TIME

25 additional minutes

PROCEDURE

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

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

2. **Show the video in three segments as described below.**

> **I will be showing you this video in 3 segments. After each part, I'll ask you some questions about what you've seen.**

3. **Show Part 1: Tanisha Finds Out. At the end of the segment, process by asking these questions:**
   - » What did the provider tell Tanisha?
   - » What is your reaction? What do you think happens?
   - » Why do you think Tanisha and Shay did not use protection/ birth control?

> **Let's watch the next segment and find out what happens next.**

4. **Show Part 2: Sharing the News. At the end of the segment, process by asking these questions:**

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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- How does the pregnancy affect everyone in Tanisha's life?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What could Tanisha say to Shay when she shares the news of the pregnancy?
- What might it look like for Shay to be a part of Tanisha's decision-making process?
- What might this conversation and decision-making look like in a healthy relationship like Tanisha and Shay's?

Let's watch the last segment.

5. **Show Part 3: Now What? At the end of the segment, process by asking these questions:**
   - What did this video teach you about teen pregnancy?
   - What could Tanisha and Shay have done after they had unprotected sex to prevent a pregnancy?
   - Are these teens ready to become parents? Why or why not?
   - How would your life change if you became pregnant or got somebody pregnant now?
   - What about if you became a parent or became a parent again?

6. **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 unintended pregnancy by practicing abstinence or 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!

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ACTIVITY C

BIRTH CONTROL METHODS DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Pre-labeled chart paper:
  - *Contraceptives*
- *Birth Control Choices* poster
- Markers

TIME

40 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 some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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 chart paper titled *Contraceptives* and ask the participants to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the chart paper.

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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
- » Diaphragm
- » Cervical cap
- » Withdrawal

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 three different categories:* behavioral methods, 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 participants to handle the methods at the end when you've finished the demonstration.**

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* Shoupe, D., and D. R. Mishell, eds. 2016. *The Handbook of contraception: A guide for practical management*. New York: Humana Press, Springer International Publishing.

FACILITATOR'S NOTE

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let participants 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.

BEHAVIORAL METHODS

Abstinence

- Abstinence is the safest and most effective pregnancy and STI 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 STIs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STIs.
- 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 STIs, including HIV.

Withdrawal

- Withdrawal, or pulling out, is done by removing the penis fully from the vagina/anus before ejaculating and only ejaculating outside of the vagina/anus.
- Withdrawal is free and a method available to everyone.
- To be effective at preventing pregnancy, withdrawal must be used correctly and completely. This requires knowing and understanding a person's own body, which can be challenging for young people and people with little sexual experience.
- Withdrawal is most effective when used with another contraceptive method. Using withdrawal in addition to condoms or another form of birth control further reduces the risk of unintended pregnancy.

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FACILITATOR'S NOTE

Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness.

Sources: Laris, BA, et al. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education* DOI: 10.1080/14681811.2020.1768324; Hatcher, R. A. 2018. Contraceptive technology. New York: Ayer Company Publishers.

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 infections. 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 STIs. 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 by a trained medical provider.
- 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.
  - » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 4 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla, Kyleena and Liletta. They are effective from 3 to 5 years, depending on which one you get.

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- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STIs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a matchstick that is placed under the skin of your upper arm by a trained medical provider 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 STIs, so you should also use a condom.

The Shot

- People who use the shot receive hormonal shots every 3 months.
- Depo-Provera is the most common brand and is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STIs, 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 STIs, 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 STIs, 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 STIs, so you should also use a condom.

Diaphragm and cervical cap

- The diaphragm and cervical cap are vaginal barriers that cover the cervix to keep sperm from reaching and fertilizing an egg.
- The diaphragm is a reusable, dome-shaped cup made of latex or silicone. It is used with spermicidal gel and inserted into the vagina, where it is positioned to cover the cervix. It can be placed up to 6 hours before sex and must be left in place for at least 6 hours (but no more than 24 hours) after sex. Caya is a new one-size-fits-all diaphragm. Unlike earlier diaphragms, it does not require fitting and is easier to insert and remove. It is available with a prescription.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours and requires spermicidal gel. Like the diaphragm, it is inserted in the vagina before sex, and must be left in place for at least 6 hours afterward. FemCap is the only brand available. It has to be fitted by a provider and requires a prescription.

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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.*

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.

External (male) condom

- The external 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.

Internal (female) condom

- The internal 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.

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* 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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- The internal condom can be inserted right before sex, or up to 8 hours ahead of time.
- The internal condom can also be used for STI protection during anal sex. People of any gender can use these condoms for anal sex.
- These are the steps for using the internal 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 or anus (for additional STI protection). 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.
  - » Insert the inner ring into the vagina or anus and use your index finger to push it up into your vagina as far as it will go. If used vaginally, 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 or anus—about a half inch of the sheath should remain on the outside of your body.
  - » 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 or anal 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.

Note: Take care to present the internal 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 an external condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice

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and then it will be no problem. Note that the internal condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight. Also, because they are made of nitrile, they warm to body temperature and lack the smell of latex.

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 STIs, so you should also use a condom.

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 STI/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 STIs).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) reduces the risk of pregnancy after unprotected sex or when another birth control method fails.
- There are 2 types of EC available:

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  - » **EC pill**, also known as the morning-after pill, can be taken up to 5 days after unprotected sex. Some EC pills (Plan B One Step, Take Action and Next Choice One Dose) may be bought over the counter without a prescription and without having to see a pharmacist. Ella, a non-hormonal EC pill, requires a prescription from a health care provider or a pharmacist.
  - » **Copper-T IUD** (ParaGard) can act as emergency contraception when inserted by a health care provider within 5 days of unprotected sex.
- The sooner EC is taken (within 5 days) after unprotected sex, the more effective it is at preventing unintended pregnancy. Ella, unlike other EC pills, does not decrease in effectiveness during those 5 days.
- EC works by keeping sperm from fertilizing an egg by preventing ovulation or making the environment hard for sperm to survive in. EC is not the same thing as the abortion pill, and will not harm an existing pregnancy.
- Emergency contraception does not protect against HIV or other STIs, so protection like PEP should also be used.

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 people 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 people who use these methods not to smoke.

The side effects some people 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 people 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.

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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?
- How can I show myself respect in my sexual health decision making?

What are some ways partners 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

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

> **If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted infections, 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 also helps prevent sexually transmitted infections, 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.**

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ACTIVITY D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes participants aware of some of the reasons people may not use birth control.

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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 participants' 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 participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

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3. **Follow the instructions below:**

   - Ask participants to stand.
   - Read a statement from the *Attitudes Statements* below.
   - Ask participants 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 participants 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 participants 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 participants 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 unintended pregnancy can often make life more complicated. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (It might be embarrassing but 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.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)

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4. **Hormonal methods such as the shot can make someone fat and not sexy.** (The term *sexy* means appealing and exciting. It really has nothing to do with a person's body shape. Being happy with oneself projects a better self-image that may contribute to "feeling sexy." There is little evidence that links hormonal methods to weight gain. Diet, exercise and genetics have a bigger influence on a person's weight. If one contraceptive method does not work for you, you can always talk to your clinician about switching to a different method.)
5. **Internal condoms are too much trouble.** (The 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.)
6. **It's hard to talk about protection with the person you're having sex with.** (It might be challenging to have difficult conversation like this. However, it's easier 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.)
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 STIs. 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 STIs.)
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 raising their children. 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.)

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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.)
10. ***Optional for high school youth:*** **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.)

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 unintended pregnancy and STIs, 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 unintended pregnancy and STIs by using an effective method of birth control *and* condoms every time you have sex.

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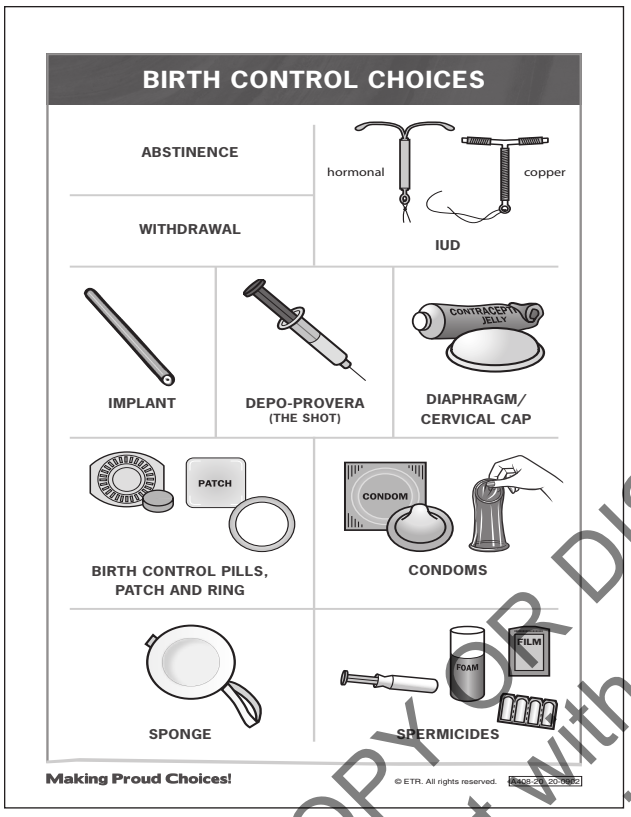

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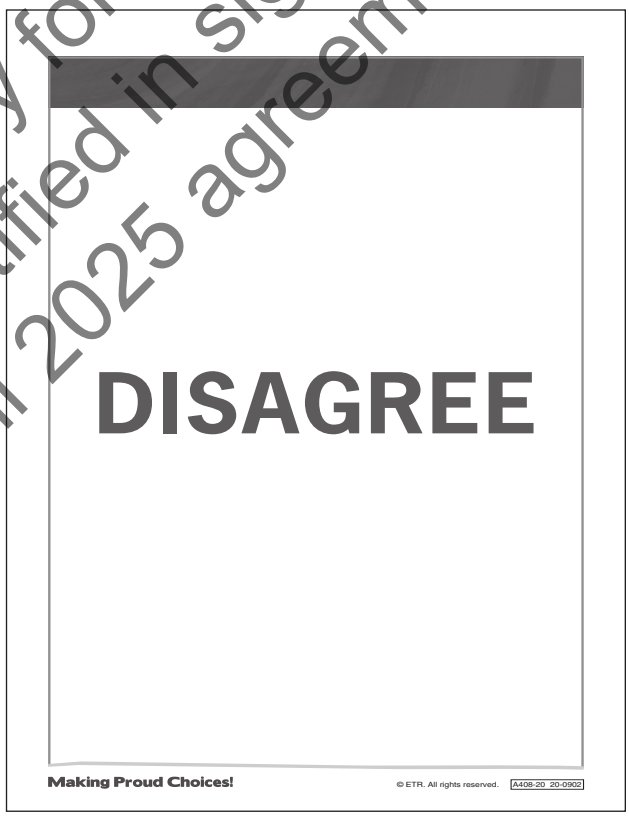

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MODULE 7

DEVELOPING CONDOM USE AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance participants' ability to resist situations that place them at risk for HIV/STI infection and pregnancy.

LEARNING OBJECTIVES

After completing this module, participants 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.
- 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 seventh module: (1) enhances participants' ability to use condoms correctly; (2) explores positive aspects of condom use; and (3) allows participants to practice condom negotiation skills.

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STRATEGIES/METHODS

- Exercises
- Scripted Roleplays

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- Video: *Condom Use Animation* (or alternative videos*) [for high school youth]
- *Condom Line-Up* cards
- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Worksheets in the student workbook:
  - » *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 chart paper:
  - » *Ways to Make Condom Use Easy and More Fun* (for high school youth)
  - » *Ways to Make Condom Use Easy* (for middle school youth)
  - » *Pros*
  - » *Cons*
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. *For high school youth:* Set up the video(s) to be ready to play.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Condom Line-Up	**10**
B. How to Make Condoms Fun and Pleasurable *(for high school youth)*	**10**
C. Barriers to Condom Use/Condom Pros and Cons	**10**
D. "What to Say If My Partner Says...": Responding to Excuses	**15**
E. Introduction to SWAT and Scripted Roleplays	**15**

(*Note:* This module includes different activities for middle school and high school youth. When implementing the program with middle school youth, adapt Activity A by skipping the video on condom use and including the optional discussion on how to make condom use easy, and skip Activity B. For high school youth, conduct all activities in the module as written.)

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ACTIVITY A

CONDOM LINE-UP

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 video player, or internet access if using alternative videos
- Video: *Condom Use Animation*, or alternative videos
- *Condom Line-Up* cards
- Masking tape
- Pre-labeled chart paper (for middle school youth):
  - *Ways to Make Condom Use Easy*

TIME

10 minutes

PROCEDURE

1. Introduce the *Condom Use Animation* video by saying,

> We are about to see a brief video on 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 video, which is 2 minutes long.

3. When the video 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 participants. (Give each participant more than one card if there are more cards than participants.)

6. Ask the group to stand.

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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 have sex?**

Answer

- » Get consent
- » Get condoms, lubricant and/or dental dams
- » Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.

8. **Have the participants 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. Consent
> 2. Get external condoms and check expiration date
> 3. Sexual arousal (hug, cuddle, kiss, massage)
> 4. Erection
> 5. Carefully remove condom from package
> 6. Dab water-based lubricant on penis or inside condom
> 7. Squeeze out any air from tip of condom and leave room for ejaculation
> 8. Roll condom on
> 9. Intercourse
>
> *(continued)*

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10. Orgasm *(optional)*

11. Hold onto the rim of condom and withdraw the penis

12. Remove and discard condom

13. Loss of erection

14. Relaxation

FACILITATOR'S NOTE

Steps 6 and 7 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. Orgasms are optional and not everyone will experience an orgasm every time.

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

» Consent, 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 person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do?"

Answer

» This will happen to most people with penises 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.

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13. **Summarize by saying,**

> **You did a great job lining up the condom cards and discussing the correct steps in external 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. Remember, too, that you may also use internal condoms instead of external condoms. It is also important to remember that using two or more condoms at the same time can cause the condoms to weaken and tear. Never use two condoms at the same time. Condoms can be used with other birth control methods such as the pill or withdrawal to increase contraceptive effectiveness.**

OPTIONAL ACTIVITY FOR MIDDLE SCHOOL YOUTH

15. **When using this curriculum with middle school age youth, engage them in a discussion on how condom use can be made easy by asking these questions:**

    - What do you think makes some people uncomfortable about using protection such as external condoms? internal condoms? dental dams?
    - Why do you think other people use these forms of protection?
    - How might someone become more comfortable with the idea of using protection?
    - What might make it easier for someone to get and use condoms? (Use the pre-labeled chart paper to record responses.)

Skip Activity B and move directly to Activity C after this discussion.

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ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE (FOR HIGH SCHOOL YOUTH)

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants 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 chart paper:
  - *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 so 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 chart paper titled *Ways to Make Condom Use Easy and More Fun.*

4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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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 participants 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 smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.
- If using an internal condom, have it inserted before sex.

FACILITATOR'S NOTE

Remind youth that the only protective barriers that protect against HIV and other STIs are those made of latex, polyurethane, polyisoprene or nitrile. Anyone who is allergic to latex can use condoms made of the other materials.

Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense. If this is the case, ask the questions in a way that is less personal. You could ask, "What do you think some people do to make condom use easier and more fun?" or "Imagine an advertisement for condoms and dental dams, what might it say that would make people think using condoms is easier and more fun?"

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Participants should be reminded that only condoms consisting of latex, polyurethane, polyisoprene or nitrile can help protect against STIs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STI.

There are glow in the dark condoms that are latex and safe for STI/HIV protection, as well as flavored, ribbed and other options.

Just as there are different styles of condoms, each brand and type of lubricant is different. People have different preferences and may find that some lubricants feel better than others. Partners can try different brands to find one that feels comfortable and natural.

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 protection such as latex or polyurethane/polyisoprene condoms if you have sex.

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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 chart paper:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

TIME

10 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 chart paper, labeled *Pros* and *Cons*.

3. Ask participants to brainstorm all of the *Pros* (all of the reasons *for* using condoms), and list their answers on the chart paper.

Make sure their list includes:

» Condoms can help prevent pregnancy.

» Condoms can help prevent STIs, including HIV.

» Condoms make you feel good about yourself.

» You know you are safer when you use condoms.

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4. **Ask participants 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: Knowing that you are being responsible by using condoms will feel natural and good.

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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.**

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ACTIVITY D

"WHAT TO SAY IF MY PARTNER SAYS...": RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

Participants need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STIs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the participants to negotiate with a partner.

MATERIALS

- Pre-labeled chart paper:
  - *Excuses Sexual Partners Give*
- Markers

TIME

15 minutes

PROCEDURE

1. Unfold the pre-labeled chart paper 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 chart paper.

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?

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5. **Demonstrate by reading one excuse that is listed on the chart paper 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 participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms ruin 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 ruin 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. Let's try a few different types to find the one that feels best. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

OR

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Internal condoms are made of nitrile, which warms up with body heat. We can use extra lube too.

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: Dental dams are messy and smell funny.

Response: Dental dams aren't any messier or smellier than sex. Let's try a polyisoprene dental dam instead of a latex one so it doesn't smell. We can try different lubes too and find one that isn't smelly.

Excuse: Condoms are unnatural and turn me off.

Response: Worrying about unintended pregnancy and STIs turns me off. Condoms will make me feel safer and sexier.

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 unintended pregnancy or STI.

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 STIs, 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.

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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 STI.

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 STI. 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. The only way to know if someone has an infection is to get tested.

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. Or we can use internal condoms. They're made of nitrile and they warm up with body heat!

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 out and get some condoms, then have sex.

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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 participants 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 STI and not know it. Make a plan to get tested together to know for sure.

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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 STIs, including HIV. Condoms (both external and internal) are the only birth control method besides abstinence that also helps protect you from HIV and other STIs.

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/nitrile) condom and/or dental dam every time you have sex.

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ACTIVITY E

INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants 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 participants 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

15 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 STIs 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.

Affirmative consent is a conscious, voluntary agreement to engage in sexual activity. This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person's consent to have sex. Policies and laws around affirmative consent protect both partners by making sure they are in agreement and there is mutual understanding of what is happening.

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 participants' 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

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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 unintended pregnancy, HIV and other STIs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?
>
> How do you express your personal boundaries or communicate how far you are willing to go? People set personal boundaries based on what feels right or what is uncomfortable. In dating or intimate relationships, examples of boundaries may include being happy to go to the movies but not be alone in a bedroom, or wanting to kiss but not to have sex.
>
> Being clear on your personal boundaries will help you in situations where you need to make a decision and communicate that clearly. Just as important as setting and communicating your own boundaries is respecting the other person's boundaries and decisions. This is also a sign of a healthy relationship.
>
> 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.

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4. Review the entire *SWAT* poster with the participants 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.

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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 participants how to read the example with an assertive voice and body language.**

7. **Say to the participants,**

> **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 participant 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.**
> - **I have not said yes, which means this isn't happening.**

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.**

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10. **Review each item on the *Observer Checklist* poster to ensure participants 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 participants to act out the first roleplay. Have them turn to the scripted roleplay *While They're Out* (Ineffective Version) in their workbooks. 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 participants 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 STI like HIV.
>
> *(continued)*

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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 STI. 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 their 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 their feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

Was there consent in this situation? *(No)*

Even though Person 1 didn't say no, did it seem like they were consenting to sex? *(No)*

Even though Person 1 didn't say no, how might Person 2 know that Person 1 did not consent? *(Unsure or soft tone of voice, no eye contact, only backed down because of pressure)*

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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 participants 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 STI 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 having sex. 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.

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16. **After the roleplay, thank the roleplaying participants 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.)*
>
> Did Person 1 respect Person 2's personal boundaries? *(Yes.)*
>
> Was there consent in this situation? *(Yes. There was mutual agreement on what to do next.)*
>
> How should this story end? *(If they have sex, each should continue to check how the other person is feeling and whether that person still wants to continue having sex. At any point, if either one says stop, they must stop. Consent can be revoked at any time.)*

17. **After participants 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 participants to read *Your Valentine's Day Gift* (Ineffective Version). Remind participants to continue to use the *Observer Checklist*.**

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19. **Begin by reading the Setting the Stage section before having the assigned participants 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. You 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)*

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.*

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(continued)

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.)*

Did Person 1 respect Person 2's personal boundaries? *(No.)*

Was there affirmative consent in this situation? *(No. "I guess" is not affirmative consent.)*

How should this story end? *(They should stop because there is no affirmative consent to have sex.)*

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 participants 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.

(continued)

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(continued)

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.

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 participants 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 participants to respond.

25. Summarize as follows,

You had some really great observations. We just had a chance to practice saying no to unsafe behavior. We also had the opportunity to practice listening for consent.

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.

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Condom Line-Up Cards

CONSENT

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Cards (14 total)

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.
- I have not said yes, which means this isn't happening.

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Poster

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
Refused to engage in unsafe behavior	Y/N
Repeated refusal	Y/N
Body language said "NO"	Y/N
W Explained why	
Gave clear reasons	Y/N
A Provided alternatives	
Suggested alternative actions	Y/N
T Talked it out	
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 & Worksheet

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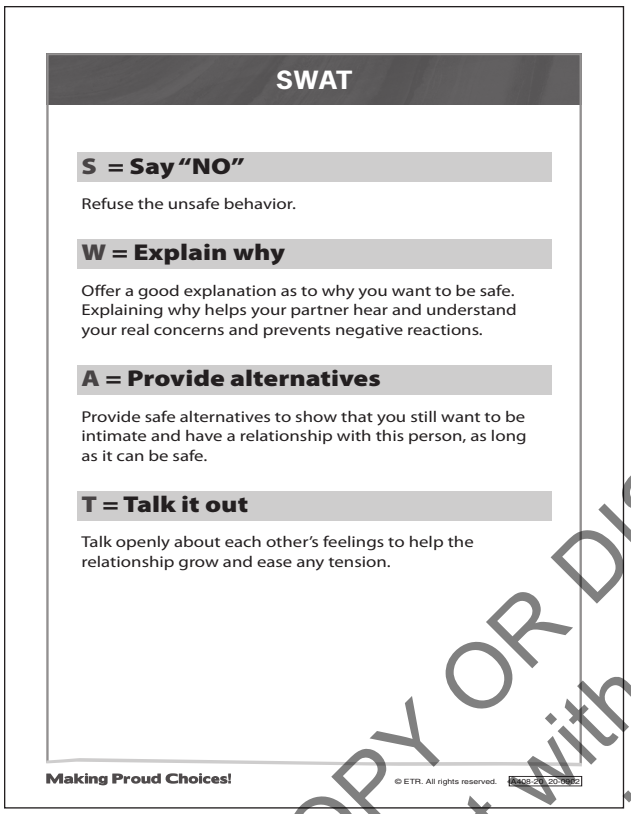

SWAT

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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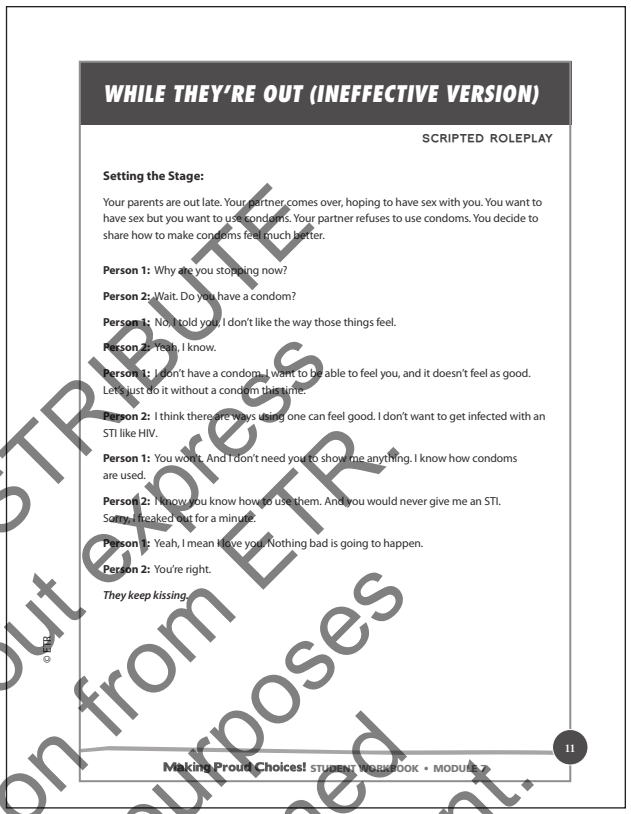

WHILE THEY'RE OUT (INEFFECTIVE VERSION)

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 STI 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 STI. 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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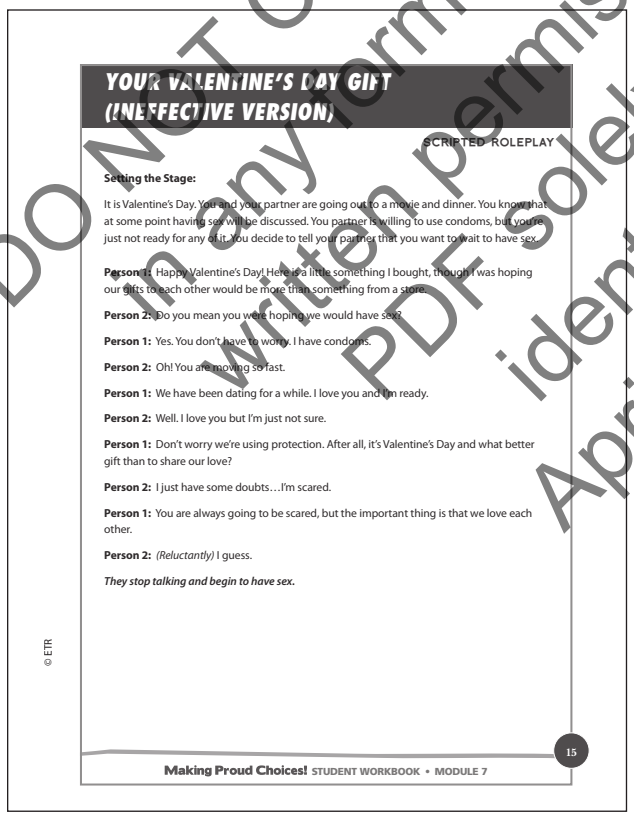
Roleplay (2 versions)



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. You 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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Roleplay (2 versions)

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MODULE 8

ENHANCING REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills regarding condom use.
- Enhance participants' ability to resist situations that increase their risk for unintended pregnancy, HIV and other STIs.

LEARNING OBJECTIVES

After completing this module, participants 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 eighth module: (1) provides an opportunity for participants to practice condom negotiation skills; and (2) provides an opportunity for participants to practice communication and negotiation skills with a partner.

STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Video Viewing
- Closing Circle

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- Video: *Wrap It Up* (or alternative videos*)
- Roleplays and worksheet in the student workbook:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Kayla and Mia*
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*
- *Optional:* Additional roleplay scenarios found in Appendix A

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Pencils
- Masking tape

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Safer Sex Negotiation Skills and *Wrap It Up* Video*	**15**
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays	**35**
C. Talking to Your Partner about Condom Use - Information Review	**5**
D. Closing Activity	**5**

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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ACTIVITY A

SAFER SEX NEGOTIATION SKILLS AND *WRAP IT UP* VIDEO*

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides participants with additional skills necessary to help reduce their risk for unintended pregnancy, and STIs or HIV infection.

MATERIALS

- Posters
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- Video: *Wrap It Up*, or alternative videos
- Monitor and video player, or internet access if using alternative videos

TIME

15 minutes

(*Note:* Allow more time, if possible, to practice the SWAT technique and to view the video.)

PROCEDURE

FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills 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 video is 6 minutes so you'll need the final 8 minutes to show the video 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 protection and safer sex. This should include what types of protection to use, such as external or internal condoms and dental dams. 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.

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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 participant to read aloud an example from the chart until all the examples have been read. Encourage participants 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 unintended pregnancy, HIV and other STIs.
> - I am not ready to have a child (again).

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.

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6. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage the participants 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 participant to read aloud an example from the chart until all the examples have been read. Encourage the participants to make up their own examples as well.

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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.

9. Introduce the *Wrap It Up* video or alternative video(s) by saying,

> We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, one partner wants to use condoms and the other 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 used to convince a partner to use condoms.

10. Show the video, which is 6 minutes long.

11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the person who wanted to use condoms use the SWAT Refusal and Negotiation Skills we talked about before? How?
- Did they say no?
- Did they offer an explanation?
- Did they provide alternatives?

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- **Did the two people talk it out?**
- **Did you think that they had any difficulty? If so, what?**
- **What were the partner's concerns about using a condom?**
- **What did the person who wanted to use condoms say to respond to their partner's statements and concerns?**
- **Was the person who wanted to use condoms ready to walk away from the relationship, if necessary?**
- **Were their personal boundaries and choice respected?**
- **Was there consent?**

13. **Continue processing with the following questions,**

» What could have happened if one partner decided to continue pressuring the other for sex while refusing to honor that person's decision to use protection?

» What were some other points in the story when their relationship could have turned into harassment, abuse or violence?

» The video was about a heterosexual relationship (boyfriend/ girlfriend). Could this happen in other types of adolescent relationships?

» If you suspect a friend may be in an abusive relationship or is being used by someone in a sexual way, what would you do?

14. **Summarize as follows,**

You have demonstrated a really good understanding of healthy and unhealthy relationships. As we have seen here, the foundation of a healthy relationship is respect, and it is guided by open and honest communication. You also learned refusal and negotiation skills that could help you in your relationships. 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.

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ACTIVITY B

PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity allows participants 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*
- Student workbook:
  - *Observer Checklist*
  - *Roleplays (A–E)*
- *Optional:* Additional roleplays found in Appendix A

TIME

35 minutes

PROCEDURE

FACILITATOR'S NOTE

During the roleplay practice, participants 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 participants 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.

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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 participants 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)*

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(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. **Have participants turn to the *Observer Checklist* worksheet 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 participant should play the role of Taylor. Have the participant turn to Roleplay A in the workbook and give them 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.**

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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 participants' 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?

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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. Have the first pair of participants turn to Roleplay B in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.

16. Explain to the roleplay participants,

> 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.

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19. **Remind observers to fill out the *Observer Checklist* as they watch the roleplay.**

FACILITATOR'S NOTE

After a few roleplays, participants 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 participants 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 participants 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 participants 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.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

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 STIs, 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)

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(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 feel that Justice does not trust you 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 participants' 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?

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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. **Have the next pair of participants turn to Roleplay C in their workbooks.**

25. **Tell observers which character to observe. In Roleplay C, the person is Kayla. The goal of this roleplay is for Kayla 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 protection
>
> **Observe:** Kayla using SWAT
>
> *(KAYLA and MIA talking)*
>
> **Kayla**
>
> Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.
>
> 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 reduce the risk for yourself and your partner by always using protection.
>
> While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.
>
> *(continued)*

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(continued)

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

Mia

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kayla, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

28. Review the participants' responses on the *Observer Checklists* asking the following questions,

- Did Kayla use the SWAT technique?
- Did Kayla say no?
- Did Kayla explain why?
- Did Kayla provide alternatives?
- Did they talk it out?
- What could Kayla have done differently?

29. Process the roleplay using the following questions,

- What kept Mia from using protection?
- What are some of the consequences Mia could be facing for having intercourse without using protection?
- What do you think convinced Kayla to start practicing safer sex?

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(continued)

- Was Kayla able to convince Mia? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms or dental dams every time you have sexual intercourse or oral sex?

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.

31. Have the next pair of participants turn to Roleplay D in their workbooks.

32. 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.

33. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

34. Read aloud the scenarios for both characters, and then have participants 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
>
> *(continued)*

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(continued)

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 STI 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.

35. 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?

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36. 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?

37. 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.

38. Have the next pair of participants turn to Roleplay E in their workbooks.

39. 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 unprotected sex.

40. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

41. Read aloud the scenarios for both characters, and then have participants 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.

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(continued)

Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might create trouble in 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.

42. Review the group's responses on their *Observer Checklists* 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?

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43. **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?

44. **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.

45. **Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

46. **Remind observers to continue to use the *Observer Checklist*.**

47. **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.

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.

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ACTIVITY C

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 participants 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 participants 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

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(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 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 participants to brainstorm ways to avoid becoming pregnant or infected with HIV or another STI. (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 STIs.
- 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 unintended pregnancy, HIV and other STIs.
- Ask about your partner's sexual and drug use history.
- Get tested for and treated for HIV and other STIs.
- Encourage partners with HIV to get ART and stay on treatment.
- Encourage partners with other STIs to get and stay on treatment.
- If you think you might be at risk for HIV because of an infected partner, talk to your doctor about getting on PrEP.

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4. **Reinforce tips for consistent condom use by saying,**

> **Protect yourself and your partner by:**
>
> - **Using a latex or polyurethane/polyisoprene condom (or dental dam) 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. **Unintended pregnancy, HIV and other STIs are potential outcomes 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 unintended outcomes.**
> 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 STIs, 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.**

6. **Remind participants of resources,**

> **There are a number of resources we covered throughout the program. I want to make sure you have a list to refer to if or when you need resources or help.**

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FACILITATOR'S NOTE

Make sure you have referral resources for the youth completing your program. It should include reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV Hotlines. Also include:

- LYRIC Youth Talk Line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946.

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ACTIVITY D

CLOSING ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants a sense of closure to the program.

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Ask the participants to form a tight circle with their chairs.
2. Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the participants 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 every confidence 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.

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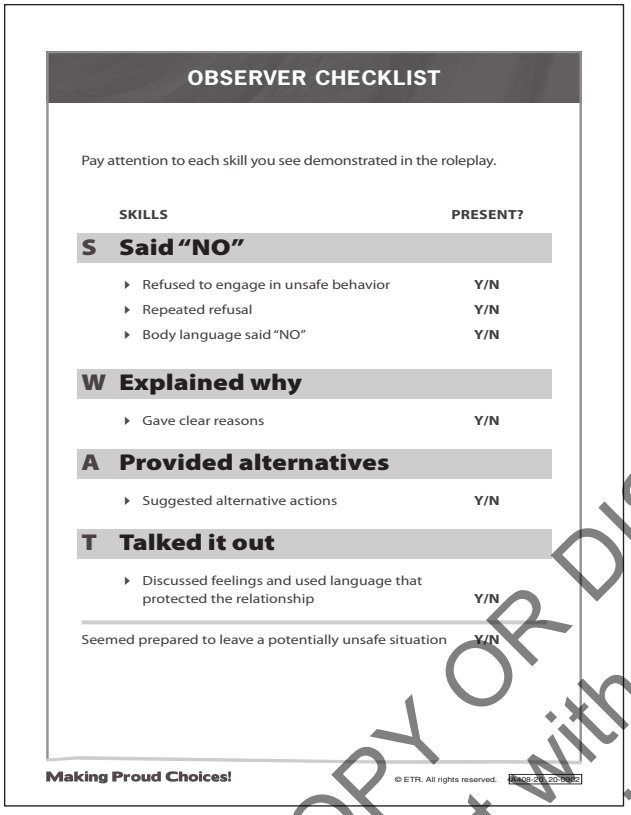

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
W Explained why	
▸ Gave clear reasons	Y/N
A Provided alternatives	
▸ Suggested alternative actions	Y/N
T Talked it out	
▸ 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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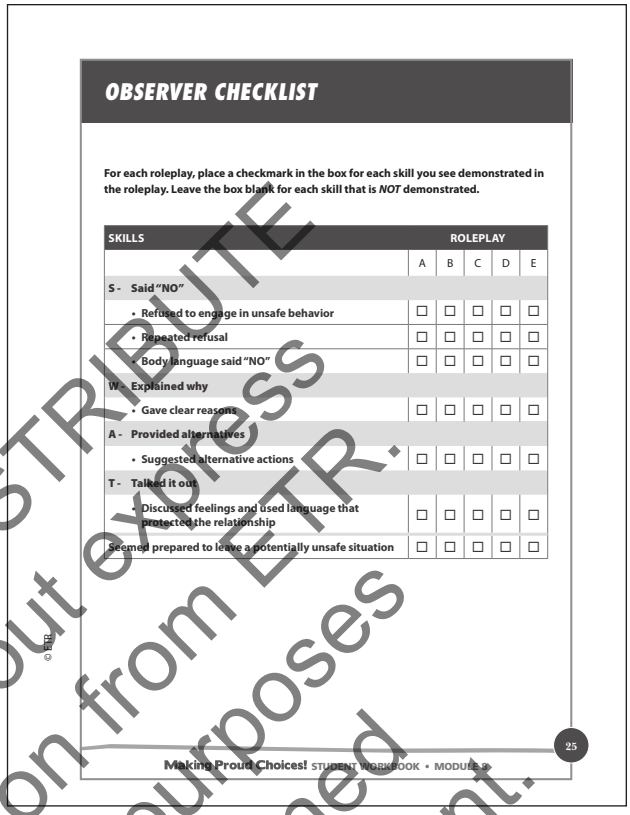

OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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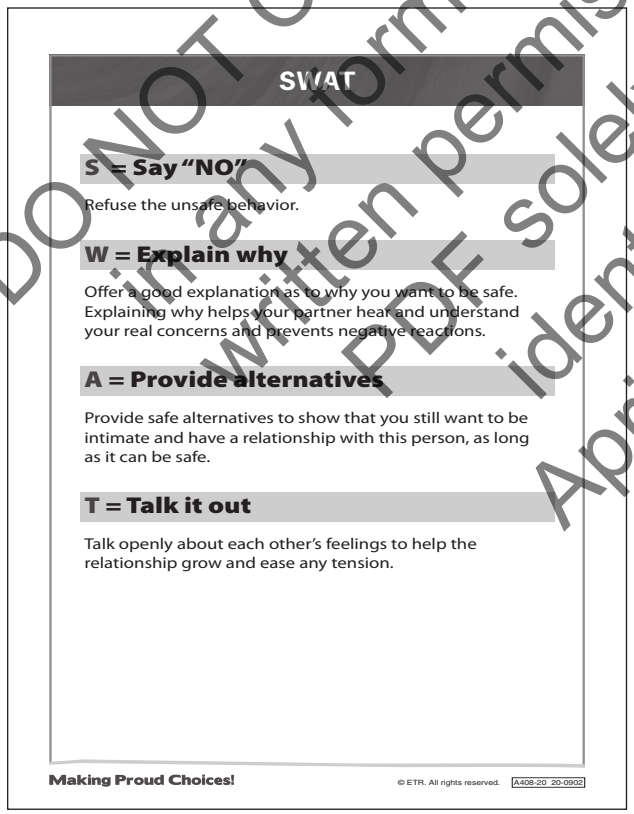
Making Proud Choices! STUDENT WORKBOOK • MODULE 8 25

Worksheet



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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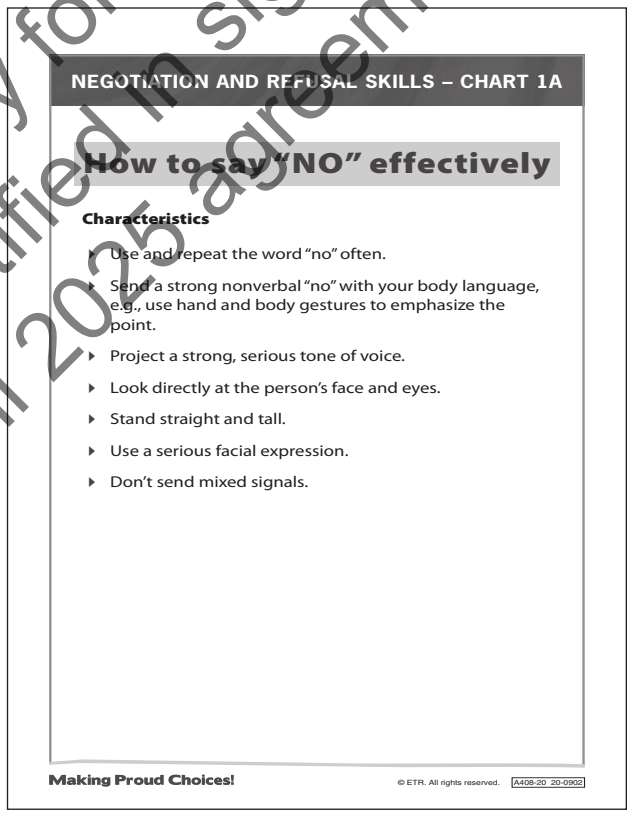

NEGOTIATION AND REFUSAL SKILLS – CHART 1A

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.
- I have not said yes, which means this isn't happening.

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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 unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).

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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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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.**

Making Proud Choices!

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Poster

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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Roleplays A–E (5 total)

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GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.

IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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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?

- Charlie

Koko's Response to Caller 1:

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CALLING KOKO CALLER 2

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.

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?

– Raymond

Koko's Response to Caller 2:

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CALLING KOKO CALLER 3

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.

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?

– Alex

Koko's Response to Caller 3:

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CALLING KOKO CALLER 4

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

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.

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 infections. Is oral sex safe? How do we protect ourselves from STIs?

– Carmello

Koko's Response to Caller 4:

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CALLING KOKO CALLER 5

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.

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! I'm scared to date! What should I do?

– Dana

Koko's Response to Caller 5:

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CALLING KOKO CALLER 6

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'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Koko's Response to Caller 6:

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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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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SEAN AND MORGAN CASE STUDY (CONTINUED)

Using STOP, THINK and ACT and the questions below, decide what Sean should do to keep from having sex before being ready.

STOP:

What can Sean do to stop?

What can Sean do to stay calm?

THINK:

What is the problem? What is Sean being pressured to do?

What do you think Sean is feeling?

What does Sean think Morgan is feeling?

What are Sean's choices?

What does Sean really want to do?

What alternatives can Sean suggest to Morgan?

What are the possible consequences?

ACT:

What do you think is Sean's best choice?

How should Sean act on that choice?

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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 STI 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 STI. 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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 STI 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 having sex. 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.

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• Suggested alternative actions	☐ Yes	☐ No
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Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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. You 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
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YOUR VALENTINE'S DAY GIFT (EFFECTIVE VERSION)

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Setting the Stage:

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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 only want to have sex when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

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.

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• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
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• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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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ROLEPLAY B: JUSTICE AND ANGEL

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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 feel that Justice does not trust you 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.

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ROLEPLAY C: KAYLA AND MIA

THEME: Two friends talk about protection

OBSERVE: Kayla using SWAT

(KAYLA and MIA talking)

KAYLA

Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.

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 reduce the risk for yourself and your partner by always using protection.

While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

MIA

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kalya, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

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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 STI 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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ROLEPLAY E: ALEX AND CASEY

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 create trouble in 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.

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OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY				
	A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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Introduction

Program

All4You2! is a 15-lesson group-based program for young people in alternative school settings. Each lesson is 50 minutes (12.5 hours total).

Goals

The primary goal of *All4You2!* is to reduce the risk of pregnancy and/or STD, including HIV by reducing the number of students who have unprotected sexual intercourse (either by increasing use of effective birth control and/or condom use or reducing the frequency of sexual intercourse). The program also aims to change key determinants related to sexual risk taking, such as attitudes, beliefs, and perceived norms.

Theory

All4You2! ! is based on Social Cognitive Theory (Bandura, 1986) and the Theory of Planned Behavior (Ajzen, 1991), both of which are common theoretical frameworks of other evidence-based prevention programs. These theories suggest that behavior is influenced by a variety of factors including:

- Personal factors (e.g., knowledge, personal values, attitudes and beliefs, perceived self-efficacy, intentions)
- Environmental factors (e.g., influential role models, social or normative support)
- Behavioral influences (e.g., existing behavioral patterns)

These theories also address how individuals learn, emphasizing that people can learn from a variety of experiences, including directly through education and experience, and indirectly through observation of others' behaviors.

Research Results

The initial *All4You2!* study was implemented during 2006–2009, with data collection follow-up extending 18 months after the last enrollment in the study. The evaluation featured a randomized trial involving 47 classrooms (765 young people) in alternative school settings (specifically continuation schools) located in urban areas with diverse populations in northern California. Classrooms were randomly assigned to one of four conditions: (1) HIV/STI/pregnancy prevention curriculum only, (2) service learning only, (3) HIV/STI/pregnancy prevention curriculum plus service learning, or (4) an attention-control curriculum.

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Participants included both males and females (53% male) who were an average age of 16.2 years. The majority of young people in the study reported being Hispanic/Latino (37.9%) or African American (22.3%).

To assess the effectiveness of the intervention, paper-pencil self-report surveys were collected from students three times during the study period: baseline, plus two follow up surveys at 6 and 18 months after baseline.

In general, youth receiving *All4You2!* HIV/STI and pregnancy prevention curriculum were less likely to have vaginal intercourse without a condom [odds ratio (OR) = 0.58, p=.04]; these effects diminished by final follow up. The program also significantly reduced students' exposure to risky situations and had other effects that were marginally significant (Coyle et al., 2013).

Six months after the baseline survey:

- Students taking part in *All4You2!* were less likely to have intercourse without a condom in the previous 3 months than were students in the control group; these effects diminished by the 18-month follow up.
- Students receiving *All4You2!* also reported having sexual intercourse fewer times than youth in the control condition, though the difference did not reach statistical significance (p = .09).
- Students receiving *All4You2!* reported higher levels of refusal self efficacy than youth in the control group, but these differences were only marginally significant (p = .06).

Eighteen months after the baseline survey:

- Students receiving *All4You2!* were less likely to place themselves in risky situations (p = .03) than were youth in the control condition.
- Students receiving *All4You2!* reported having sexual intercourse fewer times than youth in the control condition, though the difference did not reach statistical significance (p = .07).

Primary Publications

Coyle, K., J. Glassman, H. Franks, S. Campe, J. Denner, G. Lepore. (2013). Interventions to reduce sexual risk behaviors among youth in alternative schools: A randomized controlled trial. Journal of Adolescent Health online publication: 3-APR-2013. DOI: 10.1016/j.jadohealth.2012.12.012.

Glassman, J. R., H. M. Franks, E. R. Baumler, K. K. Coyle. (2014). Mediation analysis of an adolescent HIV/STI/pregnancy prevention intervention. Journal of Sex Education 14 (5): 497-509.

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Core Components

Overview

Core components are important parts of a program that should be implemented in order for that program to be effective. They may involve the implementation of the program, including the audience and setting, the implementation schedule, the program leaders and preparation. Core components also include the content of the program activities and the teaching methods (pedagogy) used to cover that content.

Implementation

Audience and Setting

- *All4You2!* can be implemented in school-based alternative education settings. It may also be appropriate for non-school based alternative education settings if young people can be retained for most lessons in non-school settings. It can also be used in mainstream settings if the content is deemed appropriate, but it was not evaluated in this setting.
- The curriculum is designed for high-school age participants (i.e., ages 14–18, or grades 9–12).

Implementation Schedule

- *All4You2!* includes 15 50-minute lessons (12.5 hours total).
- Ideally the program should be implemented 1–3 times per week for a period of 5 to 15 weeks.
- All classes should be taught in sequence.
- The ideal class size is between 10 and 20 students, but it can be used with classes of up to 30–35 students.
- All 15 sessions of the program should be implemented.
- The classes should be taught using a schedule that allows most youth to attend most classes.

Program Leaders

- Facilitators/teachers for the *All4You2!* curriculum should have good rapport with alternative school youth and be trained. They should be familiar with the *All4You2!* content, comfortable discussing the material, and experienced in teaching skills-based programs.
- In-class Peer Leaders facilitate specified activities in the curriculum.

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Preparation

- Obtain approval and support from the school administrators and others (e.g., teachers if you are an outside facilitator) for program implementation.
- Obtain parental consent for program participation as required by schools/districts in which the program is implemented.
- Select and train facilitators/teachers to teach the content, implement the interactive activities, lead roleplays and discuss the sexual topics comfortably.
- Have youth nominate Peer Leaders for the program using the steps in the curriculum.
- Orient Peer Leaders to facilitate three types of activities: (1) recording and reporting small-group activities, (2) modeling and demonstrating various skills, and (3) assisting with the visit or call a clinic activity. Selected Peer Leaders also will help with selected general tasks, such as playing a set role in a simulation.

Content

The core content areas are based on the behavioral determinants and underlying behavior change theories. The content is woven throughout the lessons, making it difficult to eliminate specific lessons without altering potential effectiveness.

- Functional knowledge (i.e., information that is directly tied to behavior such as steps for proper condom use, what behaviors increase risk of STI and HIV transmission).
- Attitudes and beliefs (i.e., activities that address perceived barriers to condom use or perceived risk of STI or pregnancy).
- Norms (i.e., activities that re-align norms or facilitate the development of positive norms, such as seeing Peer Leaders model skills).
- Skills, including refusal/negotiation and condom use skills.
- Individual commitment activity to solidify intentions toward positive behavioral choices, and reinforce norms favoring such choices.

Pedagogy

All the activities are implemented as designed, using the teaching strategies specified. In terms of pedagogy, this means that facilitators:

- Create a safe and effective learning environment by establishing group agreements, including mechanisms for asking sensitive questions and actively involving participants.

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- Implement all activities using the interactive strategies included in the lessons, which were designed to influence the theory-based risk and protective factors related to sexual risk behaviors.
  - Use the varied pedagogical techniques (i.e., mini-lectures, brainstorming, games, small group work, roleplays) and maintain the interactive nature of the activities to engage youth and facilitate learning.
  - Review learning from prior classes to enhance mastery of material.
  - Use music as noted to create a positive environment for youth participation.
  - Use the embedded skill development approach that explains and models the skills, provides large-group and individual practice, and offers corrective feedback.
  - Use the question box technique to invite anonymous questions.
  - Use videos as specified in selected lessons. Replacement videos can be used if they are selected to meet the objectives of the lessons.
  - Use pamphlets as specified in selected lessons to provide succinct content summaries for reference outside the classroom.
  - Use small gifts with program name (e.g., pencils, pens) to provide visual cues to reinforce program messages if possible.
  - Teach all activities in sequence within each lesson.

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Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes,* 50, 179–211.

Bandura, A. (1986). *Social foundations of thought and action.* Englewood Cliffs, NJ: Prentice Hall.

Coyle, K., J. Glassman, H. Franks, S. Campe, J. Denner, G. Lepore. (2013). Interventions to reduce sexual risk behaviors among youth in alternative schools: A randomized controlled trial. *Journal of Adolescent Health* online publication: 3-APR-2013. DOI: 10.1016/j.jadohealth.2012.12.012.

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All4You2! Lesson Outline

The primary goal of *All4You2!* is to reduce the risk of pregnancy and/or STD, including HIV by reducing the number of students who have unprotected sexual intercourse (either by increasing use of effective birth control and/or condom use or reducing the frequency of sexual intercourse). The program also aims to change key determinants related to sexual risk taking, such as attitudes, beliefs, and perceived norms. The program includes 15 50-minute lessons (12.5 hours total).

Pre-Lesson
25 minutes

Preparing for *All4You2!*

Students meet the *All4You2!* educator and receive a brief overview of the program. Students establish group agreements and nominate Peer Leaders.

Lesson 1
50 minutes

STDs

Sexually transmitted diseases are serious, and spreading rapidly among young people. In this lesson, students watch and discuss a video about common STDs.

Lesson 2
50 minutes

HIV and Teens

Students view and discuss personal stories of teens who are HIV positive. Students also take part in an activity to personalize their vulnerability to STDs.

Lesson 3
50 minutes

Reasons for Not Having Sex

This lesson provides a story to help students think about and compare the consequences of having versus not having sex.

Lesson 4
50 minutes

What's the Risk

Students participate in an activity to identify behaviors that put them at risk for HIV and other STDs, identify ways to reduce their risk, and then complete a small-group activity to examine ways to make respectful and responsible decisions in a relationship.

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Lesson 5 **Examining the Risk**

50 minutes

Students participate in an activity that illustrates the increased risk of having multiple sexual partners. They discuss how STD spread increases with increasing numbers of partners. Then they work in small groups to rate and discuss the relative risk of different partner scenarios.

Lesson 6 **Negotiation and Refusal Skills**

50 minutes

Negotiation and refusal skills are introduced and demonstrated through roleplays. Students then practice the skills and receive feedback using half-scripted roleplays.

Lesson 7 **More Skills**

50 minutes

Alternative actions and delay tactics are introduced as two more ways to stick with personal limits. Students then practice and receive feedback using these skills through roleplays.

Lesson 8 **Handling Risky Situations**

50 minutes

In this lesson, students listen to a story and identify risky situations that could lead to unplanned sex, such as being at a party with no parents there. They also identify ways to handle these risky situations.

Lesson 9 **Teens and Relationships**

50 minutes

In this lesson, students will identify healthy and unhealthy elements of a relationship, and identify these elements in their own relationships.

Lesson 10 **Ending Relationships in Healthy Ways**

50 minutes

Although unhealthy elements can be warning signs in a relationship, they do not necessarily mean a relationship should end. In this lesson, students learn to identify warning signs that indicate it might be best to end a relationship, and explore how to end a relationship when necessary. They also learn healthy ways to recover when a relationship ends.

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Lesson 11 Reduce Your Risk

50 minutes

Students discuss different methods of protection and categorize them based on their effectiveness for preventing HIV, other STDs and/or pregnancy. Students work in small groups to analyze methods of protection based on personal lifestyle and relationship characteristics. Students then analyze their own lifestyle and relationship and think about what method of protection would be best for them.

Lesson 12 It's All About Condoms

50 minutes

The educator tells a story to demonstrate the proper use of condoms. Students identify the dos and don'ts of condom use, and practice how to use a condom. Students then brainstorm ways to make condom use more likely.

Lesson 13 Talking About Condoms

50 minutes

Students identify ways to bring up the subject of using condoms with a partner. They also brainstorm possible excuses for not wanting to use condoms and responses to those solutions.

Lesson 14 Testing and Resources

50 minutes

Students work in small groups to examine issues around HIV, other STD and pregnancy testing, including basic information regarding the test itself, confidentiality and when to get tested. Students discuss resources to locate selected health services. Peer Leaders and other students share their experience visiting or calling a clinic, reviewing available services, and whether they would recommend the clinic to others.

Lesson 15 Staying Safe

50 minutes

Students participate in a textline activity, providing advice to other teens on how to stay safe from HIV, other STDs, and unplanned pregnancy. Students personalize the information by working in pairs to talk through important issues about relationships and/or avoiding unprotected intercourse. As a closing activity, students identify what changes they can make in their lives right now that will help protect them from unplanned pregnancy and/or HIV, and other sexually transmitted diseases.

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Getting Ready

Preparing for Implementation

Securing approvals and support for the program

It is essential to meet with school administrators and teachers (if using an outside educator) to secure their approval and support for program implementation. Prepare for the meetings with highlights of the need for the program, the benefits of participation, and the requirements for participation. Remain flexible when possible, but go into the meetings knowing what can and cannot be changed (e.g., teaching one time a week is an option; cutting lessons to shorten program length is not).

Parent support is also essential. Provide opportunities for parents to preview materials and ask questions (e.g., have a preview night or copy of curriculum in school office). Follow District guidelines regarding parental notification and approval for sexual health education programming.

Identifying who will teach the program

This curriculum can be used by either classroom teachers or community-based educators.

Individuals implementing *All4You2!* should:

- Have knowledge of the content areas covered in the curriculum.
- Be comfortable discussing the material and answering sensitive questions about sexual risk taking.
- Have experience using interactive teaching strategies such as roleplaying.
- Have good rapport with youth.

Ideally, all educators implementing the program should be trained on its contents and teaching strategies. ETR offers training for *All4You2!* See www.etr.org/ebi/training-ta/ for more information on training options.

Peer Leaders are also used to facilitate some of the activities. Educators should orient the Peer Leaders to their tasks before they start implementing the program (see Appendix A for more details).

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Use by classroom teachers

During the evaluation study, this curriculum was taught by trained health educators from outside the school; however, classroom teachers can implement it themselves. Classroom teachers have the advantage of being familiar with their students and able to maintain discipline.

In some cases, however, seeing the teacher as an authority figure may make it more difficult for students to freely express their questions or views about sex. Students also will often say things to challenge teachers or make them uncomfortable, just to see their reaction. It's important for classroom teachers implementing the curriculum to plan how they will react to difficult situations and to be aware of district policies about what can and cannot be said about sex in the classroom.

Use by outside educators

If the program is being implemented by outside educators, it is ideal to schedule a pre-implementation meeting with the classroom teacher(s) to discuss logistics and support. If possible, outside educators may also want to observe the classroom prior to teaching the curriculum to get to know the students and how they interact in the classroom.

Pre-implementation meeting

At the pre-implementation meeting, the educator and classroom teacher should:

- Review curriculum content.
- Review selection and training for in-class Peer Leaders.
- Discuss and confirm implementation dates.
- Discuss parental notification requirements.
- Discuss how the teacher can assist during implementation. For example:
  - Maintaining discipline in the classroom as needed
  - Offering credit for participation and homework activities
  - Reinforcing the messages of the curriculum between sessions and after the program is complete

Scheduling classes

Classes should be scheduled with sufficient frequency to avoid excessive re-teaching. Ideally the program would be provided 1 to 3 times per week.

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Identifying videos

During the evaluation study, a few of the lessons were augmented with videos.

- Lesson 1 used a video about STDs.
- Lesson 2 used a video about young people living with HIV.

Comparable videos are included with the curriculum basic and enhanced sets. Educators can also use current, school-approved videos to emphasize key points in Lessons 1 and 2 when using this program.

Using Poems or Songs

The *All4You2!* curriculum makes use of poetry written by teens to provide an introduction to content and themes in some of the lessons. Educators can use the poems provided in the Teacher Guide and Student Workbook, or can select other youth-developed poems or contemporary songs that address the issues students will learn about in *All4You2!* If alternate poetry and/or songs are used, make copies of the poem or song lyrics to distribute to students (including copyright information as applicable), or have a way to project a copy of the words large enough for the class to read. Be sure to check if there are any language or topic restrictions for music or poetry that is shared in class.

Preparing to use in-class Peer Leaders

One of the unique features of the *All4You2!* curriculum is the use of in-class Peer Leaders to facilitate three types of activities: (1) recording and reporting small group activities; (2) modeling and demonstrating various skills; and (3) assisting with the visit or call a clinic activity. There are also other key roles for simulation activities. Use of Peer Leaders capitalizes on modeling and use of credible leaders to influence behavior change. Peer Leaders are prepared by educators through a brief orientation/ training (see Appendix A for guidelines).

Parent notification

It's essential to inform parents and guardians regarding the nature and scheduling of the *All4You2!* program. Requirements for parent notification vary by local school district and state. Review school district policies, and work with them to follow established procedures.

A sample permission form that can be modified and used by a school is provided in Appendix B. The letter should be printed on school letterhead and include the principal's signature. Because legal requirements are different from state to state and community to community, schools should check the sample for thoroughness, accuracy and appropriateness, and make any necessary changes.

Parents should be given the opportunity to preview the curriculum and associated materials and meet the educators if they wish (e.g., as part of a parent preview night or at back-to-school night).

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Refusal skills and consent

Refusal skills are a key component of many evidence-based programs designed to reduce pregnancy, HIV and other STD 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 his or her 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.

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.

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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 this curriculum can be found at 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.

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Pre-Lesson

Preparing for *All4You2!*

Synopsis	Students meet the *All4You2!* educator and receive a brief overview of the program. Students establish group agreements and nominate Peer Leaders.
Purpose Statement for Students	Today we are going to prepare for a new program that we will be starting next week.
Objectives	Students will be able to: • Identify up to six people in their class whom they respect and admire. • Describe key parts of the *All4You2!* program. • State the class agreements.
Activities & Time	Pre1: Name Tents & Ice Breaker — 10 minutes Pre2: People I Respect — 5 minutes Pre3: Introduction — 10 minutes

Materials

Have

- ☐ Chart paper, markers and tape.
- ☐ Student name tents (white card stock, pre-folded, 1 per student)
- ☐ Two hula hoops *(if you choose the "Hula Hoops" ice breaker)*
- ☐ Question Box or envelope
- ☐ 3 x 5 index cards, 1 per student
- ☐ Pencils

Review

- ☐ **Scavenger Hunt** (Activity Sheet Pre1) *(if you choose the "Scavenger Hunt" ice breaker)*
- ☐ **The Voice Inside** (Activity Sheet Pre3)

Prepare

- ☐ Chart of key points to introduce the program
- ☐ Chart paper showing steps for activity *(if you choose the "I See People Who" icebreaker)*
- ☐ Question Box (can be made by cutting a slit-style opening in a shoe box)

(continued)

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Educator Preparation	☐ Review the entire lesson and prepare the Chart of Key Points to introduce the program (see Activity Pre3). ☐ Read and familiarize yourself with the poem entitled **The Voice Inside** (see Activity Sheet Pre3).
Peer Leader Activities	None (Peer Leaders are nominated as part of Activity Pre2.)
Determinants Addressed	None

Educator Note: You can feel free to select another inspirational youth-developed poem or introductory song that students can relate to that addresses issues they will learn about in *All4You2!* Topics might include standing up for yourself, being proud of the choices you make, facing pressures to have sex, moving into the future, believing in yourself. Make copies of the poem or song lyrics to distribute to students. Be sure to check to see if there are language or topic restrictions for music or poetry that is shared in class.

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Activity Pre1 Name Tents & Ice Breaker

Suggested Time 10 minutes

Materials
For *I See People Who:* Prepared chart paper with activity steps
For *Scavenger Hunt:* Activity Sheet Pre1, pencils
For *Hula Hoops:* 2 hula hoops

Purpose To have students and the educator get to know each other better

Educator Note: You can choose one of the following three ice breakers. Each requires different materials.

Steps for Activity

1 Students create name tents.

As students enter the classroom, give them (or ask them to pick up) a blank name tent and a marker.

Introduce yourself covering the following points:

- *Tell students that you will be teaching a class with them for the next X weeks (insert # weeks based on the implementation schedule).*
- *Tell them that they will learn more about what to expect from the class soon, but that you'd like to begin the day by creating name tents and then doing a brief activity that will get everybody up and moving.*

Introduce the name tents as follows:

- Please write your first name or nickname on the name tent with the marker.
- Write your name on both sides.
- On the inside of the name tent, please write the name of one of your favorite songs or music artists/groups.

Explain that having the name tents will help you get to know them better.

Explain that you will play music at different times throughout the program and you will try to play some of their favorite songs and/or artists. Explain you will pick music that is appropriate for playing at school, and that you will get "clean" versions of some songs if the lyrics have a lot of explicit language.

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2 Conduct an ice breaker.

Select one of the three following ice breakers and follow the appropriate steps, or use another one similar in purpose and time requirements.

Ice Breaker 1: I See People Who

1 Explain the activity.

Have students put their chairs in a circle. Explain the following steps (post prepared chart paper with steps as well):

- Everyone starts by sitting in their seats.
- During each round, someone will call out a description about people and everyone with that description has to stand up, cross the circle and try to find a new seat. For example, I might say "I see people who are wearing jeans." Everyone with jeans would have to get up and try to find a seat on the other side of the circle.
- You can't sit back down in the same seat or even on the same side of the circle.
- The person who is left without a seat gets to call out the next description.
- We will play five rounds.

2 Practice.

Have students practice once before starting. Use a description that matches several of the students. Examples:

"I see people who have brown hair."

"I see people wearing sneakers."

3 Clarify.

Clarify any misunderstandings and then begin the activity.

4 Play the game.

Continue for five rounds.

5 Conclude.

Have students put the chairs back in place and return to their seats.

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Ice Breaker 2: Scavenger Hunt

1 Explain the activity.

Have students turn to **Scavenger Hunt** *(Activity Sheet Pre1) in their workbooks. Explain that the activity sheet has several statements on it. Read one of the statements. Tell students:*

Once you start the activity, you will have 5 minutes to walk around the room and talk to others in the room, looking for people who match the statements on the activity sheet.

Once you find someone who matches the statements, write that person's name next to the appropriate statement on the activity sheet. You can only use a name once. It's also OK to use your own names once.

2 Clarify.

Check for understanding by asking students what they will do once the game begins. Clarify as needed.

3 Play the game.

Be sure students have their activity sheets and pencils. Allow students to circulate for about 5 minutes on the scavenger hunt.

4 Conclude.

Debrief quickly by asking a few questions. Examples:

- Who has all the statements signed?
- Who met someone who likes pineapple on pizza?

Ice Breaker 3: Hula Hoops

1 Explain the activity.

Divide the class in half. Have students form two circles. Explain:

I am going to put a hula hoop on the arm of one student in each group. Then everyone in the group will join hands. The goal of the activity is to see which group can get the hula hoop all the way around their circle first without breaking hands.

2 Play the game.

Allow students to try it for a moment before starting. Re-focus the groups and have them get ready to start. Get them started by calling out:

Ready, set, go!

Monitor groups to see who finishes first. Give that group a round of applause. Thank students for their participation.

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Activity Pre2 Nominating Peer Leaders

Suggested Time 5 minutes

Materials 3 x 5 index cards

Purpose To have students identify people in class whom they respect and admire

Educator Note: One of the unique features of *All4You2!* is the Peer Leader component. The use of same-age peers as classroom facilitators along with the classroom teacher has been found to be an effective means of educating teens about important health issues. The incorporation of Peer Leaders as facilitators of selected curriculum activities is an important feature of this curriculum.

The Peer Leaders will be involved in facilitating 3 different types of activities: (1) recording and reporting small-group activities, (2) modeling and demonstrating various skills, and (3) assisting with the small-group roleplays (e.g., ensuring that everyone has a chance to practice and observe during each roleplay). There are also several general tasks, such as creating posters or copying information from the board, that you can ask Peer Leaders to complete.

Once Peer Leaders have been elected and have agreed to participate, you should meet with them outside of class (e.g., during lunch) to review their tasks and gain their support for the program.

Steps for Activity

1 Students nominate Peer Leaders.

Distribute one 3 x 5 index card to each student and explain the nomination process.

Educator Note: You will need about 20% of the class to serve as Peer Leaders. Thus, for a class of 20, have students nominate 4 peers. For a class of 30, have students nominate 6 peers.

I'd like you to write down the names of up to 6 students in the class. Half should be guys, half should be girls. Choose people you respect and admire. You can include your own name on this list if you wish. If you do that, be sure to write your actual name, not just the word "me."

Make your own choices, without input from others.

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Educator Note: Do *not* tell students that the nomination is related to an HIV/STD and pregnancy prevention curriculum, as this may alter their responses.

After the Pre-lesson and before Lesson 1

1 Select Peer Leaders.

Tally the nominations from the cards. The students who received the most votes will be the Peer Leaders.

Check with the classroom teacher about the students nominated. If the teacher feels strongly that one or more of the elected students won't be able to carry out the tasks of a Peer Leader, select replacements from the students receiving the next highest tally of votes.

Select at least two alternates in each class in case a Peer Leader is absent during a lesson.

2 Inform elected Peer Leaders.

Talk (or have the teacher talk) with the elected Peer Leaders to ensure they are willing to serve in this role.

Tell them they will be participating in a brief meeting/training where they will learn more about All4You2!, *and will have a chance to practice the activities they will be doing as Peer Leaders.*

Arrange a time a day or two after Lesson 1 to train the Peer Leaders.

You will introduce the Peer Leaders during Lesson 1.

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Activity Pre3 Introduction

Suggested Time 10 minutes

Materials Activity Sheet Pre3 (or other introductory poem or song), Chart of Key Points, Question Box, 3 x 5 index cards

Purpose To have students and the educator get to know each other better

Steps for Activity

Introduce the program

1 Introduce *All4You2!*

Briefly introduce the All4You2! *program, making the following points:*

- I'm happy to be here.
- *All4You2!* is a special program designed just for you—we'll be talking about relationships; sex; ways to prevent HIV, other STDs, and pregnancy; ways to talk with partners about sex and protection; and resources for STD, HIV and pregnancy tests.
- I'd like to start by reading a poem that will help me introduce the program.

2 Share the introductory poem.

Have students turn to **The Voice Inside** *(Activity Sheet Pre3) in the workbooks (or distribute a copy of an alternate poem or song lyrics to each student). Explain where the poem or lyrics come from. Explain that this poem was written by a 15 year old named Lakeisha. Read the poem aloud or play the song and ask students to follow along. Then ask students to write down what they think the poem is about somewhere on the activity sheet (e.g., in the margins or open space). Allow students to work for 1 minute.*

3 Discuss.

Ask for volunteers to share what the poem means to them. Possible themes include:

- *Be proud of yourself*
- *Stand up for yourself*
- *You can take charge of your life*
- *Be yourself no matter what others say (don't try to be someone else to please others)*
- *Do your best*
- *Trust you inner voice*

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Ask students how these themes might connect to preventing HIV, other sexually transmitted diseases and pregnancy. Emphasize that All4You2! *is about being real, looking at sexual risks, and finding ways to respect yourself and protect yourself from disease and pregnancy.*

4 Describe the program.

Explain how often you will be coming to the class (e.g., 4 days a week for the next 8 weeks).

Using the Chart of Key Points, explain that the All4You2! *program will include:*

- *Music*
- *Skits*
- *Games*
- *Advice columns*
- *Videos*
- *Stories*
- *Discussions*
- *Anonymous questions*

Emphasize that the program will be fun. It will give them an opportunity to think about their relationships and about how they will protect themselves and others from HIV, other STD, and unplanned pregnancy.

Establish class agreements

1 Review existing agreements.

If you are an outside educator, explain to students that while you are visiting their classroom you want to be respectful of their class agreements. Ask students to name or point to the class agreements.

Explain that during All4You2! *you want to have a class environment where it's comfortable for all to participate and say what's on their minds. Ask which class agreements are most important for making it comfortable to talk about relationships, sex, and HIV, other STD and pregnancy.*

2 Add new agreements.

Add any agreements not already represented. The final list of All4You2! *class agreements should include the following concepts:*

- *Respect*
- *No hating (includes no name calling)*
- *Listen*
- *One at a time*
- *Ask any question*
- *OK to pass*
- *Confidentiality*
- *Use appropriate language*
- *Use inclusive language*
- *No sunglasses*
- *No headphones*
- *No cell phones on during lessons*

3 Get student buy-in.

Explain that there will be many open discussions and activities during the lessons. Stress the importance of respecting each other (e.g., no harassing, no hating, etc.).

Explain that you will make a poster of the agreements that will be displayed during each class, and will ask students to sign the poster when they come to class next time to confirm their support of the agreements.

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4 Discuss mandated reporting as part of confidentiality.

You can say:

There are some things I'm required to report by law, even if you tell me in confidence. For example, if one of you reports that someone is hurting you physically, or sexually abusing you, I'm required by law to report this to the proper officials. This helps protect everyone's safety.

Educator Note: Write up an Agreements poster for students to sign at the next meeting and to bring to every class.

Question Box

1 Introduce activity.

Explain that over the next several weeks you and the class will be talking about a lot of different issues on relationships, prevention, sex, services available in the community, and other similar topics. Tell students that you will provide a Question Box as one way for students to ask questions.

2 Introduce the Question Box.

Emphasize the following points:

- The Question Box is a way for you to ask questions privately.
- I will leave the Question Box and blank cards in the classroom. You can write a question and put it in the box at any time. During some lessons I also will pass out blank cards and give you a chance to write questions.

Show students where you will put the box and cards.

- I will take time to answer the questions in the box during selected lessons.
- Today is the first opportunity for writing your anonymous questions. I'm going to pass out a card to each of you. Remember NOT to put your names on the cards.

Pass out the 3 x 5 index cards.

Try to come up with one question about HIV, other STD or pregnancy. If you can't think of any questions, you can write "I don't have a question" on the card. I will pick up one card from each of you in a few minutes, even if you did not write a question.

3 Have students write questions.

Allow them to work for up to 3 minutes. Ask students to fold their cards. Collect one card from each student, even if the student did not fill the card out.

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4 Answer questions if there is time.

Relate answers to lesson objectives, whenever possible. If there are unanswered questions, let students know that you will address them in later lessons.

5 Conclude.

Thank students for their help today. Let them know that you are looking forward to working with them on this project. Tell them when you will start the program.

Collect student's name tents.

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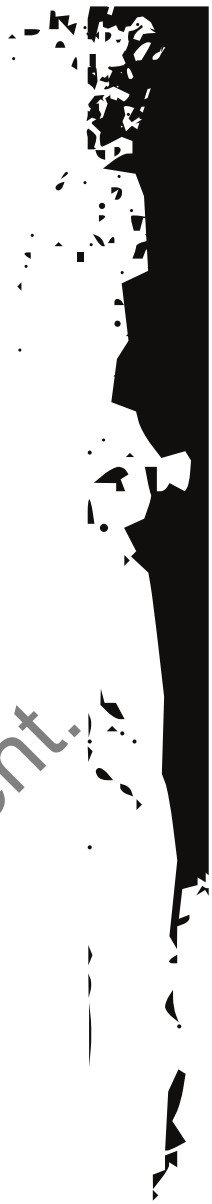
THE VOICE INSIDE

by Lakeisha W.



Don't listen to the negative voices.
Don't let them decide all your choices.
Be the person who turns the other cheek
Don't cry and let them know you're weak.

Getting the best of you is their game.
They look at you as if you aren't the same.
Listen to that little voice inside you.
Let that voice inside guide you towards the dreams you need.
Let that voice inside be the blood you bleed.
Carry yourself like you're the only one there,
As the words they say pass through your ears.

Don't let people bring you down, prevail and win.
You're the only one standing the firm ground.
It's your mission, so you tell when it begins.
That little voice inside is your guide through your life.

And, as that dream expands, you do too.
That little voice inside takes an important role in carrying you.
As a favor, let's dream and make reality leave those negative people in their own jealous fantasy.

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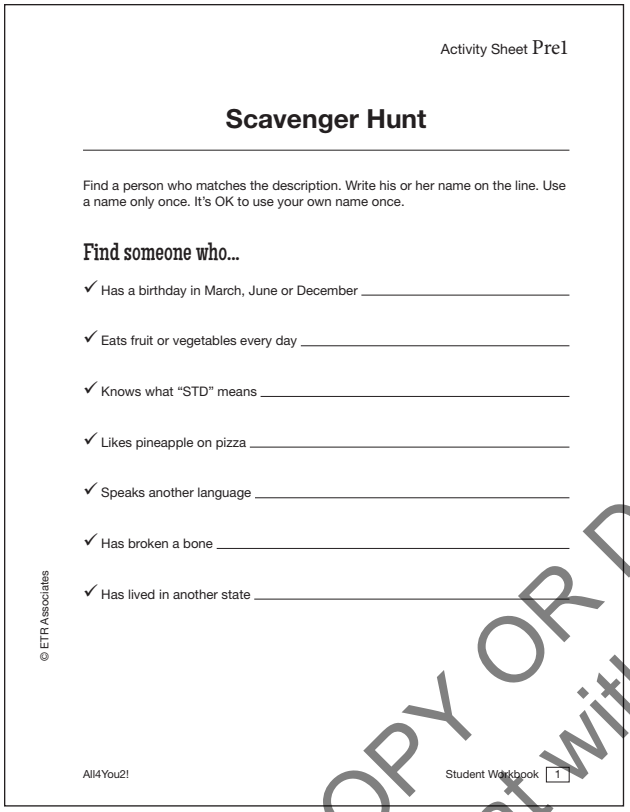

Activity Sheet Pre1

Scavenger Hunt

Find a person who matches the description. Write his or her name on the line. Use a name only once. It's OK to use your own name once.

Find someone who...

- ✓ Has a birthday in March, June or December _____
- ✓ Eats fruit or vegetables every day _____
- ✓ Knows what "STD" means _____
- ✓ Likes pineapple on pizza _____
- ✓ Speaks another language _____
- ✓ Has broken a bone _____
- ✓ Has lived in another state _____

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All4You2! Student Workbook 1

Activity Sheet Pre1

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Lesson 1 STDs

Synopsis	Sexually transmitted diseases are serious, and spreading rapidly among young people. In this lesson, students watch and discuss a video about common STDs.
Purpose Statement for Students	Today we will learn the "411" on STDs.
Objectives	Students will be able to: • Describe common signs and symptoms of STDs. • Identify condom use as one way to reduce the risk of some STD infections. • Identify abstinence as the best way to prevent STD infection. • Describe when and how to get help for STD infection.
Activities & Time	1.1: Check-In — 6 minutes 1.2: Plan for the Day — 2 minutes 1.3: STDs: In the Know — 5 minutes 1.4: Video on STDs — 34 minutes 1.5: Closure
Materials	**Have** ☐ Chart paper, markers and tape ☐ Student name tents ☐ Agreements poster (see Activity Pre3). ☐ *STD Facts for Teens* pamphlets, 1 per student ☐ Video on STD ☐ TV and DVD player, or other way to show the video ☐ Music and music player (choose a student favorite for the music if possible) ☐ Pencils

(continued)

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Materials

Review

- ☐ ***All4You2!* Messages** (Activity Sheet 1.1)
- ☐ **STDs: In the Know** (Activity Sheet 1.3)

Prepare

- ☐ Plan for the Day
- ☐ Poster with *All4You2!* Messages (see Activity 1.1)
- ☐ Resource poster (see Activity 1.4)

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials.
- ☐ Make poster of the class agreements created during the Pre-Lesson, and display it in the room. Be sure to sign it and have the teacher sign it too.
- ☐ Create list of Peer Leaders to announce to the class.
- ☐ Prepare or purchase (e.g., from iTunes) ***appropriate*** music based on students' favorite songs as reported during the Pre-lesson.
- ☐ Preview the video.
- ☐ Make a poster with CDC hotline and website resources (see Activity 1.4 for instructions)

Peer Leader Activities

None

Determinants Addressed

- Greater knowledge about STDs, including HIV
- Increased perceived risk and costs of getting HIV and other STDs if sexually active
- Greater perceived importance of avoiding disease
- More conservative attitudes toward having multiple partners

Educator Note:

STI vs. STD: Some health educators prefer the term "STI" (sexually transmitted infection) over "STD" (sexually transmitted disease), whereas others use the two interchangeably. The Centers for Disease Control and Prevention, along with many other leaders in health education, use STD because this is the term understood by the greatest number of people. We use STD in *All4You2!* because we find it is a term teens understand easily. It is important for everyone to understand that STDs (STDs) can present with or without symptoms.

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Activity 1.1 Check-In

Suggested Time 6 minutes

Materials Activity Sheet 1.1, *All4You2!* Messages poster

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. Using a daily check-in is a way to acknowledge this reality.

Educator Note: Remind students to sign the Agreements poster to show their support of the class agreements. Doing this as students enter or leave the classroom will minimize the time needed.

Steps for Activity

Lead a brief check-in

1 Explain the reasons for the check-in.

Explain to students that it is very helpful for you to know how they are feeling each day before you start the day's lesson.

2 Have students check in.

Ask a few students to volunteer to share how they are feeling or what's going on for them today.

Acknowledge responses using your best judgment. Use simple, short acknowledgements, particularly positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident you can get through it.
- I appreciate you making an effort to be in this class even though it's a hard day.
- Thanks for sharing that with us.

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Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

3 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Remind them that at the beginning of each class you'll be checking in with them like you did today.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

Review *All4You2!* themes

1 Re-introduce the program.

Follow these steps:

- *Tell students that today is the first official day of the* All4You2! *program.*
- *Have students turn to the* **All4You2!** ***Messages*** *(Activity Sheet 1.1) in their workbooks, and post the* **All4You2!** ***Messages*** *poster.*
- *Tell students that this part of the program is all about respecting and protecting themselves and their partners and friends from HIV, other STDs and unplanned pregnancy. Explain that you will be coming back to these themes or messages at different times throughout the program.*

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Announce the Peer Leaders

1 Introduce Peer Leaders.

Remind students that they wrote down names of people they admired and respected on a card during the pre-lesson. Explain that those individuals were invited to be All4You2! *Peer Leaders.*

These people are going to help with *All4You2!* as the Peer Leaders for the class. The Peer Leaders' names are *(announce the names of the main Peer Leaders plus an alternate)*.

2 Have Peer Leaders stand.

The Peer Leaders will help with activities, lead some group activities and help model the roleplays we do.

I hope you'll all support your peers in this role.

Have students give their Peer Leaders a round of applause.

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Activity 1.2 Plan for the Day

Suggested Time 2 minutes

Materials Plan for the Day, student name tents

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 **Have students help pass back name tents.**

2 **Post and review the Plan for the Day.**

Today we will learn the "411" on STDs.

3 **Ask for a volunteer to read the plan.**

Lesson 1
Plan for the Day
- STDs
- Video
- Summary

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Activity 1.3 STDs: In the Know

Suggested Time 5 minutes

Materials Activity Sheet 1.3, chart paper, markers and tape

Purpose To allow students to assess how much they know about STDs

Educator Note: Resist doing a mini-lecture on STDs here. The purpose of this activity is to serve as an anticipatory set and transition for the video.

Steps for Activity

1 Discuss STD.

Write in big letters on the board or chart paper: STD.

Ask students:

What do the letters STD mean?

Give hints if necessary and write the answer underneath:

Sexually Transmitted Disease

Tell students that some people also call these illnesses Sexually Transmitted Infections (STIs).

Ask students for examples of STDs/STIs. Write their ideas on the board. Post chart paper with common STDs, including: herpes, chlamydia, HIV/AIDS, gonorrhea, syphilis, HPV. Point out that there are many different STDs and these are some of the more common ones.

Ask students:

How do people get a sexually transmitted infection?

Look for the answer "by sexual contact." Clarify that this includes sexual intercourse (vaginal, oral, anal), as well as close physical contact, such as body rubbing.

2 Introduce the quiz.

Explain the activity using these steps:

- *Tell students they are going to complete a brief quiz about STDs.*
- *Explain that after they finish they will watch a video about sexually transmitted disease.*

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- *Tell students the answers to the quiz questions are in the video or will be given during class, and they should feel free to change their answers at any time.*

Have students turn to **STDs: In the Know** *(Activity Sheet 1.3) in their workbooks. Allow a few minutes for students to complete the quiz.*

1. Do people always know if they have an STD?
2. What are some common symptoms of STDs?
3. What should people who have an STD do?
4. Can all STDs be cured?
5. What can happen if someone with an STD never gets it treated?
6. Can a person get an STD from having oral sex?
7. What can someone do to prevent STD?

Assure students that even though they might feel unsure of their answers now, they will learn the right answers to these questions before the end of the class.

Educator Note: Avoid the temptation to debrief the quiz here. The debrief is part of the video summary.

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Activity 1.4 Video on STD

Suggested Time 34 minutes

Materials Video, TV and DVD player (or some other means of showing the video), Resources poster

Purpose To provide basic information on STD

Steps for Activity

1 Prepare students to watch the video.

Remind them that as they watch the video they should listen for the answers to the questions on the **STDs: In the Know** *quiz. Ask them to notice:*

- *What types of STD are covered*
- *What symptoms are described*
- *How people in the video feel about getting tested for or finding out they have an STD*

Educator Note: Your instructions for watching the video may change depending on the content of the video you will show. For example, you may need to change the pre-viewing questions to align with the selected video. Including pre-viewing questions helps increase students' attention to the video as they watch.

2 Play the video.

Stop the video briefly in key places as needed to maintain interest and generate thoughts about the situations and information shown. Do not show any video segment that includes instruction or information about condoms, as this will be covered in a later session.

3 Debrief.

At the end of the video, ask students questions to build and enhance understanding. Depending on the content of the video, you might ask questions such as:

- What caught your attention in the video?
- What is one difference between curable and incurable STDs?

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- How do you think the teens in the video felt about having an STD? How do you think they felt about telling their partners?
- What is one thing you would tell a friend about STDs?

4 Review the quiz answers to summarize main points.

- **Do people always know if they have an STD?** *Answer:* No. Besides HPV, there are other STDs, including HIV and chlamydia, that a person can have without knowing it.
- **What are some common symptoms of STDs?** *Answer:* Bumps, unexplained rash or lesions, jaundice, painful blisters, discharge or drip, painful urination. Some people with STDs do not have any symptoms.
- **What should people who have an STD do?** *Answer:* Go to a clinic or doctor to be tested. Tell their partner(s). Not have sex until treatment is complete and the STD is cured. Find out how to protect themselves and their partner(s) if the STD is incurable. They can also get more information about the STD from the Internet, pamphlets or a book, or a hotline.
- **Can all STDs be cured?** *Answer:* Some can, but some can't, including herpes, hepatitis B, HIV and certain strains of HPV.
- **What can happen if someone with an STD never gets it treated?** *Answer:* The person can pass it along to other people. Some STDs have very serious long-term consequences such as damage to the reproductive system (e.g., gonorrhea and chlamydia); brain damage and blindness (e.g., syphilis); skin disease (e.g., gonorrhea); and cancer (certain strains of HPV). Pregnant women who have an STD also can infect their babies (e.g., with syphilis during pregnancy or gonorrhea and chlamydia when giving birth).
- **Can a person get an STD from oral sex?** *Answer:* Yes. Many STDs are transmitted through sexual fluids. Those fluids could enter the body through open sores or small cuts in the mouth during oral sex. Some STDs, such as herpes, can be passed by skin-to-skin contact during oral sex.
- **What can someone do to prevent STD?** *Answer:* The best way to prevent an STD is to choose not to have sex (vaginal, oral or anal) and to avoid genital skin-to-skin contact. If you do have sex, it's important to limit the number of sexual partners you have; the more partners, the greater the possibility of coming into contact with someone who has an STD. Latex or polyurethane/polyisoprene condoms and dental dams (for oral sex) can reduce the risk of some STDs if they're used every time people have sex.

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Educator 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. Because 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.

5 Post the CDC website and hotline number.

- The CDC's STD information page, with links to additional information and test site locators, is at http://www.cdc.gov/STD.
- The CDC also has a 24-hour hotline number: 800-CDC-INFO or 800-232-4636. (TTY: 888-232-6348)

Here are some resources you can use to get more information about HIV and other STD, either by phone or online. The CDC site has an STD test-site locator, so you can find somewhere to get tested no matter where you are.

These are toll-free numbers, so there's no long distance charge for these calls. People who call do not need to give their names or reveal anything about themselves that they don't want to.

Educator Note: Create a simple poster with hotline and website resource information. You can hand write this information on a standard sheet of typing paper if you wish. There may be local resources you can suggest, or trustworthy websites you want students to know about.

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Activity 1.5 Closure

Suggested Time 8 minutes

Materials *All4You2!* Messages poster, *STD Facts for Teens* pamphlets

Purpose To summarize experiences and key points of the lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson. Emphasize that the purpose of today's lesson was to look at how sexually transmitted disease can affect people's decisions about sex, including their thoughts about having sex, their feelings and worries, and their concerns about how STDs will affect their bodies.

2 Emphasize the behavioral messages.

Use the All4You2! *Messages poster to review the main messages of the program:*

- **Respect:** Respect yourself, your body and your partner by having sexual limits.
- **Protect:** The best way to avoid STDs and protect yourself and your partner is to choose not to have sex.
- **Protect:** Another way to protect yourself is to limit the number of sexual partners. Using latex condoms every time you have sex can also reduce your risk of STDs, including HIV. People who are allergic to latex can use polyurethane (plastic) or polyisoprene (non-latex rubber) condoms.

3 Distribute pamphlets.

Give an STD Facts for Teens *pamphlet to each student.*

Please open the *STD Facts for Teens* pamphlet and look it over for a moment. This gives some basic information on common STDs. You can save this information as a resource or share it with a friend.

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Transition and Closure

1 Prepare students for next lesson.

Tell students that in the next lesson they will watch another video about HIV and how it affects young people.

2 Collect the student name tents.

Close by recognizing students for their participation.

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All4You2! Messages

RESPECT. Respect yourself, your body and your partner by having sexual limits.

PROTECT. The best way to avoid STDs and protect yourself and your partner is to choose not to have sex.

PROTECT. Another way to protect yourself is to limit the number of sexual partners. Using latex condoms every time you have sex can also reduce your risk of STDs, including HIV.

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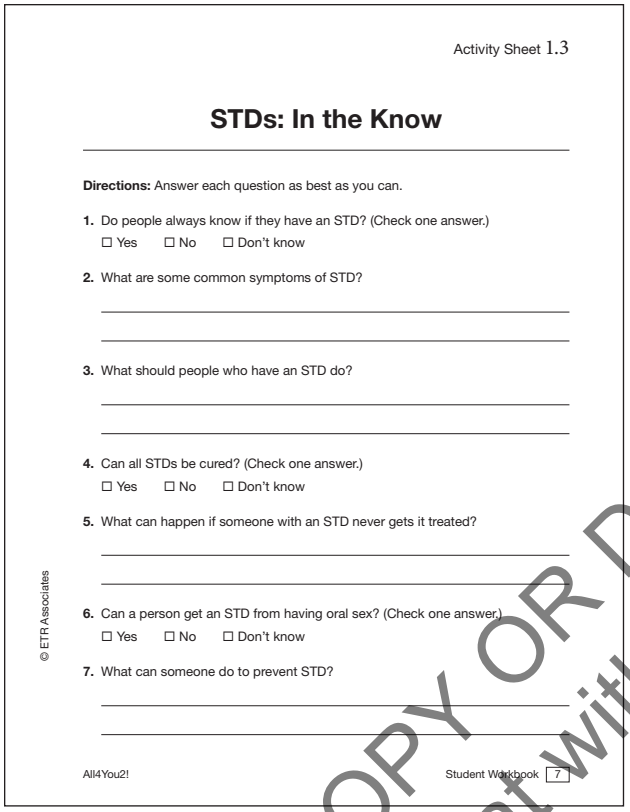

Activity Sheet 1.3

STDs: In the Know

Directions: Answer each question as best as you can.

1. Do people always know if they have an STD? (Check one answer.)
   ☐ Yes ☐ No ☐ Don't know
2. What are some common symptoms of STD?
3. What should people who have an STD do?
4. Can all STDs be cured? (Check one answer.)
   ☐ Yes ☐ No ☐ Don't know
5. What can happen if someone with an STD never gets it treated?
6. Can a person get an STD from having oral sex? (Check one answer.)
   ☐ Yes ☐ No ☐ Don't know
7. What can someone do to prevent STD?

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All4You2! Student Workbook 7

Activity Sheet 1.3

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Lesson 2

HIV and Teens

Synopsis	Students view and discuss personal stories of teens who are HIV positive. Students also take part in an activity to personalize their vulnerability to STDs.
Purpose Statement for Students	Today we will focus on how HIV affects people who have it.
Objectives	Students will be able to: • Describe the impact of living with HIV. • Explain how STDs can spread.
Activities & Time	2.1: Check-In 2 minutes 2.2: Review & Plan for the Day 3 minutes 2.3: Blood Lines 30 minutes 2.4: Don't Pass It Along 10 minutes 2.5: Question Box and Closure 5 minutes
Materials	**Have** ☐ Chart paper, markers and tape ☐ Student name tents ☐ Blood Lines video ☐ TV and DVD player, or other way to show the video ☐ Music and music player ☐ *All4You2!* Messages poster ☐ Question Box ☐ 3 x 5 index cards, 1 per student ☐ Pencils

(continued)

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Materials

Review

☐ **Blood Lines: Facts** (Activity Sheet 2.3)

Prepare

☐ Plan for the Day

☐ 3 x 5 index cards of the same color (35 total)
Label with small letters as follows:

- ☐ 1 D card
- ☐ 10 U cards
- ☐ 8 O cards
- ☐ 8 C cards
- ☐ 8 A cards

Educator Preparation

☐ Review entire lesson and prepare needed materials.

☐ Preview the video.

☐ Meet with Peer Leader who will get the D card for Activity 2.4 and explain what he/she needs to do.

☐ Review Appendix A: More Information About HIV/AIDS.

☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

☐ Peer Leaders read movie facts from Activity Sheet 2.3 following the Blood Lines video.

☐ One of Peer Leaders receives the D card for Activity 2.4.

Determinants Addressed

- Greater knowledge about HIV/AIDS
- Increased perceived risk and costs of getting HIV and other STDs if sexually active
- Greater perceived importance of avoiding disease
- More conservative attitudes toward having multiple partners

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Activity 2.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. Using a daily check-in is a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- Thanks for sharing that with us.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 2.2 Review & Plan for the Day

Suggested Time 3 minutes

Materials Plan for the Day, student name tents

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 1.

Have students count off by twos (1, 2, 1, 2, etc.). Have all the 2's stand. Tell students that half of all new STD infections each year occur among young people ages 15 to 24 (CDC, 2014).

Explain that the students who are standing represent 50% or half of the students in the classroom. If the classroom represented all new STD infections, the students who are standing would represent the infections that occur among young people ages 15 to 24. Have students sit down.

Ask students the following questions:

- It's said that when you have sex with someone you are really having sex with that person and with everyone that person has ever had sex with. What does this mean?
- What can people do to prevent getting STDs? (Choose not to have sex (vaginal, oral, or anal); limit partners; use condoms and other barriers).

3 Post and review the Plan for the Day.

Today we will focus on how HIV affects people who have it and discuss how we can protect ourselves.

4 Ask for a volunteer to read the plan.

Lesson 2
Plan for the Day

- Blood Lines
- Passing Cards
- Summary

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Activity 2.3 Blood Lines

Suggested Time 30 minutes

Materials *Blood Lines* video, TV and DVD player (or some other means of showing the video, Activity Sheet 2.3, chart paper

Purpose To personalize the motivation for choosing not to have sex or using protection to reduce the risk for disease

Educator Note: Before starting the video, recruit Peer Leaders or other student volunteers to read the movie facts on Activity Sheet 2.3 after the video. Let the volunteers know that you will cue them when to read.

Steps for Activity

1 Prepare students to watch the video.

Explain that you will be showing another video today. Explain that afterward students will have a chance to discuss it in pairs and then as a whole class.

Ask students how many of them know or have known someone who is HIV positive or who has AIDS. Acknowledge that young people ages 13 to 24 are affected by HIV. In 2010, young people accounted for 26% of all new HIV infections because of their sexual behaviors. Young men who have sex with men are particularly at risk (CDC, 2015).

Ask students to watch and listen carefully for the answers to these 2 questions:

- In what ways were the young people in the video affected by being HIV positive?
- What is one thing you will walk away with from seeing this video?

Post the questions on chart paper.

2 Play the video.

3 Debrief.

After the video, refer to the questions you posted. Ask students to reflect on their answers (you can have them write on scratch paper or just think quietly for a minute). Ask for a few volunteers to share their responses.

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4 Review information about HIV.

Review some basic functional knowledge regarding HIV by asking students the following questions. Clarify their responses as needed.

- What are the body fluids that can pass HIV? *(blood, semen [also called cum], pre-seminal fluid [also called pre-cum], rectal fluids, vaginal fluids and breast milk)*
- What are the most common ways people get HIV in the U.S.? *(Unprotected sex with someone who has HIV. Anal sex is riskiest; vaginal sex is second riskiest in terms of sexual behavior. Oral sex has a lower risk, but not zero risk. People also get HIV through sharing needles and other injection equipment that has been contaminated with infected blood.)*
- What population groups are heavily affected by HIV/AIDS? *(African Americans and Hispanics)*
- How can teens protect themselves from HIV? *(Don't have sex. Use latex barriers during sex (e.g., a condom for vaginal or anal sex, and a dental dam for oral sex). Have sex with only one uninfected partner who is faithful—neither person can have HIV or have sex with anyone else. Don't use drugs or share injection equipment.)*

5 Conclude.

Close by following these steps:

- *Have students turn to* **Blood Lines: Facts** *(Activity Sheet 2.3) in their workbooks.*
- *Remind students that all individuals are at risk for HIV depending on their behaviors.*
- *Review 2 or 3 facts by asking the Peer Leaders or other student volunteers to read selected facts, one at a time.*
- *Read the "What does it all mean?" box, and remind students of the importance of respecting and protecting themselves and their partners, and of getting tested for HIV if they are having sex.*

6 Transition to the next activity.

Stress to students that our actions affect others, and can put others at risk for HIV, other STD and/or unplanned pregnancy. Explain that they will see how this could play out in the next activity.

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Activity 2.4 Don't Pass It Along

Suggested Time 8 minutes

Materials Lettered 3 x 5 index cards, music and music player

Purpose To illustrate the transmission of HIV and other STDs

Steps for Activity

1 Introduce and explain the activity.

Let's take a closer look at STDs.

- Each of you will receive a card.
- Once you get your cards I will ask everyone to stand and start walking around the classroom, talking with friends.
- Talk with *at least five people,* and have those people sign your cards.
- You will have about 3 minutes to walk around and talk with each other.

Educator Note: The following activity helps participants understand the potential ease of transmission of HIV if responsible behavior isn't practiced. Be aware, however, that it can be a very sensitive activity. Some participants might be HIV positive or have family members who are; others might worry about being wrongly identified as HIV positive. Remind students that the activity is not intended to identify anyone personally and that it is strictly an exercise. It should not be taken lightly or used against anyone in the group.

2 Clarify.

Check for understanding by asking students what they will do once they get their cards. Clarify as needed.

3 Set up activity.

Give each participant an index card with a letter on it. Do not tell the students what the letters mean prior to the activity.

- *Distribute the cards so that a Peer Leader has the only D card, four or five students have U cards, and the other cards are distributed evenly.*
- *If there are fewer than five participants, eliminate the O card.*

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- *If the group is large, give 5 to 10 people U cards.*
- *Have participant their names at the top of their cards.*

4 Students circulate and sign cards.

Ask everyone to stand. Have students walk around, talk to each other and sign each other's cards.

Allow students to circulate and talk for about 3 minutes. ***Play music*** *while students circulate.*

5 Reveal risk behaviors.

After 3 minutes, ask everyone to have a seat. Give the following instructions:

You've just completed an exercise to show what can happen when people engage in risky behavior. Let's see what happened.

- *Ask the person who has a D on the card to stand.*

  For the purpose of this activity, this person has a sexually transmitted disease. This means that all of you who have that person's name on your card have been in contact with someone who has a disease.

- *Ask everyone who has that person's name on the card to stand.*

  All of these people have been exposed to the STD.

- *Have students check the small letters on their cards.*

  If you have a C on your card, you may sit down. The C means you correctly used a latex condom to reduce your risk.

  Have students with C cards sit.

  If you have an O on your card, you may sit down. The O means you had outercourse only. Outercourse refers to sexually pleasurable things, such as massage or rubbing bodies, that don't involve sexual intercourse, exposure to another person's body fluids or skin-to-skin genital touching.

  Have students with O cards sit.

  If you have an A on your card you may sit down. The A means you abstained and did not have sex. Abstinence is the 100 percent sure way to protect yourself.

  Have students with A cards sit.

  If you have a U on your card, remain standing. The U means you had unprotected sex. Because you did not use a condom, you are at high risk of being infected with whatever STD the first person had.

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Educator Note: If the group is large (over 15), you can continue the activity by asking the students who are sitting if any of the people who are still standing signed their cards. Have the students with these signatures stand. Then repeat the steps of checking the cards (i.e., those with C, O or A cards can sit down; those with U remain standing). Repeat the process as often as needed to emphasize individual vulnerability. This step is not necessary if the group is small (under 15).

6 Debrief.

Have all the students who were left standing sit down.

Ask the Peer Leader who had the D card:

- How did it feel to be the person who had the STD?

Ask the other participants:

- How did you feel when you found this person had an STD?
- How did you feel when you had to stand because one of the people who had signed your card had an STD?
- How did you feel when you got to sit down because you had protected yourself by abstaining (not having sex)? How did you feel when you got to sit down because you had reduced your risk by using a condom or having outercourse only?
- How did you feel if you had to stay standing because you had had unprotected sex and had been exposed to the STD?

7 Summarize the activity.

Even though this was just a game, it was meant to model how an STD can spread. I want to emphasize that HIV and other STDs are not spread through casual contact, such as talking to someone, shaking hands or having someone sign a card like we did in this exercise. You get an STD from having sexual intercourse with someone who has one.

8 Review HIV/STD prevention.

Ask students to describe the best ways to prevent HIV and other STDs. Be sure the following behaviors are covered.

- **Choose not to have sex and never share needles or works (for HIV prevention).** This is the safest approach for preventing disease, as well as pregnancy.
- **Use condoms if having sex (and other protection for pregnancy if having vaginal sex.** Using condoms and a hormonal method of birth control together will provide the best protection for both disease and pregnancy, if having vaginal sex.

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- **Reduce the number of sexual partners if having sex, particularly the number of sexual partners at any one time.** This is an important strategy for protection too, because condoms and birth control are not always 100% effective, and people sometimes fail to use methods of protection. The more people a person has sex with, the greater the chances of coming into contact with someone who has HIV or another STD.

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Activity 2.5 Question Box and Closure

Suggested Time 5 minutes

Materials Question Box, 3 x 5 index cards, *All4You2!* Messages poster

Purpose To provide an ice breaker for the group

Steps for Activity

Question Box

1 Remind students about the Question Box.

Make the following points again if needed:

- The Question Box is a way for you to ask questions privately, if you don't feel comfortable asking the questions directly in class.
- I will leave the Question Box and blank cards in the classroom. You can write a question and put it in the box at any time. During some lessons I also will pass out blank cards and give you a chance to write questions.
- I will take time to answer the questions in the box during selected lessons.

Show students where you will put the box and cards.

Explain that today is the first opportunity for writing anonymous questions. Pass out an index card to each student. Remind students NOT to put their names on the cards.

Ask students to try to come up with a question about HIV, other STDs and/or pregnancy. Tell students that if they can't think of any questions they can write "I don't have a question" on the card. Explain that you will pick up one card from each person in a few minutes even if they did not write a question.

2 Students write questions.

Allow students to work for up to 3 minutes. Ask students to fold their cards. Collect one card from each student even if the card is blank.

3 Answer questions.

Respond to student questions, if there is time and if you are comfortable doing so without previewing the questions first. Relate answers to future lesson objectives whenever possible.

If there are unanswered questions, let students know that you will address them in later lessons.

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Lesson Summary

1 Discuss.

Ask students what today's lesson was about. Elaborate as needed.

2 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect:** Think about what you will and won't do sexually.
- **Protect:** The best way to avoid HIV and other STDs is to choose not to have sex at this time.
- **Protect:** Limiting the number of sexual partners and using latex condoms/barriers can reduce your risk of HIV and other STDs. The more partners you have, the more you expose yourself to the risk of STD infection.

Add the following message to the poster: **Check it out**

- **Check it out:** If you are having sex, get tested at least once each year and/or before every new sexual partner.

Transition and Closure

1 Assign homework.

Tell students that they have homework for tonight. Ask them to share one thing from today's lesson with a friend.

2 Collect the student name tents.

Close by recognizing students for their participation.

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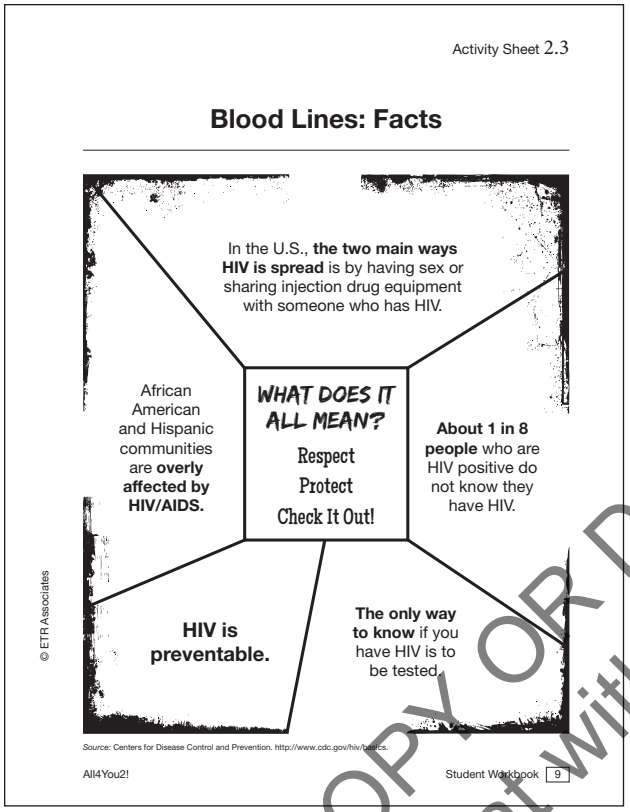

Activity Sheet 2.3

Blood Lines: Facts

In the U.S., **the two main ways HIV is spread** is by having sex or sharing injection drug equipment with someone who has HIV.

African American and Hispanic communities are **overly affected by HIV/AIDS.**

WHAT DOES IT ALL MEAN?
Respect
Protect
Check It Out!

About 1 in 8 people who are HIV positive do not know they have HIV.

HIV is preventable.

The only way to know if you have HIV is to be tested.

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Source: Centers for Disease Control and Prevention. http://www.cdc.gov/hiv/basics.

All4You2! Student Workbook 9

Activity Sheet 2.3

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Lesson 3

Reasons for Not Having Sex

Synopsis	This lesson provides a story to help students think about and compare the consequences of having versus not having sex.
Purpose Statement for Students	Today we will take a closer look at the consequences of sexual pressure.
Objectives	Students will be able to: • Compare the emotional consequences of having versus not having sex. • Analyze relationships and what could happen if the couples did or did not have sex. • Identify ways to show love and affection without having sex.
Activities & Time	3.1: Check-In 2 minutes 3.2: Review & Plan for the Day 8 minutes 3.3: Remy and Phoenix 15 minutes 3.4: Should They, or Shouldn't They? 10 minutes 3.5: Ways to Show Love & Affection 10 minutes 3.6: Closure 5 minutes

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Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Student name tents
- ☐ *101 Ways to Make Love Without Doin' It* pamphlets, 1 per student
- ☐ Music and music player
- ☐ *All4You2!* Messages poster
- ☐ Question Box
- ☐ 3 x 5 index cards, 1 per student
- ☐ Pencils

Review

- ☐ **How Do I Wait?** (Activity Sheet 3.2)
- ☐ **Remy and Phoenix** (Activity Sheet 3.3)
- ☐ **Should They, or Shouldn't They?** (Activity Sheet 3.4)
- ☐ **Love & Affection** (Activity Sheet 3.5)

Prepare

- ☐ Plan for the Day
- ☐ **The Story of Remy and Phoenix** (Educator Activity Sheet 3.3), 1 copy

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials.
- ☐ Practice reading the "How Do I Wait?" poem (Activity Sheet 3.2) out loud before class.
- ☐ Practice reading The Story of Remy and Phoenix (Educator Activity Sheet 3.3) out loud before class.
- ☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

- ☐ A Peer Leader can read the poem for Activity 3.2.

Determinants Addressed

- Increased attitudes favoring choosing not to have sex (being abstinent)
- Increased perceived risk and costs of getting HIV, other STD or getting pregnant if sexually active
- Greater perceived importance of avoiding disease and pregnancy

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Activity 3.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 3.2 Review & Plan for the Day

Suggested Time 8 minutes

Materials Plan for the Day, student name tents, Activity Sheet 3.2

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 2.

Ask students the following questions:

- Who gets HIV?
- How can having HIV/AIDS impact people?

3 Debrief homework.

Ask students how many of them shared something about the last lesson with a friend. Ask for 1 or 2 examples of what they shared.

Clarify any misinformation or key points as needed.

4 Prepare students for today's lesson.

Explain that you want to read a brief poem written by a teen named Jolita. Follow these steps:

- *Have students turn to* **How Do I Wait?** *(Activity Sheet 3.2). Read or have a Peer Leader read the poem.*
- *Ask students to turn to someone next to them to share 1 thought about the poem.*
- *Ask for volunteers to share their thoughts.*

Lesson 3
Plan for the Day

- Remy and Phoenix
- Should They, or Shouldn't They?
- Summary

5 Post and review the Plan for the Day.

Today we will look at the emotional consequences of having or not having sex. We also will hear about some different people and analyze their choices around sexual activity.

6 Ask for a volunteer to read the plan.

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Activity 3.3 Remy and Phoenix

Suggested Time 15 minutes

Materials Educator Activity Sheet 3.3, Activity Sheet 3.3, chart paper and markers, music and music player

Purpose To allow students to identify, discuss and personalize the immediate and short-term consequences of having or not having sex

Steps for Activity

1 Read the story.

Tell students that you will read them a story about two teens. Explain that after you read the story they will get a chance to think about and write what happens next in the story.

Read or have a Peer Leader read **The Story of Remy and Phoenix** *aloud.*

2 Introduce the activity.

Explain that you would like students to think about what happens next in the Remy and Phoenix story. Cover these points:

- Turn to **Remy and Phoenix** (Activity Sheet 3.3) in your workbook.
- Read each scene and fill in the "thinking and talking" bubbles for the characters based on what you think might happen next.
- Try to use the words that Remy and Phoenix might really be thinking or saying.
- After you've filled in the bubbles, answer the question at the bottom of the second page.

3 Clarify.

Check for understanding by asking students what they will be doing with the Remy and Phoenix activity sheet. Clarify as needed.

4 Students complete activity sheet.

Allow students to work for about 5–8 minutes. ***Play music*** *while students work. Circulate to ensure students are on task and to assist as needed.*

While students are working, label the left side of a piece of chart paper with "HAD SEX" and the right side with "DIDN'T HAVE SEX." Draw a line to divide the 2 columns.

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5 Debrief.

Once students finish, ask for volunteers to share their responses, moving scene by scene following these steps:

- *Note key words in students' responses in the chart paper column labeled HAD SEX (e.g., sad, embarrassed, worried, afraid, regret about getting an STD).*
- *Ask students about the final question on the activity sheet. Have them hold up 1, 2, or 3 fingers to show which scene would be most difficult for them to handle.*

Then ask students to think about how things might be different if Remy and Phoenix decided NOT to have sex that night. Follow these steps.

- *Discuss each scene (next morning and 2 days later) and ask how things might be different.*
- *Note key words in the chart paper column labeled DIDN'T HAVE SEX.*
- *Ask how scene 3 (STD infection) would change. Note key words on chart paper.*

Ask students:

- What are some differences in feelings and thoughts between the two situations?
- Are the feelings and thoughts the same or different for Remy and Phoenix? Why?
- If Remy and Phoenix were a girl and a guy, what other risk did they avoid by not having sex? (unplanned pregnancy)
- What if Remy and Phoenix were a same-sex couple? Would anything about the situation change? (No, same-sex couples have to protect themselves from STD just like male/female couples if they choose to have sex.)

Educator Note: Discussing how things might have been different if Remy and Phoenix had decided NOT to have sex is crucial step for this activity.

6 Conclude.

Close by pointing out that even though some people treat sex very casually, there are mental, emotional and physical consequences of having sex, even for people who have already had sex before. Point out some of these consequences from the Remy and Phoenix story (e.g., worry, fear, embarrassment, risk of STD/HIV).

Ask students if they can recall some of the other consequences discussed in Lessons 1 and 2 (e.g., pregnancy for male-female couples engaging in vaginal sex).

Emphasize that making a decision about sex is a very important decision, and one that deserves careful thought because of all the potential consequences or after effects.

7 Prepare students for next activity.

Explain that in the next activity students will continue to examine and discuss the consequences of having or not having sex.

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Activity 3.4 Should They, or Shouldn't They?

Suggested Time 10 minutes

Materials Chart paper and markers, Activity Sheet 3.4

Purpose To have students to think about what it means to have sex and what conditions should to be in place before having sex (e.g., in love and in a healthy relationship, know partner well, prepared to take care of a child if there's a pregnancy)

Steps for Activity

1 Discuss.

Ask students why they think people have sex (e.g., to be close to someone, to show your love, because it feels good). Have students brainstorm when it's OK to have sex in a relationship. Record key words on chart paper.

2 Explain activity.

Tell students that they are going to work in pairs on the next activity. Review the following points:

- You will be reading about some teen couples and their situations.
- Read the situations and talk about whether you think the people in each situation are ready for sex or not.
- Talk about what they need to be thinking about in deciding whether or not to have sex.
- Make notes so you can share what you and your partner talked about.

3 Clarify.

Check for understanding by asking students to describe what they are going to do once they are in pairs. Clarify as needed.

4 Students complete activity sheet.

Put students in pairs and have them turn to **Should They, or Shouldn't They?** *(Activity Sheet 3.4) in their workbooks. Circulate to monitor and assist students as needed. Allow students to work for about 5 minutes.*

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5 Debrief.

When students are finished, call the class back to attention and ask students to share their thoughts about each situation.

- *Ask students what they think the couples should do and what they need to think about in making their decision.*
- *Ask what would happen if these teens decided to wait before having sex.*

6 Share information about teens and relationships.

Emphasize the following information about a recent study on teens and relationships:

A recent study found that teens ages 14 to 17 who said they decided to wait before having sexual intercourse in their relationships actually reported greater satisfaction and commitment in their relationships than those who had sex early in a relationship.*

Why do you think this might be true? *(get to know person better, feel connection with person that is more than just sexual)*

Kissing and desire for the partner were strong predictors of relationship satisfaction in the study. This shows the importance of non-sexual ways of showing love and affection.

There are lots of ways to show love and affection without having sex. You'll get to explore more about that topic next!

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*Welsh, D. P., P. T. Haugen, L. Widman, N. Darling and C. M. Grello. 2005. Kissing is good: A developmental investigation of sexuality in adolescent romantic couples. *Sexuality Research & Social Policy* 2 (4): 32–41.

Activity 3.5 Showing Love and Affection

Suggested Time 10 minutes

Materials Activity Sheet 3.5, *101 Ways to Make Love Without Doin' It* pamphlets, chart paper or poster board and markers

Purpose To have students identify ways of showing love and affection without have sexual intercourse

Steps for Activity

1 Discuss basic needs.

Acknowledge that some of our basic needs as humans include the need for intimate contact, closeness, and love. Explain that there are a lot of ways to get our need for intimacy and closeness met without having sex. Ask students to share a few ideas. Repeat or rephrase them as needed.

2 Explain activity.

Tell students that they will now get a chance to make a poster or a "top ten" list of ways to show love and affection without having sexual intercourse (vaginal, oral or anal). Follow these steps:

- *Explain that students will work in groups of four.*
- *Ask them to include at least 10 ideas on their posters/lists.*
- *Remind students to keep it "clean" if you feel that reminder is necessary.*

3 Clarify.

Check for understanding by asking students what they will do once they get in groups. Clarify as needed.

4 Groups make posters.

Put students into groups of four. Follow these steps:

- *Pass out markers and chart paper of poster board to each group.*
- *Allow students to work for about 5–8 minutes.*
- *Circulate and prompt students or clarify the task as needed.*
- *As you circulate, recruit 2 or 3 groups to share their work once they are finished.*

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5 Share.

Have two or three groups share their work in front of class. Thank students for their efforts and creativity.

6 Summarize.

Close by noting that closeness is important in a relationship, but there are many ways to be close without having sex.

Have students turn to **Love & Affection** *(Activity Sheet 3.5) in their workbooks. To personalize the activity, ask them to think about all the ideas that were shared, select two ways that they would like to remember and use, and write these ideas down on the activity sheet.*

7 Distribute pamphlets.

Distribute a 101 Ways to Make Love Without Doin' It *pamphlet to each student. Allow students to look through it briefly. Encourage them to share it with a friend or partner.*

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Activity 3.6 Closure & Question Box

Suggested Time 5 minutes

Materials Question Box, 3 x 5 index cards

Purpose To summarize key points of the lesson and prepare for the next lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum.*

- **Respect and Protect:** Choosing not to have sex can lead to better relationships, and can keep you safe from unplanned pregnancy and/or HIV and other STDs.
- **Respect and Protect:** There are many ways to show people you care about them without taking a risk of sexually transmitted diseases or pregnancy.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

2 Gather new questions.

If there is time, hand out 3 x 5 index cards and give students a minute to write any new questions they might have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

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Closure

1 Conclude.

Collect the student name tents.

Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

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HOW DO I WAIT?

by Jolita Phillips

Going from class to class knowing that more than half has already been taken

All of the pressure makes me question why I am still waiting

Should I give in to the boy that I've been dating?

When the topic comes up between my friends I'm the one who's not relating

Some say I should just wait until I'm in love

Yet I wonder is that really enough?

I hear the stories of others getting hurt and just used

I'm young still untaken and confused

Television portrays that having sex is so good

I really like this boy and he thinks I should

How am I sure if he's the right one?

How would it be once we're done?

This could end with me feeling either very regretful or great

So hard, how do I wait?

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Teen Expressions: Commemorative 10th Edition. www.teenpregnancysc.org.

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The Story of Remy and Phoenix

Educator Note: Emphasize that the Remy and Phoenix in the story could be any teens with any names.

Remy is in high school. It's Saturday and Remy's Nana thinks Remy is doing homework at a friend's house that night, but Remy and the friend went to a party instead. When they got there, the house was a little dark and there were no parents. Music was playing and some people were dancing. There was a bar set up near the kitchen and others were sipping alcohol. Some kids were hooking up in the rooms.

Remy's friend went off to talk to some other people. Remy was feeling uncomfortable without the friend, and decided to have a few drinks. Just when Remy was wishing someone would come over and talk, Phoenix, someone Remy had seen at school, came over.

Phoenix and a few friends had been drinking. Phoenix's friends were talking about getting down tonight. Phoenix joined in the talk, but didn't mean it. Sex had really messed up a relationship in the past, so Phoenix had made a private decision not to have sex again, at least for a few years. Phoenix didn't know many people at the party, so was happy to see Remy. Phoenix got a drink and offered another one to Remy. Remy wasn't sure about drinking more, but took the drink anyway.

Phoenix asked Remy to dance and they started feeling good. Phoenix saw some friends watching and wanted to impress them. So Phoenix started to rub on Remy in ways that felt kind of good, but also were a little uncomfortable.

The touching felt good to Remy too, but, like Phoenix, Remy felt a little uncomfortable and wasn't sure touching in that way was OK. But Remy decided that Phoenix was cool and let the touching keep going. Both Phoenix and Remy were feeling odd because everybody was watching. They were also feeling the alcohol and it was hard to think clearly.

Soon their friends were signaling for them to go to a room, so Phoenix suggested the idea to Remy. Remy wasn't sure whether it was a good idea, but liked Phoenix and didn't want to deal with their friends' responses, so they went.

Remy took Phoenix's hand and started to go down the hallway. They turned the knob on one of the doors. Someone yelled "Hey!" "Ooops—Sorry!" they said, laughing nervously. "Wrong door!" They tried the next one a little more carefully. It was empty. Remy and Phoenix went into the bedroom. Soon they were lying on the bed, kissing and messing around. They didn't really talk about having sex. It just happened. After they did it, Remy and Phoenix found their friends and went home.

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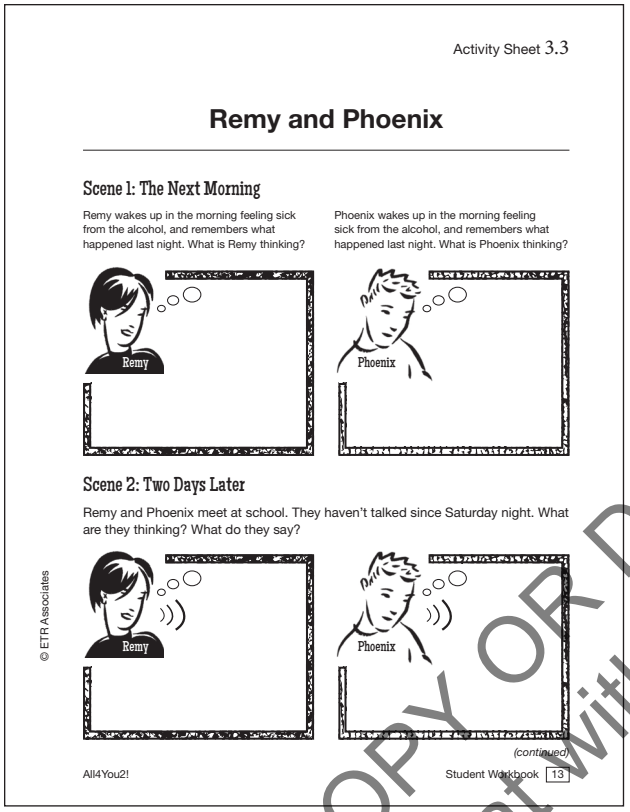
Student Workbook Pages for Educator Reference



Activity Sheet 3.3

Activity Sheet 3.3

Remy and Phoenix

Scene 1: The Next Morning

Remy wakes up in the morning feeling sick from the alcohol, and remembers what happened last night. What is Remy thinking?

Phoenix wakes up in the morning feeling sick from the alcohol, and remembers what happened last night. What is Phoenix thinking?

Remy

Phoenix

Scene 2: Two Days Later

Remy and Phoenix meet at school. They haven't talked since Saturday night. What are they thinking? What do they say?

Remy

Phoenix

(continued)

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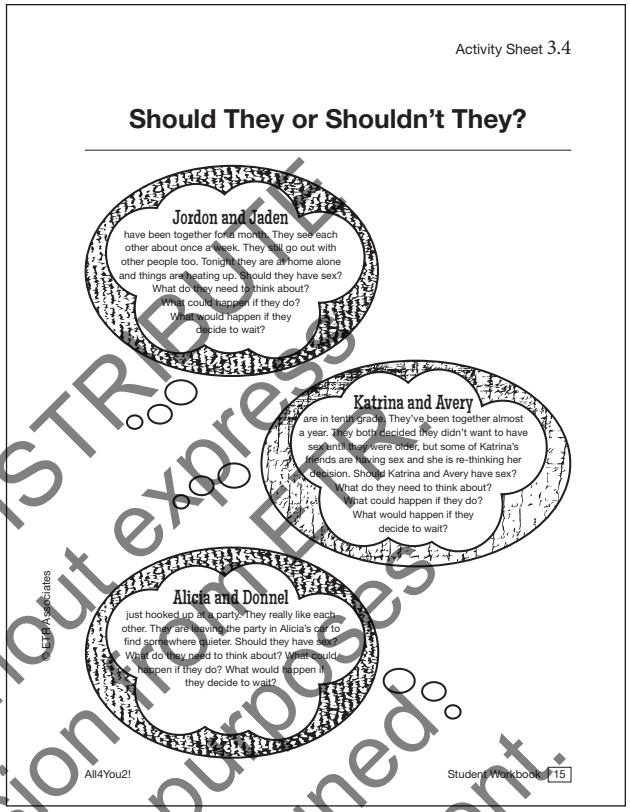

Activity Sheet 3.4

Activity Sheet 3.4

Should They or Shouldn't They?

Jordon and Jaden

have been together for a month. They see each other about once a week. They still go out with other people too. Tonight they are at home alone and things are heating up. Should they have sex? What do they need to think about? What could happen if they do? What would happen if they decide to wait?

Katrina and Avery

are in tenth grade. They've been together almost a year. They both decided they didn't want to have sex until they were older, but some of Katrina's friends are having sex and she is re-thinking her decision. Should Katrina and Avery have sex? What do they need to think about? What could happen if they do? What would happen if they decide to wait?

Alicia and Donnel

just hooked up at a party. They really like each other. They are leaving the party in Alicia's car to find somewhere quieter. Should they have sex? What do they need to think about? What could happen if they do? What would happen if they decide to wait?

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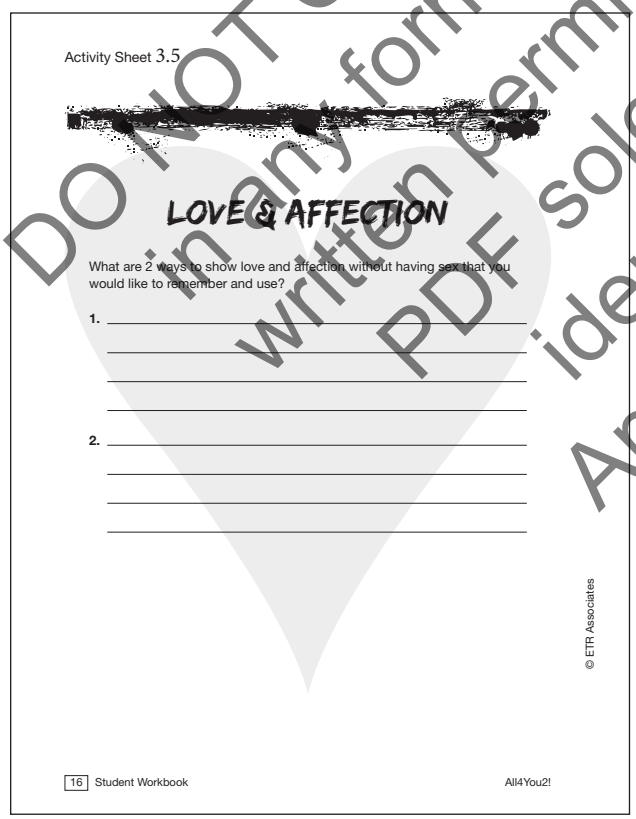

Activity Sheet 3.5

Activity Sheet 3.5

LOVE & AFFECTION

What are 2 ways to show love and affection without having sex that you would like to remember and use?

1. _____

2. _____

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Lesson 4 What's the Risk?

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Synopsis

Students participate in an activity to identify behaviors that put them at risk for HIV and other STDs, identify ways to reduce their risk, and then complete a small-group activity to examine ways to make respectful and responsible decisions in a relationship.

Purpose Statement for Students

Today we will focus on things that put us at risk of getting HIV and other STDs, and ways to reduce that risk.

Objectives

Students will be able to:

- Distinguish between behaviors that range from no to high risk for HIV transmission.
- Describe how to prevent HIV and other STDs.
- Personalize their risk for HIV infection and identify personal plans for avoiding infection.
- Describe how to show respect and responsibility in relationships.
- Explain the benefits of making respectful and responsible decisions.

Activities & Time

4.1: Check-In	2 minutes
4.2: Review & Plan for the Day	3 minutes
4.3: Risk Continuum	25 minutes
4.4: What's Your Risk?	5 minutes
4.5: Respect & Responsibility	12 minutes
4.6: Closure	3 minutes

Materials

Have

- ☐ Chart paper, markers, and tape
- ☐ Student name tents
- ☐ Blank index cards the same size and color as the Risk Behavior Cards (see Educator Background Sheet 4.3)
- ☐ Large envelope (see Activity 4.4)
- ☐ Prizes (see Activity 4.5)
- ☐ Music and music player
- ☐ *All4You2!* Messages poster
- ☐ Pencils

(continued)

Materials

Review

☐ **Risk Continuum Activity** (Educator Background Sheet 4.3)

Prepare

☐ Plan for the Day

☐ Three traffic lights drawn on 8-½ x 11 paper, with the following labels:

- Green—Lowest Risk
- Yellow—Proceed with Caution
- Red—High Risk

☐ Tape or Velcro strips to hang cards between the stop lights

☐ **Risk Behavior Cards** (see Educator Background Sheet 4.3)

☐ Chart paper (see Activity 4.3 for instructions)—divide the paper into two columns by putting a line down the middle. On the left side write "Respectful and Responsible Decisions." On the right side write "What's in It for Me." Make 4 or 5, depending on class size,

☐ **What's Your Risk? Cards** (Master 4.4), 1 per student

Educator Preparation

☐ Review the entire lesson and prepare needed materials.

☐ Make chart paper sheets for group work in Activity 4.3.

☐ Check with Peer Leaders to be sure they are prepared.

Peer Leader Activities

☐ Peer Leaders serve as recorders and reporters for Activity 4.5.

Determinants Addressed

- Greater knowledge about HIV/AIDS
- Greater perceived risk of HIV/STDs
- More positive attitudes about using condoms
- Increased attitudes favoring choosing not to have sex
- More conservative attitudes toward having multiple partners
- Decreased alcohol use and use of other substances before having sex

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Activity 4.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 4.2 Review & Plan for the Day

Suggested Time 3 minutes

Materials Plan for the Day, student name tents

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 3.

Ask students the following questions:

- What are some of the emotional and physical consequences of having sex?
- What are some of the issues young people need to think about before having sex in a relationship?

Clarify any misinformation or key points as needed.

4 Post and review the Plan for the Day.

Today we will focus on things that put us at risk of getting HIV and other STDs, and ways to reduce that risk.

6 Ask for a volunteer to read the plan.

Lesson 4
Plan for the Day

- What's the Risk?
- Proud & Responsible
- Summary

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Activity 4.3 Risk Continuum

Suggested Time 25 minutes

Materials Traffic lights, Risk Behavior Cards, Educator Background Sheet 4.3, blank index cards, tape, markers

Purpose To help students identify the risk level for a variety of sexual and nonsexual behaviors

Steps for Activity

1 Introduce activity.

- *Ask students for a few examples of behaviors that put teens at risk for HIV and other STDs (e.g., having sex without using condoms).*
- *Ask students to describe a behavior that is safer (e.g., choosing not to have sex, kissing, using condoms if having sex).*
- *Note that it may feel like everything sexual is risky, but it's not.*
- *Explain that in this next activity students are going to look at different behaviors and how risky they might be.*

Post the three labeled traffic lights in a continuum on the chalkboard or on the wall. Explain the activity, reviewing the following steps:

- *You will work in small groups of three or four.*
- *Each group will get several cards with different behaviors written on them (show cards).*
- *Discuss each behavior as a group and decide the level of risk of the behaviors.*
- *Once your group has decided, someone from the group should tape each card along the continuum based on the level of risk for STD and/or HIV infection the behavior represents. It's OK to put a card in between two of the traffic lights—for example, if your group decides it fits somewhere between the green light and the yellow light.*

2 Model the activity.

Ask students to indicate the level of risk associated with "Talk on phone." Write this on a card and post it in the no risk category, under the Green Light.

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3 Students place cards.

Divide students into groups of three or four. Assign a Peer Leader to each group. Pass out Risk Behavior Cards and tape to each group. Allow students to work for 5 minutes to place their cards in the correct categories. Prompt them if necessary when they have about a minute left.

4 Debrief.

Have students stay in their groups after they finish. Review the three risk categories:

- High Risk/Red Light behaviors involve an exchange of blood, semen (cum), pre-cum, vaginal or rectal fluids. These behaviors pose a definite risk of transmitting HIV and other STDs.
- Proceed with Caution/Yellow Light behaviors are behaviors that involve a barrier such as a condom or dental dam. They are activities during which an exchange of body fluids is possible and so there can be some danger of transmitting HIV and other STDs.
- Lowest Risk/Green Light behaviors involve no exchange of blood, semen (cum), pre-cum, vaginal, or rectal fluids, and thus pose no risk of transmitting HIV. Most also pose no risk of transmitting other STDs, although some could.

Ask students if there are any behaviors that they think should be moved on the continuum. Have students explain why they think the behavior should be moved. If students do not agree on the level of risk of selected behaviors, encourage discussion and seek input from other students.

Make sure all behaviors are in the proper categories before moving to the next step. Use Educator Background Sheet 4.3 as a guide for final placement of behaviors.

Educator Note: Be sure not to leave a card incorrectly placed along the continuum. Heated discussion may emerge about the proper place of a behavior along the risk continuum, which is a great opportunity for nuanced discussion. Stress that any behavior in the yellow or red categories are more risky than those in the green category. End any discussion that becomes nonproductive.

When students are evaluating a behavior they may ask you whether the sex partner is infected with HIV or another STD. Say that you do not know.

5 Identify additional behaviors.

Continue the activity by allowing groups to identify other behaviors not already on the wall using the following steps:

- *Assign each group to work on Green Light, Yellow Light or Red Light behaviors. Assign one category of behaviors to each group.*
- *Explain that you would like each group to come up with two behaviors that are not already on the wall for their assigned category (Green, Yellow or Red Light behaviors), and to write those behaviors on the cards you will give them.* ***Remind students to use appropriate behaviors and language.***

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- *Give each group two blank index cards and a marker, and have them get started. Circulate to ensure students are on task. Check the behaviors they identify for appropriateness and specificity.*
- *Once groups have come up with their behaviors, have them discuss and agree upon where within their category they would place the cards (e.g., closer to the green light or toward the yellow light for the Green Light group). Have representatives from each group tape their cards on the wall based on the group's decision.*
- *Review the new behaviors quickly as a class and ask if the class agrees on the placement. Discuss and move the cards as needed.*

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Activity 4.4 What's Your Risk?

Suggested Time 5 minutes

Materials What's Your Risk? Cards, pencils, large envelope

Purpose To have students think about their personal risk behaviors and identify how many of them are in the Yellow or Red Light risk categories

Steps for Activity

1 Introduce activity.

Ask students to think about their own sexual behaviors over the past 7 days. (Stress that they should just to think about the behaviors, not share them out loud).

Remind them that if they are practicing Yellow or Red Light behaviors they are placing themselves and their partners at risk for HIV and other STDs, and they should change their behaviors to lower their risk.

Tell students that you will be passing out a card and a pencil. Explain that when they get the card they should mark whether or not they have done any Yellow or Red Light behaviors in the past week. Tell students NOT to put their names on the card.

2 Students assess personal risks.

Conduct the activity using the following steps:

- *Pass out a* **What's Your Risk? Card** *and a pencil to each student.*
- *Have students check the appropriate boxes and fold the card in half when they are done.*
- *Walk around the room with a large envelope and have students put their completed cards in the envelope. Do NOT have students pass the cards forward, as it could jeopardize their privacy.*
- *Do a quick tally of how many students marked "yes" to Yellow or Red Light behaviors and how many marked "no" to each (e.g., 10 students marked no for Yellow, 5 marked yes; 13 students marked no for Red; 2 marked yes).*

3 Debrief.

Share the tallies with students.

If it is true, point out that some (or many) students are avoiding Yellow and Red Light behaviors and are reducing their risk for HIV and other STDs.

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If some students are reporting Yellow or Red Light behaviors, randomly pick a few behaviors in each category from those listed on the wall (ideally based on what you hear is common practice among these students) and ask students how people might change the behavior so that they are closer to the Green Light end of the continuum.

Suppose someone is having sex with multiple partners, but always uses a condom. This is a Yellow Light behavior. Having sex with multiple people increases the chances that one of those people might have a disease. So what could that person do to further reduce the risk of HIV and other STDs and move more toward the Green Light end of the continuum?

(Reducing the number of partners will lower the person's risk.)

Educator Note: This activity has the potential to backfire if all students are practicing risky behaviors. If this is the case for your class, do NOT debrief this activity by sharing group results. Rather, debrief by picking one or two common Yellow and Red Light behaviors and asking students how to change each behavior to make it safer.

4 Conclude.

Close by asking students to think about their behaviors and all the behaviors they discussed today. Have them think about what they can do or change in the next week to stay or get to "Green."

Emphasize that it is in their power to protect themselves and their friends/partners. Encourage students to share this information about Green, Yellow and Red Light behaviors with friends and/or their partners, emphasizing which behaviors are safer.

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Activity 4.5 Respect & Responsibility

Suggested Time 12 minutes

Materials Chart paper, markers, prizes

Purpose To introduce the concepts of respect and responsibility in protecting themselves and others against HIV, other STDs and unintended pregnancy

Educator Note: To prepare the chart paper for the small-group activity, divide each piece into two columns by putting a line down the middle. On the left side, write "Respectful and Responsible Decisions." On the right side write "What's in It for Me." Make 4 or 5 per class, depending on class size. Remember to make one to use for the discussion segment.

Steps for Activity

1 Define key terms.

- *Write the words Respect and Responsible on chart paper.*
- *Have students brainstorm what it means to respect your body. Record key words on the chart paper.*
- *Then have students brainstorm what it means to be responsible. Record key words on the chart paper.*

Be sure students' answers include the following:

To respect your body means having self-worth, integrity, and dignity; valuing yourself; taking care of yourself.

Being responsible means being dependable, dedicated, reliable, committed and trustworthy.

2 Describe small-group activity.

Tell students that now you would like them to work in small groups to think more about what it means to show respect and responsibility in terms of relationships, and to think about the benefits of showing respect and responsibility.

Explain the activity:

- You will work in groups of three or four. Your Peer Leader will be your recorder.

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- Each group will receive a piece of chart paper and a marker. The paper has two columns. On the left side it says "Respectful and Responsible Decisions." On the right side it says "What's in It for Me." (Show example.)
- Your task is to list at least 3 respectful and responsible decisions people can make in a relationship. Then, you should list at least 3 benefits of making those decisions. The group with the most items on their lists (that meet the objective of the activity) will get a prize.
- You'll have 5 minutes to create your lists.

3 Clarify.

Check for understanding by asking students what they will do with the chart paper. Clarify as needed.

Put students in groups and pass out chart paper and markers to the Peer Leader in each group. Have the groups get started on the activity. Circulate to clarify the task and answer student questions.

4 Debrief.

After about 5 minutes, call students back to attention. Have the Peer Leaders in each group share one way to show respect and responsibility in a relationship. Write these answers on a piece of chart paper labeled "Respectful and Responsible Decisions." After the groups have reported, ask if there are other ideas that weren't mentioned.

Students' lists should include concepts such as:

- Wait until older or in a serious, committed relationship to have sex.
- Use a latex or polyurethane/polyisoprene condom during sex (and, if having vaginal sex, ideally a condom and hormonal birth control).
- Abstain from sexual behavior when no condom is available.
- Avoid using alcohol and drugs.
- Talk with partners and friends about risk behaviors and protection.
- Be faithful to each other (don't cheat).
- Choose to have one partner.
- Don't push partner into doing something he/she isn't ready to or doesn't want to do.

Now ask the Peer Leaders of each group to share one of the benefits of showing respect and responsibility. Record key words on chart paper labeled "What's in It for Me." After the groups have reported, ask if there are other ideas that weren't mentioned.

Students' lists should include benefits such as:

- Feel better about yourself
- Have healthier relationships
- Reduce your risk of HIV, other STDs and/or unintended pregnancy
- Stay in school

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- Accomplish your goals
- Build more trust with your partner
- Make people feel proud of you
- Feel like you are helping your loved ones and your community

Leave this chart paper posted in class. Distribute prizes to groups with most ideas on their lists.

5 Summarize.

Be sure to make the following points:

- Everyone is vulnerable to HIV and other STD infection.
- Have limits and honor your partner's limits. Waiting until you're older to have sex is the safest choice for avoiding HIV and other STDs right now.
- If people have sex, the respectful and responsible things are to (1) use condoms/barriers (and another effective form of birth control every time if having vaginal sex); (2) limit the number of sexual partners; and (3) get tested for STDs and HIV before having sex.
- People who engage in responsible behavior feel proud of helping to protect themselves and their partners, which ultimately helps reduce HIV and other STD in their communities.

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Activity 4.6 Closure

Suggested Time 3 minutes

Materials *All4You2!* Messages poster

Purpose To summarize key points of the lesson and prepare for the next lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Summarize.

Emphasize that the purpose of today's lesson was to look at different sexual behaviors and what risk they pose for transmitting STDs, including HIV. Point out that taking responsibility in a relationship is one way of showing your partner you care, and it can help reduce the chances that either person will get a disease.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these in to the main messages of the curriculum:*

- **Respect:** Think about what you are doing and make sure your behaviors are low risk.
- **Protect:** The best way to avoid HIV and other STDs is to choose not to have sex.
- **Protect:** Limiting the number of sexual partners and using latex condoms/barriers every time you do have sex can reduce your risk of HIV and other STDs.

Closure

1 Conclude.

Collect the student name tents. Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

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Risk Continuum Activity

Traffic Lights

Take 3 sheets of standard 8-½ x 11 paper. Draw a tall rectangle with 3 circles on each, so you have a diagram of a traffic light.

- Color the top circle red on one page, and write, "Red Light/High Risk" on it.
- Color the middle circle yellow on one page, and write, "Yellow Light/Proceed with Caution" on it.
- Color the bottom circle green on one page, and write, "Green Light/Lower Risk" on it.

Post the Traffic Lights along a wall or board so they create a continuum, like this:

Be sure there is space between each traffic light for posting Risk Behavior Cards.

Risk Behavior Cards

Make Risk Behavior Cards by putting the risk behaviors from the key below on 5 x 8 index cards (or similar material). Type or write only one behavior per card. Do not put the correct placement category on the card, just the behavior. Use a marker and write large enough so the card can be seen easily in the classroom. All cards should be the same color. Only use behaviors that you feel are appropriate for your class.

Behavior	Correct Placement
1. Vaginal sex without a condom	**Red Light**
2. Vaginal sex with a condom	**Yellow Light**
3. Oral sex without a condom or barrier	**Red/Yellow Light** Risk of transmission of HIV is much lower for oral sex than for vaginal or anal sex. However, many other STDs can be transmitted this way. Condoms (for males) or flat latex barriers (for females) are recommended.
4. Oral sex with a condom or barrier	**Yellow Light**

(continued)

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Risk Continuum Activity *(continued)*

Behavior	Correct Placement
5. Anal sex without a condom	**Red Light**
6. Anal sex with a condom	**Red/Yellow Light** Condoms are more likely to break during anal sex.
7. Kissing	**Green Light** Unless person has sores on or in mouth.
8. Getting or giving a massage	**Green Light**
9. Showering together	**Green Light**
10. Having a romantic conversation	**Green Light**
11. Sharing needles for drugs/ tattooing	**Red Light** High risk for HIV and hepatitis.
12. Having vaginal sex with multiple partners and not using condoms	**Red Light**
13. Having vaginal sex with multiple partners and using a condom every single time	**Yellow Light**
14. Having sex without a condom with a person who injects drugs	**Red Light**
15. Having sex without a condom with someone who has had multiple partners	**Red Light**
16. Having unprotected sex with a woman who is having sex with other women	**Yellow Light** Any type of unprotected sex with someone with HIV puts a person at risk for HIV. This includes sexual activities that involve sharing vaginal secretions or blood.
17. Having unprotected sex with a man who is having sex with other men	**Red Light**

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Risk Continuum Activity *(continued)*

Behavior	Correct Placement
18. Not having sex	**Green Light**
19. Having dry sex (clothes on)	**Green Light**
20. Flirting	**Green Light**
21. Body rubbing (no clothes)	**Yellow Light**
22. Hugging	**Green Light**
23. Having vaginal sex without a condom with only one person	**Green/Yellow/Red Light** Depends on whether both are uninfected or virgins and have never shared needles for any reason.
24. Having vaginal sex without a condom with someone who is using the pill or the shot for birth control	**Red Light** Hormonal birth control methods, such as birth control pills and the shot protect against pregnancy, but not HIV/STD.
25. Group sex	**Red Light**
26. Having anal sex with a casual friend	**Red Light**
27. Injecting meth	**Red Light**
28. Having sex while drunk or high	**Red Light** Greater chance of making risky choices.
29. Being alone with someone while drunk or high	**Yellow Light**
30. Having vaginal sex and then having anal sex right after, using the same condom	**Yellow/Red Light**

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What's Your Risk? Cards

Directions: Copy and cut apart the cards. Make 1 for each student.

What's Your Risk?		
Do NOT put your name on this sheet. Check one box for each question.		
Think about the last 7 days.		
Did you do any behaviors in the Yellow Light category?	☐ **Yes** Think about how to get to Green!	☐ **No**
Did you do any in the Red Light category?	☐ **Yes** Think about how to get to Green!	☐ **No**

What's Your Risk?		
Do NOT put your name on this sheet. Check one box for each question.		
Think about the last 7 days.		
Did you do any behaviors in the Yellow Light category?	☐ **Yes** Think about how to get to Green!	☐ **No**
Did you do any in the Red Light category?	☐ **Yes** Think about how to get to Green!	☐ **No**

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Lesson 5

Examining the Risk

Synopsis	Students participate in an activity that illustrates the increased risk of having multiple sexual partners. They discuss how STD spread increases with increasing numbers of partners. Then they work in small groups to rate and discuss the relative risk of different partner scenarios.
Purpose Statement for Students	Today we will look at how having multiple and overlapping partners affects the transmission of HIV and other STDs.
Objectives	Students will be able to: • Analyze the risk of having multiple and overlapping partners. • Rate the relative risk of different partner scenarios.
Activities & Time	5.1: Check-In — 2 minutes 5.2: Review & Plan for the Day — 3 minutes 5.3: How Number of Partners Affects STD Risk — 22 minutes 5.4: Rate the STD Risk — 20 minutes 5.5: Closure — 3 minutes

Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Plan for the day (Educator makes own).
- ☐ Student name tents
- ☐ Risk Behavior Cards from Lesson 4
- ☐ Music and music player
- ☐ *All4You2!* Messages poster
- ☐ Pencils

Review

- ☐ **Signature Sheet** (Activity Sheet 5.3)
- ☐ **Partner Risk Stories** (Activity Sheet 5.4)

(continued)

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Materials

Prepare

- ☐ Plan for the Day
- ☐ **How STD Spreads** slides
  - **Not Having Sex or Having Only 1 Partner** (Master 5.4a)
  - **Having 1 or 2 Partners** (Master 5.4b)
  - **Having 2 or 3 Partners** (Master 5.4c)

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials.
- ☐ Make slides or transparencies from Masters 5.4a–c, or copy the diagrams to chart paper.
- ☐ Check with Peer Leaders to be sure they are prepared.
- ☐ Prepare **Signature Sheets** for Peer Leaders. Mark a small 1 in the upper right corner of the first Peer Leader's activity sheet, a 2 in the upper right corner of the second Peer Leader's activity sheet, and a 3 in the upper right corner of the third Peer Leader's activity sheet.
- ☐ Select at least 4 of the Risk Behavior Cards from Lesson 4 that involve multiple partners (e.g., cards 12, 13, 15, 16, 17, or 25) to post on the wall in Activity 5.3.

Peer Leader Activities

- ☐ Three Peer Leaders help with the Signature Sheet activity (see Activity 5.3).

Determinants Addressed

- Greater knowledge about HIV/AIDS
- Increased perceived risk of HIV/STDs
- More conservative attitudes toward having multiple partners
- Greater intentions to limit the number of sexual partners

Educator Note: Lesson content and materials specific to the volunteer site are modeled on a volunteer project at a skilled nursing facility serving elders. You will need to adapt the content (e.g., discussion questions) and materials (Conversation Starter Tips) to your class site.

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Activity 5.1 Check-In

Suggested Time 3 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 5.2 Review & Plan for the Day

Suggested Time 3 minutes

Materials Plan for the Day, student name tents

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 4.

Ask students the following questions:

- Why are the behaviors in the Yellow Light and Red Light categories more risky for HIV and other STD transmission than the Green Light behaviors?
- What are two ways to show respect and responsibility in a relationship?

Clarify any mis-information or key points as needed.

3 Post and review the Plan for the Day.

Today we will look at the risk of having multiple and overlapping sexual partners.

4 Ask for a volunteer to read the plan.

Lesson 5
Plan for the Day

- Partners
- Rate the Risk
- Summary

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Activity 5.3 How Number of Partners Affects STD Risk

Suggested Time 22 minutes

Materials Activity Sheet 5.3

Purpose This activity demonstrates how STD risk increases with number of partners and with concurrent partners

Educator Note: Before class begins, briefly explain the activity privately to the three Peer Leaders whose activity sheets you have numbered with a 1, 2 and 3. Tell them that for the purposes of this activity, they will represent someone who has an STD to help show how STD can spread within a group.

Students may comment that this is the same as the activity they did in Lesson 2 (Don't Pass It Along). Tell them that the two activities share some similarities, but the focus of this lesson in on the number and timing of sexual partners, while the focus of Lesson 2 was on how STDs spread and how certain actions (having sex or not) could affect that spread.

Steps for Activity

1 Introduce the activity.

Be sure to make the following points.

- *Remind students that in the last lesson they reviewed different behaviors that could put people at risk of HIV and other STDs.*
- *Post at least 4 of the multiple-partner-related cards from Lesson 4 on chart paper or a wall (e.g., cards 12, 13, 15, 16, 17, or 25). Ask students what the cards share in common (having sex with multiple partners or infected partners).*
- *Tell students that during today's lesson they will explore how the number of sexual partners and the timing of being with different sexual partners can put them at risk for STDs, including HIV.*

2 Explain the activity.

Tell students that they will be exchanging signatures using an activity sheet. Have students turn to the **Signature Sheet** *(Activity Sheet 5.3) in their workbooks. Explain that the activity sheet has 3 parts, and review how they will complete it:*

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- *Students will move around the room with their activity sheets to trade signatures with others. There will be three rounds to get signatures.*
- *They will use one part of the activity sheet for each round. They should stop after they complete each part and wait for instructions.*
- *They will trade signatures with one other person for Part 1, with two different people for Part 2, and with three additional people for Part 3.*
- *They should mingle outside their usual groups and trade signatures with classmates they don't know as well during the activity.*

Educator Note: Be sure students understand that they need to TRADE signatures—as they sign someone else's activity sheet, that person should be signing theirs.

Check for understanding by asking students what they will do once they receive their activity sheets. Address questions as needed. To clarify, you can have two of the Peer Leaders model signing each other's sheets for Part 1. (Then these two students will not circulate during the Part 1 round of the activity.)

3 Students trade signatures.

Have students stand and form a group in the center of the classroom with their activity sheets. Then conduct the activity, using the following steps:

- *Have students complete Part 1 of the activity sheet by circulating and trading signatures with **one** other person. Tell them to wait before moving on to Part 2.*
- *Once everyone has a signature for Part 1, have students complete Part 2 by circulating and trading signatures with **two** different people. Tell them to wait before moving on to Part 3.*
- *After everyone has two signatures for Part 2, have students complete Part 3 by circulating and trading signatures with **three** additional people.*
- *When all students have three signatures for Part 3, have them return to their seats.*

Announce that, for the purpose of this activity, signing someone's activity sheet represented having sex with that person. The number of signatures in each part represents the number of sexual partners a person had.

4 Demonstrate having only one partner.

Explain that in Part 1 each person traded signatures with only one other person. Explain that this one signature represents having only one sexual partner. Tell students that this is like having a mutually committed relationship with only one person for a long period of time. Some people call this "mutual monogamy" or "being monogamous." Others might call it "being faithful."

Ask the Peer Leader who had the number 1 on the activity sheet to stand up. Explain that, for the purposes of the activity, this person has an STD. Have the Peer Leader read the name from Part 1 on his or her activity sheet and have this student also stand. Explain that, in the context of this activity, this person got the STD from the Peer Leader.

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Note that these are the only two people infected with the STD. All the other students in the class avoided getting the STD because they limited their number of partners to one. Explain that, if two people only have sex with each other, and neither of them has an STD, they can remain uninfected. Having sex with only one other person, who does not have an STD and who only has sex within the relationship, is a SAFER choice. Have the two standing students sit down.

Educator Note: For the next two demonstrations (Part 2 and Part 3 of the activity sheet), it's important to have students read only the names that come *after* the Peer Leader's, or any other "infected" students, in order to show the effect of having sequential or serial partners—two or three distinct partners over time.

In the last demonstration, students will read all of the names in Part 3 of their activity sheets. This will show the effect of having overlapping partners—continuing to have sex with all three partners over the same period of time. In this last case, an even greater number of students will be standing by the end of the demonstration, illustrating how STD spread increases dramatically when people have multiple partners and continue to have sex with all of them.

5 Demonstrate STD spread with two partners.

Tell students that the risk of STD, including HIV, increases when people have more than one partner. Explain that, in Part 2, trading two signatures represents having two partners over time. For example, having one partner, ending that relationship, and then, after some time has passed, having another partner.

Ask the Peer Leader who has the number 2 on the activity sheet to stand up. Explain that, for the purposes of the activity, this person has an STD. Have the Peer Leader read the two names from Part 2 and have these two students also stand. Explain that these people have gotten the STD from the Peer Leader.

Ask the first person whose name was read to read the name from Part 2 that comes after the Peer Leader's name on his or her activity sheet, and have this student stand as well. Explain that this person also got the STD because he or she had sex with someone who had already been infected.

Ask the second person whose name was read to read any name from Part 2 that comes before the Peer Leader's name on his or her activity sheet. Ask students:

Was this person exposed to the STD?

Explain that this student does not have to stand and does not have the STD because he or she had sex with the second person before he or she got the STD from the Peer Leader.

Count the number of students standing and write it on the board. (There should be three students standing in addition to the Peer Leader). Then have the students who are standing sit down.

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6 Demonstrate STD spread with three partners.

Tell students that the risk of STD, including HIV, increases even more with each additional partner a person has. Explain that Part 3 represents a situation in which each person had three different partners over time.

Ask the Peer Leader who has the number 3 on the activity sheet to stand up. Again, explain that, for the purposes of the activity, this person has an STD. Have the Peer Leader read the three names from Part 3 and have these three students also stand. Explain that these people have gotten the STD from the Peer Leader.

Ask the three people whose names were read to each read any names from Part 3 that come after the Peer Leader's name on their activity sheets, and have these students stand as well. Explain that these people also got the STD because they had sex with someone who had already been infected.

Have the newly standing students read any additional names from Part 3 that come after the names of any of the previously standing students, and have these students stand too. Count the number of standing students and write it on the board.

Explain that everyone who had traded signatures (had sex) with a person after that person got the STD was at risk of being infected. Point out how the number of people who had the STD grew very rapidly as the number of sexual partners increased. Have the students who are standing sit down.

7 Demonstrate STD spread with overlapping partners.

Tell students that, so far, this activity has represented having sex with different partners one after the other over time. Only the people who had sex with someone after that person was exposed to the STD were at risk.

Explain that some people may have sex with more than one partner during the same period of time. That is, they may have sex with one person, then a second person, then with the first person again. This is called having "overlapping" sexual partners.

Have the Peer Leader who has the number 3 on the activity sheet stand and read the three names from Part 3 again. Have these three students stand again.

Then have these three students read all of the names from Part 3 on their activity sheets, not just the names that come after the Peer Leader's name. Explain that, in this case, the three students infected all of their sexual partners, because they continued to have sex with all of them over time.

When this next group of students is standing, have them in turn read all of the names from Part 3 on their activity sheets. They also infected all their partners because they continued to have sex with all of them over time. Continue until there are no more names to read. Count the number of students standing and write it on the board. In most cases everyone who participated will be infected.

Explain that this last demonstration represents what happens if people continue to have sex with all their partners over the same period of time. In this case, every person who had sex with one of the people who was exposed to the STD would be at risk no matter in what order the activity sheet was signed. When people continue to have sex with more than one partner, everyone's STD risk goes up.

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8 Compare results.

Discuss the difference in the number of students standing at the end of each demonstration. Ask students how the number of sexual partners a person has affects STD risk.

Help students draw the conclusion that the risk of getting an STD greatly increases with the number of partners a person has, and that having overlapping partners (i.e., continuing to have sex with more than one person over the same period of time) greatly increases the spread of STD within a population.

Remind students that choosing not to have sex is always an option and is always the safest choice.

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Activity 5.4 Rate the STD Risk

Suggested Time 20 minutes

Materials Transparencies 5.4 a, b and c, Activity Sheet 5.4

Purpose To demonstrate and examine how STDs spread

Steps for Activity

1 Illustrate how STDs spread.

Remind students about the partner risk demonstration from Activity 1. Explain that research has shown that as the number of partners increases, so does the spread of STDs (Morris, 2009). Illustrate the influence of having multiple sexual partners using the How STD Spreads transparencies.

Show **How STD Spreads—Not Having Sex or Having Only 1 Partner** *(Master 5.4a). Tell students that this picture represents a group or community of people. It shows what happens when people in that community choose not to have sex (single dots) or have sex with only one uninfected partner who only has sex with them (dots joined only to each other). Point out the shaded dot in the corner and tell students this represents someone who has an STD. Emphasize that, as long as people choose not to have sex or only have sex with one uninfected partner who only has sex with them, the STD won't spread.*

Show **How STD Spreads—1 or 2 Partners** *(Master 5.4b).Tell students that this picture shows what happens when some people in a community have two partners. (Indicate the dots that are connected to two other dots.) Explain that, if any one of those people has sex with someone who has an STD (indicate the thicker line with the arrow), the STD will spread among those people in the community who have sex with each other. Note that people will not be exposed to the STD if they are not connected sexually to the group of people who have it. Also point out that some of the people are choosing not to have sex (single dots) or are having sex with only one other person who only has sex with them (dots joined only to each other) and that this helps them avoid STDs.*

Show **How STD Spreads—2 or 3 Partners** *(Master 5.4c). Tell students that this picture shows what happens when some people in a community have up to three partners. (Indicate the dots that are connected to three other dots.) Explain that the chances of the STD spreading to more people are now much greater. If just one person with an STD has sex with someone who is sexually connected to a different group of people (indicate the thicker lines with the arrows), the STD will spread among that group of people as well.*

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Again stress that people can choose not to have sex (single dots), or to have sex with only one uninfected partner who only has sex with them (dots joined only to each other) to reduce their risk of STD. Point out that someone who has not had sex before now can get the STD too if he or she starts having sex with someone who's had other partners, and that someone who's been faithful to just one partner can get the STD if his or her partner starts having sex with other people. (Indicate the thicker lines without arrows.)

2 Form groups.

Divide the class into groups of four and have students turn to **Partner Risk Stories** *(Activity Sheet 5.4) in their workbooks.*

Have students read the scenarios in their small groups and discuss the risks each couple is taking. Ask them to rate the risk, from 0 = no risk to 3 = high risk, for each story, then discuss the scenarios using the questions on the back of the activity sheet. Explain to students that some stories may have the same risk rating.

Educator Note: If necessary, have each group pick two scenarios to rate. It's best to have students read and rate all scenarios, but this may not be feasible with some classes.

3 Analyze risks.

Lead a discussion around the small group conclusions. Be sure to make the following points about each story:

- **Anita and Jordon—**This couple has made the safest choice. It's possible to have a close relationship with a partner and not have sex. Choosing not to have sex gives people a chance to get to know each other without the pressures sex can put on a relationship. (STD Risk = 0)
- **Calvin and Natalie—**Calvin is having sex with more than one person over the same period of time. This increases his risk of getting an STD and also increases the risk that he will pass the STD to his partners. Note that people may not know that their partners are having sex outside the relationship. This is why it's important to be honest with a partner about past and present sexual behavior. Calvin could help protect both himself and Natalie if he didn't have sex with anyone else, or if he used condoms correctly and consistently when he had sex with other people. (STD Risk = 3)
- **Jayden and Quinn—**Because Jayden and Quinn only have sex with each other they are much safer from STD. There is a slight risk that Quinn might have gotten an STD from a prior partner, but Quinn waited 6 months between the breakup with the prior partner and having sex with Jayden. Taking time and being abstinent between relationships reduces the risk of STD. It gives you time to be clear about your choices so you won't be pressured into a sexual relationship with a new partner before you're ready. It also gives you time to be tested for STD before you have sex with a new partner. (STD risk = 1)

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- **Sam and Riley—**Sam has had overlapping partners. This means Sam started having sex with a new partner before ending the relationship with a previous partner. This puts all Sam's partners at increased risk for STD. If Sam always used condoms with all of the partners, this would help reduce the risk of STD. Waiting between sexual relationships gives you time to get tested for STD before having sex with a new partner. (STD risk = 3)

Educator Note: Students may have different opinions about the level of risk in the stories. Focus the discussion on the general level of risk—higher or lower—rather than assigning an exact number to each story. Acknowledge that STD risk depends on many factors, including past and present sexual behaviors and a partner's past and present sexual behaviors, and note that people can't always know this information.

Emphasize that choosing not to have sex is the safest behavior, and point out the ways the people in the stories could have practiced safer behaviors, such as using latex condoms and limiting the number of sexual partners. Be sure students understand that even if a male/female couple is only having sex with each other, they still need to protect themselves from pregnancy.

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Activity 5.5 Closure

Suggested Time 3 minutes

Materials *All4You2!* Messages poster

Purpose To summarize key points of the lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson by using the following prompts:

- How does the number of sexual partners affect STD risk?
- How does a partner's sexual history and number of partners affect STD risk?
- How does having overlapping partners change the risk of STD?

2 Summarize.

Point out that a small increase in the number of partners (e.g., going from two to three) can have a huge impact on the spread of STDs. Emphasize the importance of choosing not to have sex or asking a potential partner about his or her sexual past. Remind students that people may not always be honest about their sexual past.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these in to the main messages:*

- **Respect:** Think about how you are partnering and make sure your behaviors are low risk.
- **Protect:** The best way to avoid HIV and other STDs is to choose not to have sex.
- **Protect:** Limiting the number of sexual partners, not having overlapping partners, and using latex condoms/barriers every time if having sex can reduce your risk of HIV and other STDs.
- **Check it out:** To be safest, you and your partner should be tested for STDs before you start having sex.

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Closure

1 Conclude.

Collect the student name tents. Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

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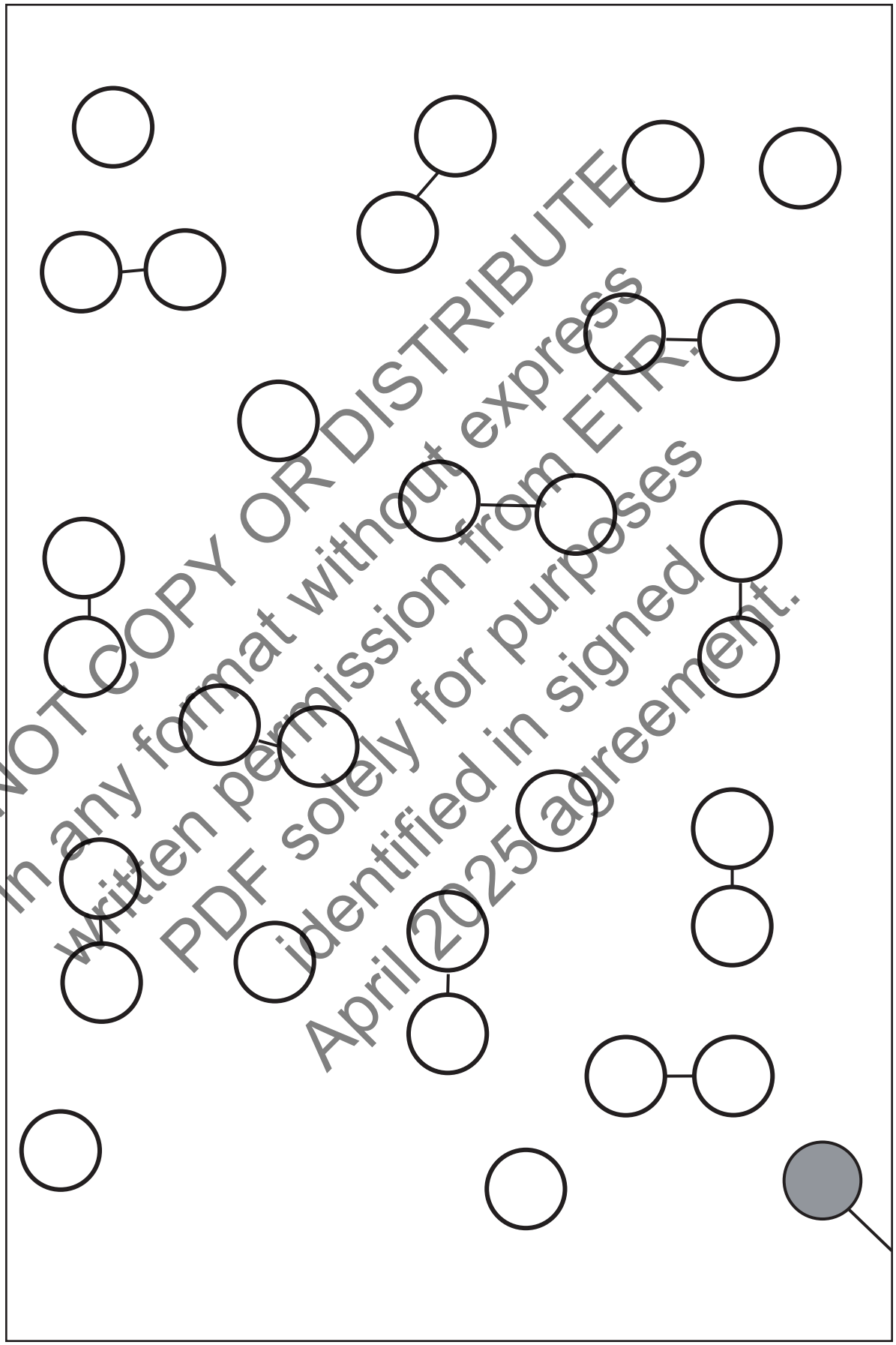
How STD Spreads—Not Having Sex or Having Only 1 Partner



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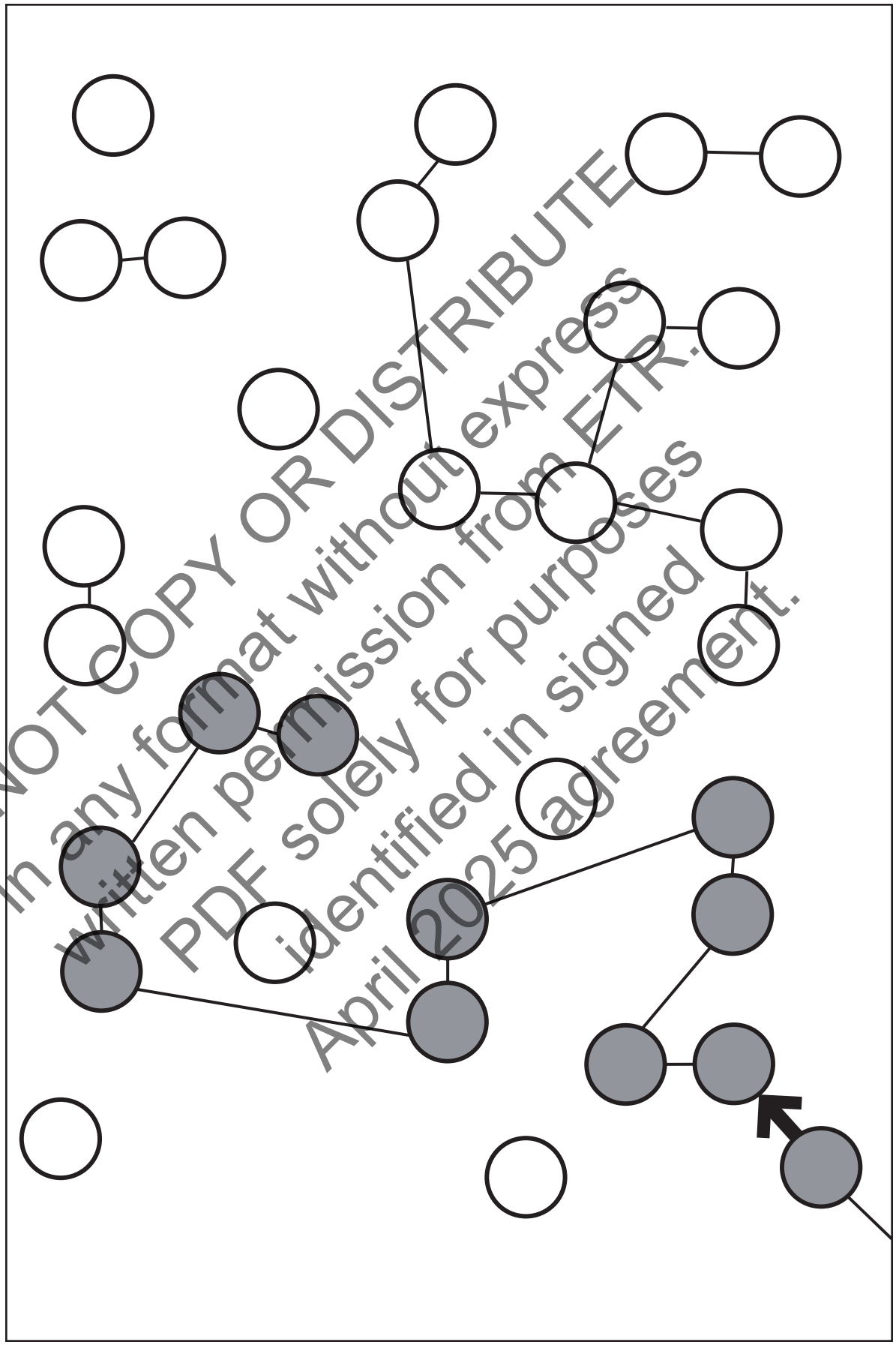
How STD Spreads—1 or 2 Partners



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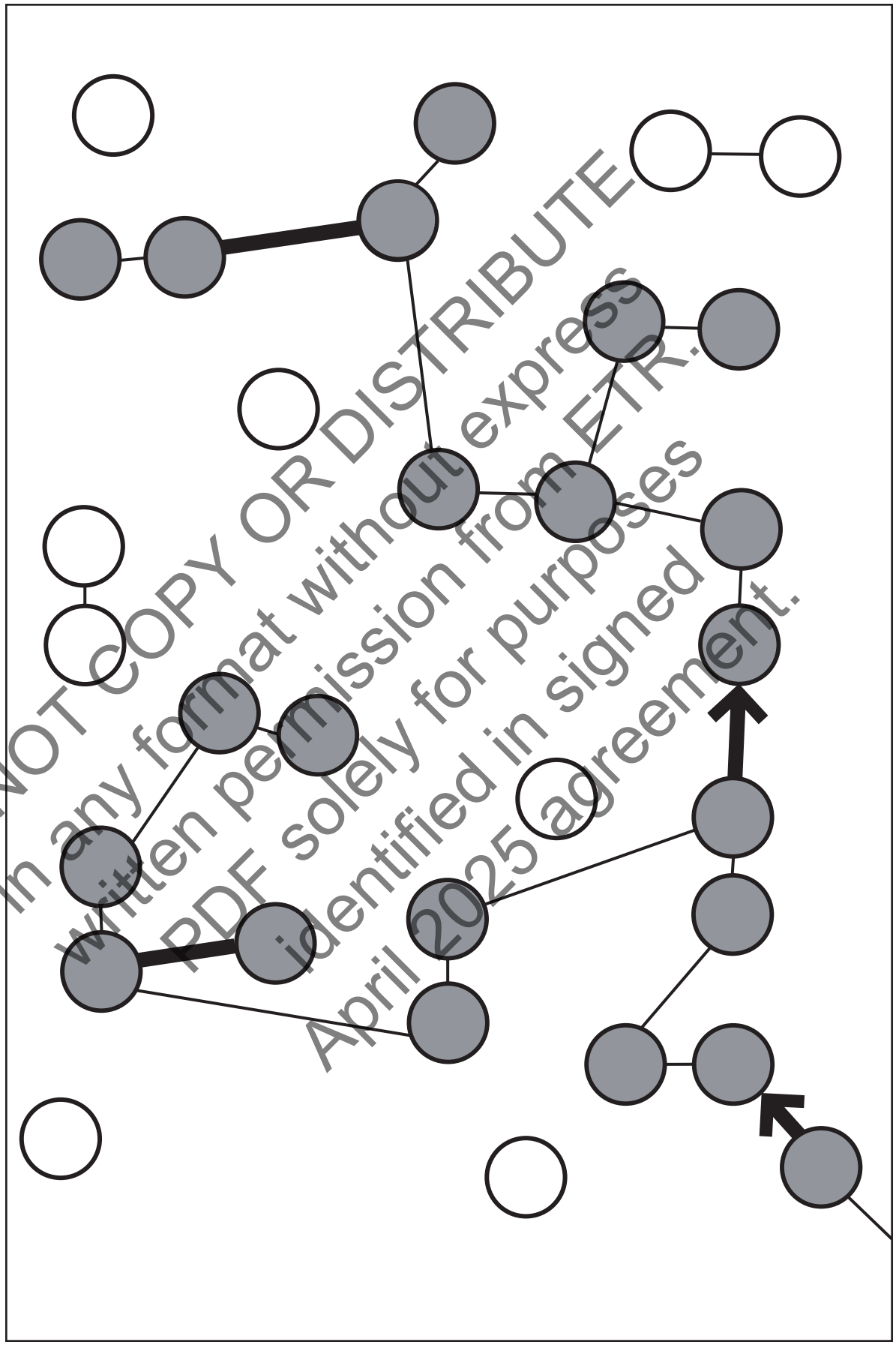
How STD Spreads—2 or 3 Partners



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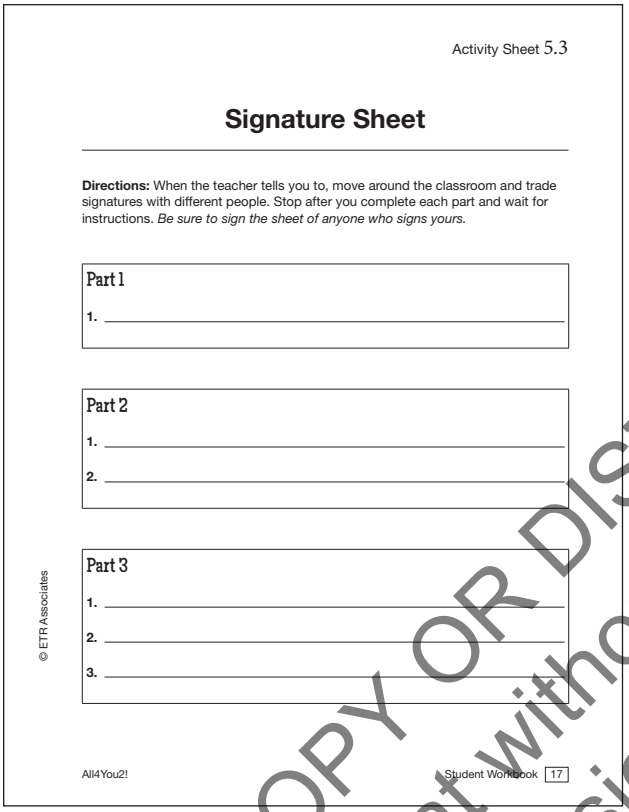

Activity Sheet 5.3

Signature Sheet

Directions: When the teacher tells you to, move around the classroom and trade signatures with different people. Stop after you complete each part and wait for instructions. *Be sure to sign the sheet of anyone who signs yours.*

Part 1

1. _____

Part 2

1. _____
2. _____

Part 3

1. _____
2. _____
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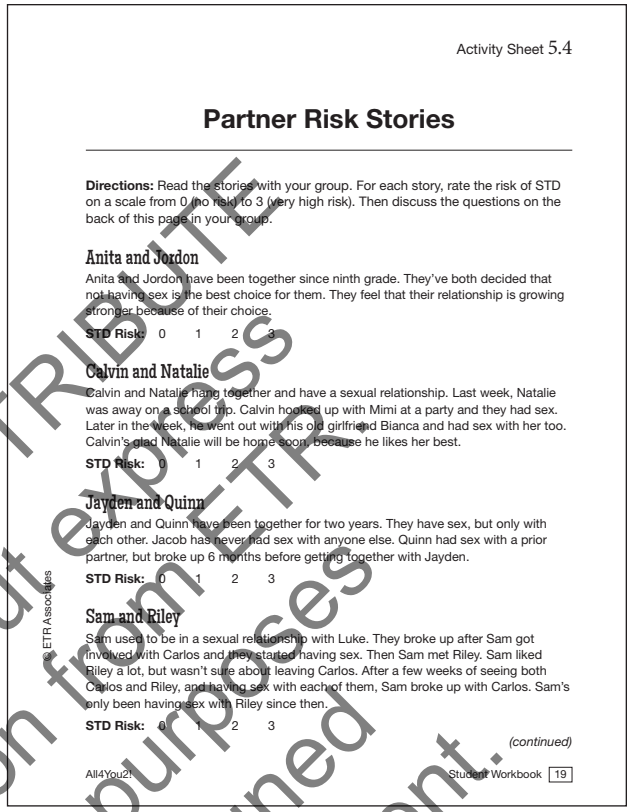

Activity Sheet 5.4

Partner Risk Stories

Directions: Read the stories with your group. For each story, rate the risk of STD on a scale from 0 (no risk) to 3 (very high risk). Then discuss the questions on the back of this page in your group.

Anita and Jordon

Anita and Jordon have been together since ninth grade. They've both decided that not having sex is the best choice for them. They feel that their relationship is growing stronger because of their choice.

STD Risk: 0 1 2 3

Calvin and Natalie

Calvin and Natalie hang together and have a sexual relationship. Last week, Natalie was away on a school trip. Calvin hooked up with Mimi at a party and they had sex. Later in the week, he went out with his old girlfriend Bianca and had sex with her too. Calvin's glad Natalie will be home soon, because he likes her best.

STD Risk: 0 1 2 3

Jayden and Quinn

Jayden and Quinn have been together for two years. They have sex, but only with each other. Jacob has never had sex with anyone else. Quinn had sex with a prior partner, but broke up 6 months before getting together with Jayden.

STD Risk: 0 1 2 3

Sam and Riley

Sam used to be in a sexual relationship with Luke. They broke up after Sam got involved with Carlos and they started having sex. Then Sam met Riley. Sam liked Riley a lot, but wasn't sure about leaving Carlos. After a few weeks of seeing both Carlos and Riley, and having sex with each of them, Sam broke up with Carlos. Sam's only been having sex with Riley since then.

STD Risk: 0 1 2 3

(continued)

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Activity Sheet 5.4

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Lesson 6

Negotiation and Refusal Skills

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Synopsis

Negotiation and refusal skills are introduced and demonstrated through roleplays. Students then practice the skills and receive feedback using half-scripted roleplays.

Purpose Statement for Students

Today we will review and practice ways to respect and protect ourselves in sexual situations.

Objectives

Students will be able to:

- Describe and give examples of interpersonal skills to maintain their personal limits in sexual situations.
- Demonstrate interpersonal skills to maintain their personal limits in sexual situations.

Activities & Time

6.1: Check-In	2 minutes
6.2: Review & Plan for the Day	5 minutes
6.3: Effective Refusals	15 minutes
6.4: Peer Leader Skill Demonstration	5 minutes
6.5: Student Skill Practice	15 minutes
6.6: Closure & Question Box	8 minutes

Materials

Have

- ☐ Chart paper, markers, and tape
- ☐ Student name tents
- ☐ Music and music player
- ☐ *All4You2!* Messages Poster
- ☐ Question Box
- ☐ 3 x 5 index cards, 2 per student
- ☐ Pencils

Review

- ☐ **You Say You Love Me** (Activity Sheet 6.2)
- ☐ **"Pst" Chart** (Activity Sheet 6.3)
- ☐ **Should I Say Anything?** (Roleplay 6.5a)
- ☐ **The Party** (Roleplay 6.5b)
- ☐ **PST** (Activity Sheet 6.5)

(continued)

Materials

Copy

- ☐ **Try It!** (Demonstration Roleplay 6.3), 2 copies
- ☐ **Messing Around—Ineffective Version** (Peer Leader Roleplay 6.4a) and **Messing Around—Effective Version** (Peer Leader Roleplay 6.4b), 2 copies of each

Prepare

- ☐ Plan for the Day
- ☐ **Peer Leader "Pst" Step Cards** (Master 6.3), 1 set
- ☐ Copy **"Pst" Chart** to chart paper

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials.
- ☐ Practice reading the poem "The Choice" out loud (see Activity Sheet 6.2).
- ☐ Review **Effective Communication** (Educator Background Sheet 6.3).
- ☐ Check with Peer Leaders to be sure they are prepared.
- ☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

- ☐ If Peer Leaders are comfortable reading a poem aloud in class, one could be invited to read the poem for Activity 6.2.
- ☐ Four Peer Leaders assist in demonstrating the steps for the "Pst" technique.
- ☐ One Peer Leader assists in demonstrating the "Pst" technique by reading Roleplay 6.3 with educator.
- ☐ Two Peer Leaders demonstrate ineffective and effective communication by reading Roleplays 6.4a and 6.4b.
- ☐ Peer Leaders serve as small-group recorders and reporters for Activity 6.5.

Determinants Addressed

- Increased self-efficacy to abstain or refuse sex or unprotected sex
- Higher self-concept
- Increased perception that peers would support the decision to not have sex or unprotected sex

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Activity 6.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 6.2 Review & Plan for the Day

Suggested Time 5 minutes

Materials Plan for the Day, student name tents, Activity Sheet 6.2

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 5.

Ask students the following questions:

- How does the number of sexual partners you have affect your STD risk?
- What does it mean to have overlapping partners? How does that affect STD risk?

Clarify any misinformation or key points as needed.

Lesson 6
Plan for the Day
- "Pst"
- Let's Watch
- Roleplay
- Summary

3 Read and discuss poem.

Explain that you want to read a poem written by a teen named Robert. Follow these steps:

- Let students know the poem is in their workbooks—**You Say You Love Me** (Activity Sheet 6.2)—if they want to follow along.
- Read "You Say You Love Me" or have a Peer Leader who is comfortable reading out loud read it.
- Afterwards, have students share their thoughts on the message the author is trying to pass along in his writing.
- Tie in the poem by stating that today's lesson will focus on ways to communicate with a partner or friend about sexual limits.

4 Post and review the Plan for the Day.

Today we will review and practice ways to respect and protect ourselves in sexual situations.

5 Ask for a volunteer to read the plan.

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Activity 6.3 Effective Refusals

Suggested Time 15 minutes

Materials Educator Background Sheet 6.3, "Pst: Chart, Peer Leader "Pst" Step Cards, Demonstration Roleplay 6.3

Purpose To review and demonstrate characteristics for effectively communicating about sexual decisions

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Educator Note:

Identifying Characteristics of Effective Communication: When identifying characteristics of effective communication, some students may identify negative or disrespectful characteristics (e.g., yell at someone, use bad language, call people names, etc.). Watch for this and provide corrective feedback immediately. Remind students that it may seem easy to refuse someone they don't like, but the purpose of this lesson is to learn and practice ways to communicate with someone who they like as a friend or romantic partner. In these situations they'll want to communicate in a way that shows respect for the other person.

In some instances, a partner may not respect students' direct communication. Thus, it is also important to have a back-up plan and be prepared to walk away from a situation if needed (e.g., if a person feels unsafe or uncomfortable).

Peer Leader Preparation: Before beginning this activity, be sure the Peer Leaders have their **"Pst" Step Cards** for the demonstration. Tell the Peer Leaders that they can use examples other than those on the cards, but they must check out the changes with you first. (The goal is for Peer Leaders to model the steps.)

Steps for Activity

1 Introduce the topic of communication.

Ask students to think about their relationships with their friends or their romantic partners. Ask students what they think are the most important things in a successful relationship (e.g., trust, honesty, communication).

Acknowledge students' input. Point out that communication is one of the most important elements of a good relationship. This means being honest and saying what you want or need. Explain that we shouldn't expect others to know how we feel if we don't share our feelings directly.

Explain to students that for the rest of the class they will be talking about and practicing ways to talk with their partners to let them know they don't want to have sex or unprotected sex.

2 Analyze examples of effective communication.

Ask students to think about a time when they needed to share information with someone and really wanted to be sure the other person was getting it. They can also think about a time someone was sharing information with them. Ask them to identify what they or the other person did or said—including how they said it—to get their point across (e.g., direct, spelling out details, body language, said it over and over again, explained why they felt a certain way).

Record students' responses on chart paper. Probe for clarity and provide explanations as needed.

Explain that the ability to communicate clearly gives a person a lot of power in life. Tell students that using some of the things they just identified can help them build strong, honest communication in their relationships.

3 Introduce skills.

Explain that the "Pst" technique is a way to communicate what they will and won't do sexually with a partner, or with someone who is pressuring them for sex or unprotected sex.

Use the "Pst" Chart and Teacher Background Sheet 6.3 to review the three skill steps and explain the importance of each. Have students follow along using the **"Pst" Chart** *(Activity Sheet 6.3) in their workbooks.*

After reviewing each step, call on the Peer Leader who was assigned that step to demonstrate it. Where appropriate, give students an example of the ineffective use of the step after the Peer Leader's positive example. This will highlight the difference between ineffective and effective use.

P= Pick your limit.

Decide what you are going to do to stay safe from HIV, other STDs and unintended pregnancy. For example, you might wait until later to have sex or always use condoms if having sex. If you don't think about staying safe ahead of time, you may get caught up in the moment and expose yourself to disease or unplanned pregnancy.

S= Say it strong

Let the other person know what you will and won't do, in a strong and positive way. Say "no," "I don't, " "I won't," or "I'm not" to let them know where you stand. Your partner can't read your mind, so it's important to talk about it.

Also, pay attention to the way you say it. The way you say something often gives a stronger message than the words you use. Use your voice and other body movements to support your message. For example, use hand or arm movements to emphasize your NO, such as crossing your arms; use serious facial expressions to show you mean what you say.

- *Effective use:* With firm voice and arms crossed say, "I'm not ready to have sex right now" or "I won't have sex without a condom."

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- *Ineffective use:* With some uncertainty in words, tone, and body language, say, "I don't know. I guess we really should use a condom."

T=Tell why

Tell the other person why you want to be safe. Explaining why helps your partner hear and understand your real concerns and helps prevent a negative reaction. Ask yourself: "Why do I want to be safe?" Then base your answer on that. Talking openly about each other's feelings helps the relationship grow and eases any tensions that may have developed.

- *Effective use:* "I really like being with you, but I'm not ready to have sex," "I feel intimate with you already, we don't have to get physical" or "I would feel a lot safer if we had the right protection."
- *Ineffective use:* "I don't know. Just because." Or, not saying how you feel or not talking about it, and expecting the other person to just know how you feel.

After Peer Leaders have demonstrated the steps, have students brainstorm other ideas for each step (e.g., ideas for sexual limits, ideas for how to say it strong, ideas for what to say when "telling why").

Acknowledge that there may be some situations where the "Pst" technique may not work. Explain that students need to have a back-up plan and may need to leave the situation. Tell students that you will talk more about back-up plans in a few minutes.

5 Demonstrate.

Explain that you and one of the Peer Leaders will demonstrate the use of the "Pst" technique by reading a roleplay. Follow these steps:

- Give a copy of **Try It!** (Demonstration Roleplay 6.3) to the Peer Leader and keep a copy for yourself.
- Instruct students to watch and listen, and be prepared to describe what was said and done to communicate clearly.
- Read the Setting the Stage section first. Then read the roleplay with the Peer Leader. Play the part of the person saying "no."

6 Debrief.

After the roleplay, check for understanding by asking students the following questions:

- What was my limit? *(No needles.)*
- What did I say and do to communicate clearly? *(Said "I won't," used a firm voice, used body language to reinforce the words, talked about why.)*

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Activity 6.4 Peer Leader Skill Demonstration

Suggested Time 5 minutes

Materials Peer Leader Roleplays 6.4a and 6.4b, "Pst" Chart

Purpose To demonstrate the potential impact of ineffective communication

Steps for Activity

1 Introduce the activity.

Explain that two Peer Leaders will demonstrate some of the ways that not communicating clearly can work against getting what you really want.

Point to the Pst chart. Tell students to be prepared to identify which steps are used in the roleplay.

2 Set up the roleplay.

Give each Peer Leader a copy of **Messing Around—Ineffective Version** *(Peer Leader Roleplay 6.4a). Instruct the rest of the class to watch and listen to the roleplay.*

3 Roleplay ineffective version.

Have a Peer Leader read the "Setting the Stage" section of Roleplay 6.4a, then have the Peer Leaders read the lines.

4 Discuss the roleplay with students.

After the roleplay, ask students if the person being pressured used the "Pst" technique. Ask them to identify what was missing from the responses (e.g., never said "I don't or I won't," did not have strong body language, did not tell why).

5 Roleplay effective version.

Give the Peer Leaders a copy of **Messing Around—Effective Version** *(Peer Leader Roleplay 6.4b). Again, have the class listen and watch for the "Pst" steps and refer to the "Pst" Chart). Set the stage by reminding students of the roleplay situation. Have the Peer Leaders read their roles.*

6 Discuss differences.

After the roleplay, ask students to identify the difference between the two versions. (In the second roleplay, the person being pressured used more "Pst" steps.) Use the Pst chart during the debrief to review which steps were used.

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7 **Explore the "Pst" steps in more depth.**

Ask students which steps worked well, and why. Ask if any responses could have been strengthened, and how.

List students' suggestions on the board or chart paper. Ask Peer Leaders how they felt playing their roles during the two versions and how they might change their responses.

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Activity 6.5 Student Skill Practice

Suggested Time 15 minutes

Materials Roleplays 6.5a and 6.5b, "Pst" Chart, Activity Sheet 6.5, pencils, music and music player

Purpose To help students practice using the "Pst" technique

Educator Note: The lines in the roleplays were developed by students participating in previous sessions of *All4You!* Of course, language and slang are different from one group of students to another. To make the roleplays as effective as possible, feel free to encourage your students to adapt the language so it better fits their own group's style of speech.

Steps for Activity

1 Introduce the activity.

Tell students that they will now have a chance to practice using the "Pst" technique by working in pairs on roleplays. Review the following instructions:

- You will work on a roleplay that has the pressure lines written. There are two different roleplays.
- You should work on your own to write down your responses to the pressure lines in that roleplay.
- Be sure to use all three "Pst" steps.
- After everyone finishes, each of you will pair up with someone with the same roleplay and then take turns reading your lines.

2 Clarify.

Check for understanding and clarify as needed.

3 Students write refusals.

Have students turn to **Should I Say Anything** *(Roleplay 6.5a) and* **The Party** *(Roleplay 6.5b) in their workbooks. Assign or allow students to choose a roleplay to work on, making sure half the class works on each roleplay. Allow students to work for 3 to 5 minutes.*

4 Introduce roleplay practice.

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Once students have finished, explain that they will now work in pairs and take turns reading their response lines.

Explain that after both people have read their lines, they should help each other think of one thing that was very strong in their responses (e.g., you used a firm tone of voice, you explained why), and one way to make their responses stronger.

Remind students that the purpose of giving each other feedback is to help each other, not to make each other feel bad.

5 Students roleplay.

Have students pair up with someone with the same roleplay and begin reading their roleplays. Allow students to work for 3 to 5 minutes. ***Play music*** *as they work.*

Educator Note: Over the course of the roleplay activities, students will be in a position where they must roleplay sexual pressure situations with classmates of both a different and the same gender. This may be awkward for 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 every student in the class will, at some point, be doing a roleplay with a classmate of a different gender and with a classmate of the same gender. Most likely, they will do this several times.
- 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 protect themselves. This will help ensure that they and their classmates get the most out of the roleplay activities.

6 Monitor.

Circulate to ensure students are on task and to assist as needed. While circulating, recruit one or two volunteers who would be willing to read their roleplays in front of class.

Educator Note: It is possible that students will not want to volunteer to read in front of the class. Accept this and do not force students to present their roleplays for the class.

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7 Have volunteers roleplay for the class.

If students are willing, have several volunteers read their roleplays in front of the class. Have other students identify what steps they used from the "Pst" technique.

Educator Note: In this activity, students often list reasons they can't do something instead of saying directly that they won't do it (e.g., "I can't because...." versus "I don't" or "I won't.") Address this issue as part of the roleplay debrief. Point out that offering excuses may seem to work at first, but it leaves the door open for the other person to continue to pressure. Emphasize the power of being direct and clear about your needs and limits.

8 Summarize.

Ask students what strategies seem most effective for them. Explain that some strategies may be more comfortable to use than others, and students should think about which ones are best for them.

9 Review back-up plans.

Remind students that there may be times when they use the "Pst" technique but the other person still doesn't back-off. Explain that because of this possibility, it is important for them to have back-up plans just in case they need to get out of a situation.

Have students brainstorm a list of situations where they might need to walk away (e.g., because they feel unsafe or uncomfortable), and then possible back-up plans that they could use (e.g., go with a friend, send a text to a friend, have money to get a ride home , etc.).

10 Students apply skills.

Tell students that you would like to close by having them think about using the "Pst" technique in their own lives.

Have students turn to **PST** *(Activity Sheet 6.5) in their workbooks. Have them take a few minutes to fill out how they could use each "Pst" step to stick with one of their limits.*

Ask why it is important to think about and practice these things ahead of time (so they can be prepared). Encourage students to try some of these ideas in the next few days.

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Activity 6.6 Closure & Question Box

Suggested Time 8 minutes

Materials *All4You2!* Messages poster, Question Box, 3 x 5 index cards

Purpose To summarize key points of the lesson and prepare for the next lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Summarize.

Emphasize that the purpose of today's lesson was to look at and practice ways to talk with a partner about limits. Acknowledge that communicating with a partner about sex and protection can be difficult, but that they have lots of strategies that can help them.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect:** It's important to know your sexual limits and to share those with your partner.
- **Respect:** Respect your body and your partner by picking limits that will protect you and your partner from pregnancy and/or disease.

Ask students how the "Pst" technique can help them avoid pregnancy and disease.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

2 Gather new questions.

Hand out index cards and give students a minute to write any new questions they have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

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Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

Closure

1 Conclude.

Collect the student name tents.

Thank students for their participation, creative thinking and all the work they accomplished today.

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YOU SAY YOU LOVE ME

by Robert Green

You say you love me but won't use a condom
Because the only thing you're thinking about is having some fun
But you won't get anything from me not even a smile
See playing this game isn't worth the while
You say 'come on baby enjoy the ride'
But I see nine months later a baby at my side
You say you love me but won't get tested
I'm just trying to make sure you're not infected
Just to see if you have syphilis or gonorrhea
Because before you give it to me I'll say 'see ya'
It could be worse you might have AIDS
Then it's your life that starts to fade
You say you love me boy are you persistent
But despite your reasons I'm going to stay resistant
See I'm going to go to college and make something of myself
Instead of trying to see how three minutes of pleasure felt
Instead of doing what you want I'm going to use common sense
Sorry baby boy but I'm using ABSTINENCE!!!

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Effective Communication: Characteristics of the "Pst" Technique

There are 3 steps to the "Pst" technique that are important for effective communication. Each step has particular qualities that contribute to its effectiveness. When students are practicing these steps, be sure to watch and listen to how they are using them. Provide corrective feedback as needed to ensure student success. These are the 3 steps:

P = Pick your limit. Decide what you are going to do to stay safe from HIV, other STDs, and unintended pregnancy (e.g., wait until later to have sex, use condoms if having sex, use long-acting contraceptives to prevent pregnancy and condoms to prevent disease).

Students may or may not have thought about how far they will go, and this may differ in different situations. Encourage students to refer back to Lesson 3 when the class categorized all the behaviors as green, yellow, and red. Remind them if they are in the red zone they need to pick a safer limit. If they are in the yellow zone, they need to recognize the risk, and make sure they are taking all possible steps to minimize that risk. They also can think about ways to move toward the green zone.

S = Say it strong. Whenever possible, it is helpful to be direct and tell the other person what it is you won't do (that is, your limit). This might sound like:

- "I don't"
- "I'm not"
- "No. I don't"
- "I won't"
- "That's where I draw the line"

The word NO is very direct and clear, but it does not have to be used every time.

Students are likely to use excuses rather than directly stating their limits. For example, students might say "I feel sick today," "I've got to go now," etc. Although excuses may work in the short term, they do not convey a direct message of what students won't do. Excuses leave the door open for further pressure.

The way something is said often gives a stronger message than the words used. A convincing voice and other body movements can support a no-message (e.g., use hand or arm movements for emphasis, cross arms for emphasis, use serious facial expressions, etc.). A convincing voice is firm and sure in tone, but not necessarily loud. Students may equate convincing voice with yelling.

Conversely, students who are quiet may not feel they can master this strategy. Students do not need to yell to be successful at using this characteristic; the effectiveness rests on the tone rather than the volume.

There are many body movements and gestures that can support a message, including:

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Effective Communication: Characteristics of the "Pst" Technique *(continued)*

- Using a serious expression
- Looking at the person directly (eye contact)
- Crossing arms
- Moving hands in a "get away" gesture
- Putting hands on hips

Some examples of body language that might indicate a person is not serious or sure include:

- Laughing or giggling
- Looking at the ground
- Wiggling

Always emphasize to students that they should respect a partners' wishes even if their statements come across less strong. A weaker statement is not an invitation to keep pushing a partner until that person gives in.

T = Tell why. Provide an explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and helps prevent your partner from reacting in a negative way. Ask yourself: "Why do I want to be safe?" Then base your answer on that.

Talking openly about each other's feelings helps the relationship grow and eases tensions that may have developed. Students should be encouraged to talk about their feelings and be direct and honest.

Steps to take if a partner does not respect direct communication

There may be some situations in which students should walk away rather than continue to try to negotiate or resist pressure (e.g., if they feel unsafe or uncomfortable). This will vary across students. Students need to judge for themselves how they are feeling in each situation.

If they feel uncomfortable and/or unsafe, and they don't think the person who is pressuring them is going to back down, it is probably best to walk away and leave the situation. It is also important for students to have back-up plans just in case they find themselves in a situation where they need to walk away. Plans may include calling or texting a friend, carrying extra money for a ride home, setting up code words to signal the need for support, etc.

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"Pst" Chart

= Pick your limit.

= Say it strong.

= Tell why.

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Try It

Setting the Stage

One of your friends, Richard, has started shooting up drugs. All of you have experimented with some drugs, and no one has been hurt so far. Richard says he has some good stuff and wants you to try it. He says it feels better when you inject it. You're not sure about this. You heard you can get HIV from shooting up.

Richard (Peer Leader): Say cuzo, you gotta try this new dope. I ain't never felt anything like this before. You have to shoot it up.

You (Educator): Nah, partna. I'm cool on needles.

Richard (Peer Leader): You don't know what you're missing. This is some good dope.

You (Educator): I heard you could get HIV from sharing needles.

Richard (Peer Leader): Fool, I ain't got nothin'. Don't even worry about it.

You (Educator): No man, I said I'm cool on needles. Hey, I just got paid. Let's go get a burger.

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Messing Around
(Ineffective Version)

Setting the Stage

Misha and Javon just started seeing each other. They've been messing around but haven't had sex. Misha really doesn't feel ready for sex yet, but doesn't want to lose Javon. They are going to Javon's house to be alone. No one else is going to be home. They start talking about having sex. Misha still doesn't want to have sex and wants to tell Javon that.

Javon: Misha, lets go to my room to get more comfortable.

Misha: What do you want to go to your room for?

Javon: What do you think? I'll take care of everything.

Misha: OK. But I don't know if we should be doing this yet.

Javon: Baby, we love each other. I thought you wanted to be my main.

Misha: I do love you. It's just that I'm nervous.

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Messing Around
(Effective Version)

Setting the Stage

Misha and Javon just started seeing each other. They've been messing around but haven't had sex. Misha really doesn't feel ready for sex yet, but doesn't want to lose Javon. They are going to Javon's house to be alone. No one else is going to be home. They start talking about having sex. Misha still doesn't want to have sex and wants to tell Javon that.

Javon: Misha, lets go to my room to get more comfortable.

Misha: What do you want to go to your room for?

Javon: What do you think? I'll take care of everything.

Misha: Let's stay in the living room.

Javon: Baby, we love each other. I thought you wanted to be my main.

Misha: I thought we loved each other too. But love doesn't mean that I'm ready to give it up. I'm waiting till I'm older.

Javon: OK, I respect that, but I'm over-heated. I gotta get back to my regular temperature.

Misha: Let's go for a walk outside. That will cool you off.

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Peer Leader "Pst" Step Cards

Directions: Copy and cut apart the cards, or print the "Pst" steps on 3 x 5 index cards—one step per card—with the example of the step below the title. Give a card to each Peer Leader who is helping with the demonstration.

P = Pick your limit.

Example of limits: "I'm going to wait until later to have sex," "I'm going to use condoms if having any type of sex," "I'm going to limit the number of sexual partners I have to reduce my chances of STDs."

S = Say it strong.

Example of saying it strong: With firm voice say, "I'm not ready to for sex right now" or "I won't have sex without a condom."

T = Tell why.

Example of telling why: "I feel intimate with you already. We don't have to get physical." Or, "I would feel a lot safer if we had the right protection."

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Roleplay 6.5a

Should I Say Anything?

Directions: Fill in the "You" lines using the "Pst" steps.

Setting the Stage

You go back to your partner's house after a party. No one is home. You begin kissing, touching and undressing each other. The last time you had sex, you and your partner talked about getting protection for STDs. Your partner promised to get condoms. You want to use condoms because you are worried about STDs.

Your partner continues kissing and touching, but doesn't say anything about protection. In the past you went along and had sex without protection, but you've decided that from now on you aren't willing to take a chance.

You: Did you remember to get some condoms?

Your Partner: No, I forgot them. But nothing is going to happen. Besides, I've only been with you.

You: _____

_____

Your Partner: Look, don't start trippin' now. We've had sex before without one.

You: _____

_____

Your Partner: Why should we be feeling rubber when we could be feeling each other? It's not natural.

You: _____

_____

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why

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Roleplay 6.5a

Roleplay 6.5b

The Party

Directions: Fill in the "You" lines using the "Pst" steps.

Setting the Stage

You and your partner have been together for 4 months. Every time you're together you have a great time. You are at a small party. Most of the other couples have gone to other rooms—probably to get down. Your partner says "I love you," and leads you to a bedroom. You start kissing, holding and touching each other. Things are moving fast. You aren't ready to take it that far right now.

You: Hold up. I'm not ready to have sex.

Your Partner: You know how I feel. This will be the perfect ending to a great night.

You: _____

_____

_____

Your Partner: I've taken care of everything. Just trust me, and I'll make this a night you won't forget.

You: _____

_____

_____

Your Partner: Baby, just for a moment, let's become one.

You: _____

_____

_____

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why

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Roleplay 6.5b

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Activity Sheet 6.5

PST

Directions: Answer each question to think about how you can use "Pst" to stay safe.

P = Pick your limit.

What's a limit you want to set to help you stay safe from HIV, other STDs and/or pregnancy?

S = Say it strong.

What could you say to tell a partner or friend this limit?

T = Tell why.

Why do you want to be safe and have this limit? What could you say to help a partner understand why you want to be safe?

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Activity Sheet 6.5

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Lesson 7

More Skills

Synopsis

Alternative actions and delay tactics are introduced as two more ways to stick with personal limits. Students then practice and receive feedback using these skills through roleplays.

Purpose Statement for Students

Today we will review and practice two other ways to stick with your personal limits.

Objectives

Students will be able to:

- Recall and give examples of the steps in the "Pst" technique.
- Describe and give examples of alternative actions and delay tactics to maintain their personal limits in sexual situations.
- Respond to pressure to have sex by using "Pst," alternative actions and delay tactics.

Activities & Time

7.1: Check-In	2 minutes
7.2: Review & Plan for the Day	5 minutes
7.3: Alternative Actions & Delay Tactics	15 minutes
7.4: Student Skill Practice	20 minutes
7.5: Closure & Question Box	8 minutes

Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Student name tents
- ☐ "Pst" Chart from Lesson 6
- ☐ Music and music player
- ☐ *All4You2!* Messages poster
- ☐ Question Box
- ☐ 3 x 5 index cards, 1 per student
- ☐ Pencils

Review

- ☐ **In the Dark** (Roleplay 7.4a)
- ☐ **Are You Feeling It?** (Roleplay 7.4b)
- ☐ **Using My Skills** (Activity Sheet 7.4)

(continued)

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Materials

Copy

☐ **The Answer Is No** (Peer Leader Roleplay 7.3), 2 copies

Prepare

☐ Plan for the Day

☐ **Peer Leader Demonstration Cards** (Master 7.3), 1 set

☐ **Alternative Actions** (Poster 7.3a)

☐ **Delay Tactics** (Poster 7.3b)

Educator Preparation

☐ Review the entire lesson and prepare needed materials.

☐ Review **Examples of Alternative Actions and Delay Tactics** (Educator Background Sheet 7.3) and identify any additional strategies that may be relevant for your students.

☐ Make posters or transparencies of Posters 7.3a and b.

☐ Check with Peer Leaders to be sure they are prepared.

☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

☐ Two Peer Leaders assist in demonstrating the steps for alternative actions and delay tactics.

☐ Two Peer Leaders assist in demonstrating the "Pst" technique, alternative actions and delay tactics by reading Roleplay 7.3 and by demonstrating alternative actions and delay tactics in Activity 7.3.

☐ Peer Leaders serve as small-group recorders and reporters for Activity 7.4.

Determinants Addressed

- Increased self-efficacy to abstain or refuse unprotected sex
- Higher self-concept
- Increased perception that peers would support the decision to not have sex or unprotected sex
- Increased attitudes favoring choosing not to have sex

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Activity 7.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 7.2 Review & Plan for the Day

Suggested Time 5 minutes

Materials Plan for the Day, student name tents

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 6.

Ask students if they can recall what "Pst" stands for. Ask them to give an example of each step.

Clarify any misinformation or key points as needed.

3 Post and review the Plan for the Day.

Today we will review and practice ways to respect and protect ourselves in sexual situations.

4 Ask for a volunteer to read the plan.

Lesson 7
Plan for the Day

- Alternative Actions & Delay Tactics
- Roleplay
- Summary

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Activity 7.3

Alternative Actions & Delay Tactics

Suggested Time 15 minutes

Materials Peer Leader Roleplay 7.3, Educator Background Sheet 7.3, Alternative Actions and Delay Tactics posters, Peer Leader Demonstration Cards

Purpose To review and demonstrate alternative actions and delay tactics

Educator Note: When identifying characteristics of effective communication, some students may identify negative or disrespectful characteristics (e.g., yell at someone, use bad language, call people names, etc.). Watch for this and provide corrective feedback immediately. Remind students that it may seem easy to refuse someone they don't like, but the purpose of this lesson is to learn and practice ways to communicate with someone who they like as a friend or romantic partner. In these situations, they'll want to communicate in a way that shows respect for the other person.

In some instances, a partner may not respect students' direct communication. Thus, it is also important to have a back-up plan and be prepared to walk away from a situation if needed (e.g., if a person feels unsafe or uncomfortable).

Steps for Activity

1 Identify concerns and introduce activity.

Have students imagine themselves one of these situations:

- *They are in a relationship with someone they really care about. They don't really want to have sex yet, but they have to make a decision about engaging in sexual behaviors.*
- *They are in a situation where they're about to have sex, but they don't have any protection.*

Ask students to think about their greatest concerns about telling a partner they're not ready for sex or that they don't want to have sex without using birth control and/or a condom (e.g., having the partner get angry, fear of ending relationship, fear of hurting partner's feelings).

Acknowledge that these are realistic concerns, particularly if they really care about the other person. Explain that today they will be learning and practicing two more ways to help them stick with their personal limits (the P in "Pst").

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2 Discuss alternative actions.

Write the words Alternative Actions on chart paper or the board. Ask students what this might mean.

Explain that an alternative action is another way of dealing with pressure to do something you're not ready to do. When you use an alternative action, you suggest something else to do rather than go along with something you would prefer not to do.

Using the **Alternative Actions** *poster or transparency, review the two characteristics of effective alternative actions and explain the importance of each.*

3 Demonstrate alternative actions.

Have a Peer Leader demonstrate alternative actions, using the Peer Leader Demonstration Card. Be sure the examples of effective and ineffective use are given for comparison.

- **Suggest something that gets you out of the situation.**
  - *Effective use:* Let's go for a walk.
  - *Ineffective use:* Let's go to my room. (Doesn't get person out of the situation.)
- **Suggest something that is positive, fun, and realistic.**
  - *Effective use:* Let's go to the mall.
  - *Ineffective use:* Let's go get wasted. (Suggests a negative behavior.)

Have students suggest other alternative actions (see Educator Background Sheet 7.3 for more examples if needed). Record them on chart paper. Tell students that following "Pst" with an alternative action is a way to give your limit, but still keep the relationship going. Suggesting something else to do also gives couples more time to think and talk about their choices.

Educator Note: You can use other examples of alternative actions and delay tactics that better match your students.

4 Discuss delay tactics.

Write the words Delay Tactics on chart paper or the board. Ask students to define the word delay.

Explain that delay tactics can be used to cool down a situation or break the mood. Delay tactics also provide more time to think about positive and negative consequences of a choice, or to think of a response if the situation comes up again.

Using the **Delay Tactics** *poster or transparency, review the two characteristics of effective delay tactics and explain the importance of each.*

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5 Demonstrate delay tactics.

Have a Peer Leader demonstrate delay tactics, using the Peer Leader Demonstration Card. Be sure the examples of effective and ineffective use are given for comparison.

- **Say or do something that cools down the situation or breaks the mood.**
  - *Effective use:* I have to go to the bathroom.
  - Ineffective use: Let's move to the couch so we can get more comfortable. (May heat up the situation).
- **Say or do something that gives you time to think.**
  - *Effective use:* I'm just not ready; it's just not the right time.
  - *Ineffective use:* I don't know if I'm ready for this. What should we do? (Not as strongly stated; leaves room for partner to keep trying different ways to pressure you).

Have students suggest other delay tactics (see Educator Background Sheet 7.3 for more examples if needed). Record them on chart paper.

Emphasize that even though delay tactics can buy them more time, relying on delay tactics alone without using "Pst" can leave the door open for the other person to continue the pressure or ask again later. Stress the importance and power of being direct and telling the person your limit or desires clearly.

6 Demonstrate.

Explain that two Peer Leaders will demonstrate ways to use these skills in a pressure situation.

Give each Peer Leader a copy of **The Answer is No** *(Peer Leader Roleplay 7.3). Instruct students to watch and listen and be prepared to identify the alternative actions and delay tactics used.*

Read the Setting the Stage section. Then have the Peer Leaders read the roleplay.

7 Discuss the roleplay with students.

Ask students to identify examples of "Pst," alternative actions and delay tactics that they observed in the roleplay.

- **P:** "I don't want to do this; I'm not ready for this."
- **S:** Said it in a firm voice.
- **T:** "I'm waiting until I'm out of high school before having sex."
- **Alternative actions:** "Come on, let's go get something to eat."
- **Delay tactics:** "I'm not ready for this. It's just not the right time," and "That doesn't mean I'm ready to have sex."

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Activity 7.4 Student Skill Practice

Suggested Time 20 minutes

Materials Roleplay 7.4a, Roleplay 7.4b, "Pst" Chart, pencils, music and music player, Activity Sheet 7.4

Purpose To help students practice using the "Pst" technique, alternative actions and delay tactics

Educator Note: Language and slang are different from one group of students to another. To make the roleplays as effective as possible, feel free to encourage your students to adapt the language so it better fits their own group's style of speech.

Steps for Activity

1 Introduce the activity.

Tell students that they will now have a chance to practice using "Pst," alternative actions and delay tactics by working in pairs on roleplays. Review the following instructions:

- You will get a roleplay that has 1 refusal line ("you" lines) and 1 pressure line ("your partner" lines) written on it. There are two different roleplays.
- You should work on your own to write the rest of the lines for you and your partner.
- When writing the "you" lines, be sure to use all 3 strategies—"Pst," alternative actions and delay tactics—to help you deal with the situation. Point out the "Pst" Chart to remind students of the steps.
- After everyone finishes, each of you will pair up with someone with the same roleplay and then take turns reading your "you" lines.

2 Clarify.

Check for understanding and clarify as needed.

3 Students write roleplays.

Have students turn to **In the Dark** *(Roleplay 7.4a) and* **Are You Feeling It?** *(Roleplay 7.4b) in their workbooks. Assign or allow students to choose a roleplay to work on, making sure half the class works on each roleplay. Allow them to work for about 5 minutes.*

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4 Introduce roleplay practice.

Once students have finished, explain that they will now work in pairs and take turns reading their response lines. While one person reads the "you" lines the other person should read the "partner" lines.

Explain that after both people have read their lines, they should help each other think of one thing that was very strong in the responses (e.g., you used a firm tone of voice, you explained why), and one way to make the responses stronger.

Remind students that the purpose of giving each other feedback is to help each other, not to make each other feel bad.

5 Students roleplay.

Have students pair up with someone with the same roleplay and begin reading their lines. Allow students to work for about 5 minutes. ***Play music*** *as they work.*

6 Monitor.

Circulate to ensure students are on task and to assist as needed. While circulating, recruit one or two volunteers who would be willing to read their roleplays in front of class.

Educator Note: It is possible that students will not want to volunteer to read in front of the class. Accept this and do not force students to present their roleplays for the class. You can also volunteer to read the lines from students' roleplays, asking others in the class to identify the steps that were used.

7 Have volunteers roleplay for the class.

If students are willing, have several volunteers read their roleplays in front of the class. Have other students identify "Pst" steps, alternative actions and delay tactics used.

8 Review back-up plans.

Remind students that there may be times when they use these strategies but the other person still doesn't back-off. Review that because of this possibility, it is important for them to have back-up plans just in case they need to get out of a situation. Ask students to share examples of how they could recognize these situations (e.g., they feel unsafe or uncomfortable)and possible back-up plans (e.g., go with a friend, text a friend, have money to get a ride home, etc.).

9 Summarize.

Encourage students to try out some of these ideas in the next few days.

Ask students what strategies seem most effective for them. Explain that some strategies may be more comfortable to use than others, and students should think about which ones are best for them.

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10 Students apply skills.

Have students turn to **Using My Skills** *(Activity Sheet 7.4) in their workbooks. Allow time for them to write two alternative actions and two delay tactics they would be comfortable using if they needed to.*

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Activity 7.5 Closure & Question Box

Suggested Time 10 minutes

Materials *All4You2!* Messages poster, Question Box, 3 x 5 index cards

Purpose To summarize key points of the lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Summarize.

Alternative actions and delay tactics are two additional techniques you can use to stick with your personal limits.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect:** Show respect for your body by knowing your sexual limits and telling your partner your limits.
- **Respect:** Stay true to yourself by using "Pst," alternative actions and/or delay tactics to stay safe from unintended pregnancy and/or HIV and other STD.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

2 Gather new questions.

Hand out index cards and give students a minute to write any new questions they have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

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Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

Closure

1 Conclude.

Collect the student name tents.

Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

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ALTERNATIVE ACTIONS

Suggest an action that gets you out of the situation.

Suggest an action that is positive, fun, and realistic.

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DELAY TACTICS

Say or do something that cools down the situation or breaks the mood.

Say or do something that gives you more time to think.

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Peer Leader Demonstration Cards

Directions: Make two cards, with alternative action steps and examples on one card and delay tactic steps and examples on the other. Give a card to each Peer Leader who is helping with the demonstration.

Steps for Alternative Actions

- **Suggest something that gets you out of the situation.**
  Effective use: Let's go for a walk.
  Ineffective use: Let's go to my room.
  The ineffective response isn't the best because it doesn't get person out of the situation.
- **Suggest something that is positive, fun and realistic.**
  Effective use: Let's go to the mall.
  Ineffective use: Let's go get wasted.
  The ineffective response isn't the best because it's a negative behavior.

Steps for Delay Tactics

- **Say or do something that cools down the situation or breaks the mood.**
  Effective use: I have to go to the bathroom.
  Ineffective use: Let's move to the couch so we can get more comfortable.
  The ineffective response isn't the best because it may heat up the situation.
- **Say or do something that gives you time to think.**
  Effective use: I'm just not ready; it's just not the right time.
  Ineffective use: I don't know if I'm ready for this. What should we do?
  The ineffective response isn't the best because it is not stated very strongly. It also leaves room open for partner to try to keep pressuring.

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Examples of Alternative Actions and Delay Tactics

Alternative Actions

Let's go to the mall.	Why don't we go play video games?
Let's go get something to eat.	Let's go for a walk.
Let's just dance instead.	Why don't we go to a movie?

Delay Tactics

Things you could say	Things you could do
I'm not ready.	Go to the bathroom.
Not now.	Eat something.
Sorry, I have to go home.	Drop something.
I'm not in the mood.	Start talking with someone else.
Not tonight—I'm not feeling well.	Pretend you lost something.
Let's just chill and play some music or video games. (This combines both delay tactic and alternative action.)	Go home.
I'm going home because you are pressuring me.	Say you have to call someone and then do it
	Have a friend text you and say you need to go home

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The Answer Is No

Setting the Stage

You and your partner have been together for 6 months. You're on the couch kissing. Your partner wants to have sex, but you don't. You made a promise to yourself that you would wait until you were older before having sex. You stop kissing.

Person 1: (In a firm voice) NO, wait. I don't want to do this.

Person 2: Why? I thought we loved each other?

Person 1: *(Moving away)* We talked about this before. I'm waiting until I'm out of high school before having sex. I'm not ready for this.

Person 2: *(Moving closer)* Being ready just means we love each other. You do still love me, don't you?

Person 1: *(Moving away again)* Yes, but that doesn't mean I'm ready to have sex.

Person 2: Nothing's going to happen. This will bring us closer.

Person 1: I love being close to you, but I'm not ready for sex. Let's go take a walk to the park.

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Roleplay 7.4a

In the Dark

Directions: Read the situation. Write the lines for you and your partner below. Be sure to use the "Pst" steps, alternative actions and delay tactics when writing the "you" lines.

Setting the Stage

You are in a dark room with someone you really like. You've been talking about having sex, but you haven't had sex before with this person. Things are heating up.

You: This isn't the right thing to do. I can't do this!

Your Partner: Come on. You wanted to a minute ago. What happened? Why you trippin' now?

You: _____

Your Partner: _____

You: _____

Your Partner: _____

You: _____

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why ☐ Use an alternative action ☐ Use delay tactics

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Roleplay 7.4a

Roleplay 7.4b

Are You Feeling It?

Directions: Read the situation. Write the lines for you and your partner below. Be sure to use the "Pst" steps, alternative actions and delay tactics when writing the "you" lines.

Setting the Stage

You and your partner have been going out for 2 weeks. After school, you went to your partner's house. No parents were home. You began to make out. Your partner started feeling on you.

You: I'm not feeling this. This isn't cool for me!

Your Partner: Why not. I thought you wanted me. This is what we are here for!

You: _____

Your Partner: _____

You: _____

Your Partner: _____

You: _____

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why ☐ Use an alternative action ☐ Use delay tactics

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Roleplay 7.4b

Activity Sheet 7.4

Using My Skills

Alternative Actions

- Suggest an action that gets you out of the situation.
- Suggest an action that is positive, fun and realistic.

Write 2 alternative actions you would be OK using if you needed to.

1. _____
2. _____

Delay Tactics

- Say or do something that cools down the situation or breaks the mood.
- Say or do something that gives you more time to think.

Write 2 delay tactics you would be OK using if you needed to.

1. _____
2. _____

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Activity Sheet 7.4

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Lesson 8

Handling Risky Situations

Synopsis	In this lesson, students listen to a story and identify risky situations that could lead to unplanned sex, such as being at a party with no parents there. They also identify ways to handle these risky situations.
Purpose Statement for Students	Today we will learn how to recognize warning signs that a situation could lead to unplanned sex, and make plans to get out of this kind of situation.
Objectives	Students will be able to: • Use intrapersonal skills to identify risky situations that can lead to unplanned sex. • Use interpersonal skills to get out of these risky situations.
Activities & Time	8.1: Check-In 3 minutes 8.2: Review & Plan for the Day 7 minutes 8.3: Clues 15 minutes 8.4: Handling Risky Situations 15 minutes 8.5: Closure & Question Box 10 minutes
Materials	**Have** ☐ Chart paper, markers and tape ☐ Student name tents ☐ Highlighters—yellow, pink, green and/or blue, 1 per pair of students ☐ **The Story of Remy and Phoenix** (Educator Activity Sheet 3.3), from Lesson 3 ☐ Music and music player ☐ *All4You2!* Messages poster ☐ Question Box ☐ 3 x 5 index cards, 1 per student ☐ Pencils

(continued)

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Materials

Review

☐ **Remy and Phoenix: Warning Signs** (Activity Sheet 8.3)

Prepare

☐ Plan for the Day

☐ Large traffic light drawn on chart paper, with the center circle colored yellow

☐ **Warning Sign Cards** (Master 8.4), 2 per small group

Educator Preparation

☐ Review the entire lesson and prepare needed materials.

☐ Create traffic light poster for Activity 8.3.

☐ Practice reading the Remy and Phoenix story out loud before class.

☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

None

Determinants Addressed

- Increased self-efficacy to avoid situations that may lead to sex or unprotected sex
- Increased self-efficacy to abstain
- Increased self-efficacy to refuse sex or unprotected sex
- Higher self-concept

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Activity 8.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 8.2 Review & Plan for the Day

Suggested Time 7 minutes

Materials Plan for the Day, student name tents

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 7.

Ask students if they can remember what an alternative action is and what it does. Ask for examples as well. Repeat for delay tactics.

Clarify any misinformation or key points as needed.

3 Introduce word scramble.

Complete the following activity to orient students to the lesson.

- *Explain that you are going to post a scrambled word on the board and you want students to try to figure out what the word is.*
- *Post a chart with the word CLUES written in scrambled form—LUSEC, EUCSL, etc.*
- *Ask students if they can figure out the word. Tell them they can use a blank page in their workbooks as scratch paper if they need to write out the letters.*
- *Allow students to guess for a minute. Rewrite the word in proper order—CLUES.*
- *Clarify the meaning of the word as needed (e.g., a clue is evidence or information that leads a person toward the solution of a problem).*

4 Post and review the Plan for the Day.

Today we will look at clues that a situation could lead to unplanned sex or unprotected sex, and make plans to deal with those situations.

5 Ask for a volunteer to read the plan.

Lesson 8
Plan for the Day

- Clues
- Handling Risky Situations
- Summary

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Activity 8.3 Clues

Suggested Time 15 minutes

Materials Educator Activity Sheet 3.3, Activity Sheet 8.3, chart paper with yellow traffic light, highlighters, music and music player

Purpose To allow students to identify clues that a situation could lead to sex or unprotected sex

Steps for Activity

1 Show the traffic light.

Post the chart paper with the traffic light drawn on it. Ask students the following questions:

- What does the yellow light mean on a traffic light? (Slow down, caution)
- What might happen if a person ignores the yellow light and goes through it? (Might crash, might make it, might get a ticket)

Acknowledge that sometimes people may make it through a yellow light, but sometimes they run into trouble.

2 Explain warning signs.

Tell students that there are often similar warning signs when people may be about to cross their personal sexual limits. Explain that some of these signs might be internal (feelings or emotions) and others might be things happening around them (such as the yellow traffic light) or things they are doing.

Ask students if they remember the Remy and Phoenix story. Explain that today they will get a chance to identify the clues or warning signs in that story.

3 Read the story.

Read or have a Peer Leader read **The Story of Remy and Phoenix** *aloud. Ask students to listen for warning signs as you read the story.*

4 Introduce activity.

After reading the story, ask students for one or two examples of a warning sign they heard in the story.

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Educator Note: Stop at one or two examples in this first step, otherwise the rest of the activity will be redundant.

Explain that students now will have a chance to look at the story more closely to identify other clues or warning signs for Remy and Phoenix. Provide the following instructions:

- Now you and a partner will identify other warning signs in the story.
- Each pair will get highlighter.
- You will work together to review the story and highlight all the clues or warning signs in the story.
- You will have 5 minutes to finish this task.

Check for understanding by asking students what they will do. Clarify as needed.

5 Students identify warning signs.

Put students in pairs and have them turn to **Remy and Phoenix: Warning Signs** *(Activity Sheet 8.3) in their workbooks. Distribute a highlighter to each pair and have them begin identifying the warning signs in the story.* ***Play music*** *while students work.*

Allow students to work for up to 5 minutes. Circulate to ensure pairs are on task and to assist as needed.

6 Debrief.

Call students back to attention. Ask for volunteers to share the warning signs they found in the story that could have signaled to Remy and Phoenix to get out of the situation and not cross their lines. List key points on chart paper.

7 Analyze warning signs.

Review the list of key points and circle any warning signs that involved internal signals (e.g., felt uncomfortable, not sure it was a good idea).

Ask students how the signs you circled differ from the other ones. Prompt if needed by explaining that often a person can sense a feeling inside that something doesn't feel or seem right, just like in the poem we read at the beginning of class.

Point out that internal signs and feelings are very helpful when people are in situations that might lead to unplanned or unprotected sex. Emphasize the importance of trusting a feeling like this and using it as a signal that they need to get out of the situation.

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Activity 8.4 Handling Risky Situations

Suggested Time 15 minutes

Materials Warning Sign Cards, pencils

Purpose To identify ways to handle risky situations that might lead to sex or unprotected sex

Steps for Activity

1 Introduce activity.

Tell students that being able to recognize clues or warning signs is a first step toward sticking with their limits. Explain that it is also important to think about what to do if they are in a risky situation, and in this next activity they will be able to do just that.

Provide the following instructions:

- You will work in groups of four.
- Each group will be given two cards. Each card has a warning sign on it.
- Your group will work together to identify two or three ways that Remy and/or Phoenix could deal with the warning sign on the card. This could be things they could do or things they could say.
- You can write their ideas on the back of the cards.
- You'll share some of your ideas with the whole class.

Check for understanding by asking students what they will do with the cards. Clarify as needed.

2 Groups identify ways to deal with warning signs.

Pass out two **Warning Sign Cards** *and a pencil to each group. Allow groups to work for about 5 minutes.*

Circulate to ensure groups are on task and to prompt them to write 2 or 3 ideas on their cards.

3 Debrief.

Tell students that Remy and Phoenix need their advice. Ask for volunteers to share one of the warning signs on their cards and one or two ideas on how to handle that warning sign.

After the volunteer has shared, ask the class to add any other ideas they might have.

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Repeat for several warning signs. Then quickly review the list of ideas.

Choose a few of the ideas and ask students how the story might have ended differently if Remy and/or Phoenix had used these ideas.

4 Identify additional warning signs.

Ask students if they can think of other clues or warning signs (not used in the Remy and Phoenix story) that might put people at risk of crossing their limits regarding sex. Write key words on chart paper.

Have the class brainstorm possible ways to deal with those warning signs.

5 Review.

Remind students that they have several strategies that they can use to deal with difficult situations.

You now have several strategies that can help you deal with warning signs and risky situations. You can:

- Use "Pst" to pick a limit and tell someone your limits.
- Suggest something else to do to get out of a situation (alternative actions).
- Use delay tactics to break the mood and buy more time to deal with a situation.
- Think ahead and avoid situations that might be challenging to deal with.

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Activity 8.5 Closure & Question Box

Suggested Time 10 minutes

Materials *All4You2!* Messages poster, Question Box, 3 x 5 index cards

Purpose To summarize key points of the lesson and prepare for the next lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum.*

- **Respect:** Know your limits and tell your limits to your partner.
- **Respect and Protect:** Respect and protect yourself by avoiding situations that might lead to unplanned or unprotected sex.

Encourage students to look for clues and to slow down or use caution when they see the warning signs.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

2 Gather new questions.

If there is time, hand out 3 x 5 index cards and give students a minute to write any new questions they might have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

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Closure

1 Conclude.

Collect the student name tents.

Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

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Warning Signs Cards

Directions: Copy and cut apart the cards. You could also print the warning signs and question on 5 x 7 index cards (one warning sign per card).

No parents at party

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

Alcohol

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

Kids having sex at the party

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

Remy and Phoenix drinking several drinks

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

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Warning Signs Cards *(continued)*

Phoenix joining in talk with friends about "getting down" tonight without really meaning it

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

Remy and Phoenix feeling a bit uncomfortable about touching each other sexually

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

Remy not sure it was a good idea to go to a bedroom, but going anyway

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

Phoenix and Remy going into a bedroom

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

Phoenix and Remy lying on the bed, kissing and messing around

What could Remy or Phoenix do or say if they saw this warning sign?
Write 2 or 3 ideas on the back of this card.

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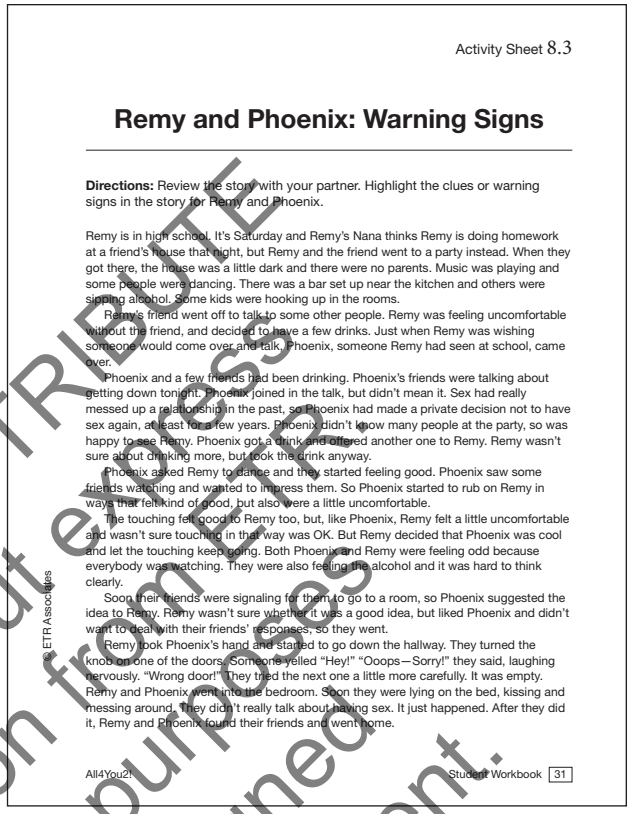

Activity Sheet 8.3

Remy and Phoenix: Warning Signs

Directions: Review the story with your partner. Highlight the clues or warning signs in the story for Remy and Phoenix.

Remy is in high school. It's Saturday and Remy's Nana thinks Remy is doing homework at a friend's house that night, but Remy and the friend went to a party instead. When they got there, the house was a little dark and there were no parents. Music was playing and some people were dancing. There was a bar set up near the kitchen and others were sipping alcohol. Some kids were hooking up in the rooms.

Remy's friend went off to talk to some other people. Remy was feeling uncomfortable without the friend, and decided to have a few drinks. Just when Remy was wishing someone would come over and talk, Phoenix, someone Remy had seen at school, came over.

Phoenix and a few friends had been drinking. Phoenix's friends were talking about getting down tonight. Phoenix joined in the talk, but didn't mean it. Sex had really messed up a relationship in the past, so Phoenix had made a private decision not to have sex again, at least for a few years. Phoenix didn't know many people at the party, so was happy to see Remy. Phoenix got a drink and offered another one to Remy. Remy wasn't sure about drinking more, but took the drink anyway.

Phoenix asked Remy to dance and they started feeling good. Phoenix saw some friends watching and wanted to impress them. So Phoenix started to rub on Remy in ways that felt kind of good, but also were a little uncomfortable.

The touching felt good to Remy too, but, like Phoenix, Remy felt a little uncomfortable and wasn't sure touching in that way was OK. But Remy decided that Phoenix was cool and let the touching keep going. Both Phoenix and Remy were feeling odd because everybody was watching. They were also feeling the alcohol and it was hard to think clearly.

Soon their friends were signaling for them to go to a room, so Phoenix suggested the idea to Remy. Remy wasn't sure whether it was a good idea, but liked Phoenix and didn't want to deal with their friends' responses, so they went.

Remy took Phoenix's hand and started to go down the hallway. They turned the knob on one of the doors. Someone yelled "Hey!" "Ooops—Sorry!" they said, laughing nervously. "Wrong door!" They tried the next one a little more carefully. It was empty. Remy and Phoenix went into the bedroom. Soon they were lying on the bed, kissing and messing around. They didn't really talk about having sex. It just happened. After they did it, Remy and Phoenix found their friends and went home.

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Lesson 9

Teens and Relationships

Synopsis	In this lesson, students will identify healthy and unhealthy elements of a relationship, and identify these elements in their own relationships.
Purpose Statement for Students	Today we will learn how to recognize the elements of a healthy personal relationship, and practice using skills for building relationships in a positive way.
Objectives	Students will be able to: • Build a personal value for healthy relationships. • Shape peer norms that value healthy relationships. • Use communication skills to demonstrate elements of a healthy relationship.

Activities & Time

9.1: Check-In	2 minutes
9.2: Review & Plan for the Day	3 minutes
9.3: What's in a Relationship?	10 minutes
9.4: Creating a Roleplay	20 minutes
9.5: Call or Visit a Clinic Homework	8 minutes
9.6: Closure & Question Box	7 minutes

Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Student name tents
- ☐ Highlighters
- ☐ Blank paper
- ☐ Music and music player
- ☐ *All4You2!* Messages poster
- ☐ Question Box
- ☐ 3 x 5 index cards, 1 per student
- ☐ Pencils

Review

- ☐ **What's in a Relationship?** (Activity Sheet 9.3a)
- ☐ **How's My Relationship?** (Activity Sheet 9.3b)
- ☐ **A New Look at My Relationship** (Activity Sheet 9.4)
- ☐ **Call or Visit a Clinic** (Extra Credit Homework 9.5)

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Materials

Prepare

- ☐ Plan for the Day
- ☐ **How's My Relationship Score?** (Poster 9.3)
- ☐ **Relationship Elements Roleplay Cards** (Master 9.4), 2 sets per class

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials.
- ☐ Review **Relationship Scenarios** (Educator Activity Sheet 9.3) and practice reading the scenarios out loud before class.
- ☐ For Activity 9.3, prepare a chart or poster showing a local teen hotline that can help support young people dealing with physical and sexual abuse.
- ☐ For Activity 9.5, prepare a list of local health clinics with phone numbers. You can use an existing resource list if there is one available for the areas surrounding the school.
- ☐ Meet with the Peer Leaders briefly before or at the end of class to request their assistance in completing the **Call or Visit a Clinic** extra credit homework. Explain that they will report on their experience in Lesson 14.
- ☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

- ☐ Peer Leaders are asked to call or visit a clinic in preparation for Lesson 14.

Determinants Addressed

- Higher self-concept
- Increased self-efficacy to abstain or refuse unprotected sex

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Activity 9.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 9.2 Review & Plan for the Day

Suggested Time 5 minutes

Materials Plan for the day, student name tents and folders

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 8.

Ask students the following questions:

- What was one warning sign for Remy and Phoenix?
- How could they have dealt with that warning sign?

Clarify any misinformation or key points as needed.

3 Post and review the Plan for the Day.

Today we will learn how to recognize the elements of a healthy personal relationship, and practice using skills for building relationships in a positive way.

4 Ask for a volunteer to read the plan.

Lesson 9
Plan for the Day

- What's in a Relationship?
- Creating a Roleplay
- Call or Visit a Clinic
- Summary

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Activity 9.3 What's in a Relationship?

Suggested Time 10 minutes

Materials Activity Sheet 9.3a, Activity Sheet 9.b, Educator Activity Sheet 9.3, Poster 9.3, highlighters, teen hotline number

Purpose To help students determine when an unhealthy relationship should end and practice communication skills for ending those relationships in a positive way

Steps for Activity

1 Brainstorm.

Write the word "Relationships" across the top of a piece of chart paper or the board. Draw a line down the center and write "Healthy" on one side and "Unhealthy" on the other side.

Have students brainstorm healthy and unhealthy elements of relationships. Write key words in the appropriate column.

2 Examine elements of relationships.

Have students turn to **What's in a Relationship?** *(Activity Sheet 9.3a) in their workbooks. Ask for a volunteer to read the information at the top of the sheet aloud.*

Have students review both the positive and damaging elements listed in on the activity sheet and compare these to the ones they just brainstormed that are listed on chart paper or the board. Ask students to point out any that didn't come up in the brainstorming. Review what the different elements mean as needed.

3 Share information about abuse.

Address physical and sexual abuse by noting that it is never appropriate to abuse someone else. Make these points:

- Based on the 2013 Youth Risk Behavior Survey:*
  - About 1 out of 10 students (10.3%) who dated or went out with someone in the year before the survey had been hit, slammed into something, or injured with an object or weapon on purpose by the person they were dating.

* Kann, L, Kinchen, S, Shanklin, S., et al. (2014). Youth risk behavior surveillance—United States, 2013. *MMWR, 63* (SS04): 1–168. Accessed at www.cdc.gov/mmwr/pdf/ss/ss6304.pdf.

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  - Similarly, approximately 1 out of 10 (10.4%) experienced sexual violence (defined as being kissed, touched or forced physically to have sex when they did not want to in the 12 months before the survey.

- Physical or sexual abuse can involve both actual harm and/or the threat of harm.
- People in abusive relationships may need to leave the relationship to get away from the abuse.
- People in abusive relationships should seek help and support.

Ask students why it might be difficult to end an abusive relationship (e.g., fear, sense of loss, depression, conflicted feelings—feel person really loves you).

Ask students where teens in abusive relationships could go for help (e.g., family members, counselors, or community agencies that deal with this issue).

Post the number for a teen hotline or other resources in your area that can help people who are in abusive relationships.

4 Analyze scenarios.

Tell students you'd like to review the concepts of healthy and unhealthy relationships and then give them a chance to rate their own relationships. Follow these steps:

- *Explain that you are going to read a few scenarios.*
- *Tell students that you'd like them to tell you if the relationship in each scenario is healthy or unhealthy, and why.*
- *Read the three* **Relationship Scenarios***, one at a time.*
- *After each one, ask students to identify if the relationship described is healthy or unhealthy.*
- *Ask what, if any, of the relationship elements (healthy or unhealthy) were present in each of the relationships described.*

5 Students assess relationships.

Explain that students will now have a chance to rate their own relationships. Have them turn to **How's My Relationship** *(Activity Sheet 9.3b) in their workbooks and distribute a highlighter to each student.*

- Think of a relationship you have with a friend or a partner. It does not have to be a romantic relationship.
- Then read each sentence and rate how true it is for you. You can use the highlighter to can mark which answer is most true for you.

Allow time for students to complete the activity sheet.

Once students have finished, help them score their relationships as follows:

- Give yourself 3 points for each "Almost Always" response,
- Give yourself 2 points for each "Sometimes" response,

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- Give yourself 1 point for each "Almost Never" response and
- Give yourself 0 points for each "Never" response.

Show and review the **How's My Relationship Score?** *poster and have students reflect on how their relationships scored.*

Educator Note: You can read Activity Sheet 9.3b out loud if you think your students would benefit from hearing it rather than reading it.

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Activity 9.4 Creating a Roleplay

Suggested Time 20 minutes

Materials Relationship Elements Roleplay Cards, Activity Sheet 9.4, blank paper

Purpose To help students recognize healthy and unhealthy relationship elements and re-examine qualities in one of their personal relationships

Steps for Activity

1 Introduce roleplay activity.

Explain that students will now have a chance to do some roleplaying:

- You will work in pairs.
- Each pair will get a different relationship element and a blank piece of paper.
- Keep your element a secret from everyone else.
- Work with your partner to create a roleplay so the rest of us can try to guess which relationship element you are showing with the roleplay.

Write down these key steps on chart paper or the board and review them:

- Talk to your partner about ideas for the roleplay.
- Write the script and practice.
- Don't use your own name or friends' names.

2 Clarify.

Check for understanding by asking students what they will do once they get into pairs. Clarify as needed.

3 Students create roleplays.

Put students into pairs. Give each pair a blank piece of paper and one of the **Relationship Elements Roleplay Cards** *without letting others in the class know which element each pair received.*

Educator Note: Physical and sexual abuse are not included on the cards. Do not assign these elements to any pair.

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Allow students time to create their roleplays. ***Play music*** *while students work. Circulate to ensure students are on task.*

4 Perform roleplays.

Once students have finished their scripts, have pairs perform their roleplays for the class, while the other students try to guess the element they are depicting.

Emphasize key points after each roleplay based on students' scripts (e.g., open communication is a great way to build trust in a relationship; controlling someone else can be very damaging to a relationship, etc.). Use Activity Sheet 9.3 as needed to guide these comments.

5 Students reassess relationships.

Direct students to turn to **A New Look at My Relationship** *(Activity Sheet 9.4) in their workbooks. Explain you'd like them to re-examine the relationship they rated earlier in class.*

Allow students time to fill out the activity sheet. When they have finished, encourage volunteers to share their answers to the last question on the activity sheet—one thing they learned—with the class.

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Activity 9.5 Call or Visit a Clinic Homework

Suggested Time 8 minutes

Materials Extra Credit Homework 9.5

Purpose To provide students with an opportunity to learn more about local clinic services and how to access them

Steps for Activity

1 Introduce homework activity.

Explain to students that one of the upcoming lessons will cover HIV, other STDs, and pregnancy testing, and where to go for testing.

Ask students why people might not go to a doctor or health clinic even if they thought they might have an STD or be pregnant (e.g., unsure of what might happen there, fear that someone might find out, not sure of where to go, fear of finding out they actually do have a disease or are pregnant).

Point out that one of the most common reasons that keeps people from going to a clinic is feeling unsure of where to go or what to expect.

Explain that you are looking for students who are willing to volunteer for an extra-credit homework activity to help gather information about what services are available at clinics in their communities. Explain that they will share the information during Lesson 14.

2 Clarify.

Have students turn to **Call or Visit a Clinic** *(Extra Credit Homework 9.5) in their workbooks, and hand out a list of nearby clinics (you can also post these on chart paper). Review the steps for completing the homework assignment:*

- You can pick one clinic and call or visit it to get the information asked for on the activity sheet. You may work in pairs, if you want.
- You will share the information and what you thought of the clinic during a later lesson (Lesson 14).
- This activity will help everyone learn more about what services are available at clinics in the community, and will help everyone feel more confident of what to expect at a clinic.

Explain to students that clinic staff members are very busy and sometimes may come across as unfriendly. Stress that you would like students to be respectful and mindful of clinic staff's time when calling, and remind them to record what they thought of the clinic on the homework sheet.

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3 Recruit volunteers.

Ask for volunteers to complete the homework assignment. Make a note of the names of students who are willing to complete the activity. Thank them for their help. Let them know you will be checking in with them periodically over the next few lessons to see how this activity is working for them.

Educator Note: Ask and encourage all Peer Leaders to assist with this activity. If some Peer Leaders are uncomfortable with the activity, thank them for considering it, but do not force them to complete it.

Be sure to check with the volunteers who are doing this activity each day between Lessons 10 and 14 to be sure they complete the task. Emphasize the importance of their participation. If you feel they won't be ready, be sure to call or visit a clinic yourself and be prepared to step in during Lesson 14 as needed.

All volunteers should receive extra credit or some small incentive for assisting.

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Activity 9.6 Closure & Question Box

Suggested Time 7 minutes

Materials Question Box, 3 x 5 index cards, pencils, *All4You2!* Messages poster

Purpose To summarize key points of the lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Summarize.

Emphasize that the purpose of today's lesson was to become familiar with the elements of healthy and unhealthy relationships and to assess their own relationships based on these elements.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect:** Be true to yourself. Have sexual limits and be sure to tell your partner these limits.
- **Protect:** Healthy relationships make it easier to share your limits with your partner and for you to keep those limits.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

2 Gather new questions.

Hand out index cards and give students a minute to write any new questions they have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

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Closure

1 Conclude.

Collect the student name tents and any remaining materials. Close by recognizing students for their participation today.

2 Assign homework.

Tell students that they have homework for tonight. Ask students to share one thing from today's lesson with a friend.

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Relationship Scenarios

As part of Step 4 in Activity 9.3, read these three scenarios one at a time. Ask students if they think the relationship is healthy or unhealthy and why.

Scenario 1

Samantha and Oliver have been together for 6 months. Samantha really loves Oliver and wants to spend every minute with him. She won't let Oliver go out with his friends. She also tells him how to dress. Sometimes she slaps him when she's mad at him. Based on this information, would you say their relationship is mostly healthy or unhealthy? Why? *(Answer: Unhealthy)*

Scenario 2

JD and his partner have been together for a year. They spend a lot of time together and they call each other every day. They both hang out with their friends too. Sometimes JD feels like he needs more time with friends. He tells his partner that, and his partner is cool with it. Based on this information, would you say their relationship is mostly healthy or unhealthy? Why? *(Answer: Healthy)*

Scenario 3

LT and Lee have been friends since middle school. They hang out after school on some days and party together on the weekends. LT believes that Lee would be there any time LT needed help. Lee feels the same way about LT. Sometimes LT makes fun of Lee because Lee doesn't have a romantic relationship. Lee just ignores LT, but the teasing is starting to hurt. Lee decides to say something to LT about it. Based on this information, would you say their friendship is mostly healthy or unhealthy? Why? *(Answer: Healthy, but there may be some discussion around LT's teasing)*

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How's My Relationship Score?

Scoring

- Almost Always = 3 points each
- Sometimes = 2 points each
- Almost Never = 1 point each
- Never = 0 points

What your score means:

38–45: You have what it takes to continue a satisfying, successful relationship.

30–37: You have the basis for a good relationship. Focus on the positive elements and work to improve the damaging elements.

15–29: Indicates problems that might be solved through improving honesty and communication.

0–15: Indicates few positive elements. You might want to look at your motives for continuing the relationship and perhaps work toward improving it.

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Relationship Elements Roleplay Cards

Directions: Copy and cut apart the cards, or print each relationship element on a 3 x 5 index card. Prepare two sets for each class.

Self-esteem	**Responsibility for self**
Flexibility	**Trust**
Honesty	**Communication**
Jealousy	**Overdependence**
Selfishness	**Control**
Emotional abuse	

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Activity Sheet 9.3a

What's in a Relationship?

All relationships go through cycles. People who feel love and affection for each other can also experience irritation or even dislike. Every relationship has both positive and damaging elements.

So what makes a relationship healthy or unhealthy?

- In a healthy relationship, positive elements are always there in some way—even when people disagree or are angry with each other.
- In an unhealthy relationship, damaging elements take over, making both people unhappy.

Positive Elements	Damaging Elements
Self-esteem—each person has a feeling of self-worth.	Jealousy—one person is fearful of losing the other person's affection.
Responsibility for self—each person is responsible for thoughts, feelings, and actions.	Over dependency—one person relies on the other person to fulfill all needs.
Flexibility—each person allows for and accepts changes within relationship.	Selfishness—one person has little or no concern for the other person in relationship.
Trust—each person has confidence in the other person's honesty and reliability.	Control—one person tries to have power over the other person's behavior or makes all of the decisions.
Honesty—each person reveals who he/she is, both strengths and weaknesses. They don't hide or pretend.	Emotional, physical, or sexual abuse—one person harms or threatens to harm the other person. Attack on a person's feelings, personality, character, ability, or dignity is also abusive.
Communication—each person exchanges information, thoughts, & feelings. Communication is needed for intimacy.	

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Activity Sheet 9.3a

Activity Sheet 9.3b

How's My Relationship?

Directions: Think about a friend or a romantic partner. Read each statement and highlight the response that best describes your feelings or behaviors.

1. I feel my friend/partner understands me.	Almost Always	Sometimes	Almost Never	Almost Never
2. I can speak freely with my friend/partner about things I like and things that bother me.	Almost Always	Sometimes	Almost Never	Almost Never
3. I care about my friend's/partner's needs and concerns and my friend/partner cares about mine.	Almost Always	Sometimes	Almost Never	Almost Never
4. I maintain my own interests.	Almost Always	Sometimes	Almost Never	Almost Never
5. I have other important friendships in my life.	Almost Always	Sometimes	Almost Never	Almost Never
6. I believe I am a worthwhile person outside this relationship.	Almost Always	Sometimes	Almost Never	Almost Never
7. Our relationship is physically safe. We don't physically hurt or threaten each other.	Almost Always	Sometimes	Almost Never	Almost Never
8. Our relationship is emotionally healthy.	Almost Always	Sometimes	Almost Never	Almost Never
9. Our relationship is supported by others.	Almost Always	Sometimes	Almost Never	Almost Never
10. We support each other's friendships.	Almost Always	Sometimes	Almost Never	Almost Never
11. I can be myself around my friend/partner.	Almost Always	Sometimes	Almost Never	Almost Never
12. I feel comfortable sharing my feelings in my relationship.	Almost Always	Sometimes	Almost Never	Almost Never
13. My friend/partner does what is best for me and the relationship.	Almost Always	Sometimes	Almost Never	Almost Never
14. I feel good about myself and the relationship.	Almost Always	Sometimes	Almost Never	Almost Never
15. Most of the decisions in our relationship are made together.	Almost Always	Sometimes	Almost Never	Almost Never

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Activity Sheet 9.3b

Activity Sheet 9.4

A New Look At My Relationship

Directions: Think again about your relationship with your friend or partner. Using what you've learned in class and from the How's My Relationship? sheet, complete the following statements.

1. The **healthy** elements of my relationship:

2. The **unhealthy** elements of my relationship:

3. We can **improve** our relationship by:

4. One thing I **learned** from this activity:

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Activity Sheet 9.4

Extra Credit Homework 9.5

Call or Visit a Clinic

Directions: Pick a local clinic from the list you got in class. Call to find out what services the clinic offers, how much it costs, and what type of confidentiality policy they have. You can visit the clinic instead of calling if you want to. Once you call, please fill in the information below and bring it back to class. You can share what you learned during Lesson 14.

Name of clinic: _____

Clinic address: _____

Clinic phone and hours: _____

Check the services available at this clinic:

☐ STD testing ☐ HIV testing ☐ Pregnancy testing ☐ Contraceptive services

☐ STD treatment ☐ Other services: _____

How much does a routine exam or consultation cost? _____

What is the clinic policy about confidentiality? _____

How comfortable did you feel calling or visiting this clinic?

☐ Uncomfortable ☐ Somewhat comfortable ☐ Very comfortable

What made it uncomfortable or comfortable? _____

Would you tell other young people your age to visit this clinic if they needed information or services? ☐ Yes ☐ No. Why or why not?

Thank You!

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Extra Credit Homework 9.5

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Lesson 10 Ending Relationships in Healthy Ways

Synopsis	Although unhealthy elements can be warning signs in a relationship, they do not necessarily mean a relationship should end. In this lesson, students learn to identify warning signs that indicate it might be best to end a relationship, and explore how to end a relationship when necessary. They also learn healthy ways to recover when a relationship ends.
Purpose Statement for Students	Today we will learn how to recognize the warning signs of unhealthy relationships and practice skills for ending those relationships in a positive way.
Objectives	Students will be able to: • Recognize the warning signs of an unhealthy relationship. • Build a value system for ending relationships in a positive way. • Shape peer norms that value ending relationships in healthy ways. • Use communication skills to end relationships in a positive way.
Activities & Time	10.1: Check-In 2 minutes 10.2: Review & Plan for the Day 3 minutes 10.3: Ending Relationships 30 minutes 10.4: What Do You Think? 5 minutes 10.5: Closure & Question Box 5 minutes
Materials	**Have** ☐ Chart paper, markers and tape ☐ Student name tents ☐ Music and music player ☐ *All4You2!* Messages poster ☐ Question Box ☐ 3 x 5 index cards, 1 per student ☐ Pencils

(continued)

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Materials

Review

- ☐ **Ending Relationships** (Activity Sheet 10.3a)
- ☐ **Should It End?** (Activity Sheets 10.3b, c and d)
- ☐ **How Does It End?** (Activity Sheet 10.3e)
- ☐ **What Do You Think?** (Homework 10.4)

Prepare

- ☐ Plan for the Day

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials.
- ☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

None

Determinants Addressed

- Higher self-concept
- Increased self-efficacy to abstain or refuse unprotected sex

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Activity 10.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 10.2 Review & Plan for the Day

Suggested Time 3 minutes

Materials Plan for the day, student name tents and folders

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 9.

Ask students the following questions:

- Can you name three or four positive elements in a relationship?
- How can being in a good relationship help teens reduce the risk of unplanned pregnancy and/or STD, including HIV? (e.g., can communicate more easily and talk about sexual boundaries; partner respects you more and honors sexual boundaries)

Clarify any misinformation or key points as needed.

3 Post and review the Plan for the Day.

Today we will learn to recognize when an unhealthy relationship should end, and practice the skills for ending relationships in positive ways.

4 Ask for a volunteer to read the plan.

Lesson 10
Plan for the Day

- Ending Relationships
- What Do You Think?
- Summary

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Activity 10.3 Ending Relationships

Suggested Time 30 minutes

Materials Activity Sheet 10.3a; Activity Sheets 10.3b, c and d; Activity Sheet 10.3e

Purpose To help students determine when an unhealthy relationship should end and practice communication skills for ending those relationships in a positive way

Steps for Activity

1 Introduce the activity.

Ask students how being in an unhealthy relationship impacts a person's ability to stick with their personal sexual limits (may feel like they can't refuse sex or unprotected sex; no power to speak up, etc.).

Explain that in this next activity they will look at characteristics of unhealthy relationships and talk about ways to end them.

2 Review warning signs in relationships.

Have students turn to **Ending Relationships** *(Activity Sheet 10.3a) in their workbooks. Ask for volunteers to read the information on the first page aloud, one section at a time.*

As each section is read, discuss key points by asking students to share their thoughts—what they agree or disagree with; how it compares to experiences with which they are familiar (e.g., friends' experiences).

After discussing the signs of emotional or physical abuse, ask students to brainstorm a list of people they could go to for help in ending an abusive relationship.

3 Review steps for ending relationships.

Have students turn to the second page of **Ending Relationships** *(Activity Sheet 10.3a). Ask for volunteers to read the information aloud, one section at a time.*

Ask students if they see any similarities in some of the steps for ending relationships (make a decision, be prepared to feel uncomfortable, find a place, mean it, explain) and "Pst." Point out the similarities as needed ("make decision" same as P—pick a limit; "mean it" similar to S—say it strong; "explain your reasons" similar to T—tell why).

Ask students to list some emotions teens might feel when a friendship or romantic relationship ends. Discuss how the ideas for coping with a break-up might help them deal with these emotions.

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4 Analyze relationship scenarios.

Explain that students will now have a chance to look at some relationships and decide if they should end or not. Have them turn to **Should It End?** *(Activity Sheets 10.3b, c and d) in their workbooks. Explain that students will work in small groups and each group will be assigned one of the 3 case studies to analyze.*

Divide students into groups of three, and assign one case study to each group. Allow students about 5–8 minutes to complete the activity sheet in their groups.

Once groups have finished, ask for volunteers to share their responses with the class. Be sure each case study is discussed.

Educator Note: In discussing Case Study 3, be sure students understand that Cory is in an abusive and potentially dangerous situation. She should be very clear about not wanting any contact with Max, and, if he doesn't respect her wishes, she should get help immediately or even anticipate that he may not and have help lined up beforehand.

5 Students roleplay.

Acknowledge that ending relationships can be difficult. Ask students what could make it difficult to end a relationship (e.g., fear of safety, don't want to be alone, hard to meet people, don't want to hurt person's feelings, etc.).

Explain that now students will have a chance to create a roleplay around ending a relationship. Have them turn to **How Does It End?** *(Activity Sheet 10.3e) in their workbooks. Explain that they will stay in their groups of 3 write a roleplay script that ends the relationship between DJ and Kim in a healthy way.*

Allow 5–8 minutes for groups to create and practice their roleplay scripts.

6 Debrief.

Ask for volunteers (two groups) to present their roleplays to the class or to allow you to read their script to the class. Seek input from other groups on additional ways to end the relationship in a healthy way.

7 Conclude.

Close the activity as follows:

- *Acknowledge how difficult it can be to recognize warning signs and end relationships (with friends or romantic partners).*
- *Emphasize the importance of thinking about how their relationships influence the risks they take.*
- *Encourage students to show respect for themselves by getting out of relationships that may increase their risk for unplanned pregnancy and/or STD, including HIV.*

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Activity 10.4 What Do You Think?

Suggested Time 5 minutes

Materials Homework 10.4

Purpose To encourage communication about sexual values with a trusted adult

Educator Note: Some students may be unable to talk with their parents or guardians. Have students identify other adults with whom they can complete this assignment (e.g., another teacher, counselor, nurse, aunt, uncle, older brother or sister, clergy). For extra credit, encourage students to interview a friend or their partners as well as a trusted adult.

Steps for Activity

1 Introduce the homework.

Remind students that open communication between young people and their parents or other important adults in their lives is very important, but not always easy. Tell students you would like them to complete a homework activity with their parents/guardians or another trusted adult.

2 Review assignment.

Have students turn to **What Do You Think?** *(Homework 10.4) in their workbooks and review the 3 homework questions about sexuality:*

- What are some things people can do to keep their friendships and other relationships healthy?
- What are some ways teens can show they care about someone without having sex?
- What are some of the things people should think about before deciding whether or not to have sexual intercourse?

Explain that students will answer the questions for themselves first. Then they will interview their parents/guardians (or another adult) using the same three questions. Offer students extra credit for interviewing a friend or partner in addition to the adult.

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3 Clarify.

Emphasize that the benefit of this assignment comes from discussing the questions with their parents or other adults, so students shouldn't just give the homework sheet to their parents to complete.

Stress that both students' and parents' answers will be confidential. Students will turn in only the signed portion to verify that the homework was completed. They do not need to write the adult's answers on the homework sheet.

Tell students the homework sign-off sheet will be due at the beginning of class 14.

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Activity 10.5 Closure & Question Box

Suggested Time 5 minutes

Materials *All4You2!* Messages poster, Question Box, 3 x 5 index cards

Purpose To summarize key points of the lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Summarize.

Emphasize that the purpose of today's lesson was to learn how to recognize the warning signs of destructive relationships and practice skills for ending those relationships in a positive way.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect:** Be true to yourself. End unhealthy relationships.
- **Protect:** Unhealthy relationships make it harder to protect yourself from unplanned pregnancy and/or disease.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

2 Gather new questions.

Hand out index cards and give students a minute to write any new questions they have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

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Closure

1 Conclude.

Collect the student name tents.

Close by recognizing students for their participation today.

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Student Workbook Pages for Educator Reference

Ending Relationships

Relationships of all kinds can come to an end for many different reasons. Sometimes, both people agree that a close friendship or relationship isn't right for them anymore. More often, only one of the people decides the relationship is no longer a good choice.

Signs of Trouble

Warning signs that a relationship may be in trouble include:

- **Change in communication.** One person doesn't listen or pay attention. This can make the other person feel unappreciated or undesirable.
- **Increase in unresolved conflicts.** When misunderstandings aren't resolved, resentment can build. Eventually, one or both people become angry or frustrated.
- **Change in the amount and quality of time spent together.** Sometimes this is normal—for example, when one person is particularly busy. A sign of trouble would be if one or both people seek the company of others to avoid the relationship.

Signs of Emotional or Physical Abuse

Abuse of any kind is serious and should not be tolerated.

It's a warning sign of abuse if your partner or friend:

- **Always has to "win"** an argument and doesn't respect your views when you disagree.
- **Is threatened** by your accomplishments.
- **Discourages you from having other friendships** and tries to isolate you from others.
- **Threatens violence** toward you or toward himself or herself to make you stay.
- **Hits,** pushes, slams you into things, throws things at you, or has violent outbursts toward you.
- **Becomes verbally or physically abusive** after drinking alcohol or using other drugs.
- **Forces or manipulates you into sexual activities** (kissing, touching, or any type of intercourse) against your wishes.

(continued)

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Activity Sheet 10.3a

Should It End? Case Study 1

Directions: Read the case study and answer the questions.

Jerome and JJ

Jerome and JJ have been together for a year. Jerome hopes to get a scholarship to an out-of-state university. JJ really enjoys sports and having a good time with friends. JJ studies enough to pass, but school isn't a big priority. JJ wants to get a job in town after graduation, to be near family and friends.

Lately, Jerome and JJ have been fighting. JJ thinks they should spend more time together and partying with friends and less time studying. Jerome can't understand why JJ doesn't apply to college too. JJ thinks they'll work things out, but some days Jerome doesn't call or answer the phone to avoid arguing.

One night, after another argument about school versus partying with friends, Jerome decides it's time to end the relationship.

Case Study 1: Questions

1. What signs show the relationship is in trouble?
2. What are Jerome's reasons for ending the relationship?
3. How should Jerome end the relationship? What should Jerome say? Where should Jerome end it?
4. What are healthy ways JJ can deal with the emotions of losing a partner? What should Jerome do if JJ keeps trying to get back together?

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Activity Sheet 10.3b

Should It End? Case Study 2

Directions: Read the case study and answer the questions.

Martina and David

Martina and David have been seeing each other for 2 years. Martina is still in high school. David is out of high school. They see each other mostly on weekends. Martina met David, a friend of her older brother, at a family event.

At first Martina had a great time with David. Lately, though, she's been feeling uncomfortable. He tells her that he's tired of hearing about high school and her friends, and sometimes he hints about getting married.

Martina has begun spending more time with a guy in her class. She thinks they have much more in common. Martina knows David cares about her, but she wants to spend time being a teenager while she still can. She also knows her parents would be happier if they were not seeing each other.

Martina doesn't want to hurt David's feelings, but she doesn't want to continue the relationship either.

Case Study 2: Questions

1. What signs show the relationship is in trouble?
2. What are Martina's reasons for ending the relationship?
3. How should Martina end the relationship? What should Martina say? Where should Martina end it?
4. What are healthy ways David can deal with the emotions of losing a partner? What advice would you give Martina if she sees David at future family events?

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Activity Sheet 10.3c

Should It End? Case Study 3

Directions: Read the case study and answer the questions.

Cory and Max

When Cory and Max first started going together, Max said he wanted Cory all to himself. So Cory spent more and more time with him. After a while Cory's other friends stopped calling.

One day, Cory met someone else Cory knew from middle school and had a fun conversation. Max became very jealous. For weeks he accused Cory of secretly meeting someone else. Cory even caught him reading messages on her phone. One day Max screamed at Cory and punched the wall.

This scared Cory and she told Max they shouldn't see each other for a while. He became very upset and told her he couldn't live without her. He followed her everywhere and called her all the time. Finally, Cory agreed to get back together. But a few months later, there were more jealous accusations. Every time Cory tried to break up, Max would convince her they should stay together.

Finally, Cory has made up her mind to end the relationship for good. Max has become even more jealous and possessive. He watches her every move and is constantly accusing her. She knows this isn't healthy for either of them.

Case Study 3: Questions

1. What signs show the relationship is in trouble?
2. What are Cory's reasons for ending the relationship?
3. How should Cory end the relationship? What should Cory say? Where should Cory end it?
4. What are healthy ways Cory can deal with the emotions of ending a relationship? What advice would you give Max to help him in future relationships?

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Activity Sheet 10.3d

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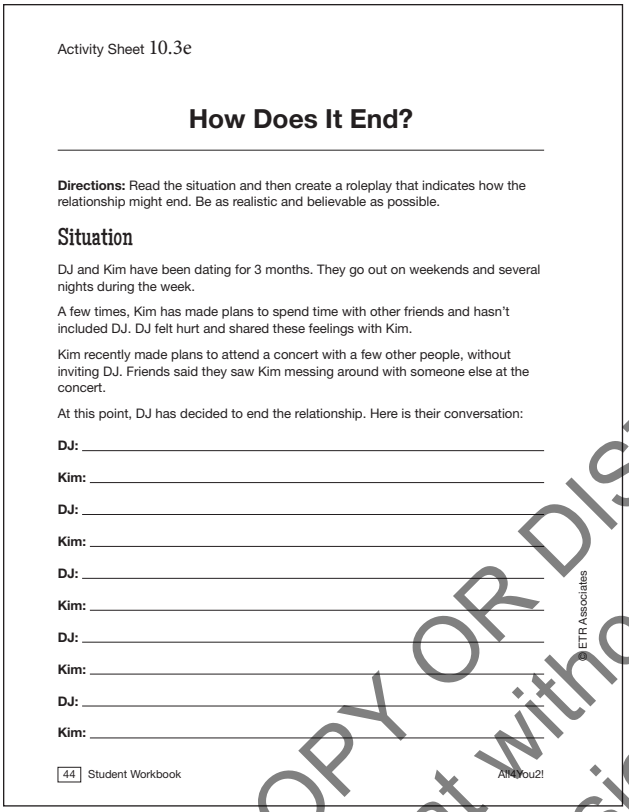

Activity Sheet 10.3e

How Does It End?

Directions: Read the situation and then create a roleplay that indicates how the relationship might end. Be as realistic and believable as possible.

Situation

DJ and Kim have been dating for 3 months. They go out on weekends and several nights during the week.

A few times, Kim has made plans to spend time with other friends and hasn't included DJ. DJ felt hurt and shared these feelings with Kim.

Kim recently made plans to attend a concert with a few other people, without inviting DJ. Friends said they saw Kim messing around with someone else at the concert.

At this point, DJ has decided to end the relationship. Here is their conversation:

DJ: _____

Kim: _____

DJ: _____

Kim: _____

DJ: _____

Kim: _____

DJ: _____

Kim: _____

DJ: _____

Kim: _____

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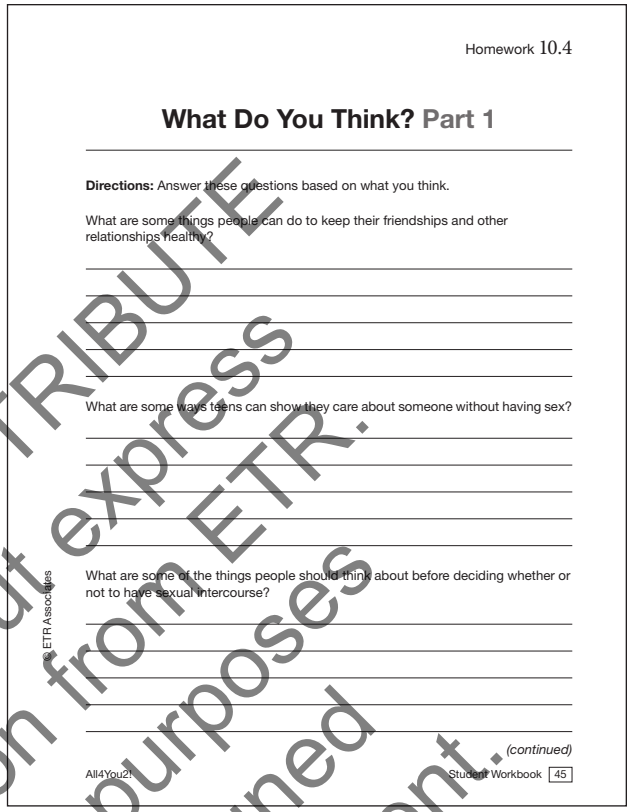

Homework 10.4

What Do You Think? Part 1

Directions: Answer these questions based on what you think.

What are some things people can do to keep their friendships and other relationships healthy?

_____

_____

_____

_____

_____

What are some ways teens can show they care about someone without having sex?

_____

_____

_____

_____

_____

What are some of the things people should think about before deciding whether or not to have sexual intercourse?

_____

_____

_____

_____

_____

(continued)

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Activity Sheet 10.3e Homework 10.4

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Lesson 11 Reduce Your Risk

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Synopsis

Students discuss different methods of protection and categorize them based on their effectiveness for preventing HIV, other STDs and/or pregnancy. Students work in small groups to analyze methods of protection based on personal lifestyle and relationship characteristics. Students then analyze their own lifestyle and relationship and think about what method of protection would be best for them.

Purpose Statement for Students

Today we will take a close look at the most common methods of protection from HIV, other STDs and pregnancy, including their effectiveness and how they are used.

Objectives

Students will be able to:

- Describe the most common methods of protection from HIV, other STDs, and/or pregnancy, including how these work and how they should be used.
- Select methods of protection based on lifestyle and relationship characteristics.
- Recognize that choosing not to have sex is the best way to prevent HIV, other STDs, and pregnancy.

Activities & Time

11.1: Check-In	2 minutes
11.2: Review & Plan for the Day	5 minutes
11.3: Protection	20 minutes
11.4: What's the Right Method?	20 minutes
11.5: Closure	3 minutes

Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Student name tents
- ☐ *Birth Control Facts for Teens* pamphlets, 1 per student
- ☐ Music and music player

(continued)

Materials

Have

- ☐ *All4You2!* Messages poster
- ☐ 3 x 5 index cards, 1 per student
- ☐ Pencils

Review

- ☐ **Consequences of Teen Pregnancy** (Activity Sheet 11.2)

Prepare

- ☐ Plan for the Day
- ☐ **Protection Display Chart** (Master 11.3) with samples of methods attached (See Activity 11.3 for instructions.)
- ☐ **Methods of Protection Cards** (Master 11.4), 1 set for each small group
- ☐ **Profiles 1–4** (Group Activity Sheets 11.4a–d), 1 per small group.

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials. Be sure to read:
  - ☐ **Educator Discussion Questions** (Educator Background Sheets 11.4a–d)
  - ☐ Appendix C: Effective and Ineffective Methods of Protection
- ☐ Check with Peer Leaders to be sure they are prepared.
- ☐ Review Appendix F on Methods of Protection

Peer Leader Activities

- ☐ Peer Leaders serve as small-group recorders and reporters for Activity 11.4.

Determinants Addressed

- Greater knowledge about contraception
- More positive attitudes about using condoms
- More positive attitudes about using birth control and condoms
- Greater perceived risk or susceptibility to pregnancy and disease
- Greater perceived self-efficacy in using contraception

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Activity 11.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 11.2 Review & Plan for the Day

Suggested Time 5 minutes

Materials Plan for the day, student name tents and folders

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 10.

Ask students:

How might being in an unhealthy relationship increase someone's risk for unplanned pregnancy and/or HIV and other STD?

Clarify any misinformation or key points as needed.

3 Read poem.

Explain that you want to read a brief poem written by teen named Omar. Have students turn to **Consequences of Teen Pregnancy** *(Activity Sheet 11.2) in their workbooks.*

Read the poem or ask a Peer Leader who is comfortable reading aloud to read it. Tell students they can follow along in their workbooks.

After reading the poem, ask students to students identify one of the many challenges of being a teen parent.

Acknowledge that being a parent has many positives, but that it is a life-changing event that requires enormous devotion and sacrifice. Explain that today's lesson is all about ways to prevent pregnancy if having vaginal sex until both people in the relationship are ready to be parents.

Educator Note: Be sensitive to the fact that some students in class may be parents. Invite them to talk about the positives and challenges if they are comfortable.

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4 **Post and review the Plan for the Day.**

Today we will focus on ways people can protect themselves from unplanned pregnancy and/or HIV and other STDs.

5 **Ask for a volunteer to read the plan.**

Lesson 11
Plan for the Day

- Protection
- What's the Right Method?
- Summary

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Activity 11.3 Protection

Suggested Time 20 minutes

Materials Protection Display Chart, Appendix C, *Birth Control Facts for Teens* pamphlet

Purpose To review the most common methods of protection from unplanned pregnancy and/or HIV and other STDs, including how these methods work, how they are properly used, and what factors might influence their use

Educator Note: Before making decisions about explaining and demonstrating the use of methods of protection, be sure to check and adhere to the school district guidelines and policies. In addition, use your best judgment about whether the following activities are appropriate for your class(es). Parents and guardians should be informed of any demonstrations that will be taking place during class. Throughout the discussion, remind students that this information can be used when they decide they are ready to have sex, which may not be for a long time.

Create a large-size Protection Display Chart and attach actual samples of the different methods to it. You can use the picture of the couple hugging from Birth Control Facts for Teens to represent abstinence.

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Steps for Activity

1 Introduce activity.

Explain to students that even though they may not be having sex right now, it is important for them to understand the extent to which different methods of protection work to prevent HIV, other STDs and pregnancy. Tell students that as part of today's lesson they will look at different methods of protection, including factors that might influence which ones they use.

2 Brainstorm birth control methods.

Have students brainstorm a list of methods that teens use to prevent HIV, other STDs and/or pregnancy. Write students' responses on chart paper. Be sure students' responses include the following methods:

- Abstinence (choosing not to have sex)
- IUD
- Implant
- The shot (Depo-Provera®)
- Birth control pill, birth control patch, vaginal ring
- Latex condom, female (internal) condom
- Vaginal barriers (diaphragm, cervical cap, sponge)
- Spermicides (foams, creams, gels)
- Fertility awareness methods (rhythm, Natural Family Planning)
- Withdrawal

Educator Note: The goal of the following mini-lecture on protection methods is to provide a general sense of the category, the names of the methods in each category, how the methods in that category work, and the general effectiveness. You will not have time to provide a detailed discussion of each method unless this lesson is extended over two sessions, which is an allowable adaptation. Let students know that you will be focusing more on condoms in the next lesson.

3 Discuss birth control methods.

Explain that some methods protect against pregnancy only (IUD, implant, the shot, birth control pills, the patch, vaginal ring, spermicides). Some protect against HIV, most other STDs, and pregnancy (choosing not to have sex, latex condoms). And some offer limited reliable protection against pregnancy and no protection against disease (e.g., withdrawal).

Using the information from Appendix C, discuss each category of birth control with students, starting with the most effective methods as listed in the appendix. Categories to cover include choosing not to have sex, long acting reversible contraceptives, hormonal methods, barrier methods, vaginal barriers, spermicides, fertility awareness and withdrawal. Explain that typical effectiveness rates can be lower than "perfect" use effectiveness rates because people do not always use a method correctly and consistently. Also briefly discuss emergency contraception as an option for preventing pregnancy after unprotected intercourse.

Show students each method on the display chart as you discuss it, focusing on the following points:

- How the method works (in general)
- Effectiveness and key advantages
- Risks and disadvantages
- How and where to get it

As you discuss each category on the list, summarize by asking students if the methods in that category protect against:

- Pregnancy
- Most STDs, including HIV
- Both pregnancy and STDs
- Nothing

Using a marker or a sticky note, label each method on the chart with the letters P, STD, BOTH or NOTHING.

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Activity 11.4 What's the Right Method?

Suggested Time 20 minutes

Materials Methods of Protection Cards, Group Activity Sheets 11.4a–d, 3 x 5 index cards, Educator Background Sheet 11.4

Purpose To review what factors might influence what type of protection people use

Steps for Activity

1 Discuss factors that influence choices about protection.

Ask students how people's lifestyle (the way someone is living) and/or relationships may influence what type of protection they use.

Explain that there are many factors that might influence a person's decision on what method to use (e.g., relationships, behavior, religious or moral feelings, cost, ability to use method, desire to be protected from HIV, other STDs, and pregnancy, or disease only, etc.).

2 Introduce activity.

Explain that in the next activity they will have a chance to help some teens figure out what type of protection they should be using given their current situations.

Review the following directions for the activity:

- You will work in small groups of three or four.
- Each group will get a Profile of an individual or a couple along with a set of Methods of Protection Cards with information about each method of protection. There are four different profiles—two couples and two individuals—so different groups may have different profiles.
- After reading the profile and looking at the different methods, your group will answer some questions. You'll want to:
  - Choose the best method of protection for that individual or couple.
  - Indicate why you are making that choice.
  - Discuss the benefits and difficulties (pros and cons) of your choice.
- You will have 10 minutes to finish this. Once all the groups finish we'll talk about each profile.

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3 Group work.

Form groups and monitor the activity using the following steps:

- *Divide students into small groups. Assign a Peer Leader to each group.*
- *Distribute a Profile and a set of* **Methods of Protection Cards** *to each group.*
- *Have groups get started on the activity. Remind Peer Leaders to record their groups' answers.*
- *Circulate to ensure students are on task and to provide feedback as needed.*
- *Allow students to work for up to 10 minutes.* ***Play music*** *as students work. Post the Protection Display Chart while students are working.*

4 Debrief the activity.

- *Ask the groups with* **Profile 1—Tanya and Rory** *to raise their hands. Ask for a volunteer from one of these groups to read or summarize the profile.*
- *Then ask those groups what type of protection they choose for the individual(s) in the profile and why. (See Educator Background Sheet 11.4 for suggested methods.) Elaborate as needed and show the method on the Protection Display Chart.*
- *Ask the groups if there are any disadvantages to the method(s) they selected. Elaborate as needed.*
- *Ask the other groups if they would make different choices for these individuals, and why. Probe by using the discussion questions on Educator Background Sheet 11.4.*
- *Bring the group to consensus on which method(s) would be best for the individual(s) based on their lifestyle and relationship characteristics.*
- *Repeat for Profile 2, Profile 3 and Profile 4.*

5 Discuss differences among methods.

Draw from the students that some methods may be better than others based on lifestyle and relationship characteristics.

Emphasize that for people who are having vaginal sex, condoms are one of the most effective methods for preventing HIV, other STDs, and pregnancy, but that it is most protective to use condoms and a hormonal method of birth control.

Remind students that choosing not to have sex is by far the most effective method, and it's free and always available.

Tell students that you will spend more time talking about condoms in the next class.

6 Help students personalize the learning.

Explain that you will pass out a 3 x 5 index card to each student, and that you would like them to think about their own lifestyle and relationships, and then write down what they will do or use to protect themselves from unplanned pregnancy and/or STD, including HIV.

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Tell students NOT to put their names on the cards. Tell them that you will not ask them to discuss what they write down, but that you will collect a card from each person.

Remind students that picking protection is one part of picking their limits for staying safe (the "P" in "Pst").

Educator Note: Students' limits may be broader than just protection. For example, their limits may include limits regarding partners, needle use, etc.

Pass out the 3 x 5 index cards. Give students 1 minute to complete the task. Have students fold their cards in half before collecting them. Collect one card from each student.

7 Distribute *Birth Control Facts for Teens* pamphlets.

Tell students that you have a pamphlet on birth control for each of them.

Show the pamphlet. Explain that it includes descriptions of each method of protection and information on level of protection from HIV, other STDs, and pregnancy.

Distribute the pamphlet and allow students a few minutes to review it.

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Activity 11.5 Closure

Suggested Time 3 minutes

Materials *All4You2!* Messages poster

Purpose To summarize the importance of choosing not to have sex or using protection consistently and correctly every time when having sex

Steps for Activity

Lesson Summary

1 Discuss.

Ask students how teens can prevent pregnancy and/or HIV and other STDs.

2 Summarize.

- The best way to avoid pregnancy and/or STDs is to choose not to have sex.
- People who are having sex can use latex condoms consistently and correctly every time to protect against HIV and most other STDs. Condoms can also protect against pregnancy.
- For people who are having vaginal sex, it is safest to use condoms along with a long-acting or hormonal method of birth control (such as the IUD, implant, shot or pill).

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect:** Respect yourself by having sexual limits.
- **Protect:** Avoid pregnancy and/or STDs by choosing not to have sex.
- **Protect:** Use latex condoms consistently and correctly every time to protect against HIV and most other STDs. Condoms can also protect against pregnancy.
- **Protect:** For couples who are at risk of pregnancy, it is safest to use condoms along with an effective method of birth control.

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Transition and Closure

1 Prepare students for next class session.

Let students know that they will get to practice using condoms during the next lesson. They also will talk about how to talk with a partner about using condoms.

2 Conclude.

Collect the student name tents.

Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

3 Homework reminder.

Remind students that their **What Do You Think?** *homework is due in class 14 (give day).*

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CONSEQUENCES OF TEEN PREGNANCY

by Omar Simmons

Rather you're a young man or a young lady
There's consequences to having a baby
Some are good, others are bad
It's more stressful than any struggles you've had
Especially if you're not ready or prepared
The pressure can be heavy so be aware
It's your choice to bring a baby boy
Or a baby girl into this crazy world
But my advice is to wait until you have a spouse
And both of you are sure and have no doubts
So be wise, analyze where you are in life
Before you decide if having one is right
Having one too soon can prove too much
It can feel like you're crowed and about bust
Having to work late, plus make a hot plate
While juggling jobs to pay for your own place
Not just for the females, but also the guys
You must be there not just supervise
Then disappear, acting like you don't care
But you do it's just your heart is full of fear
You're pulling in a couple checks
Still you're deep in debt
Payments are piling up, your child is crying
You weren't ready, now on the inside you're dying
So females mature before you say yes
And will the guys please do what's for the best
Then when you have a baby, prince or princess
You'll reach nothing less than pure success.

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Protection Display Chart

Directions: Enlarge the chart or copy onto chart paper. If you can obtain samples of each method, use Velcro dots or tape to secure samples to the chart in the appropriate columns.

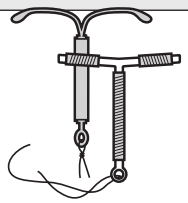
Abstinence

Choosing Not to Have Sex

Long-Acting Reversible Methods (LARCs)

IUD (Intrauterine Device)

Implant



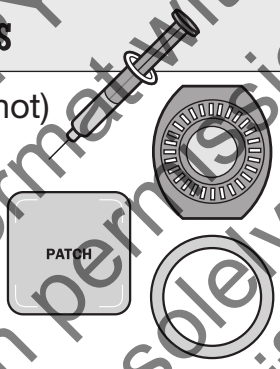
Hormonal Methods

Depo-Provera (the shot)

Birth Control Pill

Birth Control Patch

Vaginal Ring



Barrier Methods

Male Condoms

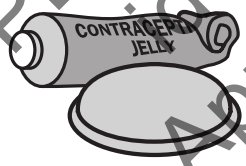
Female Condoms

Vaginal Barriers

Diaphragm

Cervical Cap

Sponge

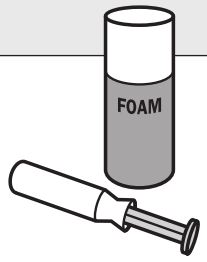


Vaginal Spermicides

Foam, Gel, Cream

Film, Suppositories

Tablets



Fertility Awareness Methods

Withdrawal

Emergency Contraception

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Methods of Protection Cards

Directions: Make enough sets for each small group to have a set during the small-group activity.

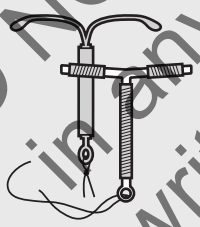
Choosing Not to Have Sex (Abstinence)

What is it?
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.

Chances of not getting pregnant?
It works all the time when people consistently avoid any behaviors that can potentially result in pregnancy or STD.

Protects against? Pregnancy, HIV and other STDs.

IUD (Intrauterine Device)



What is it?
A form of long-acting reversible contraception. A small, plastic device shaped like a "T" that is inserted into the uterus by a doctor. Some types release hormones that prevent pregnancy.

Chances of not getting pregnant?
Highly effective (more than 99%) at preventing pregnancy for 3 to 10 years, depending on the type.

Protects against? Pregnancy only.

Implant

What is it?
A form of long-acting reversible contraception. One 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.

Chances of not getting pregnant?
Highly effective (more than 99%) at preventing pregnancy for 3 years.

Protects against? Pregnancy only.

(continued)

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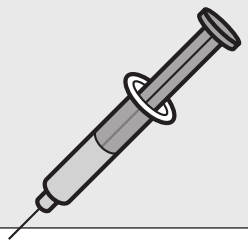
Methods of Protection Cards *(continued)*

Depo-Provera (the shot)

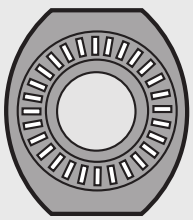


What is it?
An injectable form of birth control that uses a synthetic hormone (progestin) to prevent pregnancy. Requires a visit to a health care provider every 12 weeks to get the shot.

Chances of not getting pregnant?
Highly effective (more than 99%) at preventing pregnancy as long as the shots are given on schedule. (Effectiveness is 94% with typical use.)

Protects against? Pregnancy only.

Birth Control Pill



What is it?
A prescription drug that contains different amounts of the hormones estrogen and progesterone.

Chances of not getting pregnant?
Highly effective (more than 99%) 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. (Effectiveness is 91% with typical use.)

Protects against? Pregnancy only.

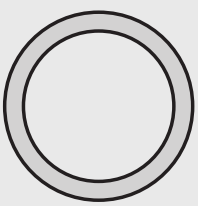
Birth Control Patch

What is it?
A thin plastic square worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts) that slowly releases artificial hormones into the body. A new patch is applied each week.

Chances of not getting pregnant?
Highly effective (more than 99%) at preventing pregnancy if the person remembers to wear the patch and change it each week. (Effectiveness is 91% with typical use.)

Protects against? Pregnancy only.

Vaginal Ring



What is it?
A soft, flexible ring inserted into the vagina that slowly releases artificial hormones into the body. The ring is changed once a month.

Chances of not getting pregnant?
Highly effective (more than 99%) at preventing pregnancy if the person remembers to insert the ring and change it each month. (Effectiveness is 91% with typical use.)

Protects against? Pregnancy only.

(continued)

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Methods of Protection Cards *(continued)*

Latex Condom

What is it?
A sheath made of thin latex rubber that fits over an erect penis. People allergic or sensitive to latex can use condoms made of polyurethane (a type of plastic) and polyisoprene (a non-latex rubber).

Chances of not getting pregnant?
Up to 98% effective in preventing pregnancy, but only if they are used correctly and consistently—every time a person has sex. (Effectiveness is 82% with typical use.) Latex condoms are also highly effective against HIV and many other STDs when used consistently and correctly.

Protects against? Pregnancy, HIV and most other STDs.

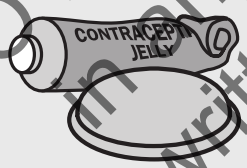
Female (Internal) Condom

What is it?
A soft, loose-fitting polyurethane (plastic) sheath that is inserted into the vagina. It can be inserted up to 8 hours before sex.

Chances of not getting pregnant?
Up to 95% effective in preventing pregnancy if used correctly and consistently. (Effectiveness is 79% with typical use.) Female (internal) condoms can also be used for STD protection during anal sex.

Protects against? Pregnancy, HIV and most other STDs.

Vaginal Barriers



What is it?
Devices that are inserted in the vagina and positioned to cover the cervix (opening to the uterus) to keep sperm from reaching and fertilizing an egg.

- The diaphragm is a reusable flexible, dome-shaped cup made of latex that 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.
- The cervical cap is a reusable silicon cap that fits over the cervix and 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.
- The sponge is made of soft polyurethane that contains spermicide. It provides protection for 24 hours, and must be left in place for at least 6 hours after sex. It should not be left in the vagina for any more than 30 hours total. It is not reusable.

Chances of not getting pregnant?
If used correctly with spermicide every time a couple has sexual intercourse, the diaphragm is up to 94% effective; the cervical cap up to 86% effective; and the sponge up to 91% effective. (Effectiveness is 71–88% with typical use.)

Protects against? Pregnancy only.

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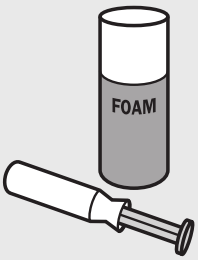
Methods of Protection Cards *(continued)*

Spermicides



What is it?
Chemicals that kill sperm. Inserted into the vagina before sexual intercourse. Come in the form of foam, gel, cream, film, suppositories or tablets. Must be reapplied every time a couple has sex.

Chances of not getting pregnant?
If used correctly every time a couple has sexual intercourse, spermicides are up to 82% effective. (Effectiveness is 72% with typical use.)

Protects against? Pregnancy only.

Fertility Awareness Methods

What is it?
Methods that depend on a couple identifying the days in each menstrual cycle when a pregnancy is most likely to occur, and then abstaining from intercourse or using a barrier method during the fertile days.

Chances of not getting pregnant?
Can range from 75% to 97% effective depending on how accurate the method is in identifying fertile days and how well the couple follows the instructions for using the method.

Protects against? Pregnancy only.

Withdrawal

What is it?
When a couple has sex, the man pulls his penis out of his partner's body before he ejaculates to try to keep semen and sperm from entering his partner's body.

Chances of not getting pregnant?
It is 78% effective with typical use. It requires a great deal of self-control and many people find it difficult to interrupt sexual intercourse to practice this method.

Protects against? Pregnancy only.

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Profile 1: **Tanya & Rory**

- Tanya and Rory have been together for almost a year.
- Tanya lives with her grandparents. Rory lives with his mother.
- Tanya is 16 years old. Rory is 18 years old.
- Rory is popular and gets lots of attention from other girls. He does well in school, and he will be starting community college next year.
- Rory is the first and only person Tanya has had sex with.
- Tanya worries that Rory is messing around, but she doesn't bring it up because she doesn't want to lose him.
- Tanya does not want her grandparents to find out she's having sex, and she definitely does not want to get pregnant.
- Tanya used the pill for a few months but had some negative side effects.
- Tanya also tried foam in the past, but it was messy. Also, she had an allergic reaction to it.

Tanya and Rory: Decisions, Decisions

1. What are the best methods of protection for Tanya and Rory? Why?

2. What are some of the ***benefits*** of using the methods you selected? What are some of the ***difficulties***?

Benefits	Difficulties

(You can continue your answers on the other side of this page.)

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Group Activity Sheet 11.4a

Profile 1: **Tanya & Rory** *(continued)*

Benefits	Difficulties

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Profile 2: **Sharen & Percy**

- Sharen is 15 years old. She has had several boyfriends.
- Sharen lives with her aunt.
- She sells sex for money when she has to.
- Her boyfriend, Percy, is 17 years old. He loves to party.
- Percy has been sexually active since he was 11 years old, and he has a 3-year-old child.
- Sharen and Percy have been together for 3 months.
- They just started having sex, but they have never talked about each other's sexual history.
- Percy has had herpes for 2 years.
- Sharen is afraid of getting HIV.

Sharen & Percy: Decisions, Decisions

1. What are the best methods of protection for Sharen and Percy? Why?

2. What are some of the ***benefits*** of using the methods you selected? What are some of the ***difficulties***?

Benefits	Difficulties

(You can continue your answers on the other side of this page.)

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Group Activity Sheet 11.4b

Profile 2: **Sharen & Percy** *(continued)*

Benefits	Difficulties

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Profile 3: **Joseph**

- Joseph is 16 years old.
- He goes to school and works part time.
- He wants everyone to think he's a player, and does what he can to give that impression.
- He uses multiple drugs, and sometimes uses injection drugs.
- He's sexually active.
- He's bisexual.
- He's afraid he has HIV.

Joseph: Decisions, Decisions

1. What are the best methods of protection for Joseph? Why?

2. What are some of the ***benefits*** of using the methods you selected? What are some of the ***difficulties***?

Benefits	Difficulties

(You can continue your answers on the other side of this page.)

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Group Activity Sheet 11.4c

Profile 3: **Joseph** *(continued)*

Benefits	Difficulties

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Profile 4: **Irene**

- Irene is 17 years old.
- She's very religious.
- She's an honor student and plans to go to college.
- She's been with her boyfriend for 2 years, and she hopes they will get married someday.
- Her boyfriend pressures her for sex.
- She's never had sex and is not ready to. But she's thinking about it because she doesn't want to lose her boyfriend.

Irene: Decisions, Decisions

1. What are the best methods of protection for Irene? Why?

2. What are some of the ***benefits*** of using the methods you selected? What are some of the ***difficulties***?

Benefits	Difficulties

(You can continue your answers on the other side of this page.)

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Group Activity Sheet 11.4d

Profile 4: **Irene** *(continued)*

Benefits	Difficulties

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Educator Discussion Questions
Profile 1: **Tanya & Rory**

- Tanya and Rory have been together for almost a year.
- Tanya lives with her grandparents. Rory lives with his mother.
- Tanya is 16 years old. Rory is 18 years old.
- Rory is popular and gets lots of attention from other girls. He does well in school, and he will be starting community college next year.
- Rory is the first and only person Tanya has had sex with.
- Tanya worries that Rory is messing around, but she doesn't bring it up because she doesn't want to lose him.
- Tanya does not want her grandparents to find out she's having sex, and she definitely does not want to get pregnant.
- Tanya used the pill for a few months but had some negative side effects.
- Tanya also tried foam in the past, but it was messy. Also, she had an allergic reaction to it.

Discussion Questions

- **How does the possibility that Rory is messing around affect their choice of which method of protection to use?**

  Having multiple sex partners increases Rory's risk for getting and transmitting HIV and other STD. Because Tanya has not discussed this with Rory, she is putting herself at risk, too. Tanya and Rory need to be sure to use latex condoms (or polyurethane/polyisoprene condoms if either is allergic to latex) with any other method of birth control, but ideally one that is highly effective (IUD, implant) given Tanya's desire to prevent pregnancy. It would be best for them to discuss this before they have sex again.

- **If Tanya had an allergic reaction to foam, does that mean she should never use it again?**

  Some people cannot use foam because they always have an allergic reaction to it; however, it is possible that Tanya might not react to a different brand or another type of spermicide (e.g., film).

- **Are all spermicides messy?**

  No. Some, like film or suppositories, are not messy.

Suggested Methods

- Condoms plus IUD, implant or Depo Provera (the shot)
- Condoms and spermicide (but this combination is not as effective as condoms and a more effective birth control method)

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Educator Discussion Questions
Profile 2: **Sharen & Percy**

- Sharen is 15 years old. She has had several boyfriends.
- Sharen lives with her aunt.
- She sells sex for money when she has to.
- Her boyfriend, Percy, is 17 years old. He loves to party.
- Percy has been sexually active since he was 11 years old, and he has a 3-year-old child.
- Sharen and Percy have been together for 3 months.
- They just started having sex, but they have never talked about each other's sexual history.
- Percy has had herpes for 2 years.
- Sharen is afraid of getting HIV.

Discussion Questions

- **If Sharen decides to use the IUD, implant, Depo Provera or the pill, does she still need to use condoms?**

  Yes. She needs condoms to protect against STD, including HIV.

Suggested Methods

- Condoms plus IUD or implant
- Condoms plus Depo-Provera
- Condoms plus the birth control pill, birth control patch or vaginal ring.

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Educator Discussion Questions
Profile 3: **Joseph**

- Joseph is 16 years old.
- He goes to school and works part-time.
- He wants everyone to think he's a player, and does what he can to give that impression.
- He uses multiple drugs, and sometimes uses injection drugs.
- He's sexually active.
- He's bisexual.
- He's afraid he has HIV.

Discussion Questions

- **How does Joseph's drug use affect his risk for HIV and other STD?**

  Joseph is at risk of getting HIV if he shares needles or works with someone who has HIV. His drug use also may affect his judgment. He may engage in risky behaviors because he's high on drugs.

Suggested Methods

- Latex condoms (or polyurethane/polyisoprene condoms if Joseph is allergic to latex)
- Latex condoms and spermicide
- Choosing not to have sex.

Note: Joseph should also stop using drugs, especially injection drugs. This would lower his risk for HIV.

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Educator Discussion Questions
Profile 4: **Irene**

- Irene is 17 years old.
- She's very religious.
- She's an honor student and plans to go to college.
- She's been with her boyfriend for 2 years, and she hopes they will get married someday.
- Her boyfriend pressures her for sex.
- She's never had sex and is not ready to. But she's thinking about it because she doesn't want to lose her boyfriend.

Discussion Questions

- **Should Irene have sex to keep her boyfriend?**

  Irene should stick with her limit. She shouldn't have sex just to keep a boyfriend. If he really loves her, he will wait until she is ready. If she has sex before she's ready, she may regret it later. It would be best for Irene to talk with her boyfriend about how she feels and about her limit.

Suggested Methods

- Choosing not to have sex (abstinence)

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Lesson 12

It's All About Condoms

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Synopsis

The educator tells a story to demonstrate the proper use of condoms. Students identify the dos and don'ts of condom use, and practice how to use a condom. Students then brainstorm ways to make condom use more likely.

Purpose Statement for Students

Today we will review and practice using condoms.

Objectives

Students will be able to:

- Describe the "dos and don'ts" of proper condom use.
- Demonstrate the steps for proper condom use.
- Identify ways to make condom use more likely.

Activities & Time

12.1: Check-In	2 minutes
12.2: Review & Plan for the Day	3 minutes
12.3: Educator Condom Demonstration	15 minutes
12.4: Condom Practice	10 minutes
12.5: Using Condoms	15 minutes
12.6: Closure & Question Box	5 minutes

Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Student name tents
- ☐ 10–15 bulk latex condoms for demonstration
- ☐ 1 dental dam (to show students what it is)
- ☐ 2 boxes of retail condoms in package (get different sized condoms)
- ☐ Container of Vaseline.
- ☐ Containers of Astroglide or Aqua Lube lubricant, 2 per class
- ☐ Container of lubricant with spermicide
- ☐ Pair of scissors

(continued)

Materials

Have

- ☐ Moist wipes and large plastic sandwich bags (to wipe off Vaseline/ lubricants and collect used condoms)
- ☐ 30 bulk latex condoms for student practice
- ☐ Music and music player
- ☐ *All4You2!* Messages poster
- ☐ Question Box
- ☐ 3 x 5 index cards, 4 per student
- ☐ Pencils

Review

- ☐ **How to Use a Condom** (Activity Sheet 12.3)
- ☐ **Condom Practice** (Activity Sheet 12.4)

Prepare

- ☐ Plan for the Day

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials.
- ☐ Practice reading and demonstrating **Alex and Kiva** (Educator Activity Sheet 12.3) before class.
- ☐ Check with Peer Leaders to be sure they are prepared.
- ☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

None

Determinants Addressed

- Greater knowledge about condoms and how to use them
- More positive attitudes about using condoms
- Fewer perceived barriers to condom use
- Greater belief that peers support the use of condoms, if having sex
- Greater partner support for condom use
- Increased self-efficacy to get and use condoms

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Activity 12.1 Check-In

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 12.2 Review & Plan for the Day

Suggested Time 3 minutes

Materials Plan for the Day, student name tents

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 11.

Ask the following questions:

- What is the most effective way of preventing unplanned pregnancy and/or HIV and other STDs? *(choosing not to have sex)*
- What are two methods of protection that do NOT protect against HIV and other STDs? *(e.g., birth control pills, the patch, the shot, withdrawal, spermicides) What would a person need to do to protect against disease if using these methods? (use condoms along with the birth control method)*
- If people are having vaginal sex, what is the only method of protection that reduces risk of HIV, most other STDs and pregnancy? *(latex condoms or, ideally, latex condoms plus birth control)*

Review answers and clarify as needed.

3 Post and review the Plan for the Day.

Today we will review and practice using condoms.

4 Ask for a volunteer to read the plan.

Lesson 12
Plan for the Day

- Alex and Kiva
- Your Turn
- Using Condoms
- Summary

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Activity 12.3 Educator Condom Demonstration

Suggested Time 15 minutes

Materials Latex condoms, Vaseline, water-based lubricants, moist wipes, plastic bag, scissors, Educator Activity Sheet 12.3, Activity Sheet 12.3, dental dam, chart paper, markers, tape, pencils

Purpose To demonstrate the proper use of condoms

Educator Note: Before making decisions about explaining and demonstrating the use of methods of protection, be sure to check and adhere to the school district guidelines and policies. In addition, use your best judgment about whether the following activities are appropriate for your class(es). Parents and guardians should be informed of any demonstrations that will be taking place during class. Throughout the discussion, remind students that this information about protection can be used when they decide they are ready to have sex, which may be when they are older.

Steps for Activity

1 Introduce activity.

Explain that you are going to start with a story about someone who wanted to use condoms, but didn't really know how.

Tell students that at the end of the story they will work in groups to figure out how to help this couple use condoms properly.

2 Tell the story of Alex and Kiva.

Using Educator Activity Sheet 12.3 as a guide, tell and demonstrate the **Alex and Kiva** *story up to the part that says: "STOP here."*

Explain that sometimes condoms break (2 or 3 times out of 100) during sexual intercourse, usually because people don't know how to use them correctly.* ***Emphasize that using condoms properly can increase their effectiveness at preventing HIV, other STD and unintended pregnancy.***

*Hatcher, R. A., et al. 2011. *Contraceptive Technology.* 20th rev. ed. New York: Ardent Media.

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3 Explain the pair activity.

Tell students that now they will work in pairs to create a list of DOs and DON'Ts that they could give to Alex and Kiva so they'll know how to use the last condom. Explain that their lists will be like instructions that could go in a box of condoms.

Review the following directions for the activity:

- Turn to **How to Use a Condom** (Activity Sheet 12.3) in your workbooks. You will work in pairs to complete it.
- Your task is to list all the things Alex and Kiva should DO to use condoms properly under the DO column. List all the things they shouldn't do under the DON'T column.
- You'll have 5 minutes to create your lists.

4 Clarify.

Check for understanding by asking students what they will do. Clarify as needed.

5 Pairs create list of condom DOs and DON'Ts.

Have students begin working. Circulate to clarify the task and answer student questions.

While students finish their lists, create a classroom chart by writing Condom DOs and DON'Ts on chart paper.

6 Discuss.

Debrief the activity as follows:

- *Point out the classroom chart.*
- *Ask students what advice they have for Alex and Kiva.*
- *Record key words on the chart paper.*

7 Demonstrate correct condom use.

Return to the story of Alex and Kiva to complete a quick demonstration of condom use to reinforce the condoms "DOs." Use the following steps:

- *Pull out one more condom.*
- *Tell students this is Alex and Kiva's last condom.*
- *Go through the proper steps for condom use by finishing the story using Educator Activity Sheet 12.3.*

Emphasize these points:

- *Remind students that by discussing condom use for disease prevention, you are not endorsing sexual activity among young people.*
- *Tell students that the purpose of the activity it to present factual information about condoms and ways to protect students' health if having sex.*

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- *Explain that they may not need the information now, but may need it in the future.*
- *Remind students that thinking about protection in advance will help them make respectful and responsible decisions when the need arises.*
- *Note that values vary. Explain that some religions and some individuals do not believe in using condoms, whereas others do not object. Remind students that their beliefs will become an important part of their decision making.*
- *Briefly review how to protect during oral sex using a condom or dental dam. Show students the example of a dental dam, if you have one.*

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Activity 12.4 Condom Practice

Suggested Time 10 minutes

Materials Bulk latex condoms (1 per student), box of retail condoms, water-based lubricants (6 per class), Activity Sheet 12.4, moist wipes, plastic bags

Purpose To enable students to practice using condoms

Educator Note: It is important that all students have a chance to practice proper use of condoms; however, do not force students to practice using condoms if they are uncomfortable with the idea. These students can read the steps for a partner or watch a partner go through the steps.

If the condoms to be used for practice were purchased in bulk, they may not have any general label information on the outside of the package. If this is the case, be sure to circulate sample condoms packaged as they would appear if purchased at a store.

Some students may be allergic to latex or unaware that there are effective alternatives to latex. Be sure to mention that plastic (polyurethane) or synthetic rubber (polyisoprene) condoms are recommended for those allergic to latex. Have examples of these alternative condoms on hand, ensuring that any student with a latex allergy practices using them. If no polyurethane or polyisoprene condoms are available, students with latex allergies should not complete the condom practice activity.

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Steps for Activity

1 Introduce condom practice activity.

Transition by saying: Now it's your turn to practice.

Give each student an unopened condom package. Ask them to open the package, carefully remove the condom, and unroll it.

Educator Note: While they open the packages and begin exploring the condoms, model your own comfort with condoms. Open a package, take the condom out. Put it over your hand and pull it up your arm, showing students how strong it is and how it can accommodate any sized penis. If it tears on your nails or jewelry, use the opportunity to emphasize the importance of being careful about sharp objects. Use humor and allow them to be nervous and silly. Handle the condoms with confidence and comfort. Do not appear worried about mess or stickiness.

2 Get feedback on the experience.

Encourage participants to discuss how the condoms feel and what makes them effective. Remind students that condoms are a barrier—they block sperm and virus particles from going from one person's body to the other person's body.

3 Review important information about condoms.

Reiterate the following essential information before having students practice steps for proper condom use:

- Condoms can stretch and fit different-sized penises. *(Stretch a condom up your arm.)*
- They also come in different sizes. Condoms should feel comfortable and fit snugly at the base. The condom should unroll all the way to the base of the penis and stay there. Fit is important because it can help reduce condoms from slipping.
- Condoms may break if you use oil-based products such as Vaseline, lotion, grease or oils as lubricants. Use only water-based solutions, such as K-Y Jelly, Astroglide or Aqua Lube. *(Show examples and list any other current water-based brands that students may use or have heard of.)*
- Don't expose condoms to heat. For example, don't store them in a glove compartment of a car. Heat weakens the latex.
- Throw away unused condoms once the expiration date passes, because the latex may be weakened, and they could break more easily.
- Throw away any condoms that are visibly damaged.

4 Explain pair practice.

- You will work in pairs to practice proper condom use.
- Each pair will get two condoms.
- You will use **Condom Practice** (Activity Sheet 12.4) in your workbooks.
- One person in the pair will read the steps for proper condom use while the other person practices with the condom.
- After the first person has practiced, you will switch roles so the second person practices with the condom and the first person reads the steps.

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5 Clarify.

Check for understanding by having one student repeat the practice instructions.

Can someone please tell me where I would find the condom use steps to practice?

6 Students practice with condoms

Have students pair-up. Have them turn to **Condom Practice** *(Activity Sheet 12.4) in their workbooks. Distribute two condoms to each pair.*

Show students where the sample lubricants are located (e.g., in front of room) and encourage them to check out the lubricants too.

Have students get started. Circulate as students practice and ask them to give you a demonstration, giving them new condoms as necessary. Provide corrective feedback as needed.

Educator Note: There may be lots of laughing and nervous behavior, but teens have lots of fun and ask many questions. Monitor and assist each student because teens sometimes have trouble putting condoms on properly. They may unroll them backwards, not add lubricant correctly, and/or not unroll them the entire length of the imaginary penis.

7 Close activity.

After all pairs are finished, collect the condoms (make sure you get them all back). Then lead a discussion using the following questions:

- Was using the condom more or less difficult than you thought it would be? What made it more or less difficult?
- How did you feel when you were unrolling the condom? *(Answers might include: nervous, uncomfortable, awkward, not sure if doing it right.)*
- Why is it important to practice using condoms? *(Answers might include: to learn how to put them on correctly before actually needing to use them; to make it less awkward; to make it more likely students will use them.)*
- Why is fit important? *(Answers might include: it can help reduce condom slippage; it is more comfortable to have a good fit; good fit may make it more likely that people will use them.)*

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Activity 12.5 Using Condoms

Suggested Time 15 minutes

Materials Chart paper, markers, tape, 3 x 5 index cards

Purpose To help students see how they can make condom use fun and more likely

Educator Note: This is an important activity, as many teens view condom use as something that is a hassle and "ruins the mood."

Steps for Activity

1 Transition.

As you can see, the steps for using condoms are pretty easy, but some people still don't use them.

Ask students when a person might have sex without a condom. Have students describe the situations. Record key words on chart paper.

Acknowledge the difficulties and then say:

Let's figure out some ways to use condoms in these situations.

2 Explain activity.

- I'd like you to work in pairs to come up with two ideas on how to make condoms more fun and acceptable. You'll write your ideas down on cards.
- Do not put your names on the cards.
- Once you are done writing, you'll take your cards and tape them to the wall. *(Show them where on wall.)*

Check for understanding by asking students what they will write on the card. Clarify as needed.

3 Pairs generate ideas.

Pair students, distribute 3 x 5 index cards, and have them begin.

As pairs finish, give them tape and remind them to post their cards on the wall.

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Educator Note: If students seem to have trouble getting started, have the class brainstorm a few ideas to get their thoughts going.

4 Debrief.

Review the responses on the wall, emphasizing positive feelings about condoms. Ask students if they can think of any other ideas. Write these on cards and add them to the wall.

Add the following ideas to the ideas on the wall if they weren't mentioned by students. As you mention each idea, have students talk about how realistic it is and ask for insights on what brands/types teens like most (e.g., what colors/brands are most liked by teens).

- Use different colors and types/textures (some have ribs on them).
- Use extra lubrication.
- Tell your partner how using a condom can make a man last longer.
- Have the partner put on the condom.
- Have a sense of humor—be silly—make jokes.
- Hide the condom on your body and ask your partner to find it.
- Wrap some condoms as a present and give them to your partner.
- Put lubricant on tip of penis to increase sensitivity for men or use pre-lubricated condoms.

5 Summarize.

Cover the following points:

- Once you and a partner agree to use condoms, do something positive and fun.
- Go get them together.
- Get different brands and colors, and look at the sizes too.
- Check them out before you use them.
- Just talking about how you'll use all of those condoms can help you use them when you need to.

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Activity 12.6 Closure & Question Box

Suggested Time 5 minutes

Materials *All4You2!* Messages poster, Question Box, 3 x 5 index cards

Purpose To summarize key points of the lesson and prepare for the next lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Summarize.

Choosing not to have sex is the best protection from pregnancy and STDs, including HIV. But when people do choose to have sex, using condoms can help protect them. Having a chance to practice with condoms will help you use them correctly and consistently when and if you need to.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect:** If you are having sex, tell your partner you want to be safe from disease and pregnancy.
- **Respect and Protect:** If you are having sex, respect yourself and your partner by using a latex condom correctly every time. If you are having vaginal sex, use a condom and a highly effective method of birth control.
- **Protect:** Find a way to make using condoms fun for you and your partner.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

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2 Gather new questions.

Hand out index cards and give students a minute to write any new questions they have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

Transition and Closure

1 Conclude.

Collect the student name tents.

Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

2 Homework reminder.

Remind students that their **What Do You Think?** *homework is due at the beginning of class 14 (give day).*

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Alex and Kiva

Version for Educator

Directions: Read through the story. Use the numbered actions in the gray boxes to make the storytelling livelier and more effective. You will need a box of condoms, scissors, some Vaseline, moist wipes or paper towels, and examples of water-based lubricants.

Note: If appropriate at your school, tell students that this story happens to involve a heterosexual couple, but the issues could be the same for gay, lesbian or bisexual people who have vaginal or anal sex.

Alex is kind of shy and nervous around girls, so it took him a while to have a real girlfriend, but it finally happened. He and Kiva have been going together for a long time and think they might stay together forever. Eventually, they decided to have sex and wanted to use a condom.

Alex went to buy condoms, and took his older brother along to help him. When he got to the store, he saw there were lots of different kinds: colored ones, tight ones, even extra large ones. He looked for the most expensive ones because he wanted to have the best. When he showed his brother the package, his brother said, "No. Those are lambskin condoms, and they don't protect against HIV."

His brother recommended some lubricated latex condoms. Alex got two boxes, each box had a different size of condoms. His brother told him to practice first with the condom, but Alex was too excited and headed straight for Kiva's house.

Kiva was happy to see him. They talked for a while and started to kiss and touch. Alex was a little nervous when he got out the condom.

1 Start with the smaller-sized condoms. Take a condom out of box, fumbling.

He tried to open the condom package with scissors.

2 Hold up a pair of scissors.

Oh no, he cut the condom!

3 Make cutting noise as you cut the package. Look horrified, then throw the condom away.

Let's try again. Alex opened the next package with his fingers.

4 Open another package with fingers instead of scissors.

Just thinking about sex was making him excited. He put the condom on the tip of his penis and tried to roll it down. What's wrong? It wouldn't roll!

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Alex and Kiva Version for Educator *(continued)*

5 Put condom on your fingers facing the wrong direction. Make motion, trying to roll it down your fingers. Show that it won't roll.

Alex took the condom off and looked at it. Oh. The condom was supposed to roll down the other way.

6 Look at condom.

But now there was a little drop of semen on the condom. To be safe, Alex threw it away and got another one.

7 Toss condom away and get another.

He looked carefully to see which was the outside, and started to roll it down. The condom felt uncomfortable. Kiva suggested he use the bigger condoms.

8 Get box of larger condoms and take one out of its package.

Alex checked which way the condom went, then unrolled it halfway down his penis and thought, "Great! I'm ready."

9 Look at condom, then roll partway down fingers.

As Alex and Kiva started to have sex, they felt the condom slipping off!

10 Slip condom off fingers.

Alex threw that condom away, got another one that was not so big, opened it with his fingers, checked which was the outside, and put it on all the way to the base of his penis.

11 Go back to the smaller-sized condoms, take one out and go through all the motions. Put condom on to base of fingers. Look pleased.

But, by this time, Kiva wasn't very excited anymore. Alex suggested using some Vaseline or baby oil.

He put Vaseline on the condom, and they started having sex.

12 Put Vaseline on condom. *(Note: Have moist wipes or paper towels to wipe the Vaseline off your fingers after this demonstration.)*

Oh, no! The condom broke! Alex didn't know that oil and Vaseline can cause condoms to break. If you are going to use a lubricant, it has to be something water-based, like Astroglide or Aqua Lube.

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Alex and Kiva Version for Educator *(continued)*

13 Show examples of appropriate, water-based lubricants.

By now Alex was getting frustrated and wishing he and Kiva had paid more attention in their class about condoms and HIV. He looked in the box for another condom and found one more condom and...the condom instructions!

14 Look very happy, take instructions out of box.

Kiva laughed and said maybe they should read the instructions together before using the last condom.

>> STOP here <<

Have students complete the **How to Use a Condom** activity sheet.

Story continued. Finish with a demonstration of proper use.

Alex took the last condom out of the package carefully. He checked to make sure it was right side out.

15 Take condom out of package carefully and check to make sure it is right side out.

He put the condom on his erect penis, pinched the tip to leave a little space, and rolled it down to the base of his penis.

16 Put condom on two fingers and roll it down to the "base" of your hand.

He put water-based lubricant on the condom.

17 Put lubricant on the condom.

Now he was ready. After having sex, he held the condom at the base of his penis, so that the semen wouldn't spill as he pulled out.

18 Remove condom from fingers carefully.

Alex took the condom off, wrapped the condom in a tissue and threw it away in the garbage.

19 Wrap condom in a tissue and throw it away.

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Activity Sheet 12.3

How to Use a Condom

Do	Don't

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Activity Sheet 12.3

Activity Sheet 12.4

Condom Practice

- ☐ Check the condom package for expiration date and FDA approval for STD prevention.
- ☐ Open the condom package. Be careful not to tear the condom.
- ☐ Make sure the condom is right side out. Check by unrolling the condom a little over two fingers to see if the tip of the condom naturally sticks out.
- ☐ Pinch the tip of the condom between your thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation.
- ☐ Then unroll the condom over the index and middle finger of your other hand. Unroll the condom all the way down to the bottom of your fingers.

When Actually Using a Condom...

- ☐ *After ejaculation*, hold the condom around the base. Gently pull the penis out of the partner's body while it is still erect.
- ☐ Take the condom off carefully so the semen doesn't spill. Roll it off *starting at the base* of the penis.
- ☐ Dispose of the condom in the trash. *Never reuse* a condom.

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Activity Sheet 12.4

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Lesson 13 Talking About Condoms

Synopsis	Students identify ways to bring up the subject of using condoms with a partner. They also brainstorm possible excuses for not wanting to use condoms and responses to those solutions.
Purpose Statement for Students	Today we will review and practice ways to talk about condoms with a partner.
Objectives	Students will be able to: • Identify how and when to bring up the subject of using condoms with a partner. • Identify strategies to counter excuses for not wanting to use condoms.

Activities & Time

13.1: Check-In	2 minutes
13.2: Review & Plan for the Day	3 minutes
13.3: Talking about Condoms	20 minutes
13.4: Excuses, Excuses	20 minutes
13.5: Closure & Question Box	5 minutes

Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Student name tents
- ☐ 1 condom in a package for Activity 13.2
- ☐ Music and music player
- ☐ *All4You2*! Messages poster
- ☐ Question Box
- ☐ 3 x 5 index cards, 2 per student
- ☐ Pencils

Review

- ☐ **Clayton & Robin, Carlos & Yvonne, Lee & Reggie** (Group Activity Sheets 13.3a–c), 3 copies of each
- ☐ **Excuses, Excuses** (Activity Sheet 13.4)

Prepare

- ☐ Plan for the Day

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Educator Preparation	☐ Review the entire lesson and prepare needed materials. ☐ Review **Sample Excuses and Responses** (Educator Background Sheet 13.4). ☐ Check with Peer Leaders to be sure they are prepared. ☐ Prepare answers to students' questions in the Question Box.
Peer Leader Activities	☐ Peer Leaders serve as small group recorders and reporters for Activity 13.3.
Determinants Addressed	• More positive attitudes about using condoms • Fewer perceived barriers to condom use • Greater belief that peers support the use of condoms, if having sex • Greater partner support for condom use • Increased self-efficacy to use condoms

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Activity 13.1 Check-in

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 13.2 Review & Plan for the Day

Suggested Time 3 minutes

Materials Plan for the day, student name tents and folders, 1 condom

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 12.

Ask students if they can recall what was discussed last class (using condoms). Ask the following questions:

- What are the steps for using a condom correctly? *(Demonstrate this with a condom as students list steps.)*
- What are 2 ways to make using condoms more likely or more fun?
- How do condoms work to protect against HIV, other STDs, and pregnancy? *(They put a barrier between your fluids and your partner's fluids.)*

Review answers and clarify as needed. Transition by noting that today the class will focus more on talking about condoms with a partner.

3 Post and review the Plan for the Day.

Today we will focus on talking about condoms with a partner.

4 Ask for a volunteer to read the plan.

Lesson 13
Plan for the Day

- When? When? Win!
- Excuses, Excuses
- Summary

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Activity 13.3 When? When? Win! Talking About Condoms

Suggested Time 20 minutes

Materials Chart paper, markers, tape, Group Activity Sheets 13.3a–c; 3 x 5 index cards

Purpose To enable students to identify ways to bring up the subject of using condoms with a partner

Steps for Activity

1 Transition and introduce activity.

Another important part of using condoms is being able to ask your partner to use one.

2 Facilitate brainstorm.

Have students imagine that they have decided that when they have sex (which may not be for a long time), they are going to use condoms to protect themselves from pregnancy and/or disease. Emphasize that their limit is ***no unprotected sex (vaginal, anal or oral),*** *no matter what.*

Have students brainstorm how and when they might tell a partner that limit. Record students' answers on chart paper.

Educator Note: Encourage students to give you specifics on exactly what they might say and when (you need specifics for the next step).

3 Roleplay examples.

Ask for two volunteers to roleplay two or three of the specific ideas in front of the class (or from their seats if they are uncomfortable in front of class). Acknowledge their willingness to roleplay by having the class give them a round of applause.

4 Discuss.

Emphasize that it is best to discuss protection before they are in a situation where they are close to having sex.

Ask students why this is true. (Answers might include: less likely to cross your line because you aren't thinking clearly/in the heat of the moment.)

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Remind students that by thinking about "when" and picking a good time to talk about condoms, they are more likely to "win" their way.

5 Describe group activity.

Explain to students that each situation will be different and present different challenges. Tell them the next activity will help them think about how and when to talk about condoms in some different situations. Review the following steps for the activity:

- You will work in groups of four. Your Peer Leader will be your recorder.
- Each group will get one situation in which someone in the relationship wants to use condoms and needs to bring it up with the other person.
- Your group needs to come up with three ways this person might use to bring up the subject of using condoms. Be sure to write down the words that this person should use when talking with his/her partner. You also need to give advice on when to talk about it.
- You'll have 5 minutes to come up with your advice.
- Each group will be asked to share one or two of their ideas.

6 Check for understanding.

Ask students what they will do once they get in their small groups. Clarify as needed.

7 Group work.

Pass out one **Situation** *(Group Activity Sheet 13.3a, 13.3b or 13.3c) to each Peer Leader. Have the groups get started.*

Circulate to clarify task and answer student questions. Allow students to work for 5 minutes. ***Play music*** *as students work.*

8 Debrief.

Explain that there are three different situations: A (Clayton and Robin), B (Carlos and Yvonne), and C (Lee and Reggie).

Have the groups check which situation they have. Call out each situation and have the groups raise their hands if they have that situation, making a mental note of who has each one.

Ask for a volunteer to read Situation A (Clayton and Robin) to the entire class (if no one volunteers, read it aloud yourself).

Ask each of the groups with situation "A" to share one way that Clayton can talk with Robin about using condoms. Encourage students to be specific on what words to use.

Ask the groups when Clayton should talk with Robin.

Ask the rest of the class if they have any other ideas.

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Repeat for Situation B (Carlos and Yvonne) and situation C (Lee and Reggie). Note that in situation B Carlos and Yvonne waited to talk about condoms until they were in the heat of the moment. Ask students how this might affect their communication.

Congratulate students on their creativity. Emphasize that there are lots of ways to bring up the subject of using condoms and that each of them will find a way that works best for them.

9 Help students personalize the learning.

Pass out a 3 x 5 index card or scratch paper to each student. Tell students that you are going to give them a chance to think about how they might bring up condoms with a partner if they were in a relationship. Explain that this is a private activity and they will not have to share it with the class.

Remind students that this is part of the "Pst" technique (refer to the "s" and the "t" in "Pst").

Have students write down what they would say and when they would say it on the index card. Tell students NOT to put their names on the cards. Allow them to work for 1 to 2 minutes.

Have students fold their cards. Collect one card from each student. If students prefer to keep their cards they can.

10 Review and emphasize key points.

- Using latex condoms makes sex safer. People who are allergic to latex can use polyurethane or polyisoprene condoms.
- Latex condoms help to protect both partners from STDs, including HIV. They can also protect against pregnancy for those having vaginal sex. To obtain these benefits, however, you must choose good quality condoms that fit properly and use them correctly every time you have intercourse.
- In some cases, you may have to overcome a partner's reluctance.
- However, if you choose to have sex (vaginal, anal or oral), using a condom is an important step to staying safe.

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Activity 13.4 Excuses, Excuses

Suggested Time 20 minutes

Materials Activity Sheet 13.4 , Educator Background Sheet 13.4

Purpose To help teens identify potential responses to condom use excuses

Steps for Activity

1 Transition to next activity.

Tell students that sometimes we encourage other people to do something and they give us excuses for not wanting to. Remind students that they may hear excuses for not using condoms from partners or even friends who are having sex. Tell students this activity focuses on excuses and ideas for responding to them.

2 Facilitate brainstorm.

Have students call out possible excuses for not using condoms. Record them on chart paper. Some examples might include:

- Condoms kill the mood for sex.
- Condoms don't feel as good; we are using the pill.
- We don't need condoms.
- Using condoms means you don't trust me.
- I don't have a condom with me.

3 Discuss.

Review the list of excuses, and have students vote (by show of hands) on the five most challenging excuses to deal with. Put stars next to the top five.

Tell students that you are going to have them work in pairs to come up with responses to these top 5 excuses.

Before breaking students into pairs, practice generating responses to one of the excuses on the list that didn't make the top five.

4 Students respond to excuses.

Put students in pairs, and have them turn to **Excuses, Excuses** *(Activity Sheet 13.4.) in their workbooks.*

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Ask pairs to work together to come up with at least one response to each of the top five excuses. Tell students they can write more responses if they can think of them. Explain that once they finish, you will ask for volunteers to roleplay their responses.

Allow students to work for about 8 minutes.

5 Debrief.

When students have finished, call the class back to attention.

Focus on 1 excuse at a time, and ask for volunteers to read their responses for that excuse. They can stay at their seats, but need to stand up and speak loudly so others can hear. Read the excuse, then allow one person from each pair to read the response. Repeat this at least three times for each excuse.

Encourage students to write down responses that they might like to use on their activity sheets.

6 Summarize.

Thank students for their creative thinking, and ask if there are any other responses they want to share. Add any other response ideas from Educator Background Sheet 13.4, if needed.

Remind students that it is up to both people in a relationship to take responsibility for preventing HIV, other STDs, and unplanned pregnancy.

Remind them that if they are having sex, they always need to be ready with protection against HIV, other STDs and unplanned pregnancy, just in case their partner isn't.

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Activity 13.5 Closure & Question Box

Suggested Time 5 minutes

Materials *All4You2!* Messages poster, Question Box, 3 x 5 index cards

Purpose To summarize key points of the lesson and prepare for the next lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Summarize.

Remind students that it is up to both people in a relationship to take responsibility for preventing HIV, other STDs, and unplanned pregnancy. If a partner makes excuses to not use condoms, they need to be prepared to respond and protect themselves.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect:** It is really important to have personal limits and tell your partner your limits, including limits about unprotected sex.
- **Protect:** If you are having sex, use a latex condom correctly every time. Use condoms plus pregnancy protection for vaginal sex. If you expect you might hear excuses, think about your responses ahead of time.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

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2 Gather new questions.

Hand out index cards and give students a minute to write any new questions they have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

Transition and Closure

1 Conclude.

Collect the student name tents.

Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

2 Homework reminder.

Remind students that their **What Do You Think?** *homework is due in the next class.*

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Situation A: **Clayton & Robin**

Clayton is going out with Robin. He wants to talk about using condoms because he is worried about STDs, HIV infection and pregnancy. Clayton knows Robin has had other partners in the past and doesn't always use condoms. Robin already uses the pill for birth control and tells Clayton she's only with him. Clayton knows that he needs to use condoms with Robin because of her past sexual patterns and he decides to tell her.

"Pst": Clayton Needs Your Advice!!!

1. List 3 different ways that Clayton can tell Robin he wants to use condoms. Write the words that Clayton should use.

2. When should Clayton talk with Robin about using condoms?

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why

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Situation B: **Carlos & Yvonne**

Yvonne and Carlos are in his living room with the lights down low, and they are starting to get physical. Yvonne pulls out a pack of lubricated condoms and suggests they use them. Carlos begins to get angry because they've never used condoms before. He also thinks sex does not feel as good with a condom. Carlos tells Yvonne she doesn't trust him. Yvonne needs to convince Carlos that sex can be just as pleasurable with condoms.

"Pst": Yvonne Needs Your Advice!!!

1. List 3 different ways that Yvonne can convince Carlos that sex can feel just as good with condoms. Write the words that Yvonne should use.

2. Yvonne waited until she and Carlos were getting physical before she pulled out the box of condoms. Is this the best time, or would another time have been better? When should Yvonne have talked with Carlos about using condoms?

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why

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Situation B: **Lee & Reggie**

Lee and Reggie have been sexually active for a while. They have had sex without using any protection. Lee just found out that a good friend has genital warts. This makes Lee think about Lee's own sexual relationship with Reggie. Lee has caught Reggie in lies about relationships with other people. Lee isn't sure if Reggie is having sex with anyone else. Lee's really worried about having sex without protection anymore and decides to convince Reggie they should use condoms.

"Pst": Lee Needs Your Advice!!!

1. List 3 different ways that Lee can tell Reggie that they need to use condoms. Write the words that Lee should use.

2. When should Lee talk with Reggie about using condoms?

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why

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Sample Excuses and Responses

No matter what the specific excuse for resisting condoms might be, you can respond to it. Asking someone to use a condom is a sign of respect—for yourself first of all, but also for your partner. That's the bottom line!

"How It Feels" Excuses and Responses

E: *I don't enjoy sex as much with a condom—it doesn't feel as good.*

R: Let's try some different kinds of condoms—maybe some will make you feel even better. And no matter how good it feels to you, I need to feel safe to relax and enjoy myself.

E: *It's a turn-off. If we stop to put on a condom, I'll lose my erection.*

R: I'll help you put the condom on; that will take care of it. I'm confident I can get you right back to where we were. Besides, isn't sex with a condom better than no sex at all?

E: *They're not natural. It's an artificial barrier between us.*

R: It's not natural to get a disease, either.

E: *They're uncomfortable.*

R: Let's have fun experimenting until we find some we both like. (And they can't possibly be as uncomfortable as an STD!)

"Relationship" Excuses and Responses

E: *If you really loved me, you wouldn't ask me to wear a condom.*

R: I'm asking you because I love you—because I want us both to be protected.

E: *You don't trust me?*

R: I trust you, but either one of us could have an infection and not know it. It's better to be safe than sorry. This is for both of us. If I didn't trust you, I wouldn't be having sex with you in the first place—but I want us both to stay healthy.

(continued)

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Sample Excuses and Responses *(continued)*

E: *It's my decision whether to wear one or not.*

R: No, it's about both of us—my health and yours, my body and yours. Let's take care of each other and protect ourselves.

E: *We didn't use one last time (or in the past). What's different, all of a sudden?*

R: I've been thinking about last time/the past, and I think it was a mistake—I worry about it. Let's protect ourselves from now on.

E: *Do you really think you'll catch something from me? Look at me, I don't have any diseases!*

R: You can't really tell just by looking. Let's just be safe and not have to worry about it.

"Contraception" Excuses and Responses

E: *But you're on the pill!*

R: I am, but it just prevents pregnancy—not STD.

E: *I don't think condoms really work, anyway.*

R: If you use them the right way, they almost always do. Let me show you how.

E: *I don't know how to use one.*

R: Good news: I do! Here, let me show you. Anyone who is having sex should know how.

E: *I don't have a condom with me right now. We can use one next time.*

R: Then let's make each other feel good without sex this time. Or let's take a break and go get some at the store. Or let's go do something else tonight.

E: *Buying condoms is so embarrassing!*

R: It can be, but isn't it more embarrassing to have to tell someone you have an STD? If you're embarrassed, I'll buy some for us. Or we can buy them together.

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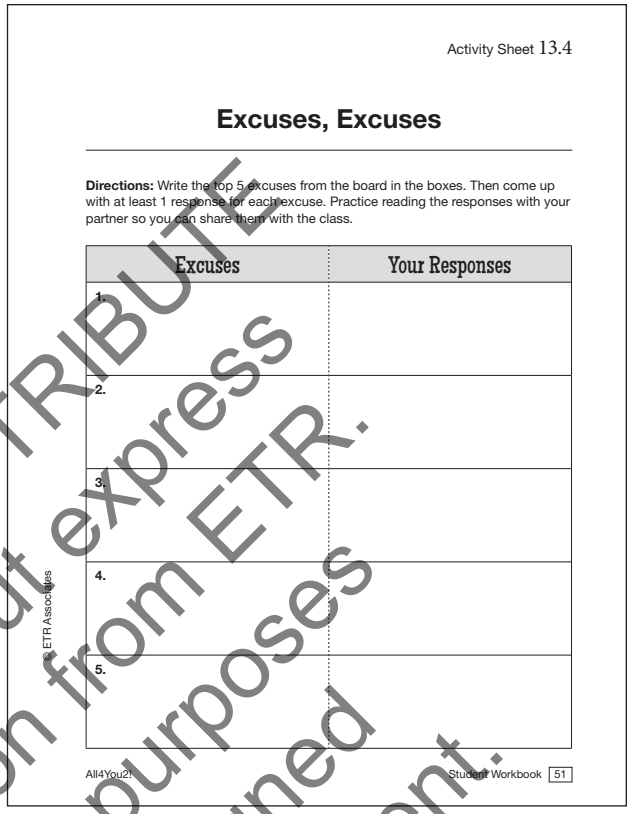

Activity Sheet 13.4

Excuses, Excuses

Directions: Write the top 5 excuses from the board in the boxes. Then come up with at least 1 response for each excuse. Practice reading the responses with your partner so you can share them with the class.

Excuses	Your Responses
1.	
2.	
3.	
4.	
5.	

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Activity Sheet 13.4

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Lesson 14

Testing and Resources

Synopsis

Students work in small groups to examine issues around HIV, other STD and pregnancy testing, including basic information regarding the test itself, confidentiality and when to get tested. Students discuss resources to locate selected health services. Peer Leaders and other students share their experience visiting or calling a clinic, reviewing available services, and whether they would recommend the clinic to others.

Purpose Statement for Students

Today we will learn how to identify issues around HIV, other STD and pregnancy testing, and learn how to access resources for information and health services.

Objectives

Students will be able to:

- Describe the steps involved in getting tested for HIV, other STD and pregnancy, including parental consent and notification issues.
- Describe when a person should go for testing.
- Describe how to find clinics using existing resources.
- Identify places where people can get tested and treated for STD, including HIV, and/or obtain sexual health services.

Activities & Time

14.1: Check-In	2 minutes
14.2: Review & Plan for the Day	5 minutes
14.3: Testing	20 minutes
14.4: Accessing Resources	8 minutes
14.5: Visit or Call a Clinic	10 minutes
14.5: Closure & Question Box	5 minutes

Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Student name tents
- ☐ Internet access and/or local health resource app, if available
- ☐ "Positive" by Spearhead (from the "Home" CD)
- ☐ Music and music player
- ☐ Question Box
- ☐ 3 x 5 index cards, 2 per student
- ☐ *All4You2!* Messages poster
- ☐ Pencils

(continued)

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Materials

Review

- ☐ **HIV Testing** (Fact Sheet 14.3a)
- ☐ **STD Testing** (Fact Sheet 14.3b)
- ☐ **Pregnancy Testing** (Fact Sheet 14.3c)
- ☐ **Information about Testing** (Activity Sheet 14.3)

Prepare

- ☐ Plan for the Day
- ☐ **"Positive" Lyrics** (Master 14.2), as a slide, transparency or handout
- ☐ Poster with contact information for local clinics

Educator Preparation

- ☐ Review the entire lesson and prepare needed materials.
- ☐ Listen to the song "Positive" by Spearhead and review the lyrics.
- ☐ Review Appendix D: Testing and Treatment Issues.
- ☐ Locate a local sexual health resource directory or app (see Activity 14.4).
- ☐ Research contact information for local clinics that provide services for teens and make a poster with this information.
- ☐ Check with Peer Leaders to be sure they are prepared to share information about the clinics.
- ☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

- ☐ Peer Leaders report experiences calling or visiting clinics in Activity 14.5.

Determinants Addressed

- Greater knowledge of what to expect when seeking STD or pregnancy tests
- Greater knowledge of where and how to access clinical services for testing
- Greater perceived self-efficacy in locating and using testing services

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Activity 14.1 Check-in

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 14.2 Review & Plan for the Day

Suggested Time 5 minutes

Materials Plan for the day, student name tents, music—"Positive" by Spearhead, music player

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 13.

Ask students if they can recall what you discussed last class (talking about condoms). Ask the following question:

- If someone wants to talk with a partner about using condoms, what could the person say to start that conversation?

Clarify or expand on their responses as needed.

3 Debrief homework.

Review the **What Do You Think?** *homework that was assigned in Lesson 10. Ask the following questions:*

- How many of you were able to complete the homework activity?
- Was completing the homework easier or harder than you expected?
- What makes open communication between teens and trusted adults in their lives important?
- Thank students who completed the homework. Prompt other students to complete it by the last class, if possible.

4 Play song.

Explain that you want to play a song by a band called Spearhead. Follow these steps:

- If possible, project a copy of the lyrics or hand out copies to allow students to follow along.
- Play "Positive" by Spearhead.
- Afterward, have students share their thoughts on the message in the song.
- Tie in the song by stating that today's lesson will focus on HIV, other STD and pregnancy testing.

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Educator Note: This is the song that was played during the original study. You may use a different song that conveys a message about STI testing for this activity, if desired.

5 **Post and review the Plan for the Day.**

Today we will focus on talking about testing and resources for getting tested.

6 **Ask for a volunteer to read the plan.**

Lesson 14
Plan for the Day

- HIV, STD and Pregnancy Testing
- Accessing Resources
- Visit or Call a Clinic
- Summary

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Activity 14.3 HIV, STD and Pregnancy Testing

Suggested Time 20 minutes

Materials Fact Sheets 14.3a–c, Activity Sheet 14.3, Appendix D

Purpose To identify issues around HIV, STD and pregnancy testing

Steps for Activity

1 Introduce the activity.

Tell students that even though many of them are not having sex at this time, it is important they understand what to do if they need sexual health services, such as birth control. If they think they may be pregnant or have gotten someone pregnant; or if they think they may have been exposed to HIV or another STD, it's important for them to get tested.

Inform students that today they will learn about HIV, STD and pregnancy testing, and how to identify and access resources for information and health services.

Explain the activity:

- You will work in groups of three.
- Each person in your group will read about a different test (HIV, STD, pregnancy).
- You will fill out a brief activity sheet on what you learned about your test.
- Then you will share the information with each other in your group.

2 Clarify.

Check for understanding by asking students to explain what they will do once they are in their groups. Clarify as needed.

3 Students read about testing.

Divide the class into groups of three and have them turn to the **Testing** *fact sheets (14.3a, b and c) in their workbooks. Have the students decide in their groups who will review each test. Each person in the group should review a different test.*

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Educator Note: If there are uneven numbers, create as many groups of three as possible, and then assign the remaining students to form groups of four. In groups with four students, have the fourth person pick a test to read and report about. The fourth person also could pair up with someone in the group to work together on one of the types of testing.

Instruct students to fill out the activity sheet after they read about their test, and remind them they will share the information with each other after all group members have completed their activity sheets.

Have students begin reading. Allow them to read for about 5 minutes and then encourage them to work on the activity sheets.

Move from group to group to ensure students stay on task, and to answer any questions they may have.

4 Students share information.

Once students have finished their activity sheets, have them take turns in their group sharing what they learned about the test they researched. Explain that, once they are done sharing information, they should complete the last question on the activity sheet.

Allow students to talk in their groups for about 5 minutes. Circulate to prompt students and answer questions as needed.

5 Discuss.

After students have finished sharing within their small groups, lead a discussion using the following questions:

- How do they test to see if a person has HIV? How do they test to see if a person has another STD? How do they test for pregnancy?
- How long does it take to get the results of an HIV test? An STD test? A pregnancy test?
- What is the difference between confidential and anonymous HIV testing?
- What one thing do you most remember about the information on testing you discussed in your small groups?
- What do you think about the fact that teens can be tested for HIV, other STD and/or pregnancy without their parents' consent?
- Whom would you talk with if you thought you needed to be tested?
- What are some of the pros and cons about getting tested for HIV?
- What are some of the reasons that people may not go for testing even though they have practiced risky behaviors, such as having sex without using latex condoms or having sex with multiple partners?

Be sure to clarify any misinformation. Refer to Appendix D, Testing and Treatment Issues for more information regarding the tests.

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6 Summarize.

Close by making the following points:

- For people who are having sex, it is important to get tested for STDs, including HIV, at least once a year and before any new sexual partner.

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Activity 14.4 Accessing Resources

Suggested Time 8 minutes

Materials Internet access and/or app for locating resources

Purpose To identify resources for locating reproductive health services

Steps for Activity

1 Brainstorm resources.

Tell students that many people don't go for testing because they don't know where to go or how to find a clinic that provides the services they need.

Explain that there are a lot of resources available for individuals who want more information or health services related to HIV infection, other STD and/or pregnancy.

Have students brainstorm a list of people and places that might be resources for them.

List students' responses on the board. (Examples: phone app, Internet, a school nurse or counselor, a family friend who is in the medical field, a health department clinic, a community clinic, Planned Parenthood, a local hospital clinic, a school-based clinic.)

Educator Note: List all answers provided at this point. As part of the next step, students will be asked to reassess the list based on credibility of the resources.

2 Assess resources.

Ask students how they would judge whether a resource is a good resource (accurate, up-to-date information, trustworthy source, etc.). Write students' responses on the board.

Continue by asking students:

- Why are these criteria important? (Inaccurate information could be harmful; if source isn't trustworthy you won't know if information is true; out-of-date information could be harmful or lead someone to a wrong decision.)
- How can you know if information you receive is accurate? (It comes from a credible source; it checks against another resource.)

Ask students to review the list of resources on the board while thinking of the criteria they just described and indicate any resources listed that may not meet the criteria.

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Discuss why these resources might not be the best source of information or services. For example, friends may not have accurate information. Cross out or erase resources that do not meet the criteria.

3 Discuss how to locate resources.

Have students imagine they want to go to a clinic (for themselves or a friend). Ask them how they could find the number and location of the clinic. Have students be as specific as possible and provide several different alternatives for finding phone numbers and locations.

Clarify any misinformation students may have about accessing resources.

If possible, demonstrate using the Internet or an app to find local resources (e.g., CDC's STD testing website has a feature where you can enter a zipcode and get local clinics).

Educator Note: Remind students that if they are not sure what services a clinic provides they may need to call the clinic first to find out if the services they need are available there.

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Activity 14.5 Visit or Call a Clinic

Suggested Time 10 minutes

Materials Poster with local clinic phone numbers and websites

Purpose To identify resources for getting tested

Educator Note: The success of this activity rests on the Peer Leaders and any other students who decided to complete the activity. If no other students completed this activity, ask each of the Peer Leaders to share information. If nobody completed the assignment, be prepared to provide some basic information about one or two local clinics for teens.

Steps for Activity

1 Transition.

Ask how many students called or visited local clinics to see what services they offered and what the clinics were like. Praise those students who completed the activity.

2 Share information.

Ask for a few volunteers among those who completed the activity (and at least one of the Peer Leaders) to share what they learned about the clinics they called or visited. Starting with a Peer Leader, have them share their information one at a time, using the following prompts:

- Start by giving the name and location of the clinic you called or visited.
- Describe the services provided. Ask clarifying questions, as needed, regarding the various services available.
- What is the cost of a routine examination or consultation at the clinic(s)? Do any of the clinics have a "sliding scale" or offer free services? Have a volunteer explain the concept of "sliding scale." If students are not familiar with the concept, explain that, at some clinics, the amount clients pay depends on their income.
- What is the confidentiality policy of the clinic(s)? Discuss why these policies are in place.

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- How old must a person be to obtain services at the clinics without parental consent? Clarify that teens can obtain many services without parent/guardian permission, such as HIV, other STD and pregnancy testing, or access to condoms and other birth control. Remind students that although teens can receive these services without parental permission, if at all possible they should discuss these issues beforehand with a parent or another adult whom they trust.
- Share how it felt to visit or call the clinic(s). Describe something positive about the visit or call. Describe anything that made you feel uncomfortable.
- What does the clinic looks like inside and how does it operate? What does a person do to make an appointment? Do staff take people who don't have appointments? What does a person do first?
- What are the staff people like? (friendly, not friendly, willing to answer questions, welcoming to young people of all gender identities or sexual orientations).
- Would you recommend the clinic you called or visited to someone who needed services? Why or why not?

3 Summarize.

Conclude by making the following points:

- Many people don't go to clinics because they are unsure of what to expect or of what to say or do.
- Although each clinic may operate a little differently, you now know what to expect, and what kinds of questions to ask if you need to obtain services from a clinic.

Post the phone numbers and websites of one or two reputable local health clinics for teens.

Thank the Peer Leaders and other students (if applicable) for their efforts. Emphasize how helpful the information is for everyone.

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Activity 14.6 Closure & Question Box

Suggested Time 5 minutes

Materials *All4You2!* Messages poster, Question Box, 3 x 5 index cards

Purpose To summarize key points of the lesson and prepare for the next lesson

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Summarize.

- Today you learned how to identify issues around HIV, other STD and pregnancy testing.
- You also learned how to access resources for information and health services.

3 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Check it Out:** if you are having sex, get tested for STDs and HIV at least once a year and/or before having sex with every new partner.

Question Box

1 Answer questions.

Answer the student questions from the Question Box.

2 Gather new questions.

Hand out index cards and give students a minute to write any new questions they have. Tell students that if they don't have a question they should write "I don't have a question" on the card. Remind students NOT to put their names on the cards.

Have them fold the cards when they are finished writing. Have a Peer Leader collect the cards. Tell students that you will address these questions in a later lesson.

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Closure

1 Conclude.

Collect the student name tents.

Close by recognizing students for their interest, their creative thinking and all the work they accomplished today.

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"POSITIVE" LYRICS

Michael Franti and Spearhead

Make me, make me sweat
Til I'm wet, til I'm dry
But then wipe this tear from my eye
Haven't felt this warm in a long time
Even out in the bright sunshine
In lifetime of springtimes

I fall into your arms
With my heart pumpin' on
Like a bubblin' dub track
Like a garlicy hot tonque and lip smack

I did some contemplation
Before we got down to this consecration
Maybe baby something in you kiss said
It was an impetous
For me to rethink this

If I love you
Then I better get tested
Make sure we're protected

I walk through the park
Dressed like a question mark
Hark!
I hear my memory bark
In the back of my brain,
Makn' me insane...
...like cocaine

(chorus)

But how'm I gonna live my life if I'm positive?
Is it gonna be a negative?
How'm I gonna live my life if I'm positive?
Is it gonna be a negative?
But how'm I gonna live my life if I'm positive?

It dawned on me, it seemed to me
This is unusual scenery
This red light greenery
Make me feel kinda dreamery
Thinkin' how I used to be

Arrive at the clinic
Walk through the front door
Take a nervous number
Then I think about it more
About all the time
That I neglected
Makin sure that
I was protected

They took my blood
With an anonymous number
Two weeks waitin' wonderin'

I shoulda done this a long time ago
Alot of excuses why I couldn't go
I know these things and these things I must know
'cause it's better to know than to not know!

(chorus)

I go home to kick it
In my apartment
I try to give myself
A risk assessment
The wait is what can really annoy ya
Everyday is more paranoya

I'm readin' about how it's transmitted
Some behavior I must admit it
Who I slept with, and who they slept with,
Who they, who they, who they slept with

I think about life and immortality
What's the first thing I do if I'm H.I.V.
Have a cry and tell my mother
Get on the phone and call my past lovers
I never thought about infectin' anotha
All the times that I said hmmm? don't bother.

Was it really all that magic?
The times I didn't use a prophalactic

Would my whole life have to change?
Or would my whole life remain the same?
Sometimes it makes me wanna shout!
All these things too hard to think about
A day to laugh, a day to cry
A day to live and a day to die
'til I find out, I may wonder
But I'm not gonna live my life six feet under

(chorus)

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Fact Sheet 14.3a

HIV Testing

An HIV test tells if a person has HIV.

How Is the Test Done?

Before the test, a counselor or health worker may explain the test and answer any questions. Counselors may also talk about HIV risks and help people plan to deal with either a positive or negative result.

During the test, a health worker takes a little blood from the person's arm or takes some cells from inside the cheek or gums with a cotton swab. The sample is sent to a lab for testing. Some clinics can test the sample on site.

The most common test is the HIV antibody test. It checks to see if the person's body has antibodies to HIV. Antibodies are proteins the body's immune system makes in response to an infection. If a person has HIV antibodies, it means the person has HIV.

A second type of HIV test looks for antigens. Antigens are the proteins that produce antibodies. They can be detected very soon after infection (1–3 weeks) by testing the blood. HIV antigen tests are more expensive and are not typically used for routine HIV testing. If a person has antigens for HIV, it means the person has HIV.

A PCR (polymerase chain reaction) test is used to test 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.

Getting the Results

It can take about 2 weeks to get the test results back. The person is asked to return to the test site to get the results. Many clinics offer a quick test. Results are available in 30 minutes. Positive results on the quick test must be tested again. Results of the second test take 2 weeks.

(continued)

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Fact Sheet 14.3a

Fact Sheet 14.3b

STD Testing

There are many different tests for sexually transmitted disease (STD). The type of test used depends on the STD.

How Is the Test Done?

The most common ways to test for STD include:

- taking a sample of blood from the finger or arm
- taking a urine sample
- taking a sample of fluid from the penis, vagina, throat or anus and examining it under the microscope or growing it in a culture in the laboratory

Some STD can be diagnosed during an exam by a doctor or health worker. For example, if a person had herpes, a doctor might be able to tell just by looking at the sores. But the doctor still might do a test to be sure.

Getting the Results

It takes anywhere from a day to 2 weeks to get test results. It depends on the type of STD being tested for, and where the tests were done.

Some clinics call only if the test results are positive. People are told that if they don't hear from the clinic in a certain period of time, they can assume their results are negative. But it's a good idea for the person to follow up and call the clinic to be sure. Any person going for testing should ask how the clinic tells people about the results.

Who Knows the Test Results?

Clinics usually arrange to get test results to a person confidentially, so no one else can learn the results. Sometimes the person will be asked to come back to the clinic.

Teens can be tested without getting parents' permission, and clinics will not give the results to parents or other adults. Teens should call the clinic beforehand to find out what the policies are.

(continued)

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Fact Sheet 14.3b

Fact Sheet 14.3c

Pregnancy Testing

Women who think they're pregnant can either go to a family doctor or clinic to be tested, or use a home pregnancy test.

How Is the Test Done?

Pregnancy tests check for the pregnancy hormone, called HCG (human chorionic gonadotropin) to see if a woman is pregnant. The tests used by health workers are either urine or blood tests. Home pregnancy tests are urine tests.

Getting the Results

With a urine test at a clinic or doctor's office, results are provided a few minutes after the test. If a blood test is used, it may take several days to get the results. Some clinics may ask the woman to return to the clinic. Other clinics may call with results, or have the woman call the clinic to get the results. Women going for testing should ask how the clinic tells people about the results.

Home pregnancy tests can be bought at drugstores or online. There are many different brands. A person can buy a test without a prescription. Home pregnancy tests are easy to use, but it's very important to read and follow the directions exactly. If home tests are not used properly, the results may not be correct. Results from most home pregnancy tests are ready within a few minutes after the test.

Who Knows the Test Results?

If the results are not given immediately, clinics usually arrange for a way to get the results to the woman confidentially, so no one else will know the results.

In most states, teens can be tested without getting parents' permission, and clinics will not give the results to parents or other adults. Teens should call the clinic beforehand to find out what the policies are.

(continued)

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Fact Sheet 14.3c

Activity Sheet 14.3

Information about Testing

Circle which test you researched: **HIV** **STD** **Pregnancy**

- How is the test done?

- How long does it take to get the results back?

- How are people told about the results?

- Are teens' parents told about the test or the results?

- How does a person know when to be tested?

Answer this question after you talk about all 3 tests in your group.

- List 2 facts you found interesting about each of the other 2 tests:

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Activity Sheet 14.3

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Lesson 15 Staying Safe

Synopsis

Students participate in a textline activity, providing advice to other teens on how to stay safe from HIV, other STDs, and unplanned pregnancy. Students personalize the information by working in pairs to talk through important issues about relationships and/or avoiding unprotected intercourse. As a closing activity, students identify what changes they can make in their lives right now that will help protect them from unplanned pregnancy and/or HIV, and other sexually transmitted diseases.

Purpose Statement for Students

Today we will talk about handling different sexual risk situations.

Objectives

Students will be able to:

- Give advice to other teens on how to handle different sexual risk situations.
- Talk through how they would handle personal issues regarding relationships and/or avoiding unprotected intercourse.
- Identify changes they can make in their lives to protect themselves from HIV, other STDs, and unplanned pregnancy.

Activities & Time

15.1: Check-In	2 minutes
15.2: Review & Plan for the Day	3 minutes
15.3: Textline	30 minutes
15.4: What Can You Use?	10 minutes
15.5: Closure	5 minutes

Materials

Have

- ☐ Chart paper, markers and tape
- ☐ Student name tents
- ☐ Paper bag
- ☐ Colored dots (30 each of green, blue, yellow and red)
- ☐ Music and music player
- ☐ *All4You2!* Messages poster
- ☐ Question Box
- ☐ Pencils

(continued)

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Materials

Review

☐ **What Can You Use?** (Activity Sheet 15.4)

Copy

☐ **Your Choices Summary Sheet** (Class Activity Sheet 15.4), 1 copy

Prepare

☐ Plan for the Day

☐ **Textline Question Cards** (Master 15.3), 2 sets per class

☐ **Your Choice Cards** (Master 15.4), 1 per student

Educator Preparation

☐ Review the entire lesson and prepare needed materials.

☐ Review **Textline Sample Responses** (Educator Background Sheet 15.3).

☐ Prepare answers to students' questions in the Question Box.

Peer Leader Activities

☐ Peer Leaders assist with sorting and counting cards for Activity 15.4 and adhering the dots to Class Activity Sheet 15.4 to show the results.

Determinants Addressed

- Increased self-efficacy to abstain or refuse unprotected sex
- Higher self-concept
- Increased perception that peers would support the decision to not have sex or unprotected sex
- Increased attitudes favoring choosing not to have sex
- Increased perceived risk and costs of getting HIV and other STD if sexually active
- Greater perceived importance of avoiding disease
- More conservative attitudes toward having multiple partners

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Activity 15.1 Check-in

Suggested Time 2 minutes

Materials None

Purpose Students will come to class each day with a range of emotions and experiences affecting their readiness and willingness to participate. We will use a daily check-in as a way to acknowledge this reality.

Steps for Activity

1 Have students check in.

Ask a few students to volunteer how they are feeling or what's going on for them today.

Acknowledge responses based on your judgment. Use simple, short acknowledgements, particularly the positive ones (e.g., head nods, thank you, one-word sentiments such as "great," "glad to hear it," etc.). Avoid long responses or analyzing students' comments in this group setting.

Here are some examples of potential responses:

- Thank you for letting me know. I understand it could be hard to focus when you are dealing with that.
- I'll try to remember that you're having a hard day. I'm confident that you can get through it.

Discourage students from commenting on others' responses by just moving the activity along.

If students share something inappropriate or say something with extreme bravado, ask them to re-state their response in a more appropriate manner. If students share something serious and/or reportable (e.g., parent hit me last night) work with the teacher to provide support to the student right after class or before you even begin the lesson if necessary.

Educator Note: Discuss potential sensitive and/or reportable issues with the classroom teacher or school administrator in advance so you are in agreement on how to handle these situations.

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2 Conclude.

- *Close by thanking students for their honest responses.*
- *If there are a majority of students feeling a certain way, note that pattern.*
- *Share that knowing "where they are at" each day helps you as a teacher and that you would like them to try their best to make the most of what the class is doing together today. Emphasize that you have confidence in their ability to focus despite all that is confronting them.*

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Activity 15.2 Review & Plan for the Day

Suggested Time 3 minutes

Materials Plan for the day, student name tents and folders

Purpose To review the plan for the day and orient students to the day's activities

Steps for Activity

1 Have students help pass back name tents.

2 Review Lesson 14.

Ask students:

- How old do you need to be to get health services like STD and pregnancy testing?
- Will the clinic/testing location tell parents if teens get tested?

5 Post and review the Plan for the Day.

Today we will focus on talking about handling different sexual risk situations.

6 Ask for a volunteer to read the plan.

Lesson 15
Plan for the Day

- Textline
- What Can You Use?
- Summary

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Activity 15.3 Textline: Handling Sexual Risk Challenge Situations

Suggested Time 30 minutes

Materials Textline Question Cards, 3 x 5 index cards, scratch paper, music and music player, Educator Background Sheet 15.3

Purpose To give students practice solving sexual risk taking problems, thereby enhancing their self-efficacy in resolving risky situations and practicing safer behaviors

Steps for Activity

1 Introduce activity.

Today, you're all going to be a part of *All4You2!* Textline—an advice line that works by responding to text messages. You're going to give teens just like you advice on how to handle sexual risk situations.

This Textline center receives texted questions about sex 24/7, and needs your help answering the questions. You'll work in teams to help answer some of the center's questions.

(Glance at Textline Question Cards) Hey, look! We've already got several questions about HIV, AIDS and safer sex waiting right now.

Educator Note: Be sure students understand this is an in-class activity, and they are not providing answers for a real textline program.

2 Review the steps for the activity.

- You will work in pairs.
- Each pair will get one texted question from a concerned teen. You and your partner will prepare an answer to the question.
- I will ask for volunteers to share their questions and responses with the class.

3 Demonstrate.

Model using one of the situations so students understand they are responding to someone who is texting them seeking advice.

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4 Pairs answer Textline questions.

Divide the participants into pairs. Provide a Textline question and some scratch paper to each group.

Explain the process.

Discuss, decide on, and then write down the advice you would give to the person who texted a question. Your final decision should be one that both of you can agree on.

And even though this is a texting activity, you don't need to worry about having your answers fit in 160 characters or less. I want you to focus on the *content*, not the length, of your answer.

*Give pairs 5 minutes to come up with their advice. **Play music** while they are working. While students are working, recruit four pairs, each representing different situations, to roleplay their advice in front of the class. Also recruit one person to help you model what you'd like the roleplayers to do.*

5 Have volunteers roleplay for the class.

After students have finished, call the class to attention to watch the roleplays. Model what you want the roleplayers to do using one of the situations.

After the model, have the volunteers roleplay one pair at a time, giving their advice. Start each roleplay by summarizing the texter's issue rather than having students read it.

6 Review key points.

From the **Textline Sample Responses** *(Educator Background Sheet 12.3), discuss any points that students do not come up with themselves.*

Educator Note: Students' answers do not need to match the suggested responses word-for-word to be considered correct. However, in the large-group discussion, it is important that you make sure that the points in the sample responses are discussed.

Thank students for their creative responses.

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Activity 15.4 What Can You Use?

Suggested Time 10 minutes

Materials Activity Sheet 15.4, music and music player, pencils, Your Choice Cards, paper bag, Class Activity Sheet 15.4, colored dots

Purpose To allow students to personalize the advice on how to handle sexual risk situations and to commit to safer behaviors

Steps for Activity

1 Introduce activity.

Explain that now it's time for students to think about all the advice they've heard today and throughout All4You2*! and see if any of it may be helpful for them.*

Review the steps of the activity:

- You will work by yourself to complete a brief activity sheet.
- The activity sheet asks you to think about what changes you can make in your life right now that will help you stay safe from HIV, other STDs and unplanned pregnancy.
- You will have 5 to 8 minutes to think about it and fill out the activity sheet. I will play music while you work.
- You should not put your names on your sheet. I will not ask you to share your answers with the class.

2 Clarify.

Check for understanding by asking participants what they will do. Clarify as needed.

3 Students complete activity sheet.

Have students turn to **What Can You Use?** *(Activity Sheet 15.4) in their workbooks.*

Allow students to work for up to 8 minutes. ***Play music*** *as they work. Circulate to assist as needed and keep students on task.*

4 Debrief.

Call students back to the large group. Ask students, by a show of hands, how many of them were able to identify one or two changes to try based on the advice they heard.

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5 Ask students to make a choice.

Remind students that it's important for people to think about how they will protect themselves from HIV, other STD and unintended pregnancy ahead of time. Explain that now they will have a chance to think about what choices they are going to make now to protect themselves from HIV, other STD and unintended pregnancy.

Distribute a **Your Choice Card** *to each student. Tell them to look at the four options and decide which one they will choose. Remind them that this is an important decision and encourage them to think about it carefully and seriously. Tell students NOT to put their names on the card.*

Explain that the Peer Leaders will create a graph based on their responses so the class can see, overall, where they stand in respecting and protecting themselves from disease and pregnancy.

Give students 1 or 2 minutes to complete the card. When students have finished, collect the cards in a bag.

6 Tally results.

Once you've collected all the cards, ask one of the Peer Leaders to create a graph of the responses. Follow these steps:

- *Give the Peer Leader a copy of Class Summary Sheet 15.4 and the colored dots.*
- *Have the Peer Leader sort and count the cards by the choice made, and stick one colored dot for each answer choice in the proper columns on the Class Summary Sheet to show students' choices visually, using the following key.*
  1. *Not having sex = green dot*
  2. *Using latex condoms or condoms+birth control if having sex = blue dot*
  3. *Having sex without any protection = red dot*
  4. *Not sure = yellow dot*
- *Have the Peer Leader write the total number of dots for each choice at the bottom of the activity sheet.*
- *While the Peer Leaders work on the chart, answer any unanswered questions from the Question Box.*

7 Review the class results.

If it is true for your class, point out that most students are committing to choosing not to have sex or using protection if having sex to reduce the risk of unplanned pregnancy and/or STDs.

If many students selected unprotected sex or selected unsure, refer to the Educator's Note below for discussion ideas.

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Educator Note: If a lot of students are unsure of their choice or are choosing to have sex without protection, encourage students to spend time thinking about these choices. Ask whether they might make a different choice if their current situations were different. Ask students to think about how the choices they are making today may affect their lives. Remind students that if they are having vaginal sex that it is important for them to use protection against both pregnancy and disease.

Some students may mention that they are in long-term relationships and don't need to use condoms. Remind students that having a sexual relationship with only one person (who is not infected with HIV or another STD and not having sex with anyone else) is a way of reducing the risk for STDs, including HIV, but this choice is not necessarily safe unless both people have been tested and are not having sex with other people. One problem with this choice is that some people may not know they are infected, and some people may lie about whether or not they have HIV or another STD. Therefore, it is safer to always use a latex or polyurethane/polyisoprene condom with any partner.

8 Close.

- *Explain that over the next several years, students may find themselves in situations where they need to use the information and skills presented in* All4You2!
- *Remind them that, in most situations, every person has a choice about whether or not to have sex or whether or not to have unprotected sex, even if he/she has had sex or unprotected sex in the past.*
- *Emphasize that sticking with their limits may not always be easy, but that they have what it takes to do it.*
- *Remind students that it is up to them to respect themselves and their partners by taking the necessary steps to protect themselves from HIV, other STDs, and/or unintended pregnancy.*

Educator Note: Be sensitive to situations in which there is little, if any, choice involved, such as nonconsensual sex.

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Activity 15.5 Closure

Suggested Time 5 minutes

Materials *All4You2!* Messages poster, Question Box

Purpose To summarize key points of the lesson and conclude the *All4You2!* program

Steps for Activity

Lesson Summary

1 Discuss.

Ask students to summarize the main points of this lesson.

2 Emphasize the behavioral messages.

Use the All4You2! *Messages poster and tie these to the main messages of the curriculum:*

- **Respect your body and your partner**—have limits; honor limits.
- **Protect yourself and your partner**—choose not to have sex. If you do have sex, use latex condoms/barriers for vaginal, oral and anal sex; use birth control if having vaginal sex; and limit the number of partners you have.
- **Check It Out**—if you are having sex, get tested for HIV and other STDs at least once a year and/or before having sex with every new partner.

Question Box

1 Answer questions.

Answer any remaining questions from the Question Box. Make connections to prior lessons as appropriate.

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Closure

1 Conclude the program.

Collect the student name tents.

Close by recognizing students for their interest, their creative thinking and all the work they accomplished today and over the past 14 classes on preventing HIV, other STD and pregnancy.

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Textline Question Cards

Directions: Copy and cut apart the cards. Make enough sets for each pair to have one.

1	To: TEXTLINE From: JunkiePast Had sex few mos ago & just fnd out the guy did drugs in past. A LOT. Maybe w needles. Now I'm terrified I got infected w/something. What should I do?
2	To: TEXTLINE From: PillPower I'm on the pill so won't get pregnant. I don't have to worry about STD while I'm on the pill, right?
3	To: TEXTLINE From: CondomSense Bfriend and I fight about condoms. He says they're uncomfortable and cuz I insist, I don't trust him. How can I convince him to use them?
4	To: TEXTLINE From: Drank2Much Drank too much at a party last wkend & woke up nxt to a total stranger. He looked healthy. How can I find out for sure?
5	To: TEXTLINE From: Fool4Luv My grlfrnd and I haven't had sex, but we've fooled around a lot. Naked. If we don't have vaginal or anal sex, are we still safe?
6	To: TEXTLINE From: One&Onlies My bfriend and I are each other's 1st and only sex partner. Both clean and healthy and don't use drugs. We don't need to use condoms, right?
7	To: TEXTLINE From: DoubleTrouble I've heard 2 condoms are safer than 1. True?
8	To: TEXTLINE From: WhatzSafer? A friend says anal sex is safe and a girl can't get pregnant. Is anal sex safer than vaginal?
9	To: TEXTLINE From: Sometimes I identify as a lesbian, but once in a while I have sex with guys, too. Do I need to worry about pregnancy?

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Textline Sample Responses

Texter	Question	Suggested Response
1	To: TEXTLINE From: JunkiePast Had sex few mos ago & just fnd out the girl did drugs in past. A LOT. Maybe w needles. Now I'm terrified I got infected w/ something. What should I do?	You're right to be worried. The best thing to do is to get yourself tested for HIV and other STD (at a free clinic, health department clinic, or your doctor's office) and to use a latex condom or other barrier every time you have sex—with her or anyone else—from now on. You can learn from this mistake and be safe in the future! And this is a reminder that you can't really know everything about your partner.
2	To: TEXTLINE From: PillPower I'm on the pill so won't get pregnant. I don't have to worry about STD while I'm on the pill, right?	Wrong! The pill does protect you from pregnancy, but it won't protect you from STD (including HIV). For that, you need to use a latex condom every time, in addition to the pill. You've already taken the step of protecting yourself from getting pregnant, which is great. It's time to go ahead and be even safer by using condoms from now on, so that you won't have to worry about STD, either.
3	To: TEXTLINE From: CondomSense Bfriend and I fight about condoms. He says they're uncomfortable and cuz I insist, I don't trust him. How can I convince him to use them?	Have you tried different kinds? Making condoms part of foreplay and turning each other on? Tell him it's not about trust. It's about both of you staying healthy. You may have infections you don't even know about. If you use condoms, you don't have to worry about it. If he tries to get more comfortable with condoms, it shows he respects you and the relationship. You're doing the right thing for both of you by wanting to use condoms. Stay true to yourself!

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Textline Sample Responses *(continued)*

Texter	Question	Suggested Response
4	To: TEXTLINE From: Drank2Much Drank too much at a party last wkend & woke up nxt to a total stranger. This person looked healthy. How can I find out for sure?	You can't find out for sure unless you both get tested (at a clinic, health department, or doctor's office) for HIV and STD. What you do know for sure is that drinking and drugs make it tough to stay safe in sexual situations. Go ahead and get yourself tested for your own peace of mind (or treatment, if needed). Then make sure you have condoms with you, and that you're willing and able to use them, no matter how much you've had to drink. If drinking too much is happening a lot, think about getting some help with that before it affects your health and well-being even more. Good luck!
5	To: TEXTLINE From: Fool4Luv My grlfrnd and I haven't had sex, but we've fooled around a lot. Naked. If we don't have vaginal or anal sex, are we still safe?	You're not as safe as you might think. Semen can still find its way into her body and cause infection or even pregnancy. And many STDs (like herpes) can be transmitted during skin-to-skin contact or oral sex. To be safe, use condoms during oral sex on a man. You can use a plastic barrier or dental dams during oral sex on a woman. If you and your girlfriend decide to have sex in the future, make sure you have latex condoms available and know how to use them.
6	To: TEXTLINE From: One&Onlies My bfriend and I are each other's 1st and only sex partner. Both clean and healthy and don't use drugs. We don't need to use condoms, right?	If you're having sex, no matter what your sexual histories are, you need to be thinking about protecting yourselves from STD and from pregnancy, if that is a risk for you. Even if you are each other's first and only sex partners, a day may come when that could change. Protecting yourself from pregnancy and/or STD is a strong statement that you care about yourself and about each other. It's a good, safe habit to get into early in your sexual life and will keep you healthier no matter what happens between the two of you.

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Textline Sample Responses *(continued)*

Texter	Question	Suggested Response
7	To: TEXTLINE From: DoubleTrouble I've heard 2 condoms are safer than 1. True?	Not true. In fact, using two condoms may make you less safe, because the friction between them can cause them both to break. It's great that you're thinking about how to be as safe as possible, but your best bet is to use one condom—and to use it correctly—every time you have sex. Spread the word!
8	To: TEXTLINE From: WhatzSafer? A friend says anal sex is safe and a girl can't get pregnant. Is anal sex safer than vaginal?	It's true that anal sex can't cause a pregnancy. But unprotected anal sex can put people at high risk of STD, including HIV. People who have anal sex can reduce their risk for STIs by using a latex condom every time. The safest way to avoid HIV/STI, though, is choosing not to have anal, vaginal or oral sex.
9	To: TEXTLINE From: Sometimes I identify as a lesbian, but once in a while I have sex with guys, too. Do I need to worry about pregnancy?	Yes. Anyone who has male/female vaginal sex needs to worry about preventing pregnancy. For people who want to prevent pregnancy, condoms can be very effective when used consistently and correctly. The most effective method of birth control is to use condoms along with another effective method, such as the IUD, implant, shot, or the birth control pill, patch or ring. The most important thing when choosing a method of birth control is to talk to a doctor or clinician you trust who can help you choose the method that will work the best for your life and your body.

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Your Choice Cards

Directions: Copy and cut apart the cards. Make 1 for each student.

MY CHOICE... Look at the choices below. What will you commit to do to respect and protect yourself? Pick one choice based on what you will do given who you are.

1. I will not have sex right now.
2. I will use latex condoms or latex condoms and birth control every time if I have sex.
3. I will have sex without using condoms/barriers or any other protection.
4. I'm not sure of my choice at this time.

MY CHOICE... Look at the choices below. What will you commit to do to respect and protect yourself? Pick one choice based on what you will do given who you are.

5. I will not have sex right now.
6. I will use latex condoms or latex condoms and birth control every time if I have sex.
7. I will have sex without using condoms/barriers or any other protection.
8. I'm not sure of my choice at this time.

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Your Choices Summary

Not Having Sex	Using Latex Condoms or Condoms+ Birth Control if Having Sex	Having Sex Without Any Protection	Not Sure
○	○	○	○
○	○	○	○
○	○	○	○
○	○	○	○
○	○	○	○
○	○	○	○
○	○	○	○
○	○	○	○
Green Dots	Blue Dots	Red Dots	Yellow Dots

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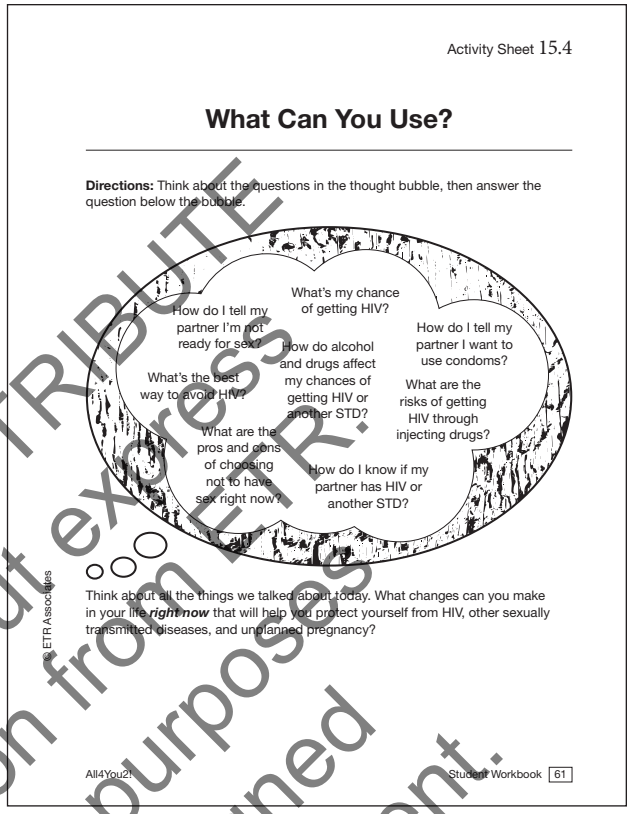

Activity Sheet 15.4

What Can You Use?

Directions: Think about the questions in the thought bubble, then answer the question below the bubble.

How do I tell my partner I'm not ready for sex?

What's my chance of getting HIV?

How do I tell my partner I want to use condoms?

What's the best way to avoid HIV?

How do alcohol and drugs affect my chances of getting HIV or another STD?

What are the risks of getting HIV through injecting drugs?

What are the pros and cons of choosing not to have sex right now?

How do I know if my partner has HIV or another STD?

Think about all the things we talked about today. What changes can you make in your life ***right now*** that will help you protect yourself from HIV, other sexually transmitted diseases, and unplanned pregnancy?

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Activity Sheet 15.4

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Scavenger Hunt

Find a person who matches the description. Write his or her name on the line. Use a name only once. It's OK to use your own name once.

Find someone who...

✓ Has a birthday in March, June or December _____

✓ Eats fruit or vegetables every day _____

✓ Knows what "STD" means _____

✓ Likes pineapple on pizza _____

✓ Speaks another language _____

✓ Has broken a bone _____

✓ Has lived in another state _____

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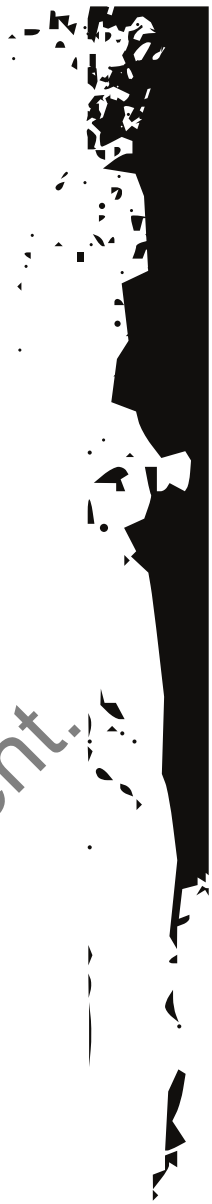
THE VOICE INSIDE

by Lakeisha W.



Don't listen to the negative voices.
Don't let them decide all your choices.
Be the person who turns the other cheek
Don't cry and let them know you're weak.

Getting the best of you is their game.
They look at you as if you aren't the same.
Listen to that little voice inside you.
Let that voice inside guide you towards the dreams you need.
Let that voice inside be the blood you bleed.
Carry yourself like you're the only one there,
As the words they say pass through your ears.

Don't let people bring you down, prevail and win.
You're the only one standing the firm ground.
It's your mission, so you tell when it begins.
That little voice inside is your guide through your life.

And, as that dream expands, you do too.
That little voice inside takes an important role in carrying you.
As a favor, let's dream and make reality leave those negative people in their own jealous fantasy.

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Reprinted from *Positive Teens Magazine* Volume 2, Issue 4, July/Aug 2000.
Accessed at www.positiveteenmag.com in 2006.

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All4You2! Messages

RESPECT. Respect yourself, your body and your partner by having sexual limits.

PROTECT. The best way to avoid STDs and protect yourself and your partner is to choose not to have sex.

PROTECT. Another way to protect yourself is to limit the number of sexual partners. Using latex condoms every time you have sex can also reduce your risk of STDs, including HIV.

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STDs: In the Know

Directions: Answer each question as best as you can.

1. Do people always know if they have an STD? (Check one answer.)

☐ Yes ☐ No ☐ Don't know

2. What are some common symptoms of STD?

3. What should people who have an STD do?

4. Can all STDs be cured? (Check one answer.)

☐ Yes ☐ No ☐ Don't know

5. What can happen if someone with an STD never gets it treated?

6. Can a person get an STD from having oral sex? (Check one answer.)

☐ Yes ☐ No ☐ Don't know

7. What can someone do to prevent STD?

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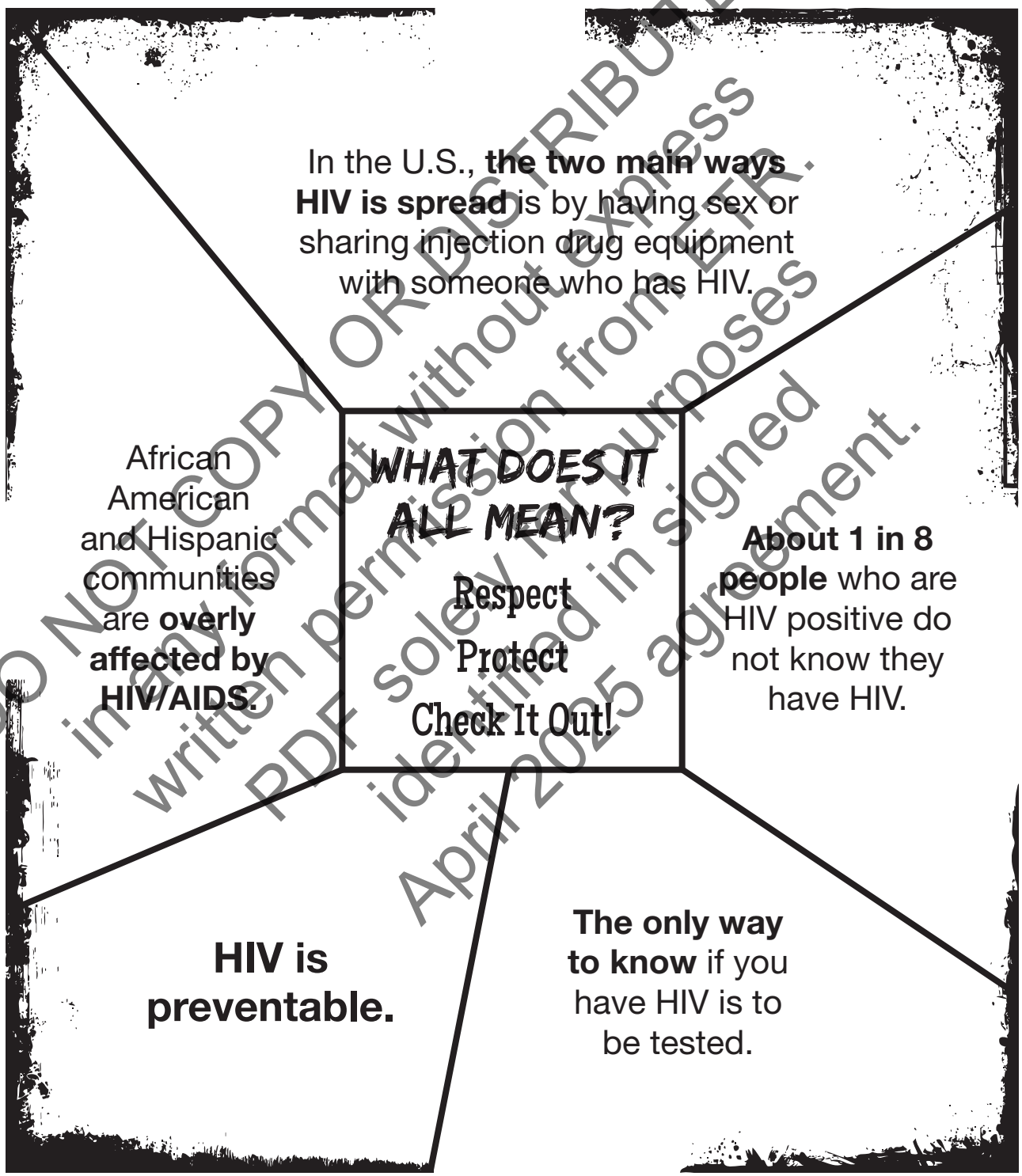
Blood Lines: Facts



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Source: Centers for Disease Control and Prevention. http://www.cdc.gov/hiv/basics.

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HOW DO I WAIT?

by Jolita Phillips

Going from class to class knowing that more than half has already been taken

All of the pressure makes me question why I am still waiting

Should I give in to the boy that I've been dating?

When the topic comes up between my friends I'm the one who's not relating

Some say I should just wait until I'm in love

Yet I wonder is that really enough?

I hear the stories of others getting hurt and just used

I'm young still untaken and confused

Television portrays that having sex is so good

I really like this boy and he thinks I should

How am I sure if he's the right one?

How would it be once we're done?

This could end with me feeling either very regretful or great

So hard, how do I wait?

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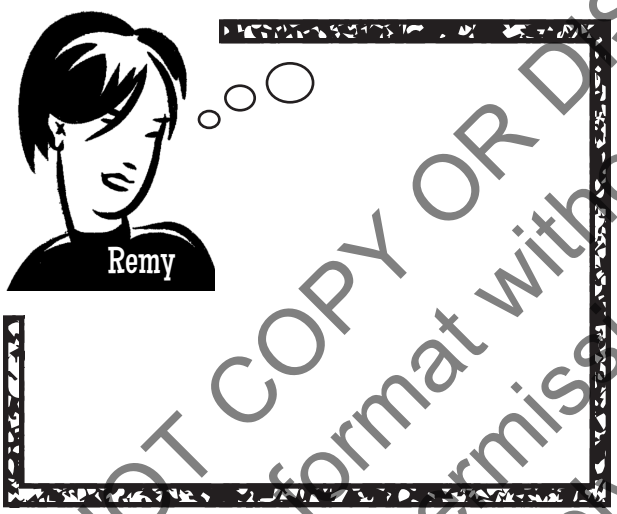
Remy and Phoenix

Scene 1: The Next Morning

Remy wakes up in the morning feeling sick from the alcohol, and remembers what happened last night. What is Remy thinking?



Phoenix wakes up in the morning feeling sick from the alcohol, and remembers what happened last night. What is Phoenix thinking?

Scene 2: Two Days Later

Remy and Phoenix meet at school. They haven't talked since Saturday night. What are they thinking? What do they say?

(continued)

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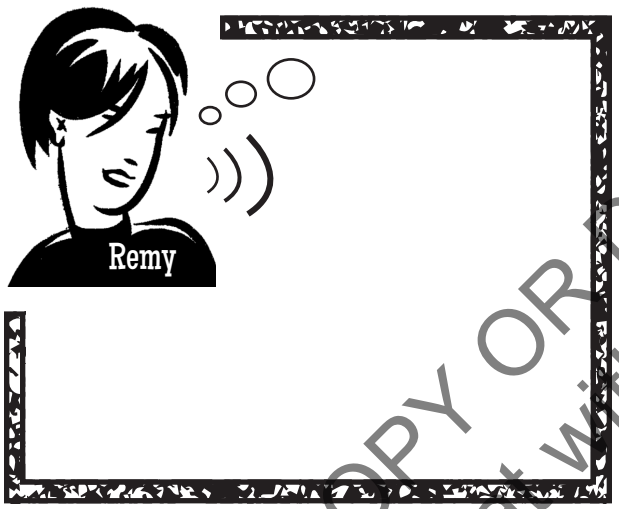
Activity Sheet 3.3

Remy and Phoenix *(continued)*

Scene 3: Three Weeks Later

Remy noticed a rash and has been having pain when peeing. After going to the clinic, Remy was diagnosed with an STD. Remy has to tell Phoenix to get tested and treated. What are they thinking? What do they say?



Suppose you were in this situation. Which scene would be most difficult for you?

Scene _____ would be most difficult for me because…

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Should They or Shouldn't They?

Jordon and Jaden

have been together for a month. They see each other about once a week. They still go out with other people too. Tonight they are at home alone and things are heating up. Should they have sex? What do they need to think about? What could happen if they do? What would happen if they decide to wait?

Katrina and Avery

are in tenth grade. They've been together almost a year. They both decided they didn't want to have sex until they were older, but some of Katrina's friends are having sex and she is re-thinking her decision. Should Katrina and Avery have sex? What do they need to think about? What could happen if they do? What would happen if they decide to wait?

Alicia and Donnel

just hooked up at a party. They really like each other. They are leaving the party in Alicia's car to find somewhere quieter. Should they have sex? What do they need to think about? What could happen if they do? What would happen if they decide to wait?

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Activity Sheet 3.5

LOVE & AFFECTION

What are 2 ways to show love and affection without having sex that you would like to remember and use?

1. _____

_____

_____

_____

2. _____

_____

_____

_____

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Signature Sheet

Directions: When the teacher tells you to, move around the classroom and trade signatures with different people. Stop after you complete each part and wait for instructions. *Be sure to sign the sheet of anyone who signs yours.*

Part 1

1. _____

Part 2

1. _____
2. _____

Part 3

1. _____
2. _____
3. _____

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Partner Risk Stories

Directions: Read the stories with your group. For each story, rate the risk of STD on a scale from 0 (no risk) to 3 (very high risk). Then discuss the questions on the back of this page in your group.

Anita and Jordon

Anita and Jordon have been together since ninth grade. They've both decided that not having sex is the best choice for them. They feel that their relationship is growing stronger because of their choice.

STD Risk: 0 1 2 3

Calvin and Natalie

Calvin and Natalie hang together and have a sexual relationship. Last week, Natalie was away on a school trip. Calvin hooked up with Mimi at a party and they had sex. Later in the week, he went out with his old girlfriend Bianca and had sex with her too. Calvin's glad Natalie will be home soon, because he likes her best.

STD Risk: 0 1 2 3

Jayden and Quinn

Jayden and Quinn have been together for two years. They have sex, but only with each other. Jacob has never had sex with anyone else. Quinn had sex with a prior partner, but broke up 6 months before getting together with Jayden.

STD Risk: 0 1 2 3

Sam and Riley

Sam used to be in a sexual relationship with Luke. They broke up after Sam got involved with Carlos and they started having sex. Then Sam met Riley. Sam liked Riley a lot, but wasn't sure about leaving Carlos. After a few weeks of seeing both Carlos and Riley, and having sex with each of them, Sam broke up with Carlos. Sam's only been having sex with Riley since then.

STD Risk: 0 1 2 3

(continued)

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Activity Sheet 5.4

Partner Risk Stories *(continued)*

Questions

Discuss these questions as a group. Have one person take notes about what you discuss.

1. Which people have the greatest STD risk and why?

2. What steps can these people take to reduce their risk?

3. Who made the safest choice? Why is this choice the safest?

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YOU SAY YOU LOVE ME

by Robert Green

You say you love me but won't use a condom
Because the only thing you're thinking about is having some fun
But you won't get anything from me not even a smile
See playing this game isn't worth the while
You say 'come on baby enjoy the ride'
But I see nine months later a baby at my side
You say you love me but won't get tested
I'm just trying to make sure you're not infected
Just to see if you have syphilis or gonorrhea
Because before you give it to me I'll say 'see ya'
It could be worse you might have AIDS
Then it's your life that starts to fade
You say you love me boy are you persistent
But despite your reasons I'm going to stay resistant
See I'm going to go to college and make something of myself
Instead of trying to see how three minutes of pleasure felt
Instead of doing what you want I'm going to use common sense
Sorry baby boy but I'm using ABSTINENCE!!!

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"Pst" Chart

= Pick your limit.

= Say it strong.

= Tell why.

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Should I Say Anything?

Directions: Fill in the "You" lines using the "Pst" steps.

Setting the Stage

You go back to your partner's house after a party. No one is home. You begin kissing, touching and undressing each other. The last time you had sex, you and your partner talked about getting protection for STDs. Your partner promised to get condoms. You want to use condoms because you are worried about STDs.

Your partner continues kissing and touching, but doesn't say anything about protection. In the past you went along and had sex without protection, but you've decided that from now on you aren't willing to take a chance.

You: Did you remember to get some condoms?

Your Partner: No, I forgot them. But nothing is going to happen. Besides, I've only been with you.

You: _____

_____

Your Partner: Look, don't start trippin' now. We've had sex before without one.

You: _____

_____

Your Partner: Why should we be feeling rubber when we could be feeling each other? It's not natural.

You: _____

_____

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why

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The Party

Directions: Fill in the "You" lines using the "Pst" steps.

Setting the Stage

You and your partner have been together for 4 months. Every time you're together you have a great time. You are at a small party. Most of the other couples have gone to other rooms—probably to get down. Your partner says "I love you," and leads you to a bedroom. You start kissing, holding and touching each other. Things are moving fast. You aren't ready to take it that far right now.

You: Hold up. I'm not ready to have sex.

Your Partner: You know how I feel. This will be the perfect ending to a great night.

You: _____

_____

_____

Your Partner: I've taken care of everything, just trust me, and I'll make this a night you won't forget.

You: _____

_____

_____

Your Partner: Baby, just for a moment, let's become one.

You: _____

_____

_____

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why

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PST

Directions: Answer each question to think about how you can use "Pst" to stay safe.

P = Pick your limit.

What's a limit you want to set to help you stay safe from HIV, other STDs and/or pregnancy?

S = Say it strong.

What could you say to tell a partner or friend this limit?

T = Tell why.

Why do you want to be safe and have this limit? What could you say to help a partner understand why you want to be safe?

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In the Dark

Directions: Read the situation. Write the lines for you and your partner below. Be sure to use the "Pst" steps, alternative actions and delay tactics when writing the "you" lines.

Setting the Stage

You are in a dark room with someone you really like. You've been talking about having sex, but you haven't had sex before with this person. Things are heating up.

You: This isn't the right thing to do. I can't do this!

Your Partner: Come on. You wanted to a minute ago. What happened? Why you trippin' now?

You: _____

Your Partner: _____

You: _____

Your Partner: _____

You: _____

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why
☐ Use an alternative action ☐ Use delay tactics

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Are You Feeling It?

Directions: Read the situation. Write the lines for you and your partner below. Be sure to use the "Pst" steps, alternative actions and delay tactics when writing the "you" lines.

Setting the Stage

You and your partner have been going out for 2 weeks. After school, you went to your partner's house. No parents were home. You began to make out. Your partner started feeling on you.

You: I'm not feeling this. This isn't cool for me!

Your Partner: Why not. I thought you wanted me. This is what we are here for!

You: _____

Your Partner: _____

You: _____

Your Partner: _____

You: _____

"PST" ☐ Pick your limit ☐ Say it strong ☐ Tell why
☐ Use an alternative action ☐ Use delay tactics

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Using My Skills

Alternative Actions

- Suggest an action that gets you out of the situation.
- Suggest an action that is positive, fun and realistic.

Write 2 alternative actions you would be OK using if you needed to.

1. _____

2. _____

Delay Tactics

- Say or do something that cools down the situation or breaks the mood.
- Say or do something that gives you more time to think.

Write 2 delay tactics you would be OK using if you needed to.

1. _____

2. _____

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Remy and Phoenix: Warning Signs

Directions: Review the story with your partner. Highlight the clues or warning signs in the story for Remy and Phoenix.

Remy is in high school. It's Saturday and Remy's Nana thinks Remy is doing homework at a friend's house that night, but Remy and the friend went to a party instead. When they got there, the house was a little dark and there were no parents. Music was playing and some people were dancing. There was a bar set up near the kitchen and others were sipping alcohol. Some kids were hooking up in the rooms.

Remy's friend went off to talk to some other people. Remy was feeling uncomfortable without the friend, and decided to have a few drinks. Just when Remy was wishing someone would come over and talk, Phoenix, someone Remy had seen at school, came over.

Phoenix and a few friends had been drinking. Phoenix's friends were talking about getting down tonight. Phoenix joined in the talk, but didn't mean it. Sex had really messed up a relationship in the past, so Phoenix had made a private decision not to have sex again, at least for a few years. Phoenix didn't know many people at the party, so was happy to see Remy. Phoenix got a drink and offered another one to Remy. Remy wasn't sure about drinking more, but took the drink anyway.

Phoenix asked Remy to dance and they started feeling good. Phoenix saw some friends watching and wanted to impress them. So Phoenix started to rub on Remy in ways that felt kind of good, but also were a little uncomfortable.

The touching felt good to Remy too, but, like Phoenix, Remy felt a little uncomfortable and wasn't sure touching in that way was OK. But Remy decided that Phoenix was cool and let the touching keep going. Both Phoenix and Remy were feeling odd because everybody was watching. They were also feeling the alcohol and it was hard to think clearly.

Soon their friends were signaling for them to go to a room, so Phoenix suggested the idea to Remy. Remy wasn't sure whether it was a good idea, but liked Phoenix and didn't want to deal with their friends' responses, so they went.

Remy took Phoenix's hand and started to go down the hallway. They turned the knob on one of the doors. Someone yelled "Hey!" "Ooops—Sorry!" they said, laughing nervously. "Wrong door!" They tried the next one a little more carefully. It was empty. Remy and Phoenix went into the bedroom. Soon they were lying on the bed, kissing and messing around. They didn't really talk about having sex. It just happened. After they did it, Remy and Phoenix found their friends and went home.

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What's in a Relationship?

All relationships go through cycles. People who feel love and affection for each other can also experience irritation or even dislike. Every relationship has both positive and damaging elements.

So what makes a relationship healthy or unhealthy?

- In a healthy relationship, positive elements are always there in some way—even when people disagree or are angry with each other.
- In an unhealthy relationship, damaging elements take over, making both people unhappy.

Positive Elements	Damaging Elements
Self-esteem—each person has a feeling of self-worth.	Jealousy—one person is fearful of losing the other person's affection.
Responsibility for self—each person is responsible for thoughts, feelings, and actions.	Over dependency—one person relies on the other person to fulfill all needs.
Flexibility—each person allows for and accepts changes within relationship.	Selfishness—one person has little or no concern for the other person in relationship.
Trust—each person has confidence in the other person's honesty and reliability.	Control—one person tries to have power over the other person's behavior or makes all of the decisions.
Honesty—each person reveals who he/she is, both strengths and weaknesses. They don't hide or pretend.	Emotional, physical, or sexual abuse—one person harms or threatens to harm the other person. Attack of a person's feelings, personality, character, ability, or dignity is also abusive.
Communication—each person exchanges information, thoughts, & feelings. Communication is needed for intimacy.	

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Activity Sheet 9.3b

How's My Relationship?

Directions: Think about a friend, or a romantic partner. Read each statement and highlight the response that best describes your feelings or behaviors.

1. I feel my friend/partner understands me.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
2. I can speak freely with my friend/partner about things I like and things that bother me.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
3. I care about my friend's/partner's needs and concerns and my friend/partner cares about mine.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
4. I maintain my own interests.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
5. I have other important friendships in my life.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
6. I believe I am a worthwhile person outside this relationship.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
7. Our relationship is physically safe. We don't physically hurt or threaten each other.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
8. Our relationship is emotionally healthy.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
9. Our relationship is supported by others.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
10. We support each other's friendships.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
11. I can be myself around my friend/partner.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
12. I feel comfortable sharing my feelings in my relationship.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
13. My friend/partner does what is best for me and the relationship.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
14. I feel good about myself and the relationship.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**
15. Most of the decisions in our relationship are made together.	**Almost Always**	**Sometimes**	**Almost Never**	**Almost Never**

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A New Look At My Relationship

Directions: Think again about your relationship with your friend or partner. Using what you've learned in class and from the How's My Relationship? sheet, complete the following statements.

1. The **healthy** elements of my relationship:

2. The **unhealthy** elements of my relationship:

3. We can **improve** our relationship by:

4. One thing I **learned** from this activity:

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Call or Visit a Clinic

Directions: Pick a local clinic from the list you got in class. Call to find out what services the clinic offers, how much it costs, and what type of confidentiality policy they have. You can visit the clinic instead of calling if you want to. Once you call, please fill in the information below and bring it back to class. You can share what you learned during Lesson 14.

Name of clinic: _____

Clinic address: _____

Clinic phone and hours: _____

Check the services available at this clinic:

☐ STD testing ☐ HIV testing ☐ Pregnancy testing ☐ Contraceptive services

☐ STD treatment ☐ Other services: _____

How much does a routine exam or consultation cost? _____

What is the clinic policy about confidentiality? _____

How comfortable did you feel calling or visiting this clinic?

☐ Uncomfortable ☐ Somewhat comfortable ☐ Very comfortable

What made it uncomfortable or comfortable? _____

Would you tell other young people your age to visit this clinic if they needed information or services? ☐ Yes ☐ No. Why or why not?

Thank You!

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Ending Relationships

Relationships of all kinds can come to an end for many different reasons. Sometimes, both people agree that a close friendship or relationship isn't right for them anymore. More often, only one of the people decides the relationship is no longer a good choice.

Signs of Trouble

Warning signs that a relationship may be in trouble include:

- **Change in communication.** One person doesn't listen or pay attention. This can make the other person feel unappreciated or undesirable.
- **Increase in unresolved conflicts.** When misunderstandings aren't resolved, resentment can build. Eventually, one or both people become angry or frustrated.
- **Change in the amount and quality of time spent together.** Sometimes this is normal—for example, when one person is particularly busy. A sign of trouble would be if one or both people seek the company of others to avoid the relationship.

Signs of Emotional or Physical Abuse

Abuse of any kind is serious and should not be tolerated.

It's a warning sign of abuse if your partner or friend:

- **Always has to "win"** an argument and doesn't respect your views when you disagree.
- **Is threatened** by your accomplishments.
- **Discourages you from having other friendships** and tries to isolate you from others.
- **Threatens violence** toward you or toward himself or herself to make you stay.
- **Hits,** pushes, slams you into things, throws things at you, or has violent outbursts toward you.
- **Becomes verbally or physically abusive** after drinking alcohol or using other drugs.
- **Forces or manipulates you into sexual activities** (kissing, touching, or any type of intercourse) against your wishes.

(continued)

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Ending Relationships *(continued)*

How to End It

Sometimes troubled relationships can be saved if both partners are committed to working on communication and change. At other times, a person realizes it's time to end a relationship.

If you decide you want to end a relationship, here are some guidelines:

- **Make the decision.** Be sure that ending the relationship is what you really want. You may want to talk out the decision with a friend or family member. Once you have decided, tell your friend or partner so he/she doesn't learn about it from someone else.
- **Be prepared to feel uncomfortable.** You may feel lonely and unhappy after a relationship ends, even if you're the one who wanted to end it. You may feel a sense of loss, grief or failure. You can work through this.
- **Choose a neutral place where you can talk in-person.** Tell your partner of your decision to end the relationship in a place where you can leave if you need to. Be prepared for feeling awkward and uncomfortable.
- **Explain your reasons using "I" statements.** Clearly state why you want to end the relationship. Use "I-statements" to avoid blaming your partner, like: "I don't feel supported in my school pathway now and I don't want to change that pathway" or "I found out you were seeing someone else. I can't be in a relationship with someone who is seeing someone else."
- **Mean it.** Be sure your body language and tone of voice match the message. Make the end final. Don't make future plans or promises as this may make it even harder on both of you. Remember that you'll probably experience the problems again, unless you and your partner are both committed to improving the destructive elements.

Coping with a Break-Up

- **Practice thought-stopping.** When a thought about the former partner or friend comes to mind, tell yourself, "Stop!" and think about something else. Practice whenever thoughts of the ex-partner or friend occur.
- **Think realistically.** See the relationship as it truly was, instead of idealizing your former partner or friend. Remember the problems in a realistic, honest way.
- **Build yourself up.** Focus on your positive traits and accomplishments. If you have negative thoughts about yourself, try thought stopping. Do things you enjoy and be around people who help you feel good about yourself.
- **Develop other relationships.** These can provide support. If the relationship with your former partner or friend made time with other friends scarce, reconnect with new and old friends now.
- **Look ahead.** Think about what you can learn from both the positive and negative elements of the relationship that has ended, and apply these lessons in your next relationship.

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Should It End? Case Study 1

Directions: Read the case study and answer the questions.

Jerome and JJ

Jerome and JJ have been together for a year. Jerome hopes to get a scholarship to an out-of-state university. JJ really enjoys sports and having a good time with friends. JJ studies enough to pass, but school isn't a big priority. JJ wants to get a job in town after graduation, to be near family and friends.

Lately, Jerome and JJ have been fighting. JJ thinks they should spend more time together and partying with friends and less time studying. Jerome can't understand why JJ doesn't apply to college too. JJ thinks they'll work things out, but some days Jerome doesn't call or answer the phone to avoid arguing.

One night, after another argument about school versus partying with friends, Jerome decides it's time to end the relationship.

Case Study 1: Questions

1. What signs show the relationship is in trouble?

2. What are Jerome's reasons for ending the relationship?

3. How should Jerome end the relationship? What should Jerome say? Where should Jerome end it?

4. What are healthy ways JJ can deal with the emotions of losing a partner? What should Jerome do if JJ keeps trying to get back together?

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Activity Sheet 10.3c

Should It End? Case Study 2

Directions: Read the case study and answer the questions.

Martina and David

Martina and David have been seeing each other for 2 years. Martina is still in high school. David is out of high school. They see each other mostly on weekends. Martina met David, a friend of her older brother, at a family event.

At first Martina had a great time with David. Lately, though, she's been feeling uncomfortable. He tells her that he's tired of hearing about high school and her friends, and sometimes he hints about getting married.

Martina has begun spending more time with a guy in her class. She thinks they have much more in common. Martina knows David cares about her, but she wants to spend time being a teenager while she still can. She also knows her parents would be happier if they were not seeing each other.

Martina doesn't want to hurt David's feelings, but she doesn't want to continue the relationship either.

Case Study 2: Questions

1. What signs show the relationship is in trouble?

2. What are Martina's reasons for ending the relationship?

3. How should Martina end the relationship? What should Martina say? Where should Martina end it?

4. What are healthy ways David can deal with the emotions of losing a partner? What advice would you give Martina if she sees David at future family events?

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Should It End? Case Study 3

Directions: Read the case study and answer the questions.

Cory and Max

When Cory and Max first started going together, Max said he wanted Cory all to himself. So Cory spent more and more time with him. After a while Cory's other friends stopped calling.

One day, Cory met someone else Cory knew from middle school and had a fun conversation. Max became very jealous. For weeks he accused Cory of secretly meeting someone else. Cory even caught him reading messages on her phone. One day Max screamed at Cory and punched the wall.

This scared Cory and she told Max they shouldn't see each other for a while. He became very upset and told her he couldn't live without her. He followed her everywhere and called her all the time. Finally, Cory agreed to get back together. But a few months later, there were more jealous accusations. Every time Cory tried to break up, Max would convince her they should stay together.

Finally, Cory has made up her mind to end the relationship for good. Max has become even more jealous and possessive. He watches her every move and is constantly accusing her. She knows this isn't healthy for either of them.

Case Study 3: Questions

1. What signs show the relationship is in trouble?

2. What are Cory's reasons for ending the relationship?

3. How should Cory end the relationship? What should Cory say? Where should Cory end it?

4. What are healthy ways Cory can deal with the emotions of ending a relationship? What advice would you give Max to help him in future relationships?

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Activity Sheet 10.3e

How Does It End?

Directions: Read the situation and then create a roleplay that indicates how the relationship might end. Be as realistic and believable as possible.

Situation

DJ and Kim have been dating for 3 months. They go out on weekends and several nights during the week.

A few times, Kim has made plans to spend time with other friends and hasn't included DJ. DJ felt hurt and shared these feelings with Kim.

Kim recently made plans to attend a concert with a few other people, without inviting DJ. Friends said they saw Kim messing around with someone else at the concert.

At this point, DJ has decided to end the relationship. Here is their conversation:

DJ: _____

Kim: _____

DJ: _____

Kim: _____

DJ: _____

Kim: _____

DJ: _____

Kim: _____

DJ: _____

Kim: _____

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What Do You Think? Part 1

Directions: Answer these questions based on what you think.

What are some things people can do to keep their friendships and other relationships healthy?

What are some ways teens can show they care about someone without having sex?

What are some of the things people should think about before deciding whether or not to have sexual intercourse?

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What Do You Think? Part 2

Explain to your parent (or another trusted adult) that you are discussing ways to prevent unplanned pregnancy and/or sexually transmitted diseases as part of your *All4You2!* class, and would like to talk about these questions. After you talk about each question, have your parent (or this other adult) sign below to show that you completed the assignment. You don't need to turn in your answers. Don't write the adult's answers on this sheet either.

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CONSEQUENCES OF TEEN PREGNANCY

by Omar Simmons

Rather you're a young man or a young lady
There's consequences to having a baby
Some are good, others are bad
It's more stressful than any struggles you've had
Especially if you're not ready or prepared
The pressure can be heavy so be aware
It's your choice to bring a baby boy
Or a baby girl into this crazy world
But my advice is to wait until you have a spouse
And both of you are sure and have no doubts
So be wise, analyze where you are in life
Before you decide if having one is right
Having one too soon can prove too much
It can feel like you're crowed and about bust
Having to work late, plus make a hot plate
While juggling jobs to pay for your own place
Not just for the females, but also the guys
You must be there not just supervise
Then disappear, acting like you don't care
But you do it's just your heart is full of fear
You're pulling in a couple checks
Still you're deep in debt
Payments are piling up, your child is crying
You weren't ready, now on the inside you're dying
So females mature before you say yes
And will the guys please do what's for the best
Then when you have a baby, prince or princess
You'll reach nothing less than pure success.

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How to Use a Condom

Do	Don't

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Condom Practice

- ☐ Check the condom package for expiration date and FDA approval for STD prevention.
- ☐ Open the condom package. Be careful not to tear the condom.
- ☐ Make sure the condom is right side out. Check by unrolling the condom a little over two fingers to see if the tip of the condom naturally sticks out.
- ☐ Pinch the tip of the condom between your thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation.
- ☐ Then unroll the condom over the index and middle finger of your other hand. Unroll the condom all the way down to the bottom of your fingers.

When Actually Using a Condom...

- ☐ *After ejaculation,* hold the condom around the base. Gently pull the penis out of the partner's body while it is still erect.
- ☐ Take the condom off carefully so the semen doesn't spill. Roll it off *starting at the base* of the penis.
- ☐ Dispose of the condom in the trash. *Never reuse* a condom.

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Excuses, Excuses

Directions: Write the top 5 excuses from the board in the boxes. Then come up with at least 1 response for each excuse. Practice reading the responses with your partner so you can share them with the class.

Excuses	Your Responses
1.	
2.	
3.	
4.	
5.	

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HIV Testing

An HIV test tells if a person has HIV.

How Is the Test Done?

Before the test, a counselor or health worker may explain the test and answer any questions. Counselors may also talk about HIV risks and help people plan to deal with either a positive or negative result.

During the test, a health worker takes a little blood from the person's arm or takes some cells from inside the cheek or gums with a cotton swab. The sample is sent to a lab for testing. Some clinics can test the sample on site.

The most common test is the HIV antibody test. It checks to see if the person's body has antibodies to HIV. Antibodies are proteins the body's immune system makes in response to an infection. If a person has HIV antibodies, it means the person has HIV.

A second type of HIV test looks for antigens. Antigens are the proteins that produce antibodies. They can be detected very soon after infection (1–3 weeks) by testing the blood. HIV antigen tests are more expensive and are not typically used for routine HIV testing. If a person has antigens for HIV, it means the person has HIV.

A PCR (polymerase chain reaction) test is used to test 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.

Getting the Results

It can take about 2 weeks to get the test results back. The person is asked to return to the test site to get the results. Many clinics offer a quick test. Results are available in 30 minutes. Positive results on the quick test must be tested again. Results of the second test take 2 weeks.

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HIV Testing *(continued)*

A counselor helps people understand what the results mean. If the results are negative, the counselor discusses ways to prevent HIV infection in the future. If the test is positive, the counselor helps people begin to deal with the medical and emotional issues associated with a positive test, and discusses how to keep from passing HIV to others.

Who Knows the Test Results?

Most test sites offer confidential testing. This means the test result will be told only to the person being tested. But the result also may be put in the person's medical file.

Some areas offer anonymous testing. This means the person gets a code name or number when taking the test. There is no way to link the person's name, address or social security number with the results. The person being tested is the only one who knows the results.

Teens can be tested without getting parents' permission, and test sites will not give the results to parents or other adults. Teens should call the test site beforehand to find out what the policies are.

Home Testing Kits

People can buy a home testing kit at a pharmacy or online. The person using the kit mails a small blood or saliva sample to a lab for testing, using a code name or number. Test results are given by telephone when the person calls and gives the code. Home testing kit results are anonymous.

Who Should Be Tested?

It's not who people are but what they do that puts them at risk. People are at risk for HIV and should be tested if:

- They've had vaginal, anal or oral sex with someone who has other partners.
- They've had sex without using a latex condom.
- They've shared needles or syringes to inject drugs or have had sex with someone who has.
- They've shared needles or other sharp objects for tattoos, piercing or for any other reason.

Testing is important because the sooner people find out they have HIV, the earlier they can begin getting care and treatment.

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STD Testing

There are many different tests for sexually transmitted disease (STD). The type of test used depends on the STD.

How Is the Test Done?

The most common ways to test for STD include:

- taking a sample of blood from the finger or arm
- taking a urine sample
- taking a sample of fluid from the penis, vagina, throat or anus and examining it under the microscope or growing it in a culture in the laboratory

Some STD can be diagnosed during an exam by a doctor or health worker. For example, if a person had herpes, a doctor might be able to tell just by looking at the sores. But the doctor still might do a test to be sure.

Getting the Results

It takes anywhere from a day to 2 weeks to get test results. It depends on the type of STD being tested for, and where the tests were done.

Some clinics call only if the test results are positive. People are told that if they don't hear from the clinic in a certain period of time, they can assume their results are negative. But it's a good idea for the person to follow up and call the clinic to be sure. Any person going for testing should ask how the clinic tells people about the results.

Who Knows the Test Results?

Clinics usually arrange to get test results to a person confidentially, so no one else can learn the results. Sometimes the person will be asked to come back to the clinic.

Teens can be tested without getting parents' permission, and clinics will not give the results to parents or other adults. Teens should call the clinic beforehand to find out what the policies are.

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STD Testing *(continued)*

Who Should Be Tested?

Anyone who has signs or symptoms of an STD, or who has a partner who has signs or symptoms, should be tested. These are some of the most common symptoms:

- sores, bumps, blisters or rashes in the genital area
- pain or burning when urinating (using the bathroom)
- unusual discharge from the penis or vagina

Some STDs, such as gonorrhea or chlamydia, don't always cause symptoms, so people may be infected and not know it.

People should also get tested for STD if:

- They have more than one sex partner.
- Their partner has other sex partners.
- They've had sex without using condoms outside of a long-term, monogamous relationship.
- They're planning to have sex with a new partner.
- They think they might be at risk for any reason.

If a person tests positive for an STD, his or her partner(s) should be tested too, and treated, if needed.

It can be difficult to tell a partner about an STD diagnosis, but it's important. A partner who doesn't know he or she has been exposed can get sick or pass the STD to someone else.

People who don't want to tell their partners themselves can ask the doctor's office or clinic to notify their partners. Sometimes counselors who work at a city or county public health office will interview people who test positive for STD and get the names of their sexual contacts, so they can notify these people that they may have been exposed to an STD and refer them for testing and treatment. This helps control the spread of STD.

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Pregnancy Testing

Women who think they're pregnant can either go to a family doctor or clinic to be tested, or use a home pregnancy test.

How Is the Test Done?

Pregnancy tests check for the pregnancy hormone, called HCG (human chorionic gonadotropin) to see if a woman is pregnant. The tests used by health workers are either urine or blood tests. Home pregnancy tests are urine tests.

Getting the Results

With a urine test at a clinic or doctor's office, results are provided a few minutes after the test. If a blood test is used, it may take several days to get the results. Some clinics may ask the woman to return to the clinic. Other clinics may call with results, or have the woman call the clinic to get the results. Women going for testing should ask how the clinic tells people about the results.

Home pregnancy tests can be bought at drugstores or online. There are many different brands. A person can buy a test without a prescription. Home pregnancy tests are easy to use, but it's very important to read and follow the directions exactly. If home tests are not used properly, the results may not be correct. Results from most home pregnancy tests are ready within a few minutes after the test.

Who Knows the Test Results?

If the results are not given immediately, clinics usually arrange for a way to get the results to the woman confidentially, so no one else will know the results.

In most states, teens can be tested without getting parents' permission, and clinics will not give the results to parents or other adults. Teens should call the clinic beforehand to find out what the policies are.

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Pregnancy Testing *(continued)*

Who Should Be Tested

A woman whose period is late or who misses a period should consider being tested for pregnancy. Some women may miss periods for other reasons (such as rapid weight loss or extreme stress). But it's better for a woman to know if she is pregnant as soon as possible, rather than waiting another month or assuming her period is late because of some other reason.

If a home test is used and shows a positive result, the woman should call her doctor or a clinic. Many doctors and clinics will want to do a blood test to be sure the home test results are correct. Women who are pregnant need to set up an appointment for their first prenatal visit. During the appointment the doctor will determine how far along the pregnancy is and discuss what to expect. The doctor or health worker will also look for possible risks for an abnormal pregnancy.

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Information about Testing

Circle which test you researched: **HIV** **STD** **Pregnancy**

- How is the test done?

- How long does it take to get the results back?

- How are people told about the results?

- Are teens' parents told about the test or the results?

- How does a person know when to be tested?

Answer this question after you talk about all 3 tests in your group.

- List 2 facts you found interesting about each of the other 2 tests:

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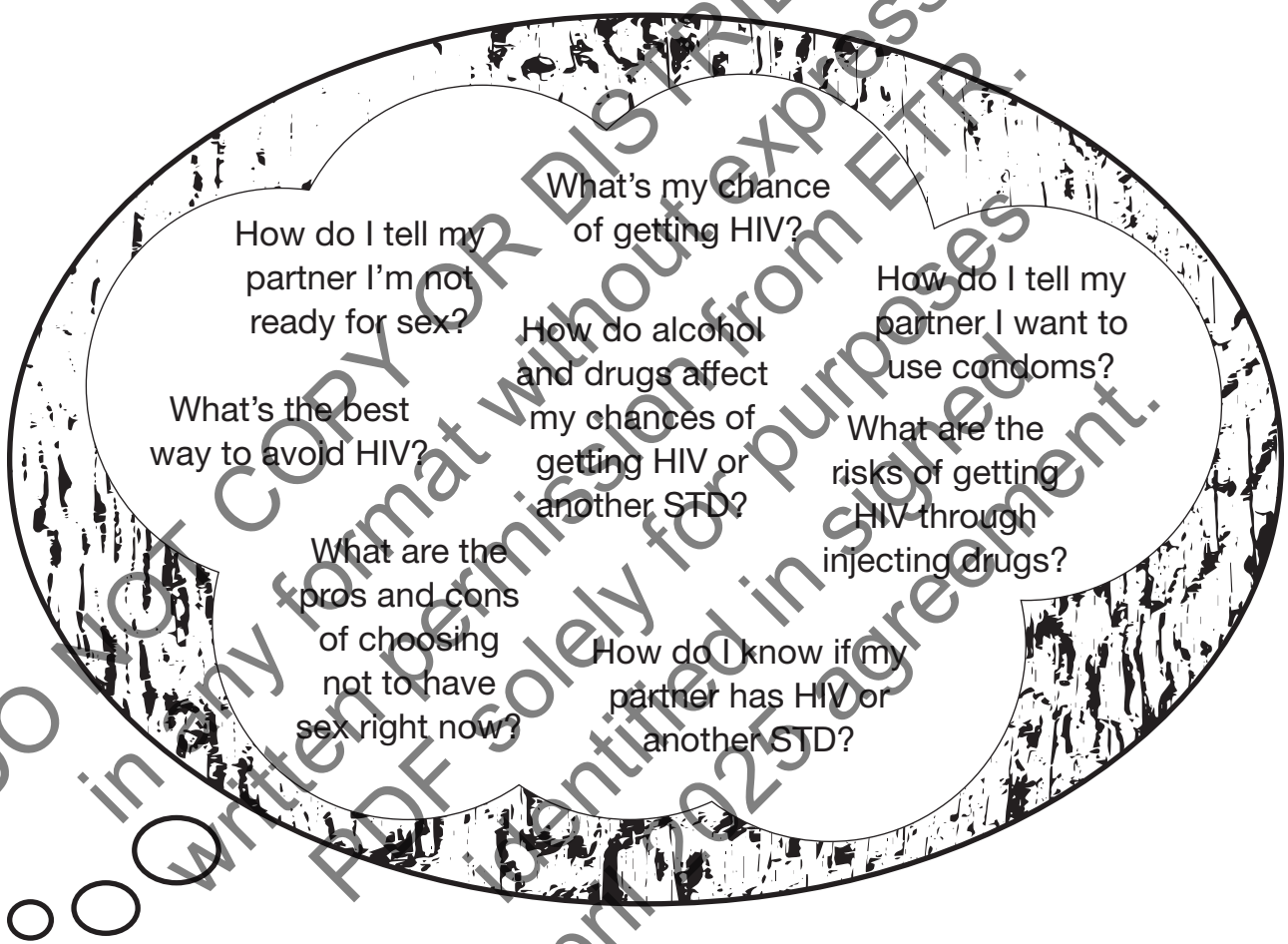
What Can You Use?

Directions: Think about the questions in the thought bubble, then answer the question below the bubble.



Think about all the things we talked about today. What changes can you make in your life ***right now*** that will help you protect yourself from HIV, other sexually transmitted diseases, and unplanned pregnancy?

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Introduction

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STIs. 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 STIs.
- 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!***

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curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STIs, 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, STIs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

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Overview of the Curriculum

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, 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 protection and contraception are mentioned as an important strategy for reducing the risk of HIV and other STIs, as well as pregnancy. Any reference to protection is meant to include the external (male) condom, internal (female) condom and dental dam. The use of the term protection *is meant to be inclusive of all people, regardless of their gender, sexual orientation or type of usage. The terms* birth control *or* contraception *may be used interchangeably, referring to methods used to prevent pregnancy.*

The ***Making Proud Choices!*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, 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 curriculum has 8 hours of content divided into eight 1-hour modules. It can be implemented in the 2-day format (four modules each day), 4-day format (two modules each day) or 8-day format (one module each day).

Curriculum Objectives

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

- Increased knowledge about prevention of HIV, other STIs 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.

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- Improved condom use skills.
- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STI 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 STIs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STIs 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: A Possible Outcome of Unprotected Sex: HIV Infection
- Module 3: Attitudes and Beliefs about HIV/AIDS and Condom Use
- Module 4: Strategies for Preventing HIV Infection: Stop, Think and Act
- Module 5: Possible Outcomes of Unprotected Sex: STIs
- Module 6: A Possible Outcome of Unprotected Sex: Pregnancy
- Module 7: Developing Condom Use and Negotiation Skills
- Module 8: Enhancing Refusal and Negotiation Skills

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 STIs, 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.

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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 video 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 participants 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.
- Videos are used to depict adolescents in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STIs, sexual involvement and HIV/STI prevention skills that are then discussed in a group setting. In addition to the videos provided with the curriculum, ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.
- The roleplay scenarios are designed to provide participants 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 participants' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the participants 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.

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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, video 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 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.

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CURRICULUM COMPONENTS AND FORMAT

Each module included in the ***Making Proud Choices!*** curriculum contains different activities. Reduced images of worksheets, 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 participants 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 participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include videos, 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 videos 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 participants' learning. All materials and exercises contained in the module are designed to help the participants to achieve these stated purposes.

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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.

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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 participants.

Student Workbooks

Student workbooks for participants include worksheets for individual and small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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 3, youth examine their attitudes and beliefs about condom use, and in Modules 7 and 8, 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 participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants' 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 participants' desires to maintain their partners' interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 7 and 8, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

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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 participants engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potential outcomes of unprotected sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that condoms can reduce the risk of pregnancy, HIV and other STIs. 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 7 and 8, participants learn negotiation and refusal skills necessary to communicate with their partners about condom use.

Personal Vulnerability to HIV/STI 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 STIs could really happen to them. One goal of ***Making Proud Choices!***, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STI infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2, 5 and 6.

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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 infections 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 participants 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.

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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 participants completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 participants, 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.

Since the original evaluation study, newer editions of the curriculum have been published. Updates to factual information are made to ensure medical accuracy and changes to language help keep the program activities relevant to a new generation and broader range of youth.

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BEHAVIORAL FINDINGS

The participants 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 participants 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 STIs; 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.

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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 participants, 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 participants to bring up additions/deletions as the need arises.
- Let participants know that everyone is responsible for following and determining the group agreements.

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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 participants' 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 participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

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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

Participants 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. Participants 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 and other STIs

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?

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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.
- Participants 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.

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STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants 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 participants work hard to prove their points. Because games can promote competition, remind participants 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 Video or Game

The practice of processing after an activity allows participants 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 open-ended questions designed to elicit discussion.

  General Reactions

  » What did you think of the video?

  » What is your response to the activity?

  » How do you think Pat felt when…?

- Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

  Personal Reactions

  » How did you feel about…?

  » Describe what you saw.

  » What will you do as a result of…?

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Sentence Stems

» Ask each participant to complete a phrase such as, "The most important thing I learned was…." Move quickly around the room. Give participants 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 participants develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign participants 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 participants 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.

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

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants 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 participants to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

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- 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 participants a choice on whether or not to participate.
- Encourage participants to improvise during roleplays to make them more their own.
- Reinforce participants for using the specific skill.
- Give participants a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach participants 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 participants 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."

STRATEGY 7: Student Workbooks

Student workbooks for participants include quiz questions, worksheets for small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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, videos 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 STIs, 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.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Making Proud Choices* page of ETR's Program Success Center at www.etr.org/ebi/programs/making-proud-choices. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR's Design4Learning page at www.etr.org/design-4-learning.

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.

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Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each participant)
Markers
Masking tape
Garbage bag
Monitor and device for showing videos, or internet access if using alternative videos
Condoms (one per participant or pair plus demonstration condoms)
Water-based lubricant
Condom demonstrator(s)
Small paper bag
Roll of paper towels
Chart paper
Index cards (1 labeled with a star, 1 labeled with a triangle, 1 labeled with a rectangle, 3–5 labeled with a circle for a group of 6–8)

Pre-Labeled Chart Paper

Group Agreements
Why Some Teens Have Sex
Possible Outcomes of Unprotected Sex
Proud and Responsible Prevention Strategies
Goals (written on left side of chart paper)
Making Proud Choices! Be Proud! Be Responsible!
The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and *Koko*
How STI Are Transmitted
Reasons to Avoid STIs
Contraceptives
Ways to Make Condom Use Easy and More Fun (for high school youth)
Ways to Make Condom Use Easy (for middle school youth)
Pros
Cons
Excuses Sexual Partners Give

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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
STI
Steps for Using a Condom
Agree/Disagree signs
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)

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: Kayla and Mia
Roleplay D: Devon and Jadon
Roleplay E: Alex and Casey
Observer Checklist

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Videos*

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

*ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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Background Reading

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Making Proud Choices!

FIFTH EDITION

CURRICULUM

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MODULE 1

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

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants 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 possible outcomes of sex, and strategies for reducing possible negative outcomes.
- 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 participants 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.

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STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Welcome Activity
- Goals and Dreams Timeline Exercise
- Group Discussion

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* worksheet in the student workbook

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled chart paper:
  - » *Group Agreements*
  - » *Why Some Teens Have Sex*
  - » *Possible Outcomes of Unprotected Sex*
  - » *Proud and Responsible Prevention Strategies*
  - » *Goals*
  - » *Making Proud Choices! Be Proud! Be Responsible!*

PREPARATION NEEDED

1. Before the program begins, label all of the charts as listed under Materials.
2. Hang the pre-labeled 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: 60 minutes

ACTIVITY	MINUTES NEEDED
A. Welcome and Program Overview	5
B. Welcome Activity	10
C. Creating Group Agreements	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm	5
E. Brainstorming About Teens and Sex	10
F. Goals and Dreams Timeline	15
G. Brainstorming Obstacles or Detours Along Your Timeline	10

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ACTIVITY A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Welcome the participants 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 unintended pregnancy and sexually transmitted infections—STIs, sometimes called STDs—including HIV, the virus that causes AIDS.
>
> This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STIs. 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 STIs, including HIV.
>
> Although STIs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STI. Anyone can get an STI, including HIV, from having unprotected sexual intercourse with a partner who is infected.
>
> Unintended 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)*

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If you're going to have sexual intercourse, it's critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let's clarify the terms we will be using. When we speak of ***protection***, we will be referring to *condoms* and *dental dams*. When we say ***condoms***, we will be referring to *external condoms* and *internal condoms*. External condoms are also known as male condoms. Internal condoms are also called female condoms.

Do you think teens should be worried about unintended pregnancy, HIV and other STIs?

3. Pause to allow participants 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 STIs.

To make the program interesting and fun, it includes videos, 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 participants 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.

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ACTIVITY B

WELCOME ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

The Welcome Activity encourages participants 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 participants sit in a circle.

FACILITATOR'S NOTE

If you know your participants and they already know each other this is an optional activity. An icebreaker that encourages group cohesion can be used in its place.

Sitting in a circle facing each other can build group cohesion. Have the participants sit on the floor, have them move their chairs close to each other, or set aside a special area of the room to accomplish this. Adapt this activity to accommodate group dynamics and environment. If creating a circle is not feasible, have the speaker toss a soft toy to the next speaker to encourage engagement.

2. Explain the Welcome Activity by saying,

> "Let's introduce ourselves and get to know a little about each other.
>
> 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. I will speak first and when it is your turn please share your name, your age, the school you attend, your pronouns if you want to share, and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.

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3. **Model the Welcome Activity by beginning with yourself,**

> My name is _____ and I am _____.
> *(age)*
>
> I attend(ed) _____.
> *(high school, college or university)*
>
> 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 Welcome Activity 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.

FACILITATOR'S NOTE

Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus "outing" themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting 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 _____.

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ACTIVITY C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants 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 chart paper:
  - *Group Agreements*
- Markers
- Masking tape

TIME

5 minutes

PROCEDURE

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

> We're going to be talking about sexuality, pregnancy and STIs—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 participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the chart paper titled *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)*

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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.

Move up, move back: If you tend to talk a lot in groups, talk less (move back) sometimes so others can talk. If you tend to be very quiet, share more (move 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

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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.

Young people may express themselves in ways that don't conform with their biological sex. There are many ways that youth can express their gender identity.

Being open to diversity can help reduce stereotyping, which can be very harmful to a young person. Stereotyping individuals imposes restrictions on their opportunities for individual expression and limits personal growth.

Besides, 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 participants do not mention them:

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

4. **Define terms related to diversity as needed.**

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

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Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as ***(cisgender)*** or different from ***(transgender)*** the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

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.

5. Ask participants if they have any other suggestions they would like to add.

6. 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.

7. 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.

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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 chart paper:
  - *Making Proud Choices! Be Proud! Be Responsible!*

TIME

5 minutes

PROCEDURE

1. Tape the *Making Proud Choices! Be Proud! Be Responsible!* chart paper 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 participants brainstorm answers to these questions. Record their answers on the chart paper or a dry erase board.

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.

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» 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 STIs and unintended pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using protection such as an external or internal condom or dental dam.

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 STIs and unintended 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 STIs

» Have a healthier body

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» Stay in school

» Feel like you are helping your loved ones and your community

Always use protection 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 unintended pregnancy and STIs in your community.

FACILITATOR'S NOTE

Post the chart with participants' 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 participants to make proud choices.

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ACTIVITY E

BRAINSTORMING ABOUT TEENS AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

By exploring issues about teens and sex, participants 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 participants and helps the participants learn about the focus of the program.

MATERIALS

- Pre-labeled chart paper:
  - *Why Some Teens Have Sex*
  - *Possible Outcomes of Unprotected Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

TIME

10 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 chart paper (folded so that the titles are covered by the bottom half of the chart paper). Unfold the chart paper 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 chart paper titled *Why Some Teens Have Sex*, and then say,

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

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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, online or in the movies
- Forced
- To increase status in peer group
- Low self-esteem
- To prove masculinity/femininity

4. **Write all of the participants' comments on the chart paper.**

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 unintended pregnancy or STIs, they can face outcomes that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible outcomes of unprotected sex.

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7. **Unfold the next chart paper, *Possible Outcomes of Unprotected Sex*.**

8. **Then ask,**

> **What are some of the possible outcomes of unprotected sex?**

9. **Have participants brainstorm the possible outcomes of unprotected sex, and write all of their comments on the chart paper. (Be sure to include pregnancy, HIV and other STIs.)**

10. **Compliment the group on how much they know.**

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

> **What are some ways to prevent these possible negative outcomes?**

12. **Have participants brainstorm ways to prevent possible negative outcomes of unprotected sex.**

13. **Write all of the participants' comments on the chart paper. (Emphasize that protection—such as latex (or polyurethane/polyisoprene) condoms—can help prevent pregnancy and sexually transmitted infections, 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 may have sex. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for preventing those negative outcomes. 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.**

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ACTIVITY F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants 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* worksheet
- *Goals and Dreams Timeline* poster
- Pre-labeled chart paper:
  - *Goals* (Write Goals on the left side of chart paper)

TIME

15 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 things from your own life that you are proud of doing on the *Goals and Dreams Timeline* poster. Provide examples for each section. Be mindful that this activity may be challenging for some young people who may struggle to identify with the idea of setting future goals or even with reflecting on their own accomplishments, particularly in a group setting where the range will vary and young people may feel as if what they've done or want to do isn't "good enough." Listen for these insights and help youth recognize that their timelines will all differ based on things such as their experiences, interests and/or what brings them joy. When you model the activity include a range of accomplishments, taking care to highlight achievements beyond acquiring goods such as a car or house. This will help participants understand what you want them to do and encourage them to recognize their own varied accomplishments.

3. Have participants turn to the *Goals and Dreams Timeline* worksheet in their workbooks. Give the following instructions:

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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 or things you are proud of. This can be anything that's meaningful for you. For example, volunteering your time, playing for a sports team, getting certain grades, getting a job, learning something new, joining a club, winning a student election, getting a learner's permit, an artistic or musical performance, advocating for others, etc.

4. Give participants 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 thing you hope or want to make happen in this section. In 5 years, what do you hope to be proud of doing? You can write more than one thing if you like.

6. Give participants 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 thing you hope or want to make happen in the next 10 years. In 10 years, when you look back, what do you hope to be proud of doing?

You can write more than one thing if you like.

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

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9. **Then encourage each participant to share with the group one item from each section by going around the room and asking,**

> **Looking ahead 5 years, what goal do you want to achieve or thing do you hope to do? How about in 10 years?**

10. **Next say,**

> **I want you to now choose one of your goals or hopes and write it on the back of your timeline. Next to that item, write two things you must do to achieve it or make it happen.**

11. **While they are working on this, unfold the *Goals* chart paper. 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 or aspirations. Be prepared to provide a few examples, such as graduating from high school, going to college, getting trained in a skill, buying a car or getting a good job. Have participants share the goals they've chosen and the actions they must take to achieve them.**

12. **Write these goals on the left side of the *Goals* chart paper, leaving space on the right half for items in the next activity.**

13. **Compliment participants on their answers.**

14. **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.**

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FACILITATOR'S NOTE

Some youth may be struggling to meet basic needs such as food, shelter or safety. Others may have experienced a traumatic event. Validate all of their accomplishments and their hopes. Be careful not to minimize or praise any accomplishments or hopes in such a way that creates a hierarchy, as no goal is better or more important than another.

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ACTIVITY G

BRAINSTORMING OBSTACLES OR DETOURS ALONG YOUR TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' 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 chart paper:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

TIME

10 minutes

PROCEDURE

1. Refer to the *Goals* chart paper from the previous activity.

2. Write "Obstacles" on the right side of the chart paper.

3. Ask the participants to brainstorm things that might prevent them from achieving the goals and dreams they listed by saying,

> 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. They are like roadblocks or detours along the way. What obstacles can you think of that may get in the way of your goals?

Answers should include:

» Unintended pregnancy or an uncurable STI such as HIV

4. Write their responses under "Obstacles or Detours" on the right side of the *Goals* chart paper with a different color marker.

5. Say,

> If you've already encountered any of these obstacles or detours, you understand how your life can change. Things can work out just fine but it may be harder.

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6. **Ask the following questions,**

> • **How can we avoid some of these obstacles or detours?**
>
> • **What can you do to make sure you don't get pregnant, get someone pregnant or get a chronic disease such as HIV?**

7. **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 if they would like to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.**

8. **Summarize by saying,**

> **I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles and navigate detours so you can reach your goals. If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky, or reducing your risk by using protection and effective birth control or engaging is less-risky behaviors.**
>
> **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.**

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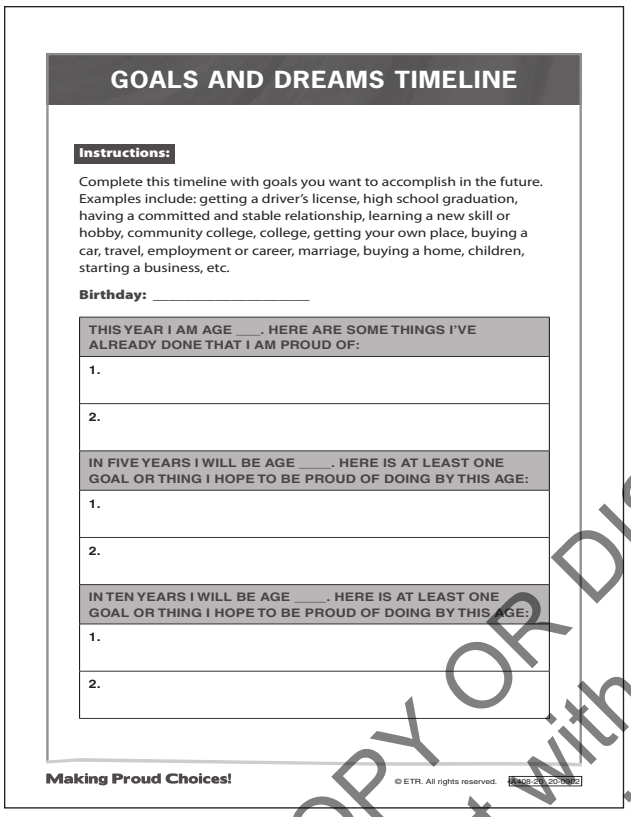

GOALS AND DREAMS TIMELINE

Instructions:

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

Birthday: _____

THIS YEAR I AM AGE ___. HERE ARE SOME THINGS I'VE ALREADY DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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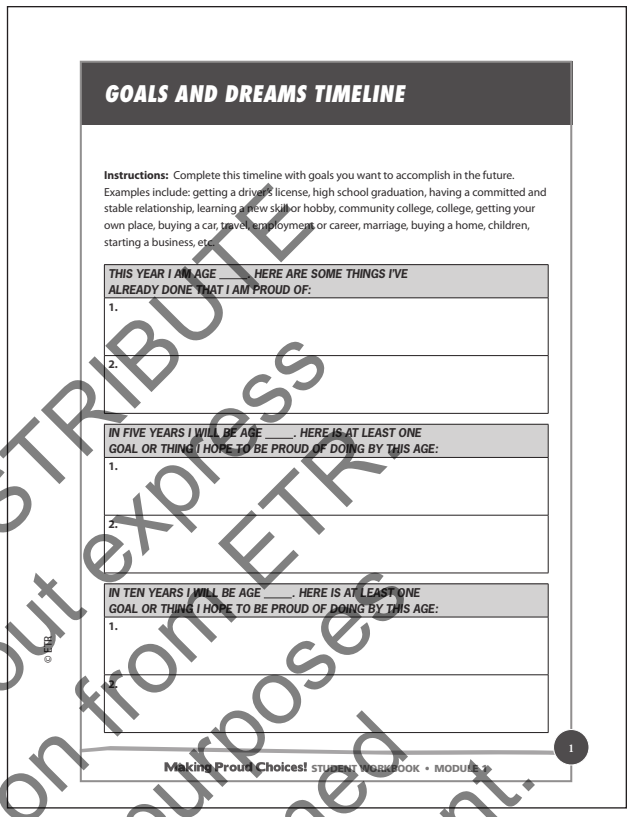
Poster



GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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Making Proud Choices! STUDENT WORKBOOK • MODULE 1 1

Worksheet

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MODULE 2

A POSSIBLE OUTCOME OF UNPROTECTED SEX: HIV INFECTION

GOALS

The goal of this module is to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish facts from falsehoods 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 second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; (2) provides opportunities for participants to develop skills in giving correct information on HIV/AIDS to friends; and (3) helps participants identify various behaviors that place them at risk for HIV infection.

STRATEGIES/METHODS

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

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *HIV/AIDS Frame* poster
- *Key Words* poster
- Video: The Subject Is HIV (or alternative videos*)
- *True or False: HIV Statements* (included in module)
- *Risk Continuum* signs
- *Risk Behavior* cards

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Chart paper
- Markers
- Masking tape

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the *True or False: HIV Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. Discussing HIV and AIDS	**10**
B. *The Subject Is HIV* Video and Discussion*	**25**
C. True or False: HIV	**10**
D. HIV Risk Continuum	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

DISCUSSING HIV AND AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

Learning basic information about HIV and AIDS will provide participants 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 participants' 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 participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

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 very low.
- **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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* Centers for Disease Control and Prevention. 2019. HIV basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.

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(continued)

What common body fluids can transmit HIV?

HIV is found in the blood, semen, vaginal fluids and rectal fluids (the mucus that lines the rectum to help with elimination of waste) 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, 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 vaginal or anal 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 or anal sex.** Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse. People who are allergic to latex can use polyurethane or polyisoprene condoms. Protection includes external or internal condoms and dental dams.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors. Be sure any sex partner has been tested before having sex. Discuss ways that you can reduce your risks together such as using condoms, taking PrEP, or regular testing.
- **Get tested for HIV.** The only way to know your HIV status is to get tested. The only way for your partner to know their HIV status is for them to get tested.
- **Take medication, if needed.** If you are having sex or sharing needles with someone who is living with HIV, talk to a medical provider about taking pre-exposure prophylaxis (PrEP). If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct participants' 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 participants to try to answer them. Supplement their answers with the information below each question.

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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 be living with 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.

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 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.

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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.

Common Tests for HIV Available at a Clinic:

If you get a test in a health care setting or lab, a health care provider or lab technician will take your sample (blood or oral fluid). If it's a rapid test, you may get test results in 30 minutes or less, but if it is a laboratory test, it can take several days for your results to be available. Your health care provider or counselor may talk with you about your risk factors, and answer any questions you might have. They will discuss next steps with you if your result is positive.

Rapid tests are usually done with blood from a finger prick or with oral fluid, and the results are ready in 30 minutes or less.

Laboratory tests require a blood sample.

- If the test comes back negative, and you haven't had a possible exposure during the previous 3 months before the test you took, you can be confident you don't have HIV.
- If your test result is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

Common Tests for HIV Available Over the Counter:

Home Access requires a finger prick to collect a blood sample. The person sends the sample to a licensed laboratory and gets the results by phone as early as the next business day. This is an anonymous test. Anyone who tests positive is immediately offered a follow-up test, counseling and referral to treatment.

The OraQuick In-Home HIV Test provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit. A positive test needs a follow-up test at the testing site, counseling and other referrals. HIV infection may show up later after exposure in an oral fluid test than a blood test, because the level of antibody in oral fluid is naturally lower.

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What is the window period?

The "window period" is the length of time between when a person first gets HIV and when a test can accurately detect it. This varies from person to person, and depends on the type of test done. During the window period, even before knowing about being infected, a person can transmit HIV to others. People getting tested at a clinic should ask their health care provider about the window period for the type of test they are taking. People testing at home should review the materials that come with the home test kit. If a test is taken within 3 months after possible exposure and the result is negative, the person should get tested again in another 3 months to be sure.

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 condoms?

A condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids or rectal fluids. Latex is a type of material used for external (male) condoms and is effective in preventing HIV transmission. People who are allergic to latex can use condoms made of polyurethane or polyisoprene. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Another form of protection is the internal (female) condom, which is made of nitrile and is safe for people with latex allergies. The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.

What is PrEP? What is PEP?

Pre-exposure prophylaxis (PrEP) is a medicine taken daily to reduce the risk of HIV infection. If someone is at very high risk for HIV, PrEP might be right for them. PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered for people who are not in a mutually monogamous relationship

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with a partner who recently tested HIV-negative, and if they are

- **A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months**
- **A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk of HIV infection (for example, people who use injection drugs or women who have bisexual male partners)**

Post-exposure prophylaxis (PEP) is an HIV medicine that can be taken after being potentially exposed to HIV to prevent becoming infected. If someone is HIV negative or doesn't know their HIV status and thinks they have recently been exposed to HIV during sex (for example, if a condom breaks), they should talk to their health care provider or an emergency room doctor about PEP right away (within 3 days). The sooner someone starts PEP, the better; every hour counts. If prescribed PEP, it is necessary to take it once or twice daily for 28 days.

What does U=U mean?

U=U means Undetectable = Untransmittable. If a person living with HIV has fewer than 200 copies of HIV per milliliter of blood, they are considered virally suppressed and the infection is undetectable on tests. Medications are used to suppress the virus so it becomes undetectable. People with undetectable viral loads cannot transmit the virus sexually to their partners.

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 lifespan. HIV is now considered a chronic disease. 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.

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.

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ACTIVITY B

THE SUBJECT IS HIV VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is HIV*, or alternative videos

PREPARATION

- Review the information about HIV in Appendix B.

TIME

25 minutes

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

PROCEDURE

FACILITATOR'S NOTE

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

1. Introduce the video by saying,

> This video you are going to see will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will talk about the video. 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 video, which is 18 minutes long.

3. At the end of the video, ask the participants 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).

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What was the message about condoms in the video?

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 young people 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 students in biology class?

Answer:

» It's important to talk with your partner about using protection.

» If a person respects themselves and their partner, they will use a condom.

» Not having sex is a good way to avoid pregnancy, HIV and other STIs.

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

You did a great job answering those questions and remembering the important messages in the video(s).

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(continued)

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 protection.

FACILITATOR'S NOTE

Some statistics have changed since the video was produced. In 2018, youth ages 13 to 24 accounted for an estimated 21% 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

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ACTIVITY C

TRUE OR FALSE: HIV

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about HIV provides an opportunity for learning the correct information about HIV/AIDS.

MATERIALS

- Markers
- Chart paper (for keeping score)
- Masking tape
- *True or False: HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

TIME

10 minutes

PROCEDURE

1. This activity reviews facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help participants understand the answers.

2. Introduce the *True or False* 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 "True" and "False" on the board or a sheet of chart paper.

4. Explain the activity,

> I am going to divide you into two teams. I will then read each team a statement and ask you whether it is true or false and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's true or false, 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 true or false.

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5. **Divide the group into two teams.**

6. **Go around to each team one at a time and read a statement from the *True or False: HIV Statements*.**

7. **Ask the first team to identify it as true or false and to state *WHY*.**

8. **Ask the second team if they agree. (If there is a disagreement, teach the right answer and explain why.)**

9. **If the second team agrees, but the answer is wrong, teach the right answer and explain why.**

10. **If the second team agrees and the answer is right, give the team the correct number of points.**

11. **Read the next statement to the second team.**

12. **The game is over when the statements are completed or time is up, whichever comes first.**

13. **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.**
>
> **Understanding that HIV can affect anyone helps people understand that they need to always protect themselves.**
>
> **You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.**

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TRUE OR FALSE: 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.**
   TRUE
2. **Having unprotected anal sex increases your chances of getting HIV.**
   TRUE
3. **You can tell by looking at people whether they have HIV.**
   FALSE
4. **HIV can be transmitted in blood, semen, vaginal fluids, and rectal fluids.**
   TRUE
5. **Having unprotected sex with someone who is living with HIV is one way of getting HIV.**
   TRUE
6. **If a person who is pregnant has HIV, there is a chance the baby can get it.**
   TRUE
7. **You have a bigger chance of getting HIV if you have sex with many people.**
   TRUE
8. **You can get HIV from using someone else's comb or hairbrush.**
   FALSE (NO CONTACT WITH BODY FLUIDS)
9. **Using protection during sex reduces the chance of getting a sexually transmitted infection, including HIV.**
   TRUE
10. **You can get HIV by sharing a needle with a drug user.**
    TRUE
11. **If you hug someone with HIV you can get it.**
    FALSE (NO CONTACT WITH BODY FLUIDS)
12. **Having an untreated STI can increase your chances of getting HIV.**
    TRUE
13. **AIDS is the stage of HIV in which your body cannot fight off diseases.**
    TRUE
14. **Having AIDS makes you more likely to get other diseases.**
    TRUE
15. **AIDS can be cured.**
    FALSE
16. **AIDS is caused by a virus.**
    TRUE (CALLED HIV)
17. **Anyone can get HIV.**
    TRUE (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)
18. **You can avoid getting HIV by exercising regularly.**
    FALSE
19. **You can take certain medications to reduce your risk of HIV.**
    TRUE
20. **Early treatment can help people with HIV stay healthy.**
    TRUE

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ACTIVITY D

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

15 minutes

PROCEDURE

1. Tape the *Risk Continuum* signs on the wall or blackboard like the diagram below.

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

2. Divide the group into pairs.

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 fluids 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 fluids or rectal fluids might create some risk of transmitting HIV.

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

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4. **Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the pairs.**

5. **Explain that "sex" in these questions means oral, anal and/or vaginal intercourse.**

6. **Ask each pair of participants to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.**

7. **After each answer, have participants 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 participants 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:**

> **Look at all the behaviors in the green light category. Notice all the things you can do to enjoy intimacy with your partner without putting yourself at risk for HIV. 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 STIs. 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.**

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RISK BEHAVIORS[1]

(*Note:* This guide reflects risk levels for HIV transmission only. There are some STIs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)

Vaginal sex without a condom ---------- Red Light

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 Light

Sharing eating utensils with someone who is living with HIV ---------- Green Light

Sharing needles and syringes ---------- Red Light

Anal sex with a condom and water-based lubricant[2] ---------- Yellow Light

Self-masturbation ---------- Green Light

Mutual masturbation ---------- Green Light

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) ---------- Green/Yellow Light

Anal sex without a condom[2] ---------- 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 is living with HIV ---------- Green Light

Flirting ---------- Green Light

Body rubbing/grinding (with clothes on/no exchange of body fluids) ------- Green Light

Hugging ---------- Green Light

Having sex with only one partner (monogamous) -------- Green/Yellow/Red Light

(Green if both have never had sex before. If one or both have had other partners, Yellow if they use condoms; Red if they don't use condoms.)

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water- or silicone-based lubrication can reduce their risk.[2]

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FACILITATOR'S NOTE

Other HIV prevention strategies include PrEP 2-1-1 and TasP.

- PrEP 2-1-1 dosing strategy has been shown to be 86% effective at preventing HIV transmission during anal sex (though less effective during vaginal sex). The PrEP 2-1-1 strategy involves taking 2 pills between 2 and 24 hours before sex and another pill within 24 hours after the first and the final pill 24 hours after that.[3]
- TasP or "Treatment as Prevention" means that people living with HIV who get treatment are less likely to transmit the infection. Reducing the amount of the virus in the body through treatment helps prevent transmission to others. An undetectable viral load means the virus is untransmittable (or U=U).[4]

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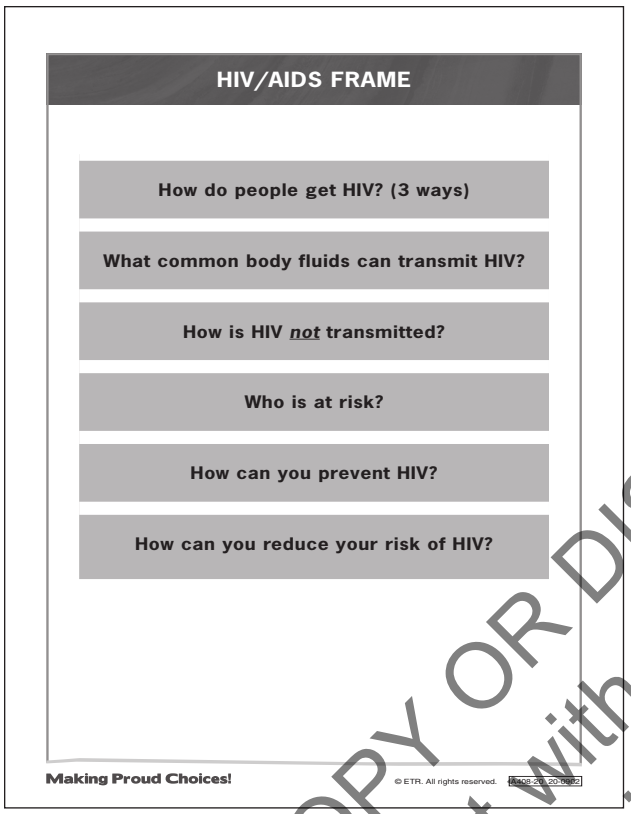
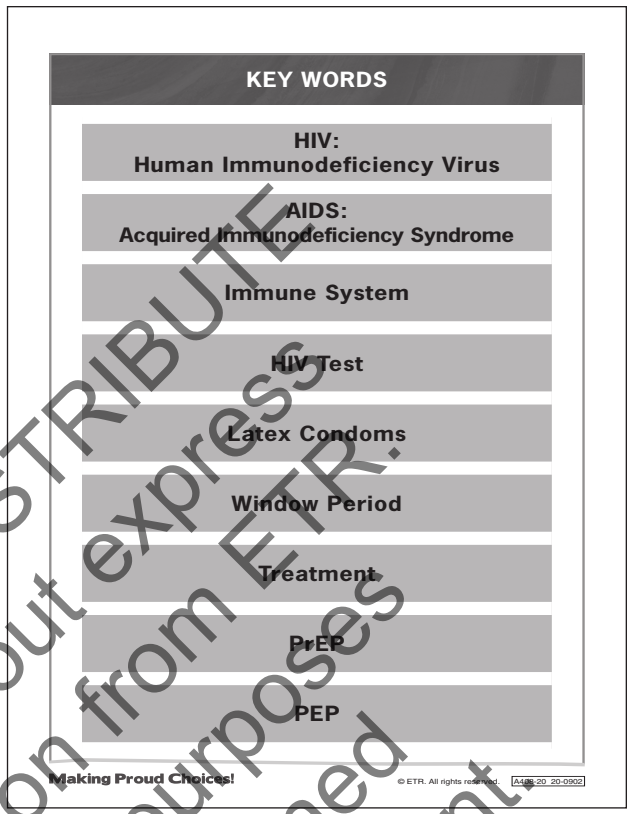


Poster



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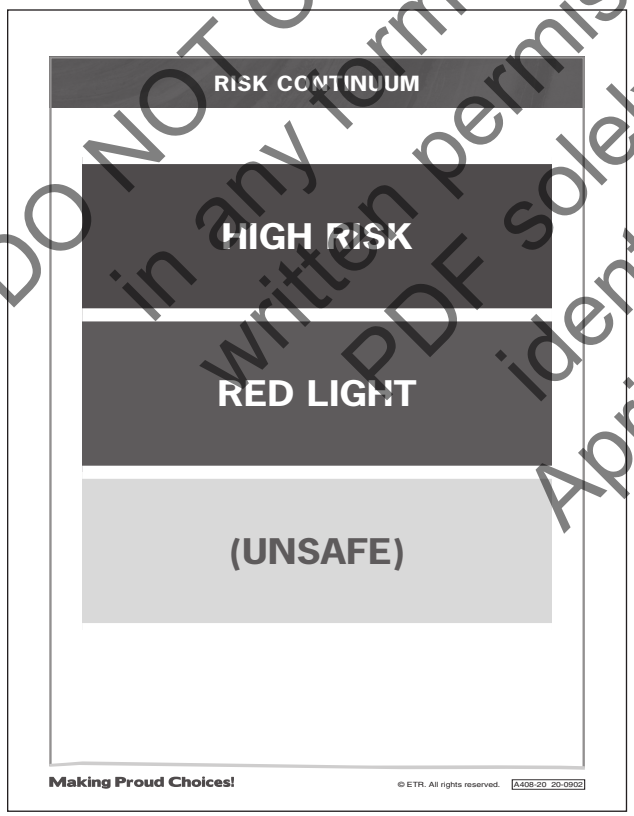
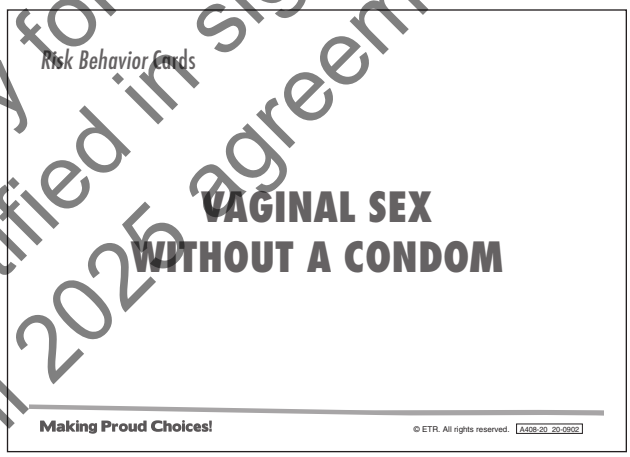


Posters (3 total)



Cards (24 total)

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MODULE 3

ATTITUDES ABOUT SEX, HIV AND CONDOM USE

GOALS

The goals of this module are to:

- Increase participants' 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, participants 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 third module: (1) informs participants about the transmission and prevention of HIV; and (2) helps participants advocate and give advice regarding HIV/AIDS and safer sex strategies.

STRATEGIES/METHODS

- Video Viewing
- Group Discussion
- Problem-Solving Exercises

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *The Hard Way* character cards
- *Calling Koko Caller* worksheets in the student workbooks
- Video: *The Hard Way* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Pre-labeled chart paper:
  - » *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Markers
- Masking tape
- Pencils
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. Set up the video(s) to be ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. *The Hard Way* Video and Discussion*	**40**
B. Calling Koko	**20**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

THE HARD WAY VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Hard Way*, or alternative videos
- Pre-labeled chart paper:
  - *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per participant)

TIME

40 minutes

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

PROCEDURE

1. Introduce the film.

> Sexually active young people are at risk for HIV infection. The video you are going to see is about young people. This video 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 chart paper (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 video, 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 video, 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.

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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6. **Begin the discussion by saying,**

> Let's talk about the characters in this video. 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. Notice the video refers to the use of birth control pills as "protection." While pills may protect against a pregnancy, they provide no protections against HIV and other STIs.
>
> 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?
>
> What could Renee and Miguel say to each other about their sexual health and desires to protect themselves from unintended pregnancy or STIs?
>
> 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,**

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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 video and our discussion? (Listen for these messages and reinforce if they are not shared: getting tested, talking about sexual health and protection, and using protection if having sex can help reduce the risk of HIV transmission.)

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. 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!

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ACTIVITY B

CALLING KOKO

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

20 minutes

PROCEDURE

FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 20 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants.

If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

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 participants into pairs or small groups.

3. Have participants turn to the *Calling Koko* worksheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)

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4. **Explain the following:**

> You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. **Give the pairs 5 minutes to discuss and write their advice.**

6. **Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice using the Main Points to Cover.**

7. **Using the following sample responses, discuss any points that participants do not come up with themselves.**

FACILITATOR'S NOTE

Sample responses are provided. Participants' answers do not have to match the sample 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 sample responses as a review before going on to the next caller.

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MAIN POINTS TO COVER

The surest protection is abstinence.

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

PrEP and PEP can reduce the risk of HIV transmission.

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?

– Charlie

Sample 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 or anal sex, the best way to reduce your risk of HIV is to use condoms. That includes external or male condoms made of latex, polyurethane or polyisoprene; or female or internal condoms. PrEP and PEP are medications that you can take to reduce your risk of HIV infection. PrEP is a pill you take every day to prevent HIV. PrEP may be a great option for someone who is in a relationship with someone living with HIV or for someone who is at high risk for HIV. PEP is a pill you can take for 28 days after having sex if you think you may have been exposed to HIV. 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.

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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 STIs.

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?

– Raymond

Sample Response to Caller 2

If you and your girlfriend have never had vaginal 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 always use protection even if you are only having sex with each other. 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 unintended pregnancy or getting an STI, including HIV.

Talk it over with your partner. You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.

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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 protection 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?

– Alex

Sample 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. Test kits are available over the counter at most drug stores. You can also go to a local HIV testing site such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person's body. Make an appointment to get tested and use condoms until you get the test results.

It sounds like your first time didn't go the way you had hoped it would. 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 STI. If you do decide to have sex, be proud and responsible and talk to your boyfriend about protection. Tell him it is important that you use condoms if you have sex. Let him know that you're concerned about 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.

I also want to make sure you feel supported. Please reach out to the wellness center or find a school club or group that supports and affirms you.

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MAIN POINTS TO COVER

Oral sex can transmit STIs, including HIV.

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

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

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 infections. Is oral sex safe? How do we protect ourselves from STDs?

– Carmello

Sample Response to Caller 4

Oral sex poses little to no risk of transmitting HIV. However, most STIs can be transmitted during oral sex. Untreated STIs can increase the risk of HIV transmission. This is why it is important to use protection for oral sex. For oral sex that involves putting the mouth to a vagina or an anus, use a dental dam. If you don't have a dental dam, you can cut a condom into a flat sheet. A penis should also be covered with a condom during oral sex.

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 infection. Using protection every time you have oral sex is the responsible thing to do. If you decide to have sexual intercourse, use an external (male) or internal (female) condom every time you have sex. And make sure you only use condoms that are made of latex, polyurethane, polyisoprene or nitrile.

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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! I'm scared to date! What should I do?

– Dana

Sample Response to Caller 5

I can understand your concerns about having sex. You can't look at people and tell whether or not they have an STI, such as HIV. 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. Talk to them about your concerns and how you plan to protect yourself. When you decide to have sex, be sure to use protection every time. By protection, I mean external or male condoms made of latex, polyurethane, or polyisoprene; internal or female condoms; or dental dams.

I am assuming your friend is getting treatment for HIV. Antiretroviral therapy, or ART, can help your friend live a long, healthy life. If she has a steady sexual partner who is HIV negative, ART could help reduce the chances of her transmitting HIV to her partner. Her partner can get on pre-exposure prophylaxis or PrEP treatment, which will reduce the risk of getting the virus.

People who think they may have been exposed to HIV should get treatment immediately. Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor's offices and HIV clinics. PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.

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MAIN POINTS TO COVER

People cannot give consent when they are drunk or high.

Get tested for pregnancy, STIs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making.

Use protection if you decide to have sex.

CALLER 6

Koko,

I'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Sample Response to Caller 6

This sounds like a tough situation. When people are drunk or high, they are more likely to have sex without using condoms, which increases their risk for STIs. Everybody has the right to say when they want or don't want to engage in sexual behaviors and to insist on using protection. When people are drunk or high they can't fully give consent to sexual activity. Please remember that someone doing something sexual to you while you are drunk or high means that technically you were not able to give consent, and so this may be a situation of sexual assault. Do not blame yourself. There are people in this world who seek out those who are too high or drunk to consent. If this person is known for having sex with people who are too drunk or high to consent, he likely isn't someone who has your best interests in mind. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

(continued)

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CALLER 6

Sample Response to Caller 6 *(continued)*

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 STIs. 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. EC is also available over the counter at most drug stores.

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).

Don't blame yourself. You deserve to have sexual partners who you feel comfortable communicating with, who respect what you want and don't want, and who will share the responsibility for using protection.

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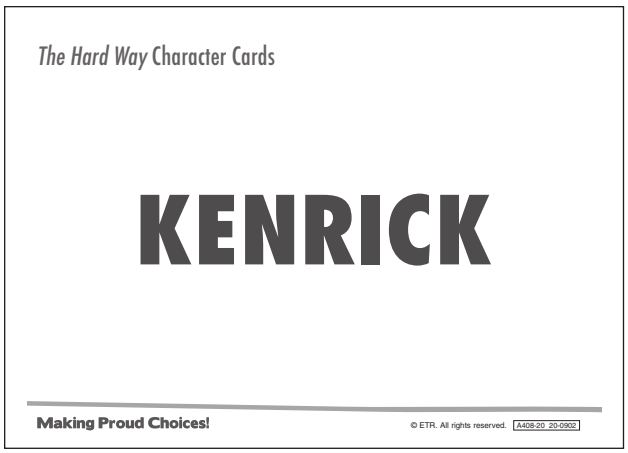
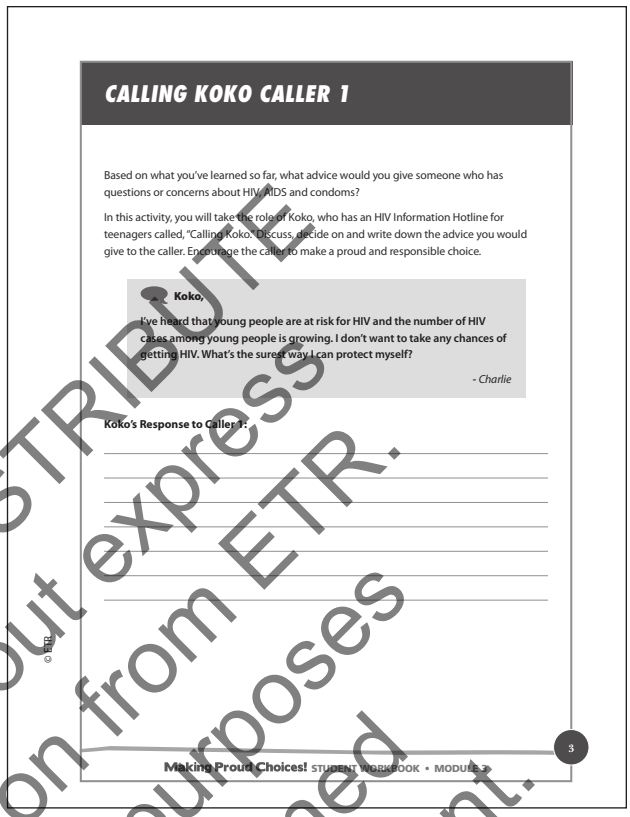


Cards (6 total)



Worksheets (6 total)

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MODULE 4

STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT

GOALS

The goals of this module are to:

- Introduce participants 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, participants will be able to:

- 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.
- Provide correct answers to review questions on HIV and AIDS.

MODULE PREVIEW

The fourth module: (1) encourages participants 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
- Video Viewing
- Game

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* worksheet in the student workbook
- HIV/AIDS Game Questions (included in module)
- Video: *Nicole's Choice* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Masking tape
- Pencils
- Markers
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the information about sexually transmitted infections in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. STOP, THINK and ACT: Introduction to Problem Solving	**5**
B. Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT	**15**
C. *Nicole's Choice* Video and Discussion*	**25**
D. The HIV/AIDS Game	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STOP, THINK and ACT* poster
- Masking tape

TIME

5 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 participants 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 participants provide a few answers.

Answers may include:

You may feel afraid, confused, angry or upset.

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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 participants 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 stick to the decisions I've made for my health and well-being?
> - 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.

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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.

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ACTIVITY B

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 participants' ability to use them.

MATERIALS

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

TIME

15 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,

> No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. 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. You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.

2. Divide the participants into pairs.

3. Have participants turn to the *Sean and Morgan Case Study* worksheet their workbooks.

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4. **Ask for a volunteer to read the case study and instructions to the group. Encourage the group 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 concerned about STIs 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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5. **Then say,**

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

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

7. After 8 minutes, even if most of the pairs have not finished, ask them to stop and begin discussing the case study. Ask one of the pairs 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 pair 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 pair 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 pair has given their responses, ask the other groups to comment and offer any different ideas for this section.

   Finally, ask a different pair 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 pair 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.

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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 STIs, 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.

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ACTIVITY C

NICOLE'S CHOICE VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *Nicole's Choice*, or alternative videos
- *STOP, THINK and ACT* poster

PREPARATION

- Review the information about STIs in Appendix B.

TIME

25 minutes

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

PROCEDURE

1. Introduce the video by saying,

> Now we will watch a video 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 video *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 participants 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?

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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 a clinic to be tested for an STI?

Can you get HIV the same way you get other STIs?

8. **Summarize as follows,**

Getting an STI may bring up a lot of emotions. Though young people ages 15-24 are diagnosed with half of all new STIs,* many STIs can be prevented by using protection or choosing not to have sex. Only you can decide to protect your future and your health. Use protection every time you have sex. And use the right kind of protection: external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams.

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* Centers for Disease Control and Prevention. 2019. STDs in adolescents and young adults - 2018 Sexually Transmitted Diseases Surveillance. https://www.cdc.gov/std/stats18/adolescents.htm. Accessed 6/22/2020.

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ACTIVITY D

THE HIV/AIDS GAME

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

- Chart paper
- Markers

TIME

15 minutes

PROCEDURE

1. Introduce the next activity by saying,

> We are going to play a game* that will review the information we've talked about regarding HIV and AIDS.

2. Divide the group into two 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 bonus question (a one-point question).
- If someone answers out of turn, the interrupter's team receives a bonus question. The other team then gets a chance to answer a bonus question.

* Adapted from "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.

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4. **Keep score (or ask a participant to keep score) on the board or on chart paper.**

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 bonus question, use the bonus questions in the game for one point each. You may be able to create other situations that result in bonus question 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.**

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HIV/AIDS 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 diseases called opportunistic infections.

5. **Name three of the body fluids through which HIV is transmitted?**
   - Semen, vaginal fluids, 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). HIV is easily passed through oral sex.**

10. **(True) or False. Anal sex without a condom increases your chances of getting HIV.**

11. **True or (False). There is now a cure for AIDS.**

12. **(True) or False. If you think you were exposed to HIV, you can get Post-Exposure Prophylaxis (PEP) within 72 hours to avoid getting the virus.**

* See Appendix B for additional information on HIV and sources.

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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 by using condoms or taking PrEP which reduces risk of HIV transmission but not other STIs
- Engaging in low-risk activities such as kissing
- Not sharing needles or works
- Getting tested regularly
- Talking with your partners about HIV and making sure they get tested too

15. What does U=U mean?

- U=U stands for Undetectable equals Untransmittable. That means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. If there is an undetectable amount of HIV in their blood, the virus cannot be transmitted to others.

16. Name three ways HIV is passed.

- During unprotected vaginal or anal sex (sex without a condom)
- By sharing needles and syringes
- From an infected mother to the fetus or newborn child

17. Name two types of sexual practices in which HIV can be passed.

- Anal sex
- Vaginal sex

18. Name two high-risk behaviors.

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

19. (True) or False. Using water-based lube and condoms when you have vaginal or anal sex lowers the chance of getting HIV.

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

21. 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

BONUS QUESTIONS (ONE POINT)

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

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

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

24. (True) or False. Limiting the number of sexual partners a person has is one way of reducing the risk of HIV.

25. 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.

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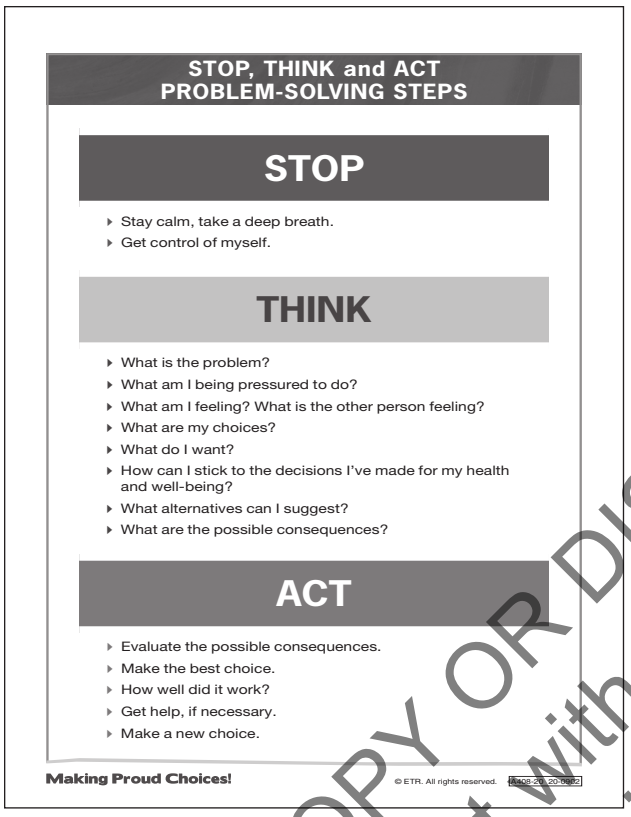

STOP, THINK and ACT
PROBLEM-SOLVING STEPS

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 stick to the decisions I've made for my health and well-being?
- 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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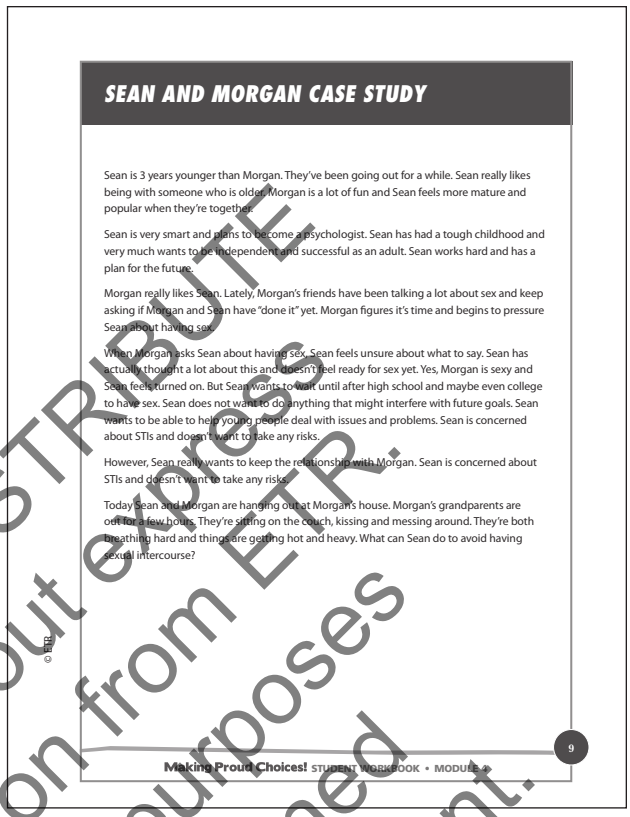
Poster



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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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 • MODULE 4 9

Worksheet

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MODULE 5

POSSIBLE OUTCOMES OF UNPROTECTED SEX: STIs

GOALS

The goals of this module are to:

- Increase participants' knowledge of sexually transmitted infections.
- Help participants identify strategies for preventing STIs.
- Increase participants' perceived vulnerability to STIs.
- Clarify participants' attitudes and beliefs about STIs and condom use.
- Teach participants the steps for correct use of a condom.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted infections.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STIs, including HIV, and pregnancy.

MODULE PREVIEW:

The fifth module: (1) helps participants examine the signs and symptoms of the most common STIs; (2) illustrates how STIs can impact the lives of young people; and (3) informs participants about correct use of condoms, as a way to prevent STIs.

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STRATEGIES/METHODS

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

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STI* poster
- *Agree* and *Disagree* signs (1 set)
- *Steps for Using a Condom* poster
- Video: *The Subject Is STDs* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Condoms
- Water-based lubricant
- Condom Demonstrator(s)
- Paper towels
- Small paper bag
- Monitor and video player, or internet access if using alternative videos
- Pre-labeled chart paper:
  - » *How STIs Are Transmitted*
  - » *Reasons to Protect Against STIs*
  - » *Group Agreements* (from earlier session)
- Chart paper
- Index cards for the Transmission Game—pre-labeled with four distinct shapes, e.g., star, rectangle, circle, and triangle**

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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.

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

** You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. 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 or www.etr.org/store/format/condom-kit.
4. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.
5. Set up the video(s) to be ready to play.
6. Read the instructions for the Transmission Game and make sure you're clear about the process.
7. Label the index cards for the game. For a group of 6–8, one person will have a "star" card, one person will have a "triangle" card, one person will have a "rectangle" card and the rest will have "circle" cards. Increase the number of "triangle," "rectangle" and "circle" cards in this approximate ratio for larger groups.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to include both the discussion and the video about STIs, and to provide more condom skills practice.)

ACTIVITY	MINUTES NEEDED
A. STI Facts	20
[A. (Alternate) *The Subject Is STDs* Video	20]
B. The Transmission Game	15
C. What I Think About HIV/STI and Safer Sex	10
D. Condom Use Skills	15

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 uses STI. It is important for everyone to understand that STIs (STDs) can present with or without symptoms.

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ACTIVITY A

STI FACTS

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STI* poster
- Pre-labeled chart paper:
  - *How STIs Are Transmitted*
  - *Reasons to Protect Against STIs*
- Markers
- Masking tape

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

PROCEDURE

1. Begin this activity by displaying the *STI* poster. Use chart paper to cover the poster so only the letters "S T I" are revealed.

2. Then say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

3. Ask the group to brainstorm all of the STIs they know.

4. Then uncover the poster and read any STIs they did not mention.

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

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5. **Then say,**

> **STIs fall into three categories:**
>
> - **Bacterial (caused by bacteria)—**These STIs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
> - **Viral (caused by a virus)—**Most of these STIs 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).
> - **Parasitical (caused by parasites)—**These STIs are curable. They include trichomoniasis and pubic lice.

6. **Unfold the pre-labeled chart paper titled *How STIs Are Transmitted* and say to the group,**

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

7. **List the answers on the chart paper 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)
   - » *(Optional) For high school youth:* Sharing sex toys or other devices with partners without using a new condom each time the device is used by a different person

8. **Next ask,**

> **Who can get an STI?**

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Answer:

» Anyone who has unprotected sexual intercourse (meaning without using condoms or dental dams).

9. **After participants have answered, say,**

That's right. Anyone who engages in unprotected sexual intercourse can get an STI. But teens and young adults are affected by STIs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STI 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 STIs?

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 STI?

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. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 06/2/2020.

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12. **Then say,**

> **In many cases, a person can have an STI and have no symptoms! This means that people may not even know they have an STI. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STI.**
>
> **Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include masturbating alone, petting, kissing, foreplay or dry humping. An exception is where skin-to-skin contact is involved with someone who has HPV, syphilis or herpes. In contrast, sexual activities that do include an exchange of body fluids increase the risk for STI transmission. These include vaginal, anal or oral sex.**

13. **Then ask,**

> **How can you protect yourself from getting an STI?**

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.
- Do not use or share needles or works (including syringes, caps, cleaning water) for injecting drugs.
- There is a vaccine that can prevent hepatitis B.
- There is also a vaccine that protects people against most types of HPV that cause genital warts or lead to cervical cancer.
- Get tested regularly.
- Talk to your partners about STIs and encourage them to get tested too.

14. **Then say,**

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We know how STIs are transmitted. We know signs and symptoms that can indicate an STI infection. We know some STIs don't have symptoms. We know how to avoid getting an STI. But why would a person want to avoid getting an STI and what are the reasons they should get treatment right away if they do get an STI?

Let's brainstorm *Reasons to Protect Against STIs* by thinking of some of the long-term physical and emotional consequences of getting an STI.

15. **List the group's responses on the chart paper. Encourage all participants to respond.**

Answers should include:

- Increased risk of getting HIV
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- 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, hepatitis C)
- Child born with an STI
- Embarrassment
- Odor and discharge
- Impact on relationship
- Stigma

16. **Explain that many of these reasons to protect against STIs can be prevented by abstaining from vaginal, anal or oral sex, or by using protection such as condoms. STIs are common and many people will get one at some point in their lives. Getting tested regularly and treated, if required, can limit or prevent negative health outcomes. That is why it is important to get tested and treated as soon as possible. Explain that no one chooses to get an STI. Some people have gotten STIs from sex that was against their will. Getting tested and treated, if necessary, is the responsible thing to do. Summarize this activity by saying,**

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**

(continued)

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(continued)

2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Avoid STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ALTERNATE ACTIVITY A

THE SUBJECT IS STD (VIDEO OPTION)*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is STDs,* or alternative videos

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

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

PROCEDURE

1. Say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

2. Introduce the video by saying,

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

3. Show the video, which is 17 minutes long.

4. When the video 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 STI from their partners?

(continued)

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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(continued)

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

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

FACILITATOR'S NOTE

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

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

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**
2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Protect Against STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ACTIVITY B

THE TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Labeled index cards (Star, Circle, Rectangle, Triangle)
- Pencils

TIME

15 minutes

PROCEDURE

1. Ask the rhetorical question,

> Who gets STIs? 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 STI if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STI; 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 labeled cards and pencils so that only one person has a "star," one or two people have a "triangle" and "rectangle" and the rest get a "circle." DO NOT tell participants what the symbols mean at this time.

Rectangle = Abstinence

Triangle = Condoms/Dental Dams

Circle = Unprotected Sex (oral, anal or vaginal sex without protection)

Star = Infection (STI/HIV)

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FACILITATOR'S NOTE

You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Give the following instructions:

- Listen carefully and be ready to share what you hear.
- Write your name on the side of the index card that has the symbol 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 symbol 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…

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

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

> - We are going to pretend that each conversation you had represented an act of "sexual intercourse."
> - Look at your cards. The shapes or symbols on the cards represent something in this exercise.
> - Will the person with the "star" card, please stand. For the purposes of this activity only, the star card represents an STI and anyone whose name is on your card could have the STI too.
> - (To the person with the "star"): 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 "triangle" on your card, that means you correctly used a protective barrier such as an external or internal condom, or a dental dam, every time to reduce your risk, and so you can sit back down.
> - If you have a "rectangle" 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 "circle" 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 an STI.

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.

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10. **Thank the participants for participating in the game. Remind them that it is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.**

11. **Ask the participants to take their cards and rip them to pieces.**

12. **Ask the participants to sit down.**

13. **Ask the following questions:**

> **How did it feel to participate in this activity?**
>
> **Imagine you had the star or circle card. How did or does it feel to potentially have been exposed to an STI?**
>
> **How might it feel to potentially expose others to an STI?**
>
> **Imagine you had the triangle card. How did or does it feel to have protected yourself from STIs? How does it feel to have protected others?**
>
> **Imagine you had the rectangle card. How did or does it feel to have chosen abstinence?**

14. **Explain that for those having sex, talking to sexual partners about STIs and getting tested are two strategies that can reduce the risk of STIs, including HIV.**

15. **Ask the following questions:**

> **If getting tested had been an option in this game, how do you think that could have changed how many people were standing at the end?**
>
> **How would talking to your partner(s) about STIs before engaging in a sexual behavior change the number of people potentially exposed to an STI (i.e., the number of people standing at the end of this activity)?**
>
> **What did you learn by participating in this game that will help you make decisions about your sexual health in the future?**

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Try to elicit the following answers:

- One person can infect many by passing the infection to someone who passes it on to the next person.
- STIs can be spread through unprotected vaginal, anal and oral sex.
- People should consider the risks their partners have taken in the past.
- Practicing abstinence and using protection such as condoms can prevent STI 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 or dental dams but it gets easier with practice.
- Anyone can get an STI regardless of whether the sex was consensual or forced.
- Getting tested is the only way to know for sure if you have an STI.

16. **Continue the activity by saying,**

This was just a game. However, it does highlight how fast and easily an STI can spread. A good way to reduce your risk for infection is to use a latex (or polyurethane/polyisoprene) condom or dental dam every time you engage in oral, anal or vaginal sex. Also, be sure to get tested regularly if having sex. Many STIs can be treated.

17. **Summarize as follows,**

As we reflect back to my first question, "Who gets STIs?," we have learned that it is possible for anyone to get an STI. STIs are common and many people will get an STI at some point in their lives. Remember, the proud and responsible things to do are to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex, to get tested, to talk to your partners about STIs, and to get treated if you get an STI.

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ACTIVITY C

WHAT I THINK ABOUT HIV/STI AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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/STIs 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 participants 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 participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.

7. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.

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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 participants a chance to switch after discussion of each statement.

9. Thank the participants 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, STIs and protection than your partner or friends. But the facts about HIV/STI remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal fluids and rectal fluids. Other STIs are also passed through having sex. Whenever you have sex, you must use latex or polyurethane/polyisoprene condoms or dental dams every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STI transmission. PrEP can also reduce your risk of HIV transmission, and PrEP plus condoms can reduce your risk of HIV and other STIs.

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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 an effective 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 feel as if they know how, but anyone can improve their skills by learning the specific steps that you will be learning 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. Have honest conversations about your sexual health and your plans to protect yourself from unintended pregnancy or STIs. Both of you should get tested so you know your status.)
- **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 STI, so you should always use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex. Often people with STIs don't have symptoms, and a person living with HIV may not have symptoms for many years.)

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ACTIVITY D

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants 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
- External condoms, lubricated (two per participant or pair of participants, plus demonstration condoms)
- Dental dam
- Lubricant
- Condom demonstrator(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 participants 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 external or male condoms correctly and to have you practice condom use skills. I want to make sure we are clear that when teaching you these skills 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.
>
> For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

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2. Explain what a condom is by saying,

> As we have learned, a condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids, or rectal fluids.
>
> The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth or anus. It also keeps the penis from being exposed to vaginal fluids or rectal fluids. It is used to keep sperm from entering the vagina to prevent a pregnancy. When it is used to avoid the exchange of body fluids, the external condom can reduce the risk for transmission of HIV and other STIs. Only latex, polyurethane or polyisoprene condoms are effective in preventing HIV and other STIs.
>
> ***Optional for high school youth:***
> The external condom may also be used on a sex toy or other insertive sexual device that is being shared. A new condom must be used each time the sex toy or device is used by a different person.

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, polyurethane or 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 an external condom correctly. Many of you may have never seen or touched a condom. We're going to practice using external 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.

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5. **Post the *Steps for Using a Condom* poster. Using a 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 participants during this activity.

STEPS FOR USING A CONDOM

1. Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
2. Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
3. Open the package carefully to avoid tearing.
4. Make sure condom is on the proper side to roll down correctly.
5. Pinch the tip of the condom to create space (½ inch) for semen.
6. Squeeze a few drops of water-based lubricant inside the tip.
7. Make sure the penis is erect and both partners are ready to engage in sexual activity before putting on the condom.
8. Continuing to squeeze the tip, place the condom on the head of the penis. Unroll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
9. Check during sex to make sure the condom isn't slipping.
10. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
11. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

6. **Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

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FACILITATOR'S NOTE

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants 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 participants 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. Try several brands and type to find the best fit.

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 such as water-based or silicone-based lubricants (e.g., Good Clean Love or Aloe Cadabra).

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 external condoms may also be used. 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.

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10. **Ask participants 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 STIs.**
>
> **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:* Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.**

12. **Summarize as follows,**

> **To protect yourself and your partner from sexually transmitted infections, 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 unexpired condoms on hand.**
> - **Get used to condoms so they become easy to use each time.**
> - **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 STIs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal sex.**

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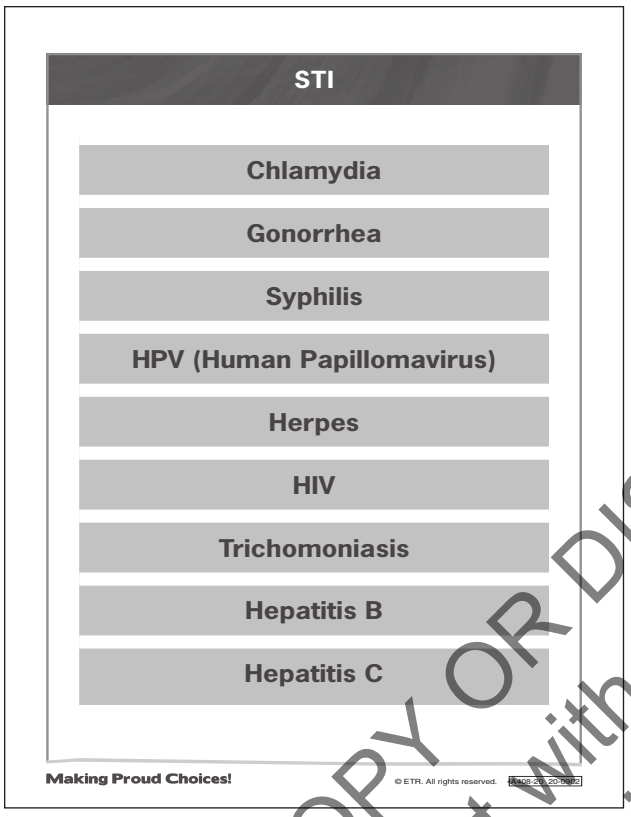

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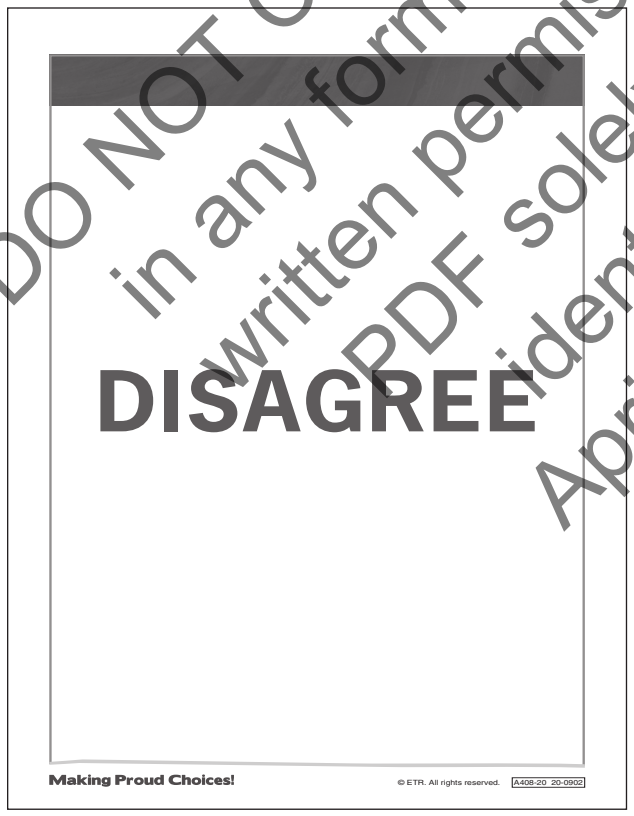

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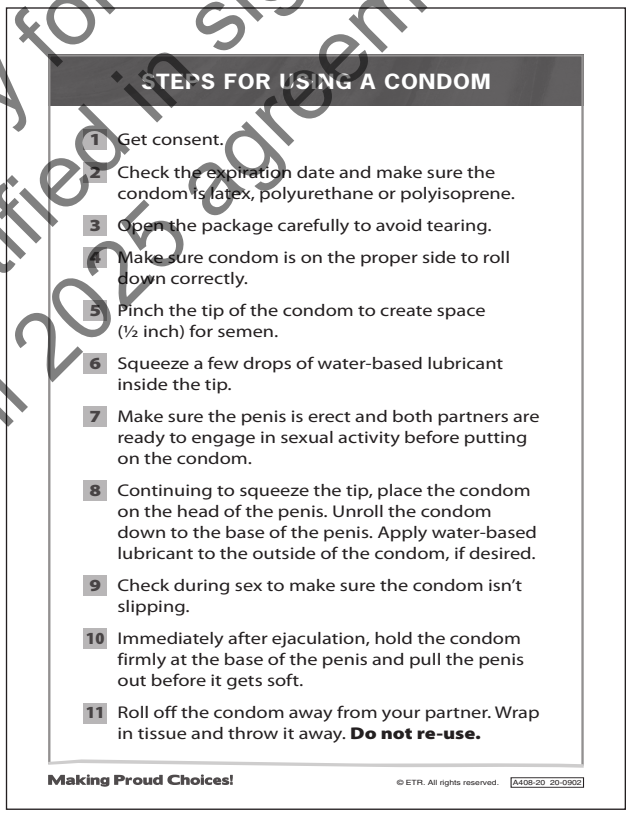

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MODULE 6

A POSSIBLE OUTCOME OF UNPROTECTED SEX: PREGNANCY

GOALS

The goals of this module are to:

- Increase participants' understanding of pregnancy as a possible outcome of unprotected sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Distinguish facts from falsehoods about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.

MODULE PREVIEW

The sixth module: (1) helps participants examine myths about pregnancy; (2) illustrates how pregnancy can impact the lives of young people; and (3) informs participants about the various forms of birth control.

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STRATEGIES/METHODS

- True or False Game
- Video Viewing
- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *True or False: Pregnancy Statements* (included in module)
- *Birth Control Choices* poster
- *Optional:* Video: *Tanisha & Shay* (or alternative videos*)
- *Agree/Disagree* signs (1 set)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pre-labeled chart paper: *Contraceptives*
- *Optional:* Monitor and video player, or internet access if using alternative videos
- Markers
- Masking tape

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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 *True or False: Pregnancy Statements* and get comfortable with the content.
4. *Optional:* Set up the video(s) to be ready to play.
5. Review the information about contraceptive methods in Appendix B.
6. 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 & Shay* Shay video or alternative videos, if you decide to extend the session and include the videos.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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7. 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.
8. Review how to use an internal 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. 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 participants the YouTube video.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* The use of the optional video(s) will increase the length of the module by up to 25 minutes. A video is an excellent way to help participants personalize and conceptualize the information, but should not replace or take time away from the discussion and demonstration of the contraceptive methods. Facilitators may wish to deliver this module across two 60-minute sessions.)

ACTIVITY	MINUTES NEEDED
A. True or False: Pregnancy Statements	10
[B. *(Optional) Tanisha & Shay* Video	+25]
C. Birth Control Methods Demonstration	40
D. Agree/Disagree - Attitudes About Contraception	10

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ACTIVITY A

TRUE OR FALSE: PREGNANCY STATEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about pregnancy provides an opportunity for learning the correct information about pregnancy.

MATERIALS

- *True or False: 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 what is true and what is false when it comes to the consequences of unprotected sex.

2. 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 true or false.
> - I also want you to explain why it is true or false.
> - If you don't know, I will ask for volunteers who think they know the answer.

3. Read the *True or False: Pregnancy Statements* on page 140.

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

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5. **Once all the statements have been completed say,**

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

6. **Summarize by saying,**

> **The more you know about the possible outcomes of sex, such as pregnancy and sexually transmitted infections, the better you will be at protecting yourself from experiencing an unintended pregnancy and/or STIs. Next, we are going to see a video (or videos) that describes how pregnancy can impact a young person's goals and dreams for the future.**

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TRUE OR FALSE: PREGNANCY STATEMENTS

1. **Every time you have unprotected vaginal sex, there is the possibility of getting pregnant, even the first time you have vaginal sex.**
   TRUE
   Pregnancy is a possibility every time someone has unprotected vaginal sex, regardless if it's the first time or the hundredth time.

2. **Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.**
   TRUE
   Pulling out, or withdrawal, does work in theory. However, it takes a lot of practice and concentration. It can be challenging, especially for teens and young adults, to actually pull the penis out before they ejaculate (or cum). Pulling out AND using another method of protection greatly increases the effectiveness.

3. **You can't get pregnant if you have sex standing up.**
   FALSE
   Sperm don't care what position you're in. Any time semen (which contains sperm) is able to travel up through the vagina and fallopian tubes to where sperm can fertilize an egg, you can get pregnant. There are no exceptions to that rule.

4. **If you have unprotected vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy.**
   TRUE
   If you had unprotected vaginal sex (or your birth control method failed) and you do not want to become pregnant, take an Emergency Contraceptive pill as soon as possible but no later than within 5 days. The EC pill (or a copper IUD) prevents a pregnancy from occurring.

5. **Douching (cleaning the vagina) after sex can prevent pregnancy.**
   FALSE
   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.

6. **You can't get pregnant unless you have an orgasm (cum).**
   FALSE
   It doesn't matter if you have an orgasm or not. You can get pregnant if you engage in vaginal sex without using protection.

(continued)

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

   FALSE

   When young people first start having periods they often have irregular cycles and may even skip a month from time to time. But if someone has had vaginal sex and misses a period, pregnancy is a possibility. The person should get tested right away, and see a doctor if the pregnancy test is positive.

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

   FALSE

   If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. For many different reasons, gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

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

   TRUE

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

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

    TRUE

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

11. **A person cannot get pregnant from anal sex.**

    TRUE

    Yes, it's true a person can't get pregnant from having anal sex, but people still have to think about STIs. The lining of the anus is thin and lubricates less than the vagina, so it's easy for STIs to enter the body that way.

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OPTIONAL ACTIVITY B

TANISHA & SHAY VIDEO*

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 video player, or internet access if using alternative videos
- Video: *Tanisha & Shay,* or alternative videos

TIME

25 additional minutes

PROCEDURE

1. Introduce the video by saying,

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

2. Show the video in three segments as described below.

> I will be showing you this video in 3 segments. After each part, I'll ask you some questions about what you've seen.

3. Show Part 1: Tanisha Finds Out. At the end of the segment, process by asking these questions:
   - » What did the provider tell Tanisha?
   - » What is your reaction? What do you think happens?
   - » Why do you think Tanisha and Shay did not use protection/ birth control?

> Let's watch the next segment and find out what happens next.

4. Show Part 2: Sharing the News. At the end of the segment, process by asking these questions:

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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- How does the pregnancy affect everyone in Tanisha's life?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What could Tanisha say to Shay when she shares the news of the pregnancy?
- What might it look like for Shay to be a part of Tanisha's decision-making process?
- What might this conversation and decision-making look like in a healthy relationship like Tanisha and Shay's?

Let's watch the last segment.

5. **Show Part 3: Now What? At the end of the segment, process by asking these questions:**
   - What did this video teach you about teen pregnancy?
   - What could Tanisha and Shay have done after they had unprotected sex to prevent a pregnancy?
   - Are these teens ready to become parents? Why or why not?
   - How would your life change if you became pregnant or got somebody pregnant now?
   - What about if you became a parent or became a parent again?

6. **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 unintended pregnancy by practicing abstinence or 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!

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ACTIVITY C

BIRTH CONTROL METHODS DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Pre-labeled chart paper:
  - *Contraceptives*
- *Birth Control Choices* poster
- Markers

TIME

40 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 some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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 chart paper titled *Contraceptives* and ask the participants to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the chart paper.

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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
- » Diaphragm
- » Cervical cap
- » Withdrawal

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 three different categories:* behavioral methods, 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 participants to handle the methods at the end when you've finished the demonstration.**

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* Shoupe, D., and D. R. Mishell, eds. 2016. *The Handbook of contraception: A guide for practical management*. New York: Humana Press, Springer International Publishing.

FACILITATOR'S NOTE

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let participants 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.

BEHAVIORAL METHODS

Abstinence

- Abstinence is the safest and most effective pregnancy and STI 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 STIs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STIs.
- 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 STIs, including HIV.

Withdrawal

- Withdrawal, or pulling out, is done by removing the penis fully from the vagina/anus before ejaculating and only ejaculating outside of the vagina/anus.
- Withdrawal is free and a method available to everyone.
- To be effective at preventing pregnancy, withdrawal must be used correctly and completely. This requires knowing and understanding a person's own body, which can be challenging for young people and people with little sexual experience.
- Withdrawal is most effective when used with another contraceptive method. Using withdrawal in addition to condoms or another form of birth control further reduces the risk of unintended pregnancy.

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FACILITATOR'S NOTE

Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness.

Sources: Laris, BA, et al. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education* DOI: 10.1080/14681811.2020.1768324; Hatcher, R. A. 2018. Contraceptive technology. New York: Ayer Company Publishers.

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 infections. 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 STIs. 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 by a trained medical provider.
- 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.
  - » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 4 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla, Kyleena and Liletta. They are effective from 3 to 5 years, depending on which one you get.

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- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STIs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a matchstick that is placed under the skin of your upper arm by a trained medical provider 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 STIs, so you should also use a condom.

The Shot

- People who use the shot receive hormonal shots every 3 months.
- Depo-Provera is the most common brand and is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STIs, 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 STIs, 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 STIs, 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 STIs, so you should also use a condom.

Diaphragm and cervical cap

- The diaphragm and cervical cap are vaginal barriers that cover the cervix to keep sperm from reaching and fertilizing an egg.
- The diaphragm is a reusable, dome-shaped cup made of latex or silicone. It is used with spermicidal gel and inserted into the vagina, where it is positioned to cover the cervix. It can be placed up to 6 hours before sex and must be left in place for at least 6 hours (but no more than 24 hours) after sex. Caya is a new one-size-fits-all diaphragm. Unlike earlier diaphragms, it does not require fitting and is easier to insert and remove. It is available with a prescription.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours and requires spermicidal gel. Like the diaphragm, it is inserted in the vagina before sex, and must be left in place for at least 6 hours afterward. FemCap is the only brand available. It has to be fitted by a provider and requires a prescription.

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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.*

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.

External (male) condom

- The external 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.

Internal (female) condom

- The internal 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.

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* 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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- The internal condom can be inserted right before sex, or up to 8 hours ahead of time.
- The internal condom can also be used for STI protection during anal sex. People of any gender can use these condoms for anal sex.
- These are the steps for using the internal 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 or anus (for additional STI protection). 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.
  - » Insert the inner ring into the vagina or anus and use your index finger to push it up into your vagina as far as it will go. If used vaginally, 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 or anus—about a half inch of the sheath should remain on the outside of your body.
  - » 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 or anal 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.

Note: Take care to present the internal 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 an external condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice

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and then it will be no problem. Note that the internal condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight. Also, because they are made of nitrile, they warm to body temperature and lack the smell of latex.

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 STIs, so you should also use a condom.

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 STI/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 STIs).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) reduces the risk of pregnancy after unprotected sex or when another birth control method fails.
- There are 2 types of EC available:

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  - » **EC pill**, also known as the morning-after pill, can be taken up to 5 days after unprotected sex. Some EC pills (Plan B One Step, Take Action and Next Choice One Dose) may be bought over the counter without a prescription and without having to see a pharmacist. Ella, a non-hormonal EC pill, requires a prescription from a health care provider or a pharmacist.
  - » **Copper-T IUD** (ParaGard) can act as emergency contraception when inserted by a health care provider within 5 days of unprotected sex.
- The sooner EC is taken (within 5 days) after unprotected sex, the more effective it is at preventing unintended pregnancy. Ella, unlike other EC pills, does not decrease in effectiveness during those 5 days.
- EC works by keeping sperm from fertilizing an egg by preventing ovulation or making the environment hard for sperm to survive in. EC is not the same thing as the abortion pill, and will not harm an existing pregnancy.
- Emergency contraception does not protect against HIV or other STIs, so protection like PEP should also be used.

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 people 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 people who use these methods not to smoke.

The side effects some people 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 people 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.

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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?
- How can I show myself respect in my sexual health decision making?

What are some ways partners 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

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

> If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted infections, 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 also helps prevent sexually transmitted infections, 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.

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ACTIVITY D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes participants aware of some of the reasons people may not use birth control.

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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 participants' 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 participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

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3. **Follow the instructions below:**

   - Ask participants to stand.
   - Read a statement from the *Attitudes Statements* below.
   - Ask participants 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 participants 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 participants 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 participants 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 unintended pregnancy can often make life more complicated. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (It might be embarrassing but 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.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)

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4. **Hormonal methods such as the shot can make someone fat and not sexy.** (The term *sexy* means appealing and exciting. It really has nothing to do with a person's body shape. Being happy with oneself projects a better self-image that may contribute to "feeling sexy." There is little evidence that links hormonal methods to weight gain. Diet, exercise and genetics have a bigger influence on a person's weight. If one contraceptive method does not work for you, you can always talk to your clinician about switching to a different method.)
5. **Internal condoms are too much trouble.** (The 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.)
6. **It's hard to talk about protection with the person you're having sex with.** (It might be challenging to have difficult conversation like this. However, it's easier 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.)
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 STIs. 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 STIs.)
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 raising their children. 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.)

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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.)
10. ***Optional for high school youth:*** **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.)

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 unintended pregnancy and STIs, 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 unintended pregnancy and STIs by using an effective method of birth control *and* condoms every time you have sex.

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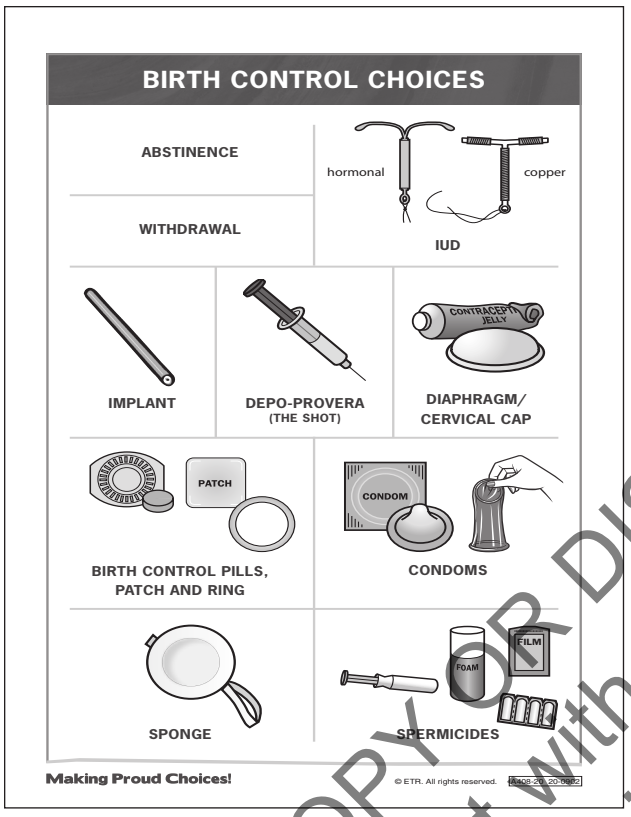

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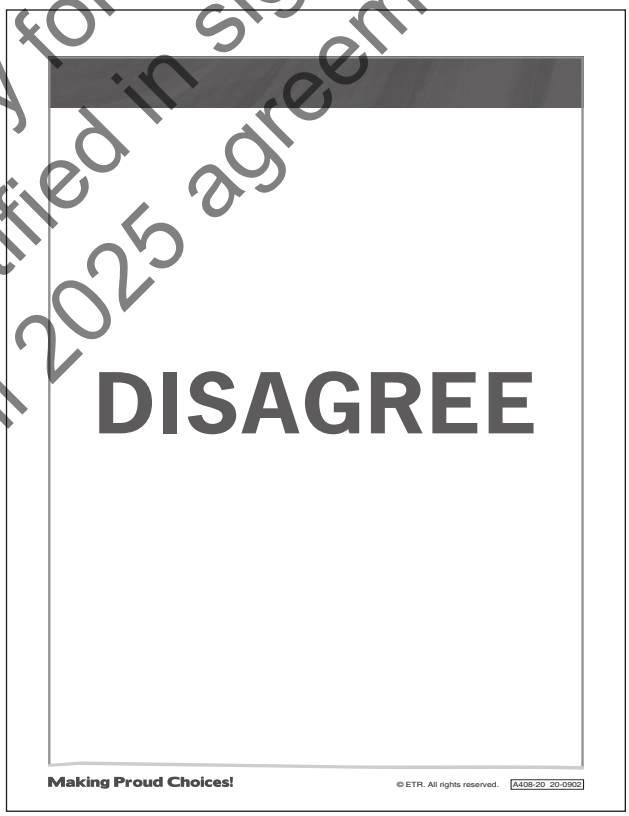

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MODULE 7

DEVELOPING CONDOM USE AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance participants' ability to resist situations that place them at risk for HIV/STI infection and pregnancy.

LEARNING OBJECTIVES

After completing this module, participants 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.
- 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 seventh module: (1) enhances participants' ability to use condoms correctly; (2) explores positive aspects of condom use; and (3) allows participants to practice condom negotiation skills.

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STRATEGIES/METHODS

- Exercises
- Scripted Roleplays

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- Video: *Condom Use Animation* (or alternative videos*) [for high school youth]
- *Condom Line-Up* cards
- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Worksheets in the student workbook:
  - » *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 chart paper:
  - » *Ways to Make Condom Use Easy and More Fun* (for high school youth)
  - » *Ways to Make Condom Use Easy* (for middle school youth)
  - » *Pros*
  - » *Cons*
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. *For high school youth:* Set up the video(s) to be ready to play.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Condom Line-Up	**10**
B. How to Make Condoms Fun and Pleasurable *(for high school youth)*	**10**
C. Barriers to Condom Use/Condom Pros and Cons	**10**
D. "What to Say If My Partner Says...": Responding to Excuses	**15**
E. Introduction to SWAT and Scripted Roleplays	**15**

(*Note:* This module includes different activities for middle school and high school youth. When implementing the program with middle school youth, adapt Activity A by skipping the video on condom use and including the optional discussion on how to make condom use easy, and skip Activity B. For high school youth, conduct all activities in the module as written.)

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ACTIVITY A

CONDOM LINE-UP

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 video player, or internet access if using alternative videos
- Video: *Condom Use Animation*, or alternative videos
- *Condom Line-Up* cards
- Masking tape
- Pre-labeled chart paper (for middle school youth):
  - *Ways to Make Condom Use Easy*

TIME

10 minutes

PROCEDURE

1. Introduce the *Condom Use Animation* video by saying,

> We are about to see a brief video on 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 video, which is 2 minutes long.

3. When the video 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 participants. (Give each participant more than one card if there are more cards than participants.)

6. Ask the group to stand.

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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 have sex?**

Answer

- » Get consent
- » Get condoms, lubricant and/or dental dams
- » Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.

8. **Have the participants 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. Consent
> 2. Get external condoms and check expiration date
> 3. Sexual arousal (hug, cuddle, kiss, massage)
> 4. Erection
> 5. Carefully remove condom from package
> 6. Dab water-based lubricant on penis or inside condom
> 7. Squeeze out any air from tip of condom and leave room for ejaculation
> 8. Roll condom on
> 9. Intercourse
>
> *(continued)*

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(continued)

10. Orgasm *(optional)*

11. Hold onto the rim of condom and withdraw the penis

12. Remove and discard condom

13. Loss of erection

14. Relaxation

FACILITATOR'S NOTE

Steps 6 and 7 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. Orgasms are optional and not everyone will experience an orgasm every time.

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

» Consent, 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 person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do?"

Answer

» This will happen to most people with penises 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.

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13. **Summarize by saying,**

> **You did a great job lining up the condom cards and discussing the correct steps in external 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. Remember, too, that you may also use internal condoms instead of external condoms. It is also important to remember that using two or more condoms at the same time can cause the condoms to weaken and tear. Never use two condoms at the same time. Condoms can be used with other birth control methods such as the pill or withdrawal to increase contraceptive effectiveness.**

OPTIONAL ACTIVITY FOR MIDDLE SCHOOL YOUTH

15. **When using this curriculum with middle school age youth, engage them in a discussion on how condom use can be made easy by asking these questions:**

    - What do you think makes some people uncomfortable about using protection such as external condoms? internal condoms? dental dams?
    - Why do you think other people use these forms of protection?
    - How might someone become more comfortable with the idea of using protection?
    - What might make it easier for someone to get and use condoms? (Use the pre-labeled chart paper to record responses.)

Skip Activity B and move directly to Activity C after this discussion.

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ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE (FOR HIGH SCHOOL YOUTH)

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants 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 chart paper:
  - *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 so 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 chart paper titled *Ways to Make Condom Use Easy and More Fun.*

4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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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 participants 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 smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.
- If using an internal condom, have it inserted before sex.

FACILITATOR'S NOTE

Remind youth that the only protective barriers that protect against HIV and other STIs are those made of latex, polyurethane, polyisoprene or nitrile. Anyone who is allergic to latex can use condoms made of the other materials.

Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense. If this is the case, ask the questions in a way that is less personal. You could ask, "What do you think some people do to make condom use easier and more fun?" or "Imagine an advertisement for condoms and dental dams, what might it say that would make people think using condoms is easier and more fun?"

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Participants should be reminded that only condoms consisting of latex, polyurethane, polyisoprene or nitrile can help protect against STIs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STI.

There are glow in the dark condoms that are latex and safe for STI/HIV protection, as well as flavored, ribbed and other options.

Just as there are different styles of condoms, each brand and type of lubricant is different. People have different preferences and may find that some lubricants feel better than others. Partners can try different brands to find one that feels comfortable and natural.

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 protection such as latex or polyurethane/polyisoprene condoms if you have sex.

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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 chart paper:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

TIME

10 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 chart paper, labeled *Pros* and *Cons*.

3. Ask participants to brainstorm all of the *Pros* (all of the reasons *for* using condoms), and list their answers on the chart paper.

Make sure their list includes:

» Condoms can help prevent pregnancy.

» Condoms can help prevent STIs, including HIV.

» Condoms make you feel good about yourself.

» You know you are safer when you use condoms.

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4. **Ask participants 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: Knowing that you are being responsible by using condoms will feel natural and good.

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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.**

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ACTIVITY D

"WHAT TO SAY IF MY PARTNER SAYS…": RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

Participants need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STIs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the participants to negotiate with a partner.

MATERIALS

- Pre-labeled chart paper:
  - *Excuses Sexual Partners Give*
- Markers

TIME

15 minutes

PROCEDURE

1. Unfold the pre-labeled chart paper 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 chart paper.

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?

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5. **Demonstrate by reading one excuse that is listed on the chart paper 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 participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms ruin 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 ruin 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. Let's try a few different types to find the one that feels best. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

OR

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Internal condoms are made of nitrile, which warms up with body heat. We can use extra lube too.

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: Dental dams are messy and smell funny.

Response: Dental dams aren't any messier or smellier than sex. Let's try a polyisoprene dental dam instead of a latex one so it doesn't smell. We can try different lubes too and find one that isn't smelly.

Excuse: Condoms are unnatural and turn me off.

Response: Worrying about unintended pregnancy and STIs turns me off. Condoms will make me feel safer and sexier.

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 unintended pregnancy or STI.

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 STIs, 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.

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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 STI.

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 STI. 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. The only way to know if someone has an infection is to get tested.

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. Or we can use internal condoms. They're made of nitrile and they warm up with body heat!

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 out and get some condoms, then have sex.

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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 participants 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 STI and not know it. Make a plan to get tested together to know for sure.

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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 STIs, including HIV. Condoms (both external and internal) are the only birth control method besides abstinence that also helps protect you from HIV and other STIs.

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/nitrile) condom and/or dental dam every time you have sex.

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ACTIVITY E

INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants 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 participants 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

15 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 STIs 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.

Affirmative consent is a conscious, voluntary agreement to engage in sexual activity. This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person's consent to have sex. Policies and laws around affirmative consent protect both partners by making sure they are in agreement and there is mutual understanding of what is happening.

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 participants' 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

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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 unintended pregnancy, HIV and other STIs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?
>
> How do you express your personal boundaries or communicate how far you are willing to go? People set personal boundaries based on what feels right or what is uncomfortable. In dating or intimate relationships, examples of boundaries may include being happy to go to the movies but not be alone in a bedroom, or wanting to kiss but not to have sex.
>
> Being clear on your personal boundaries will help you in situations where you need to make a decision and communicate that clearly. Just as important as setting and communicating your own boundaries is respecting the other person's boundaries and decisions. This is also a sign of a healthy relationship.
>
> 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.

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4. Review the entire *SWAT* poster with the participants 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.

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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 participants how to read the example with an assertive voice and body language.**

7. **Say to the participants,**

> **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 participant 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.**
> - **I have not said yes, which means this isn't happening.**

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.**

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10. **Review each item on the *Observer Checklist* poster to ensure participants 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 participants to act out the first roleplay. Have them turn to the scripted roleplay *While They're Out* (Ineffective Version) in their workbooks. 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 participants 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 STI like HIV.
>
> *(continued)*

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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 STI. 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 their 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 their feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

Was there consent in this situation? *(No)*

Even though Person 1 didn't say no, did it seem like they were consenting to sex? *(No)*

Even though Person 1 didn't say no, how might Person 2 know that Person 1 did not consent? *(Unsure or soft tone of voice, no eye contact, only backed down because of pressure)*

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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 participants 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 STI 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 having sex. 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.

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16. **After the roleplay, thank the roleplaying participants 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.)*
>
> Did Person 1 respect Person 2's personal boundaries? *(Yes.)*
>
> Was there consent in this situation? *(Yes. There was mutual agreement on what to do next.)*
>
> How should this story end? *(If they have sex, each should continue to check how the other person is feeling and whether that person still wants to continue having sex. At any point, if either one says stop, they must stop. Consent can be revoked at any time.)*

17. **After participants 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 participants to read *Your Valentine's Day Gift* (Ineffective Version). Remind participants to continue to use the *Observer Checklist*.**

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19. **Begin by reading the Setting the Stage section before having the assigned participants 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. You 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)*

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.*

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(continued)

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.)*

Did Person 1 respect Person 2's personal boundaries? *(No.)*

Was there affirmative consent in this situation? *(No. "I guess" is not affirmative consent.)*

How should this story end? *(They should stop because there is no affirmative consent to have sex.)*

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 participants 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.

(continued)

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(continued)

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.

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 participants 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 participants to respond.

25. Summarize as follows,

You had some really great observations. We just had a chance to practice saying no to unsafe behavior. We also had the opportunity to practice listening for consent.

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.

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Condom Line-Up Cards

CONSENT

Making Proud Choices!

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Cards (14 total)

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.
- I have not said yes, which means this isn't happening.

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Poster

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
Refused to engage in unsafe behavior	Y/N
Repeated refusal	Y/N
Body language said "NO"	Y/N
W Explained why	
Gave clear reasons	Y/N
A Provided alternatives	
Suggested alternative actions	Y/N
T Talked it out	
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 & Worksheet

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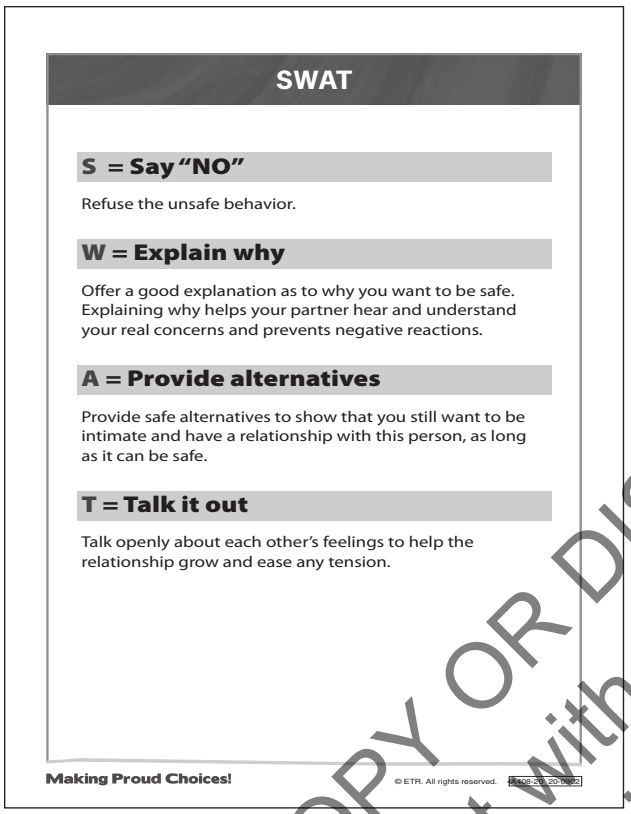

SWAT

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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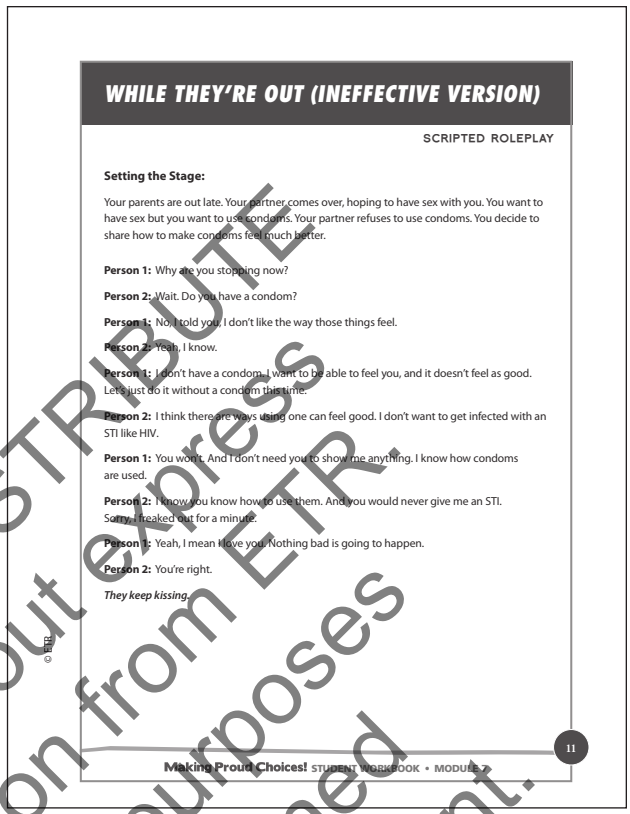

WHILE THEY'RE OUT (INEFFECTIVE VERSION)

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 STI 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 STI. 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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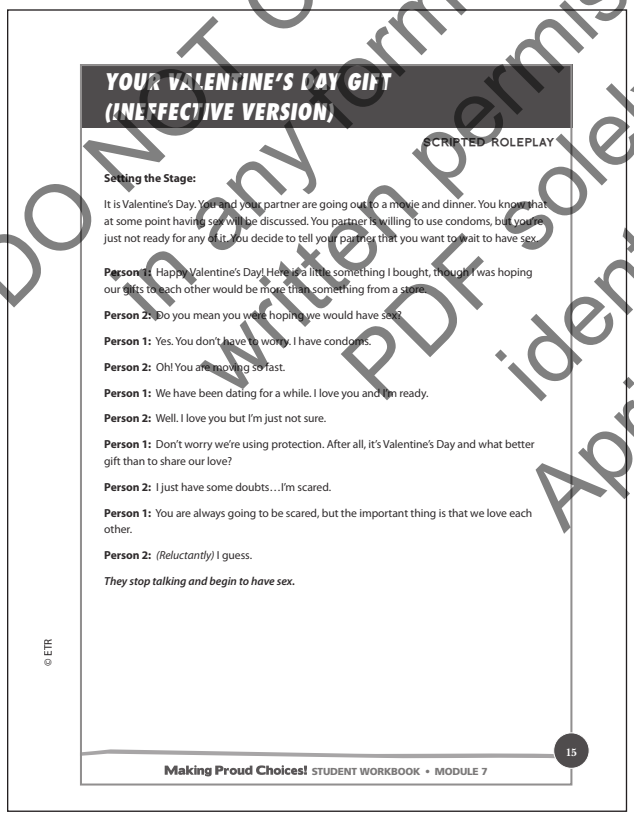
Roleplay (2 versions)



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. You 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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Roleplay (2 versions)

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MODULE 8

ENHANCING REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills regarding condom use.
- Enhance participants' ability to resist situations that increase their risk for unintended pregnancy, HIV and other STIs.

LEARNING OBJECTIVES

After completing this module, participants 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 eighth module: (1) provides an opportunity for participants to practice condom negotiation skills; and (2) provides an opportunity for participants to practice communication and negotiation skills with a partner.

STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Video Viewing
- Closing Circle

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- Video: *Wrap It Up* (or alternative videos*)
- Roleplays and worksheet in the student workbook:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Kayla and Mia*
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*
- *Optional:* Additional roleplay scenarios found in Appendix A

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Pencils
- Masking tape

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Safer Sex Negotiation Skills and *Wrap It Up* Video*	**15**
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays	**35**
C. Talking to Your Partner about Condom Use - Information Review	**5**
D. Closing Activity	**5**

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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ACTIVITY A

SAFER SEX NEGOTIATION SKILLS AND *WRAP IT UP* VIDEO*

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides participants with additional skills necessary to help reduce their risk for unintended pregnancy, and STIs or HIV infection.

MATERIALS

- Posters
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- Video: *Wrap It Up*, or alternative videos
- Monitor and video player, or internet access if using alternative videos

TIME

15 minutes

(*Note:* Allow more time, if possible, to practice the SWAT technique and to view the video.)

PROCEDURE

FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills 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 video is 6 minutes so you'll need the final 8 minutes to show the video 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 protection and safer sex. This should include what types of protection to use, such as external or internal condoms and dental dams. 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.

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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 participant to read aloud an example from the chart until all the examples have been read. Encourage participants 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 unintended pregnancy, HIV and other STIs.
> - I am not ready to have a child (again).

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.

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6. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage the participants 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 participant to read aloud an example from the chart until all the examples have been read. Encourage the participants to make up their own examples as well.

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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.

9. Introduce the *Wrap It Up* video or alternative video(s) by saying,

> We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, one partner wants to use condoms and the other 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 used to convince a partner to use condoms.

10. Show the video, which is 6 minutes long.

11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the person who wanted to use condoms use the SWAT Refusal and Negotiation Skills we talked about before? How?
- Did they say no?
- Did they offer an explanation?
- Did they provide alternatives?

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(continued)

- **Did the two people talk it out?**
- **Did you think that they had any difficulty? If so, what?**
- **What were the partner's concerns about using a condom?**
- **What did the person who wanted to use condoms say to respond to their partner's statements and concerns?**
- **Was the person who wanted to use condoms ready to walk away from the relationship, if necessary?**
- **Were their personal boundaries and choice respected?**
- **Was there consent?**

13. **Continue processing with the following questions,**

» What could have happened if one partner decided to continue pressuring the other for sex while refusing to honor that person's decision to use protection?

» What were some other points in the story when their relationship could have turned into harassment, abuse or violence?

» The video was about a heterosexual relationship (boyfriend/ girlfriend). Could this happen in other types of adolescent relationships?

» If you suspect a friend may be in an abusive relationship or is being used by someone in a sexual way, what would you do?

14. **Summarize as follows,**

You have demonstrated a really good understanding of healthy and unhealthy relationships. As we have seen here, the foundation of a healthy relationship is respect, and it is guided by open and honest communication. You also learned refusal and negotiation skills that could help you in your relationships. 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.

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ACTIVITY B

PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity allows participants 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*
- Student workbook:
  - *Observer Checklist*
  - *Roleplays (A–E)*
- *Optional:* Additional roleplays found in Appendix A

TIME

35 minutes

PROCEDURE

FACILITATOR'S NOTE

During the roleplay practice, participants 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 participants 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.

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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 participants 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)*

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(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. **Have participants turn to the *Observer Checklist* worksheet 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 participant should play the role of Taylor. Have the participant turn to Roleplay A in the workbook and give them 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.**

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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 participants' 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?

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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. Have the first pair of participants turn to Roleplay B in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.

16. Explain to the roleplay participants,

> 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.

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19. **Remind observers to fill out the *Observer Checklist* as they watch the roleplay.**

FACILITATOR'S NOTE

After a few roleplays, participants 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 participants 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 participants 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 participants 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.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

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 STIs, 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)

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(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 feel that Justice does not trust you 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 participants' 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?

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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. **Have the next pair of participants turn to Roleplay C in their workbooks.**

25. **Tell observers which character to observe. In Roleplay C, the person is Kayla. The goal of this roleplay is for Kayla 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 protection
>
> **Observe:** Kayla using SWAT
>
> *(KAYLA and MIA talking)*
>
> **Kayla**
>
> Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.
>
> 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 reduce the risk for yourself and your partner by always using protection.
>
> While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.
>
> *(continued)*

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(continued)

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

Mia

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kayla, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

28. Review the participants' responses on the *Observer Checklists* asking the following questions,

- Did Kayla use the SWAT technique?
- Did Kayla say no?
- Did Kayla explain why?
- Did Kayla provide alternatives?
- Did they talk it out?
- What could Kayla have done differently?

29. Process the roleplay using the following questions,

- What kept Mia from using protection?
- What are some of the consequences Mia could be facing for having intercourse without using protection?
- What do you think convinced Kayla to start practicing safer sex?

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(continued)

- Was Kayla able to convince Mia? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms or dental dams every time you have sexual intercourse or oral sex?

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.

31. Have the next pair of participants turn to Roleplay D in their workbooks.

32. 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.

33. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

34. Read aloud the scenarios for both characters, and then have participants 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

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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 STI 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.

35. 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?

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36. 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?

37. 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.

38. Have the next pair of participants turn to Roleplay E in their workbooks.

39. 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 unprotected sex.

40. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

41. Read aloud the scenarios for both characters, and then have participants 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.

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(continued)

Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might create trouble in 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.

42. Review the group's responses on their *Observer Checklists* 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?

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43. **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?

44. **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.

45. **Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

46. **Remind observers to continue to use the *Observer Checklist*.**

47. **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.

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.

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ACTIVITY C

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 participants 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 participants 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

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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 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 participants to brainstorm ways to avoid becoming pregnant or infected with HIV or another STI. (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 STIs.
- 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 unintended pregnancy, HIV and other STIs.
- Ask about your partner's sexual and drug use history.
- Get tested for and treated for HIV and other STIs.
- Encourage partners with HIV to get ART and stay on treatment.
- Encourage partners with other STIs to get and stay on treatment.
- If you think you might be at risk for HIV because of an infected partner, talk to your doctor about getting on PrEP.

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4. **Reinforce tips for consistent condom use by saying,**

> **Protect yourself and your partner by:**
>
> - **Using a latex or polyurethane/polyisoprene condom (or dental dam) 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. **Unintended pregnancy, HIV and other STIs are potential outcomes 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 unintended outcomes.**
> 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 STIs, 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.**

6. **Remind participants of resources,**

> **There are a number of resources we covered throughout the program. I want to make sure you have a list to refer to if or when you need resources or help.**

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FACILITATOR'S NOTE

Make sure you have referral resources for the youth completing your program. It should include reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV Hotlines. Also include:

- LYRIC Youth Talk Line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946.

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ACTIVITY D

CLOSING ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants a sense of closure to the program.

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Ask the participants to form a tight circle with their chairs.
2. Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the participants 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 every confidence 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.

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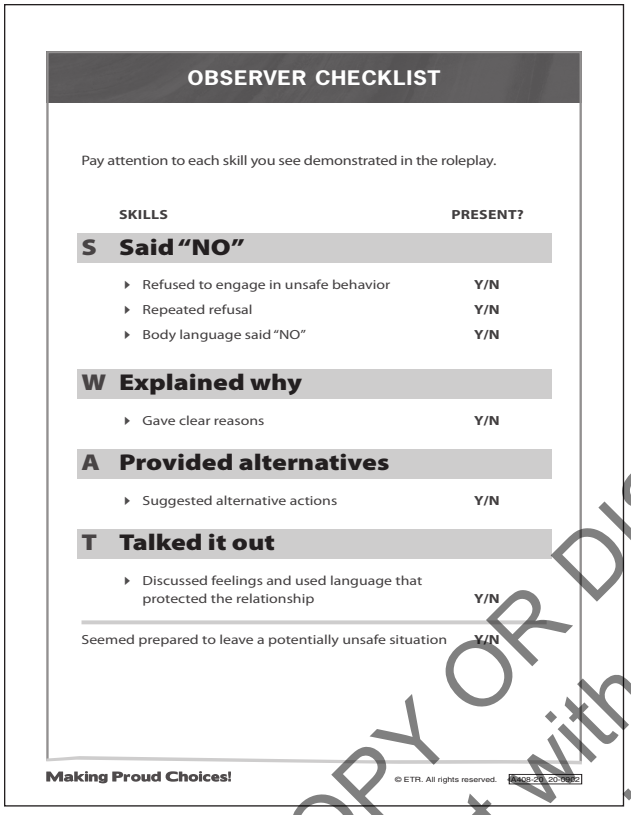

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
W Explained why	
▸ Gave clear reasons	Y/N
A Provided alternatives	
▸ Suggested alternative actions	Y/N
T Talked it out	
▸ 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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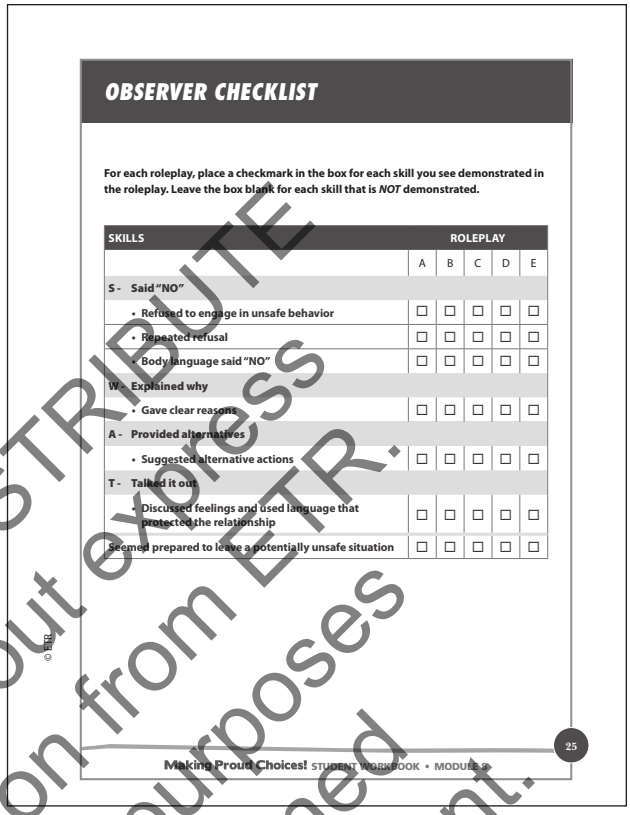

OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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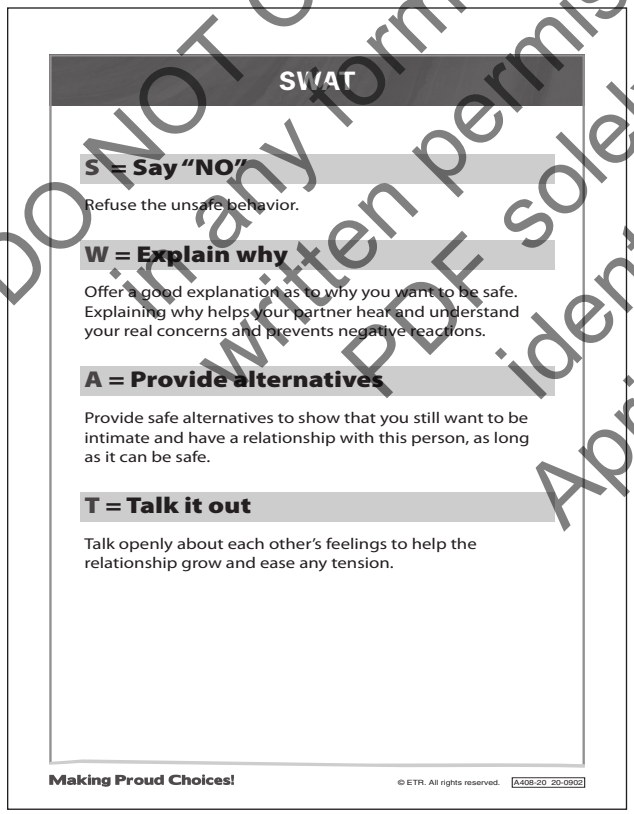
Making Proud Choices! STUDENT WORKBOOK • MODULE 8 25

Worksheet



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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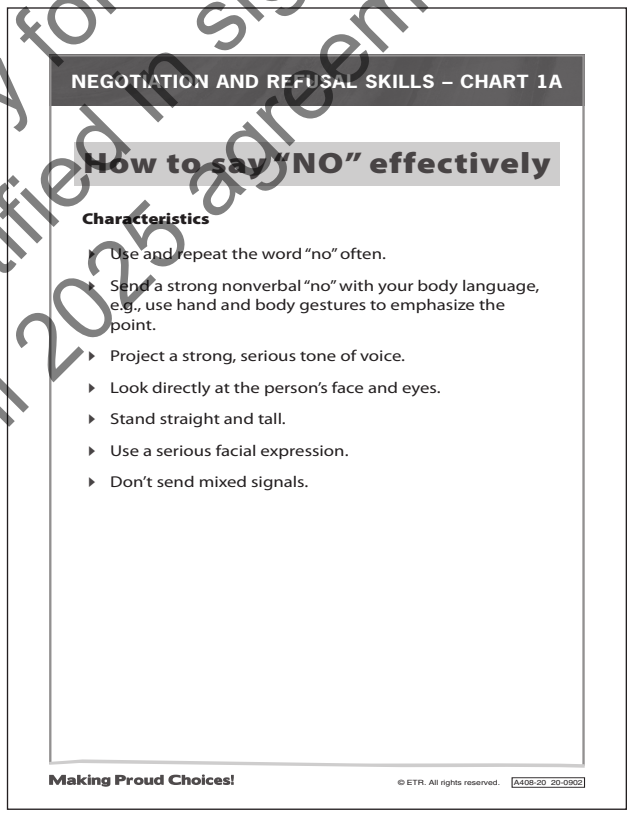

NEGOTIATION AND REFUSAL SKILLS – CHART 1A

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.
- I have not said yes, which means this isn't happening.

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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 unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).

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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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Poster

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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.**

Making Proud Choices!

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Poster

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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Roleplays A–E (5 total)

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GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.

IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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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?

- Charlie

Koko's Response to Caller 1:

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CALLING KOKO CALLER 2

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.

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?

– Raymond

Koko's Response to Caller 2:

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CALLING KOKO CALLER 3

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.

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?

– Alex

Koko's Response to Caller 3:

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CALLING KOKO CALLER 4

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

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.

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 infections. Is oral sex safe? How do we protect ourselves from STIs?

– Carmello

Koko's Response to Caller 4:

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CALLING KOKO CALLER 5

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.

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! I'm scared to date! What should I do?

– Dana

Koko's Response to Caller 5:

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CALLING KOKO CALLER 6

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'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Koko's Response to Caller 6:

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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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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SEAN AND MORGAN CASE STUDY (CONTINUED)

Using STOP, THINK and ACT and the questions below, decide what Sean should do to keep from having sex before being ready.

STOP:

What can Sean do to stop?

What can Sean do to stay calm?

THINK:

What is the problem? What is Sean being pressured to do?

What do you think Sean is feeling?

What does Sean think Morgan is feeling?

What are Sean's choices?

What does Sean really want to do?

What alternatives can Sean suggest to Morgan?

What are the possible consequences?

ACT:

What do you think is Sean's best choice?

How should Sean act on that choice?

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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 STI 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 STI. 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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 STI 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 having sex. 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.

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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. You 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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YOUR VALENTINE'S DAY GIFT (EFFECTIVE VERSION)

SCRIPTED ROLEPLAY

Setting the Stage:

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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 only want to have sex when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

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.

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Observer Checklist

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• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
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• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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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ROLEPLAY B: JUSTICE AND ANGEL

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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 feel that Justice does not trust you 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.

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ROLEPLAY C: KAYLA AND MIA

THEME: Two friends talk about protection

OBSERVE: Kayla using SWAT

(KAYLA and MIA talking)

KAYLA

Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.

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 reduce the risk for yourself and your partner by always using protection.

While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

MIA

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kalya, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

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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 STI 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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ROLEPLAY E: ALEX AND CASEY

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 create trouble in 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.

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OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY				
	A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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Introduction

Pregnancy and sexually transmitted infections (STIs), including HIV, are continuous challenges for youth in the United States.

Young people often comment that sex "just happened" and wasn't planned. Despite their increased use of the internet and social media, many youth still do not have access to medically accurate education and reliable resources to help them make informed decisions about their health and sexual behaviors. In addition to gaining knowledge about how to prevent pregnancy and STI transmission, youth are empowered through exploring influences that may affect their decisions and learning (e.g., social media, perceived peer norms, or family values) and practicing skills that will help them protect their sexual health.

Draw the Line/Respect the Line teaches young people how to set their own boundaries and helps them build the skills to support a decision to wait to have sex, or to effectively use safer sex practices to reduce their risk of unintended pregnancy, HIV and other STIs if and when they choose to become sexually active.

Curriculum Overview

The *Draw the Line/Respect the Line* curriculum helps youth develop personal sexual limits and practice the skills needed to maintain those limits when challenged. Healthy sexual limits will support youth in preventing HIV, STIs and unintended pregnancy.

This 19-lesson curriculum is designed to be used either by a classroom teacher or trained health educator in the sixth, seventh and eighth grades.

In Grade 6, the emphasis is on situations in which youth may be pressured to steal, use alcohol or tobacco/nicotine products. The 5 lessons feature limit setting and refusal skills in a nonsexual context.

In Grade 7, pressures regarding sexual intercourse are considered. The 7 lessons feature possible outcomes of unprotected sex, information about sexually transmitted infections, and practice in applying refusal skills in a social context.

In Grade 8, the 7 lessons feature an HIV-positive speaker, practice in applying refusal skills in dating contexts, and a condom demonstration.

The curriculum is based on numerous principles:

- **Not having sexual intercourse is the healthiest sexual limit for youth in middle school.** Avoiding sexual intercourse (and the situations that might lead to it) in middle school and beyond protects youth from STIs and unintended pregnancy, as well as from the potentially negative social, emotional and health outcomes of sexual intercourse.

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Introduction

- **Youth can set sexual limits.** Young people often believe sex "just happened," when, in fact, they can decide what their sexual limits are and maintain these limits. The curriculum asks youth to decide on their personal sexual limits and gives them the experience of having a limit and maintaining it in the face of pressure.
- **Youth can be motivated to maintain their limits.** To maintain a sexual limit, a person must be motivated. The best motivations will be highly personal and meaningful to the individual. The curriculum encourages youth to think about the immediate emotional and personal outcomes of having sex, (e.g., embarrassment, worry, hurt feelings, connectedness) as well as possible long-term outcomes such as pregnancy, HIV and other STIs.
- **Youth will encounter challenges to their limits.** Challenges to sexual limits can take many forms, including coercion, internal desires and peer pressure. *Draw the Line* lessons give youth an opportunity to identify and consider how to address situations, pressures and feelings that could affect their ability to maintain sexual limits.
- **Youth can overcome challenges to their limits.** Communication skills and greater self-awareness can help youth overcome many or most challenges to their sexual limits. Their interpersonal skills are developed through the use of roleplays and other skill practice. Lessons also address intrapersonal skills (e.g., self-monitoring, or paying attention to one's own thoughts and feelings) for maintaining sexual limits.
- **Youth who respect the limits of others will be less coercive.** In addition to learning to overcome pressure, the curriculum also helps youth avoid pressuring others. The theme of respecting others' limits is reflected throughout the lessons.
- **Each young person has unique needs.** In any classroom, there will be some youth who have very little sexual experience or knowledge and others who already have been exposed to a great deal, sometimes without their consent. Office hours and an anonymous question box help address the unique problems and circumstances of individual youth.
- **Condom use is essential protection for those who are sexually active.** Because youth who become sexually active at some point in their lives will need the information, the Grade 8 lessons include basic information about condoms, including how to use them.

Unique Features of the Curriculum

Kirby identified 10 characteristics shared by successful HIV prevention and sexual health education curricula.* Each of these characteristics is true of the *Draw the Line/ Respect the Line* curriculum.

1. **Narrow focus**. *Draw the Line/Respect the Line* has the specific focus of helping youth develop and maintain healthy sexual limits to reduce their risk for HIV, other STIs and unintended pregnancy.

*Kirby, D. 2001. *Emerging answers: Research findings in programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

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Introduction

2. **Theoretical foundation**. The curriculum is based on several social psychological theories, particularly social inoculation theory and social cognitive theory. It also draws on emerging research findings that suggest that youth at highest risk have experienced trauma, including sexual abuse, and that youth often experience coercion in sexual encounters.
3. **Clear and appropriate messages**. The curriculum's primary message is that postponing sexual activity is the best choice for youth in middle school. The program therefore encourages youth to set limits around sexual activity, not have intercourse, and not risk intercourse by getting into situations where sex is possible or tempting. However, because some youth will choose or be coerced into sexual activity, a secondary message of the program is that condoms must be used for intercourse to reduce the risk of HIV, other STIs and unintended pregnancy.
4. **Basic, accurate information on possible outcomes of unprotected intercourse and ways to maintain abstinence or use protection to prevent unintended pregnancy and STIs**. This curriculum provides basic facts about transmission of HIV and other STIs and information about how to use a condom.
5. **Lessons on social pressures that influence sexual behaviors**. The curriculum includes lessons that help youth overcome challenges to their sexual boundaries, including pressure from a partner and other possible influences, such as their own physical desires.
6. **Modeling and practice of communication and negotiation skills.** A major focus of the curriculum is on the development and practice of skills involved in limit setting, including communication of one's limits, the ability to protect those limits, and respecting others' limits.
7. **Teaching methods that include youth engagement and help youth personalize the information**. The curriculum makes extensive use of small-group discussion, roleplays, stories, games and other approaches designed to engage youth in the learning process and help them connect the learning to their own lives.
8. **Behavioral goals, teaching methods and materials appropriate to the age, sexual experience and culture of the youth**. The curriculum's basic assumption that postponing sexual activity is the best choice for youth in middle school is a developmentally appropriate goal. The Grade 6 lessons feature skill development related to nonsexual issues because so few youth are sexually experienced at that age. In Grades 7 and 8, skills are practiced in relationship contexts (e.g., at parties or when dating). To enhance appeal and relevancy, the materials are highly interactive and use a story-based approach whenever possible.
9. **Sufficient length of time**. *Draw the Line/Respect the Line* includes approximately 19 hours of instruction across three grade levels.

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10. **Supportive and trained educators for program implementation**. For the *Draw the Line/Respect the Line* study, family life educators were hired and trained to implement the program. Classroom teachers interested in implementing this program should be skilled in using interactive teaching methods and guiding group discussions, and should be comfortable with the program content.

In addition to these characteristics, the program is sensitive to the needs of Latinx/é youth. *Draw the Line/Respect the Line* was designed to be implemented in schools with large numbers of Latinx/é youth, and these youth were consulted frequently during development. The youth materials are provided in both English and Spanish because of the large number of schools that have bilingual classrooms.

How the Curriculum Was Developed

Draw the Line/Respect the Line **was developed as part of a research project funded by the National Institute of Mental Health (MH51515).** In this study, 19 schools were randomly assigned to either receive the curriculum or continue with usual classroom activities regarding HIV, other STIs and pregnancy prevention. Ten schools received the curriculum, provided by specially trained family life/health educators.

Pilot Testing

The researchers and educators involved in this project spent several years developing and pilot testing the curriculum. Youth in focus groups provided information about how young people think and feel about sex, as well as feedback about lesson ideas.

Each lesson activity was tested initially in schools not formally part of the study. Then, various activities were revised, and additional piloting of the lessons occurred. Finally, full sets of lessons for each grade were taught in 10 or more classrooms in another school district and final revisions were made. Youth feedback was used throughout the process to improve the lessons and make them enjoyable.

Evaluation and Results

The evaluation of the curriculum involved surveying youth in the 19 study schools who had received parental consent to participate in the study. Surveys were completed before youth received the program in grade 6, and at the end of grades 7, 8 and 9.

The curriculum was effective in delaying sexual initiation for boys, but not for girls.

Results from the evaluation study:

- Boys who received *Draw the Line/Respect the Line* were significantly less likely than boys in the comparison group to initiate sex, had significantly greater knowledge, perceived fewer peer norms supporting sex, had more positive attitudes toward reasons for not having sex, had stronger sexual limits, and put themselves in fewer situations that could lead to sexual behaviors.

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Introduction

- There were no significant differences for girls, except regarding peer norms. Girls receiving the curriculum perceived fewer peer norms supporting sex than girls in the comparison group.

The surveys indicated that almost 30% of girls in grade 8 in the study had a boyfriend 2 or more years older, and that these girls were more likely to report having had sex. It's possible that more instruction on the influence of older boyfriends on sexual behaviors, and more skill practice in handling potential power differentials and possible coercion may help improve the results for girls.

Note: For more information about the curriculum and the theories that support it, see: Marin, B. 1999. *Draw the Line/Respect the Line*: A curriculum to prevent sexual risk. In *Psicología al fin del siglo/Psychology at the end of the century.* Invited addresses from the XXX Interamerican Congress of Psychology. Caracas, Venezuela: Interamerican Society of Psychology. Available at website: www.caps.ucsf.edu.

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How to Use the Curriculum

Teaching the Curriculum

This curriculum can be used by either classroom teachers or community-based educators. Each lesson includes:

- an overview of activities
- lesson objectives
- a list of preparatory steps
- approximate time required for each activity
- detailed steps for implementing each activity
- supporting materials (e.g., teacher activity sheets, demonstrations, roleplays, etc.)

The workbook contains all youth activity sheets and roleplays, in both English and Spanish.

Use by Classroom Teachers

Teachers who implement this program should:

- Have knowledge of the content areas covered in the curriculum.
- Be comfortable discussing the material.
- Have experience in using interactive teaching strategies such as roleplaying.

During the evaluation study, this curriculum was taught by trained family life/health educators; however, classroom teachers can implement it themselves.

Classroom teachers have the advantage of being familiar with their students and able to maintain discipline. In some cases, however, seeing the teacher as an authority figure may make it more difficult for youth to freely express their questions or views about sex. Youth also might say things to challenge teachers or make them uncomfortable, just to see their reaction.

It's important for classroom teachers implementing the curriculum to plan how they will react to difficult situations and to be aware of district policies about what can and cannot be said about sex in the classroom.

Use by Outside Educators

Community-based educators who implement this program should also have knowledge of the content areas, be comfortable discussing the content, and have experience using interactive teaching strategies.

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How to Use the Curriculum

To be most effective, educators should plan a pre-implementation meeting with the classroom teacher to discuss logistics and support. They may also want to observe the classroom prior to teaching the curriculum to get to know the youth and how they interact in the classroom. The use of name tents is built into the lessons to help outside educators learn the names of the participating youth.

At the pre-implementation meeting, educator and classroom teacher should:

- Introduce themselves.
- Confirm implementation dates.
- Clarify policies in their school district as to what parental consent protocols may need to be in place.
- Discuss how the teacher can assist during the sessions.

Classroom teachers can assist outside educators in the following areas:

- Maintaining discipline in the classroom. Ask the teacher for a copy of the classroom agreements.
- Participating in roleplays. Give or show the teacher copies of the roleplays. These roleplays are models for the youth and are best presented by two adults.
- Offering credit for completing parent-child homework activities. Because enhancing parent-child communication is one of the goals of this curriculum, there are some homework activities in which youth are asked to talk with their parents or another trusted adult. Ask the teacher to offer classroom credit or points for completing the homework activities, or to utilize some other type of reward system to encourage completion of the homework.
- Reinforcing the messages of the curriculum. Classroom teachers can enhance the potential impact of the program by asking youth about what they've learned and reinforcing curriculum messages between lessons, if the lessons are not consecutive, or after the lessons have been completed.

Encourage the teacher to watch for incidents in which youth are faced with drawing the line and to take advantage of these teachable moments to introduce discussion about setting limits and factors that can make it difficult.

(Note: ETR trained the educators who implemented the curriculum during the evaluation study. Schools or agencies interested in training for this program can find out more or contact a training specialist at www.etr.org/ebi/training-ta.)

Answering Questions

Youth may have potentially sensitive questions regarding the topics covered in the curriculum. Two different approaches were used in the evaluation study to provide youth with an avenue for asking individual questions—office hours and anonymous questions.

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Office Hours

During the evaluation study, health educators offered office hours during which they were available after class for discussion, questions, skill practice and/or referrals. Office hours were held during lunchtime once or twice a week, either in an office or in the schoolyard. Office hours were available during the time the program was taught and for a few weeks following.

Office hours may be difficult to implement due to logistics and/or lack of resources, but schools and agencies that can use this approach will provide youth with more support and greater opportunities to connect with caring adults who can help them address important issues in a safe environment.

Using a consistent office site that is not associated with discipline (e.g., detention) is best. During the evaluation study most youth came to office hours in pairs or small groups.

A variety of methods can be used to create an environment that fosters dialogue and allows youth to feel safe:

- **Providing games, such as cards, chess or dominos.** While playing games, youth frequently asked questions or engaged the educator in conversations that dealt with the curriculum topics.
- **Answering anonymous questions in small groups.** The small groups either compiled the anonymous questions or previously asked questions were used.
- **Offering special topic days, such as navigating social influences.** This is a way to offer an opportunity to youth who might be uncomfortable asking a question in a large group.
- **Educators circulating on the campus.** Talking one on one or in small groups offers access to a greater number of youth.

Issues that commonly emerge during office hours may include school issues, questions on relationships, sexuality, gender identity, methods of protection, and processing reactions to hearing stories from those who are living with HIV. Some youth may disclose more serious situations such as abuse or suicidal behavior. Anyone teaching the program should be aware of the school's mandated reporting policies before beginning to teach the curriculum.

Anonymous Questions

The seventh and eighth grade lessons make use of a question box. The anonymous question technique allows youth to ask sensitive questions they might not ask otherwise because of embarrassment or fear of being perceived as too naive or too experienced.

To formalize the anonymous question process, the curriculum includes opportunities for youth to write questions at the end of selected lessons. During these lessons, everyone in the class is given a 3" x 5" card or scrap paper and asked to write a question about the material being covered in the curriculum.

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If youth do not have a question they can simply write "hello" on the card. This preserves anonymity because it isn't obvious who is writing a question. Educators or teachers should collect the cards, screen the questions, and prepare answers.

Questions can be addressed in the following ways:

- Questions that relate to specific lesson topics (e.g., STIs) can be held for the day of the topic.
- If a question pertains to information that has already been presented, turn the question back to the youth and have them answer it as a review.
- Time for addressing anonymous questions is most typically included at the end of lessons. But some educators may choose to begin a lesson by addressing questions.
- Accept all questions. Questions that are too explicit or graphic can be reframed to address the underlying issue.
- Questions about the educator's personal life should not be answered.

Adapting the Curriculum for Differing Learning Abilities

Youth with differing learning abilities and youth who are bilingual or English Language Learners are often overlooked in prevention programs. *Draw the Line/Respect the Line* has been taught extensively to youth with diverse needs. The following suggestions and adjustments can be made to make the lessons more appropriate for youth with special needs.

Key Modifications

The key modification for youth with differing learning abilities is to reduce the focus to a few simple concepts. In the evaluation study some writing activities were shortened or eliminated. Educators also repeated information more often and increased use of visuals. Worksheets can be completed as a whole group, instead of individually. If two teachers are available, the class can be divided into two small groups.

Bilingual Classrooms

Draw the Line/Respect the Line **was evaluated in ethnically diverse schools.** The curriculum was taught in bilingual and monolingual Spanish classes, and in English Language Development classes that combined multiple languages (i.e., Vietnamese, Tagalog, Hmong, Chinese, Korean and Spanish). One class was conducted in sign language. All worksheets and key visual aids were developed in English and Spanish.

One key modification for these classes is to slow the lesson pacing, using translation from teachers and/or aides as needed. In some cases, scenarios may need to be modified for youth who have limited exposure to refusal skills and prevention topics.

Another useful technique is to group youth who need translation at one or more tables, limiting the group size to 5 or fewer, and assigning a teacher's aide or volunteer to sit at

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the table to translate. Youth who are English Language Learners should be encouraged to participate in the discussions in their native language through translators, or in English. Youth also should be encouraged to write and act out roleplays in their native languages.

Other Adaptations

Program facilitators are encouraged to make minor adaptations (also referred to as "green light" adaptations) to optimize the program for the youth 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 (e.g. adapting names, scenarios, etc.) 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 dating violence or online sexual harassment.

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 a project officer or 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 this curriculum can be found at *https://www.etr.org/ebi/programs/draw-the-line* 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.

Securing Parent Notification and Permission

It's essential to inform parents and guardians regarding the nature and scheduling of the *Draw the Line/Respect the Line* **program.** Requirements for parent notification vary by local school district and state. Review school district policies and follow established procedures.

A "passive permission" letter that can be modified and used by a school is provided on pages 8–9. The letter should be printed on school letterhead and include the principal's signature.

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How to Use the Curriculum

A parent preview night should be planned to give parents an opportunity to see the curriculum materials and meet the teachers. During the meeting, parents should receive a copy of the lesson outline for the grade their child is in (see pages 10–11[SS2]) and be given an opportunity to experience some of the learning activities, if possible. Parent-child homework assignments also should be described and the value of completing these assignments should be emphasized.

Videos

During the evaluation study, a few of the seventh- and eighth-grade lessons were augmented with videos or video clips.

- **Grade 7** used a video in Lesson 1 that showed young people discussing pressures middle school youth face and what makes it difficult to resist these pressures. A video about STI was used in Lesson 5.
- **Grade 8** used a video in Lesson 1 that featured interviews with young people living with HIV to help personalize the motivation for drawing the line in sexual situations. A video that includes a personal story from a person living with HIV can also be used in Lesson 5, if a speaker is not available.

When selecting a video to engage youth in discussion, be sure to choose one created within the last 5 years. Suggestions for alternative videos can be found at *https://www.etr.org/ebi/programs/video-adaptations*.

Using Same-Gender or Mixed-Gender Groups

In the original evaluation, certain activities in this curriculum made use of same-gender groups (all boys or all girls), Creating a classroom environment of inclusivity will increase comfort and the ability to honestly reflect and share in group settings. This comfort is imperative to youth being able to successfully build the skills, knowledge and positive attitudes needed to set personal limits and protect themselves from pregnancy, HIV and other STIs. While some young people may feel more comfortable or be able to be more honest when discussing sexuality-related issues in single-gender groups, we do not recommend dividing the class in this way, as it can cause trauma for transgender, gender non-conforming, and non-binary youth.

Rather, we suggest building a safe and inclusive environment in which all youth feel affirmed and included in the lessons. The use of integrated, mixed-gender groups is considered best practice for current-day classrooms and youth groups,* and is something sexuality educators are trained to facilitate. Use of mixed-gender groups can help promote gender equity, build understanding of different perspectives, and increase inclusivity for transgender, gender nonconforming, and non-binary youth.

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* Bruess, C. E., and E. Schroeder. 2018. *Sexuality Education: Theory and Practice*. 7th ed. Scotts Valley, CA: ETR Associates.

How to Use the Curriculum

Educators should weigh these considerations with their knowledge of their particular group's maturity and comfort levels when teaching activities that call for same-gender grouping of youth.

- If same-gender groups are kept, the educator should be sensitive to any youth who may be transgender, gender non-conforming, or non-binary. Youth must be allowed to choose which group they want to work with, or the educator can set up at least one mixed-gender group that can brainstorm or practice roleplays from the perspective of all genders.
- Changing the activity set-up to incorporate mixed-gender groups is considered a minor adaptation that can promote greater understanding and inclusivity, as long as youth feel comfortable within the groups and are willing to share and participate.

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Sample Notification Letter

(on District or School Letterhead)

Dear Family:

This year, your child will be offered a program called *Draw the Line/Respect the Line*. This program helps young people learn ways to prevent HIV infection, other sexually transmitted infections (STIs), and unintended pregnancy. The lessons emphasize that choosing not to have sex is the safest choice.

In sixth grade, there will be 5 lessons. The lessons do not directly talk about sexual behavior. They focus on peer pressure and how to resist it. In both seventh and eighth grades, there will be 7 lessons that will cover ways to resist pressure to have sex, including refusal skills practice. Communication and decision-making skills will also be taught.

The *Draw the Line/Respect the Line* program includes several homework activities to help parents and children talk about personal limits. We hope you will work with your child on these. This homework is voluntary, and parents' answers will not be shared in class.

You are welcome to preview the *Draw the Line/Respect the Line* materials. Please contact _____ at the school, and we will arrange a preview time and answer any questions you may have about the program.

Your child may be excused from any part of this program.

If you do NOT want your child to take part in any portion of this program, you must fill out the form at the end of this letter and return it to school by _____. We will arrange a different learning activity for your child.

If we do not hear from you, we will assume you allow your child to take part in the *Draw the Line/Respect the Line* program.

Sincerely,

Principal

- -

I, _____ do NOT want my child to take part in the *Draw the Line/Respect the Line* program. I understand that my child will be given another learning activity during this time.

Signature: _____ Date: _____

Note: You do NOT need to return this form unless you do NOT want your child to take part in the lessons.

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Sample Notification Letter Spanish

(on District or School Letterhead)

Estimada familia:

Este año, a su hijo o hija le ofrecerán en la escuela un programa que se llama *Marca los límites/ Respeta los límites*. Este programa enseña diferentes maneras de prevenir la infección con el VIH, otras enfermedades de transmisión sexual, y el embarazo. El mensaje principal de estas lecciones es que la mejor decisión es no tener relaciones sexuales.

En el sexto grado, los estudiantes reciben 5 lecciones. Estas lecciones no tratan directamente el tema de la conducta sexual sino la presión que pueden estar recibiendo de los amigos y cómo resistir estas presiones. En los grados 7 y 8, los estudiantes reciben 7 lecciones. Los estudiantes aprenderán y practicarán maneras de resistir las presiones para tener relaciones sexuales. También aprenden diferentes maneras de comunicarse.

El programa *Marca los límites/Respeta los límites* incluye varias tareas que ayudan a padres e hijos a conversar acerca de límites personales. Esperamos que la familia pueda ayudar a su hijo/hija con estas actividades. Estas tareas son voluntarias y los estudiantes no comparten las respuestas de sus padres con el resto de la clase.

Ustedes pueden revisar los materiales del programa. Favor de contactar a _____ _____ en la escuela para arreglar una cita para mostrar los materiales y contestar cualquier pregunta o dudas que ustedes tengan.

Todos los estudiantes tienen derecho a no participar en el programa.

Si ustedes NO quieren que su estudiante participe en el programa, llenen el formulario que aparece al final de esta carta y devuélvanlo a la escuela antes del _____. Arreglaremos otra actividad para su hijo/hija.

Si ustedes no llenan o no envían el formulario, entenderemos que su hijo/hija puede participar en el programa *Marca los límites/Respeta los límites*.

Cordialmente,

Director(a)

- - - -

Lesson Outline: Grade 6

The goal of *Draw the Line/Respect the Line* is to provide youth with knowledge and skills critical to prevent HIV, other sexually transmitted infections (STIs), and unintended pregnancy. The grade 6 curriculum includes 5 lessons that address setting personal limits and meeting challenges to those limits.

Lesson 1: Draw the Line/Respect the Line

Youth experience the concept of drawing the line by participating in a game of Simon Says. They complete an individual activity to personalize the concept of drawing the line.

Lesson 2: Steps for Drawing the Line—Part 1

Youth brainstorm strategies and analyze roleplays to identify ways to tell someone where they draw the line.

Lesson 3: Steps for Drawing the Line—Part 2

Youth review and practice the Steps for Drawing the Line by roleplaying in pairs.

Lesson 4: The Roleplay Challenge

Youth learn a new skill (suggesting other activities) as a way to stick with their limits and still keep their friends. They also learn to walk away from a pressure situation if necessary and continue to practice the use of the communication skills introduced in Lessons 2 and 3 through the use of half-scripted roleplays.

Lesson 5: Friends Respect the Line

The concept of respecting the line is introduced using roleplays. Youth discuss the idea that friends do not persist in pressuring because it demonstrates a lack of respect for their friends. They practice ways to respect the line.

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Resumen de las lecciones del Grado 6

El propósito del programa *Marca los límites/Respeta los límites* es ofrecer a los estudiantes la información y las habilidades necesarias para prevenir el VIH, los embarazos y las enfermedades de transmisión sexual o ETS. Las lecciones del sexto grado son cinco y tratan el tema de los límites personales y las dificultades que los estudiantes pueden encontrar para mantener sus límites.

Lección 1: Marca los límites/ Respeta los límites

Los estudiantes aprenden qué quiere decir Marca Los límites/Respeta los límites al participar en el juego "Simón dice" ("Simon Says" en inglés). En este juego los estudiantes escuchan mencionar una serie de actividades y cada uno escoge las actividades que va a hacer y las que no va a hacer. También completan una actividad individual que les ayuda a comprender en forma personal cómo marcar sus límites.

Lección 2: Pasos necesarios para marcar los límites—Parte 1

Por medio de dramatizaciones y lluvia de ideas los estudiantes pueden ver las diferentes maneras de hacerle entender a otra persona hasta dónde pueden llegar.

Lección 3: Pasos necesarios para marcar los límites—Parte 2

Por medio de las dramatizaciones los estudiantes repasan y practican con un compañero(a) los pasos a seguir para marcar límites.

Lección 4: Dramatizando el desafío

Los estudiantes aprenden una nueva forma de mantener sus límites sin necesidad de perder sus amistades. También aprenden a salir de una situación de presión si es necesario. Los estudiantes siguen practicando el uso de las habilidades de comunicación que aprendieron en las lecciones 2 y 3, por medio de dramatizaciones que ellos mismos tienen que completar.

Lección 5: Un amigo respeta los límites

Por medio de breves dramatizaciones los estudiantes comprenden lo que quiere decir respetar los límites de otros. Los estudiantes hablan sobre cómo un amigo no debe insistir en convencer a otro a que haga ciertas cosas que no son correctas, ya que esto significa una falta de respeto. Los estudiantes practican las diferentes formas de respetar los límites de los demás.

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1 Lesson 1

Draw the Line / Respect the Line

INTRODUCTION

In this lesson, youth receive a brief overview of what they will learn in the sixth-grade lessons. They review class agreements for creating a safe and comfortable atmosphere for discussion. Sometimes people, especially young people, may not realize they have a right to say NO, and may not know how to set personal boundaries or limits for themselves. This lesson introduces the concept of "drawing the line" and setting personal boundaries.

The Simon Says game helps youth observe their own behavior in a situation in which they feel some pressure to act in a certain way. They then complete an activity to personalize where they draw the line in specific situations.

Purpose Statement for Students

Today we will focus on paying attention to our personal limits so we don't get talked into doing something we don't want to do.

Objectives

Youth will be able to:

- Recognize that they have the right to draw the line.
- Explain how pressure from others can make it hard to draw the line.
- Personalize where they draw the line in several areas of their lives.

Activities

Activity 1.1:
Introduction and Plan for the Day

Activity 1.2:
Dicho/Saying for the Day

Activity 1.3:
Simon Says

Activity 1.4:
Where's the Pressure?

Activity 1.5:
Where Do You Draw the Line?

Activity 1.6:
Closure and Family Activity

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review Teacher Activity Sheet 1.3– **Simon Says Game**.

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- Attach round yellow adhesive dots for the Simon Says game to name tents with paper clips. (Provide 5 dots per youth.)
- Write the Dicho on the board or chart paper.
- Review the Plan for the Day.

Prepare and/or review the following materials:

- Name tents with 5 yellow dots for Simon Says game attached
- **"I Learned" Question Sheet**
- Chart paper, markers and tape
- **Simon Says Game** (Teacher Activity Sheet 1.3)—copy 1
- **Where's the Pressure?** (Worksheet 1.4)
- **Where Do You Draw the Line?** (Worksheet 1.5.)
- Chart paper listing the phrases from Worksheet 1.5
- White paper plates—1 for each youth
- **Lesson 1 Family Activity** (Worksheet 1.6)—copy 1 for each youth, if workbooks are not taken home.

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1.1 Activity 1.1
Introduction and Plan for the Day

Time
10 min

Materials
Name tents
Chart paper, markers and tape
Plan for the Day

Purpose
To set the foundation for a safe, comfortable environment.

What the Teacher Does
Introduces program. Has youth create name tents. Provides structure and sets expectations. Helps youth feel comfortable talking about themselves.

What Youth Do
Construct expectations about participation and experiences resulting from the program. Create name tents. Comprehend agreements.

PROCEDURE
Introduction

1. Introduce yourself (if necessary) and introduce the *Draw the Line/Respect the Line* program. Explain that you will be teaching 5 lessons that will help them learn how to protect themselves and others from unintended pregnancy, HIV and other infections you can get from sex. Explain that in these lessons you won't be talking about sex directly, but they will learn to set boundaries or limits and stick with them, while still keeping their friendships. Tell them that the lessons include games, roleplays and other fun activities.
2. Distribute the name tents. Have youth write their first names on both sides. (Dots for Simon Says game should already be attached.) Explain that you will pass the name tents back at the beginning of each class so you can all get to know each other.

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3. Ask youth to review their group agreements. List the agreements on the board or chart paper if they are not already posted. Tell them that these same agreements will be in effect during the *Draw the Line/Respect the Line* lessons. Ask if there are any other agreements that might be useful for creating a classroom where everyone feels comfortable participating in the activities and discussion. Write these on the board or chart paper.

Teacher Note

If the group is particularly disruptive, it is important to emphasize that youth will be unable to play the games or do the roleplays if they cannot hear. If necessary, establish a point system in which points are taken away if group agreements are broken and points can be earned for doing the homework.

Plan for the Day

4. Explain that each day you will post a plan so they know what to expect from the lesson. Say: "Today we will focus on what we will be doing in the next 5 lessons." Write the Plan for the Day on the board or chart paper:
   - Dicho
   - Simon Says
   - Where's the Pressure?
   - Where Do You Draw the Line?
   - Family Activity
5. Ask for a volunteer to read the plan. Clarify as needed.

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1.2 Activity 1.2
Dicho/Saying for the Day

Time
3 min

Materials
Dicho

Purpose
To relate the meaning of a dicho to the purpose of the day's lesson.

What the Teacher Does
Presents the saying of the day. Has youth complete the dicho activity.

What Youth Do
Think about what the dicho means.

PROCEDURE
1. Before the lesson begins, write the dicho on the board or on chart paper so that everyone can see it.
   Dicho: Camarón que se duerme, se lo lleva la corriente.
   Saying: If the shrimp falls asleep, the current will carry it away.
2. Ask youth to read the dicho silently (or read it aloud to the group).
3. Ask youth to take out a piece of scratch paper and write down what the dicho means to them. Allow them to work for a minute.
4. Ask for volunteers to share what the dicho means to them. Clarify the meaning as needed (i.e., if you're not paying attention, you may get caught up in the things happening around you before you realize it, and some of those things may be bad).
5. Explain that, in today's lesson, they will learn why it is important to be alert, so they don't get "carried away by the current."

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1.3 Activity 1.3
Simon Says

Time
15 min

Materials
5 yellow dots per youth (attached to name tent)
Simon Says (Teacher Activity Sheet 1.3)

Purpose
To demonstrate how important it is to stick to your personal boundary or limit no matter who is pressuring you to cross it.

What the Teacher Does
Leads game of Simon Says and engages youth in discussion of what they experienced.

What Youth Do
Experience a situation in which they are asked to do something disagreeable and must choose whether or not to "draw the line." Construct personal meanings regarding their ability to draw lines.

Teacher Note
This game is intended to allow most youth to experience drawing the line. You can change the name "Simon" if desired as some youth may not know that game. For the game to work best, youth must be excited about playing the game and winning, which means avoiding putting a dot on themselves. If they are eager to do what Simon says, they will be placed in an important dilemma when asked to lick their shoes. Most will refuse at this point. In this way, they experience drawing the line when they are feeling pressure to do something.

While avoiding the dots is important during the game, it isn't necessary to talk about the dots during the debrief. Focus on what youth were thinking and feeling as they experienced the game. Winning and losing should be de-emphasized in the debrief in favor of thinking about how it felt to draw the line and why that might be hard to do sometimes.

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1.3

Activity 1.3
Simon Says

PROCEDURE

1. To introduce the game, say: "We are going to play a game now that you might have played before. It's called Simon Says. Have you played it before?"
2. Ask youth to take the 5 dots from their name tents and stand in a circle, not touching. (This may require moving chairs.)
3. Set the agreements for Simon Says:
   - No touching.
   - I'm going to read off a list of activities. When I say "Simon says" before reading the activity, you should do the activity within 5 seconds. If I don't say "Simon says" you shouldn't do the activity.
   - If you do what I asked when I didn't say "Simon says," or if you don't do what Simon says in 5 seconds, you have to put a yellow dot on your shirt.
   - The goal is to get as few dots as possible.
4. Check for understanding by asking a few key questions about the game. Practice (see Teacher Activity Sheet 1.3) and give corrective feedback as needed.
5. Using Teacher Activity Sheet 1.3, read the Simon Says statements quickly. Make sure that those who don't do what Simon says and those who do something when you didn't say "Simon says" put a dot on themselves.
6. Immediately after "Simon says: lick the bottom of your shoe" (and before any youth can actually do it), say "Simon says: STOP" loudly, so that they realize the game is over. Ask youth to return to their seats. After a few moments, ask what they noticed while playing the game.

   Use the following discussion questions to make each point:

   - **Which of the things Simon said did not require much thought before you did them? Why were they easy to do?**

     Point out that some things are easy to do and don't require much thinking.
   - Why? Because they do not place us or others in danger, are fun, do not threaten our health, etc.

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Activity 1.3
Simon Says

- **What did you think/feel when you were asked to suck your thumb or smell under your arm?**

Teacher Note

Most youth, but not all, will do things that make them mildly uncomfortable. This uncomfortable feeling is in fact very important for them to recognize, so that they can use this signal as an alert in other situations. If what they were asked to do was embarrassing, ask them to consider why they did it anyway.

Point out that many people reported feeling uncomfortable. This feeling of discomfort can be important in helping us know that we need to be careful and pay attention because we might be doing something that we won't be proud of later or we might need to draw a line with someone who is pressuring us.

- **If you didn't do something Simon said to do, why was it hard?**

Teacher Note

A few youth will usually refuse to engage in the embarrassing activities and instead opt to put a dot on themselves.

Acknowledge that pressure from someone else can make it hard to do what we think is right. This can include pressure from someone older or pressure from friends.

Point out that some of them drew the line instead of doing something they felt was embarrassing by putting a dot on themselves instead of doing the activity. Point out that different people might have different lines.

- **What did you think/feel when you were asked to lick the bottom of your shoe? If you tried to lick your shoe, what made you decide to do that?**

Teacher Note

A few youth, probably the risk takers, may try to lick their shoes. It is important for them to consider why they wanted to do this.

Point out that there are lots of reasons people sometimes take risks with their health (e.g., they like how smoking or vaping makes them look or feel). Those who started to lick their shoes may have felt some curiosity or wanted to show they were brave by taking a risk.

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Activity 1.3
Simon Says

- What do sixth graders get pressured to do?
- What made you decide to say NO to licking your shoe? How did you feel when you drew the line?

Teacher Note

Most youth will refuse to lick their shoes and once the teacher stops the game, will probably feel pleased with themselves for "drawing the line." They were strong enough to protect themselves and question authority and should be congratulated.

Point out that those who refused to lick their shoes were drawing the line, or setting a boundary, by saying NO. Emphasize that everybody has the right to say NO and draw the line. Note that many of them felt good about drawing the line even though there was pressure to do something they didn't want to do. They were respecting themselves by drawing the line. They were standing up for themselves by saying, "I won't do that no matter who's pressuring me."

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1.4 Activity 1.4
Where's the Pressure?

Time
8 min

Materials
Where's the Pressure? (Worksheet 1.4)

Purpose
To review what was learned from the Simon Says game and to identify situations where youth have experienced peer pressure.

What the Teacher Does
Explains Worksheet 1.4 and answers questions.

What Youth Do
Identify and personalize their limits.

PROCEDURE
Introduction
1. Explain that they will be completing a worksheet to help them think about what they learned in the Simon Says game. Have youth turn to **Where's the Pressure?** (Worksheet 1.4). Tell them to begin the worksheet as soon as you complete the instructions. Remind them that they don't have to put their names on the worksheet. Check for understanding by asking what they will do on the worksheet.
2. Allow time for youth to complete the worksheet.
3. Walk around to be sure they are on task and understand the activity.
4. Ask a few volunteers to share their answers to the question about times when it was hard to resist pressure from a friend and what made it hard to resist the pressure. Remind them that it can be hard to draw the line in many situations, even in a game like Simon Says, which is why they are doing these lessons.

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1.5 Activity 1.5
Where Do You Draw the Line?

Time
10 min

Materials
White paper plates
Where Do You Draw the Line? (Worksheet 1.5)
Chart paper listing the phrases from Worksheet 1.5

Purpose
To help youth identify where they draw the line in typical sixth-grade pressure situations.

What the Teacher Does
Provides an example of drawing the line. Explains the task with paper plates. Answers questions.

What Youth Do
Identify and personalize their boundaries or limits in several situations.

PROCEDURE

1. Remind youth of the answers they gave about times when they might need to draw the line. (*Examples:* Someone asks you to cheat or lie; someone wants you to drink or do drugs; someone dares you to do something dangerous or something that is very uncomfortable for you or that goes against your values or what you stand for.)
2. Ask why it might be helpful to decide where they draw the line in advance (it makes it easier to say NO or to know where you stand). Explain that they're going to do an activity in which they will decide where they draw the line.
3. Explain that everyone will get a paper plate. Tell them that once they get the plate they should draw a line through the middle of the plate and label the top half "I will" and the bottom half "I won't." They should draw a dot in the top half of the plate to represent themselves. Remind them not to put their names on the plates.
4. Draw a circle, a dot and a line on the board. Label the halves of the circle "I will" and

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"I won't." Explain that they will be deciding which things they will and won't do in terms of using alcohol, smoking or vaping, copying someone else's work, and some other boundaries they might consider with friends.

Explain that they will see a list of behaviors. They should read the list and decide which behaviors they will and won't do in sixth grade. Then they should write each item on the list in the "will" or "won't" section of the paper plate. Explain that if they can't decide, they can write it on the line.

5. Give an example, such as "Imagine that one of the activities was 'drink soda every day.' Since I don't want to have that much added sugar every day, I would put 'drink soda every day' in the bottom half. 'I won't...drink soda every day.' If another activity was 'eat fruit every day' I would put that in the top section because I want to eat healthier foods every day. 'I will eat fruit every day.'"

   Write "drink soda every day" and "eat fruit every day" in the appropriate places in the circle on the board. Check for understanding by asking youth to explain what they are supposed to do. Clarify any misconceptions.

6. Explain that this is a private activity, and they should cover their answers if they don't want other people to see. Explain that at the end of the activity you will collect the plates, but you will not know anyone's personal answers since they will not put their names on the plates.

7. Post the list of key phrases from Worksheet 1.5 on chart paper in English and Spanish. Pass out paper plates and have youth turn to **Where Do You Draw the Line**? (Worksheet 1.5).

8. Walk around to be sure youth are on task and understand the activity. After everyone has finished, collect the plates.

9. Ask what they thought of the activity and what they learned about themselves. Ask them in what other situations they might need to draw the line, and if it would help to think about it in advance.

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1.6 Activity 1.6
Closure and Family Activity

Time
6 min

Materials
Lesson 1 Family Activity (Worksheet 1.6)

Purpose
To review the lesson and assign homework.

What the Teacher Does
Provides summary and transition to Lesson 2. Explains homework.

What Youth Do
Review what they have learned. Prepare to complete homework assignment with an adult.

PROCEDURE
Lesson Summary
1. Ask youth to tell you the various things they did in the lesson today and what they learned. Ask what they learned about themselves from the Simon Says game. Ask how the saying or dicho relates to the Simon Says game.

   Remind them that the shrimp who falls asleep can get in trouble, just like the person who goes along with the crowd without thinking about drawing the line.
2. Ask what drawing the line means to them. Explain that in the next class they will learn ways to communicate where they draw the line.

I Learned Statement
3. On the **"I Learned" Question Sheet** in their workbooks, ask youth to answer the question for Lesson 1: *"What did you learn about yourself from the Simon Says game?"*

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Family Homework

4. Explain that one important part of the *Draw the Line/Respect the Line* program is talking with their parents, caregiver or other trusted adults about things related to the program. Explain that they are going to be interviewers and gather information. Tell them they will interview a parent, caregiver or another adult, using the questions on a homework sheet. Explain that they should record the interview answers on their homework sheet.
5. Have the group brainstorm a list of other adults with whom they could talk if a parent or caregiver is not available to help with the homework (e.g., another teacher, counselor, school nurse, uncle, aunt, grandparent, older brother or sister, coach, clergy). Remind them that you are also available to help if they do not have another adult with whom they would like to talk.
6. Explain that after they finish their interview, they need to have that person sign the homework sheet (show the signature section). Remind youth that they also need to sign the homework sheet themselves. Explain that the assignment will be due at the beginning of the next lesson, and they will get extra credit (or whatever has been arranged) for completing it. Check for understanding.
7. Have youth turn to **Lesson 1 Family Activity** (Worksheet 1.6) or distribute copies. Review the questions briefly. Clarify as needed.

Transition and Closure

8. Explain that in the next lesson they will learn ways to draw the line when they are pressured by a friend to do something.
9. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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1.3 Teacher Activity Sheet 1.3

Simon Says

Practice

Simon says: scratch your head.

Simon says: pull your ear.

Lift your foot.

Statements

Simon says: put your finger on your nose.
Put your elbow on your knee.
Lick your lips.

Simon says: stick out your tongue.
Simon says: wiggle your nose.
Blow a kiss.

Simon says: try to touch your ear with your tongue.
Cross your legs.
Simon says: take off your right shoe.

Simon says: put your hand on your head.
Simon says: shake your head.
Smell the inside of your shoe.

Simon says: put your elbow on your knee.
Simon says: suck your thumb.
Simon says: smell under your arm.
Simon says: touch your chin.
Simon says: lick the bottom of your shoe.

Simon says: **STOP!**

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1.3 Teacher Activity Sheet 1.3

Simón dice

Práctica

Simón dice: ráscate la cabeza.

Simón dice: jálate una oreja.

Levanta un pie.

Ordenes

Simón dice: pon un dedo sobre tu nariz.
Pon tu codo en tu rodilla.
Mójate los labios con la lengua.

Simón dice: saca la lengua.
Simón dice: mueve tu nariz.
Tira un beso al aire.

Simón dice: trata de tocar tu oreja con la lengua.
Cruza las piernas.
Simón dice: Quítate el zapato derecho.

Simón dice: pon tu mano sobre tu cabeza.
Simón dice: mueve tu cabeza.
Huele adentro de tu zapato.

Simón dice: pon un codo sobre tu rodilla.
Simón dice: chúpate el pulgar.
Simón dice: huele debajo del brazo.
Simón dice: tócate el mentón
Simón dice: la suela de tu zapato.

Simón dice: **¡ALTO!**

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1.1 "I Learned" Question Sheet
(for teacher reference)

1.1 Cuestionario
Marca los límites / Respeta los límites

Cuestionario: "Lo que aprendí"

Lección 1
¿Qué aprendiste sobre ti mismo(a) al jugar "Simón Dice"? _____

Lección 2
Es importante que aprenda cómo marcar mis límites porque _____

Lección 3
Para mí el paso más fácil del programa Marca los límites/Respeta los límites es _____
porque _____

Lección 4
Cambiar el tema me ayudará _____

Lección 5
Una cosa que yo recordaré más que todo es _____

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1.4 Lesson 1
Draw the Line / Respect the Line

Where's the Pressure?

What did you learn about yourself from the Simon Says game?
I learned that: _____

Think of a time when it was hard to say NO to a friend.
(If you can't think of anything a friend asked you to do, try to imagine a time when you think it would be hard to say NO to something a friend asked you to do.)

What did your friend want you to do? _____

If you said NO to your friend, why was it hard? _____

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Worksheet 1.4
(for teacher reference)

1.4 Lección 1
Marca los límites / Respeta los límites

¿Dónde está la presión?

¿Qué aprendiste de ti mismo(a) al jugar "Simón dice"?
Aprendí que: _____

Recuerda una ocasión cuando fue difícil decirle NO a un(a) amigo(a).
(Si no recuerdas nada, imagina que tu amigo(a) te pidió hacer algo y que sería difícil decirle que NO).

¿Qué quería este amigo(a) que hicieras? _____

Si le dijiste NO, ¿por qué fue difícil? _____

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1.4 Lesson 1
Draw the Line / Respect the Line

Where's the Pressure?

What did you learn about yourself from the Simon Says game?
I learned that: _____

Think of a time when it was hard to say NO to a friend.
(If you can't think of anything a friend asked you to do, try to imagine a time when you think it would be hard to say NO to something a friend asked you to do.)

What did your friend want you to do? _____

If you said NO to your friend, why was it hard? _____

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1.5 Worksheet 1.5
(for teacher reference)

1.5 Lección 1
Marca los límites / Respeta los límites

¿Dónde marcas el límite?

Instrucciones:
Lee cada actividad y decide si lo harías o no lo harías. Si lo harías, escríbelo en el plato debajo de "Yo sí." Si no lo harías, escríbelo debajo de "Yo no."

Estudiaré con un(a) amigo(a).

Compartiré alimentos con un(a) amigo(a).

Daré respuestas del examen a un(a) amigo(a).

Compartiré la contraseña con un(a) amigo(a).

Mentiré por un(a) amigo(a).

Aceptaré cuando un amigo(a) diga NO.

Copiaré la tarea de otro.

Copiaré las respuestas del examen.

Daré un toque o jalón al cigarrillo.

Probaré el vapeo.

Fumaré un cigarrillo.

Fumaré cigarrillos o vapeador de forma frecuente.

Probaré vino o cerveza.

Tomaré alcohol con mi familia.

Tomaré soda con alcohol.

Me emborracharé.

1.5 Lesson 1
Draw the Line / Respect the Line

Where Do You Draw the Line?

Directions:
Read each activity below and decide if you would do it or would not do it. If you would do it, write it on your paper plate under "I will." If you would not do it, write it under "I won't."

Study with a friend.

Share food with a friend.

Give answers to a test to a friend.

Share a password with a friend.

Lie for a friend.

Accept when a friend says NO.

Copy somebody's homework.

Copy answers on a test.

Puff on a cigarette.

Try vaping.

Smoke a cigarette.

Smoke cigarettes or vape regularly.

Sip beer or wine.

Drink alcohol with family.

Drink soda with alcohol in it.

Get drunk.

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1.6 Worksheet 1.6
(for teacher reference)

1.6 Lección 1
Marca los límites / Respeta los límites

Actividad familiar de la Lección 1

Instrucciones:

1. Escoge a un miembro de tu familia (padre, madre, tío(a), hermano(a) mayor) o algún otro adulto (tu entrenador, un vecino) para que te ayude a hacer esta tarea.
2. Escoge un lugar tranquilo en donde puedas tener una conversación.
3. Haz a la persona que escogiste las siguientes preguntas. No te olvides de escribir las respuestas en el espacio que aparece después de la pregunta.
4. Al terminar esta entrevista, ambos deben firmar abajo. Lleva la hoja a la siguiente lección.

Cuando iniciamos hoy la lección Marca los límites/Respeta los límites les dimos a los jóvenes el dicho del día. El dicho de hoy fue "Camarón que se duerme, se lo lleva la corriente."

¿Qué quiere decir para usted este dicho? _____

¿Podría usted pensar en algún dicho que haya escuchado cuando era joven o que escucha ahora? ¿Qué significa ese dicho?

Dicho: _____

Significado: _____

Firmen abajo después de terminar

Mi nombre: _____
(Letra de molde)

Mi Firma: _____

Firma del adulto: _____

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1.6 Lesson 1
Draw the Line / Respect the Line

Lesson 1 Family Activity

Directions:

1. Choose an older family member (parent, aunt, older brother or sister) or another adult (a coach, a neighbor) to help you with this activity.
2. Find a quiet place to talk.
3. Interview the family member or other adult using the questions. Be sure to write the answers below.
4. When you are done, both of you should sign below. Return the signed sheet to at the next lesson.

In our Draw the Line/Respect the Line lessons *we started with a saying for the day. Today's saying was "Camarón que se duerme, se lo lleva la corriente/If the shrimp falls asleep, the current will carry it away."*

What does this mean to you? _____

Can you think of a saying that you either heard when you were younger or that you hear now? What does it mean?

Saying: _____

Meaning: _____

Sign below after finishing.

My name: _____
(Please print)

My signature: _____

Family member signature: _____

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2 Lesson 2

Steps for Drawing the Line—Part 1

INTRODUCTION

Many youth benefit from support when thinking about and developing the skills needed to effectively communicate where they draw the line. This lesson provides an introduction to Steps for Drawing the Line.

Youth brainstorm strategies and analyze roleplays to identify ways to tell someone where they draw the line (e.g., say "No, I don't…," use a body that says NO; change the subject; name that you are feeling pressured and ask the person to stop; walk away if you need to).

Purpose Statement for Youth

Today we will focus on what to do when a friend pressures you to do something you don't want to do.

Objectives

Youth will be able to:

- Describe Steps for Drawing the Line.
- Distinguish between effective and ineffective communication.
- Demonstrate Steps for Drawing the Line.

Activities

Activity 2.1:
Lesson 1 and Homework Review

Activity 2.2:
Plan for the Day

Activity 2.3:
Introduce Skill

Activity 2.4:
Introduce Steps for Drawing the Line

Activity 2.5:
Skill Demonstration Roleplay

Activity 2.6:
The Dare Roleplay

Activity 2.7:
Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review Teacher Background 2.3—**Steps for Drawing the Line**.
- Write the first 2 Steps for Drawing the Line on chart paper. Leave room to add Steps 3 and 4 in later lessons.

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- Ask another teacher, classroom aide or youth volunteer to assist you with **The Alcohol Challenge** roleplay and give them a copy to practice. Have the aide read the pressure lines.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- **The Alcohol Challenge—Ineffective Version** (Demo Roleplay 2.5a) and **The Alcohol Challenge—Effective Version** (Demo Roleplay 2.5b)—copy 2 (Copy Ineffective and Effective versions back to back.)
- **The Dare** (Roleplay 2.6)
- Chart paper with Steps for Drawing the Line (Steps 1 and 2)

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2.1 Activity 2.1

Lesson 1 and Homework Review

Time
3 min

Materials
None

Purpose

To review Lesson 1, including assigned homework.

What the Teacher Does

Uses review of Lesson 1 as a springboard for Lesson 2.

What Youth Do

Review material presented in Lesson 1.

PROCEDURE

1. Ask how many youth were able to complete the homework assignment. Stress that the activities they do outside of class are important to help them use what they are learning. Continue by asking and discussing the following questions:
   - With whom did you do your homework activity?
   - Does anyone have a saying from the adult they interviewed that they would like to share with the class? What is it? What does it mean?
2. Thank everyone for completing the homework. Tell those who did not complete the homework they still have time. Give them a specific date and encourage them to take time to complete the homework. Remind them of the extra credit points for completing homework (or whatever has been arranged). Offer bonus points to those who complete the homework by the first deadline.
3. Ask what they remember from Lesson 1. Ask what they learned from the Simon Says game (that sometimes it's hard to say NO or draw the line).

   Explain that they are going to learn and practice ways to communicate where they draw the line in the next few lessons. Tell them that the ability to communicate will help them draw their lines and stick with them.

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2.2 Activity 2.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE

1. Say: "Today we will do roleplays to learn how to talk with each other and introduce the Steps for Drawing the Line."

   Write the Plan for the Day on the board or chart paper:

   - How Do You Draw the Line?
   - Steps for Drawing the Line
   - Roleplay
   - The Dare
   - Closure

2. Ask for a volunteer to read the plan. Clarify as needed.

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2.3 Activity 2.3
Introduce Skill

Time
20 min

Materials
Chart paper, markers and tape
Steps for Drawing the Line
(Teacher Background 2.3)

Purpose
To elicit from youth the strategies they use to say NO in pressure situations.

What the Teacher Does
Guides a discussion that identifies the key steps for effectively communicating personal limits or drawing the line.

What Youth Do
Learn steps for communicating effectively about where they draw the line.

Teacher Note
The goal of this lesson is to allow youth to identify steps for effectively communicating where they draw the line. The lesson uses both brainstorming and roleplays to help them identify these characteristics. Because there is a range of steps for effective communication (e.g., based on culture, gender), it is possible that the steps will differ among youth and that is acceptable. There are 4 steps used in Draw the Line/Respect the Line *that are important for effective communication:*

1. **Say, "No, I don't…."**
2. **Use a body that says NO.**
3. **Change the subject.**
4. **Name that you are feeling pressured and ask the person to stop. Walk away if you need to (e.g., if you feel unsafe or uncomfortable).**

Youth are likely to identify many of these steps during brainstorming and roleplays. If they do not, you should suggest the steps and add them to the list if youth agree that they may be important. These steps are described in more detail in Teacher Background 2.3.

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Activity 2.3
Introduce Skill

Teacher Note (continued)

When identifying steps for drawing the line some youth may express negative or disrespectful ideas (e.g., yell at the person, use bad language, call them names, etc.). Watch for this and provide corrective feedback immediately. Remind youth that it may seem easy to draw the line with someone they don't like, but that the purpose of this lesson is to learn and practice ways to communicate with someone they like as a friend. Remind them that they need to communicate in a way that shows respect for the other person.

PROCEDURE

Brainstorming Activity

1. On chart paper or the board write: How Do You Draw the Line?
2. Ask youth to think about a time when someone said NO to them and really meant it. Ask how they knew these people really meant NO. If needed, ask: "What were things that they did with their bodies that made you know they meant NO?" "Was there anything about the voice that helped you know they meant NO?" "What words did they use?"
3. Record responses on chart paper or the board. Have them demonstrate their responses when possible (e.g., if someone says "It was their voice" ask them to demonstrate how the person's voice sounded). Probe for clarity and provide explanations as needed.

Mini-Roleplays

4. Explain that people can say NO in many different ways. To explore other possible ways to say NO, or draw the line, explain that you will be doing roleplays where the teacher is pressuring the volunteer to do something and the volunteer is saying NO. Tell youth that they should watch the roleplays and identify what the person says or does to communicate where they draw the line.
5. Ask for a volunteer who feels they can really say NO well. Have the volunteer come to the front of the class. Explain that you will try to convince the volunteer to cross a line, and that they need to resist your pressure and say NO. Tell the volunteer that the roleplay will last up to a minute. Remind the volunteer to speak clearly and firmly.
6. Describe the following scenario. Speak loudly so the entire group can hear.
   - I haven't done my homework and want to copy yours. You don't let anyone copy your homework because you feel it's cheating. You need to tell me you won't let me copy your paper.

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Activity 2.3
Introduce Skill

7. Begin the roleplay by pressuring the volunteer to let you copy the homework. Continue pressuring after each response from the volunteer, for up to a minute. End the pressure by saying something to show that you are accepting the NO, such as "OK. Sorry I pressured you. Let's go to class." *(Note: You will need to change these lines based on the volunteer's responses.)* After the roleplay, have the group give the volunteer a round of applause.
8. Debrief the roleplay by asking the volunteer what they thought (e.g., Which responses seemed to work the best?). Point out one or two positive steps that the person used to resist your pressure. Then ask the group what else the person said and did to communicate where they drew the line. Add any new steps to the list on the chart paper or board and model them briefly as you add them.

Teacher Note

In the pilot-testing, youth typically offered excuses for why they would not do something (e.g., I'll get in trouble if I steal) instead of saying directly that they wouldn't do it. Address this issue as part of the roleplay debrief. Point out that offering excuses may seem to work at first, but it leaves the door open for the other person to continue to pressure you. Emphasize the importance and power of being direct and telling the other person that you won't cross your line.

9. Repeat the above process (including the debrief) with a second volunteer. Use the following scenario:
   - I didn't go to class yesterday and want you to write me a note and sign it using my parent's signature. You don't want to do it because you feel it's lying. You need to tell me you won't write the note.
10. Repeat the above process (including the debrief) a third and final time. Use the following scenario:
   - We are at a store. I don't have any money, and I want you to steal a candy bar for us. You don't want to because you don't steal. You need to tell me that you won't steal the candy.
11. After the roleplays, review the list of Steps for Drawing the Line that youth generated during the earlier brainstorming. If any of the following steps do not appear on the list, ask if they could be important, and demonstrate how they might be used:
    1. **Say "No, I don't…."**
    2. **Use a body that says NO.**
    3. **Change the subject.**

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4. **Name that you are feeling pressured and ask the person to stop (I am feeling pressured right now and I would like you to stop pressuring me). Walk away if you need to.**

Add these steps to the list if necessary.

Be sure to emphasize the importance of telling the person directly where you draw the line rather than using excuses. Remind youth that using excuses makes it easier for the other person to keep on pressuring. Note that, whenever possible, it's best to tell the other person directly what you don't want to do.

12. Ask youth to look at the list and think about which steps might work for them. Tell them that some steps may be more comfortable than others, and that they will get a chance to practice using them in the next few lessons.

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2.4 Activity 2.4
Introduce Steps for Drawing the Line

Time
8 min

Materials
Chart of Steps for Drawing the Line

Purpose
To introduce the first 2 Steps for Drawing the Line that youth can use to communicate and maintain a limit when they are being pressured.

What the Teacher Does
Introduces the first 2 Steps for Drawing the Line and uses youth input to modify as needed.

What Youth Do
Compare these Steps for Drawing the Line to their previous ideas for drawing the line.

PROCEDURE
1. Explain that you have prepared a list of some of the Steps for Drawing the Line, and you would like them to compare it to the ideas they have provided so far.
2. Show the chart paper with the first 2 steps (which includes room at the bottom for other steps to be added). Point to the list of their ideas and ask youth which of their ideas might be the same as "Say, 'No, I don't…'" and "Use a body that says NO" (e.g., saying, "no way," crossing your arms, standing up straight).
3. Check off those ideas that correspond to "Say, 'No, I don't…'" and "Use a body that says NO." If some ideas have not been checked off, ask whether any of the ideas should not be used and cross these off (e.g., cross off "make excuses" if it appears in the brainstormed list). If some items still remain, ask if any of these ideas could be added to the steps and write them in if appropriate.
4. Explain that they will discuss Steps 1 and 2 today and will learn Steps 3 and 4 in a couple of days.

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2.5 Activity 2.5
Skill Demonstration Roleplay

Time
5 min

Materials
The Alcohol Challenge—Ineffective Version (Demo Roleplay 2.5a)
The Alcohol Challenge—Effective Version (Demo Roleplay 2.5b)

Purpose
To demonstrate 2 of the Steps for Drawing the Line through a teacher-led roleplay.

What the Teacher Does
Demonstrates the use of selected steps by modeling ineffective and effective approaches. Leads an analysis and discussion of ineffective versus effective strategies.

What Youth Do
Watch and listen to the demonstration roleplays and discuss which of the approaches modeled was more effective.

PROCEDURE
1. Explain that when people communicate without thinking about and using the Steps for Drawing the Line sometimes the message may not be clear. Explain that you will demonstrate how this can happen by reading two roleplays.
2. Ask the other teacher, classroom aide or prepared youth volunteer to help you with the roleplays, using the following steps:
   - Have the helper come to the front of the class.
   - Give them a copy of the roleplay and remind them which lines to read. (Have the helper read the pressure lines.)
   - Allow time to review the lines if necessary.

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Activity 2.5
Skill Demonstration Roleplay

- Before you begin reading the roleplay aloud, instruct half of the youth to pay attention to the words used and the other half to watch and listen for body language and tone of voice.

3. Remind youth to pay attention to the roleplays and be ready to tell you which version was more effective.
4. Read the ineffective version of **The Alcohol Challenge** (Demo Roleplay 2.5a) first. Then read the effective version (Demo Roleplay 2.5b). Thank the volunteer for helping.

Teacher Note

When reading the ineffective version, be sure to look down, use an unconvincing tone of voice, and any other tactics that will contribute to the ineffectiveness of the communication. In the effective version, use all the strategies for effective communication discussed in the lesson. The goal is to create a stark contrast between the two roleplays.

5. Ask which version was more effective (the second version). Continue debriefing with the following points:
   - Ask the youth who were listening for what was said to explain what was different in the second roleplay that made it better than the first roleplay (e.g., said, "No, I don't..."). Repeat this process with the youth who were watching for body and tone of voice (e.g., used a body that said NO).
   - Ask: "What could I have done if my friend kept pressuring me?" (name that you were feeling pressure and ask them to stop, walk away). Ask: "What did my friend do to respect my limit?" (said, "OK, I understand").
   - Remind youth of the power of honoring others' lines/boundaries and how doing so can strengthen friendships.

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2.6 Activity 2.6
The Dare Roleplay

Time
8 min

Materials
The Dare (Roleplay 2.6)

Purpose
To allow youth to practice using the first 2 Steps for Drawing the Line.

What the Teacher Does
Explains the practice activity and gets youth started on the activity.

What Youth Do
Work individually to complete the response lines for **The Dare** roleplay using the steps discussed in class.

PROCEDURE
1. Describe the activity before having youth turn to the roleplay. Cover the following points:
   - They will now have a chance to practice communicating where they draw the line by doing their own roleplays.
   - They will work on a roleplay that already has the pressure lines written.
   - They will work individually to write what they would say and do in response to the pressure lines. *(Note: Give an example by reading the first pressure line and explaining that they need to come up with a response and write it in the blank space.)*
   - After they write the lines, they should review to make sure they used the steps they've learned today (e.g., say "No, I don't… ."; use a body that says NO).

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2. Check for understanding. Post and show a summary of these points on chart paper:
   - Put your name on the paper.
   - Read the roleplay.
   - Write your responses.
   - Compare your responses to the Steps for Drawing the Line.
3. Remind youth that in this roleplay the other person is a friend, so their responses need to show respect for the other person.
4. Have youth turn to **The Dare** (Roleplay 2.6). Get them started on filling out their response lines individually and reviewing each response to be sure they used the Steps for Drawing the Line. Allow them to work for several minutes. Circulate to ensure they are on task. Assist as needed.
5. When everyone has finished, call the group back to attention. Explain that you will ask for volunteers to roleplay in front of the group during the next lesson.

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2.7 Activity 2.7
Closure

Time
8 min

Materials
None

Purpose
To summarize the messages learned today.

What the Teacher Does
Facilitates a discussion on key learnings.

What Youth Do
Review and summarize learning.

PROCEDURE

Lesson Summary
1. Ask youth to summarize the purpose of the lesson and identify the steps they learned for drawing the line. Ask them why it is important to communicate where they draw the line. Ask them how they could use the steps they learned today outside of class.

I Learned Statement
2. On the "**I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 2: "*It's important for me to learn how to Draw the Line because* _____."

Transition and Closure
3. Explain that they will have an opportunity to practice their communication skills and do more roleplaying in the next lesson.
4. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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2.3 Teacher Background 2.3

Steps for Drawing the Line

There are 4 steps that are important for effective communication. Youth will learn Steps 1 and 2 in Lesson 2 and Steps 3 and 4 in Lesson 4.

Each step has particular qualities that contribute to its effectiveness. When youth are practicing these steps, be sure to watch and listen to how they are using them. Provide corrective feedback as needed to ensure success.

Step 1 **Say, "No, I don't… ."** The way something is said often gives a stronger message than the words used. A convincing voice is firm and sure in tone, but not necessarily loud. Youth may equate a convincing voice with yelling. Conversely, youth who are quiet may not feel they can master this strategy. Stress that a person doesn't need to yell to be successful at using this step, because the effectiveness rests on the tone rather than the volume.

Whenever possible, it is helpful to be direct and tell the other person what it is you won't do (that is, where you draw the line). This might sound like: "I don't…," "I won't…," "That's where I draw the line," or "No, I don't… ." The word NO is very direct and clear, but it does not have to be used every time.

Youth are likely to use excuses rather than directly stating where they draw the line. For example, they might say, "I'll get in trouble," "I have to go now," "I can't do it today," etc. Although excuses may work in the short term, they do not convey a direct message of what you won't do. Excuses leave the door open for further pressure.

Step 2 **Use a body that says NO (as much as comfortable).** There are many body movements and gestures that can support a NO message for those who are comfortable using them. A few examples include:

- using a serious expression—an "I mean it" face
- looking at the person directly (eye contact)
- crossing arms
- moving hands in a "get away" gesture
- putting hands on hips
- upright posture

Youth comfort may be impacted by many factors, such as cultural norms and past experiences. Explain that words and their body movements (often called body language) can both be used when communicating.

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Step 3 **Change the subject.** Changing the subject is another way of dealing with pressure to cross the line. To use this strategy, the person being pressured suggests something else to do rather than crossing their line. Youth should suggest another activity that (1) gets them out of the situation; (2) is positive; and (3) is realistic.

Changing the subject is a way to let the other person know that you don't want to cross your line but do want to keep the friendship going. Changing the subject can help cool down a situation and gives a person more time to think about what to say or do if the situation comes up again. It also may distract the other person enough to stop the pressure.

Step 4 **Name that you are feeling pressured and ask the person to stop. Walk away (if you need to).** There can be power in speaking up for yourself, naming how you feel and asking the person to stop pressuring you. In doing so, it is important to use "I" statements to share your views or how you feel (I feel pressured) so you are owning your feelings rather than using "you" statements (you always pressure me), which might come across as blaming and shut down your chance to share how you are really feeling. If the other person doesn't stop, you can choose to walk away rather than continue to resist the pressure, especially if you feel unsafe or uncomfortable or the person doesn't respect your request to stop. How this step is used will vary among people and across situations.

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2.5

Demo Roleplay 2.5a

The Alcohol Challenge
(Ineffective Version)

Setting the Stage

I'm visiting a friend after school. We are alone in the house. My friend opens a bottle of beer and offers it to me. I've tried drinking before but have decided I did not like it and don't want to drink again.

Helper: Hey, let's have some beer.

Teacher: I've tried it before and didn't like it.

Helper: Then why not try it again?

Teacher: It makes my breath smell bad.

Helper: I have some gum. Oh, c'mon. Have one with me. Here take it.

Teacher: Well, OK. But just this once. *(Drinks the beer.)*

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2.5

Dramatización 2.5a

El desafío del alcohol
(Versión no efectiva)

Escenario

Estoy visitando a una amistad después de la escuela. Estamos a solas en su casa cuando abre una botella de cerveza y me la ofrece. Ya he probado la cerveza pero he decidido no volver a probarla.

Ayudante: Oye, tómate una cerveza conmigo.

Maestro(a): Ya la he probado antes.

Ayudante: Entonces, ¿por qué no te tomas una conmigo?

Maestro(a): Es que después mi aliento huele feo.

Ayudante: Yo tengo chicles. ¡Dale, vamos! Tómate una conmigo. Aquí tienes.

Maestro(a): Está bien. Pero sólo por esta vez. *(Toma la cerveza).*

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2.5 Demo Roleplay 2.5b

The Alcohol Challenge
(Effective Version)

Setting the Stage

I'm visiting a friend after school. We are alone in the house. My friend opens a bottle of beer and offers it to me. I've tried drinking before but have decided I did not like it and don't want to drink again.

Helper: Hey, let's have some beer.

Teacher: I don't drink alcohol.

Helper: Just one won't hurt.

Teacher: No, I don't drink alcohol. I'm not interested.

Helper: Oh, c'mon. Have one with me. Here take it.
Teacher: I told you. I don't drink alcohol. I'm feeling pressured and I don't like how that feels.

Helper: OK, I hear you. Sorry I tried to push you into it.

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2.5

Dramatización 2.5b

El desafío del alcohol
(Versión efectiva)

Escenario

Estoy visitando a una amistad después de la escuela. Estamos a solas en su casa cuando abre una botella de cerveza y me la ofrece. Ya he probado la cerveza pero he decidido no volver a probarla.

Ayudante: Oye, tomemos cerveza.

Maestro(a): Es que yo no bebo alcohol.

Ayudante: Pero una no es nada.

Maestro(a): No, yo no bebo alcohol. No me interesa.

Ayudante: ¡Dale, vamos! Tómate una conmigo. Aquí tienes.

Maestro(a): Ya te lo dije, no tomo alcohol.

Ayudante: Está bien. Perdón que te quise presionar.

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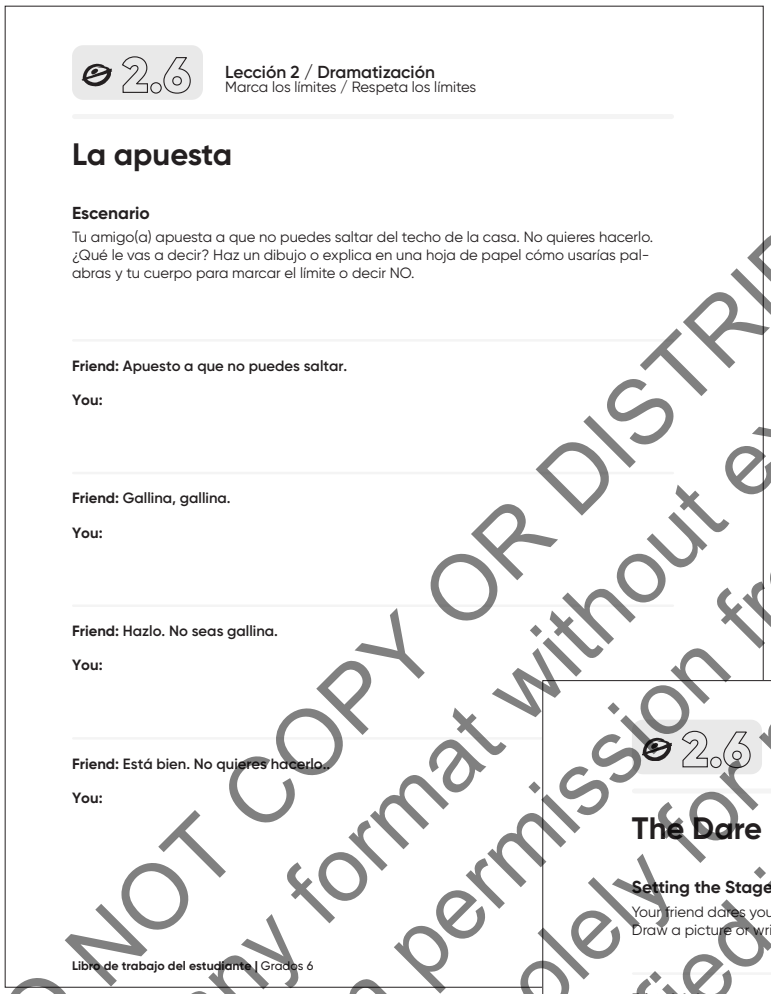
2.6 Roleplay 2.6
(for teacher reference)



2.6 Lección 2 / Dramatización
Marca los límites / Respeta los límites

La apuesta

Escenario
Tu amigo(a) apuesta a que no puedes saltar del techo de la casa. No quieres hacerlo. ¿Qué le vas a decir? Haz un dibujo o explica en una hoja de papel cómo usarías palabras y tu cuerpo para marcar el límite o decir NO.

Friend: Apuesto a que no puedes saltar.

You:

Friend: Gallina, gallina.

You:

Friend: Hazlo. No seas gallina.

You:

Friend: Está bien. No quieres hacerlo.

You:

2.6 Lesson 2 / Roleplay
Draw the Line / Respect the Line

The Dare

Setting the Stage
Your friend dares you to jump off the roof. You don't want to do it. What do you say? Draw a picture or write how you will use words and your body to Draw the Line or say NO.

Friend: I dare you to jump.

You:

Friend: You're a chicken.

You:

Friend: Go for it. Don't be a chicken.

You:

Friend: I guess you don't feel like it. That's OK.

You:

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3 Lesson 3

Steps for Drawing the Line—Part 2

INTRODUCTION

This lesson provides review and practice of the first 2 Steps for Drawing the Line.

Purpose Statement for Students

Today we will practice saying NO in a pressure situation.

Objectives

Youth will be able to:

- Describe Steps for Drawing the Line.
- Demonstrate the first 2 steps for communicating effectively about where they draw the line.

Activities

Activity 3.1:
Plan for the Day

Activity 3.2:
Dicho/Saying for the Day

Activity 3.3:
Skill Review and Practice

Activity 3.4:
Closure and Family Activity

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Write the Dicho on the board or chart paper.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- Chart paper with Steps for Drawing the Line (Steps 1 and 2)
- **The Dare** roleplays, completed in Lesson 2
- **Lesson 3 Family Activity** (Worksheet 3.4)—copy 1 for each youth if workbooks

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3.1 Activity 3.1
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and remind youth about the Steps for Drawing the Line they learned in the last lesson.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE
1. Say: "Today we will practice the Steps for Drawing the Line that we learned in the last lesson and practice them at home with an adult."
   Write the Plan for the Day on the board or chart paper:
   - Dicho
   - Skill Review and Practice
   - Family Activity
2. Ask for a volunteer to read the plan. Clarify as needed.

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3.2 Activity 3.2
Dicho/Saying for the Day

Time
5 min

Materials
Dicho

Purpose
To relate the meaning of a dicho to the purpose of the day's lesson.

What the Teacher Does
Presents the dicho of the day. Has youth complete the dicho activity.

What Youth Do
Think about what the dicho means.

PROCEDURE
1. Before the lesson begins, write the dicho on the board or on chart paper so that everyone can see it.
   Dicho: Es más fácil decir que hacer.
   Saying: It is easier said than done.
2. Ask youth to read the dicho silently. Then have a volunteer read it aloud.
3. Ask youth to turn to the person next to them (give specific instructions based on the seating arrangement) and talk about what the dicho means to them. Allow pairs to discuss the dicho for a minute.
4. Ask for volunteers to give examples of something that is easier to say than to do. Then use one example for a transition to the lesson, e.g., "What can a person do when learning to_____?" (use example). Responses might include: practice, concentrate, watch someone else, believe in yourself. Use this to transition to what today's class will provide an opportunity to practice. Tell youth that in today's lesson, they will practice how to draw the line.

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Activity 3.2
Dicho/Saying for the Day

5. Ask if any others completed the homework from Lesson 1. Ask whom they completed the homework with. Acknowledge the opportunity the homework provides for connecting with parents/caregivers or other adults on these issues.
6. Collect the homework and acknowledge any extra credit being offered. Do not spend a lot of time processing this homework other than reminding youth that this is an important part of the program.

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3.3 Activity 3.3
Skill Review and Practice

Time
25–30 min

Materials
The Dare (Roleplay 2.6), which youth completed in Lesson 2

Purpose
To practice using the Steps for Drawing the Line.

What the Teacher Does
Reviews the first 2 Steps for Drawing the Line from Lesson 2.

Explains the practice activity and gets youth started on the activity. Monitors practice and gives feedback as necessary.

What Youth Do
Remember Steps for Drawing the Line. Work in pairs to practice using the approaches discussed in class. Monitor whether their partners used the steps effectively. Watch volunteers present roleplays and identify the effective use of skills.

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PROCEDURE

Review and Transition from Lesson 2

1. Ask youth to name and demonstrate the 2 Steps for Drawing the Line that they learned during Lesson 2.
2. Write the steps on the board as youth name them. Provide corrective feedback as needed. Go over any step they forget to mention.
3. Explain that in today's lesson they are going to practice using these 2 steps: say, "No, I don't..." and use a body that says NO. Remind them that the ability to use these steps will help them draw the line and stick with it.

Activity 3.3
Skill Review and Practice

Skill Practice

4. Explain that they will now have another chance to practice communicating where they draw the line by doing roleplaying. Tell them they will use **The Dare**—the roleplay they completed in the last class.
5. Describe the practice activity. Cover the following points:
   - They will use their completed roleplays and work in pairs to take turns reading the pressure lines and their responses.
   - They will check whether or not their partner used the first 2 Steps for Drawing the Line during their roleplay.
   - Once everyone is done reading in pairs, you will ask for volunteers to roleplay in front of the class.

   Check for understanding.
6. Post the instructions for this activity:
   - Pair up (with the person next to you).
   - One person reads pressure lines; the other responds.
   - Switch roles.
   - Check whether you used the steps.
   - Make any changes needed.
7. Have youth turn to their completed roleplays (Roleplay 2.6). Then complete the following steps:
   - Ask if there is anyone who did not complete the lines for **The Dare**. *(Note: After getting the rest of the group started, work with those youth who don't have a roleplay. Have them complete their response lines and then work in pairs to read the lines.)*
   - Pair youth with someone sitting next to them.
   - Have them take turns reading the pressure lines and the responses they wrote.
   - Have pairs talk about what they heard, what was good, and what was missing, based on the Steps for Drawing the Line. Encourage them to discuss ways to make the communication more effective (e.g., "You told me where you drew the line just once. You could repeat it again to make it stronger"). Explain that they can make changes in their responses if they want after they receiving feedback.
   - Allow pairs to work for 5 minutes.
   - Walk around the room to ensure pairs are on task. Give feedback as needed.

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Activity 3.3
Skill Review and Practice

8. When pairs have finished, ask for a few volunteers to act out their roleplays in front of the class. Proceed with the following steps:
   - Before each roleplay, read the "Setting the Stage" section to the class.
   - Have half of the youth watch and listen for body and voice that say NO, and the other half listen for the words that are used (e.g., said "No, I don't...").
   - Prompt the roleplayers to begin by saying, "Ready, and... Action."
   - Ask volunteers to repeat the roleplay more than once if it's hard for all youth to hear or if the responses need to be more forceful.
9. Discuss the roleplays as a large group after each demonstration:
   - Start by thanking the volunteers and asking what the volunteer who drew the line liked best about what they did.
   - Share a step you saw the volunteers use well.
   - Ask the youth who were observing body and voice what they noticed. Remind them that body language and tone of voice will differ depending on cultural expectations, past experiences and a person's comfort using this step. Acknowledge that it's OK to use what feels right to them.
   - Ask the youth who were listening for the words what they noticed. Refer to the Steps for Drawing the Line as needed.
   - Have youth identify ways to strengthen the communication.
   - Collect the roleplays.
10. Discuss the last 2 questions from **Where's the Pressure?** (Worksheet 1.4) that youth completed in Lesson 1: "Think of a time when it was hard to say NO to a friend. What did your friend want you to do?" and "If you said NO to your friend, why was it hard?"

    Help them recognize that there are many situations they may encounter when it is helpful to be able to draw the line. Point out that it can be more difficult to draw the line if it is with a friend or if they're afraid the person might think less of them (use the earlier ideas for what makes it hard to say NO). Ask them what might make it easier to draw the line.

    If youth don't mention it, suggest that friends can make it easier by respecting each other's boundaries, listening and watching each other for signs that show they are not feeling comfortable with something and backing off, and communicating honestly with each other. Emphasize that respecting boundaries can strengthen friendships because it helps friends know they can be themselves.

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3.4 Activity 3.4

Closure and Family Activity

Time
8 min

Materials
Lesson 3 Family Activity (Worksheet 3.4)

Purpose

To prepare youth to interview a trusted adult for their homework assignment, and to summarize the messages learned today.

What the Teacher Does

Facilitates a discussion on key learnings. Explains homework.

What Youth Do

Review and summarize learning. Prepare to complete homework assignment with family member or another adult.

PROCEDURE

Lesson Summary

1. Ask youth when they might need to draw the line outside of class and how what they learned today might help them do that. Remind them that drawing the line is "easier said than done."

I Learned Statement

2. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 3: "*The easiest Step for Drawing the Line for me is* _____ *because* _____."

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Family Homework

3. Explain that they will have another opportunity to talk with their parents or other adults about things related to the *Draw the Line/Respect the Line* program. Explain that they are going to be interviewers again. (Show Worksheet 3.4.)
4. Remind youth that they can talk with a parent or another adult (e.g., another teacher, counselor, school nurse, uncle, aunt, grandparent, older brother or sister, clergy). Remind them that you are also available to help if they don't have another adult with whom they'd like to talk.
5. Explain that after they interview their parent (or another adult), they need to have that person sign the homework sheet (show the signature section). Remind them that they also need to sign the homework sheet themselves. Explain that the assignment will be due at the beginning of Lesson 5. Share information on extra credit, if offering it, for completing the homework.
6. Check for understanding. Have youth turn to **Lesson 3 Family Activity** (Worksheet 3.4) or distribute copies. Review the questions briefly. Clarify as needed.

Transition and Closure

7. Explain that during the next lesson they will learn another way to help draw the line with a friend and will do more roleplays.
8. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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3.4 Activity 3.4

Lesson 3 Family Activity

Directions:

1. Choose an older family member (parent, aunt, older brother or sister) or another adult (a coach, a neighbor) to help you with this activity.
2. Find a quiet place to talk.
3. Interview the family member or other adult using the following questions. Be sure to write the answers below.
4. When you are done, both of you should sign below. Return the signed sheet to class.

What kinds of pressures did teens have when you were my age?

_____

_____

_____

How did you resist pressure and how did you keep from pressuring others?

_____

_____

_____

Sign below after finishing.

My name: _____

(Please print)

My signature: _____

Family member signature: _____

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3.4 Activity 3.4
Actividad familiar de la lección 3

Instrucciones:

1. Escoge a un miembro de tu familia (padre, madre, tío(a), hermano(a) mayor) o algún otro adulto (tu entrenador, un vecino) para que te ayude a hacer esta tarea.
2. Escoge un lugar tranquilo en donde puedas tener una conversación.
3. Haz a la persona que escogiste las siguientes preguntas. No te olvides de escribir las respuestas en el espacio que aparece después de la pregunta.
4. Al terminar esta entrevista, ambos deben firmar abajo. Lleva la hoja a la clase.

¿Qué tipo de presiones enfrentaban los jóvenes cuando usted tenía mi edad?

_____

_____

_____

¿Cómo sabe usted cuando alguien dice "no", que lo está diciendo en serio?

_____

_____

_____

Firmen abajo después de terminar.

Nombre del estudiante: _____

(Letra de molde)

Firma del estudiante: _____

Firma del adulto: _____

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4 Lesson 4
The Roleplay Challenge

INTRODUCTION
This lesson provides review and practice of the first 2 Steps for Drawing the Line and introduces 2 new strategies: changing the subject and naming the pressure and walking away if needed. Changing the subject can be used along with effective communication as a way to show respect and maintain friendships. Naming the pressure lets the other person know how their words are making you feel. Walking away may be necessary in certain situations.

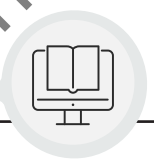
Purpose Statement for Students

Today we will learn some new ways to help Draw the Line.

Objectives

Youth will be able to:

- Describe the skill steps of "changing the subject" and "naming the pressure and walking away" and how these can be used.
- Demonstrate the use of "changing the subject" when communicating where they draw the line.
- Demonstrate using a convincing voice and strong body language when drawing the line.
- Demonstrate telling someone their limit, repeating their limit, changing the subject, naming how the pressure is making them feel and walking away if necessary.



Activities

Activity 4.1:
Lesson 3 Review

Activity 4.2:
Plan for the Day

Activity 4.3:
Changing the Subject and Naming the Pressure/ Walking Away

Activity 4.4:
Preparation for the Roleplay Challenge

Activity 4.5:
The Roleplay Challenge

Activity 4.6:
Closure

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Lesson 4
The Roleplay Challenge

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- **Vaping** (Roleplay 4.5a), **The Party** (Roleplay 4.5b) and **The Soft-Drink Challenge** (Roleplay 4.5c)
- Chart paper with Steps for Drawing the Line

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4.1 Activity 4.1
Lesson 3 Review

Time
3 min

Materials
Chart paper with Steps for Drawing the Line

Purpose
To review the learning from the previous lesson.

What the Teacher Does
Uses review of Lesson 3 as a springboard for Lesson 4.

What Youth Do
Prepare to integrate experience with Lesson 3 into thinking around Lesson 4.

PROCEDURE
1. Ask what they recall from Lesson 3. Have youth name the first 2 Steps for Drawing the Line (e.g., say, "No, I don't…", use a body that says NO). Post the chart paper with Steps for Drawing the Line. Ask if any of them used either of these skills with friends since the last class. If so, have a few volunteers describe what happened and whether or not the tactics worked. Provide feedback as needed.
2. Close by stating that they can use what they are learning in a variety of situations. Ask them to name things they may be pressured to do (e.g., smoking, vaping, drinking, using other drugs, cheating, lying, etc.). Emphasize that the skills they are practicing can be used in any of these pressure situations. Explain that today they will practice what they have learned and learn some more steps they can use to help them draw the line with friends and others.

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4.2 Activity 4.2

Introduction and Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose

To review the plan for the day and remind youth about the Steps for Drawing the Line that they learned in the last 2 lessons.

What the Teacher Does

Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do

Review the Plan for the Day.

PROCEDURE

1. Say: "Today you will learn some new skills to help you draw the line."
   Write the Plan for the Day on the board or chart paper:
   - Changing the Subject
   - Naming the Pressure and Walking Away
   - Roleplay Challenge
   - Closure
2. Ask for a volunteer to read the plan. Clarify as needed.

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4.3 Activity 4.3

Changing the Subject and Naming the Pressure/ Walking Away

Time
15 min

Materials
Chart paper with Steps for Drawing the Line

Purpose

To introduce the third Step for Drawing the Line—change the subject—and show how important this step is for maintaining friendships. To introduce the fourth step—naming the pressure and walking away—and discuss when walking away might be necessary.

What the Teacher Does

Guides a discussion of changing the subject and naming the pressure/walking away.

What Youth Do

Learn about characteristics of changing the subject and practice using this step. Discuss how to name the pressure and when walking away might be the best way to draw the line.

PROCEDURE

1. Ask youth to imagine or think about a time when a friend was pressuring them to cross one of their lines. Ask them to identify some of their concerns about telling a friend that they don't want to cross the line (e.g., friend may get mad, may lose my friend).
2. Explain that these are very realistic concerns, particularly when you are feeling pressure, but you really don't want to hurt the other person's feelings. Explain that today they will learn and practice an approach that they can use with their other steps for drawing the line that will help them draw the line and strengthen their friendships.
3. Write "Change the subject" on the chart paper with the first 2 Steps for Drawing the Line. Ask what this might mean. Explain that changing the subject is another way of dealing with pressure to cross the line. Explain that to use this strategy, the person being pressured suggests something else to do rather than crossing their line.

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4. Explain that changing the subject is one way to let the other person know that you don't want to cross your line, but you do want to spend time with them and keep the friendship going. Use the following examples to help illustrate the point. Ask youth to listen to both examples and tell you which one is more likely to keep a friendship going, and why.
   - **Example 1:** I don't want to go to the party with you.
   - **Example 2:** I don't want to go to the party. Let's go play video games instead.

5. Ask how they would feel if someone used these approaches with them. Ask which approach is more likely to keep a friendship going, and why. (The second example because you suggested something else to do which shows that you still want to spend time with the person.)
6. Explain that changing the subject can help cool down a situation and gives them more time to think about what to say or do if the situation comes up again. It also might distract the other person enough to stop the pressuring. Remind them that when they change the subject they should suggest something that gets them out of the situation and that is positive and within both people's boundaries.
7. Have youth listen to the following examples and tell you which one is more effective: Suppose two teens are at one of their homes watching TV in the living room. On of them is pressuring the other to kiss, but the second person doesn't want to. This person says:
   - **Example 1:** I'm not ready for this. Let's go get something to eat.
   - **Example 2:** I'm not ready for this. Let's go to my room.
8. Ask which way of drawing the line is more effective and why. ("Let's go get something to eat" is more effective because it breaks the mood and is positive. It's also hard to kiss with food in your mouth! The second example, "Let's go to my room," doesn't get the person out of the situation and might even lead to more pressure.)
9. Review the following points. Write key phrases on the board or chart paper. When changing the subject it's important to suggest another activity that:
   1. Gets you out of the situation.
   2. Is positive and within both people's boundaries.
   3. Is realistic.

   Ask youth to think of activities that could be used if they were being pressured to kiss and touch someone and they didn't want to kiss and touch. Write their responses on chart paper or the board. Provide corrective feedback if anyone gives an inappropriate response.

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Activity 4.3

Changing the Subject and Naming the Pressure/Walking Away

10. Ask for ideas on what they could say to invite someone to do something else. List these examples on the board or chart paper:

- Instead, let's _____.
- Come on, let's _____.
- Let's go _____.
- Do you want to _____?

Encourage youth to use this language when writing their roleplays.

11. Tell youth that the final Step for Drawing the Line is to name that you are feeling pressured and ask the person to stop pressuring. You can also walk away from a pressure situation if needed. Write "Name the pressure/Walk away" on the chart paper with the 3 other Steps for Drawing the Line. Ask them to think about the benefits of telling someone that you are feeling pressured and asking them to stop (honest, open communication builds trust and respect, a person may not know how they are making you feel unless you tell them). Ask youth when they might need to walk away in a pressure situation (pressure isn't stopping, feel unsafe).

12. Explain that sometimes people continue to pressure you even after you draw the line. Some people may not realize how the pressure is making you feel so telling them how you feel and asking them to stop pressuring may get them to back off. If the pressure continues, you may need to get out of the situation by walking away. It can be difficult to know when to walk away. But if you feel unsafe or uncomfortable, it's better to leave the situation than to continue to resist the pressure.

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4.4 Activity 4.14

Preparation for the Roleplay Challenge

Time
15 min

Materials
Vaping, **The Party** and **The Soft-Drink Challenge** (Roleplays 4.5a, 4.5b and 4.5c)

Purpose

To give youth a chance to prepare roleplays using all 4 Steps for Drawing the Line.

What the Teacher Does

Explains and gets youth started on the roleplay activity. Monitors and provides corrective feedback as needed.

What Youth Do

Practice the Steps for Drawing the Line through roleplaying.

PROCEDURE

1. Explain that they will get to do more roleplaying so they can get more practice using the Steps for Drawing the Line. Explain the activity before having youth turn to the roleplays. Cover the following points as needed:
   - The roleplay they will be assigned will have the pressure lines written, just like the roleplay they completed earlier. There will be 3 different roleplays, and they will work on one of them.
   - As soon as they are assigned a roleplay, they will work individually to write what they would say and do in response to the pressure lines.
   - They should review their lines to make sure they've used the Steps for Drawing the Line (e.g., say, "No, I don't..."), including changing the subject and naming the pressure.

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2. Check for understanding. Post and show a summary of these points on chart paper:
   - Read the roleplay.
   - Write your responses.
   - Compare your responses to the Steps for Drawing the Line.
3. Remind youth that in this roleplay the other person is a friend, so their responses need to show respect for the other person.
4. There are 3 different roleplays. Mentally divide the group into thirds and assign youth in each third the same roleplay. Be sure they understand which roleplay they are to work on and get them started filling out their response lines.
   Allow youth to work for 3–5 minutes. Walk around the room to ensure they are on task. Give feedback as needed.

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4.5 Activity 4.5

Introduction and Plan for the Day

Time
10 min

Materials
Completed Roleplays 4.5a, 4.5b and 4.5c
Chart paper with Steps for Drawing the Line

Purpose

To allow youth to practice expressing their limits and changing the subject in pressure roleplay situations.

What the Teacher Does

Explains and gets youth started on the roleplay activity.

Monitors and provides corrective feedback as needed. Leads an analysis and discussion of the roleplays.

What Youth Do

Practice the use of skills through the use of roleplaying in pairs.

Use the Steps for Drawing the Line to indicate whether skills are demonstrated effectively in the roleplays presented.

PROCEDURE

1. Explain that they will now have another chance to practice the Steps for Drawing the Line by reading the roleplays they just completed. Have youth put their fingers on the last answer. Explain that this should be changing the subject. Ask what activities they suggested. Have youth revise their roleplays if they didn't change the subject.
2. Describe the activity. Cover the following points:
   - After they revise their roleplays, they will work in pairs and take turns reading the pressure lines and their responses.
   - They can make changes to make their roleplays stronger.
   - After they're done, you will ask for volunteers to roleplay in front of the group.

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3. Check for understanding. Post the instructions for this activity:
   - Pair up (with someone new).
   - One person reads pressure lines; the other responds.
   - Switch roles.
   - Talk about whether you used the steps.
   - Make changes.
4. Remind youth that in this roleplay the other person is a friend, so their responses need to show respect for the other person.
5. Pair youth with someone nearby who was assigned the same roleplay (pair them with different partners than in Lesson 3, if possible). Have pairs take turns reading the pressure lines and the responses they wrote. Remind pairs to talk about what they heard, what was good, and whether any steps were missing. Refer them to the list of steps if needed. Encourage pairs to discuss ways to make their communication more effective (e.g., "You told me where you drew the line just one time. You could repeat it to make it stronger.").
6. Walk around the room to ensure pairs are on task. Give feedback as needed.
7. When pairs have finished, ask for volunteers to act out their roleplays in front of the group. Select 2 or 3 pairs of volunteers for each of the roleplays.

   Before each roleplay, read the "Setting the Stage" section. Have half of the youth watch and listen for body and voice that say NO, and the other half listen for the words that are used (e.g., say "No, I don't…, named the pressure"). Prompt the roleplayers to begin by saying "Ready, and… Action." Ask volunteers to repeat the roleplay more than once if it's hard for everyone to hear or if the responses need to be more forceful.
8. Discuss the roleplays as a large group after each demonstration. Start by thanking the volunteers and asking what the volunteer who drew the line liked best about their responses. Share a step you saw the volunteers use well. Ask the youth who were observing body and voice what they noticed. Ask the youth who were listening for the words what they noticed. Refer to the Steps for Drawing the Line as needed. Have youth identify ways to strengthen the communication.
9. After all roleplays have been read, have youth give themselves a round of applause.
10. Collect the roleplays.

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4.6 Activity 4.16

Introduction and Plan for the Day

Time
3 min

Materials
None

Purpose

To review the lesson.

What the Teacher Does

Facilitates a discussion on key learnings.

What Youth Do

Review and summarize learning.

PROCEDURE

Lesson Summary

1. Ask what new Steps for Drawing the Line they learned today. Ask when changing the subject will help them (e.g., if they want to say NO, but don't want to hurt a friend's feelings).

   Ask how naming the pressure can help them (it tells the person how the pressure is making you feel and asks them directly to stop). Ask when walking away will help them (e.g., when they feel unsafe or uncomfortable, when the person doesn't respect their line and request to stop pressuring).

2. Ask which roleplay situations they worked on today. Ask how it might be different using these skills in "real life" situations as compared to the roleplay practice (e.g., probably harder to use with friends). Ask which of the steps seemed easiest to use. Remind them that some tactics may work better for them than others and that they should use the skills that work best for them. Encourage youth to try out some of the skills with friends.

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I Learned Statement

3. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 4: *"Changing the subject will help me _____."*

Transition and Closure

4. Explain that in the next lesson they will learn about respecting the line when someone tells them NO.
5. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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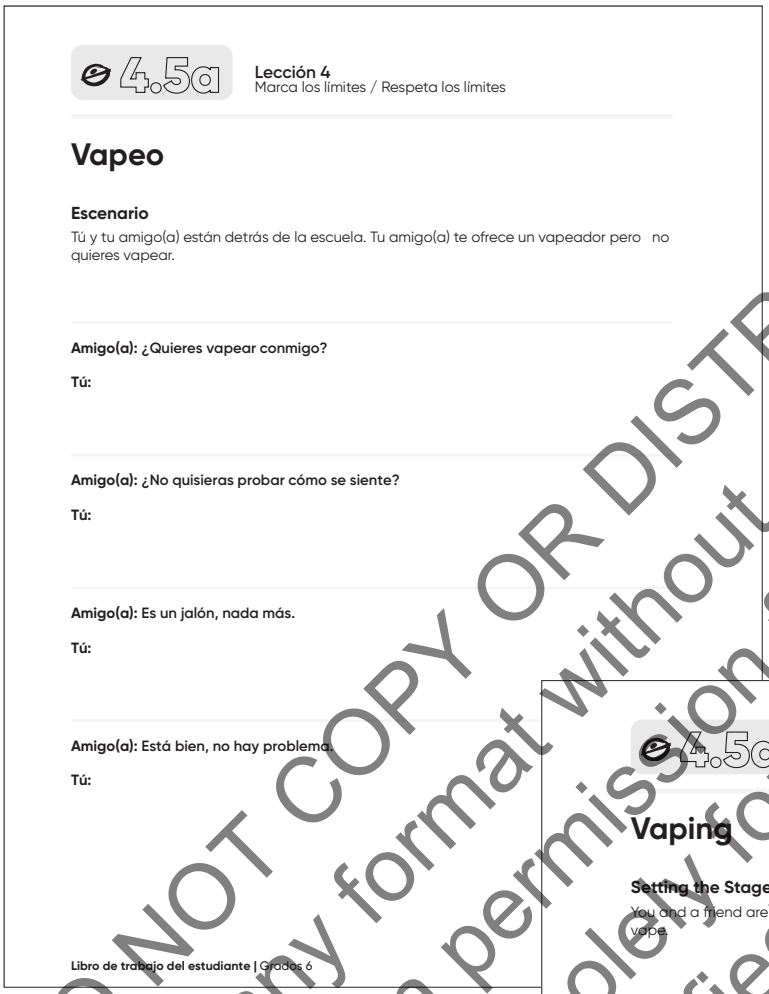
4.5a

Roleplay 4.5a
(for teacher reference)



4.5a Lección 4
Marca los límites / Respeta los límites

Vapeo

Escenario
Tú y tu amigo(a) están detrás de la escuela. Tu amigo(a) te ofrece un vapeador pero no quieres vapear.

Amigo(a): ¿Quieres vapear conmigo?

Tú:

Amigo(a): ¿No quisieras probar cómo se siente?

Tú:

Amigo(a): Es un jalón, nada más.

Tú:

Amigo(a): Está bien, no hay problema.

Tú:

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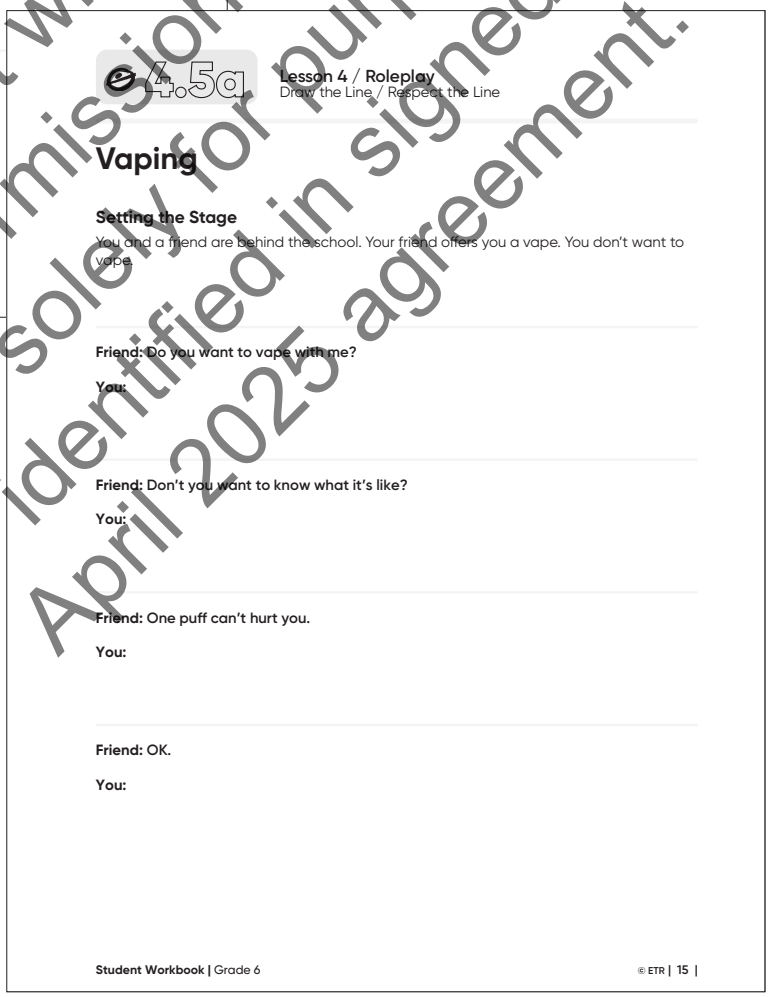

4.5a Lesson 4 / Roleplay
Draw the Line / Respect the Line

Vaping

Setting the Stage
You and a friend are behind the school. Your friend offers you a vape. You don't want to vape.

Friend: Do you want to vape with me?

You:

Friend: Don't you want to know what it's like?

You:

Friend: One puff can't hurt you.

You:

Friend: OK.

You:

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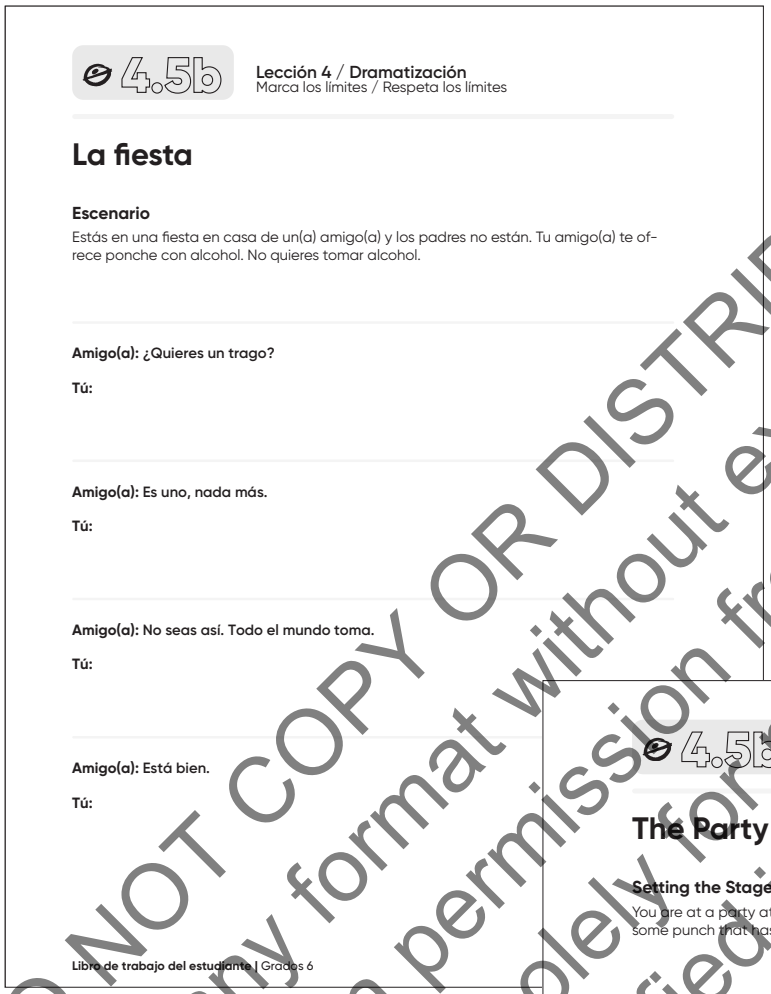
Roleplay 4.5b
(for teacher reference)



4.5b Lección 4 / Dramatización
Marca los límites / Respeta los límites

La fiesta

Escenario
Estás en una fiesta en casa de un(a) amigo(a) y los padres no están. Tu amigo(a) te ofrece ponche con alcohol. No quieres tomar alcohol.

Amigo(a): ¿Quieres un trago?

Tú:

Amigo(a): Es uno, nada más.

Tú:

Amigo(a): No seas así. Todo el mundo toma.

Tú:

Amigo(a): Está bien.

Tú:

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4.5b Lesson 4 / Roleplay
Draw the Line / Respect the Line

The Party

Setting the Stage
You are at a party at a friend's house and the parents aren't home. Your friend offers you some punch that has alcohol in it. You don't want to drink alcohol.

Friend: How about a drink? It's good.

You:

Friend: One drink is no big deal.

You:

Friend: Don't be such a wimp. Everybody drinks.

You:

Friend: OK.

You:

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Roleplay 4.5c
(for teacher reference)

4.5c Lección 4 / Dramatización
Marca los límites / Respeta los límites

El desafío de la soda

Escenario
Tu amigo(a) te reta a que robes una soda de la tienda. No quieres hacerlo

Amigo(a): Te reto a robarla.

Tú:

Amigo(a): ¿Qué te pasa? Es fácil.

Tú:

Amigo(a): Tengo mucha sed.

Tú:

Amigo(a): Está bien.

Tú:

Libro de trabajo del estudiante | Grados 6

4.5c Lesson 4 / Roleplay
Draw the Line / Respect the Line

The Soft-Drink Challenge

Setting the Stage
Your friend dares you to go into a store and steal a soda. You don't want to do it.

Friend: I dare you to steal it.

You:

Friend: What's wrong? It's easy.

You:

Friend: I'm really thirsty.

You:

Friend: OK.

You:

Student Workbook | Grade 6 © ETR | 19 |

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5 Lesson 5

Friends Respect the Line

INTRODUCTION

Accepting another person's refusal to a request gracefully can be a very difficult social maneuver. It's especially difficult when the person refused feels rejected. This lesson introduces the concept of "respecting the line" by suggesting that good friends do not persist in pressuring because it demonstrates a lack of respect for their friends, and by modeling ways the person who is pressuring can back off without feeling rejected.

Purpose Statement for Students

Today we will learn and practice ways to respect another person's line.

Objectives

Youth will be able to:

- Understand that pressuring behaviors may damage their friendships.
- Demonstrate social behaviors for respecting where a friend draws the line.
- Feel able to show respect for where a friend draws the line.

Activities

Activity 5.1:
Homework Review

Activity 5.2:
Plan for the Day

Activity 5.3:
Dicho/Saying for the Day

Activity 5.4:
High-Pressure Roleplay and Discussion

Activity 5.5:
Modeling Respecting the Line

Activity 5.6:
Roleplay Practice

Activity 5.7:
Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Give another teacher, classroom aide or youth volunteer a copy of the **Bad Hair Day** roleplays (Roleplays 5.4 and 5.5) to practice. Instruct the helper to stand still and silent at the end of the disrespectful version.

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- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- Write the Dicho on the board or chart paper
- **Bad Hair Day—Disrespectful Version** (Demo Roleplay 5.4) and **Bad Hair Day—Respectful Version** (Demo Roleplay 5.5)—copy 2 (Copy Disrespectful and Respectful versions back-to-back.)
- **Beer** (Roleplay 5.6a); **Try it, You'll Like It** (Roleplay 5.6b); and **Skipping School** (Roleplay 5.6c)
- ***Draw the Line* Logo**—copy to chart paper

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5.1 Activity 5.1
Homework Review

Time
3 min

Materials
None

Purpose
To review homework assigned in Lesson 3.

What the Teacher Does
Uses homework and prior lessons as a springboard for Lesson 5.

What Youth Do
Connect independent homework discussions and prepare to integrate family input into thinking around Lesson 5.

PROCEDURE

1. Ask how many were able to complete the homework assignment from Lesson 3. Stress that the activities they do outside of class are important to help them use what they are learning. Continue by asking and discussing the following questions:
   - With whom did you do your homework activity?
   - What are some of the pressures the people you interviewed experienced when they were your age?
   - Which of those pressures do you experience now?
   - What do you think the difference is between pressures they had and pressures you have?
   - Who was better prepared to handle the pressures? You or they? Why?
   - How did the people you interviewed resist pressure and how did they keep from pressuring others?
2. Explain that it is important to think about and use the Steps for Drawing the Line so that other people know exactly where you draw the line. Encourage those who did not complete the homework to do so.

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5.2 Activity 5.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the plan for the day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE
1. Say: "Today we will learn ways to respect other people's limits." Write the Plan for the Day on the board or chart paper:
   - Dicho
   - Roleplay
   - Respecting the Line
   - Roleplay
   - Closure
2. Ask for a volunteer to read the plan. Clarify as needed.

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5.3 Activity 5.3
Dicho/Saying for the Day

Time
3 min

Materials
Dicho

Purpose
To relate the meaning of a dicho to the purpose of the day's lesson.

What the Teacher Does
Presents the dicho of the day. Has youth complete the dicho activity.

What Youth Do
Think about what the dicho means.

PROCEDURE
1. Before the lesson begins, write the dicho on the board or chart paper so that everyone can see it.
   Dicho: Camarón que se duerme, se lo lleva la corriente.
   Saying: If the shrimp falls asleep, the current will carry it away.
2. Ask youth to read the dicho silently (or read it aloud to the group).
3. Ask if they remember this dicho from Lesson 1.
4. Have youth turn to the person next to them (give specific instructions based on the seating arrangement) and talk about what the dicho means to them now. Allow pairs to discuss the dicho for a minute.
5. Ask for volunteers to share what the dicho means to them. Emphasize the idea that it is important to pay attention both so you can draw your line and so you can know when someone else is drawing the line.
6. Explain that in today's lesson, they will learn and practice respecting someone else's line. Explain that respecting others requires them to pay attention to what their friends are saying, so they don't try to push them into crossing their lines.

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5.4 Activity 5.4
High-Pressure Roleplay and Discussion

Time
5 min

Materials
Bad Hair Day—Disrespectful Version
(Demo Roleplay 5.4)

Purpose
To generate empathy for someone whose limit is not respected.

What the Teacher Does
Provides an experience that generates empathy for the person being pressured. Helps youth understand that continued pressure is uncomfortable, hurtful and shows disrespect for other people and their limits.

What Youth Do
Personalize the experience of being pressured and consider the impact being pressured has on a friendship.

PROCEDURE
1. Explain that you are going to roleplay being a sixth grader who is asking a friend (the teacher, classroom aide or youth volunteer) to do something they don't want to do. The friend is going to say NO to you.
2. Ask the other teacher, classroom aide or prepared youth volunteer to come to the front of the room. Before handing them the roleplay, begin a conversation in which you are very friendly and happy to see your friend. Then give the helper a copy of Demo Roleplay 5.4, and quietly remind them which lines to read and to look hurt at the end. Begin the roleplay. Use an angry tone of voice and body language to apply pressure (e.g., leave in a huff, act very disappointed, etc.).
3. After the roleplay, discuss reactions using the following questions:
   - Ask the helper: Did you say NO to me? What did I do when you said NO?
   - Ask the group: How do you think my friend (the helper) felt when I continued to pressure them? How did they feel about me as a friend?

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- Ask the group: How do you think you'd feel if a friend pressured you like that? How would you feel about your friend? Reinforce comments about feeling uncomfortable, angry, put down, disrespected, confused, etc.

4. Ask: What can you do when a friend says NO that shows you respect your friend's line? Write suggestions on the board or chart paper.

   Summarize by saying that when a person says NO, there are many ways a friend can respect this limit and that doing so builds trust and respect.

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5.5 Activity 5.5
Modeling Respecting the Line

Time
10 min

Materials
Bad Hair Day—Respectful Version
(Demo Roleplay 5.5)

Purpose
To model how to respect a limit.

What the Teacher Does
Provides a model for withdrawing pressure and showing respect for another person's limits.

What Youth Do
Analyze the demonstration roleplay and make it relevant to their communication styles.

Teacher Note
This roleplay should be done by two adults (e.g., teacher and classroom aide, or health educator and classroom teacher) if possible, to ensure that appropriate body language and voice are modeled. The teacher or educator should be the person applying pressure. If this is not possible, work with a youth who has had the chance to practice with you briefly before the lesson. The teacher models showing respect based on some of the strategies generated in the previous activity.

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PROCEDURE

1. Ask the helper to come to the front of the class. Give the helper a copy of Demo Roleplay 5.5.
2. Instruct youth to watch and listen to the roleplay and be ready to tell you how it's different from what happened when you were pressuring a friend before.
3. Begin reading the roleplay aloud. You should read the pressure lines and the helper should read the response lines.

4. When reading the last line of the roleplay, use a respectful tone of voice and incorporate one of the suggestions for what to do when a friend says NO that youth generated in Activity 5.4.
5. Ask the following questions:
   - How did the first roleplay end?
   - How was this roleplay different?
   - What was different about my voice? my body language?
   - What do you think was different about how the other person felt?

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5.6 Activity 5.6
Roleplay Practice

Time
12 min

Materials
Beer; Try It, You'll Like It; and **Skipping School** (Roleplays 5.6a, 5.6b and 5.6c)

Purpose
To give youth the opportunity to practice respecting another person's limits.

What the Teacher Does
Guides practice on how to respect the line.

What Youth Do
Compose ways to show respect for another person's limits. Practice respecting the line in pairs.

PROCEDURE

Writing Endings that Show Respect

1. Explain that they now have a chance to practice "respecting the line" by doing more roleplaying. Explain the activity before assigning the roleplays. Cover the following points:
   - They will read the roleplay and write a new ending that shows respect for where the person being pressured drew the line.
   - They can work in pairs to create the lines if they wish.
   - They should write using respectful language and come up with ways to maintain the friendship if possible.
   - Some of them will be asked to read their roleplays for the group.

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2. Check for understanding. Post the instructions for this activity:
   - Read roleplay and write a respectful response.
   - Pair up (with someone new).
   - One person reads pressure lines but shows respect; the other draws the line.
   - Switch roles.
   - Talk about whether you felt respected.
   - Make changes.
3. Assign one of the roleplays (Roleplay 5.6a, 5.6b or 5.6c) to each youth. Circulate and help them write appropriate lines. Allow them to work on their lines for 2–3 minutes, individually or in pairs.
4. Begin with Roleplay 5.6a. Ask one pair with this roleplay to read it, using one partner's lines or the lines they wrote together. Have the group critique the lines, focusing on the tone and body language (was it respectful?) and on what was done to maintain the friendship (e.g., suggested something else, said something that was reassuring). Have 5–10 youth read just their last line for Roleplay 5.6a. Provide encouraging feedback.
5. Repeat with Roleplay 5.6b and Roleplay 5.6c. Reinforce the use of respectful voice and body language and ways of maintaining the friendship. If roleplayers act angry or annoyed when giving the final line, ask the class how they would feel if a friend sounded or acted this way. Point out that even though the words might be respectful, being annoyed can still sound like pressure. Explain that it's not always easy to be respectful when we want someone to do something, but it is important to reflect on how our reactions affect others. It takes strength to back off and it shows strength when you respect others' boundaries.
6. Thank youth for their good work.

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5.7 Activity 5.7
Closure

Time
12 min

Materials
***Draw the Line* Logo**

Purpose
To summarize the skill learned today and the overall sixth-grade lessons.

What the Teacher Does
Facilitates a discussion on key learnings.

What Youth Do
Review and summarize learning.

PROCEDURE

Lesson Summary
1. Ask how the dicho relates to what they learned this week (if you don't pay attention, you may end up pressuring a friend or not drawing the line).
2. Have youth turn to the ***Draw the Line* Logo** and show a copy. Use the logo design to cover summary points:
   - The circle represents all the things that a person might do in life. The dot represents you.
   - The line in the circle divides the things you will do from things you don't want to do. What might some of those things be?
   - You have to be able to draw the line, to let others know when you won't do certain things. How might you do that?
   - Recognizing an uncomfortable feeling is a signal that you are close to the line. Do you remember what that feeling is like?

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- You need to recognize when someone is drawing the line with you. How do you do that?
- You need to respect another person's line. How do you do that?

3. Ask why it might be hard to apply these ideas outside of doing roleplays (don't want to hurt friends' feelings; don't feel comfortable saying NO to a friend). Ask if they've had an opportunity to use what they've been learning and how it went. Ask how a person can get better at drawing the line and respecting the line (practice with friends or family; write your own roleplays; watch for examples of drawing or respecting the line in movies, on TV and among friends).
4. Ask how the things they learned might help them avoid smoking, vaping, drinking alcohol or having sex (being able to draw the line will help if someone is pressuring them; knowing how to stop pressuring when someone draws the line will help maintain the friendship).

I Learned Statement

5. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 5: *"The one thing I will remember the most is* _____*."*

   Ask volunteers to share their answers.

Transition and Closure

6. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished over the 5 *Draw the Line/Respect the Line* lessons.

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5.4 Demo Roleplay 5.4

Bad Hair Day (Disrespectful Version)

Teacher: Hey, let's dye our hair green.

Helper: I don't think so.

Teacher: C'mon, I think it would be cool.

Helper: I don't want to dye my hair.

Teacher: But it will look better.

Helper: I really don't want to dye it.

Teacher: *(in an angry voice)* Well, if that's how you feel, just forget it!

Helper: (*Stands still and silent, looking hurt.)*

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5.4 Dramatización 5.4

El pelo verde (Sin respeto)

Maestro(a): Oye, pintémonos de verde el pelo.

Ayudante: Ni lo pienses.

Maestro(a): Será divertido.

Ayudante: No me interesa pintarme el pelo verde.

Maestro(a): Nos vamos a ver mejor.

Ayudante: En serio te digo, no quiero pintármelo.

Maestro(a): *(voz fuerte)* Bueno, si piensas así, ¡olvídalo!

Ayudante: *(Se mantiene en silencio, mostrándose lastimado).*

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5.5 Demo Roleplay 5.5

Bad Hair Day (Respectful Version)

Teacher: Hey, let's dye our hair green.

Helper: I don't think so.

Teacher: C'mon, I think it would be cool.

Helper: I really don't want to dye my hair.

Teacher: *(Use youth responses to respect the line.)*

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5.5

Dramatización 5.5

El pelo verde (Con respeto)

Maestro(a): Oye, pintémonos el pelo.

Ayudante: Ni lo pienses.

Maestro(a): Será divertido.

Ayudante: En serio te digo, no quiero pintármelo.

Maestro(a): *(Usa respuestas sugeridas para marcar los límites).*

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5.7 Teacher Activity Sheet 5.7

Draw the Line Logo

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5.7 Actividad del maestro(a) 5.7

Logotipo de Marca los límites

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5.6a

Roleplay 5.6a
(for teacher reference)

5.6a Lección 5 / Dramatización
Marca los límites / Respeta los límites

Cerveza

Escenario
Quieres que tu amigo(a) beba una cerveza contigo. Cuando tu amigo(a) se niega, necesitas decir o hacer algo para mostrar que respetas la decisión de tu amigo(a).

Tú: Oye, tomemos algo de cerveza.

Amigo(a): No quiero ni una.

Tú: Pero no pasa nada con sólo una.

Amigo(a): No. No me interesa.

Tú: ¿Por qué no? Toma un traguito. Aquí tienes.

Amigo(a): Ya te lo dije. Yo no tomo alcohol.

Tú:

5.6a Lesson 5 / Roleplay
Draw the Line / Respect the Line

Beer

Setting the Stage
You want your friend to try a beer with you. Your friend refuses. You need to say or do something to show you respect your friend's line.

You: Hey, let's have some beer.

Friend: I don't want any.

You: Just one won't hurt.

Friend: No, I'm not interested.

You: Oh, c'mon. Just take a sip. Here try it.

Friend: I told you. I don't drink alcohol.

You:

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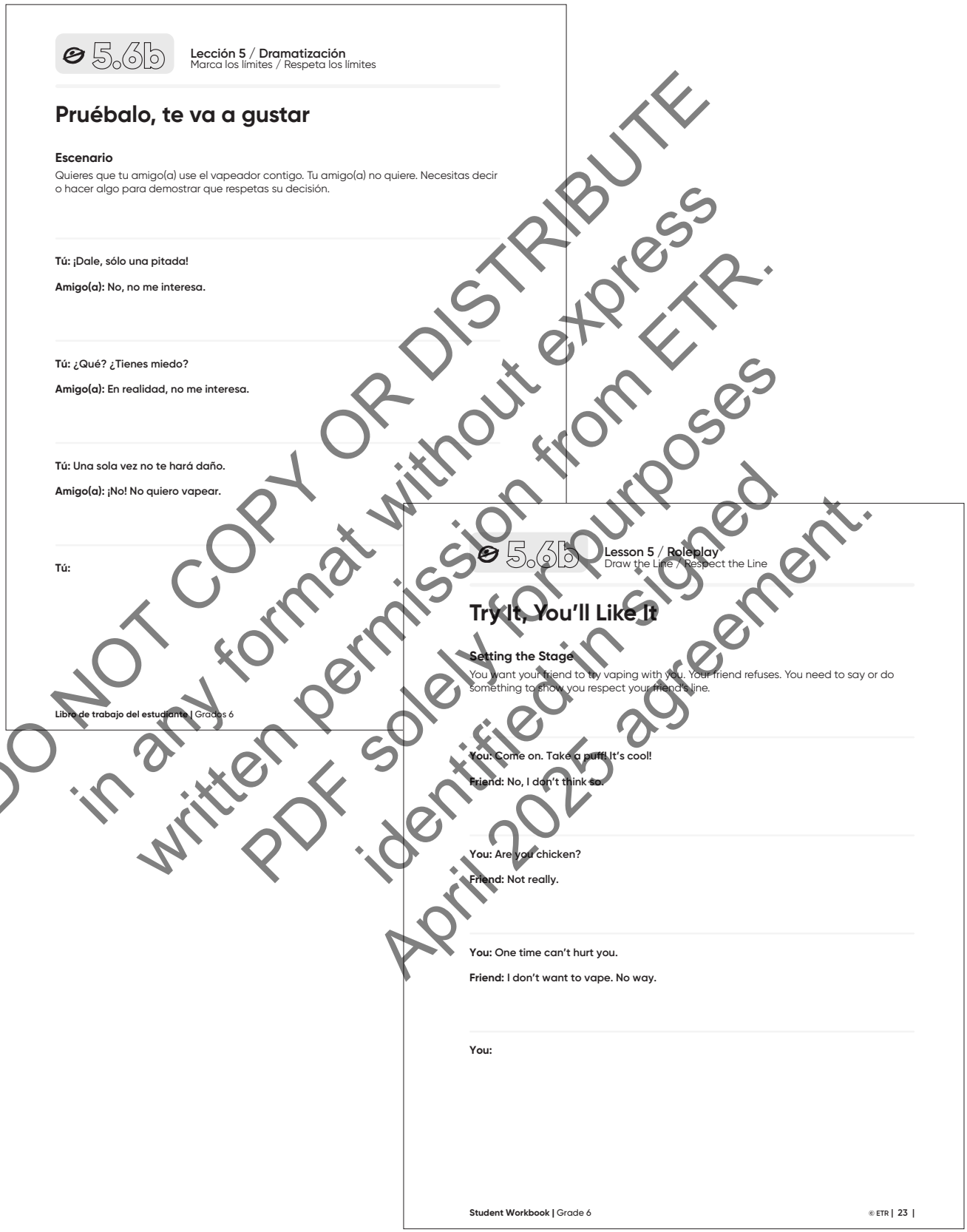
5.6b

Roleplay 5.6b
(for teacher reference)



5.6b Lección 5 / Dramatización
Marca los límites / Respeta los límites

Pruébalo, te va a gustar

Escenario
Quieres que tu amigo(a) use el vapeador contigo. Tu amigo(a) no quiere. Necesitas decir o hacer algo para demostrar que respetas su decisión.

Tú: ¡Dale, sólo una pitada!

Amigo(a): No, no me interesa.

Tú: ¿Qué? ¿Tienes miedo?

Amigo(a): En realidad, no me interesa.

Tú: Una sola vez no te hará daño.

Amigo(a): ¡No! No quiero vapear.

Tú:

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5.6b Lesson 5 / Roleplay
Draw the Line / Respect the Line

Try It, You'll Like It

Setting the Stage
You want your friend to try vaping with you. Your friend refuses. You need to say or do something to show you respect your friend's line.

You: Come on. Take a puff! It's cool!

Friend: No, I don't think so.

You: Are you chicken?

Friend: Not really.

You: One time can't hurt you.

Friend: I don't want to vape. No way.

You:

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5.6c

Roleplay 5.6c
(for teacher reference)

5.6c Lección 5 / Dramatización
Marca los límites / Respeta los límites

Irse de pinta

Escenario
Quieres que tu amigo/a se vaya de pinta contigo. Tu amigo/a se niega. Necesitas decir o hacer algo para demostrar que respetas su decisión.

Tú: Oye, vámonos de pinta hoy en vez de ir a la escuela.

Amigo(a): Ni lo pienses.

Tú: Ándale, sé que se te antoja.

Amigo(a): No quiero faltar a la escuela.

Tú: Pero va a ser más divertido si nos vamos de pinta juntos/juntas.

Amigo(a): En serio, te digo que no quiero faltar a la escuela.

Tú:

Libro de trabajo del estudiante | Grados 6

5.6c Lesson 5 / Roleplay
Draw the Line / Respect the Line

Skipping School

Setting the Stage
You want your friend to skip school with you. Your friend refuses. You need to say or do something to show you respect your friend's line.

You: Hey, let's skip school today.

Friend: I don't think so.

You: C'mon, you know you want to.

Friend: I don't want to skip school.

You: But it will be more fun if we do it together.

Friend: I really don't want to skip school.

You:

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Grade 6 Workbook

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"I Learned" Question Sheet

Lesson 1

What did you learn about yourself from the Simon Says game? _____

_____

_____

_____

Lesson 2

It's important for me to learn how to Draw the Line because _____

_____

_____

Lesson 3

The easiest Step for Drawing the Line for me is _____

because _____

_____

Lesson 4

Changing the subject will help me _____

_____

_____

Lesson 5

The one thing I will remember the most is _____

_____

_____

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Cuestionario: "Lo que aprendí"

Lección 1

¿Qué aprendiste sobre ti mismo(a) al jugar "Simón Dice"? _____

_____

_____

Lección 2

Es importante que aprenda cómo marcar mis límites porque _____

_____

_____

Lección 3

Para mí el paso más fácil del programa Marca los límites/Respeta los límites es _____

_____

porque _____

_____

Lección 4

Cambiar el tema me ayudará _____

_____

_____

Lección 5

Una cosa que yo recordaré más que todo es _____

_____

_____

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Where's the Pressure?

What did you learn about yourself from the Simon Says game?

I learned that: _____

_____

_____

_____

_____

_____

_____

Think of a time when it was hard to say NO to a friend.

(If you can't think of anything a friend asked you to do, try to imagine a time when you think it would be hard to say NO to something a friend asked you to do.)

What did your friend want you to do? _____

_____

_____

_____

_____

_____

If you said NO to your friend, why was it hard? _____

_____

_____

_____

_____

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¿Dónde está la presión?

¿Qué aprendiste de ti mismo(a) al jugar "Simón dice"?

Aprendí que: _____

Recuerda una ocasión cuando fue difícil decirle NO a un(a) amigo(a).

(Si no recuerdas nada, imagina que tu amigo(a) te pidió hacer algo y que sería difícil decirle que NO).

¿Qué quería este amigo(a) que hicieras? _____

Si le dijiste NO, ¿por qué fue difícil? _____

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Where Do You Draw the Line?

Directions:

Read each activity below and decide if you would do it or would not do it. If you would do it, write it on your paper plate under "I will." If you would not do it, write it under "I won't."

Study with a friend.

Share food with a friend

Give answers to a test to a friend.

Share a password with a friend.

Lie for a friend.

Accept when a friend says NO.

Copy somebody's homework.

Copy answers on a test.

Puff on a cigarette.

Try vaping.

Smoke a cigarette.

Smoke cigarettes or vape regularly.

Sip beer or wine.

Drink alcohol with family.

Drink soda with alcohol in it.

Get drunk.

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¿Dónde marcas el límite?

Instrucciones:

Lee cada actividad y decide si lo harías o no lo harías. Si lo harías, escríbelo en el plato debajo de "Yo sí." Si no lo harías, escríbelo debajo de "Yo no."

Estudiaré con un(a) amigo(a).

Compartiré alimentos con un(a) amigo(a).

Daré respuestas del examen a un(a) amigo(a).

Compartiré la contraseña con un(a) amigo(a).

Mentiré por un(a) amigo(a).

Aceptaré cuando un amigo(a) diga NO.

Copiaré la tarea de otro.

Copiaré las respuestas del examen.

Daré un toque o jalón al cigarrillo.

Probaré el vapeo.

Fumaré un cigarrillo.

Fumaré cigarrillos o vapeador de forma frecuente.

Probaré vino o cerveza.

Tomaré alcohol con mi familia.

Tomaré soda con alcohol.

Me emborracharé.

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Lesson 1 Family Activity

Directions:

1. Choose an older family member (parent, aunt, older brother or sister) or another adult (a coach, a neighbor) to help you with this activity.
2. Find a quiet place to talk.
3. Interview the family member or other adult using the questions. Be sure to write the answers below.
4. When you are done, both of you should sign below. Return the signed sheet to at the next lesson.

In our Draw the Line/Respect the Line lessons *we started with a saying for the day. Today's saying was "Camarón que se duerme, se lo lleva la corriente/If the shrimp falls asleep, the current will carry it away."*

What does this mean to you? _____
_____
_____
_____

Can you think of a saying that you either heard when you were younger or that you hear now? What does it mean?

Saying: _____
Meaning: _____

- -

Sign below after finishing.

My name: _____
(Please print)

My signature: _____

Family member signature: _____

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Actividad familiar de la Lección 1

Instrucciones:

1. Escoge a un miembro de tu familia (padre, madre, tío(a), hermano(a) mayor) o algún otro adulto (tu entrenador, un vecino) para que te ayude a hacer esta tarea.
2. Escoge un lugar tranquilo en donde puedas tener una conversación.
3. Haz a la persona que escogiste las siguientes preguntas. No te olvides de escribir las respuestas en el espacio que aparece después de la pregunta.
4. Al terminar esta entrevista, ambos deben firmar abajo. Lleva la hoja a la siguiente lección.

Cuando iniciamos hoy la lección Marca los límites/Respeta los límites les dimos a los jóvenes el dicho del día. El dicho de hoy fue "Camarón que se duerme, se lo lleva la corriente."

¿Qué quiere decir para usted este dicho? _____

_____

_____

_____

¿Podría usted pensar en algún dicho que haya escuchado cuando era joven o que escucha ahora? ¿Qué significa ese dicho?

Dicho: _____

Significado: _____

- - - -

The Dare

Setting the Stage

Your friend dares you to jump off the roof. You don't want to do it. What do you say? Draw a picture or write how you will use words and your body to Draw the Line or say NO.

Friend: I dare you to jump.

You:

Friend: You're a chicken.

You:

Friend: Go for it. Don't be a chicken.

You:

Friend: I guess you don't feel like it. That's OK.

You:

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La apuesta

Escenario

Tu amigo(a) apuesta a que no puedes saltar del techo de la casa. No quieres hacerlo. ¿Qué le vas a decir? Haz un dibujo o explica en una hoja de papel cómo usarías palabras y tu cuerpo para marcar el límite o decir NO.

Friend: Apuesto a que no puedes saltar.

You:

Friend: Gallina, gallina.

You:

Friend: Hazlo. No seas gallina.

You:

Friend: Está bien. No quieres hacerlo..

You:

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Lesson 3 Family Activity

Directions:

1. Choose an older family member (parent, aunt, older brother or sister) or another adult (a coach, a neighbor) to help you with this activity.
2. Find a quiet place to talk.
3. Interview the family member or other adult using the following questions. Be sure to write the answers below.
4. When you are done, both of you should sign below. Return the signed sheet to class.

What does this mean to you?

_____

_____

_____

How did you resist pressure and how did you keep from pressuring others?

_____

_____

_____

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- -

Sign below after finishing.

My name: _____

(Please print)

My signature: _____

Family member signature: _____

Actividad familiar de la lección 3

Instrucciones:

1. Escoge a un miembro de tu familia (padre, madre, tío(a), hermano(a) mayor) o algún otro adulto (tu entrenador, un vecino) para que te ayude a hacer esta tarea.
2. Escoge un lugar tranquilo en donde puedas tener una conversación.
3. Haz a la persona que escogiste las siguientes preguntas. No te olvides de escribir las respuestas en el espacio que aparece después de la pregunta.
4. Al terminar esta entrevista, ambos deben firmar abajo. Lleva la hoja a la clase.

¿Qué tipo de presiones enfrentaban los jóvenes cuando usted tenía mi edad?

_____

_____

_____

¿Cómo pudo resistir la presión y cómo pudo evitar la presión de otras personas?

_____

_____

_____

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Vaping

Setting the Stage

You and a friend are behind the school. Your friend offers you a vape. You don't want to vape.

Friend: Do you want to vape with me?

You:

Friend: Don't you want to know what it's like?

You:

Friend: One puff can't hurt you.

You:

Friend: OK.

You:

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Vapeo

Escenario

Tú y tu amigo(a) están detrás de la escuela. Tu amigo(a) te ofrece un vapeador pero no quieres vapear.

Amigo(a): ¿Quieres vapear conmigo?

Tú:

Amigo(a): ¿No quisieras probar cómo se siente?

Tú:

Amigo(a): Es un jalón, nada más.

Tú:

Amigo(a): Está bien, no hay problema.

Tú:

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The Party

Setting the Stage

You are at a party at a friend's house and the parents aren't home. Your friend offers you some punch that has alcohol in it. You don't want to drink alcohol.

Friend: How about a drink? It's good.

You:

Friend: One drink is no big deal.

You:

Friend: Don't be such a wimp. Everybody drinks.

You:

Friend: OK.

You:

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La fiesta

Escenario

Estás en una fiesta en casa de un(a) amigo(a) y los padres no están. Tu amigo(a) te ofrece ponche con alcohol. No quieres tomar alcohol.

Amigo(a): ¿Quieres un trago?

Tú:

Amigo(a): Es uno, nada más.

Tú:

Amigo(a): No seas así. Todo el mundo toma.

Tú:

Amigo(a): Está bien.

Tú:

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The Soft-Drink Challenge

Setting the Stage

Your friend dares you to go into a store and steal a soda. You don't want to do it.

Friend: I dare you to steal it.

You:

Friend: What's wrong? It's easy.

You:

Friend: I'm really thirsty.

You:

Friend: OK.

You:

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El desafío de la soda

Escenario

Tu amigo(a) te reta a que robes una soda de la tienda. No quieres hacerlo

Amigo(a): Te reto a robarla.

Tú:

Amigo(a): ¿Qué te pasa? Es fácil.

Tú:

Amigo(a): Tengo mucha sed.

Tú:

Amigo(a): Está bien.

Tú:

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Beer

Setting the Stage

You want your friend to try a beer with you. Your friend refuses. You need to say or do something to show you respect your friend's line.

You: Hey, let's have some beer.

Friend: I don't want any.

You: Just one won't hurt.

Friend: No, I'm not interested.

You: Oh, c'mon. Just take a sip. Here try it.

Friend: I told you. I don't drink alcohol.

You:

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Cerveza

Escenario

Quieres que tu amigo(a) beba una cerveza contigo. Cuando tu amigo(a) se niega, necesitas decir o hacer algo para mostrar que respetas la decisión de tu amigo(a).

Tú: Oye, tomemos algo de cerveza.

Amigo(a): No quiero ni una.

Tú: Pero no pasa nada con sólo una.

Amigo(a): No. No me interesa.

Tú: ¿Por qué no? Toma un traguito. Aquí tienes.

Amigo(a): Ya te lo dije. Yo no tomo alcohol.

Tú:

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Try It, You'll Like It

Setting the Stage

You want your friend to try vaping with you. Your friend refuses. You need to say or do something to show you respect your friend's line.

You: Come on. Take a puff! It's cool!

Friend: No, I don't think so.

You: Are you chicken?

Friend: Not really.

You: One time can't hurt you.

Friend: I don't want to vape. No way.

You:

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Pruébalo, te va a gustar

Escenario

Quieres que tu amigo(a) use el vapeador contigo. Tu amigo(a) no quiere. Necesitas decir o hacer algo para demostrar que respetas su decisión.

Tú: ¡Dale, sólo una pitada!

Amigo(a): No, no me interesa.

Tú: ¿Qué? ¿Tienes miedo?

Amigo(a): En realidad, no me interesa.

Tú: Una sola vez no te hará daño.

Amigo(a): ¡No! No quiero vapear.

Tú:

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Skipping School

Setting the Stage

You want your friend to skip school with you. Your friend refuses. You need to say or do something to show you respect your friend's line.

You: Hey, let's skip school today.

Friend: I don't think so.

You: C'mon, you know you want to.

Friend: I don't want to skip school.

You: But it will be more fun if we do it together.

Friend: I really don't want to skip school.

You:

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Irse de pinta

Escenario

Quieres que tu amigo/a se vaya de pinta contigo. Tu amigo/a se niega. Necesitas decir o hacer algo para demostrar que respetas su decisión.

Tú: Oye, vámonos de pinta hoy en vez de ir a la escuela.

Amigo(a): Ni lo pienses.

Tú: Ándale, sé que se te antoja.

Amigo(a): No quiero faltar a la escuela.

Tú: Pero va a ser más divertido si nos vamos de pinta juntos/juntas.

Amigo(a): En serio, te digo que no quiero faltar a la escuela.

Tú:

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Draw the Line Logo
Draw the Line / Respect the Line

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Pregnancy and sexually transmitted infections (STIs), including HIV, are continuous challenges for youth in the United States.

Young people often comment that sex "just happened" and wasn't planned. Despite their increased use of the internet and social media, many youth still do not have access to medically accurate education and reliable resources to help them make informed decisions about their health and sexual behaviors. In addition to gaining knowledge about how to prevent pregnancy and STI transmission, youth are empowered through exploring influences that may affect their decisions and learning (e.g., social media, perceived peer norms, or family values) and practicing skills that will help them protect their sexual health.

Draw the Line/Respect the Line teaches young people how to set their own boundaries and helps them build the skills to support a decision to wait to have sex, or to effectively use safer sex practices to reduce their risk of unintended pregnancy, HIV and other STIs if and when they choose to become sexually active.

Curriculum Overview

The *Draw the Line/Respect the Line* curriculum helps youth develop personal sexual limits and practice the skills needed to maintain those limits when challenged. Healthy sexual limits will support youth in preventing HIV, STIs and unintended pregnancy.

This 19-lesson curriculum is designed to be used either by a classroom teacher or trained health educator in the sixth, seventh and eighth grades.

In Grade 6, the emphasis is on situations in which youth may be pressured to steal, use alcohol or tobacco/nicotine products. The 5 lessons feature limit setting and refusal skills in a nonsexual context.

In Grade 7, pressures regarding sexual intercourse are considered. The 7 lessons feature possible outcomes of unprotected sex, information about sexually transmitted infections, and practice in applying refusal skills in a social context.

In Grade 8, the 7 lessons feature an HIV-positive speaker, practice in applying refusal skills in dating contexts, and a condom demonstration.

The curriculum is based on numerous principles:

- **Not having sexual intercourse is the healthiest sexual limit for youth in middle school.** Avoiding sexual intercourse (and the situations that might lead to it) in middle school and beyond protects youth from STIs and unintended pregnancy, as well as from the potentially negative social, emotional and health outcomes of sexual intercourse.
- **Youth can set sexual limits.** Young people often believe sex "just happened," when, in fact, they can decide what their sexual limits are and maintain these limits. The curriculum asks youth to decide on their personal sexual limits and gives them the experience of having a limit and maintaining it in the face of pressure.
- **Youth can be motivated to maintain their limits.** To maintain a sexual limit, a

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Introduction

person must be motivated. The best motivations will be highly personal and meaningful to the individual. The curriculum encourages youth to think about the immediate emotional and personal outcomes of having sex, (e.g., embarrassment, worry, hurt feelings, connectedness) as well as possible long-term outcomes such as pregnancy, HIV and other STIs.

- **Youth will encounter challenges to their limits.** Challenges to sexual limits can take many forms, including coercion, internal desires and peer pressure. -Draw the Line lessons give youth an opportunity to identify and consider how to address situations, pressures and feelings that could affect their ability to maintain sexual limits.
- **Youth can overcome challenges to their limits.** Communication skills and greater self-awareness can help youth overcome many or most challenges to their sexual limits. Their interpersonal skills are developed through the use of roleplays and other skill practice. Lessons also address intrapersonal skills (e.g., self-monitoring, or paying attention to one's own thoughts and feelings) for maintaining sexual limits.
- **Youth who respect the limits of others will be less coercive.** In addition to learning to overcome pressure, the curriculum also helps youth avoid pressuring others. The theme of respecting others' limits is reflected throughout the lessons.
- **Each young person has unique needs.** In any classroom, there will be some youth who have very little sexual experience or knowledge and others who already have been exposed to a great deal, sometimes without their consent. Office hours and an anonymous question box help address the unique problems and circumstances of individual youth.
- **Condom use is essential protection for those who are sexually active.** Because youth who become sexually active at some point in their lives will need the information, the Grade 8 lessons include basic information about condoms, including how to use them.

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Unique Features of the Curriculum

Kirby identified 10 characteristics shared by successful HIV prevention and sexual health education curricula.* Each of these characteristics is true of the *Draw the Line/Respect the Line* curriculum.

1. Narrow focus. *Draw the Line/Respect the Line* has the specific focus of helping youth develop and maintain healthy sexual limits to reduce their risk for HIV, other STIs and unintended pregnancy.

2. Theoretical foundation. The curriculum is based on several social psychological theories, particularly social inoculation theory and social cognitive theory. It also draws on emerging research findings that suggest that youth at highest risk have experienced trauma, including sexual abuse, and that youth often experience coercion in sexual encounters.

Introduction

3. Clear and appropriate messages. The curriculum's primary message is that postponing sexual activity is the best choice for youth in middle school. The program therefore encourages youth to set limits around sexual activity, not have intercourse, and not risk intercourse by getting into situations where sex is possible or tempting. However, because some youth will choose or be coerced into sexual activity, a secondary message of the program is that condoms must be used for intercourse to reduce the risk of HIV, other STIs and unintended pregnancy.

4. Basic, accurate information on possible outcomes of unprotected intercourse and ways to maintain abstinence or use protection to prevent unintended pregnancy and STIs. This curriculum provides basic facts about transmission of HIV and other STIs and information about how to use a condom.

5. Lessons on social pressures that influence sexual behaviors. The curriculum includes lessons that help youth overcome challenges to their sexual boundaries, including pressure from a partner and other possible influences, such as their own physical desires.

6. Modeling and practice of communication and negotiation skills. A major focus of the curriculum is on the development and practice of skills involved in limit setting, including communication of one's limits, the ability to protect those limits, and respecting others' limits.

7. Teaching methods that include youth engagement and help youth personalize the information. The curriculum makes extensive use of small-group discussion, roleplays, stories, games and other approaches designed to engage youth in the learning process and help them connect the learning to their own lives.

8. Behavioral goals, teaching methods and materials appropriate to the age, sexual experience and culture of the youth. The curriculum's basic assumption that postponing sexual activity is the best choice for youth in middle school is a developmentally appropriate goal. The Grade 6 lessons feature skill development related to nonsexual issues because so few youth are sexually experienced at that age. In Grades 7 and 8, skills are practiced in relationship contexts (e.g., at parties or when dating). To enhance appeal and relevancy, the materials are highly interactive and use a story-based approach whenever possible.

9. Sufficient length of time. *Draw the Line/Respect the Line* includes approximately 19 hours of instruction across three grade levels.

10. Supportive and trained educators for program implementation. For the *Draw the Line/Respect the Line* study, family life educators were hired and trained to implement the program. Classroom teachers interested in implementing this program should be skilled in using interactive teaching methods and guiding group discussions, and should be comfortable with the program content.

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In addition to these characteristics, the program is sensitive to the needs of Latinx/é youth. *Draw the Line/Respect the Line* was designed to be implemented in schools with large numbers of Latinx/é youth, and these youth were consulted frequently during development. The youth materials are provided in both English and Spanish because of the large number of schools that have bilingual classrooms.

How the Curriculum Was Developed

***Draw the Line/Respect the Line* was developed as part of a research project funded by the National Institute of Mental Health (MH51515).** In this study, 19 schools were randomly assigned to either receive the curriculum or continue with usual classroom activities regarding HIV, other STIs and pregnancy prevention. Ten schools received the curriculum, provided by specially trained family life/health educators.

Pilot Testing

The researchers and educators involved in this project spent several years developing and pilot testing the curriculum. Youth in focus groups provided information about how young people think and feel about sex, as well as feedback about lesson ideas.

Each lesson activity was tested initially in schools not formally part of the study. Then, various activities were revised, and additional piloting of the lessons occurred. Finally, full sets of lessons for each grade were taught in 10 or more classrooms in another school district and final revisions were made. Youth feedback was used throughout the process to improve the lessons and make them enjoyable.

Evaluation and Results

The evaluation of the curriculum involved surveying youth in the 19 study schools who had received parental consent to participate in the study. Surveys were completed before youth received the program in grade 6, and at the end of grades 7, 8 and 9.

The curriculum was effective in delaying sexual initiation for boys, but not for girls.

Results from the evaluation study:

- Boys who received *Draw the Line/Respect the Line* were significantly less likely than boys in the comparison group to initiate sex, had significantly greater knowledge, perceived fewer peer norms supporting sex, had more positive attitudes toward reasons for not having sex, had stronger sexual limits, and put themselves in fewer situations that could lead to sexual behaviors.
- There were no significant differences for girls, except regarding peer norms. Girls receiving the curriculum perceived fewer peer norms supporting sex than girls in the comparison group.

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The surveys indicated that almost 30% of girls in grade 8 in the study had a boyfriend 2 or more years older, and that these girls were more likely to report having had sex. It's possible that more instruction on the influence of older boyfriends on sexual behaviors, and more skill practice in handling potential power differentials and possible coercion may help improve the results for girls.

Note: For more information about the curriculum and the theories that support it, see: Marin, B. 1999. *Draw the Line/Respect the Line*: A curriculum to prevent sexual risk. In *Psicología al fin del siglo/Psychology at the end of the century.* Invited addresses from the XXX Interamerican Congress of Psychology. Caracas, Venezuela: Interamerican Society of Psychology. Available at website: www.caps.ucsf.edu.

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How to Use the Curriculum

Teaching the Curriculum

This curriculum can be used by either classroom teachers or community-based educators. Each lesson includes:

- an overview of activities
- lesson objectives
- a list of preparatory steps
- approximate time required for each activity
- detailed steps for implementing each activity
- supporting materials (e.g., teacher activity sheets, demonstrations, roleplays, etc.)

The workbook contains all youth activity sheets and roleplays, in both English and Spanish.

Use by Classroom Teachers

Teachers who implement this program should:

- Have knowledge of the content areas covered in the curriculum.
- Be comfortable discussing the material.
- Have experience in using interactive teaching strategies such as roleplaying.

During the evaluation study, this curriculum was taught by trained family life/health educators; however, classroom teachers can implement it themselves.

Classroom teachers have the advantage of being familiar with their students and able to maintain discipline. In some cases, however, seeing the teacher as an authority figure may make it more difficult for youth to freely express their questions or views about sex. Youth also might say things to challenge teachers or make them uncomfortable, just to see their reaction.

It's important for classroom teachers implementing the curriculum to plan how they will react to difficult situations and to be aware of district policies about what can and cannot be said about sex in the classroom.

Use by Outside Educators

Community-based educators who implement this program should also have knowledge of the content areas, be comfortable discussing the content, and have experience using interactive teaching strategies.

To be most effective, educators should plan a pre-implementation meeting with the classroom teacher to discuss logistics and support. They may also want to observe the classroom prior to teaching the curriculum to get to know the youth and how they interact in the classroom. The use of name tents is built into the lessons to help outside educators learn the names of the participating youth.

At the pre-implementation meeting, educator and classroom teacher should:

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How to Use the Curriculum

- Introduce themselves.
- Confirm implementation dates.
- Clarify policies in their school district as to what parental consent protocols may need to be in place.
- Discuss how the teacher can assist during the sessions.

Classroom teachers can assist outside educators in the following areas:

- Maintaining discipline in the classroom. Ask the teacher for a copy of the classroom agreements.
- Participating in roleplays. Give or show the teacher copies of the roleplays. These roleplays are models for
- the youth and are best presented by two adults.
- Offering credit for completing parent-child homework activities. Because enhancing parent-child communication is one of the goals of this curriculum, there are some homework activities in which youth are asked to talk with their parents or another trusted adult. Ask the teacher to offer classroom credit or points for completing the homework activities, or to utilize some other type of reward system to encourage completion of the homework.
- Reinforcing the messages of the curriculum. Classroom teachers can enhance the potential impact of the program by asking youth about what they've learned and reinforcing curriculum messages between lessons, if the lessons are not consecutive, or after the lessons have been completed.

Encourage the teacher to watch for incidents in which youth are faced with drawing the line and to take advantage of these teachable moments to introduce discussion about setting limits and factors that can make it difficult.

(Note: ETR trained the educators who implemented the curriculum during the evaluation study. Schools or agencies interested in training for this program can find out more or contact a training specialist at www.etr.org/ebi/training-ta.)

Answering Questions

Youth may have potentially sensitive questions regarding the topics covered in the curriculum. Two different approaches were used in the evaluation study to provide youth with an avenue for asking individual questions—office hours and anonymous questions.

Office Hours

During the evaluation study, health educators offered office hours during which they were available after class for discussion, questions, skill practice and/or referrals. Office hours were held during lunchtime once or twice a week, either in an office or in the schoolyard. Office hours were available during the time the program was taught and for a few weeks following.

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How to Use the Curriculum

Office hours may be difficult to implement due to logistics and/or lack of resources, but schools and agencies that can use this approach will provide youth with more support and greater opportunities to connect with caring adults who can help them address important issues in a safe environment.

Using a consistent office site that is not associated with discipline (e.g., detention) is best. During the evaluation study most youth came to office hours in pairs or small groups.

A variety of methods can be used to create an environment that fosters dialogue and allows youth to feel safe:

- **Providing games, such as cards, chess or dominos.** While playing games, youth frequently asked questions or engaged the educator in conversations that dealt with the curriculum topics.
- **Answering anonymous questions in small groups.** The small groups either compiled the anonymous questions or previously asked questions were used.
- **Offering special topic days, such as navigating social influences**, is a way to offer an opportunity to youth who might be uncomfortable asking a question in a large group.
- **Educators circulating on the campus.** Talking one on one or in small groups offers access to a greater number of youth.

Issues that commonly emerge during office hours may include school issues, questions on relationships, sexuality, gender identity, methods of protection, and processing reactions to hearing stories from those who are living with HIV. Some youth may disclose more serious situations such as abuse or suicidal behavior. Anyone teaching the program should be aware of the school's mandated reporting policies before beginning to teach the curriculum.

Anonymous Questions

The seventh and eighth grade lessons make use of a question box. The anonymous question technique allows youth to ask sensitive questions they might not ask otherwise because of embarrassment or fear of being perceived as too naive or too experienced.

To formalize the anonymous question process, the curriculum includes opportunities for youth to write questions at the end of selected lessons. During these lessons, everyone in the class is given a 3" x 5" card or scrap paper and asked to write a question about the material being covered in the curriculum.

If youth do not have a question they can simply write "hello" on the card. This preserves anonymity because it isn't obvious who is writing a question. Educators or teachers should collect the cards, screen the questions, and prepare answers.

Questions can be addressed in the following ways:

- Questions that relate to specific lesson topics (e.g., STIs) can be held for the day of the topic.
- If a question pertains to information that has already been presented, turn the question back to the youth and have them answer it as a review.

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How to Use the Curriculum

- Time for addressing anonymous questions is most typically included at the end of lessons. But some educators may choose to begin a lesson by addressing questions.
- Accept all questions. Questions that are too explicit or graphic can be reframed to address the underlying issue.
- Questions about the educator's personal life should not be answered.

Adapting the Curriculum for Differing Learning Abilities

Youth with differing learning abilities and youth who are bilingual or English Language Learners are often overlooked in prevention programs. Draw the Line/Respect the Line has been taught extensively to youth with diverse needs. The following suggestions and adjustments can be made to make the lessons more appropriate for youth with special needs.

Key Modifications

The key modification for youth with differing learning abilities is to reduce the focus to a few simple concepts. In the evaluation study some writing activities were shortened or eliminated. Educators also repeated information more often and increased use of visuals. Worksheets can be completed as a whole group, instead of individually. If two teachers are available, the class can be divided into two small groups.

Bilingual Classrooms

***Draw the Line/Respect* the Line was evaluated in ethnically diverse schools.** The curriculum was taught in bilingual and monolingual Spanish classes, and in English Language Development classes that combined multiple languages (i.e., Vietnamese, Tagalog, Hmong, Chinese, Korean and Spanish). One class was conducted in sign language. All worksheets and key visual aids were developed in English and Spanish.

One key modification for these classes is to slow the lesson pacing, using translation from teachers and/or aides as needed. In some cases, scenarios may need to be modified for youth who have limited exposure to refusal skills and prevention topics.

Another useful technique is to group youth who need translation at one or more tables, limiting the group size to 5 or fewer, and assigning a teacher's aide or volunteer to sit at the table to translate. Youth who are English Language Learners should be encouraged to participate in the discussions in their native language through translators, or in English. Youth also should be encouraged to write and act out roleplays in their native languages.

Other Adaptations

Program facilitators are encouraged to make minor adaptations (also referred to as

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"green light" adaptations) to optimize the program for the youth 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 (e.g. adapting names, scenarios, etc.) 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 dating violence or online sexual harassment.

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 a project officer or 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 this curriculum can be found at *https://www.etr.org/ebi/programs/draw-the-line* 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.

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Securing Parent Notification and Permission

It's essential to inform parents and guardians regarding the nature and scheduling of the *Draw the Line/Respect the Line* program. Requirements for parent notification vary by local school district and state. Review school district policies and follow established procedures.

A "passive permission" letter that can be modified and used by a school is provided on pages 9–10. The letter should be printed on school letterhead and include the principal's signature.

A parent preview night should be planned to give parents an opportunity to see the curriculum materials and meet the teachers. During the meeting, parents should receive a copy of the lesson outline for the grade their child is in (see pages 11–14[SS2]) and be given an opportunity to experience some of the learning activities, if possible. Parent-child homework assignments also should be described and the value of completing these assignments should be emphasized.

Videos

During the evaluation study, a few of the seventh- and eighth- grade lessons were

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augmented with videos or video clips.

- **Grade 7** used a video in Lesson 1 that showed young people discussing pressures middle school youth face and what makes it difficult to resist these pressures. A video about STI was used in Lesson 5.
- **Grade 8** used a video in Lesson 1 that featured interviews with young people living with HIV to help personalize the motivation for drawing the line in sexual situations. A video that includes a personal story from a person living with HIV can also be used in Lesson 5, if a speaker is not available.

When selecting a video to engage youth in discussion, be sure to choose one created within the last 5 years. A list of suggested videos can be found at *https://www.etr.org/ebi/programs/draw-the-line.*

Using Same-Gender or Mixed-Gender Groups

In the original evaluation, certain activities in this curriculum made use of same-gender groups (all boys or all girls), Creating a classroom environment of inclusivity will increase comfort and the ability to honestly reflect and share in group settings. This comfort is imperative to youth being able to successfully build the skills, knowledge and positive attitudes needed to set personal limits and protect themselves from pregnancy, HIV and other STIs. While some young people may feel more comfortable or be able to be more honest when discussing sexuality-related issues in single-gender groups, we do not recommend dividing the class in this way, as it can cause trauma for transgender, gender non-conforming, and non-binary youth.

Rather, we suggest building a safe and inclusive environment in which all youth feel affirmed and included in the lessons. The use of integrated, mixed-gender groups is considered best practice for current-day classrooms and youth groups,* and is something sexuality educators are trained to facilitate. Use of mixed-gender groups can help promote gender equity, build understanding of different perspectives, and increase inclusivity for transgender, gender nonconforming, and non-binary youth.

Educators should weigh these considerations with their knowledge of their particular group's maturity and comfort levels when teaching activities that call for same-gender grouping of youth.

- If same-gender groups are kept, the educator should be sensitive to any youth who may be transgender, gender non-conforming, or non-binary. Youth must be allowed to choose which group they want to work with, or the educator can set up at least one mixed-gender group that can brainstorm or practice roleplays from the perspective of all genders.
- Changing the activity set-up to incorporate mixed-gender groups is considered a minor adaptation that can promote greater understanding and inclusivity, as long as youth feel comfortable within the groups and are willing to share and participate.

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Sample Notification Letter

(on District or School Letterhead)

Dear Family:

This year, your child will be offered a program called Draw the Line/Respect the Line. This program helps young people learn ways to prevent HIV infection, other sexually transmitted infections (STIs), and unintended pregnancy. The lessons emphasize that choosing not to have sex is the safest choice.

In sixth grade, there will be 5 lessons. The lessons do not directly talk about sexual behavior. They focus on peer pressure and how to resist it. In both seventh and eighth grades, there will be 7 lessons that will cover ways to resist pressure to have sex, including refusal skills practice. Communication and decision-making skills will also be taught.

The Draw the Line/Respect the Line program includes several homework activities to help parents and children talk about personal limits. We hope you will work with your child on these. This homework is voluntary, and parents' answers will not be shared in class.

You are welcome to preview the *Draw the Line/Respect the Line* materials. Please contact _____ at the school, and we will arrange a preview time and answer any questions you may have about the program.

Your child may be excused from any part of this program.

If you do NOT want your child to take part in any portion of this program, you must fill out the form at the end of this letter and return it to school by _____. We will arrange a different learning activity for your child.

If we do not hear from you, we will assume you allow your child to take part in the Draw the Line/Respect the Line program.

Sincerely,

Principal

- - - -

Sample Notification Letter (Spanish)

(on District or School Letterhead)

Estimada familia:

Este año, a su hijo o hija le ofrecerán en la escuela un programa que se llama Marca los límites/ Respeta los límites. Este programa enseña diferentes maneras de prevenir la infección con el VIH, otras enfermedades de transmisión sexual, y el embarazo. El mensaje principal de estas lecciones es que la mejor decisión es no tener relaciones sexuales.

En el sexto grado, los estudiantes reciben 5 lecciones. Estas lecciones no tratan directamente el tema de la conducta sexual sino la presión que pueden estar recibiendo de los amigos y cómo resistir estas presiones. En los grados 7 y 8, los estudiantes reciben 7 lecciones. Los estudiantes aprenderán y practicarán maneras de resistir las presiones para tener relaciones sexuales. También aprenden diferentes maneras de comunicarse.

El programa Marca los límites/Respeta los límites incluye varias tareas que ayudan a padres e hijos a conversar acerca de límites personales. Esperamos que la familia pueda ayudar a su hijo/hija con estas actividades. Estas tareas son voluntarias y los estudiantes no comparten las respuestas de sus padres con el resto de la clase.

Ustedes pueden revisar los materiales del programa. Favor de contactar a _____ _____ en la escuela para arreglar una cita para mostrar los materiales y contestar cualquier pregunta o dudas que ustedes tengan.

Todos los estudiantes tienen derecho a no participar en el programa.

Si ustedes NO quieren que su estudiante participe en el programa, llenen el formulario que aparece al final de esta carta y devuélvanlo a la escuela antes del _____. Arreglaremos otra actividad para su hijo/hija.

Si ustedes no llenan o no envían el formulario, entenderemos que su hijo/hija puede participar en el programa Marca los límites/Respeta los límites.

Cordialmente,

Director(a)

_ _

Yo, NO doy permiso para que mi hijo/hija _____ participe en el programa Marca los límites/Respeta los límites. Entiendo que durante ese tiempo podrá participar en otra actividad.

Firma: _____ Fecha: _____

Nota: No es necesario devolver este formulario si ustedes desean que su hijo/hija participe en el programa.

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Lesson Outline: Grade 7

The goal of *Draw the Line/Respect the Line* is to provide youth with knowledge and skills critical to prevent HIV, other sexually transmitted infections (STIs), and unintended pregnancy. The seventh-grade curriculum includes 7 lessons that address determining personal limits; using intrapersonal skills to draw and maintain those limits, particularly in situations that might lead to sex; and respecting other people's limits.

Note: Lesson activities that include scenarios use only the first letters of the characters' names and do not include pronouns in order to be inclusive of all identities. Facilitators are encouraged to follow this guidance to create a more inclusive environment. If youth ask questions or make assumptions about a character's gender, use the opportunity to discuss gender expectations and stereotypes.

Lesson 1: Welcome

Youth review what they know or have learned about drawing the line and receive an overview of the seventh-grade lessons. They read a story about middle school youth in a pressure situation and discuss what can make it difficult to draw the line.

Lesson 2: Reasons for Not Having Sex

This lesson uses a story to help make the outcomes of having, or not having sex more real and immediate. Youth write their own endings to a story about two teens who have sex. They discuss the possible outcomes, then rewrite the ending, assuming the teens did not have sex.

Lesson 3: Handling Risky Situations

Youth identify situations that could lead to sex and signs to watch for, then look at ways to get out of these situations. They also identify factors such as embarrassment or not wanting to be different that could make it hard to get out of such situations.

Lesson 4: Drawing the Line in Situations That Could Lead to Sex

Youth review and practice the Steps for Drawing the Line (Say, "No, I don't...;" use a body that says NO; change the subject; and walk away, if necessary) using half-scripted roleplays.

Lesson 5: STD Facts

Youth learn the common symptoms of STI and read a story in which a young couple learns they have an STI and what to do to prevent its spread. The story promotes abstinence as the best way to avoid STI.

Lesson 6: STD and Relationships

Youth participate in a podcast and roleplays to provide advice to other teens on how to draw the line in sexual pressure situations.

Lesson 7: Making a Commitment

Youth anonymously complete a worksheet in which they apply the skills of avoiding risky situations, drawing the line and respecting someone else's line. The teacher answers questions from the anonymous question box.

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Lesson Outline: Grade 7

El propósito del programa *Marca los límites/Respeta los límites* es ofrecer a los jóvenes el conocimiento y habilidades necesarias para evitar el VIH, otras enfermedades de transmisión sexual (ITS) y el embarazo. Las lecciones del séptimo grado son siete y sus objetivos son: Establecer límites personales; usar habilidades interpersonales para mantener límites, especialmente en situaciones que pueden llevar a los jóvenes a tener sexo; y respetar los límites de las demás personas.

Nota: Las actividades de la lección que incluyen situaciones utilizan solamente las letras iniciales de los nombres de los personajes, y no se incluyen pronombres con el propósito de ser incluyentes de todas las identidades. Se anima a los facilitadores a que sigan esta guía para fomentar un ambiente más incluyente. Si los jóvenes hacen preguntas o suposiciones sobre el género de algún personaje, aproveche la oportunidad para hablar de las expectativas de género y los estereotipos.

Lección 1: Bienvenida

Los jóvenes repasan lo aprendido en el sexto grado y reciben una orientación sobre las lecciones del séptimo grado. Leen un cuento en el que jóvenes de su misma edad se enfrentan a una situación de presión y conversan sobre lo difícil que puede ser mantener los límites.

Lección 2: Razones para no tener sexo

En esta lección se presenta una historia que en forma real e inmediata muestra las consecuencias para los jóvenes si deciden tener o no tener sexo. Los jóvenes escriben sus propios finales para la historia acerca de dos jóvenes que tienen sexo. Conversan sobre las consecuencias posibles y luego vuelven a escribir el final de la historia, asumiendo que los jóvenes no tuvieron sexo.

Lección 3: Manejando situaciones de riesgo

Los jóvenes identifican las situaciones que pueden llevarlos a tener sexo y las formas de salir de éstas. También reconocen que factores como la vergüenza o el no querer ser diferentes les dificulta salir de estas situaciones.

Lección 4: Marcando los límites en situaciones que pueden llevar al sexo

Los jóvenes repasan y practican los "pasos para establecer los límites"(por ej., decir "yo no hago o yo no quiero tal o cual cosa", usar el lenguaje corporal para decir "no", cambiar el tema, o irse del lugar si es necesario), usando dramatizaciones a medio terminar.

Lección 5: Realidades de las infecciones de transmisión sexual (ITS)

Los jóvenes aprenden los síntomas comunes de las ETS, y leen una historia acerca de una pareja de jóvenes que descubre que tienen una ETS y todo lo que tienen que hacer para no contagiar a otras personas. La historia promueve la abstinencia para evitar los problemas que causan las ETS.

Lección 6: Las ITS y las relaciones

Los jóvenes participan en una dramatización de un programa de televisión para discusión y ofrecen consejos a otros jóvenes sobre cómo marcar los límites en situaciones de presión sexual.

Lección 7: Compromiso

Los jóvenes participan anónimamente en una tarea escrita en la que aplican sus habilidades para evitar caer en situaciones de riesgo, marcan los límites, y respetan los límites de los demás. El maestro responde a las preguntas anónimas de los jóvenes.

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1 Lesson 1
Welcome

INTRODUCTION

This lesson reviews what youth may already know or have learned about drawing/respecting the line and provides an overview of what they will learn in the seventh-grade lessons. Youth decide on the classroom agreements for creating a safe and comfortable atmosphere for discussion.

A story features middle school youth in a situation that could make it difficult to say NO to sex. By considering the difficulties presented in the story, youth will be better able to confront these issues successfully when they encounter similar situations in their own lives.

Purpose Statement for Youth

Today we'll focus on what we'll be doing during the next 7 lessons.

Objectives

Youth will be able to:

- Recall what they may already know or have learned about drawing and respecting the line.
- Understand that sexual pressure can become difficult when emotions are high
- Understand that sexuality and relationships involve thoughts, feelings, the body, and other people

Activities

Activity 1.1:
Introduction and Plan for the Day

Activity 1.2:
Class Agreements

Activity 1.3:
Draw the Line Logo

Activity 1.4:
Dicho/Saying for the Day

Activity 1.5:
What Makes It Hard to Say NO to Sex?

Activity 1.6:
Question Box and Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.

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- Make a chart of key points in the 7 lessons. Include the following ideas:
  - Sexual pressures
  - Risky situations and warning signs
  - Drawing the line/respecting the line
  - STI
  - You decide when and how to draw the line
- Write the Saying (Dicho) of the day on the board or chart paper.
- Review the Plan for the Day.

Prepare and/or review the following materials:

- Name tents
- **"I Learned" Question Sheet**
- Chart paper, markers and tape
- ***Draw the Line* Logo**—copy to chart paper or a transparency
- **J and A** (Worksheet 1.5)
- Question box
- Blank 3" x 5" cards—1 or more for each youth

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1.1 Activity 1.1
Introduction and Plan for the Day

Time
7 min

Materials
Chart of key points
Name tents
Plan for the Day

Purpose
To introduce the program and review the day's activities.

What the Teacher Does
Has youth create name tents. Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Create name tents. Review the Plan for the Day.

PROCEDURE

Overview

1. Introduce yourself (if necessary) and introduce the *Draw the Line/Respect the Line* program. Ask youth to indicate by a show of hands if any of them have learned about drawing the line before. Make the following points:
   - We will have 7 lessons about drawing the line this year.
   - We will look at situations where you might be pressured to go further than you want regarding relationships and sexual behaviors, and learn ways to draw the line in these situations.
2. Refer to the chart with the key points. Review what youth will do in the *Draw the Line/Respect the Line* lessons:
   - Discuss what happens when people choose to have sex or not have sex.
   - Identify warning signs of risky situations and learn how to get out of them.
   - Learn about STIs—how to prevent them and how to get tested and treated.

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- Review how to draw the line.
- Review when and how to respect the line.
- Put drawing the line and respecting the line into action in a way that will support all types of healthy relationships.
- Decide where they draw the line and think about how they can stick with their own limits and respect their friends' limits.

3. Tell youth that they will be involved in many different activities during the lessons. They'll read stories, participate in roleplays, be part of a talk show to help other teens, and hear a story about a young couple at a party.

4. Explain that this will be their chance to think about where they draw the line, and to practice how they will stick with their limits.

Youth Name Tents

5. Distribute the name tents. Have youth write their first name on both sides.

6. Explain that you will pass the name tents back at the beginning of each class so you can all get to know each other.

Plan for the Day

7. Explain that each day you will post a plan of what to expect from the lesson. Say: "Today we will focus on what we will be doing in the next 7 lessons."

   Write the Plan for the Day on the board or chart paper:

   - Introduction
   - Group Agreements
   - *Draw the Line* Logo
   - Dicho
   - Story
   - Summary
   - Question Box

8. Ask for a volunteer to read the plan. Clarify as needed.

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1.2 Activity 1.2
Group Agreements

Time
7 min

Materials
Chart paper and markers

Purpose
To establish group agreements that allow youth to feel comfortable discussing sexual topics.

What the Teacher Does
Guides discussion.

What Youth Do
Generate class agreements.

PROCEDURE
1. Ask: How do you think most people feel talking about sex? Responses may include: uncomfortable, shy, don't want to talk about it.
2. Ask: During our lessons what can we do to make it more comfortable for us to talk about sex, the situations that could lead to sex, and what might happen if someone had sex?
   Write responses on the board or chart paper.
3. Select a core set of agreements from the list and copy them to chart paper. Be sure the list includes the following:
   - Respect each other.
   - Listen.
   - Speak one at a time.
   - Ask any question.
   - It's OK to pass.
   - Keep confidentiality.

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4. Discuss mandated reporting as part of confidentiality. Explain that there are some things you have to report if they tell you, even if the persontells you in confidence. For example, if they tell you that someone is hurting them physically or sexually abusing them you are required by law to report it to the proper officials.

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1.3 Activity 1.3
Draw the Line Logo

Time
3 min

Materials
Draw the Line Logo

Purpose
To review the meaning of the program.

What the Teacher Does
Has youth review the ***Draw the Line*** logo and its meaning.
Reviews key aspects of the program.

What Youth Do
Review the ***Draw the Line*** logo and key aspects of the program.

PROCEDURE
1. Have youth turn to the ***Draw the Line*** Logo and show a copy. Explain the logo design:
   - The circle represents all the things that a person might do in life. The dot represents you.
   - On one side of the circle are the things you want to do, which are comfortable for you given your values and choices.
   - On the other side are things that are not comfortable for you. These are things that are not healthy or safe, or things that go against what is important to you.
2. Ask: What does the line mean?
3. Clarify, if needed, that the line divides the things you will do or want to do from the things you don't want to do. Each person decides what they will or will not do and needs to draw their own line. Encourage youth to think of their limits (what they will or won't do in specific situations) each time they see the logo.

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1.4 Activity 1.4
Dicho/Saying for the Day

Time
5 min

Materials
Dicho

Purpose
To point out that pressures may be more difficult to handle than people realize.

What the Teacher Does
Presents the saying of the day. Has youth complete the dicho activity.

What Youth Do
Think about what the dicho means.

PROCEDURE

Introduction

1. Before the session begins, write the dicho on the board or on chart paper so that everyone can see it.
   Dicho: Uno es el arquitecto de su propio destino. Saying: A person is the architect of his/her own destiny.
2. Ask youth to read the dicho silently (or read it aloud to the group). Ask what an architect is (someone who plans how a building will look) and what destiny means (someone's future).
3. Ask youth to turn to a person sitting next to them and talk about what the dicho means to them. Allow pairs to discuss the dicho for a minute.
4. Ask for volunteers to share what the dicho means to them.
5. Explain that, in the *Draw the Line/Respect the Line* lessons, they will see how they can be more in charge of their own futures or destinies, especially in situations that could lead to sex. Explain that having sex can change someone's destiny, especially if the person gets a sexually transmitted infection, such as HIV, gets pregnant or gets someone pregnant.

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1.5 Activity 1.5
What Makes it Hard to Say NO to Sex?

Time
18 min

Materials
J and A (Worksheet 1.5)

Purpose
To help youth recognize that sexual feelings increase the difficulty of handling sexual pressure.

What the Teacher Does
Leads discussion.

What Youth Do
Read a story and identify situations and pressures that could make it hard to say NO to sex.

PROCEDURE

Introduction
1. Explain the following points:
   - At this time in life, many young people experience peer pressure to do things they may not be ready to do.
   - One way to resist peer pressure is to be clear about your own boundaries. In the *Draw the Line/Respect the Line* program, we will talk a lot about limits, which is another word for boundaries.
   - Drawing the line for ourselves, or having clear boundaries, and respecting the lines that others draw for themselves is a big part of having healthy relationships.
   - Sometimes you might find yourself in a relationship where you have different boundaries than the other person. Boundaries can change over time, but it's important that your line or limit changes because you are ready for it to change, and not because someone else, such as a friend or romantic partner, pressures you to change it.

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1.5 Activity 1.5

What Makes it Hard to Say NO to Sex?

Scenario

2. Explain the activity:
   - You're going to read about some young people who are in a pressure situation.
   - Pay attention to what pressures each person is experiencing and where these pressures come from.
3. Have youth turn to **J and A** (Worksheet 1.5). Have them read the story silently or aloud.

Discussion

4. Ask what the story was about (pressures teens face around sex).
5. Discuss the following questions:
   - What pressures did J feel? (feelings for A, pressure from friends, a desire to be grown up)
   - What pressures did A feel? (feelings for J, pressure from friend, worry about "expectations")
   - Do you think pressures are the same or different for all genders? Why? Do you think this is fair or always true?
   - What aspects of the situation put more pressure on A and J?

Teacher Note

When asking if pressures are the same for all genders, the point is not to reinforce different expectations based on gender, but rather to bring awareness to some of those differences with the goal of gender equity in mind. If the pressures youth name are not the same, be sure to ask why they think that is, and how they feel about the differences—Do they think it's fair that there are different expectations? Should people's gender affect how they are treated or expected to act?—rather than drawing conclusions about how people should behave. Be sensitive, too, to any youth who may be transgender, gender nonconforming, or non-binary. Make sure to adapt the scenarios for all genders, and include discussions of how all genders might experience pressure. This can be an opportunity to increase everyone's awareness of issues surrounding gender identity and gender equity.

6. Note that pressure may come from many different sources and that certain situations may put even more pressure on a person. Emphasize the importance of thinking about limits ahead of time and planning ways to stick with those limits.

Summary

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7. Explain that pressure can come from inside or outside a person. Emphasize that people often feel confused because they have feelings both ways: part of them wants to do something and part of them doesn't. Explain that if their feelings are all one way (they don't want to do something at all) it is much easier to draw the line. But when they really like someone and/or are having sexual feelings, the pressure is much greater. Stress that this is when they need to be able to draw the line.

8. Ask: If you know there is something difficult ahead of you in life, what can you do to prepare? (Practice, think about it, talk to someone, believe in yourself, tell yourself you can do what you planned to do.) Explain that this is what they will be doing in the *Draw the Line/Respect the Line* program. Emphasize that planning ahead is one of the most important things they can do to help stick with their limits.

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1.6 Activity 1.6
Question Box and Closure

Time
10 min

Materials
Question box
3" x 5" cards

Purpose
To review the key points of the lesson and to provide a way for youth to ask questions anonymously.

What the Teacher Does
Reviews key points of the lesson. Introduces question box.

What Youth Do
Review lesson. Write a question.

PROCEDURE

Question Box
1. Explain that during the lessons the group will talk about a lot of different issues, and that they may have questions they would like answered. Explain that as part of the program they will have a chance to write their questions anonymously and put them in a question box. Show the question box. Explain that during the lessons you will take time to answer the anonymous questions. Point out where you will leave the question box and blank cards for them to use.
2. Distribute a blank card to each youth. Allow them to write a question if they have one at this time. Explain that if they do not have a question they can just write "hello" on the card.
3. Take the box around and collect the cards.

Office Hours

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4. If you are available for office hours, share the times and location, emphasizing the following points:
   - Explain that you will be available to talk about questions or concerns they don't feel comfortable asking in front of others or don't want to ask through the question box.
   - Describe some types of situations in which someone might want to talk (doesn't understand something that was covered in class, doesn't understand something they heard about sex, just wants someone to talk to).
5. Post the times and location for your office hours.

Lesson Summary

6. Ask youth to summarize what they learned in this lesson.
   Explain that the purpose of today's lesson was to set the stage for the rest of the lessons, to create an environment that makes it comfortable for everyone to participate, and to think about the pressures to have sex that people can experience.

I Learned Statement

7. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 1: *"One thing I want to talk about during the Draw the Line/ Respect the Line lessons is* _____ *."*

Transition and Closure

8. Explain that in the next lesson they will hear a story about two teens and get a chance to think about what could happen when a young couple has sex.
9. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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1.1 "I Learned" Question Sheet
(for teacher reference)

1.1 Cuestionario
Marca los límites / Respeta los límites

Cuestionario: "Lo que aprendí"

Lección 1

Una de las cosas de las que quiero hablar durante el programa *Marca los límites/ Respeta los límites* es: _____

Lección 2

Si traspaso mis límites me sentiría _____

Lección 3

Una señal de peligro me ayuda a _____

Lección 4

Mi paso favorito del programa *Marca los límites/Respeta los límites* es _____

Lección 5

Una de las cosas más importantes que aprendí sobre las ITS es que _____

Lección 6

Si un amigo o amiga se siente presionado, yo _____

Lección 7

Una de las cosas que quiero recordar sobre el programa *Marca los límites/Respeta los límites* es _____

Libro de trabajo del estudiante | Grados 7

1.1 Question Sheet
Draw the Line / Respect the Line

"I Learned" Question Sheet

Lesson 1

One thing I want to talk about during the *Draw the Line / Respect the Line* lessons is _____

Lesson 2

If I crossed my boundary I would feel _____

Lesson 3

A warning sign helps me _____

Lesson 4

My favorite Step for Drawing the Line is _____ because _____

Lesson 5

One important thing I learned about STI is _____

Lesson 6

If my friend is being pressured, I will _____

Lesson 7

One thing I want to remember about the *Draw the Line / Respect the Line* lessons is _____

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Draw the Line Logo
(for teacher reference)

Logotipo de Marca los límites
Marca los límites / Respeta los límites

Logotipo de *Marca los límites*

Libro de trabajo del estudiante | Grados 7

Draw the Line Logo
Draw the Line / Respect the Line

Draw the Line Logo

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1.5 Worksheet 1.5: J and A
(for teacher reference)

1.5 Tarea 1.5
Marca los límites / Respeta los límites

J y A

J

J conoció a A en la escuela. Para J, A es alguien súper especial, y por eso le gusta mucho.

J tiene algunas amistades que siempre están hablando de sus conquistas, o de las conquistas que quisieran tener. J sabe que algunas cosas las inventan, pues nunca sabe cuándo están diciendo la verdad y cuándo están diciendo una mentira.

Recientemente sus amistades han estado bromeando con J. Le dijeron que debería salir y tener algunas experiencias sexuales y así "madurar." Naturalmente, J siente deseos sexuales. Y no quiere ser la última persona en el mundo en tener relaciones sexuales.

Sin embargo, J también sabe que todavía no se siente en condiciones de tener sexo, pues quiere que su primera experiencia sexual sea algo especial y con alguien especial. J no quiere hacerlo simplemente por complacer a sus amistades.

A

A A le cae muy bien J, más que cualquier otra persona que haya conocido.

L, quien conoce a A, siempre le dice que debe madurar. L le enseña cómo debe vestirse y verse bien.

Le dice que ya es hora de encontrar a una buena persona que sea su pareja romántica. L cree que es una buena idea tener sexo porque es parte natural del crecimiento. También le dice que es la mejor forma de mantener el interés de alguien.

A todavía no quiere tener sexo. Le parece que es algo muy complicado.

Sabe que sus padres estarían horrorizados con la idea de que A tenga sexo. No sabe qué hacer.

Un día después de la escuela

J y P tienen una amistad. L es la pareja de P. Un día J y P van a la casa de L después de la escuela. J se puso de buenas porque A estaba allí. Los padres de L no estaban en casa.

P y L entran a la recámara de L. J y A están a solas en la sala. J se acerca a A y le da un beso. A le devuelve el beso.

J siente una gran oleada de deseo sexual. Comienza por abrazar a A y luego se acuestan lado a lado. J piensa que este probablemente es el momento más excitante de su vida.

Para A, los besos de J son agradables. Le gusta sentirse cerca de J. A deja [illegible] cuerpo. A siente excitación y tiene una sensación rara en el estómago.

A J le gusta mucho A y tocarse se siente muy bien. J se pregunta si este es el para tener sexo, pero también se pregunta si A siente algún tipo de presión. debe estar gustando tanto como a mí. Si no fuera así, me lo diría, ¿no?"

A se pone a pensar en qué expectativas tiene J, y también se pone a pensar vas que L tiene. A quiere sentirse cerca de J, y sabe que podrían tener sexo que es lo que realmente quiere.

1.5 Worksheet 1.5
Draw the Line / Respect the Line

J and A

J

J met A at school. A is special, and J really likes A.

J has some friends who are always bragging about sexual stuff they've done or talking about what they want to do. J knows they make some of this stuff up. But J isn't always sure what's true and what isn't.

Lately J's friends have been teasing J. They tell J to get out there and have some sexual experiences so J can "be a grown-up." J definitely has some strong sexual feelings and doesn't want to be the last person in the world to have sex.

But J also wants to be sure to be ready before deciding to have sex. J wants sex to be something special with someone J really cares about. J doesn't want to do it just to prove something to friends.

A

A likes J more than anyone A has ever known.

A's friend L is always telling A to grow up. L shows A how to dress and look good. L tells A to find a nice person for a romantic partner.

L thinks it's smart to have sex because it's a natural part of growing up. Also, L says it's the best way to keep someone interested in you.

A also wants to be sure and feel ready before deciding to have sex. It feels like too much to deal with right now. A knows their parents would be upset if they thought A was having sex. A's not sure what the right thing to do is.

One Day After School

J and P are friends. L is P's partner. J and P go over to L's house after school one day. J is happy to see A there. L's parents aren't home.

P and L disappear into L's bedroom. J and A are alone in the living room. J leans over and kisses A. A kisses J back.

J feels this incredible surge of sexual energy. J wraps their arms around A and they lie down together. J thinks this is probably the most exciting moment in J's entire life.

A likes kissing J. It feels good to be close. A lets J start touching A's body. A feels excited, and A's stomach feels all mixed up from it.

J really likes A. Touching feels great. J wonders if now is the right time to actually have sex, but J also wonders if A might be feeling pressured. Then J thinks, "This must feel as good to A as it does to me. Otherwise, they'd tell me. Right?"

A wonders what J is expecting. A wonders what A's friend L expects. A wants to be close to J, and knows they could have sex right now, but it's not really what A wants.

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2 Lesson 2

Reasons for Not Having Sex

INTRODUCTION

This lesson provides a story to help make the possible outcomes of having sex or not having sex more real and immediate. Youth write their own endings to a story about two teens who have sex. They discuss possible outcomes, then rewrite the ending assuming the teens did not have sex.

Purpose Statement for Youth

Today we will take a close look at the possible outcomes of sexual pressure.

Objectives

Youth will be able to:

- Compare the emotional outcomes of having sex with the emotional outcomes of not having sex.
- Personalize the emotional outcomes of having or not having sex.

Activities

Activity 2.1:
Lesson 1 Review

Activity 2.2:
Plan for the Day

Activity 2.3:
T and M

Activity 2.4:
Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Label pieces of chart paper: "Had Sex" and "Didn't Have Sex."
- Review the Plan for the Day.
- Pass back the name tents.

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/continued

Prepare and/or review the following materials:

- Chart paper, markers and tape
- **T and M** (Teacher Activity Sheet 2.3)
- **T and M: Take 1** (Worksheet 2.3a)
- **T and M: Take 2** (Worksheet 2.3b)

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2.1 Activity 2.1
Lesson 1 Review

Time
3 min

Materials
None

Purpose
To review the learning from the previous lesson.

What the Teacher Does
Uses review of Lesson 1 as a springboard for Lesson 2.

What Youth Do
Review Lesson 1.

PROCEDURE
1. Ask: If someone had been absent for the last lesson, how would you explain what they missed? Clarify and expand as needed.
2. Ask what youth remember from the story about J and A. Review the learning from Lesson 1 with the following questions:
   - Where might pressures to have sex come from?
   - What situations could make it hard for someone to say NO to sex? (Being alone at a partner's house when parents aren't home, being pressured by friends, etc.)

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2.2 Activity 2.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE

1. Say: "Today we will meet two people, T and M, and see what happens if they cross their lines and if they stick with their lines."
   Write the Plan for the Day on the board or chart paper:
   - T and M
   - Take 1
   - Take 2
   - Closure
2. Ask for a volunteer to read the plan. Clarify as needed.

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2.3 Activity 2.3
T and M

Time
35 min

Materials
T and M (Teacher Activity Sheet 2.3)
T and M—Take 1 (Worksheet 2.3a)
T and M—Take 2 (Worksheet 2.3b)
Chart paper labeled "Had Sex" and "Didn't Have Sex"

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Purpose
To enable youth to identify, discuss and personalize immediate and short-term outcomes of having sex or not having sex, with an emphasis on emotional outcomes.

What the Teacher Does
Structures activity. Ensures youth are on task. Organizes and summarizes youth ideas. Leads discussion.

What Youth Do
Identify outcomes of having or not having unplanned sex for young people.

PROCEDURE

Take 1

1. Explain that you will be reading a story, like the script of a movie, about two teens. After you read it, they will write different movie endings. Explain that after they write their endings, they will work in pairs to discuss what they wrote.

2. Say: "Because sex can be difficult to talk about, let's make sure we're all understanding the same thing. Sex can mean a lot of different things. But, in this lesson, we're talking about vaginal sexual intercourse—when a penis is put in a vagina. Penis and vagina might also be called genitals or sex organs. Some people refer to them as private parts."

2.3 Activity 2.3

T and M

Teacher Note

If it follows district guidelines, define other types of sexual intercourse as well:

• oral sex—When a person's mouth touches another person's genitals.

• anal sex—When a penis is put in another person's anus.

Take 1 (continued)

3. Read the story from Teacher Activity Sheet 2.3 aloud. Stop before the "New Movie Ending" paragraph.

4. Assign the **T and M—Take 1** worksheet, using the following steps:
   - Explain that the worksheet has 3 different scenes. As movie directors, they are going to decide what the people in the scene think, say and feel.
   - Explain that they should read each scene, then fill in the thinking and talking bubbles on the worksheet.
   - Have youth turn to **T and M—Take 1** (Worksheet 2.3a) and point out the bubbles. Give an example of how to fill in the bubbles using the person's thoughts or feelings. For example, if T were thinking about homework, don't write: "T is thinking 'I sure hate homework.'" Write "I sure hate homework" as if writing the actual words inside T's head. Check for understanding.
   - Encourage youth to really think about the different thoughts T and M may be having. Tell them that after they fill in the bubbles they should complete the question at the bottom of the sheet.

Check for understanding by asking youth what they will do next. Clarify as needed.

5. Allow youth to work for about 10 minutes. Post the "Had Sex"/"Didn't Have Sex" chart(s) while they work.

6. Once everyone has finished, ask for volunteers to share their responses, moving scene by scene. Note key words on the chart paper labeled "Had Sex" (e.g., sad, embarrassed, worried, afraid).

7. Ask about the final question on the worksheet. Have youth hold up 1, 2 or 3 fingers to show which scene would be most difficult for them.

Take 2

8. Explain that after making this movie, the director decided that they didn't like the ending, so a new scene was filmed. Explain that you will read the new ending and that they will get a chance to redo their movie scenes based on the new ending.

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Explain that T and M still went to the party. They still drank punch, and they still went upstairs after friends pressured M.
Then read the New Movie Ending part of Teacher Activity Sheet 2.3.

9. Assign the **T and M—Take 2** worksheet, using the following steps:
   - Tell youth they get a chance to redo their movie endings.
   - Explain that they will work on another worksheet very similar to the one they just completed.
   - Explain that they will work individually to fill in the thinking and talking bubbles based on the new movie ending. Then they should complete the question at the end of the sheet.

     Check for understanding by asking youth to explain what they will do. Clarify as needed.

10. Have youth turn to **T and M—Take 2** (Worksheet 2.3b). Allow them to work for about 5 minutes. Circulate to ensure they are on task. Provide assistance as needed.

11. Once everyone has finished, ask for volunteers to share their responses, moving scene by scene. Note key words on the chart paper labeled "Did Not Have Sex" (e.g., proud, glad, happy, not worried, still friends).

12. Have youth look at the lists and compare the feelings. Summarize by asking:
    - What are the main feelings T and M are having after having sex? (Circle these on the chart.)
    - What are the main feelings after not having sex? (Circle these on the chart.)
      Note: Some youth may share positive feelings. Record all feelings to acknowledge the potential range of feelings experienced.

13. Ask how Scene 3 changed with the new ending.

Summary

14. Ask:
    - What are the differences in feelings and thoughts between having sex and not having sex?
    - Are the feelings and thoughts the same for all genders? Why or why not? Do you think all people might have these feelings?

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2.4 Activity 2.4
Closure

Time
3 min

Materials
None

Purpose
To review the key points of the lesson.

What the Teacher Does
Summarizes experiences and key points of lesson. Provides transition to Lesson 3.

What Youth Do
Review and summarize learning.

PROCEDURE

Lesson Summary
1. Ask youth to summarize what they learned in this lesson. Emphasize that today they had a chance to take a close look at the outcomes of sexual pressure. Reiterate the contrast in T and M's feelings after having sex and after not having sex (e.g., worried and afraid versus proud, glad and not worried).

I Learned Statement
2. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 2: If I crossed my boundary, I would feel _____ . Ask them to share their answers.

Transition and Closure

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Activity 2.4
Closure

3. Tell youth that in the next lesson you will return to the story of T and M to look at some of the signs they could have noticed, and talk about how to get out of a risky situation.
4. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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2.3

Teacher Activity Sheet 2.3

T and M

T AND M

T is someone a little older than you, an eighth grader. Saturday night T told their grandmother they were going to do homework at a friend's house but went to a party with their friend instead. When T got there, the house was a little dark and there were no parents. Music was playing and some kids were dancing. Other kids were drinking some punch that had alcohol in it.

T was feeling uncomfortable and couldn't find their friend, so T had a drink. Just when T was wishing for someone to talk with, M, someone T had seen at school, came over.

M and their friends had been talking about having sex. M joined in the talk even though M wasn't ready to do anything. M didn't know many people at the party, so M was happy to see T there. M got a drink and offered another one to T. T was unsure, but then took it.

M asked T to dance and they began having a good time. Then M saw their friends watching and wanted to impress them. So M started to touch T in ways that felt kind of good, but were also a little embarrassing.

The touching felt good to T too, but, like M, T felt a little embarrassed. T wasn't sure whether they wanted to be touched in that way by M. Both M and T were feeling uncomfortable because everybody was watching. But they were feeling a little woozy from the punch and it was hard to think clearly. T decided that M was special, so let M keep touching.

Soon M's friends were signaling for them to go to the bedroom, so M suggested the idea to T. T wasn't sure whether it was a good idea but liked M and wanted the night to be special, so they went.

M took Ts hand and started to go up the stairs. They opened a door—it was the bathroom. They opened another door—it was the closet. They opened a third door—it was a bedroom. T and M went into the bedroom. Soon they were lying on the bed, kissing and touching. They didn't really talk about having sex. It just happened. After they did it, T and M found their friends and went home.

New Movie Ending

T and M found the bedroom and were lying on the bed, kissing and touching. Even though it felt very good, both T and M began feeling more uncomfortable. They both realized that they didn't want to have sex right now. So they stopped. Then they found their friends and went home.

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2.3

Actividad del maestro(a) 2.3

T y M

T Y M

Nota al maestro(a):

Si tiene jóvenes cuyos nombres empiezan con las letras T y M, haga énfasis en que los personajes del cuento puedan ser jóvenes con cualquier nombre que empiece con dichas iniciales.

T es una persona un poco mayor que tú. Está en el octavo grado. La noche del sábado T le dijo a su abuelita que necesitaba hacer la tarea en casa de una amistad, pero en vez de hacer eso se fue con dicha amistad a una fiesta. Cuando T llegó, la casa estaba algo oscura y no estaban los padres. Había música y algunas parejas bailaban abrazadas. Había otros que estaban tomando ponche con alcohol.

T sentía incomodidad porque no podía encontrar a su amistad, así que decidió tomar un trago. Justo cuando estaba deseando que alguien viniera a hablarle, se le acercó M, alguien que T había visto en la escuela.

M y sus amistades habían estado hablando de tener sexo esta noche. M participó en la conversación, aunque sabía que no tenía disposición para hacer nada. No conocía a mucha gente en la fiesta y le dio gusto encontrarse con T. M le ofreció a T un trago, pero T no sabía si quería o no beber, aunque al final aceptó.

M invitó a T a bailar y pasaron un buen tiempo. Fue entonces cuando M se dio cuenta de que sus amistades lo miraban y quiso impresionarles. M empezó a tocar a T de una manera que se sentía bien pero al mismo tiempo le daba un poco de vergüenza.

A T también le hacía sentir bien la forma en que le tocaba, pero igual que M, sentía algo de vergüenza. T no sabía si quería que M le tocara así. Los dos se sentían incómodos porque todos estaban mirándoles. Además, se sentían un poco mareados por el ponche y se les hacía difícil pensar con claridad. T decidió que M era alguien muy especial y dejó que continuara.

Pronto, las amistades de Marco le hacían señas para que se fueran al cuarto, y M se lo sugirió a T, quien no sabía del todo si eso era una buena idea, pero como le gustaba M y quería que esa noche fuera especial, aceptó.

M tomó a T de la mano y se fueron arriba. Abrieron una puerta, y era el baño. Abrieron otra puerta y era un closet. Abrieron la tercera, y esta vez era la recámara. T y M entraron. Pronto estaban en la cama, besándose y tocándose. No hablaron acerca de tener relaciones sexuales. Simplemente sucedió. Después de hacerlo, T y M encontraron a sus amistades y se fueron a sus casas.

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2.3

Actividad del maestro(a) 2.3

T y M

Nuevo final de la película

T y M encontraron un cuarto y estaban acostados en la cama besándose y tocándose. Aunque les gustaba cómo se sentían, ambos se iban sintiendo más y más incómodos y se dieron cuenta de que no querían tener sexo en ese momento. Así que pararon. Después, encontraron a sus amistades y se fueron a sus casas.

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2.3a

Worksheet 2.3a
(for teacher reference)

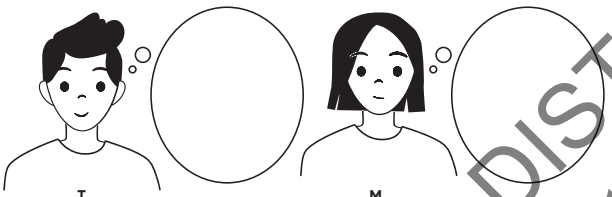
2.3a Lección 2
Marca los límites / Respeta los límites

T y M—Toma 1

Escena 1: La mañana siguiente

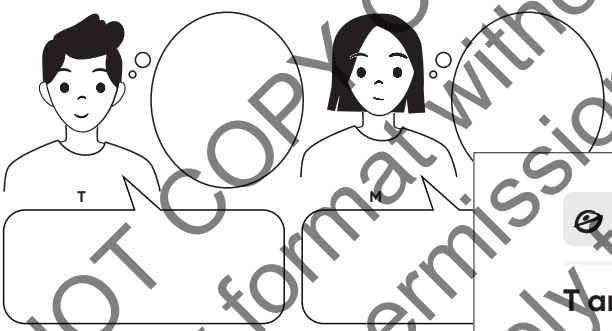
La mañana siguiente, T se siente mal por los efectos del alcohol. Recuerda lo que pasó la noche anterior. ¿Qué está pensando?

La mañana siguiente, M se siente mal por los efectos del alcohol. Recuerda lo que pasó la noche anterior. ¿Qué está pensando?



Escena 2: Dos días después

T y M se encuentran en la escuela. No han hablado desde el sábado en la noche. ¿En qué están pensando? ¿Qué van a decirse?



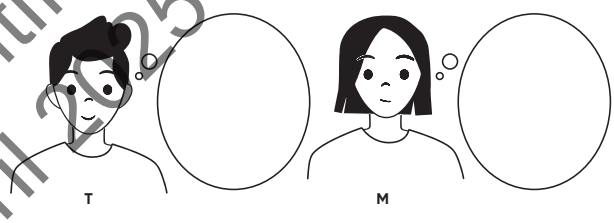
2.3a Worksheet 2.3a
Draw the Line / Respect the Line

T and M—Take 1

Scene 1: The Next Morning

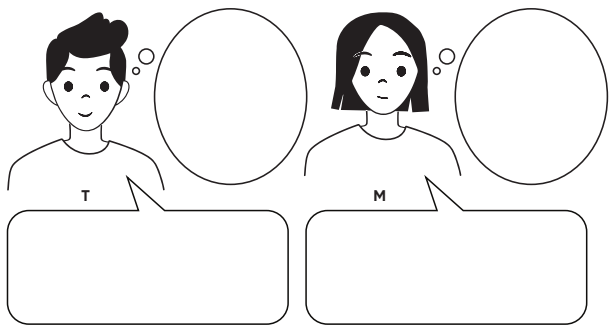
T wakes up in the morning feeling sick from the alcohol. T remembers what happened last night. What is T thinking?

M wakes up in the morning feeling sick from the alcohol. M remembers what happened last night. What is M thinking?



Scene 2: Two Days Later

T and M meet at school. They haven't talked since Saturday night. What are they thinking? What do they say?



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2.3b

Worksheet 2.3b
(for teacher reference)

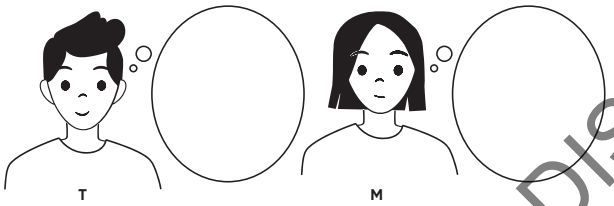
2.3b Lección 2
Marca los límites / Respeta los límites

T y M—Toma 2

Escena 1: La mañana siguiente

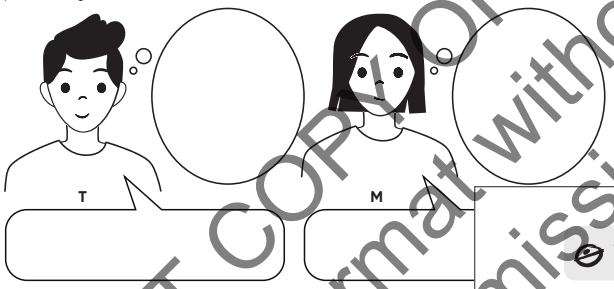
La mañana siguiente, T se siente mal por los efectos del alcohol. Recuerda lo que pasó la noche anterior. ¿Qué está pensando?

La mañana siguiente, M se siente mal por los efectos del alcohol. Recuerda lo que pasó la noche anterior. ¿Qué está pensando?



Escena 2: Dos días después

T y M se encuentran en la escuela. No han hablado desde el sábado en la noche. ¿En qué están pensando? ¿Qué van a decirse?



Pregunta

¿Cómo cambiaría escena #3 con el nuevo final? _____

_____

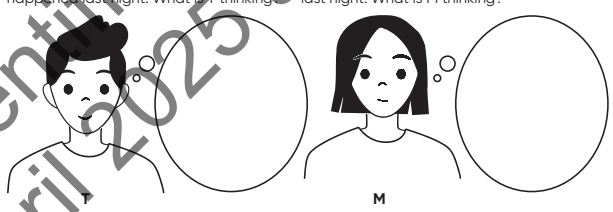
2.3b Worksheet 2.3b
Draw the Line / Respect the Line

T and M—Take 2

Scene 1: The Next Morning

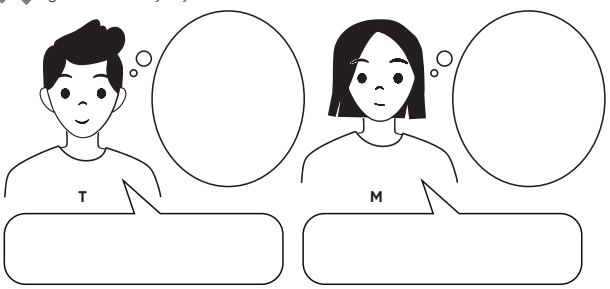
T wakes up in the morning feeling sick from the alcohol. T remembers what happened last night. What is T thinking?

M wakes up in the morning feeling sick from the alcohol. M remembers what happened last night. What is M thinking?



Scene 2: Two Days Later

T and M meet at school. They haven't talked since Saturday night. What are they thinking? What do they say?



Question

How would Scene 3 change with the new ending? _____

_____

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3 Lesson 3
Handling Risky Situations

INTRODUCTION

There are many situations, such as being at a party with no parents there, that could lead to unplanned sex. Young people may not have considered how the situations they find themselves in may affect their decisions and may have not thought of how they would get out of a risky situation.

In this lesson, youth identify situations that could lead to sex and ways to get out of these situations. They also identify factors, such as embarrassment or not wanting to be different, that could make it difficult for them to get out of such situations. By knowing in advance what difficulties they may encounter, they will be better able to confront risky situations.

Purpose Statement for Youth

Today we will learn how to recognize warning signs that a situation could lead to unplanned sex and make plans to get out of this kind of situation.

Objectives

Youth will be able to:

- Use intrapersonal communication skills by identifying risky situations that can lead to unplanned sex.
- Use interpersonal communication skills to get out of risky situations.
- Strengthen their intrapersonal communication skills by identifying what makes it difficult to get out of risky situations.

Activities

Activity 3.1:
Lesson 2 Review

Activity 3.2:
Plan for the Day

Activity 3.3:
Warning Signs

Activity 3.4:
Risky Situations: Small-Group Activity

Activity 3.5:
Closure and Family Activity

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Lesson 3
Handling Risky Situations

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- **Traffic Light Poster** (Teacher Activity Sheet 3.3)—copy to chart paper. (Color the center light yellow if possible.)
- **Warning Signs: T and M 1–3** (Worksheets 3.3a, 3.3b and 3.3c)
- **Lesson 3 Family Activity** (Worksheet 3.5)—copy for each youth, if workbooks are not taken home.

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3.1 Activity 3.1
Lesson 2 Review

Time
4 min

Materials
None

Purpose
To review the worries and fears related to having sex or not having sex.

What the Teacher Does
Uses review of Lesson 2 as a springboard for Lesson 3.

What Youth Do
Review Lesson 2.

PROCEDURE

1. Ask youth what they remember from Lesson 2.
2. Have them review and compare T and M's worries and thoughts after having sex with their worries and thoughts after not having sex. Review the following questions:
   - Of the 3 scenes on the **T and M—Take 1** worksheet (the next morning, 2 days later, 3 weeks later), which would be most difficult to handle?
   - What makes that situation difficult?
3. Explain that today they will be talking about how to avoid situations like the one T and M got into.

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3.2 Activity 3.2
Plan for the Day

Time
2 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE

1. Say: "Today we will look at warning signs that a situation could lead to unplanned sex, and make plans to get out of the situation."

   Write the Plan for the Day on the board or chart paper:
   - Warning Signs
   - Worksheet in Groups
   - Summary
   - Family Activity

2. Ask for a volunteer to read the plan. Clarify as needed.

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3.3 Activity 3.3
Warning Signs

Time
10 min

Materials
Warning Signs: T and M 1–3
(Worksheets 3.3a–c)
Chart or transparency of the
Traffic Light Poster

Purpose
To allow youth to identify warning signs that a situation could lead to sex.

What the Teacher Does
Structures activity. Ensures youth are on task. Summarizes ideas.

What Youth Do
Identify warning signs.

PROCEDURE

1. Show the **Traffic Light Poster**. Ask the following questions:
   - What does the yellow light mean? (slow down, caution)
   - What might happen if a person ignores the yellow light and goes through it? (might crash, might make it, might get a ticket)
   - Acknowledge that sometimes people may make it through a yellow light, but sometimes they get into trouble.
2. Explain that there are often similar warning signs when people may be about to cross their lines. Remind youth of the story about T and M. Ask if they can think of some of the warning signs in that story (no parents home, house dark, alcohol) that could have signaled T and M to get out of the situation and not cross their lines.
3. Explain that they will have a chance to look at the T and M story again to find all the warning signs. Provide the following instructions:
   - Each of them will be assigned a worksheet with part of the T and M story on it.
   - There are 3 versions of the worksheet, so they won't be working on the same

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worksheet as the person next to them.

- On the worksheet, they should read the story at the top and underline all the warning signs they can find in that part of the story. They should not complete the Group Work section yet.
- They will have 3–4 minutes to complete this task.
- They should turn their workbooks over once they have finished. Check for understanding by asking what they will be underlining on their worksheets. Explain again if necessary.

4. Mentally divide the class into thirds. Assign version 1, 2 or 3 of the worksheet to each youth.
   Have them turn to their assigned version of **Warning Signs: T and M 1, 2,** or **3**.
   Allow them to work for 3–4 minutes.

5. After everyone has finished, review using the following steps:
   - Identify who has Worksheet 3.3a, 3.3b, and 3.3c by asking youth to raise their hands when you call out each worksheet.
   - Explain that you will read each part of the story.
   - Explain that as you read the story you would like everyone to raise their hands whenever they hear a warning sign, even if they didn't have that part of the story on their worksheet.
   - Read the story on Worksheet 3.3a. As you reach a warning sign, slow a little and look up to acknowledge raised hands.
   - Repeat this process with Worksheets 3.3b and 3.3c.

6. Ask youth to name all the warning signs they can remember. List the responses on the board or chart paper.

7. Circle any warning signs that involved internal signals (e.g., felt uncomfortable, not sure it was a good idea). Ask how the ones you circled are different from the others. Prompt by explaining that often a person can sense a feeling inside that something doesn't feel or seem right. Point out that internal signs and feelings are very helpful when people are in situations that could lead to sex.
   Remind youth that drinking alcohol might make it harder to notice these internal warning signs.

8. Explain that recognizing warning signs is the first step in sticking with the boundary or line they have drawn. Explain that thinking of ways to avoid or deal with warning signs also can help a person draw the line.
   Explain that they will complete the worksheet in small groups in the next activity.

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3.4 Activity 3.4

Risky Situations: Small-Group Activity

Time
20 min

Materials
Warning Signs: T and M 1–3
(Worksheets 3.3a–c)
List of warning signs on the board or chart paper (from Activity 3.3)

Purpose

To practice problem solving ways out of situations that might lead to sex.

What the Teacher Does

Structures activity. Ensures youth are on task. Summarizes ideas.

What Youth Do

Identify ways to handle warning signs in the T and M story.

PROCEDURE

1. Explain that youth will now work in small groups to think of ways T and M could listen to the warning signs and get out of the situation. Review the following instructions:
   - They will be divided into 3 large groups based on which **Warning Signs** worksheet they were assigned in the last activity, and then will form smaller groups of 2 or 3.
   - Once they are in their small groups, they need to pick 1 warning sign from their part of the story. They should work together to identify why it might be hard to deal with that situation and to think of ways T and/or M could deal with the warning sign.
   - In their small groups, they will write down their own answers first and then share them with the rest of the group.
     They should be specific when answering the second question—they should write the actual words that T and M could say in that situation.

Check for understanding by asking youth to summarize what they will be doing in their small groups. Clarify as needed.

2. Divide into 3 large groups based on which worksheet youth started. Then have them

/continued

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Activity 3.4

Risky Situations: Small-Group Activity

form smaller groups of 2 or 3. Assist in forming the smaller groups as needed.

3. Allow youth to work in their small groups for about 5 minutes to complete the rest of the worksheet.

4. When groups have chosen their warning sign, erase the warning signs list from the board or remove the chart paper. Make a tally chart on the board or chart paper with 3 columns labeled a, b and c, one for each part of the story.

5. Debrief the activity with the game below. Review the following instructions:
   - There will be 3 teams based on the number on the **Warning Signs** worksheets.
   - Each team will be given a chance to address a topic. They will have 10 seconds to answer.
   - The turns will rotate so each team will get a chance to answer.
   - One point is given for each correct new answer.

Teacher Note

This activity can be conducted with youth in their seats or standing in their team groups. If time allows, have them take their worksheets with them, and stand in a large circle, grouping the 3 teams together.

   - You must raise your hand to give an answer.

6. Begin the game.
   - **First topic:** "Tell me one warning sign." Allow at least 2 rounds of answers. Score 1 point per team for each answer.
   - **Second topic:** "Why might it be difficult to get out of the warning-sign situations?" Allow 2 to 3 rounds of answers.
   - **Third topic:** "What could you do or say when you see a warning sign?" Allow at least 2 or 3 rounds of answers. If time allows, keep going until youth run out of ideas.

   At the end of the last round, tally the points. Congratulate the winning team and thank everyone for their ideas.

7. Ask for a volunteer to summarize the activity. Close by saying: "Now you know many common warning signs, and, while it can be difficult to get out of a situation, you have lots of ideas about what you could do or say to deal with a warning sign."

   Remind youth that the more they think about warning signs and where they draw the line, the more control they will have over what happens to them.

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3.5 Activity 3.5
Closure and Family Activity

Time
5 min

Materials
Lesson 3 Family Activity (Worksheet 3.5)

Purpose
To summarize the solutions that can help youth get out of situations that can lead to sex.

What the Teacher Does
Summarizes experiences and key points of Lesson 3. Assigns family activity. Provides transition to Lesson 4.

What Youth Do
Review Lesson 3.

PROCEDURE

Lesson Summary
1. Point out that today's lesson involved thinking about situations that could lead to unplanned sex, and thinking of ways to handle these situations.

I Learned Statement
2. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 3: *"A warning sign helps me* _____*."*

Family Homework

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/continued

3. Have youth turn to **Lesson 3 Family Activity** (Worksheet 3.5) or distribute copies. Review the directions and homework question. Explain that they should work with a parent or another trusted adult (e.g., aunt, uncle, grandmother, coach, teacher) to answer the question on the sheet.

4. Explain that after they complete the assignment, they need to have the adult sign the homework sheet (show the signature section). Remind youth that they also need to sign the homework sheet. Explain that the assignment will be due at the beginning of the next lesson and they will get extra credit (or whatever has been arranged) for completing it.

5. Check for understanding by asking what they are to do. Clarify as needed.

Transition and Closure

6. Explain that in the next lesson they will be reviewing what they know about drawing the line and then using that information in roleplays about situations that could lead to sex.

7. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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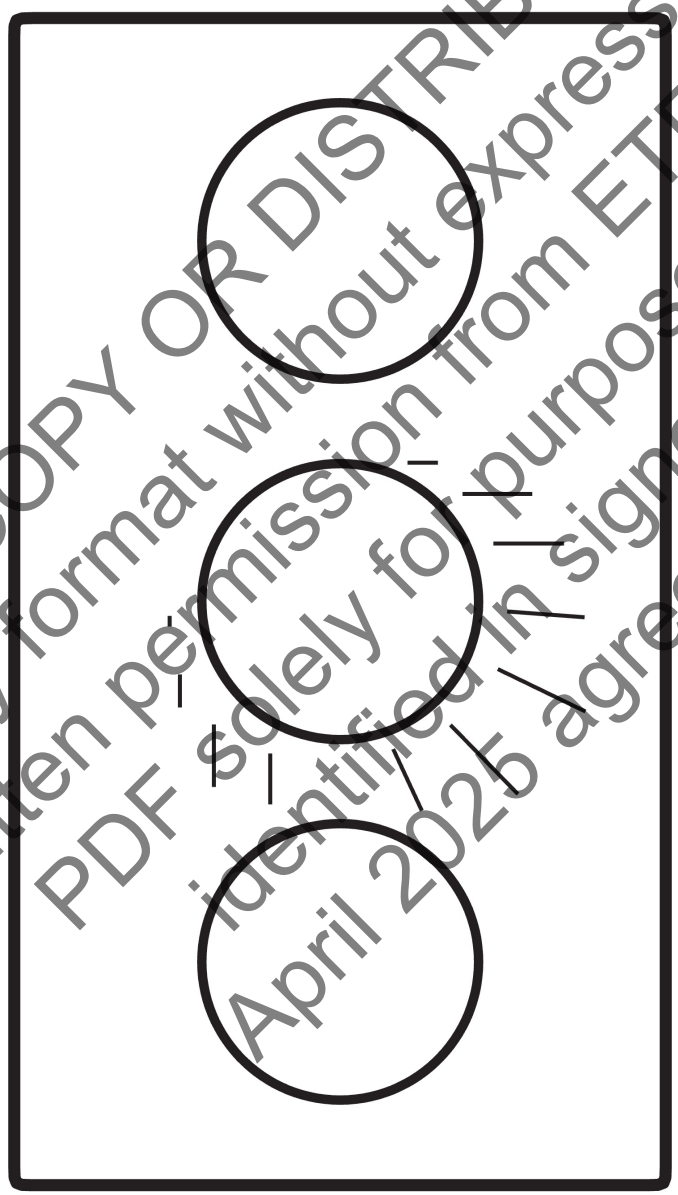
3.3 Teacher Activity Sheet 3.3

Traffic Light Poster



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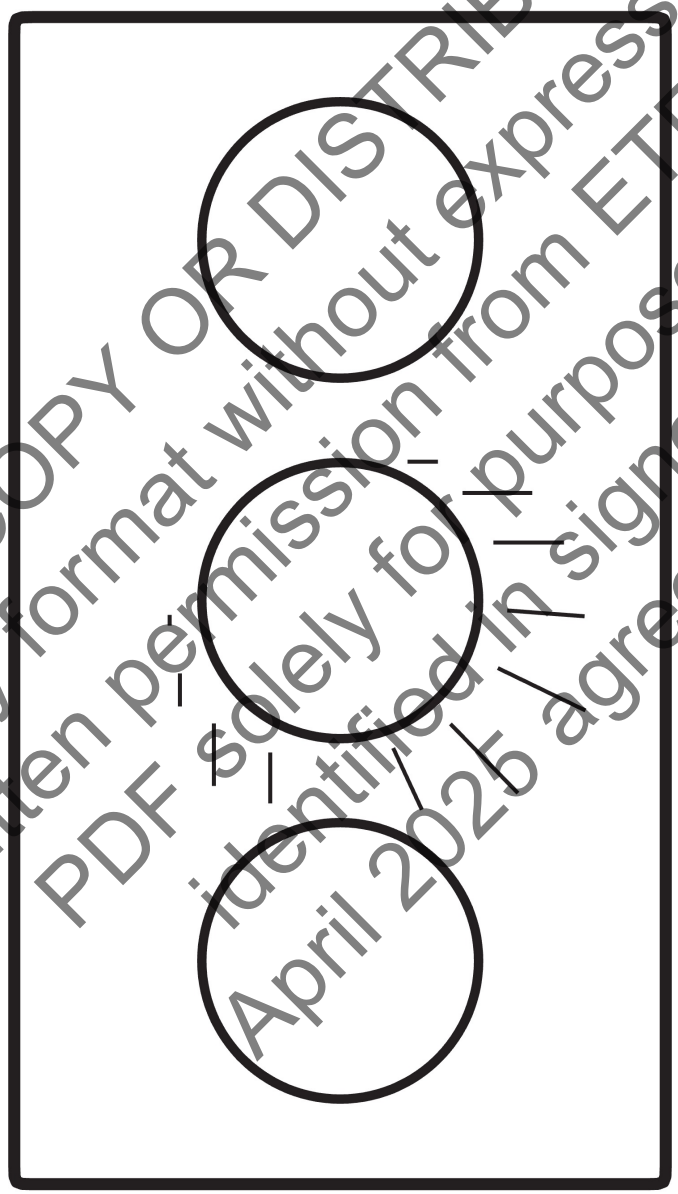
3.3 Actividad del maestro(a) 3.3

Luz de tránsito (póster)



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3.5

Worksheet 3.5

Lesson 3 Family Activity

Directions:

1. Find an adult and read Part A together.
2. Then read Part B and talk about the answer. Write your ideas on the lines in Part B.
3. After you finish, sign the bottom part of this sheet and have the adult you worked with sign it too. Bring it to the next class.

Part A

As part of the *Draw the Line/Respect the Line* program, we read a story today. In the story two eighth graders were pressured into having sex.

Part B

How would their lives change if they got pregnant and had a baby?

_____

_____

_____

_____

_____

Sign Below After Finishing

We talked together to complete this worksheet.

Youth name: _____
(Please print)

Adult signature: _____

Youth signature: _____

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3.5

Tarea 3.5

Actividad familiar de la lección 3

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Instrucciones:

1. Consigue un adulto y lean la Parte A en conjunto.
2. Luego, lean la Parte B juntos y hablen sobre la respuesta. Escribe las ideas en las líneas de la Parte B.
3. Cuando termines, tú y el adulto que te ayudó deben firmar la parte de abajo de esta hoja. Regrésala a la escuela mañana.

Part A

Como parte de la clase del programa *Marca los límites/Respeta los límites*, hoy leímos una historia. En esa historia dos jóvenes del octavo grado fueron presionados a tener sexo.

Part B

¿Cómo cambiarían sus vidas si resultara un embarazo y tuvieran un bebé?

_____

_____

_____

_____

_____

Firmen abajo después de terminar.

Para hacer esta tarea, conversamos juntos(as).

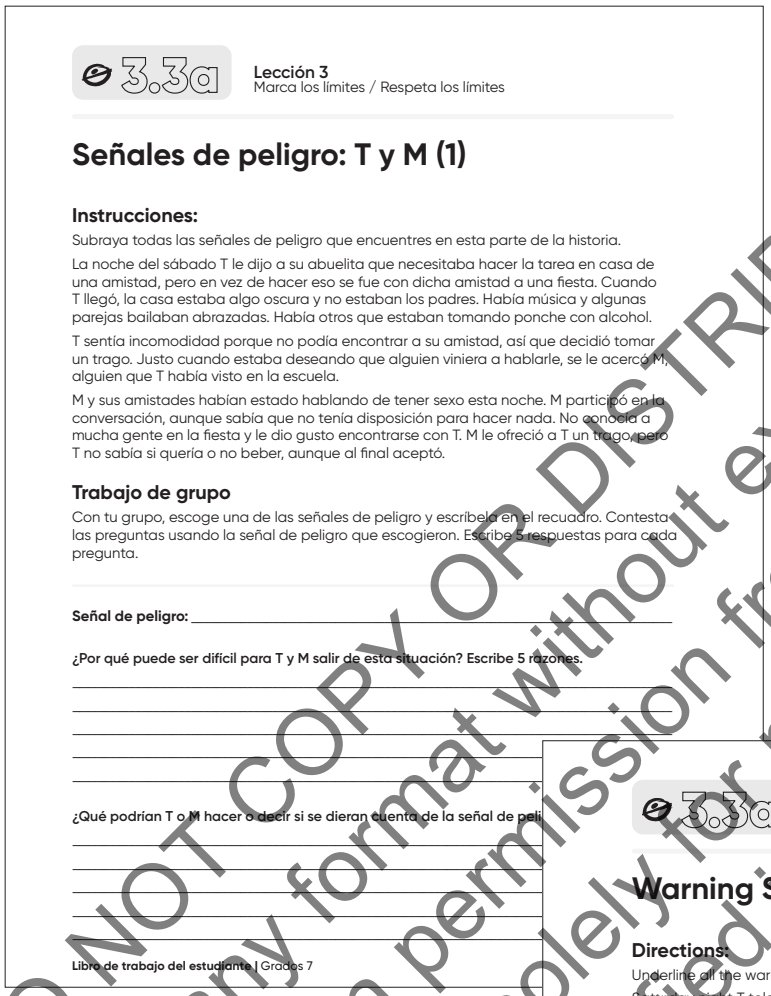
Nombre del estudiante: _____
(Letra de Molde)

Firma del adulto: _____

Firma del estudiante: _____

3.3a

Worksheet 3.3a
(for teacher reference)



3.3a Lección 3
Marca los límites / Respeta los límites

Señales de peligro: T y M (1)

Instrucciones:

Subraya todas las señales de peligro que encuentres en esta parte de la historia.

La noche del sábado T le dijo a su abuelita que necesitaba hacer la tarea en casa de una amistad, pero en vez de hacer eso se fue con dicha amistad a una fiesta. Cuando T llegó, la casa estaba algo oscura y no estaban los padres. Había música y algunas parejas bailaban abrazadas. Había otros que estaban tomando ponche con alcohol.

T sentía incomodidad porque no podía encontrar a su amistad, así que decidió tomar un trago. Justo cuando estaba deseando que alguien viniera a hablarle, se le acercó M, alguien que T había visto en la escuela.

M y sus amistades habían estado hablando de tener sexo esta noche. M participó en la conversación, aunque sabía que no tenía disposición para hacer nada. No conocía a mucha gente en la fiesta y le dio gusto encontrarse con T. M le ofreció a T un trago, pero T no sabía si quería o no beber, aunque al final aceptó.

Trabajo de grupo

Con tu grupo, escoge una de las señales de peligro y escríbela en el recuadro. Contesta las preguntas usando la señal de peligro que escogieron. Escribe 5 respuestas para cada pregunta.

Señal de peligro: _____

¿Por qué puede ser difícil para T y M salir de esta situación? Escribe 5 razones.

_____
_____
_____
_____
_____

¿Qué podrían T o M hacer o decir si se dieran cuenta de la señal de peli

_____
_____
_____
_____
_____

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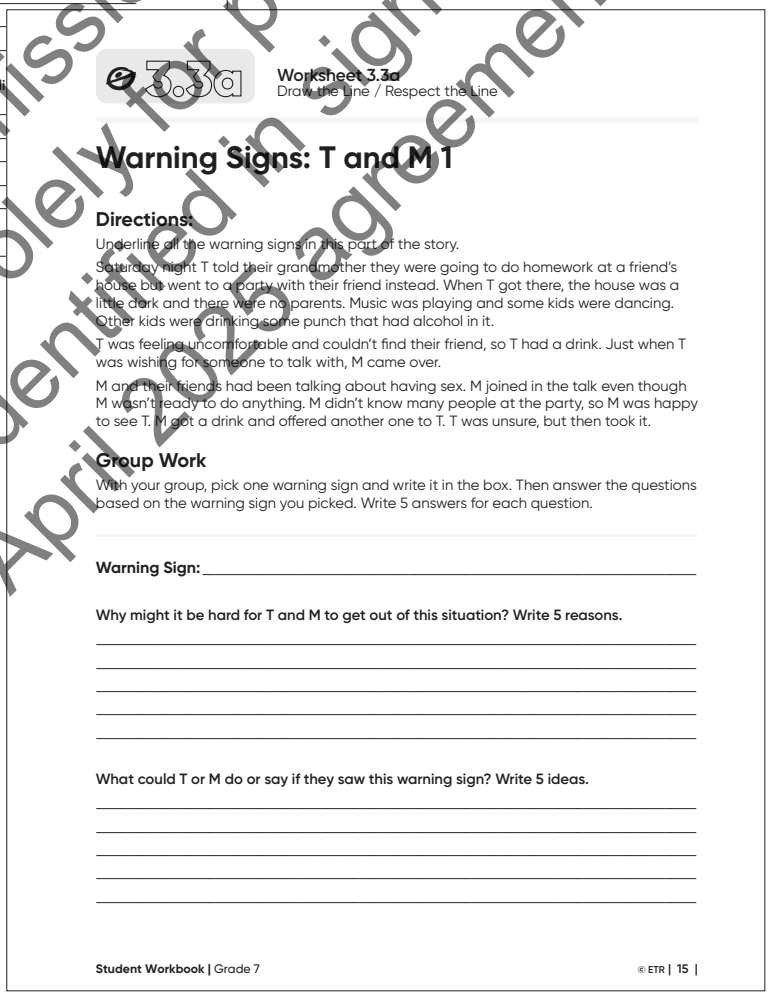

3.3a Worksheet 3.3a
Draw the Line / Respect the Line

Warning Signs: T and M 1

Directions:

Underline all the warning signs in this part of the story.

Saturday night T told their grandmother they were going to do homework at a friend's house but went to a party with their friend instead. When T got there, the house was a little dark and there were no parents. Music was playing and some kids were dancing. Other kids were drinking some punch that had alcohol in it.

T was feeling uncomfortable and couldn't find their friend, so T had a drink. Just when T was wishing for someone to talk with, M came over.

M and their friends had been talking about having sex. M joined in the talk even though M wasn't ready to do anything. M didn't know many people at the party, so M was happy to see T. M got a drink and offered another one to T. T was unsure, but then took it.

Group Work

With your group, pick one warning sign and write it in the box. Then answer the questions based on the warning sign you picked. Write 5 answers for each question.

Warning Sign: _____

Why might it be hard for T and M to get out of this situation? Write 5 reasons.

_____
_____
_____
_____
_____

What could T or M do or say if they saw this warning sign? Write 5 ideas.

_____
_____
_____
_____
_____

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Worksheet 3.3b
(for teacher reference)

3.3b Lección 3
Marca los límites / Respeta los límites

Señales de peligro: T y M (2)

Instrucciones:

Subraya todas las señales de peligro que encuentres en esta parte de la historia.

M le ofreció a T un trago, pero T no sabía si quería o no beber, aunque al final aceptó. M invitó a T a bailar y pasaron un buen tiempo. Fue entonces cuando M se dio cuenta de que sus amistades le miraban y quiso impresionarles. M empezó a tocar a T de una manera que se sentía bien pero al mismo tiempo le daba un poco de vergüenza.

A T también le hacía sentir bien la forma en que le tocaba, pero igual que M, sentía algo de vergüenza. T no sabía si quería que M le tocara así. Los dos sentían incomodidad porque todos estaban mirándoles. Además, se sentían un poco mareados por el ponche y se les hacía difícil pensar con claridad. T decidió que M era alguien muy especial y dejó que continuara.

Trabajo de grupo

Con tu grupo, escoge una de las señales de peligro y escríbela en el recuadro. Contesta las preguntas usando la señal de peligro que escogieron. Escribe 5 respuestas para cada pregunta.

Señal de peligro: _____

¿Por qué puede ser difícil para T y M salir de esta situación? Escribe 5 razones.

_____
_____
_____
_____
_____

¿Qué podrían T o M hacer o decir si se dieran cuenta de la señal de p ideas.

_____
_____
_____
_____
_____

3.3b Worksheet 3.3b
Draw the Line / Respect the Line

Warning Signs: T and M 2

Directions:

Underline all the warning signs in this part of the story.

M got a drink and offered another one to T. T was unsure, but then took it. M asked T to dance and they began having a good time. Then M saw their friends watching and wanted to impress them. So M started to touch T in ways that felt kind of good, but were also a little embarrassing.

The touching felt good to T too, but, like M, T felt a little embarrassed. T wasn't sure whether they wanted to be touched in that way by M. Both M and T were feeling uncomfortable because everybody was watching. But they were feeling a little woozy from the punch and it was hard to think clearly. T decided that M was special, so let M keep touching.

Group Work

With your group, pick one warning sign and write it in the box. Then answer the questions based on the warning sign you picked. Write 5 answers for each question.

Warning Sign: _____

Why might it be hard for T and M to get out of this situation? Write 5 reasons.

_____
_____
_____
_____
_____

What could T or M do or say if they saw this warning sign? Write 5 ideas.

_____
_____
_____
_____
_____

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3.3c

Worksheet 3.3c
(for teacher reference)

3.3c Lección 3
Marca los límites / Respeta los límites

Señales de peligro: T y M (3)

Instrucciones:

Subraya todas las señales de peligro que encuentres en esta parte de la historia.

Pronto, las amistades de M le hacían señas para que se fueran al cuarto, y M se lo sugirió a T, quien no sabía del todo si eso era una buena idea, pero como le gustaba M y quería que esa noche fuera especial, aceptó.

M tomó a T de la mano y se fueron arriba. T y M entraron a la recámara. Pronto estaban en la cama, besándose y tocándose. No hablaron acerca de tener relaciones sexuales. Simplemente sucedió. Después de hacerlo, T y M encontraron a sus amistades y se fueron a sus casas.

Trabajo de grupo

Con tu grupo, escoge una de las señales de peligro y escríbela en el recuadro. Contesta las preguntas usando la señal de peligro que escogieron. Escribe 5 respuestas para cada pregunta.

Señal de peligro: _____

¿Por qué puede ser difícil para T y M salir de esta situación? Escribe 5 razones.

_____
_____
_____
_____
_____

¿Qué podrían T o M hacer o decir si se dieran cuenta de la señal de p
ideas.

_____
_____
_____
_____
_____

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3.3c Worksheet 3.3c
Draw the Line / Respect the Line

Warning Signs: T and M 3

Directions:

Soon M's friends were signaling for them to go to the bedroom, so M suggested the idea to T. T wasn't sure whether it was a good idea but liked M and wanted the night to be special, so they went.

M took T's hand and started to go up the stairs. T and M went into the bedroom. Soon they were lying on the bed, kissing and touching. They didn't really talk about having sex. It just happened.

After they did it, T and M found their friends and went home.

Group Work

With your group, pick one warning sign and write it in the box. Then answer the questions based on the warning sign you picked. Write 5 answers for each question.

Warning Sign: _____

Why might it be hard for T and M to get out of this situation? Write 5 reasons.

_____
_____
_____
_____
_____

What could T or M do or say if they saw this warning sign? Write 5 ideas.

_____
_____
_____
_____
_____

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Lesson 4

Drawing the Line in Situations That Could Lead to Sex

INTRODUCTION

Youth review Steps for Drawing the Line and practice refusal skills using half-scripted roleplays.

Purpose Statement for Youth

Today we will review how to draw the line when you are pressured in a sexual situation.

Objectives

Youth will be able to:

- Describe and give examples of interpersonal communication skills that will maintain their line.
- Demonstrate interpersonal communication skills to maintain their line in a roleplay situation.

Activities

Activity 4.1:
Lesson 3 and Homework Review

Activity 4.2:
Plan for the Day

Activity 4.3:
Draw the Line Review

Activity 4.4:
Demonstration Roleplay

Activity 4.5:
Youth Roleplays

Activity 4.6:
Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review Teacher Background 4.3—**Steps for Drawing the Line** (p. 76).
- Review Teacher Background 4.4—**S and D: Coded Responses** (p. 78).
- Write the Steps for Drawing the Line on chart paper.

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- Ask another teacher or classroom aide assist you with the **S and D** demonstration roleplay and give them a copy to practice. Have the assistant read the pressure lines.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape Stickers or post-its
- **S and D** (Demo Roleplay 4.4)—copy 2
- **"Watch Me" Sign** (Teacher Activity Sheet 4.4)—make 2
- **After the Movie** (Roleplay 4.5a) and **Your Room** (Roleplay 4.5b)
- **Role Cards** (Teacher Activity Sheet 4.5)—make 2 sets

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4.1 Activity 4.1
Lesson 3 and Homework Review

Time
3 min

Materials
None

Purpose
To review the warning signs and ways to get out of difficult situations learned in Lesson 3.

What the Teacher Does
Uses Lesson 3 review as a springboard for Lesson 4.

What Youth Do
Review Lesson 3.

PROCEDURE

1. Ask the following questions:
   - What do you remember from Lesson 3?
   - What warning signs that T and M experienced would be hardest to handle?
2. Ask how many were able to complete the homework assignment. Stress that the activities they do outside of class are important to helping them test and use what they are learning. Continue by asking and discussing the following questions:
   - With whom did you do your homework activity?
   - How did this person say T and M's life would change if they had a baby?
   - Did the homework lead you to a discussion?
   - What would you like to share about that discussion?
3. Thank youth for completing the homework. Tell those who did not complete the homework that they will have 1 more day in which to complete it.
4. Explain that today they will be reviewing Steps for Drawing the Line and will practice applying these steps in situations where they might need to draw the line to avoid having sex.

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4.2 Activity 4.2
Plan for the Day

Time
2 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE

1. Say: "Today we will review ways to draw the line when you are pressured in a sexual situation."

   Write the Plan for the Day on the board or chart paper:
   - Drawing the Line Review
   - Roleplay
   - Your Turn to Roleplay
   - Summary

2. Ask for a volunteer to read the plan. Clarify as needed.

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4.3 Activity 4.3

Draw the Line Review

Time
10 min

Materials
Chart of Steps for Drawing the Line
Steps for Drawing the Line (Teacher Background 4.3), p.XX

Purpose

To review interpersonal skills for drawing the line.

What the Teacher Does

Guides youth in a discussion to review the key steps in effectively communicating personal limits, or drawing the line.

What Youth Do

Review steps in communicating effectively about where they draw the line.

PROCEDURE

1. On chart paper or the board, write: How Do You Draw the Line?
2. Ask youth to think about a time when someone said NO to them and really meant it. Ask how they knew this person really meant NO. Record responses on chart paper or the board.
3. Explain that people can say NO in many different ways, but that some ways of saying

Teacher Note

If youth received the Draw the Line *program in sixth grade, ask them to recall as many of the steps as possible.*

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NO or drawing the line are the most effective. Be sure to emphasize the importance of telling the person directly where you draw the line rather than using excuses. Remind youth that using excuses makes it easier for the other person to keep on pressuring. Note that whenever possible, it's best to tell the other person directly what you don't want to do.

4. Review the list of steps for drawing the line that youth generated. Highlight any of the following steps that appear on the list:
   - Say, "No, I don't… ."
   - Use a body that says NO.
   - Change the subject.
   - Name that you are feeling pressured and ask the person to stop pressuring (I am feeling pressured right now and I would like you to stop pressuring me). Walk away if you need to.

   Add these steps to the list if necessary. Then show the chart paper with the 4 Steps for Drawing the Line.

5. Ask youth to look at the steps and think about which might work for them. Tell them that some steps may be more comfortable than others, and that they will get a chance to practice using the steps. Explain that you would like them to focus on two of the steps for a minute: body language and suggesting another activity (changing the subject).

Body Language

6. Remind youth that they can use their bodies to reinforce where they draw the line. Ask them to watch your examples and tell you which one uses a body that says NO.

   Situation: A friend is pressuring me to go to their house because no one is home, but I don't want to.

   Example 1: "Well, I don't know. I'm not sure it's a good idea." *(Say this while looking down, with your shoulders hunched. Use an uncertain tone of voice.)*

   Example 2: "I don't want to come over when your parents aren't home. I don't think it's a good idea." *(Say this while standing tall. Put your hands on your hips or cross your arms.)*

7. Ask for other ways they can use their bodies to say NO. Write their responses on the board or chart paper.

8. Ask youth to share ways they can notice someone's body language is saying NO. Write their responses on the board or chart paper.

9. Ask them to share some examples of what they could do or say if they are unsure of

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what a person's body language is saying.

Suggesting Another Activity

10. Remind youth that changing the subject by suggesting something else to do is a good way to get out of a pressure situation. Read the following examples:

Situation: A friend is pressuring me to cut class and go to the mall.

Example 1: I don't cut classes. I'm not cutting class with you.

OK, I understand. I won't cut either.

Example 2: I don't cut classes. Let's go to the mall after school instead of cutting.

OK. The mall after school sounds good.

11. Explain that, in the second example, offering to go to the mall after school lets the person know you still want to be friends. Ask for additional examples of suggesting other activities. Write youth examples on the board or chart paper. Provide corrective feedback as needed.

Teacher Note

When reviewing steps for drawing the line effectively some youth may identify negative or disrespectful communication (e.g., yell at the person, use bad language, call them names, etc.). Watch for this and provide corrective feedback immediately. Remind youth that it may be easy to draw the line with someone they don't like, but that the purpose of this lesson is to review and practice ways to communicate with someone they like as a friend. Remind them that they need to communicate in a way that shows respect for the other person.

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4.4 Activity 4.4
Demonstration Roleplay

Time
5 min

Materials
S and D (Demo Roleplay 4.4)
S and D: Coded Responses (Teacher Background 4.4), p. XX
"Watch Me" Sign
Chart of Steps for Drawing the Line
Stickers or post-its

Purpose
To model an example of effective communication to draw the line and resist pressure.

What the Teacher Does
Demonstrates the key steps for effectively drawing the line in a sexual pressure situation.

What Youth Do
Observe and identify steps for effectively communicating where they draw the line.

PROCEDURE
1. Explain that you will demonstrate ways to use the Steps for Drawing the Line in a pressure situation.
2. Ask the other teacher, classroom aide or prepared youth volunteer to help you with the roleplay. Follow these steps:
   - Have the helper come to the front of the class to read the pressure statements.
   - Instruct youth to watch and listen to the demonstration roleplay and be prepared to identify which steps are being used.
   - Read the "Setting the Stage" section, then put on the **"Watch Me" Sign** and read the lines with the helper.

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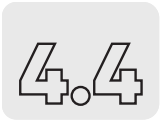

Activity 4.4
Demonstration Roleplay

3. Ask youth to identify examples of how you drew the line. Show the chart paper with the Steps for Drawing the Line during the debrief to review which steps were used. Put a sticker or post-it next to the steps used.

Teacher Note

Refer to Teacher Background 4.4 **S and D: Coded Responses** *for specifics on which steps were used.*

4. Ask which steps worked well and why. Ask if any of your responses could have been stronger and how. List suggestions on the board or chart paper.
5. Time permitting, repeat the roleplay incorporating suggestions for making it stronger.

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4.5 Activity 4.5
Youth Roleplays

Time
20 min

Materials
Chart of Steps for Drawing the Line
After the Movie (Roleplay 4.5a) and **Your Room** (Roleplay 4.5b)
Role Cards "Watch Me" Sign
Stickers or post-its

Purpose
To enable youth to practice resisting pressure in situations that could lead to sex.

What the Teacher Does
Explains the roleplay activity. Monitors roleplay practice. Facilitates roleplay debrief.

What Youth Do
Practice using the Steps for Drawing the Line through roleplaying.

PROCEDURE
1. Remind youth that it is important to practice using these skills for drawing the line so they will be comfortable using them when they need to. Explain that they will now have a chance to practice using the steps.

2. Explain the roleplay instructions:
   - They will be assigned either version 4.5a or 4.5b of a roleplay.
   - They should read each pressure statement, and then write down what they would say to draw the line. Review one of the lines in the roleplay as an example. They should also include a response to the draw the line statement.
   - They should use the Steps for Drawing the Line that are listed on the chart.
   - They need to remember that they don't want to do what their friend is pressuring them to do, and they need to communicate in a way that shows respect to the other person.

   Check for understanding by asking youth to explain what they will do next. Clarify as

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needed.

3. Assign each youth either **After the Movie** (Roleplay 4.5a) or **Your Room** (Roleplay 4.5b) and allow time for them to write their refusal lines. Explain that after they have written their lines, they should review their responses to make sure they have used the steps for drawing the line that are listed on the chart. Remind them to include a response that acknowledges they hear the refusal lines as well.

4. When everyone has finished, review the following instructions for pair practice:
   - They will be reading their roleplays in pairs. One person should read the pressure lines and the other person should read the lines they wrote. Then they should switch roles.
   - They should work as a team in their pairs to help each other make the responses better. After each person reads their roleplay, the person listening to the refusal lines should name the ways the person drew the line (just like they did with the demonstration roleplay), and then suggest ways to make the lines even better.
   - After they practice in pairs, volunteers will roleplay in front of the class.

   Check for understanding by asking youth to describe what they will do once they are in their pairs. Clarify the directions as needed.

5. Have youth pair up with someone who was assigned the same roleplay. Have them start roleplaying in their pairs. Remind them to stop after each person reads their responses to talk about how the person drew the line. Circulate to ensure that pairs

Teacher Note

During the roleplay practice, youth may roleplay pressure situations with a partner of a different or the same gender. This may be awkward for 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 youth know that they may be doing the roleplays with a partner 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 draw the line to resist sexual pressure and protect themselves. This will help ensure that they and their classmates get the most out of the roleplay activities.*

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are on task, and to provide feedback as needed.

6. While pairs are working, select 3 or 4 volunteer pairs. Also select a director, a framer and 2 reporters. Give these youth the appropriate **Role Cards** and review their roles with them:

   Director: Start the roleplay by asking for quiet on the set and saying, "Ready, and… Action."

   Framer: Mark which steps were used during the roleplays by putting stickers or post-its on the Steps for Drawing the Line chart.

   Reporters: Listen and take notes during the roleplays so you can give a report to the class about what was learned.

7. When all pairs have finished, call the class back to attention. Ask for volunteers to roleplay in front of the class.

8. For each roleplay, put a **"Watch Me" Sign** on the person being pressured. Instruct youth to watch for how the roleplayers draw the line.

9. Use the Steps for Drawing the Line chart during the debrief. Have youth indicate whether the roleplayers used the steps on the list. Have the framer mark which steps were used.

   When appropriate, ask how the responses could have been made even stronger. Ask how the friend showed respect when the person being pressured drew the line, if applicable.

10. Give the volunteers a round of applause. Then have the reporters give their summary of what was learned during roleplays.

11. Remind youth that these Steps for Drawing the Line can help them say NO if they are being pressured to cross their lines. Ask why it is important to think about and practice how to draw the line ahead of time *(so they can be prepared if they ever are pressured to cross their lines)*.

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Activity 4.6
Closure

Purpose
To summarize how resisting pressure in sexual situations is different from other situations.

What the Teacher Does
Summarizes experiences and key points of Lesson 4. Provides transition to Lesson 5.

What Youth Do
Review Lesson 4.

PROCEDURE

Lesson Summary

1. Ask youth to summarize what they learned in this lesson. Emphasize that using the Steps for Drawing the Line can help them stick to their limits, not only in sexual situations but other situations as well (e.g., being asked to cut class, steal, cheat, etc.).

I Learned Statement

2. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 4: *"My favorite Step for Drawing the Line is _____ because _____."*
3. Ask volunteers to share their answers.

Transition and Closure

4. Explain that in the next lesson they will read a story about a young couple who find out they have a sexually transmitted infection and learn how to prevent it from spreading.
5. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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4.3 Teacher Background 4.3

Steps for Drawing the Line

There are 4 steps that are important for effective communication. Each step has particular qualities that contribute to its effectiveness. When youth are practicing these steps, be sure to watch and listen to how they are using them. Provide corrective feedback as needed to ensure success.

Step 1 **Say, "No, I don't… ."** The way something is said often gives a stronger message than the words used. A convincing voice is firm and sure in tone, but not necessarily loud. Youth may equate a convincing voice with yelling. Conversely, youth who are quiet may not feel they can master this strategy. Stress that a person doesn't need to yell to be successful at using this step, because the effectiveness rests on the tone rather than the volume.

Whenever possible, it is helpful to be direct and tell the other person what it is you won't do (that is, where you draw the line). This might sound like: "I don't…," "I won't…," "That's where I draw the line," or "No. I don't." The word NO is very direct and clear, but it does not have to be used every time.

Youth are likely to use excuses rather than directly stating where they draw the line. For example, they might say, "I'll get in trouble," "I have to go now," "I can't do it today," etc. Although excuses may work in the short term, they do not convey a direct message of what you won't do. Excuses leave the door open for further pressure.

Step 2 **Use a body that says NO (as much as comfortable).** There are many body movements and gestures that can support a NO message for those who are comfortable using them. A few examples include:

- using a serious expression—an "I mean it" face
- looking at the person directly (eye contact)
- crossing arms
- moving hands in a "get away" gesture
- putting hands on hips
- upright posture

Youth comfort may be impacted by many factors, such as cultural norms and past experiences. Explain that words and their body movements (often called body language) can both be used when communicating.

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Step 3 **Change the subject.** Changing the subject is another way of dealing with pressure to cross the line. To use this strategy, the person being pressured suggests something else to do rather than crossing their line. Youth should suggest another activity that (1) gets them out of the situation; (2) is positive; and (3) is realistic.

Changing the subject is a way to let the other person know that you don't want to cross your line, but do want to keep the friendship going. Changing the subject can help cool down a situation, and gives a person more time to think about what to say or do if the situation comes up again. It also may distract the other person enough to stop the pressure.

Step 4 **Name that you are feeling pressured and ask the person to stop pressuring. Walk away (if you need to).** There can be power in speaking up for yourself, naming how you feel, and asking the person to stop pressuring you. In doing so, it is important to use "I" statements to share your views or how you feel (I feel pressured) so you are owning your feelings rather than using "you" statements (you always pressure me), which might come across as blaming and shut down your chance to share how you are really feeling. If the other person doesn't stop, you can choose to walk away rather than continue to resist the pressure, especially if you feel unsafe or uncomfortable or the person doesn't respect your request to stop pressuring. How this step is used will vary among people and across situations.

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Teacher Background 4.4

S and D: Coded Responses

Setting the Stage

S and D meet at a party. They dance and talk together. Some couples have gone upstairs to make out. D takes S's hand to go upstairs, but S doesn't really want to go.

D: Let's go upstairs.

S: No, I don't want to go upstairs. *(Say, "No, I don't..." Use a body that says NO.)*

D: Don't you like me?

S: Yes, I like you. I just don't want to go upstairs. *(Say, "No, I don't...")*

D: Why not, everyone else is?

S: Let's keep dancing instead. I like the way you dance.
(Change the subject.)

D: Sure, let's dance. *(Sounds enthused and stops pressuring to respect the line.)*

Ways to make S's response stronger:

- Could have repeated NO again.
- Could have walked away if D kept pressuring.

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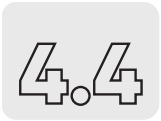

Demo Roleplay 4.4

S and D

Setting the Stage (Continued)

S and D meet at a party. They dance and talk together. Some couples have gone upstairs to make out. D takes S's hand to go upstairs, but S doesn't really want to go.

D (Helper): Let's go upstairs.

S (Teacher): No, I don't want to go upstairs.

D (Helper): Don't you like me?

S (Teacher): Yes, I like you. I just don't want to go upstairs.

D (Helper): Why not? Everyone else is.

S (Teacher): Let's keep dancing instead. I like the way you dance.

D (Helper): Sure, let's dance.

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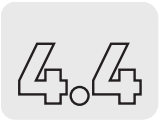

Dramatización de demostración 4.4

S y D

Escenario

S y D se conocen en una fiesta. Bailan y conversan. Algunas parejas se han ido al segundo piso a romancear. D toma la mano de S para ir también al segundo piso, sólo que S realmente no quiere ir.

D (Ayudante): Vamos arriba.

S (Maestro[a]): No, no quiero ir arriba.

D (Ayudante): ¿Es que acaso no te gusto?

S (Maestro[a]): Claro que me gustas, sólo que no quiero ir arriba.

D (Ayudante): ¿Por qué no? Todo el mundo lo está haciendo.

S (Maestro[a]): Mejor sigamos bailando. Me gusta cómo bailas.

D (Ayudante): Seguro, bailemos.

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4.4 Teacher Activity Sheet 4.4

"Watch Me" Sign

Directions:

Cut out the sign. Punch 2 holes at the top and put a string through them to hang the sign around the neck of the roleplayer who is drawing the line.

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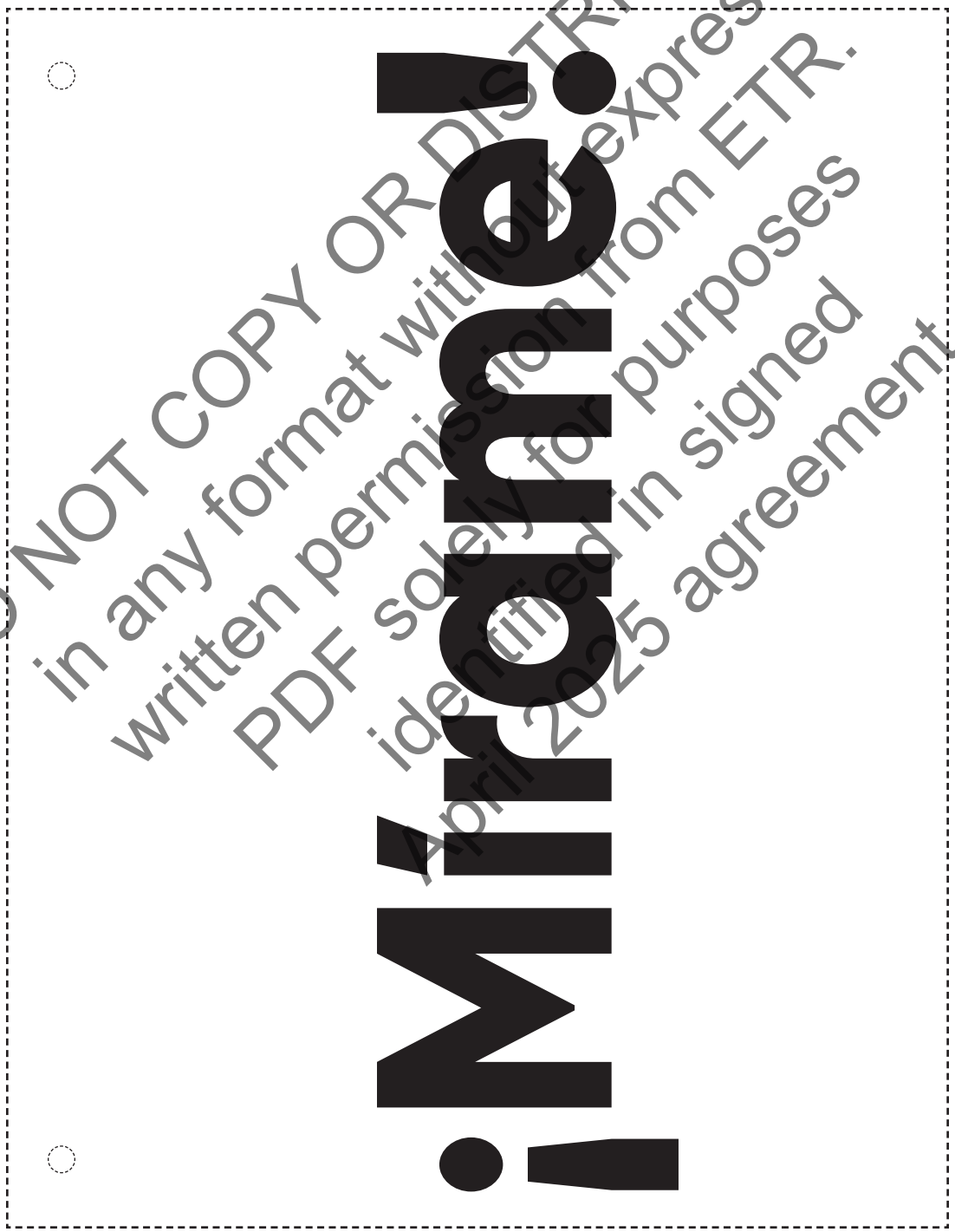
Actividad el maestro(a) 4.4

Señal "Mírame"

Instrucciones:

Recorte la señal. Haga dos agujeros en la parte de arriba del papel y póngale un cordón para colgársela del cuello al actor que está marcando el límite.



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4.5 Teacher Activity Sheet 4.5
Role Cards

Directions:
Copy and cut apart the cards.

Director
Start the roleplay by asking for quiet on the set and saying, "Ready, and... Action."

Framer
Mark which steps were used during the roleplays by putting stickers or post-its on the Steps for Drawing the Line chart.

Reporter
Listen and take notes during the roleplays so you can give a report to the class about what was learned.

Reporter
Listen and take notes during the roleplays so you can give a report to the class about what was learned.

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4.5 Actividad del maestro(a) 4.5

Tarjetas de roles

Instrucciones:

Copiar y cortar las tarjetas.

Secretario/a

El secretario debe tener lista la hoja Pasos para Marcar los límites y debe ir marcando con un sticker cada uno de los pasos que se van cumpliendo durante la dramatización.

Director

El director debe empezar la dramatización pidiendo silencio en el escenario y diciendo: "listos, y... acción."

Reporter

Listen and take notes during the roleplays so you can give a report to the class about what was learned.

Reporter

Listen and take notes during the roleplays so you can give a report to the class about what was learned.

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Roleplay 4.5a
(for teacher reference)

4.5a **Dramatización 4.5a**
Marca los límites / Respeta los límites

Después de la película

Instrucciones:
Lee el "Escenario." Completa las líneas en blanco y escribe en qué forma tú marcarías el límite. La primera línea ya está escrita. Si quieres puedes tachar o cambiar las palabras de esa línea.

Escenario
El sábado pasado fuiste al cine con alguien que te gusta mucho. Después de la película ustedes dos se fueron a tu casa porque no había nadie. Se besaron y se abrazaron en el sofá. Comienzas a sentirte incómodo(a) y quieres parar.

Tú: No, espera. Esto va muy rápido.

Tu novio(a): ¿Qué quieres decir con eso?

Tú: _____

Tu novio(a): Yo sólo quiero sentirme más unido(a) a ti. Esto nos va a unir más.

Tú: _____

Tu novio(a): Me gustas mucho.

Tú: _____

Tu novio(a): Está bien. No quería presionarte.

4.5a **Roleplay 4.5a**
Draw the Line / Respect the Line

After the Movie

Directions:
Read "Setting the Stage." Then fill in the blank lines with how you will draw the line. The first line is already written. You can cross out or change the words in that line if you want.

Setting the Stage
On Saturday you go to a movie with someone you really like. After the movie, you both go to your house because nobody is home. You and your date kiss and hug and start to lie down on the couch. You start to feel uncomfortable and want to stop.

You: No, wait. This is moving too fast.

Your Date: What do you mean?

You: _____

Your Date: I just want to be close to you. This will bring us closer.

You: _____

Your Date: I really like you.

You: _____

Your Date: OK. I'm sorry for pressuring you.

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Roleplay 4.5b
(for teacher reference)

4.5b **Dramatización 4.5b**
Marca los límites / Respeta los límites

Tu cuarto

Instrucciones:
Lee el "Escenario." Completa las líneas en blanco y escribe en qué forma tú marcarías el límite. La primera línea ya está escrita. Si quieres puedes tachar o cambiar las palabras de esa línea.

Escenario
Tus padres no están en casa. Tú y tu amigo(a) a quien le gustas mucho están viendo televisión en tu casa. Esta persona te quiere besar y dice "vamos a tu cuarto." No estás listo(a) para darle un beso.

Amigo(a): Vamos a tu cuarto.

Tú: No, no quiero.

Amigo(a): Sólo quiero que nos besemos.

Tú: _____

Amigo(a): Pero es que me gustas mucho.

Tú: _____

Amigo(a): Está bien. No hay problema. Respeto lo que quieres.

Tú: _____

Libro de trabajo del estudiante | Grados 7

4.5b **Roleplay 4.5b**
Draw the Line / Respect the Line

Your Room

Directions:
Read "Setting the Stage." Then fill in the blank lines with how you will draw the line. The first line is already written. You can cross out or change the words in that line if you want.

Setting the Stage
Your parents are outside. You and a friend who likes you are watching TV. Your friend wants to kiss you and says, "Let's go to your room." You are not ready to kiss this friend.

Friend: Let's go to your room.

You: No, I don't want to.

Friend: I just want to kiss.

You: _____

Friend: But I really like you.

You: _____

Friend: Alright. No problem. I can respect what you want.

You: _____

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5 Lesson 5
STI Facts

INTRODUCTION

Sexually transmitted infection (STIs) are spreading rapidly among young people. In this lesson, youth learn the common symptoms of STIs and read a story in which a young couple learn that they have an STI and what they need to do to prevent its spread. The story promotes choosing abstinence to avoid the negative outcomes of STIs.

Teacher Note

The terms sexually transmitted disease (STD) and sexually transmitted infection (STI) mean the same thing. They describe illness caused by the transmission of pathogens (germs) from one person to another through intimate sexual contact, such as vaginal, oral or anal intercourse, or genital touching. Sexuality educators typically use the term STI, as it decreases the stigma of having a "disease."

Purpose Statement for Youth

Today we will learn important information about STIs (sexually transmitted infections).

Objectives

Youth will be able to:

- Define STI and common signs of an STIs.
- Describe when and how to get help for an STI.
- Identify abstinence as the best way to prevent STIs.

Activities

Activity 5.1:
Lesson 4 Review

Activity 5.2:
Plan for the Day

Activity 5.3:
STI Quiz

Activity 5.4:
Story About STI

Activity 5.5:
Quiz Review

Activity 5.6:
STI Info Homework

Activity 5.7:
Closure

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5 Lesson 5
STI Facts

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Make a list of common STIs on chart paper: herpes, chlamydia, HIV/AIDS, gonorrhea, syphilis, HPV.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape **STI Quiz** (Worksheet 5.3)
- **S's Story** (Worksheet 5.4)
- **STI Info Homework** (Worksheet 5.6a)
- **STI Fact Sheet** (Worksheet 5.6b)
- Local and National STI Info number(s) and location of local clinic(s)

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5.1 Activity 5.1
Lesson 4 Review

Time
3 min

Materials
None

Purpose
To review Lesson 4.

What the Teacher Does
Uses Lesson 4 review as a springboard for Lesson 5.

What Youth Do
Review Lesson 4.

PROCEDURE
1. Tell youth to turn to each other and tell the person next to them one Step for Drawing the Line.
2. Ask the group to name and give examples of the 4 Steps for Drawing the Line.

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5.2 Activity 5.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE

1. Say: "Today we will learn about sexually transmitted infections and how to prevent them."

   Write the Plan for the Day on the board or chart paper:
   - STI Quiz
   - Story
   - Quiz Review
   - STI Info Homework
   - Summary

2. Ask for a volunteer to read the plan. Clarify as needed.

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5.3 Activity 5.3
STI Quiz

Time
5 min

Materials
STI Quiz (Worksheet 5.3)
List of STIs on chart paper

Purpose
To allow youth to assess how much they know about key STI facts.

What the Teacher Does
Asks questions to stimulate interest in STIs.

What Youth Do
Review what they know about STIs.

PROCEDURE

1. Write "STI" in big letters on the board or chart paper. Ask if anyone knows what these letters mean. Give hints if necessary and write the answer underneath: Sexually Transmitted Infection.
2. Ask youth for examples of STIs. Write their ideas on the board. Post the chart paper with the list of common STIs. Point out that there are over 25 STIs* and that these are some of the more common ones.
**https://www.cdc.gov/sti/about/*
3. Ask youth how a person can get a sexually transmitted infection (by sexual contact, which includes having vaginal, oral or anal sexual intercourse, but also can happen if there is skin-to-skin contact with an infected person's genitals). Some STIs can also be transmitted through needles and from mother to baby during childbirth. Clarify as needed.
4. Explain that they are going to take a short quiz. Explain that after the quiz they will read a story about a young couple and STIs. Explain that the answers to the quiz are in the story, and they will have a chance to change their quiz answers after they read the story.
5. Have youth turn to **STI Quiz** (Worksheet 5.3). Clarify difficult vocabulary as needed.

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6. Allow a few minutes to write answers.
7. Assure youth that even though they might feel very unsure of their answers now, they will learn the right answers to these questions before the end of the lesson.

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5.4 Activity 5.4
Story About STI

Time
30 min

Materials
S's Story (Worksheet 5.4)

Teacher Note
A video on STI may be used in place of the story.

Purpose
To provide basic information on STI.

What the Teacher Does
Helps youth read story. Asks questions to ensure understanding.

What Youth Do
Read story. Obtain the answers to questions they were asked on the **STI Quiz**.

PROCEDURE
1. Remind youth that as they read the story they should be trying to answer the questions from the quiz. Have youth turn to **S's Story** (Worksheet 5.4). Have them read the story silently or aloud.

Teacher Note
You may wish to read the story, or assign the various sections to different volunteers to read aloud.

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5.4

Activity 5.4
Story About STI

2. When the story has been read, ask the following questions:
   - Who are the main characters? (S and A)
   - What symptom does S have? (itching and a sore on the genitals, herpes)
   - How did S get the STI? (by having sex with A)
   - What does S do to get help? (calls the CDC-INFO number, goes to the clinic) ()
   - How many people did S have sex with? (1)
   - Can the STI S has be cured? (No, it can be treated, but the virus stays in the body.)
   - Did A know they had herpes? (probably not until S told them)
   - Why wouldn't A know? (A might not have noticed any symptoms.)
   - Who did A get the STI from? (an ex-partner)
   - Why should A tell the ex-partner about the herpes? (The partner needs to be checked out and know so they can be treated and won't spread the STI to anyone else.)
   - How do you think S and A felt about having had sex after this happened?
3. Explain that, in the story, S went to a clinic to be tested for STIs. Share the names of local clinics in the community.

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5.5 Activity 5.5
Quiz Review

Time
10 min

Materials
Completed **STI Quiz** (Worksheet 5.3)

Purpose
To provide accurate information about prevention, symptoms and treatment of STI, with emphasis on when and where to get help.

What the Teacher Does
Leads discussion of each quiz question.

What Youth Do
Correct their answers on the quiz and clarify any questions.

PROCEDURE

Quiz Questions and Answers
Correct their answers on the quiz and clarify any questions.

1. Have youth review their quiz answers and make any corrections based on what they read in the story. Discuss each question.
    1. Do people always know if they have an STI?
    Answer: No. Besides herpes there are other STIs, including HIV and chlamydia, that a person can have without knowing it.
    2. What are some common symptoms of STIs?
    Answer: Bumps, sores, painful blisters, discharge or drip, painful urination; the most common symptom is no symptom
    3. If a person has an STI, where can they go for help?
    Answer: People could go to a clinic or their doctor. They could get information about it from websites, pamphlets or a hotline.
    4. Can all STIs be cured?

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Answer: Some can. Some can't, including genital herpes, genital warts (HPV) and HIV. But all STIs can be treated. So it's important for people to get medical care if they have an STI.

5. What can someone do to prevent an STI?
Answer: The best way to prevent an STI is to choose not to have sex (vaginal, oral or anal) and to avoid genital contact. Using condoms can reduce the risk of some STIs if people choose to have sex. There are vaccines that can help prevent hepatitis B and some kinds of HPV. It's recommended that young people be vaccinated for HPV at age 11 or 12.

Teacher Note

Answers are drawn from resources on CDC's website www.cdc.gov/std.

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5.6 Activity 5.6
STI Info Homework

Time
3 min

Materials
STI Info Homework (Worksheet 5.6a)
STI Fact Sheet (Worksheet 5.6b)

Purpose
To provide an opportunity to use a website or toll-free hotline number for STI information.

What the Teacher Does
Describes the homework activity.

What Youth Do
Prepare for the homework activity.

PROCEDURE
1. Remind youth that something S did in the story was to call a toll-free number for information. Another option S could have used is checking a website. Explain that they will have a chance to do the same thing as a homework activity.
2. Write local STI information telephone numbers and the CDC-INFO number and website on the board or chart paper.
3. Explain that there are telephone numbers and websites where people can get

> **Centers for Disease Control and Prevention:**
> CDC-INFO: 1-800-232-4636; Hours: every day, 24 hours a day, English and Spanish; Website: www.cdc.gov/std

information about HIV and other STIs. Explain that they do not have to give their names when calling.

Websites are also a good source for information. Websites from local community government sources (.gov) are best.

4. Explain the homework assignment using the following instructions:

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- For homework, they will have a list of potential questions to research.
- They should review the questions and circle 1 or 2 questions they would like to research on a website or ask when calling the hotline. They can write their own questions if they want instead of using the ones on the list.
- They can work in pairs to complete the activity.

5. Have youth turn to **STI Info Homework** (Worksheet 5.6a) and **STI Fact Sheet** (Worksheet 5.6b). Explain that the fact sheet is there to provide further information. Check for understanding by asking them to explain the homework. Clarify as needed.

   Explain that the homework is due in the next class.

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5.7 Activity 5.7
Closure

Time
3 min

Materials
None

Purpose
To review key points of the lesson.

What the Teacher Does
Summarizes experiences and key points of Lesson 5. Provides transition to Lesson 6.

What Youth Do
Review and summarize learning from Lesson 5.

PROCEDURE

Lesson Summary
1. Ask youth why they talked about STIs today (so that they will have another reason for waiting to have sex until later and will know how to avoid STI).
2. Point out that today's lesson involved looking at how sexually transmitted infections can affect people's decisions about sex, including their thoughts about having sex, their feelings, and their concerns about how an STI could affect their bodies.

I Learned Statement
3. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 5: "One important thing I learned about STI is _____."

Transition and Closure
4. Explain that in the next lesson they will put on a talk show to help teens draw the line.
5. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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5.3 Worksheet 5.3
(for teacher reference)

5.3 Tarea 5.3
Marca los límites / Respeta los límites

Prueba: Las infecciones de transmisión sexual (ITS)

Instrucciones:
Responde a las preguntas lo mejor que puedas.

1. **¿Siempre se da cuenta la persona cuando tiene una ITS?**
   (Marca con un círculo la respuesta). **Sí** **No** **No sé**
2. **¿Cuáles son los síntomas más comunes de una ITS?**

3. **Si una persona tuviera una ITS, ¿a dónde podrías acudir para hacerte una prueba y recibir tratamiento?**

4. **¿Se pueden curar todas las ITS?**
   (Marca con un círculo la respuesta). **Sí** **No** **No sé**
5. **¿Qué puede hacer uno mismo para prevenir las ITS?**

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5.3 Worksheet 5.3
Draw the Line / Respect the Line

STI Quiz

Directions:
Answer each question as best you can.

1. **Do people always know if they have an STI?**
   (Circle 1 answer.) **Yes** **No** **Don't Know**
2. **What are some common symptoms of STI?**

3. **If a person has an STI, where could they go for testing and treatment?**

4. **Can all STIs be cured?** *(Circle 1 answer.)* **Yes** **No** **Don't Know**
5. **What can someone do to prevent an STI?**

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5.4 Worksheet 5.4
(for teacher reference)

5.4 Tarea 5.4
Marca los límites / Respeta los límites

La historia de S

S siente preocupación pues comenzó a tener relaciones sexuales hace dos meses con su pareja, A. Usaron condones al principio, pero luego les pareció muy complicado y dejaron de usarlos.

Ahora S siente comezón en la vagina y ha notado que tiene una llaga.

S siente vergüenza de hablar con alguien. Finalmente, decide llamar a la Línea Nacional de ITS. S recuerda que las personas que atienden esta línea no piden información personal por lo tanto no sabrán quién llama.

Llamando a la línea

S marca 1-800-232-4636. La persona que contesta le dice que debe ir a una clínica o ir a ver a un médico. También le hace saber que si tiene una ITS es importante que reciba tratamiento de inmediato.

La persona en la línea le explica que puede ir a su propio médico, a la clínica de su escuela, o a una clínica del departamento de salud local. Puede que haya una clínica para adolescentes en su ciudad que trata a los jóvenes con ITS.

A S la clínica para adolescentes le parece la mejor opción, y la persona en la línea le busca el teléfono y la dirección del lugar.

Yendo a la clínica

S llama a la clínica y hace una cita. Cuando llega a la clínica le tratan muy bien, lo cual le sorprende. Nadie le hace sentirse vergüenza ni culpa. Le dan a entender que sólo quieren que se cuide y se mantenga saludable.

Síntomas de las ITS

Una enfermera le pregunta a S si tiene alguno de los síntomas usuales de ITS.

Estos incluyen:

- ampollas, llagas, ronchas o bultos cerca de los órganos sexuales, la boca o el recto
- sensación de ardor o dolor al orinar o al defecar
- necesidad de orinar con frecuencia
- comezón o picazón en los órganos sexuales
- hinchazón y enrojecimiento en la garganta
- fiebre o síntomas de flu o gripe
- hinchazón en el área púbica (el área de los órganos sexuales)
- ardor y comezón en la vagina
- sangrando por la vagina que no es durante el período
- flujo vaginal de color extraño o con mal olor
- goteo o descarga por el pene

5.4 Worksheet 5.4
Draw the Line / Respect the Line

S's Story

S is worried. They and their partner A started having sex 2 months ago. They used condoms at first. But, after a few times, it seemed like a big hassle, so they stopped.

Now S's vulva is itching, and S has noticed a sore there.

S feels embarrassed to talk to anyone about it. But finally decides to call the Centers for Disease Control and Prevention INFO line. S remembers that no one will know they've called the hotline.

Calling the INFO Line

S dials 1-800-232-4636. The person S talks to says that S needs to go to a clinic or see a doctor. They say that if S has an STI, it's important to get it treated right away.

The person on the hotline explains that S could go to a personal doctor, a clinic at school, or a clinic listed at the local health department. There may even be a teen clinic in their town that treats young people with STI.

The teen clinic sounds best to S, so the person on the hotline checks. They give S the phone number and address of the teen clinic.

Going to the Clinic

S calls the clinic and makes an appointment. When S goes to the clinic everyone is nice, which S finds surprising. No one makes S feel ashamed or guilty. They act like they just want S to be healthy and taken care of.

Symptoms of STI

A nurse asks if S has any of the usual symptoms of STI.

These include:

- sores, bumps or blisters near your sex organs, mouth or rectum
- burning or pain when you pee or have a bowel movement
- needing to pee often
- itching around your sex organs
- swelling or redness in your throat
- fever or flu-like symptoms
- swelling in your groin (the area around your sex organs)
- burning or itching around the vagina
- bleeding from the vagina that isn't from a period
- a discharge from the vagina that's an unusual color or smells bad
- a drip or discharge from the penis

/continued

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5.6a

Worksheet 5.6a
(for teacher reference)

5.6a **Tarea 5.6a**
Marca los límites / Respeta los límites

Tarea de información de las ITS

Instrucciones:
Lee las preguntas que aparecen abajo. Escoge una o dos preguntas que te gustaría hacer cuando llames a la línea. Llama a la línea telefónica y hazles las preguntas. Después de llamar contesta las preguntas 1–3 en la Parte C. Puedes trabajar con un compañero(a). (Los dos deben estar en el teléfono cuando llamen a la línea de información.)

A. **Escoge una o dos preguntas, o haz tus propias preguntas.**

- ☐ ¿Cuáles son los síntomas más comunes de una ITS?
- ☐ ¿Puede uno contagiarse con una ITS sin tener sexo?
- ☐ ¿Qué debe hacer una persona si sospecha tener una ITS?
- ☐ ¿Cuál es la mejor forma de prevenir una ITS?

B. **Llama a la línea telefónica. Escribe el número aquí:**

C. **Después de haber llamado, contesta las siguientes preguntas.**

1. ¿La persona que te atendió supo contestar tus preguntas? *(Marca con un círculo la respuesta.)* **Sí** **Un Poco** **No**
2. ¿Qué se siente al hacer este tipo de llamadas?
3. ¿Les aconsejarías a tus amigos que llamen a esta línea telefóni obtener información? *(Marca con un círculo la respuesta.)*

CDC-INFO
1-800-232-4636 *Hours:* Every day, 24 hours a day www.cdc.g

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5.6a **Worksheet 5.6a**
Draw the Line / Respect the Line

STI Info Homework

Directions:
Review the questions below. Pick one or two questions to research on a website or ask when calling the hotline. Answer Questions 1–3 in Part C after you complete your research. You can work with someone if you would like.

A. **Pick a question, or think of your own.**

- ☐ What are some common symptoms of STI?
- ☐ Can you have an STI even if you don't have sex?
- ☐ What should a person do if they think they have an STI?
- ☐ What is the best way to prevent an STI?

B. **Locate the website or call the hotline. Write the web address or hotline number here:**

C. **After you complete your web research or call the hotline, answer these questions.**

1. Did the website or person you talked with answer your question(s)? *(Circle 1 answer.)* **Yes** **Kind of** **Not Really**
2. What was it like to use the website or call the hotline?
3. Would you tell your friends to use this website or call this hotline if they needed information? *(Circle 1 answer.)* **Yes** **No**

CDC-INFO
1-800-232-4636 *Hours:* Every day, 24 hours a day www.cdc.gov/STI

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5.6b

Worksheet 5.6b
(for teacher reference)

5.6b Tarea 5.6b
Marca los límites / Respeta los límites

Hoja de información sobre las ETS

¿Que es una ITS?

ITS es la abreviación de Infecciones de Transmisión Sexual. Una persona puede contraer una ITS si tiene relaciones sexuales con alguien que tiene una ITS.

ITS comunes

Hay diversas ITS. Las más comunes son:

- clamidia
- gonorrea
- VPH
- herpes genital
- VIH
- sífilis

¿Cómo se contrae una ITS?

Una ITS puede transmitirse de una persona a otra durante las relaciones sexuales. Algunas se transmiten durante la penetración (vaginal, oral o anal). Algunas se contraen por medio de contacto íntimo, piel-con-piel entre los genitales.

O sea que una persona puede contraer algunas ITS aunque no haya tenido relaciones sexuales o aunque no hay habido penetración.

¿Cómo sabe uno si tiene una ITS?

A veces las personas no saben. A veces no hay síntomas. Con simplemente mirar, no se puede saber si una persona tiene una ITS.

Cuando hay síntomas, estos son los más comunes:

- Ampollas, llagas, ronchas o bultos cerca del pene, la vagina, la bo
- Ardor al orinar.
- Goteo y olor en el pene o la vagina.
- Comezón en el pene, la vagina o el recto.
- Sangrando o dolor durante el acto sexual.

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5.6b Worksheet 5.6b
Draw the Line / Respect the Line

STI Fact Sheet

What Is STI?

STI stands for sexually transmitted infection. A person can get an STI if they have sex with someone else who has an STI.

Common STIs

There are many different kinds of STI. Some of the most common include:

- chlamydia
- gonorrhea
- HPV
- genital herpes
- HIV
- syphilis

How Do People Get STI?

An STI can be passed from one person to another during sex. Some STIs are passed through sexual intercourse (vaginal, oral or anal). Some STIs are passed through close skin-to-skin contact with the genitals.

This means a person can get some kinds of STI even if they haven't had intercourse.

How Do People Know if They Have STI?

People may not know. Sometimes, people have no symptoms. You can't tell by looking at someone whether they have an STI.

When people do have symptoms, these are the most common:

- Rash, bumps, sores or blisters around the penis, vagina, mouth or rectum.
- Burning when they pee.
- Unusual drips and smells from the penis or vagina.
- Itching penis, vagina or rectum.
- Bleeding or pain during sex.

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Lesson 6
STI and Relationships

INTRODUCTION
Youth participate in a podcast and roleplays to provide advice to other teens on how to draw the line in sexual pressure situations.

Purpose Statement for Youth
Today we will learn how to help a friend draw the line.

Objectives
Youth will be able to:
- Describe interpersonal skills that will help them draw their lines to delay sex.
- Give advice to friends on how to draw the line to delay sex.

Activities
Activity 6.1:
Homework Review
Activity 6.2:
Plan for the Day
Activity 6.3:
Draw the Line Podcast
Activity 6.4:
Youth Roleplays
Activity 6.5:
Closure

Before the Lesson
- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:
Chart paper, markers and tape Podcast props:
- **Podcast Script** (Teacher Activity Sheet 6.3a)
- **Podcast Role Cards** (Teacher Activity Sheet 6.3b)— make 1 set

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- **Cue Cards** (Teacher Activity Sheet 6.3c)—make 2 sets; place 1 set in the order they will be read.
  (Note: You may wish to enlarge one set of cards so they can be easily read by the youth playing the guests.)
- Microphone
- 2 chairs
- **Babysitting** (Roleplay 6.4a) and **The Park** (Roleplay 6.4b)
- Chart paper with Steps for Drawing the Line.

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6.1 Activity 6.1
Homework Review

Time
5 min

Materials
None

Purpose
To review the STI Info homework.

What the Teacher Does
Reviews STI Info homework.

What Youth Do
Discuss experience of researching a website or calling a hotline to get information about STIs.

PROCEDURE
1. Ask youth to tell the person next to them the name of a sexually transmitted infection and 1 symptom of an STI. Ask for volunteers to share their answers. Correct as needed. Reiterate that no symptoms is the most common symptom.
2. Ask how many of them completed the homework assignment. Ask for volunteers to share their experiences. Ask them if they would tell a friend to use the website or hotline if they needed information about STI.

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6.2 Activity 6.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE
1. Say: "Today we will learn how to help a friend draw the line." Write the Plan for the Day on the board or chart paper:
   - Podcast
   - Help a Friend
   - Summary
2. Ask for a volunteer to read the plan. Clarify as needed.

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6.3 Activity 6.3

Draw the Line Podcast

Time
15 min

Materials
Podcast Script (Teacher Activity Sheet 6.3a)
Podcast Role Cards Cue Cards
Microphone
2 chairs
3" x 5" index cards

Teacher Note

Adapt the Podcast Script as needed if you used a video instead of the story in Activity 5.4.

Purpose

To review information on STI, identify outcomes, including emotional outcomes, of having sex; and identify ways to handle sexual pressures without having sex.

What the Teacher Does

Plays host of podcast.

What Youth Do

Use what they know about drawing the line to help the podcast guests.

PROCEDURE

Roles, Props and Preparation

1. Set up the microphone and 2 chairs facing the class.
2. Select youth for the various jobs/roles in the podcast:

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- **Director—**reads cue card to get podcast started; walks applause card across when guests say something positive.
- **Cue card holder—**holds up cue cards for guests to read.
- **Guests:** Carl, Hector, Serena, Cristina—read cue cards.

3. Give everyone else a 3" x 5" index card and have them write down a question for the Question Box. Remind them that in Lesson 7 you will take time to answer as many questions as you can.
4. Give youth 2 minutes to write down their questions. Have the individuals with podcast roles review their parts during this time. Circulate with the Question Box to collect the cards.

Introduction

5. Ask youth what podcasts they have listened to. Explain that in some podcasts people with a problem get advice from the hosts).
6. Explain that today they will be part of a podcast. Emphasize that in this podcast the audience has the most important role. They will give advice to the guests on how to draw the line.
7. Be sure the Director has the "Applause" card ready and that the Cue Cards for each character and for the cue card holder are in the correct order.
8. Have the Director start the show by reading the first **Cue Card**— "Ready on 5, 4, 3, 2, 1. Action!" Then follow the **Podcast Script** (Teacher Activity Sheet 6.3a).

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6.4 Activity 6.4
Youth Roleplays

Time
15 min

Materials
Babysitting (Roleplay 6.4a)
The Park (Roleplay 6.4b)
Chart of Steps for Drawing the Line

Purpose
To allow youth to think of how they might help a friend resist sexual pressure and to practice assisting a friend.

What the Teacher Does
Explains task. Monitors practice. Facilitates debrief.

What Youth Do
Give advice on how to draw the line when friends are facing pressure in a sexual situation.

PROCEDURE
1. Explain that they will now have a chance to help a friend with a pressure problem. Tell them that they can use some of the ideas that came up in the podcast, or use their own. Refer them to the Steps for Drawing the Line on the chart paper and remind them that they can give their friends advice about how to use the steps.
2. Review the following instructions for the roleplay:
   - There are 2 different roleplays and they can choose which one they want to fill out.
   - When they turn to their roleplay they should start filling in the lines.
   - They will have 2–3 minutes to fill in their lines.
     Check for understanding by asking youth to explain what they will do. Give an example using the first line of the roleplay. Clarify as needed.
3. Have youth turn to the roleplay they have chosen: **Babysitting (Roleplay 6.4a) or The Park** (Roleplay 6.4b). Allow 2–3 minutes for them to write their responses. Circulate to assist as needed.

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Activity 6.4
Youth Roleplays

4. Once everyone has finished, review the following instructions for the pair practice:
   - They will pair up with someone who worked on the same roleplay. They can pick their partners.
   - Once they are in pairs they will take turns reading their lines.
   - After they practice, you will ask for a few volunteers to read their roleplays in front of class.

   Check for understanding by asking youth what they will do once they are in pairs. Clarify as needed.
5. Have youth form pairs. *(Note: If the number with each roleplay is uneven, you can create groups of 3.)* Allow 2–4 minutes for practice. Circulate during practice to ensure pairs are on task and each person has a chance to practice the refusal lines they wrote. Offer coaching as needed.
6. During the pair practice, ask 2–4 pairs to roleplay in front of the group. Select a director to read the "Setting the Stage" section and two reporters to observe each roleplay. Prep these individuals for their tasks.
7. Have selected pairs demonstrate their roleplays.
8. After the demonstration, ask the reporters to summarize what was learned from the roleplays. Expand on the summary as appropriate.

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6.5 Activity 6.5
Closure

Time
5 min

Materials
None

Purpose
To summarize the key points of the lesson.

What the Teacher Does
Summarizes experiences and key points of the lesson. Provides transition to Lesson 7.

What Youth Do
Review lesson.

PROCEDURE

Roles, Props and Preparation
1. Point out that today's lesson involved helping others draw the line by giving them advice on how to draw the line, and by helping them think through the feelings and worries that go along with deciding where to draw the line.

I Learned Statement
2. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 6: *"If my friend is being pressured, I will _____."*

Transition and Closure
3. Explain that in the next lesson they will get another chance to practice their skills and make a commitment to where they draw the line.
4. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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6.3

Teacher Activity 6.3a

Podcast Script

1. Podcast Script

Introduction/Review

Host: Welcome to our podcast! This is teen week, so welcome teens from *(insert name of school or group)*!

Audience applause

(*Note:* Signal Director to walk the "Applause" card across the stage each time audience applause is called for.)

Host: In one of our recent shows, the topic was STIs. We heard a story about a teen couple.

- Do you remember who they were? (S and A)
- S and A decided to have sex. Do you remember what happened? (S got a sore on their genitals.) S called the STI hotline and then went to a clinic.
- Does anybody remember what S had? (herpes) They told A so A could get checked out too. A also had herpes.

So here's what we learned about STIs *(Summarize the points on chart paper or the board)*:

- You can get an STI from having sex (vaginal, oral or anal) with someone who is infected.
- If you have unprotected sex, or feel like you might have an STI, see a medical provider and get tested.
- The best way to make sure you don't get an STI is to not have sex with an infected person.

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6.3

Actividad del maesto(a) 6.3a

Libreto del podcast

1. Libreto del podcast

El podcast

Conductor(a): ¡Bienvenidos a nuestro podcast! Esta semana estamos dedicando el programa a los jóvenes. Demos entonces la bienvenida a los jóvenes de la escuela *(el nombre de la escuela).*

Aplausos del público.

(*Nota:* Dele una señal al Director para que muestre la tarjeta de "Aplausos" cada vez que se necesitan aplausos.)

Conductor(a): En un reciente programa, hablamos del tema de las ITS. Hablamos con una pareja de adolescentes.

- ¿Recuerdan de quién se trata? (S y A).
- S y A decidieron tener relaciones sexuales. ¿Recuerdan ustedes lo que pasó? (A S le salió una llaga en los genitales.) S llamó a la línea de ayuda y después fue a una clínica.
- ¿Alguien recuerda lo que tenía S? (Herpes genital). Se lo dijo a A para que él se hiciera examinar. A también tenía herpes.

Esto es lo que aprendimos en el programa sobre las ITS *(Resuma en una hoja de papel en la pizarra):*

- Puedes contraer una ITS al tener relaciones sexuales (vaginales, anales u orales) con una persona infectada.
- Si notas algo raro en tu cuerpo o si has tenido sexo sin protección acude al médico inmediatamente.
- La forma más segura de evitar una ITS es no tener relaciones sexuales.

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2. Podcast Script

First Guests

Host: Today we are going to meet some friends who want your help dealing with the pressures they are having around relationships and sex. Please welcome our first guests, Serena and Cristina.

Youth playing Serena and Cristina come up and have a seat facing the audience.

Audience applause.

Host: Serena, what brings you to our show?

Serena reads their first cue card.

Serena 1: Well, I came with my best friend, Cristina, because they are getting pressured by their partner.

Host: Cristina, what were they pressuring you to do?

Cristina reads their first cue card.

Cristina 1: They want me to have sex, but I'm not sure. They said if I loved them I would do it.

Host: Audience, what could happen if Cristina and her partner were to have sex now?

Have audience give advice.

Host: Cristina, does this help you?

Cristina reads their second cue card.

Cristina 2: Yeah, I know that, but I love them. What can I do?

Host: Audience, how could a person show love without having sex?

Have audience give advice.

Host: What could Cristina tell their partner?

Have audience give advice.

Audience applause.

Host: Thank you Serena and Cristina. You've got some ideas and now we're going to give you time to think about them. We will call you back on in a few minutes.

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2. Libreto de podcast

Primeros invitados

Conductor(a): Hoy vamos a conocer a algunos amigos que necesitan su ayuda para manejar las presiones que tienen con relación a sus amigos y al sexo. Por favor, démosles la bienvenida a Serena y a Cristina.

Los jóvenes que hacen el papel de Serena y Cristina suben al escenario y se sientan frente al público.

Aplausos del público.

Conductor(a): Serena, ¿Qué las trajo hoy al programa?

Serena lee su primera tarjeta.

Serena 1: Pues bien, yo vine aquí con mi mejor amiga, Cristina, porque su pareja la está presionando.

Conductor(a): Cristina, ¿Qué te está presionando a hacer?

Cristina lee su primera tarjeta.

Cristina 1: Quiere que tengamos relaciones sexuales, pero no estoy muy segura de eso. Dice que si le amo lo haría.

Conductor(a): ¿Qué pasaría si tuvieran sexo?

El público aconseja.

Conductor(a): Cristina, ¿te sirve esto de ayuda?

Cristina lee su segunda tarjeta.

Cristina 2: Sí, yo sé, pero le quiero. ¿Qué puedo hacer?

Conductor(a): ¿Qué dice el público? ¿Cómo puede una persona demostrar amor sin tener sexo?

El público aconseja.

Conductor(a): ¿Qué le puede decir Cristina a su pareja?

El público aconseja.

Aplausos del público.

Conductor(a): Gracias Serena, gracias Cristina. Ahora que ya tienes algunas ideas vamos a darte tiempo para que lo pienses bien. Les volvemos a llamar en pocos minutos.

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3. Podcast Script

Next Guests

Host: Our next guests have been best friends since the third grade! Please welcome Carl and Hector.

Youth playing Carl and Hector come up and have a seat facing the audience.

Audience applause

Host: Welcome, guys! Tell us about your situation.

Hector reads their first cue card.

Hector 1: Well, a person at school is pressuring me to have sex with them and I don't want to. They leave me notes in my locker and text me all the time. All my friends I hang with say I should go for it. I thought I could count on Carl to give me advice, because of what they just went through.

Host: Carl, what did you just go through? What's Hector talking about?

Carl reads their first cue card.

Carl 1: Well, me and my partner started getting close and I wanted to have sex, but they weren't ready. I really love and want to respect them, so we're going to chill. But I think Hector should go for it.

Host: Carl, you sound like a great partner. You were able to respect the other person's line. But you're telling your friend to go for it. What's up with that?

Carl reads their second cue card.

Carl 2: It's not just me. All our friends say Hector should go for it.

Host: Audience, what could Hector say to the friends who are pressuring them to go for it?

Have audience give advice.

Host: What could happen if Hector goes ahead and has sex even if they don't want to?

Have audience give advice.

Host: We've gotten great advice from the audience. I can't wait to hear what Hector decides to do. But first let's bring back Serena and Christina.

Audience applause.

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3. Libreto de podcast

Próximos invitados

Conductor(a): ¡Nuestros siguientes invitados han sido muy buenos amigos desde el tercer grado! Por favor demos la bienvenida a Carlos y a Héctor.

Los jóvenes que hacen el papel de Carlos y Héctor suben al escenario y se sientan frente al público.

Aplausos del público.

Conductor(a): ¡Bienvenidos, chicos! Cuéntennos su situación.

Héctor lee la primera tarjeta.

Héctor 1: Bueno, lo que pasa es que hay alguien en la escuela que me está presionando a tener sexo y yo no quiero. Me deja notas en mi casillero y me manda mensajes de texto constantemente. Todos mis amigos dicen que debería hacerlo. Yo creía que podía contar con mi mejor amigo Carlos por la experiencia que acaba de tener.

Conductor(a): Carlos, ¿qué fue lo que te pasó? ¿A qué se refiere Héctor?

Carlos lee la primera tarjeta.

Carlos 1: Bueno, mi pareja y yo empezamos a tener una relación más seria y yo quería, ¿tú sabes?, pero mi pareja no estaba lista. Yo en verdad la amo y la respeto, por eso decidimos esperar. Pero pienso que Héctor no debe perder la oportunidad.

Conductor(a): Carlos, me parece que eres una buena pareja, puesto que respetaste el límite de la otra persona. Pero ¿por qué ahora le aconsejas a Héctor que lo haga? ¿Cómo es eso?

Carlos lee la segunda tarjeta.

Carlos 2: No sólo yo. Todas nuestras amistades piensan que Héctor debe hacerlo.

Conductor(a): ¿Qué podría decirle Héctor a sus amistades que le presionan a hacerlo?

El público aconseja.

Conductor(a): ¿Qué pasaría si Héctor lo hiciera cuando en realidad no quiere hacerlo?

El público aconseja.

Conductor(a): Ya hemos escuchado los buenos consejos del público. Estoy impaciente por escuchar la decisión de Héctor. Antes de hacer esto traeremos a Serena y a Cristina otra vez.

Aplausos del público.

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4. Podcast Script

Closing

Host: We talked today about common pressures that teens face regarding relationships and sex. We met two teens who are facing pressures to have sex. They weren't sure what to do.

Bring back Serena and Cristina.

Host: Serena, what do you want to say to your friend about their situation?

Serena reads their second cue card.

Serena 2: Cristina, you're my best friend and I care about you. I have a friend who got HPV from being with only one person. You say you aren't ready, so don't do it. If someone loves you, they will respect your line.

Audience applause.

Host: Cristina, what are you going to do?

Christina reads their third cue card.

Cristina 3: I'm going to talk to my partner and say I love them, but I don't want to have sex.

Host: Hector, so what are you going to do?

Hector reads their second cue card.

Hector 2: I can't let my friends make this decision for me, it's too important. I'm in control. I said I don't want to have sex with this person so I won't.

Audience applause.

Host: Both Cristina and Hector are choosing to draw the line. We wish you both luck. We know you can do it!

Audience applause.

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Podcast Role Cards

Directions: Copy and cut apart the cards.

Director and Applause Card Holder

Read your cue card to start the show. Walk the "Applause" card across when the Host nods at you.

Cue Card Holder

Hold up cue cards for the guests to read.

Carl

Come up on stage when the Host calls you.

Read your cue cards.

Hector

Come up on stage when the Host calls you.

Read your cue cards.

Serena

Come up on stage when the Host calls you.

Read your cue cards.

Christina

Come up on stage when the Host calls you.

Read your cue cards.

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Tarjetas de roles para un programa de discusión

Instrucciones: Haga una fotocopia y corte las tarjetas.

Director y encargado de la tarjeta "Aplausos"

Lee tu tarjeta para iniciar el programa. Pasa mostrando el cartón que dice "Aplausos" cuando el conductor da la señal.

Pasante de tarjetas a los invitados

Sostiene las tarjetas que los invitados van a leer.

Carlos

Sube al escenario cuando el conductor te lo pida. Lee tus tarjetas.

Héctor

Sube al escenario cuando el conductor te lo pida. Lee tus tarjetas.

Serena

Sube al escenario cuando el conductor te lo pida. Lee tus tarjetas.

Cristina

Sube al escenario cuando el conductor te lo pida. Lee tus tarjetas.

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Cue Cards

Directions: Copy and cut apart the cards. Make two sets, one to give to the youth playing the characters and one for the cue card holder. (*Note:* You may wish to enlarge the cards so they can be easily read by the youth playing the guests.)

"Applause"

Director

Ready on 5, 4, 3, 2, 1. Action!

Serena 1

Well, I came with my best friend, Cristina, because they are getting pressured by their partner.

Christina 1

They want me to have sex, but I'm not sure. They said if I loved them I would do it.

Christina 2

Yeah, I know that, but I love them. What can I do?

Hector 1

Well, this person is pressuring me to have sex with them and I don't want to. They leave me notes in my locker and text me all the time. All my friends I hang with say I should go for it. I thought I could count on Carl to give me advice, because of what they just went through.

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6.3

Actividad del maesto(a) 6.3c

Tarjetas de roles para un programa de discusión

Tarjetas

Instrucciones: Haga una fotocopia y corte las tarjetas. Haga dos grupos de tarjetas, uno para los estudiantes que actuarán los roles, y uno para el apuntador. (*Nota:* tal vez las tarjetas puedan hacerse más grandes, para permitir que sean leídas con facilidad).

"Aplausos"

Director

¡Listos a las cinco, cuatro, tres, dos, uno. ¡Acción!

Serena 1

Pues bien, yo vine aquí con mi mejor amiga, Cristina, porque su novio la está presionando.

Cristina 1

Él quiere que tengamos relaciones sexuales, pero no estoy muy segura de eso. Él dice que si lo amo lo haría.

Cristina 2

Sí, yo sé, pero lo quiero. ¿Qué puedo hacer?

Héctor 1

Bueno, lo que pasa es que hay una chica en la escuela que me está presionando a tener sexo con ella y yo no quiero. Me deja notas en mi casillero y me manda textos constantemente. Todos mis amigos me dicen que debería hacerlo. Yo creía que podía contar con mi mejor amigo, Carlos, por la experiencia que acaba de tener.

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Cue Cards

Directions: Copy and cut apart the cards. Make two sets, one to give to the youth playing the characters and one for the cue card holder. (*Note:* You may wish to enlarge the cards so they can be easily read by the youth playing the guests.)

Carl 1

Well, me and my partner started getting close and I wanted to have sex but they weren't ready. I really love and want to respect them, so we're going to chill. But I think Hector should go for it.

Carl 2

It's not just me. All our friends say Hector should go for it.

Serena 2

Cristina, you're my best friend and I care about you. I have a friend who got genital warts from being with only one person. You say you aren't ready, so don't do it. If someone loves you, they will respect your line.

Cristina 3

I'm going to talk to my partner and say I love them, but I don't want to have sex.

Serena 2

Cristina, you're my best friend and I care about you. I have a friend who got genital warts from being with only one person. You say you aren't ready, so don't do it. If someone loves you, they will respect your line.

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Tarjetas

Instrucciones: Haga una fotocopia y corte las tarjetas. Haga dos grupos de tarjetas, uno para los estudiantes que actuarán los roles, y uno para el apuntador. (*Nota:* tal vez las tarjetas puedan hacerse más grandes, para permitir que sean leídas con facilidad).

Carl 1

Bueno, mi pareja y yo empezamos a tener una relación más seria y yo quería, ¿tú sabes qué?, pero no estaba lista. Yo en verdad le amo y le respeto, por eso decidimos esperar. Pero pienso que Héctor no debe perder la oportunidad.

Carl 2

No sólo yo. Todos piensan que Héctor debe hacerlo.

Serena 2

Cristina, tú eres mi mejor amiga y me preocupa lo que te pasa. Tengo una amistad que se agarró verrugas genitales con sólo una vez que estuvo con alguien. Si tú dices que no estás lista, entonces no lo hagas. Si te ama, tendrá que respetar tu límite.

Cristina 3

Voy a hablar con mi pareja, le voy a decir que le amo, pero que no quiero tener sexo.

Serena 2

Yo no puedo dejar que mis amistades decidan por mí, esto es muy importante. Yo tengo que estar en control. Si yo digo que no quiero tener sexo, entonces no lo hago y ya.

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Roleplay 6.4a
(for teacher reference)

6.4a Tarea 6.4a
Marca los límites / Respeta los límites

Cuidado infantil

Instrucciones:
Lee el "Escenario." Completa las líneas en blanco y escribe los consejos que le darías a tu amigo/a para marcar su límite.

Escenario
La persona con quien tu amigo/a está saliendo le pidió a tu amigo/a que le acompañara a donde normalmente va a trabajar de niñero/a. Le dijo algunas cosas que le hacen pensar a tu amigo/a que quiere tener relaciones sexuales. Otras amistades le dicen a tu amigo/a que vaya.

Tu amigo/a: Yo no quiero tener relaciones sexuales. ¿Qué le puedo decir si quiere hacerlo?

Tú: _____

Tu amigo/a: ¿Qué otra cosa le puedo decir?

Tú: _____

Tu amigo/a: ¿Qué otra cosa podemos hacer? Recuerda, tiene que cuidar al niño.

Tú: _____

Libro de trabajo del estudiante | Grados 7

6.4a Roleplay 6.4a
Draw the Line / Respect the Line

Babysitting

Directions:
Read "Setting the Stage." Fill in the blank lines with the advice you would give your friend about how to draw the line.

Setting the Stage
The person your friend is dating asked your friend to come over while they are babysitting. They said a few things that make your friend think they want to have sex. Other friends say your friend should go.

Your Friend: I don't want to have sex. What can I say if they want to do it?

You: _____

Your Friend: What else could I say?

You: _____

Your Friend: What could we do instead? Remember, they have to babysit.

You: _____

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Roleplay 6.4b
(for teacher reference)

6.4b Tarea 6.4b
Marca los límites / Respeta los límites

El parque

Instrucciones:
Lee el "Escenario." Completa las líneas en blanco y escribe las consejos que le darías a tu amigo/a para marcar su límite.

Escenario
Tu amigo/a recibió una invitación de la persona con quien está saliendo, que tiene 17 años de edad, para ir al parque. Esta persona dijo unas cuantas cosas que le hacen pensar a tu amigo/a que quiere tener relaciones sexuales. Otras amistades le dicen a tu amigo/a que vaya.

Tu amigo/a: No quiero tener relaciones sexuales. ¿Qué puedo decirle si lo quiere hacer?
Tú: _____

Tu amigo/a: ¿Qué otra cosa le puedo decir?
Tú: _____

Tu amigo/a: ¿Qué podemos hacer en vez de ir al parque?
Tú: _____

Libro de trabajo del estudiante | Grados 7

6.4b Roleplay 6.4b
Draw the Line / Respect the Line

The Park

Directions:
Read "Setting the Stage." Fill in the blank lines with the advice you would give your friend about how to draw the line.

Setting the Stage
Your friend's 17-year-old date asked your friend to go with them to the park. They said a few things that make your friend think they want to have sex. Other friends say your friend should go.

Your Friend: I don't want to have sex. What can I say if they want to do it?
You: _____

Your Friend: What else could I say?
You: _____

Your Friend: What could we do instead of going to the park?
You: _____

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7 Lesson 7
Making a Commitment

INTRODUCTION

Youth complete a worksheet in which they apply the skills of avoiding risky situations, drawing the line, and respecting someone else's line. The worksheet is completed anonymously to protect their privacy. The teacher answers questions from the anonymous question box.

Purpose Statement for Youth

Today you will have a chance to put it all together.

Objectives

Youth will be able to:

- Determine their personal lines in situations that could lead to sex.
- Use the skills of avoiding risky situations, drawing the line, and respecting someone else's line.

Activities

Activity 7.1:
Plan for the Day

Activity 7.2:
Dicho (Saying) for the Day

Activity 7.3:
Draw the Line/Respect the Line Review

Activity 7.4:
How Do You Draw the Line?

Activity 7.5:
Question Box

Activity 7.6:
Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Write the Dicho or saying of the day on the board or chart paper.
- Review the Plan for the Day.
- Pass back the name tents.
- Review questions from the anonymous question box and prepare to answer them.

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Prepare and/or review the following materials:

- Chart paper, markers and tape
- Chart paper with Steps for Drawing the Line
- ***Draw the Line/Respect the Line* Practice** (Worksheet 7.4)
- Question box with questions

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7.1 Activity 7.1
Plan for the Day

Time
2 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE

1. Say: "Today you will have a chance to put it all together, and to practice everything you've learned one last time."

   Write the Plan for the Day on the board or chart paper:
   - Dicho
   - *Draw the Line/Respect the Line* Review
   - How Do I Draw the Line?
   - Question Box
   - Summary

2. Ask for a volunteer to read the plan. Clarify as needed.

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7.2 Activity 7.2
Dicho/Saying for the Day

Time
3 min

Materials
Dicho

Purpose
To emphasize the importance of thinking about where they draw the line.

What the Teacher Does
Presents the saying of the day. Has youth complete the dicho activity.

What Youth Do
Think about what the dicho means.

PROCEDURE

1. Before class begins, write the dicho on the board or on chart paper so that everyone can see it.

   Dicho: Uno es el arquitecto de su propio destino.
   Saying: A person is the architect of their own destiny.

2. Ask youth to read the dicho silently (or read it aloud to the class).

3. Ask youth who an architect is (someone who plans how a building will look) and what destiny means (someone's future).
   Ask them what this dicho means, now that they've learned about sex, STIs and drawing the line.

4. Tell youth that, in the lessons, they saw how to be more in charge of their own futures or destinies, especially in situations that could lead to sex. Ask how having sex could change a person's destiny (pregnancy, HIV, other STIs, delayed goals).

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7.3 Activity 7.3

Draw the Line/Respect the Line Review

Time
5 min

Materials
Chart paper and markers

Purpose

To review the Steps for Drawing the Line.

What the Teacher Does

Guides a discussion that reviews the key steps for drawing the line and respecting the line.

What Youth Do

Review Steps for Drawing the Line.

PROCEDURE

1. Explain that today they will get one last chance to practice what they have learned in the *Draw the Line/Respect the Line* lessons.
2. Ask youth to tell you what they have learned so far. (If they don't name the Steps for Drawing the Line, ask them to list the steps and give examples.) This review should move quickly.
   Be sure answers include the following steps.
   - Say, "No, I don't…."
   - Use a body that says NO.
   - Change the subject.
   - Walk away if you need to.
3. Post the Steps for Drawing the Line chart as a reminder.

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7.4 Activity 7.4
How Do You Draw the Line?

Time
10 min

Materials
Draw the Line/Respect the Line **Practice** (Worksheet 7.4)

Purpose
To practice the skills of identifying and dealing with situations that could lead to sex, and respecting others' limits.

What the Teacher Does
Describes the activity. Distributes the worksheet. Monitors activity to ensure that youth are on task.

What Youth Do
Complete a worksheet individually.

PROCEDURE

1. Explain that youth will complete a worksheet where they can practice drawing and respecting the line one more time.
2. Have youth turn to ***Draw the Line/Respect the Line*** **Practice** (Worksheet 7.4). Review the worksheet briefly. Emphasize the following points:
   - There are 3 situations on the top of the worksheet. The teacher will read the situations aloud. They should pick one situation and pretend that they are in that situation.
   - Then they will fill out questions 1 and 2 based on the situation they picked. After everyone is done with questions 1 and 2, the teacher will explain questions 3 and 4.
   - The worksheet is **private**. They will not have to share their answers or act out the roleplays as they have in the other lessons.
     They should be as honest and real as they can.

   Check for understanding by having youth review what they will do next. Clarify as needed.
3. Read the first situation and have youth label it "A." Read the second situation and

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have them label it "B." Read the third situation and have them label it "C." Have them circle the letter of the situation they pick, and use that situation to answer questions 1 and 2.

4. Read questions 1 and 2, allowing youth time to answer each before going on the next. Check to see how they are doing.

5. After a few minutes, explain question 3. For question 3, emphasize that they are now the person pressuring someone who says they don't want to go along. Have youth write what they would say or do to respect the other person's line.

6. For question 4, explain that it's now their turn to decide where they draw the line regarding relationships and sex. Tell them there are four categories listed for question 4: (1) hold hands, (2) kiss, (3) touch, (4) have sex. They need to decide where they draw the line regarding these four things. Explain that if they feel ready to do one of these things they should write it above the line in the circle (the "I will" part). If they are not ready to do something, they should put it below the line (in the "I won't" part).

7. Draw the circle on the board and illustrate the process using "holding hands." Check for understanding, and clarify as needed. Emphasize the importance of the activity. Remind youth that this is their chance to really think about where they draw the line at this time in their lives. Tell them to turn their workbooks over when they have finished.

8. Ask why you had them complete this worksheet. Explain that practicing or thinking ahead about what they would say or do in a pressure situation can make it a little easier to handle.

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7.5 Activity 7.5
Question Box

Time
15 min

Materials
Question box with anonymous questions

Purpose
To answer questions from the question box.

What the Teacher Does
Answers questions from the question box.

What Youth Do
Review and summarize key points from answers to the questions.

PROCEDURE
1. Answer the most common and important questions from the question box. Relate answers to prior lesson objectives whenever possible.
2. If there are unanswered questions, let youth know that they can talk with you after class or during office hours.

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7.6 Activity 7.6
Closure

Time
10 min

Materials
None

Purpose
To summarize key points of the lesson.

What the Teacher Does
Facilitates a discussion on key points of the lesson.

What Youth Do
Review and summarize lesson.

PROCEDURE

Lesson Summary

1. Point out that today's lesson involved thinking about where they draw the line, and practicing how to stick with that line. Emphasize that they may also have thought about their feelings and worries when they decided where and how to draw the line.

I Learned Statement

2. On the **"I Learned" Question Sheet** in their workbooks, have youth complete the sentence for Lesson 7: *"One thing I want to remember about the* ***Draw the Line/ Respect the Line*** *lessons is _____."*

Closure

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7.6

Activity 7.6
Closure

3. Ask youth to summarize the purpose of the *Draw the Line/Respect the Line* lessons. Prompt as needed using the following questions:
   - Why is it important to learn and practice ways to draw the line?
   - Why is it important to know where you draw the line ahead of time?
   - How can we show other people that we respect their lines?
4. Review (or write on chart paper and have youth review) that over the past 7 lessons they have:
   - Looked at what happens when people choose to have sex or not have sex.
   - Looked at warning signs and how to get out of risky situations.
   - Reviewed Steps for Drawing the Line.
   - Reviewed when and how to Respect the Line.
   - Learned about STIs—how to prevent them and how to get tested and treated.
   - Had a chance to decide where they draw the line and practice how they can stick with their limits and respect their friends' limits.
5. Close by emphasizing that while it is sometimes difficult to draw the line, particularly when they are with friends and people they like, they have learned skills that can help them stick with their limits and respect the limits of their friends.

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7.4 Worksheet 7.4
(for teacher reference)

6.4b Tarea 6.4b
Marca los límites / Respeta los límites

El parque

Instrucciones:
Lee el "Escenario." Completa las líneas en blanco y escribe los consejos que le darías a tu amigo/a para marcar su límite.

Escenario
Tu amigo/a recibió una invitación de la persona con quien está saliendo, que tiene 17 años de edad, para ir al parque. Esta persona dijo unas cuantas cosas que le hacen pensar a tu amigo/a que quiere tener relaciones sexuales. Otras amistades le dicen a tu amigo/a que vaya.

Tu amigo/a: No quiero tener relaciones sexuales. ¿Qué puedo decirle si lo quiere hacer?

Tú: _____

Tu amigo/a: ¿Qué otra cosa le puedo decir?

Tú: _____

Tu amigo/a: ¿Qué podemos hacer en vez de ir al parque?

Tú: _____

6.4b Roleplay 6.4b
Draw the Line / Respect the Line

The Park

Directions:
Read "Setting the Stage." Fill in the blank lines with the advice you would give your friend about how to draw the line.

Setting the Stage
Your friend's 17-year-old date asked your friend to go with them to the park. They said a few things that make your friend think they want to have sex. Other friends say your friend should go.

Your Friend: I don't want to have sex. What can I say if they want to do it?

You: _____

Your Friend: What else could I say?

You: _____

Your Friend: What could we do instead of going to the park?

You: _____

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"I Learned" Question Sheet

Lesson 1

One thing I want to talk about during the *Draw the Line / Respect the Line* lessons is

_____

_____

Lesson 2

If I crossed my boundary I would feel _____

_____

Lesson 3

A warning sign helps me _____

_____

_____

Lesson 4

My favorite Step for Drawing the Line is _____

because _____

_____

Lesson 5

One important thing I learned about STI is _____

_____

_____

Lesson 6

If my friend is being pressured, I will _____

_____

_____

Lesson 7

One thing I want to remember about the *Draw the Line / Respect the Line* lessons is

_____

_____

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Cuestionario: "Lo que aprendí"

Lección 1

Una de las cosas de las que quiero hablar durante el programa *Marca los límites/ Respeta los límites* es: _____

_____

Lección 2

Si traspaso mis límites me sentiría _____

_____

Lección 3

Una señal de peligro me ayuda a _____

_____

_____

Lección 4

Mi paso favorito del programa *Marca los límites/Respeta los límites* es _____

_____

_____

Lección 5

Una de las cosas más importantes que aprendí sobre las ITS es que _____

_____

_____

Lección 6

Si un amigo o amiga se siente presionado, yo _____

_____

_____

Lección 7

Una de las cosas que quiero recordar sobre el programa *Marca los límites/Respeta los límites* es _____

_____

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Draw the Line Logo

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Logotipo de *Marca los límites*

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J and A

J

J met A at school. A is special, and J really likes A.

J has some friends who are always bragging about sexual stuff they've done or talking about what they want to do. J knows they make some of this stuff up. But J isn't always sure what's true and what isn't.

Lately J's friends have been teasing J. They tell J to get out there and have some sexual experiences so J can "be a grown-up." J definitely has some strong sexual feelings and doesn't want to be the last person in the world to have sex.

But J also wants to be sure to be ready before deciding to have sex. J wants sex to be something special with someone J really cares about. J doesn't want to do it just to prove something to friends.

A

A likes J more than anyone A has ever known.

A's friend L is always telling A to grow up. L shows A how to dress and look good. L tells A to find a nice person for a romantic partner.

L thinks it's smart to have sex because it's a natural part of growing up. Also, L says it's the best way to keep someone interested in you.

A also wants to be sure and feel ready before deciding to have sex. It feels like too much to deal with right now. A knows their parents would be upset if they thought A was having sex. A's not sure what the right thing to do is.

One Day After School

J and P are friends. L is P's partner. J and P go over to L's house after school one day. J is happy to see A there. L's parents aren't home.

P and L disappear into L's bedroom. J and A are alone in the living room. J leans over and kisses A. A kisses J back.

J feels this incredible surge of sexual energy. J wraps their arms around A and they lie down together. J thinks this is probably the most exciting moment in J's entire life.

A likes kissing J. It feels good to be close. A lets J start touching A's body. A feels excited, and A's stomach feels all mixed up from it.

J really likes A. Touching feels great. J wonders if now is the right time to actually have sex, but J also wonders if A might be feeling pressured. Then J thinks, "This must feel as good to A as it does to me. Otherwise, they'd tell me. Right?"

A wonders what J is expecting. A wonders what A's friend L expects. A wants to be close to J, and knows they could have sex right now, but it's not really what A wants.

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J y A

J

J conoció a A en la escuela. Para J, A es alguien súper especial, y por eso le gusta mucho.

J tiene algunas amistades que siempre están hablando de sus conquistas, o de las conquistas que quisieran tener. J sabe que algunas cosas las inventan, pues nunca sabe cuándo están diciendo la verdad y cuándo están diciendo una mentira.

Recientemente sus amistades han estado bromeando con J. Le dijeron que debería salir y tener algunas experiencias sexuales y así "madurar." Naturalmente, J siente deseos sexuales. Y no quiere ser la última persona en el mundo en tener relaciones sexuales.

Sin embargo, J también sabe que todavía no se siente en condiciones de tener sexo, pues quiere que su primera experiencia sexual sea algo especial y con alguien especial. J no quiere hacerlo simplemente por complacer a sus amistades.

A

A A le cae muy bien J, más que cualquier otra persona que haya conocido.

L, quien conoce a A, siempre le dice que debe madurar. L le enseña cómo debe vestirse y verse bien.

Le dice que ya es hora de encontrar a una buena persona que sea su pareja romántica. L cree que es una buena idea tener sexo porque es parte natural del crecimiento. También le dice que es la mejor forma de mantener el interés de alguien.

A todavía no quiere tener sexo. Le parece que es algo muy complicado.

Sabe que sus padres estarían horrorizados con la idea de que A tenga sexo. No sabe qué hacer.

Un día después de la escuela

J y P tienen una amistad. L es la pareja de P. Un día J y P van a la casa de L después de la escuela. J se puso de buenas porque A estaba allí. Los padres de L no estaban en casa.

P y L entran a la recámara de L. J y A están a solas en la sala. J se acerca a A y le da un beso. A le devuelve el beso.

J siente una gran oleada de deseo sexual. Comienza por abrazar a A y luego se acuestan lado a lado. J piensa que este probablemente es el momento más excitante de su vida.

Para A, los besos de J son agradables. Le gusta sentirse cerca de J. A deja que J le acaricie el cuerpo. A siente excitación y tiene una sensación rara en el estómago.

A J le gusta mucho A y tocarse se siente muy bien. J se pregunta si este es el mejor momento para tener sexo, pero también se pregunta si A siente algún tipo de presión. Pero piensa: "A A le debe estar gustando tanto como a mí. Si no fuera así, me lo diría, ¿no?"

A se pone a pensar en qué expectativas tiene J, y también se pone a pensar en las expectativas que L tiene. A quiere sentirse cerca de J, y sabe que podrían tener sexo ahora, pero no cree que es lo que realmente quiere.

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T and M—Take 1

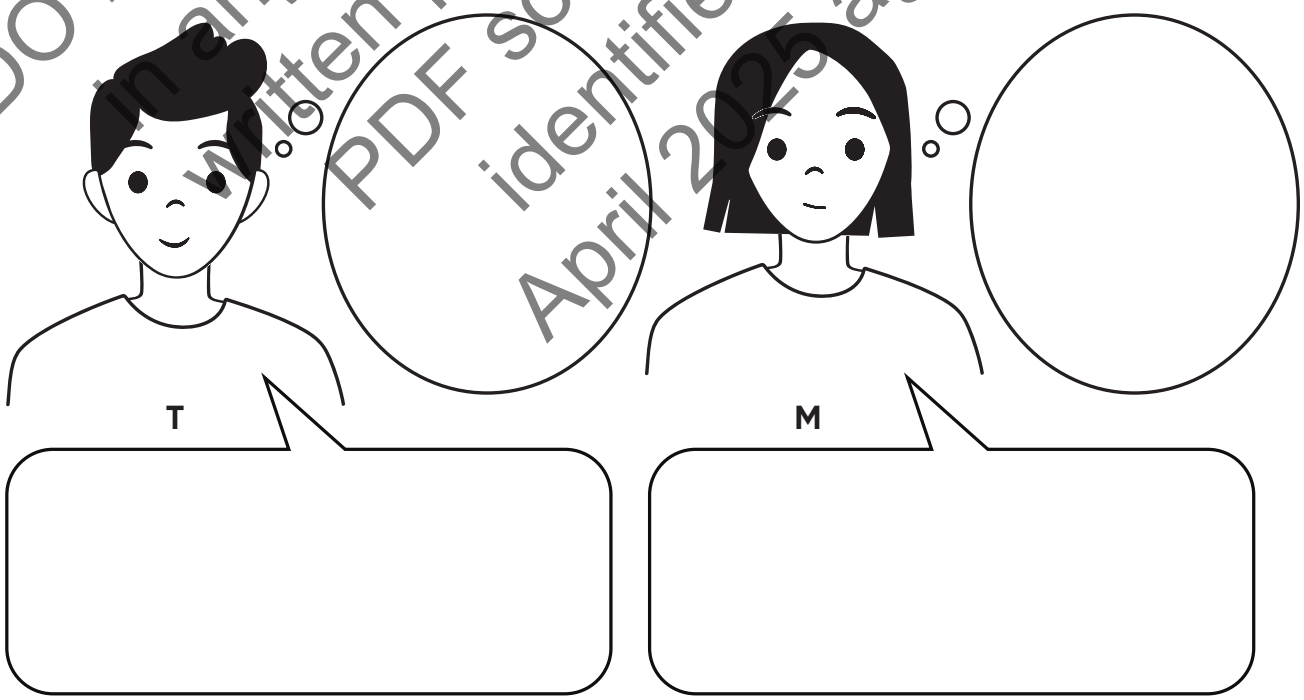
Scene 1: The Next Morning

T wakes up in the morning feeling sick from the alcohol. T remembers what happened last night. What is T thinking?

M wakes up in the morning feeling sick from the alcohol. M remembers what happened last night. What is M thinking?

Scene 2: Two Days Later

T and M meet at school. They haven't talked since Saturday night. What are they thinking? What do they say?



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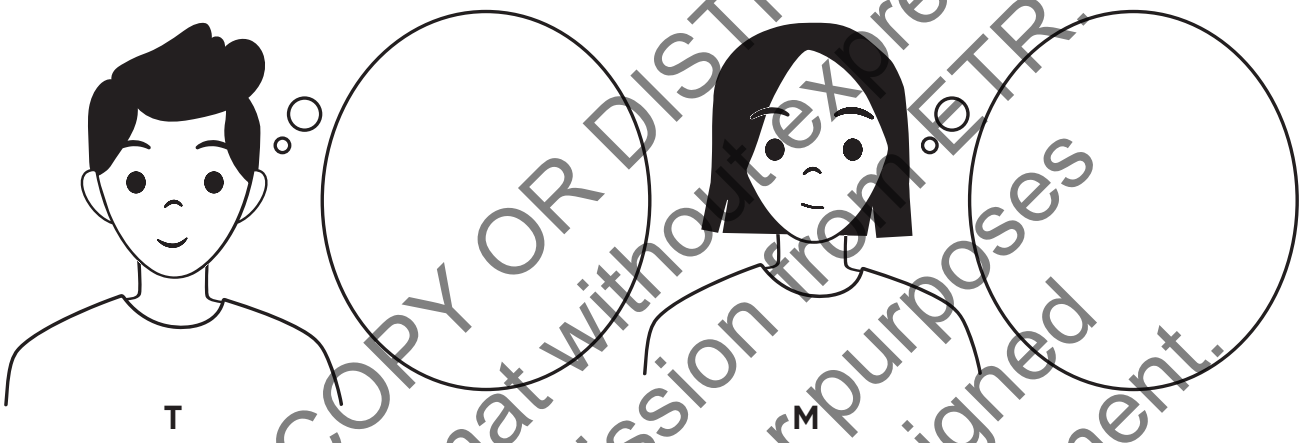
T y M—Toma 1

Escena 1: La mañana siguiente

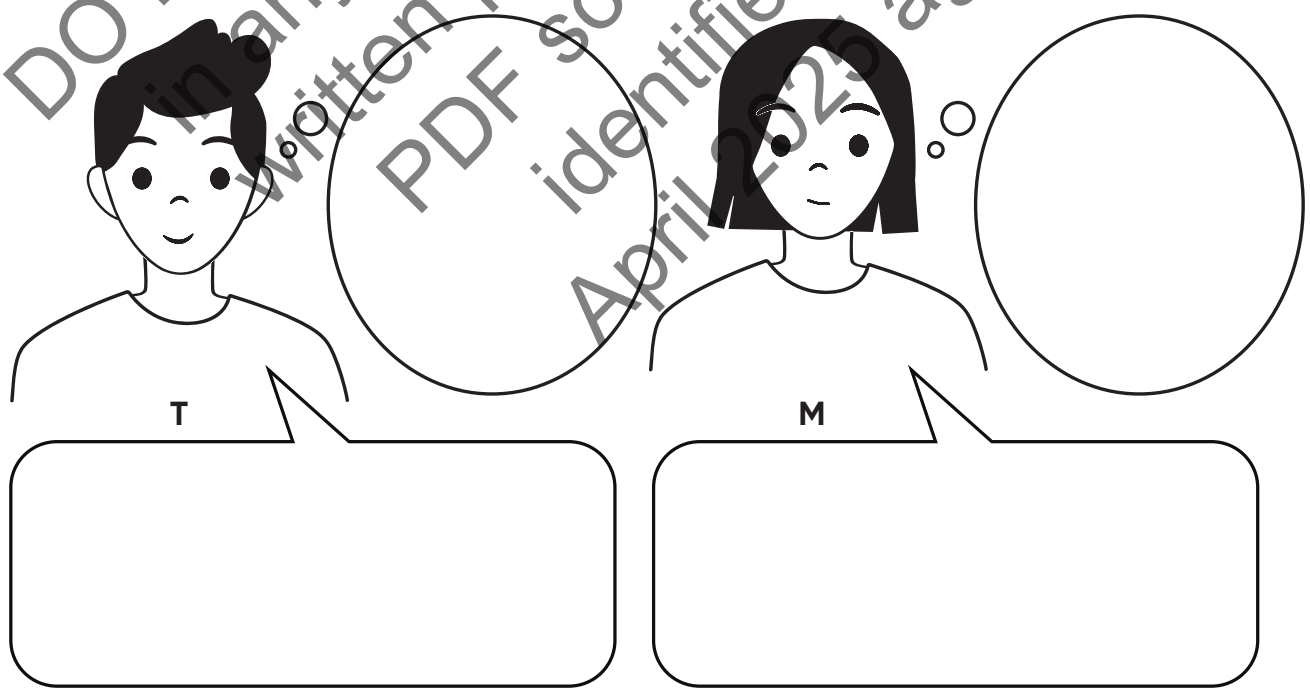
La mañana siguiente, T se siente mal por los efectos del alcohol. Recuerda lo que pasó la noche anterior. ¿Qué está pensando?



La mañana siguiente, M se siente mal por los efectos del alcohol. Recuerda lo que pasó la noche anterior. ¿Qué está pensando?

Escena 2: Dos días después

T y M se encuentran en la escuela. No han hablado desde el sábado en la noche. ¿En qué están pensando? ¿Qué van a decirse?



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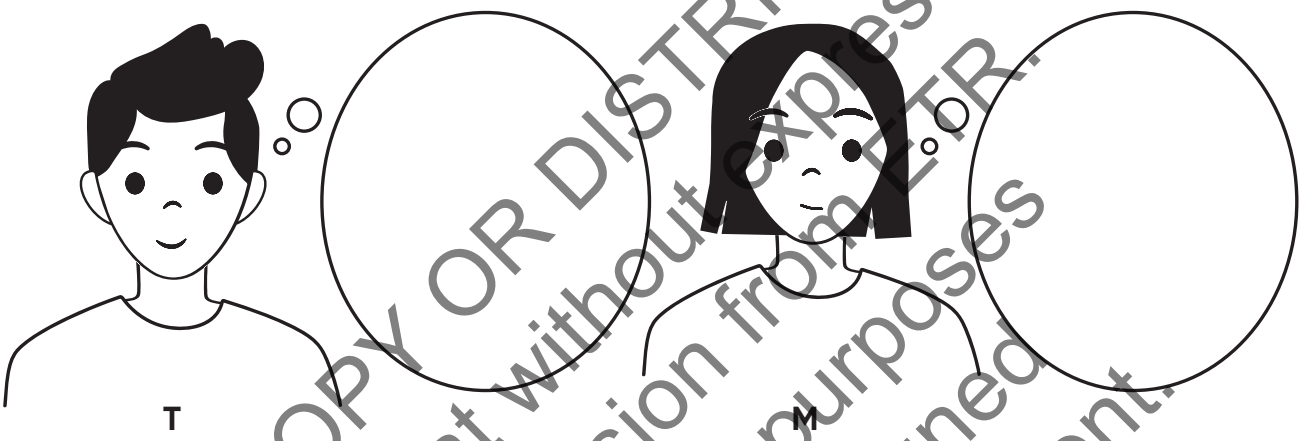
T and M—Take 1 *(continued)*

Scene 3: Three Weeks Later

T is feeling scared. Their period is 3 days late. T worries about being pregnant. T tells M. What are they thinking?



Question

Suppose you were in this situation. Which scene would be most difficult for you?

Scene _____ would be most difficult for me because _____

_____

_____

_____

_____

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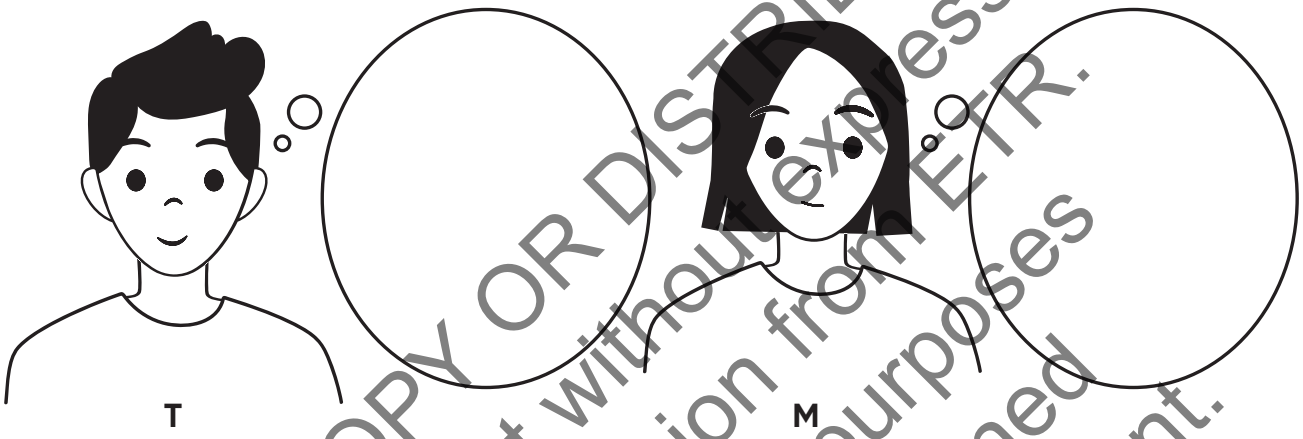
/continued

T y M—Toma 1 *(continuación)*

Escena 3: Tres semanas después

T siente preocupación. Hace tres días le tenía que haber venido su periodo y no deja de preocuparle la idea de estar en embarazo. Se lo cuenta a M. ¿En qué piensan?



Pregunta

Vamos a suponer que tú eres la persona que se encuentra en esta situación. ¿Cuál de las tres escenas te parece la más difícil?

La escena _____ es la más difícil para mí porque _____

_____

_____

_____

_____

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/continúa

T and M—Take 2

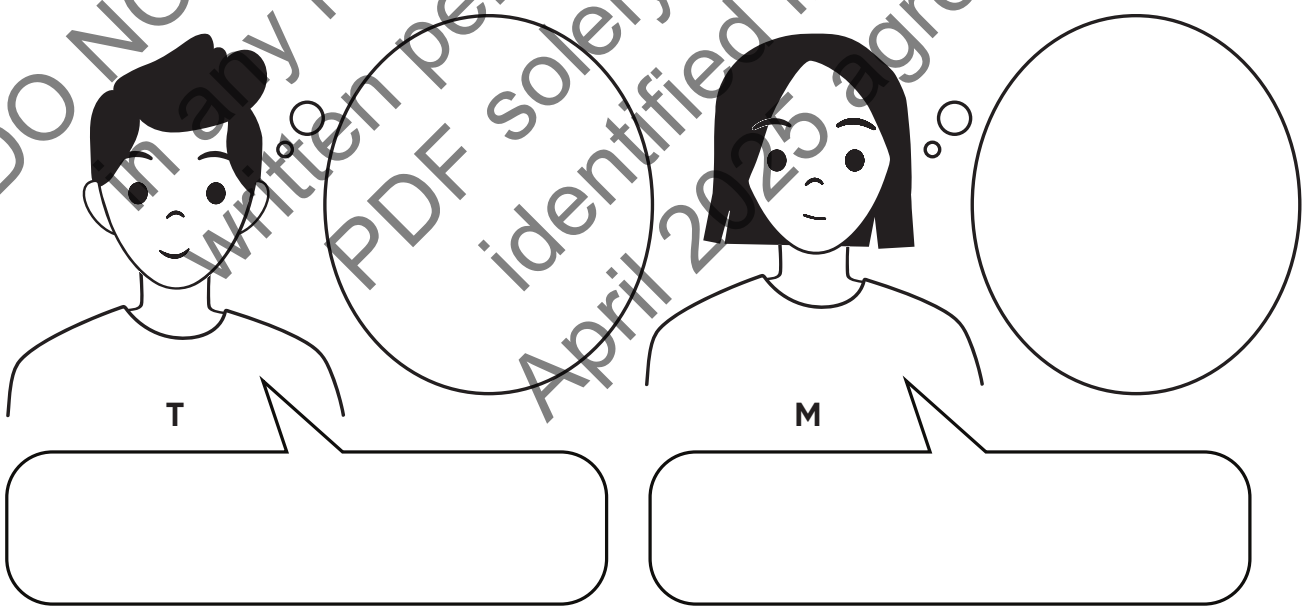
Scene 1: The Next Morning

T wakes up in the morning feeling sick from the alcohol. T remembers what happened last night. What is T thinking?

M wakes up in the morning feeling sick from the alcohol. M remembers what happened last night. What is M thinking?

Scene 2: Two Days Later

T and M meet at school. They haven't talked since Saturday night. What are they thinking? What do they say?



Question

How would Scene 3 change with the new ending? _____

_____

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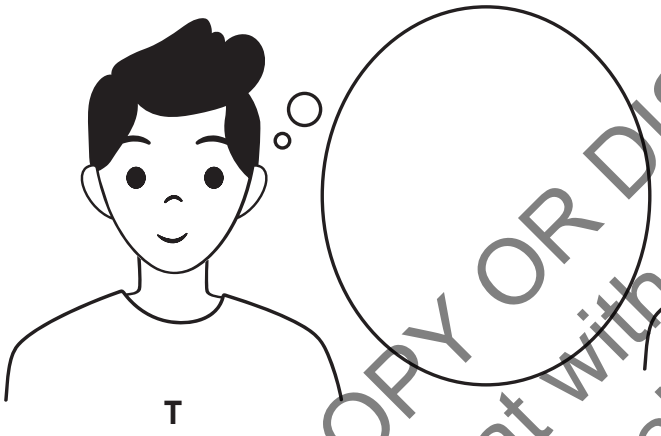
T y M—Toma 2

Escena 1: La mañana siguiente

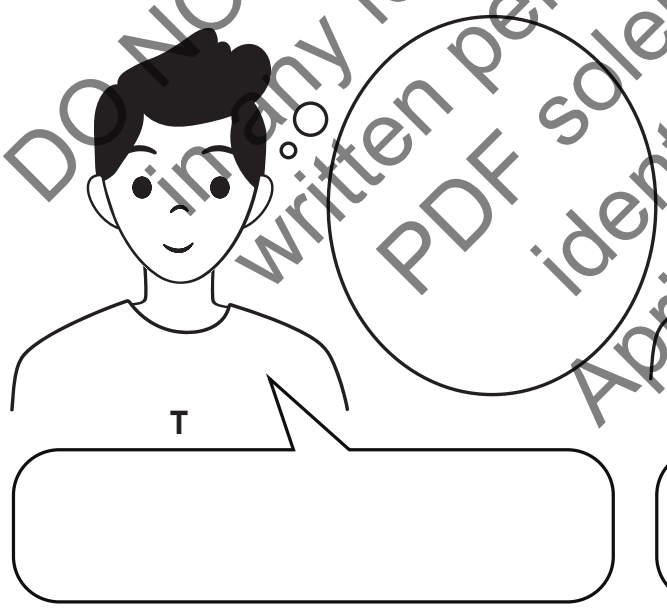
La mañana siguiente, T se siente mal por los efectos del alcohol. Recuerda lo que pasó la noche anterior. ¿Qué está pensando?

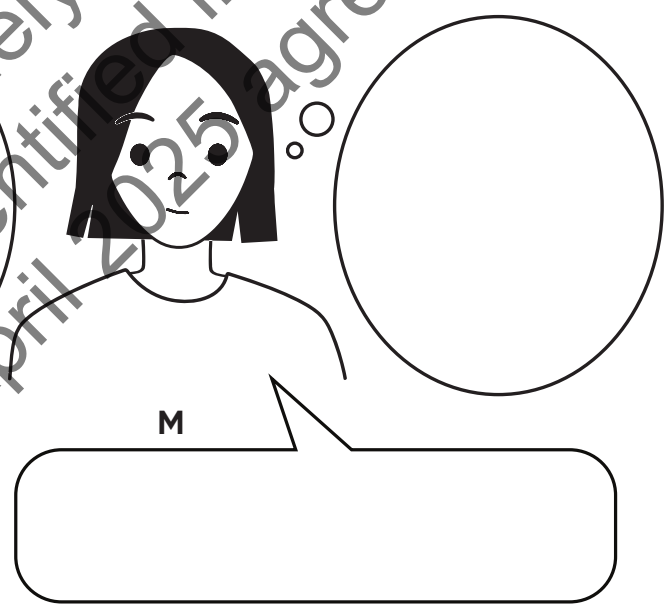


La mañana siguiente, M se siente mal por los efectos del alcohol. Recuerda lo que pasó la noche anterior. ¿Qué está pensando?

Escena 2: Dos días después

T y M se encuentran en la escuela. No han hablado desde el sábado en la noche. ¿En qué están pensando? ¿Qué van a decirse?





Pregunta

¿Cómo cambiaría escena #3 con el nuevo final? _____

_____

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Warning Signs: T and M 1

Directions:

Underline all the warning signs in this part of the story.

Saturday night T told their grandmother they were going to do homework at a friend's house but went to a party with their friend instead. When T got there, the house was a little dark and there were no parents. Music was playing and some kids were dancing. Other kids were drinking some punch that had alcohol in it.

T was feeling uncomfortable and couldn't find their friend, so T had a drink. Just when T was wishing for someone to talk with, M came over.

M and their friends had been talking about having sex. M joined in the talk even though M wasn't ready to do anything. M didn't know many people at the party, so M was happy to see T. M got a drink and offered another one to T. T was unsure, but then took it.

Group Work

With your group, pick one warning sign and write it in the box. Then answer the questions based on the warning sign you picked. Write 5 answers for each question.

Warning Sign: _____

Why might it be hard for T and M to get out of this situation? Write 5 reasons.

_____

_____

_____

_____

_____

What could T or M do or say if they saw this warning sign? Write 5 ideas.

_____

_____

_____

_____

_____

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Señales de peligro: T y M (1)

Instrucciones:

Subraya todas las señales de peligro que encuentres en esta parte de la historia.

La noche del sábado T le dijo a su abuelita que necesitaba hacer la tarea en casa de una amistad, pero en vez de hacer eso se fue con dicha amistad a una fiesta. Cuando T llegó, la casa estaba algo oscura y no estaban los padres. Había música y algunas parejas bailaban abrazadas. Había otros que estaban tomando ponche con alcohol.

T sentía incomodidad porque no podía encontrar a su amistad, así que decidió tomar un trago. Justo cuando estaba deseando que alguien viniera a hablarle, se le acercó M, alguien que T había visto en la escuela.

M y sus amistades habían estado hablando de tener sexo esta noche. M participó en la conversación, aunque sabía que no tenía disposición para hacer nada. No conocía a mucha gente en la fiesta y le dio gusto encontrarse con T. M le ofreció a T un trago, pero T no sabía si quería o no beber, aunque al final aceptó.

Trabajo de grupo

Con tu grupo, escoge una de las señales de peligro y escríbela en el recuadro. Contesta las preguntas usando la señal de peligro que escogieron. Escribe 5 respuestas para cada pregunta.

Señal de peligro: _____

¿Por qué puede ser difícil para T y M salir de esta situación? Escribe 5 razones.

_____

_____

_____

_____

_____

¿Qué podrían T o M hacer o decir si se dieran cuenta de la señal de peligro? Escribe 5 ideas.

_____

_____

_____

_____

_____

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Warning Signs: T and M 2

Directions:

Underline all the warning signs in this part of the story.

M got a drink and offered another one to T. T was unsure, but then took it. M asked T to dance and they began having a good time. Then M saw their friends watching and wanted to impress them. So M started to touch T in ways that felt kind of good, but were also a little embarrassing.

The touching felt good to T too, but, like M, T felt a little embarrassed. T wasn't sure whether they wanted to be touched in that way by M. Both M and T were feeling uncomfortable because everybody was watching. But they were feeling a little woozy from the punch and it was hard to think clearly. T decided that M was special, so let M keep touching.

Group Work

With your group, pick one warning sign and write it in the box. Then answer the questions based on the warning sign you picked. Write 5 answers for each question.

Warning Sign: _____

Why might it be hard for T and M to get out of this situation? Write 5 reasons.

_____

_____

_____

_____

_____

What could T or M do or say if they saw this warning sign? Write 5 ideas.

_____

_____

_____

_____

_____

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Señales de peligro: T y M (2)

Instrucciones:

Subraya todas las señales de peligro que encuentres en esta parte de la historia.

M le ofreció a T un trago, pero T no sabía si quería o no beber, aunque al final aceptó. M invitó a T a bailar y pasaron un buen tiempo. Fue entonces cuando M se dio cuenta de que sus amistades le miraban y quiso impresionarles. M empezó a tocar a T de una manera que se sentía bien pero al mismo tiempo le daba un poco de vergüenza.

A T también le hacía sentir bien la forma en que le tocaba, pero igual que M, sentía algo de vergüenza. T no sabía si quería que M le tocara así. Los dos sentían incomodidad porque todos estaban mirándoles. Además, se sentían un poco mareados por el ponche y se les hacía difícil pensar con claridad. T decidió que M era alguien muy especial y dejó que continuara.

Trabajo de grupo

Con tu grupo, escoge una de las señales de peligro y escríbela en el recuadro. Contesta las preguntas usando la señal de peligro que escogieron. Escribe 5 respuestas para cada pregunta.

Señal de peligro: _____

¿Por qué puede ser difícil para T y M salir de esta situación? Escribe 5 razones.

_____

_____

_____

_____

_____

¿Qué podrían T o M hacer o decir si se dieran cuenta de la señal de peligro? Escribe 5 ideas.

_____

_____

_____

_____

_____

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Warning Signs: T and M 3

Directions:

Soon M's friends were signaling for them to go to the bedroom, so M suggested the idea to T. T wasn't sure whether it was a good idea but liked M and wanted the night to be special, so they went.

M took T's hand and started to go up the stairs. T and M went into the bedroom. Soon they were lying on the bed, kissing and touching. They didn't really talk about having sex. It just happened.

After they did it, T and M found their friends and went home.

Group Work

With your group, pick one warning sign and write it in the box. Then answer the questions based on the warning sign you picked. Write 5 answers for each question.

Warning Sign: _____

Why might it be hard for T and M to get out of this situation? Write 5 reasons.

_____

_____

_____

_____

_____

What could T or M do or say if they saw this warning sign? Write 5 ideas.

_____

_____

_____

_____

_____

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Señales de peligro: T y M (3)

Instrucciones:

Subraya todas las señales de peligro que encuentres en esta parte de la historia.

Pronto, las amistades de M le hacían señas para que se fueran al cuarto, y M se lo sugirió a T, quien no sabía del todo si eso era una buena idea, pero como le gustaba M y quería que esa noche fuera especial, aceptó.

M tomó a T de la mano y se fueron arriba. T y M entraron a la recámara. Pronto estaban en la cama, besándose y tocándose. No hablaron acerca de tener relaciones sexuales. Simplemente sucedió. Después de hacerlo, T y M encontraron a sus amistades y se fueron a sus casas.

Trabajo de grupo

Con tu grupo, escoge una de las señales de peligro y escríbela en el recuadro. Contesta las preguntas usando la señal de peligro que escogieron. Escribe 5 respuestas para cada pregunta.

Señal de peligro: _____

¿Por qué puede ser difícil para T y M salir de esta situación? Escribe 5 razones.

_____

_____

_____

_____

_____

¿Qué podrían T o M hacer o decir si se dieran cuenta de la señal de peligro? Escribe 5 ideas.

_____

_____

_____

_____

_____

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Lesson 3 Family Activity

Directions:

1. Find an adult and read Part A together.
2. Then read Part B and talk about the answer. Write your ideas on the lines in Part B.
3. After you finish, sign the bottom part of this sheet and have the adult you worked with sign it too. Bring it to the next class.

Part A

As part of the *Draw the Line/Respect the Line* program, we read a story today. In the story two eighth graders were pressured into having sex.

Part B

How would their lives change if they got pregnant and had a baby?

_____

_____

_____

_____

_____

Sign Below After Finishing

We talked together to complete this worksheet.

My name: _____
(Please print)

Adult signature: _____

My signature: _____

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Actividad familiar de la lección 3

Instrucciones:

1. Consigue un adulto y lean la Parte A en conjunto.
2. Luego, lean la Parte B juntos y hablen sobre la respuesta. Escribe las ideas en las líneas de la Parte B.
3. Cuando termines, tú y el adulto que te ayudó deben firmar la parte de abajo de esta hoja. Regrésala a la escuela mañana.

Part A

Como parte de la clase del programa *Marca los límites/Respeta los límites*, hoy leímos una historia. En esa historia dos jóvenes del octavo grado fueron presionados a tener sexo.

Part B

¿Cómo cambiarían sus vidas si resultara un embarazo y tuvieran un bebé?

_____
_____
_____
_____
_____

- - - -

After the Movie

Directions:

Read "Setting the Stage." Then fill in the blank lines with how you will draw the line. The first line is already written. You can cross out or change the words in that line if you want.

Setting the Stage

On Saturday you go to a movie with someone you really like. After the movie, you both go to your house because nobody is home. You and your date kiss and hug and start to lie down on the couch. You start to feel uncomfortable and want to stop.

You: No, wait. This is moving too fast.

Your Date: What do you mean?

You: _____

Your Date: I just want to be close to you. This will bring us closer.

You: _____

Your Date: I really like you.

You: _____

Your Date: OK. I'm sorry for pressuring you.

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Después de la película

Instrucciones:

Lee el "Escenario." Completa las líneas en blanco y escribe en qué forma tú marcarías el límite. La primera línea ya está escrita. Si quieres puedes tachar o cambiar las palabras de esa línea.

Escenario

El sábado pasado fuiste al cine con alguien que te gusta mucho. Después de la película ustedes dos se fueron a tu casa porque no había nadie. Se besaron y se abrazaron en el sofá. Comienzas a sentirte incómodo(a) y quieres parar.

Tú: No, espera. Esto va muy rápido.

Tu novio(a): ¿Qué quieres decir con eso?

Tú: _____

Tu novio(a): Yo sólo quiero sentirme más unido(a) a ti. Esto nos va a unir más.

Tú: _____

Tu novio(a): Me gustas mucho.

Tú: _____

Tu novio(a): Está bien. No quería presionarte.

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Your Room

Directions:

Read "Setting the Stage." Then fill in the blank lines with how you will draw the line. The first line is already written. You can cross out or change the words in that line if you want.

Setting the Stage

Your parents are outside. You and a friend who likes you are watching TV. Your friend wants to kiss you and says, "Let's go to your room." You are not ready to kiss this friend.

Friend: Let's go to your room.

You: No, I don't want to.

Friend: I just want to kiss.

You: _____

Friend: But I really like you.

You: _____

Friend: Alright. No problem. I can respect what you want.

You: _____

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Tu cuarto

Instrucciones:

Lee el "Escenario." Completa las líneas en blanco y escribe en qué forma tú marcarías el límite. La primera línea ya está escrita. Si quieres puedes tachar o cambiar las palabras de esa línea.

Escenario

Tus padres no están en casa. Tú y tu amigo(a) a quien le gustas mucho están viendo televisión en tu casa. Esta persona te quiere besar y dice "vamos a tu cuarto." No estás listo(a) para darle un beso.

Amigo(a): Vamos a tu cuarto.

Tú: No, no quiero.

Amigo(a): Sólo quiero que nos besemos.

Tú: _____

Amigo(a): Pero es que me gustas mucho.

Tú: _____

Amigo(a): Está bien. No hay problema. Respeto lo que quieres.

Tú: _____

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STI Quiz

Directions:

Answer each question as best you can.

1. **Do people always know if they have an STI?**
   (Circle 1 answer.) **Yes** **No** **Don't Know**

2. **What are some common symptoms of STI?**

3. **If a person has an STI, where could they go for testing and treatment?**

4. **Can all STIs be cured?** *(Circle 1 answer.)* **Yes** **No** **Don't Know**

5. **What can someone do to prevent an STI?**

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Prueba: Las infecciones de transmisión sexual (ITS)

Instrucciones:

Responde a las preguntas lo mejor que puedas.

1. **¿Siempre se da cuenta la persona cuando tiene una ITS?**
   (Marca con un círculo la respuesta). **Sí No No sé**
2. **¿Cuáles son los síntomas más comunes de una ITS?**

3. **Si una persona tuviera una ITS, ¿a dónde podrías acudir para hacerte una prueba y recibir tratamiento?**

4. **¿Se pueden curar todas las ITS?**
   (Marca con un círculo la respuesta). **Sí No No sé**
5. **¿Qué puede hacer uno mismo para prevenir las ITS?**

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S's Story

S is worried. They and their partner A started having sex 2 months ago. They used condoms at first. But, after a few times, it seemed like a big hassle, so they stopped.

Now S's vulva is itching, and S has noticed a sore there.

S feels embarrassed to talk to anyone about it. But finally decides to call the Centers for Disease Control and Prevention INFO line. S remembers that no one will know they've called the hotline.

Calling the INFO Line

S dials 1-800-232-4636. The person S talks to says that S needs to go to a clinic or see a doctor. They say that if S has an STI, it's important to get it treated right away.

The person on the hotline explains that S could go to a personal doctor, a clinic at school, or a clinic listed at the local health department. There may even be a teen clinic in their town that treats young people with STI.

The teen clinic sounds best to S, so the person on the hotline checks. They give S the phone number and address of the teen clinic.

Going to the Clinic

S calls the clinic and makes an appointment. When S goes to the clinic everyone is nice, which S finds surprising. No one makes S feel ashamed or guilty. They act like they just want S to be healthy and taken care of.

Symptoms of STI

A nurse asks if S has any of the usual symptoms of STI.

These include:

- sores, bumps or blisters near your sex organs, mouth or rectum
- burning or pain when you pee or have a bowel movement
- needing to pee often
- itching around your sex organs
- swelling or redness in your throat
- fever or flu-like symptoms
- swelling in your groin (the area around your sex organs)
- burning or itching around the vagina
- bleeding from the vagina that isn't from a period
- a discharge from the vagina that's an unusual color or smells bad
- a drip or discharge from the penis

/continued

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La historia de S

S siente preocupación pues comenzó a tener relaciones sexuales hace dos meses con su pareja, A. Usaron condones al principio, pero luego les pareció muy complicado y dejaron de usarlos.

Ahora S siente comezón en la vagina y ha notado que tiene una llaga.

S siente vergüenza de hablar con alguien. Finalmente, decide llamar a la Línea Nacional de ITS. S recuerda que las personas que atienden esta línea no piden información personal por lo tanto no sabrán quién llama.

Llamando a la línea

S marca 1-800-232-4636. La persona que contesta le dice que debe ir a una clínica o ir a ver a un médico. También le hace saber que si tiene una ITS es importante que reciba tratamiento de inmediato.

La persona en la línea le explica que puede ir a su propio médico, a la clínica de su escuela, o a una clínica del departamento de salud local. Puede que haya una clínica para adolescentes en su ciudad que trata a los jóvenes con ITS.

A S la clínica para adolescentes le parece la mejor opción, y la persona en la línea le busca el teléfono y la dirección del lugar.

Yendo a la clínica

S llama a la clínica y hace una cita. Cuando llega a la clínica le tratan muy bien, lo cual le sorprende. Nadie le hace sentirse vergüenza ni culpa. Le dan a entender que solo quieren que se cuide y se mantenga saludable.

Síntomas de las ITS

Una enfermera le pregunta a S si tiene alguno de los síntomas usuales de ITS.

Estos incluyen:

- ampollas, llagas, ronchas o bultos cerca de los órganos sexuales, la boca o el recto
- sensación de ardor o dolor al orinar o al defecar
- necesidad de orinar con frecuencia
- comezón o picazón en los órganos sexuales
- hinchazón y enrojecimiento en la garganta
- fiebre o síntomas de flu o gripe
- hinchazón en el área púbica (el área de los órganos sexuales)
- ardor y comezón en la vagina
- sangrando por la vagina que no es durante el período
- flujo vaginal de color extraño o con mal olor
- goteo o descarga por el pene

/continúa

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S's Story *(continued)*

What S Has

It turns out that S has herpes. The thought of having sores grosses S out. S just wants them to go away.

"You can cure this, right?" S asks the nurse.

"We can treat this so the sores go away," the nurse explains. **"But not all STIs can be cured.** This is one of those. The virus that causes the sores stays in your body. This means you might get the sores again. If you do, it will be important for you to come back and be treated again. You can also pass the virus to someone else if you have sex without a condom. But herpes is a common STI and nothing to be ashamed of. We will work together to reduce the number of outbreaks you have."

How People Get an STI

"I guess I got this from having sex," S says.

"Yes," the nurse answers. "People don't get herpes from toilets or towels. It's passed from one person to another through close sexual contact."

"Most STIs pass from one person to another during sexual intercourse," the nurse explains. "That includes vaginal, oral or anal intercourse. But a few STIs, including herpes and HPV (the virus that causes genital warts), can be passed by skin-to-skin contact with the sex organs. That means people can actually get some STIs, such as genital warts or herpes, even if they don't have intercourse."

Preventing STI

"How do I make sure I don't get any more STIs or give this to someone else?" S asks.

"The best way to prevent STI is not to have sex," the nurse says. "This is also the best way to prevent unintended pregnancy."

"But a lot of people want to have sex," S says.

"If you do choose to have sex, always use a latex condom. Condoms help prevent STI. But you have to use one every time you have intercourse or even for oral sex," the nurse answers.

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La historia de S *(continuación)*

Lo que tiene S

Resulta que S tiene herpes. La idea de tener llagas le da asco. Quisiera simplemente que se esfumaran.

"Esto se puede curar, ¿verdad?", le pregunta a la enfermera.

"Podemos controlarlo para que se te quiten las llagas", le dice la enfermera. **"Pero no todas las ITS se pueden curar.** El virus que causa las llagas permanece en tu cuerpo. Quiere decir que las llagas pueden volver. Si vuelven, es importante que te tratemos de nuevo. Puedes contagiarle el virus de las llagas a otra persona si tienes relaciones sexuales sin un condón pero el herpes es una ITS común y no hay nada de lo que avergonzarse. Tú y yo vamos a trabajar en conjunto para reducir los brotes que tengas".

Cómo contraen las personas una ITS

"Esto me pasó por tener sexo ¿no?" le pregunta S.

"Sí," le contesta la enfermera. "No puedes contraer el herpes genital por medio de una toalla o de un excusado. Pasa de una persona a otra por contacto sexual íntimo".

"La mayoría de las ITS se transmiten de una persona a otra durante las relaciones sexuales", le explica la enfermera. "Esto incluye las relaciones vaginales, orales o anales. Pero unas pocas ITS, incluyendo el herpes genital y el VPH (el virus que causa verrugas genitales), se pueden transmitir por contacto piel-con-piel entre los órganos sexuales. Así que la gente puede contraer algunas ITS, por ejemplo las verrugas genitales o el herpes, aunque no haya habido penetración".

Prevención de las ITS

"¿Cómo puedo asegurarme de no contagiarme o no contagiar a otra persona con una ITS?" pregunta S.

"La mejor manera de prevenir las ITS es no tener relaciones sexuales", dice la enfermera.

"Es también la mejor manera de prevenir un embarazo no esperado".

"Pero mucha gente quiere tener y está teniendo relaciones sexuales", dice S.

"Si decides tener sexo, siempre usa un condón de látex. Los condones ayudan a prevenir las ITS. Pero hay que usarlos cada vez que se tienen relaciones sexuales y al tener sexo oral", le contesta la enfermera.

/continúa

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S's Story *(continued)*

Telling A

The visit to the clinic went well, but S isn't finished. They need to talk to A.

It's hard, but S tells A about the STI. A is the only person S has had sex with, so S knows the STI came from A. This means A got the STI from someone else.

A needs to get treated. So does A's ex-partner, who passed the STI to A.

"I'm really sorry about this," A tells S. "I'll go get treated, and I'll talk to my ex-partner too. I sure wish I'd used condoms all the time. It seemed like a hassle, but this is the real hassle."

S's Choice

S thinks a lot about what the nurse said about preventing STI. S decides to talk to A again and explain that they want to stop having sex for now. "This STI thing was scary," S explains. "I still want to be with you. But I want to wait before I have sex again."

S is surprised but glad when A agrees, "Just because we've had sex before doesn't mean we can't wait now. It's important to protect ourselves from STI."

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La historia de S *(continuación)*

Hablando con A

A S le fue bien en la visita a la clínica, pero no había terminado. Todavía tenía que hablar con A.

Le resulta difícil, pero al fin logra hablarle de su ITS. A es la única persona con quien ha tenido relaciones sexuales, de modo que sabe que fue A quien le transmitió la ITS. Esto quiere decir que A lo contrajo de otra persona.

A debe recibir tratamiento. También su expareja, quien le pasó la ITS.

"Siento mucho lo que ha pasado", A le dice a S. "Voy a recibir el tratamiento, y voy a conversar con mi expareja también. De verdad que quisiera haber usado condones todo el tiempo. Pareció algo complicado, pero esto sí es lo verdaderamente complicado".

La decisión de S

S piensa mucho sobre lo que le dijo la enfermera acerca de cómo prevenir las ITS. Decide hablar con A de nuevo y decirle que quiere dejar de tener relaciones sexuales por ahora. "Esta cosa de las ITS me causa mucho temor", le dice. "Todavía quiero estar contigo. Pero quiero esperar un tiempo antes de tener sexo otra vez".

S se sorprendió y se alegró porque A comprendió. "El hecho de haber tenido sexo no significa que no pueda dejar de tenerlo por un tiempo. Es importante protegernos contra las ITS".

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STI Info Homework

Directions:

Review the questions below. Pick one or two questions to research on a website or ask when calling the hotline. Answer Questions 1–3 in Part C after you complete your research. You can work with someone if you would like.

A. **Pick a question, or think of your own.**

- ☐ What are some common symptoms of STI?
- ☐ Can you have an STI even if you don't have sex?
- ☐ What should a person do if they think they have an STI?
- ☐ What is the best way to prevent an STI?

_____

B. **Locate the website or call the hotline. Write the web address or hotline number here:**

_____

C. **After you complete your web research or call the hotline, answer these questions.**

1. Did the website or person you talked with answer your question(s)? *(Circle 1 answer.)* **Yes** **Kind of** **Not Really**
2. What was it like to use the website or call the hotline?

   _____

   _____
3. Would you tell your friends to use this website or call this hotline if they needed information? *(Circle 1 answer.)* **Yes** **No**

CDC-INFO
1-800-232-4636 *Hours:* Every day, 24 hours a day www.cdc.gov/STI

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Tarea de información de las ITS

Instrucciones:

Lee las preguntas que aparecen abajo. Escoge una o dos preguntas que te gustaría hacer cuando llames a la línea. Llama a la línea telefónica y hazles las preguntas. Después de llamar contesta las preguntas 1-3 en la Parte C. Puedes trabajar con un compañero(a). (Los dos deben estar en el teléfono cuando llamen a la línea de información.)

A. **Escoge una o dos preguntas, o haz tus propias preguntas.**

- ☐ ¿Cuáles son los síntomas más comunes de una ITS?
- ☐ ¿Puede uno contagiarse con una ITS sin tener sexo?
- ☐ ¿Qué debe hacer una persona si sospecha tener una ITS?
- ☐ ¿Cuál es la mejor forma de prevenir una ITS?

_____

B. **Llama a la línea telefónica. Escribe el número aquí:**

_____

C. **Después de haber llamado, contesta las siguientes preguntas.**

1. ¿La persona que te atendió supo contestar tus preguntas?
   (Marca con un círculo la respuesta.) **Sí** **Un Poco** **No**

2. ¿Qué se siente al hacer este tipo de llamadas?

   _____

   _____

3. ¿Les aconsejarías a tus amigos que llamen a esta línea telefónica si quisieran obtener información? *(Marca con un círculo la respuesta.)* **Sí** **No**

CDC-INFO
1-800-232-4636 *Hours:* Every day, 24 hours a day www.cdc.gov/STI

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STI Fact Sheet

What Is STI?

STI stands for sexually transmitted infection. A person can get an STI if they have sex with someone else who has an STI.

Common STIs

There are many different kinds of STI. Some of the most common include:

- chlamydia
- gonorrhea
- HPV
- genital herpes
- HIV
- syphilis

How Do People Get STI?

An STI can be passed from one person to another during sex. Some STIs are passed through sexual intercourse (vaginal, oral or anal). Some STIs are passed through close skin-to-skin contact with the genitals.

This means a person can get some kinds of STI even if they haven't had intercourse.

How Do People Know if They Have STI?

People may not know. Sometimes, people have no symptoms. You can't tell by looking at someone whether they have an STI.

When people do have symptoms, these are the most common:

- Rash, bumps, sores or blisters around the penis, vagina, mouth or rectum.
- Burning when they pee.
- Unusual drips and smells from the penis or vagina.
- Itching penis, vagina or rectum.
- Bleeding or pain during sex.

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Hoja de información sobre las ETS

¿Que es una ITS?

ITS es la abreviación de Infecciones de Transmisión Sexual. Una persona puede contraer una ITS si tiene relaciones sexuales con alguien que tiene una ITS.

ITS comunes

Hay diversas ITS. Las más comunes son:

- clamidia
- gonorrea
- VPH
- herpes genital
- VIH
- sífilis

¿Cómo se contrae una ITS?

Una ITS puede transmitirse de una persona a otra durante las relaciones sexuales. Algunas se transmiten durante la penetración (vaginal, oral o anal). Algunas se contraen por medio de contacto íntimo, piel-con-piel entre los genitales.

O sea que una persona puede contraer algunas ITS aunque no haya tenido relaciones sexuales o aunque no hay habido penetración.

¿Cómo sabe uno si tiene una ITS?

A veces las personas no saben. A veces no hay síntomas. Con simplemente mirar, no se puede saber si una persona tiene una ITS.

Cuando hay síntomas, estos son los más comunes:

- Ampollas, llagas, ronchas o bultos cerca del pene, la vagina, la boca o el recto.
- Ardor al orinar.
- Goteo y olor en el pene o la vagina.
- Comezón en el pene, la vagina o el recto.
- Sangrando o dolor durante el acto sexual.

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STI Fact Sheet *(continued)*

Where Can People Get Help if They Think They Have an STI?

If people think they have an STI, they should get checked right away. In most states, teens can get medical care for STI on their own, often for free. They don't need to tell their parents unless they want to.

Teens can go to:

- a health clinic
- a teen or school clinic
- a special STI clinic
- their regular doctor or health care provider

People should get checked if they have symptoms. If they don't have symptoms, but think they might have been exposed to an STI, they should be checked, too.

STI Treatment

Getting treatment is important and being treated as soon as possible is best. Treatments can help the symptoms go away. They can help keep the body healthy.

Some STIs can be cured. Once the disease is cured, a person will not pass it to anyone else.

Some STIs can be treated, but not cured. This means the symptoms might get better, but the person could still pass the infection to someone else.

Avoiding STI

You can make choices so you don't get STI. These are the things you can do:

- **Don't have sex.** This means don't have vaginal, oral or anal intercourse. It also means you should avoid close skin-to-skin contact with someone's genitals.
- **Use condoms.** If you are going to have sex, use a new latex condom every time.
- **Have sex with only one person,** who only has sex with you. This only works if neither of you has an STI. If either of you has had sexual partners in the past, there is always some risk of having an STI. Before having sex, you should both be tested for STIs to be sure.
- **Get a vaccine.** Young people can be vaccinated against HPV (the virus that causes genital warts). The vaccine helps protect you from the most common kinds of HPV including the types that can cause cancer.

Source: www.cdc.gov/STI

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Hoja de información sobre las ETS

(continuación)

¿A dónde se puede ir a recibir ayuda si uno piensa que tiene una ITS?

Si alguien piensa que tiene una ITS, es importante hacerse un chequeo de inmediato. En la mayoría de los estados, los adolescentes pueden recibir, por cuenta propia, atención médica gratis por el tratamiento de las ITS. No necesitan decírselo a sus padres si así lo deciden.

Los adolescentes pueden ir a:

- una clínica de salud
- una clínica para adolescentes, o la clínica de una escuela
- una clínica especializada en ITS
- su médico regular o profesional de salud

Si alguien presenta alguno de estos síntomas, es importante ir a una clínica o centro de salud. Si la persona no presenta síntomas, pero piensa que pudo haber estado expuesta a una ITS, también debe ir al médico.

El tratamiento para las ITS

Recibir tratamiento es importante y tratarse lo antes posible es lo mejor. Los tratamientos ayudan a hacer desaparecer los síntomas. También ayudan a mantenerse sano.

Algunas ITS se pueden curar. Una vez curada la enfermedad, no puede ser transmitida a otra persona.

Algunas ITS pueden ser tratadas o controladas, pero nunca ser curadas o eliminadas para siempre. Es decir, que aunque los síntomas se mejoran, la enfermedad todavía puede ser transmitida a otra persona.

Evitar las ITS

Puedes tomar decisiones para no contraer una ITS. Hay varias cosas que puedes hacer:

- **No tener relaciones sexuales.** Esto quiere decir no tener relaciones sexuales vaginales, orales o anales. También debes evitar contacto íntimo, piel-con-piel con los genitales de otra persona.
- **Usar condones.** Si vas a tener relaciones sexuales, usa un condón de látex nuevo cada vez.
- **Tener sexo con una sola persona,** que sólo tenga sexo contigo. Esto sólo funciona si ninguno de los dos tiene una ITS. Si cualquiera de los dos ha tenido compañeros/as sexuales anteriormente, siempre hay algún riesgo de tener una ITS. Para cerciorarse, ambos deben hacerse análisis de ITS antes de tener relaciones sexuales.
- **Vacunarse.** Los jóvenes pueden recibir la vacuna contra el VPH (el virus que causa las verrugas genitales). La vacuna te protege contra los tipos de VPH más comunes.

Fuente: www.cdc.gov/STI

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Babysitting

Directions:

Read "Setting the Stage." Fill in the blank lines with the advice you would give your friend about how to draw the line.

Setting the Stage

The person your friend is dating asked your friend to come over while they are babysitting. They said a few things that make your friend think they want to have sex. Other friends say your friend should go.

Your Friend: I don't want to have sex. What can I say if they want to do it?

You: _____

Your Friend: What else could I say?

You: _____

Your Friend: What could we do instead? Remember, they have to babysit.

You: _____

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Cuidado infantil

Instrucciones:

Lee el "Escenario." Completa las líneas en blanco y escribe las consejos que le darías a tu amigo/a para marcar su límite.

Escenario

La persona con quien tu amigo/a está saliendo le pidió a tu amigo/a que le acompañara a donde normalmente va a trabajar de niñero/a. Le dijo algunas cosas que le hacen pensar a tu amigo/a que quiere tener relaciones sexuales. Otras amistades le dicen a tu amigo/a que vaya.

Tu amigo/a: Yo no quiero tener relaciones sexuales. ¿Qué le puedo decir si quiere hacerlo?

Tú: _____

Tu amigo/a: ¿Qué otra cosa le puedo decir?

Tú: _____

Tu amigo/a: ¿Qué otra cosa podemos hacer? Recuerda, tiene que cuidar al niño.

Tú: _____

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The Park

Directions:

Read "Setting the Stage." Fill in the blank lines with the advice you would give your friend about how to draw the line.

Setting the Stage

Your friend's 17-year-old date asked your friend to go with them to the park. They said a few things that make your friend think they want to have sex. Other friends say your friend should go.

Your Friend: I don't want to have sex. What can I say if they want to do it?

You: _____

Your Friend: What else could I say?

You: _____

Your Friend: What could we do instead of going to the park?

You: _____

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El parque

Instrucciones:

Lee el "Escenario." Completa las líneas en blanco y escribe las consejos que le darías a tu amigo/a para marcar su límite.

Escenario

Tu amigo/a recibió una invitación de la persona con quien está saliendo, que tiene 17 años de edad, para ir al parque. Esta persona dijo unas cuantas cosas que le hacen pensar a tu amigo/a que quiere tener relaciones sexuales. Otras amistades le dicen a tu amigo/a que vaya.

Tu amigo/a: No quiero tener relaciones sexuales. ¿Qué puedo decirle si lo quiere hacer?

Tú: _____

Tu amigo/a: ¿Qué otra cosa le puedo decir?

Tú: _____

Tu amigo/a: ¿Qué podemos hacer en vez de ir al parque?

Tú: _____

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Draw the Line/Respect the Line Practice

Directions:

Pick one of the situations below and underline the warning signs. Fill out questions 1, 2 and 3 based on that situation. Then answer question 4.

Situation 1: You are at a party with some friends. You go outside with someone you kind of like. That person starts to move toward you for a kiss. You aren't ready to kiss and you feel uneasy.

Situation 2: You are at the movies with someone you really like. You are by yourselves in the back row. During the movie, this person starts to put their hand under your clothes. You're feeling unsure and embarrassed. You don't want to be touched in that way.

Situation 3: You are at a date's house. Nobody else is home. You are watching TV together and start to kiss. Things start to go a little further. You are not comfortable and want to stop.

1. **What could you do to avoid being in that situation?**

_____

_____

_____

2. **Suppose you couldn't avoid the situation. Write what you would say to draw the line.**

Friend: Come on, I really like you.

You: _____

Friend: It'll be OK. I just want to get closer.

You: _____

Friend: OK. That's cool.

/continued

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Práctica de *Marca los límites/Respeta los límites*

Instrucciones:

Escoge una de las siguientes situaciones y subraya las señales de peligro en esa situación. Contesta las preguntas 1, 2 y 3 basado en esa misma situación. Luego contesta la 4.

Situación 1: Estás en una fiesta con varios amigos(as). Sales de la fiesta con alguien que te gusta. Esa persona se te está acercando para darte un beso. Tú no estás listo(a) para besarlo(a) y te sientes inquieto(a).

Situación 2: Estás en el cine con alguien que te gusta mucho. Están solos en los asientos de atrás. Durante la película, esa persona empieza a meter su mano entre tu ropa. Tú te sientes incómodo(a) y avergonzado(a). No quieres que te toquen de esa forma.

Situación 3: Tú estás en la casa de la persona con quien estás saliendo. No hay nadie más en casa. Están viendo la televisión y empiezan a besarse. Las cosas están yendo demasiado lejos. Te sientes incómodo(a) y quieres parar la situación.

1. **¿Qué puedes hacer para evitar caer en esa situación?**

   _____

   _____

   _____

2. **Vamos a suponer que no pudiste evitar caer en esa situación. Escribe en el espacio vacío lo que harías para marcar tus límites.**

   Amigo(a): ¡Vamos! Me gustas mucho.

   Tú: _____

   Amigo(a): Todo va a estar bien. Sólo quiero sentirme más unido(a) a ti.

   Tú: _____

   Amigo(a): Está bien. No hay problema.

/continúa

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Draw the Line/Respect the Line Practice

(continued)

3. **Suppose you were pressuring someone to do the same thing, but the person didn't want to. What could you say or do to respect that person's line?**

_____

_____

_____

4. **Where do you draw your line? Look at the 4 actions below. Write in the circle which ones you will and won't do.**

A. hold hands

B. kiss

C. touch

D. have sex

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Práctica de *Marca los límites/Respeta los límites* *(continuación)*

3. **Vamos a suponer que tú estás presionando a alguien para que haga lo mismo, pero la otra persona no quiere hacerlo. ¿Qué puedes hacer o decir para respetar el límite de la otra persona?**

_____

_____

_____

4. **¿Hasta dónde marcas tu límite? Lee las cuatro acciones que aparecen abajo. Escribe dentro del círculo las cosas que harías y las que no harías.**

A. agarrar la mano

B. besar

C. acariciar

D. tener sexo

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Introduction

Pregnancy and sexually transmitted infections (STIs), including HIV, are continuous challenges for youth in the United States.

Young people often comment that sex "just happened" and wasn't planned. Despite their increased use of the internet and social media, many youth still do not have access to medically accurate education and reliable resources to help them make informed decisions about their health and sexual behaviors. In addition to gaining knowledge about how to prevent pregnancy and STI transmission, youth are empowered through exploring influences that may affect their decisions and learning (e.g., social media, perceived peer norms, or family values) and practicing skills that will help them protect their sexual health.

Draw the Line/Respect the Line teaches young people how to set their own boundaries and helps them build the skills to support a decision to wait to have sex, or to effectively use safer sex practices to reduce their risk of unintended pregnancy, HIV and other STIs if and when they choose to become sexually active.

Curriculum Overview

The *Draw the Line/Respect the Line* curriculum helps youth develop personal sexual limits and practice the skills needed to maintain those limits when challenged. Healthy sexual limits will support youth in preventing HIV, STIs and unintended pregnancy.

This 19-lesson curriculum is designed to be used either by a classroom teacher or trained health educator in the sixth, seventh and eighth grades.

In Grade 6, the emphasis is on situations in which youth may be pressured to steal, use alcohol or tobacco/nicotine products. The 5 lessons feature limit setting and refusal skills in a nonsexual context.

In Grade 7, pressures regarding sexual intercourse are considered. The 7 lessons feature possible outcomes of unprotected sex, information about sexually transmitted infections, and practice in applying refusal skills in a social context.

In Grade 8, the 7 lessons feature an HIV-positive speaker, practice in applying refusal skills in dating contexts, and a condom demonstration.

The curriculum is based on numerous principles:

- **Not having sexual intercourse is the healthiest sexual limit for youth in middle school.** Avoiding sexual intercourse (and the situations that might lead to it) in middle school and beyond protects youth from STIs and unintended pregnancy, as well as from the potentially negative social, emotional and health outcomes of sexual intercourse.
- **Youth can set sexual limits.** Young people often believe sex "just happened," when, in fact, they can decide what their sexual limits are and maintain these limits. The curriculum asks youth to decide on their personal sexual limits and gives them the experience of having a limit and maintaining it in the face of pressure.
- **Youth can be motivated to maintain their limits.** To maintain a sexual limit, a

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Introduction

person must be motivated. The best motivations will be highly personal and meaningful to the individual. The curriculum encourages youth to think about the immediate emotional and personal outcomes of having sex, (e.g., embarrassment, worry, hurt feelings, connectedness) as well as possible long-term outcomes such as pregnancy, HIV and other STIs.

- **Youth will encounter challenges to their limits.** Challenges to sexual limits can take many forms, including coercion, internal desires and peer pressure. -Draw the Line lessons give youth an opportunity to identify and consider how to address situations, pressures and feelings that could affect their ability to maintain sexual limits.
- **Youth can overcome challenges to their limits.** Communication skills and greater self-awareness can help youth overcome many or most challenges to their sexual limits. Their interpersonal skills are developed through the use of roleplays and other skill practice. Lessons also address intrapersonal skills (e.g., self-monitoring, or paying attention to one's own thoughts and feelings) for maintaining sexual limits.
- **Youth who respect the limits of others will be less coercive.** In addition to learning to overcome pressure, the curriculum also helps youth avoid pressuring others. The theme of respecting others' limits is reflected throughout the lessons.
- **Each young person has unique needs.** In any classroom, there will be some youth who have very little sexual experience or knowledge and others who already have been exposed to a great deal, sometimes without their consent. Office hours and an anonymous question box help address the unique problems and circumstances of individual youth.
- **Condom use is essential protection for those who are sexually active.** Because youth who become sexually active at some point in their lives will need the information, the Grade 8 lessons include basic information about condoms, including how to use them.

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Unique Features of the Curriculum

Kirby identified 10 characteristics shared by successful HIV prevention and sexual health education curricula.* Each of these characteristics is true of the *Draw the Line/Respect the Line* curriculum.

1. Narrow focus. *Draw the Line/Respect the Line* has the specific focus of helping youth develop and maintain healthy sexual limits to reduce their risk for HIV, other STIs and unintended pregnancy.

2. Theoretical foundation. The curriculum is based on several social psychological theories, particularly social inoculation theory and social cognitive theory. It also draws on emerging research findings that suggest that youth at highest risk have experienced trauma, including sexual abuse, and that youth often experience coercion in sexual encounters.

Introduction

3. Clear and appropriate messages. The curriculum's primary message is that postponing sexual activity is the best choice for youth in middle school. The program therefore encourages youth to set limits around sexual activity, not have intercourse, and not risk intercourse by getting into situations where sex is possible or tempting. However, because some youth will choose or be coerced into sexual activity, a secondary message of the program is that condoms must be used for intercourse to reduce the risk of HIV, other STIs and unintended pregnancy.

4. Basic, accurate information on possible outcomes of unprotected intercourse and ways to maintain abstinence or use protection to prevent unintended pregnancy and STIs. This curriculum provides basic facts about transmission of HIV and other STIs and information about how to use a condom.

5. Lessons on social pressures that influence sexual behaviors. The curriculum includes lessons that help youth overcome challenges to their sexual boundaries, including pressure from a partner and other possible influences, such as their own physical desires.

6. Modeling and practice of communication and negotiation skills. A major focus of the curriculum is on the development and practice of skills involved in limit setting, including communication of one's limits, the ability to protect those limits, and respecting others' limits.

7. Teaching methods that include youth engagement and help youth personalize the information. The curriculum makes extensive use of small-group discussion, roleplays, stories, games and other approaches designed to engage youth in the learning process and help them connect the learning to their own lives.

8. Behavioral goals, teaching methods and materials appropriate to the age, sexual experience and culture of the youth. The curriculum's basic assumption that postponing sexual activity is the best choice for youth in middle school is a developmentally appropriate goal. The Grade 6 lessons feature skill development related to nonsexual issues because so few youth are sexually experienced at that age. In Grades 7 and 8, skills are practiced in relationship contexts (e.g., at parties or when dating). To enhance appeal and relevancy, the materials are highly interactive and use a story-based approach whenever possible.

9. Sufficient length of time. *Draw the Line/Respect the Line* includes approximately 19 hours of instruction across three grade levels.

10. Supportive and trained educators for program implementation. For the *Draw the Line/Respect the Line* study, family life educators were hired and trained to implement the program. Classroom teachers interested in implementing this program should be skilled in using interactive teaching methods and guiding group discussions, and should be comfortable with the program content.

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In addition to these characteristics, the program is sensitive to the needs of Latinx/é youth. *Draw the Line/Respect the Line* was designed to be implemented in schools with large numbers of Latinx/é youth, and these youth were consulted frequently during development. The youth materials are provided in both English and Spanish because of the large number of schools that have bilingual classrooms.

How the Curriculum Was Developed

***Draw the Line/Respect the Line* was developed as part of a research project funded by the National Institute of Mental Health (MH51515).** In this study, 19 schools were randomly assigned to either receive the curriculum or continue with usual classroom activities regarding HIV, other STIs and pregnancy prevention. Ten schools received the curriculum, provided by specially trained family life/health educators.

Pilot Testing

The researchers and educators involved in this project spent several years developing and pilot testing the curriculum. Youth in focus groups provided information about how young people think and feel about sex, as well as feedback about lesson ideas.

Each lesson activity was tested initially in schools not formally part of the study. Then, various activities were revised, and additional piloting of the lessons occurred. Finally, full sets of lessons for each grade were taught in 10 or more classrooms in another school district and final revisions were made. Youth feedback was used throughout the process to improve the lessons and make them enjoyable.

Evaluation and Results

The evaluation of the curriculum involved surveying youth in the 19 study schools who had received parental consent to participate in the study. Surveys were completed before youth received the program in grade 6, and at the end of grades 7, 8 and 9.

The curriculum was effective in delaying sexual initiation for boys, but not for girls.

Results from the evaluation study:

- Boys who received *Draw the Line/Respect the Line* were significantly less likely than boys in the comparison group to initiate sex, had significantly greater knowledge, perceived fewer peer norms supporting sex, had more positive attitudes toward reasons for not having sex, had stronger sexual limits, and put themselves in fewer situations that could lead to sexual behaviors.
- There were no significant differences for girls, except regarding peer norms. Girls receiving the curriculum perceived fewer peer norms supporting sex than girls in the comparison group.

The surveys indicated that almost 30% of girls in grade 8 in the study had a boyfriend 2

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or more years older, and that these girls were more likely to report having had sex. It's possible that more instruction on the influence of older boyfriends on sexual behaviors, and more skill practice in handling potential power differentials and possible coercion may help improve the results for girls.

Note: For more information about the curriculum and the theories that support it, see: Marin, B. 1999. *Draw the Line/Respect the Line*: A curriculum to prevent sexual risk. In *Psicología al fin del siglo/Psychology at the end of the century.* Invited addresses from the XXX Interamerican Congress of Psychology. Caracas, Venezuela: Interamerican Society of Psychology. Available at website: www.caps.ucsf.edu.

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How to Use the Curriculum

Teaching the Curriculum

This curriculum can be used by either classroom teachers or community-based educators. Each lesson includes:

- an overview of activities
- lesson objectives
- a list of preparatory steps
- approximate time required for each activity
- detailed steps for implementing each activity
- supporting materials (e.g., teacher activity sheets, demonstrations, roleplays, etc.)

The workbook contains all youth activity sheets and roleplays, in both English and Spanish.

Use by Classroom Teachers

Teachers who implement this program should:

- Have knowledge of the content areas covered in the curriculum.
- Be comfortable discussing the material.
- Have experience in using interactive teaching strategies such as roleplaying.

During the evaluation study, this curriculum was taught by trained family life/health educators; however, classroom teachers can implement it themselves.

Classroom teachers have the advantage of being familiar with their students and able to maintain discipline. In some cases, however, seeing the teacher as an authority figure may make it more difficult for youth to freely express their questions or views about sex. Youth also might say things to challenge teachers or make them uncomfortable, just to see their reaction.

It's important for classroom teachers implementing the curriculum to plan how they will react to difficult situations and to be aware of district policies about what can and cannot be said about sex in the classroom.

Use by Outside Educators

Community-based educators who implement this program should also have knowledge of the content areas, be comfortable discussing the content, and have experience using interactive teaching strategies.

To be most effective, educators should plan a pre-implementation meeting with the classroom teacher to discuss logistics and support. They may also want to observe the classroom prior to teaching the curriculum to get to know the youth and how they interact in the classroom. The use of name tents is built into the lessons to help outside educators learn the names of the participating youth.

At the pre-implementation meeting, educator and classroom teacher should:

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- Introduce themselves.
- Confirm implementation dates.
- Clarify policies in their school district as to what parental consent protocols may need to be in place.
- Discuss how the teacher can assist during the sessions.

Classroom teachers can assist outside educators in the following areas:

- Maintaining discipline in the classroom. Ask the teacher for a copy of the classroom agreements.
- Participating in roleplays. Give or show the teacher copies of the roleplays. These roleplays are models for
- the youth and are best presented by two adults.
- Offering credit for completing parent-child homework activities. Because enhancing parent-child communication is one of the goals of this curriculum, there are some homework activities in which youth are asked to talk with their parents or another trusted adult. Ask the teacher to offer classroom credit or points for completing the homework activities, or to utilize some other type of reward system to encourage completion of the homework.
- Reinforcing the messages of the curriculum. Classroom teachers can enhance the potential impact of the program by asking youth about what they've learned and reinforcing curriculum messages between lessons, if the lessons are not consecutive, or after the lessons have been completed.

Encourage the teacher to watch for incidents in which youth are faced with drawing the line and to take advantage of these teachable moments to introduce discussion about setting limits and factors that can make it difficult.

(Note: ETR trained the educators who implemented the curriculum during the evaluation study. Schools or agencies interested in training for this program can find out more or contact a training specialist at www.etr.org/ebi/training-ta.)

Answering Questions

Youth may have potentially sensitive questions regarding the topics covered in the curriculum. Two different approaches were used in the evaluation study to provide youth with an avenue for asking individual questions—office hours and anonymous questions.

Office Hours

During the evaluation study, health educators offered office hours during which they were available after class for discussion, questions, skill practice and/or referrals. Office hours were held during lunchtime once or twice a week, either in an office or in the schoolyard. Office hours were available during the time the program was taught and for a few weeks following.

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How to Use the Curriculum

Office hours may be difficult to implement due to logistics and/or lack of resources, but schools and agencies that can use this approach will provide youth with more support and greater opportunities to connect with caring adults who can help them address important issues in a safe environment.

Using a consistent office site that is not associated with discipline (e.g., detention) is best. During the evaluation study most youth came to office hours in pairs or small groups.

A variety of methods can be used to create an environment that fosters dialogue and allows youth to feel safe:

- **Providing games, such as cards, chess or dominos.** While playing games, youth frequently asked questions or engaged the educator in conversations that dealt with the curriculum topics.
- **Answering anonymous questions in small groups.** The small groups either compiled the anonymous questions or previously asked questions were used.
- **Offering special topic days, such as navigating social influences**, is a way to offer an opportunity to youth who might be uncomfortable asking a question in a large group.
- **Educators circulating on the campus.** Talking one on one or in small groups offers access to a greater number of youth.

Issues that commonly emerge during office hours may include school issues, questions on relationships, sexuality, gender identity, methods of protection, and processing reactions to hearing stories from those who are living with HIV. Some youth may disclose more serious situations such as abuse or suicidal behavior. Anyone teaching the program should be aware of the school's mandated reporting policies before beginning to teach the curriculum.

Anonymous Questions

The seventh and eighth grade lessons make use of a question box. The anonymous question technique allows youth to ask sensitive questions they might not ask otherwise because of embarrassment or fear of being perceived as too naive or too experienced.

To formalize the anonymous question process, the curriculum includes opportunities for youth to write questions at the end of selected lessons. During these lessons, everyone in the class is given a 3" x 5" card or scrap paper and asked to write a question about the material being covered in the curriculum.

If youth do not have a question they can simply write "hello" on the card. This preserves anonymity because it isn't obvious who is writing a question. Educators or teachers should collect the cards, screen the questions, and prepare answers.

Questions can be addressed in the following ways:

- Questions that relate to specific lesson topics (e.g., STIs) can be held for the day of the topic.
- If a question pertains to information that has already been presented, turn the question back to the youth and have them answer it as a review.

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How to Use the Curriculum

- Time for addressing anonymous questions is most typically included at the end of lessons. But some educators may choose to begin a lesson by addressing questions.
- Accept all questions. Questions that are too explicit or graphic can be reframed to address the underlying issue.
- Questions about the educator's personal life should not be answered.

Adapting the Curriculum for Differing Learning Abilities

Youth with differing learning abilities and youth who are bilingual or English Language Learners are often overlooked in prevention programs. Draw the Line/Respect the Line has been taught extensively to youth with diverse needs. The following suggestions and adjustments can be made to make the lessons more appropriate for youth with special needs.

Key Modifications

The key modification for youth with differing learning abilities is to reduce the focus to a few simple concepts. In the evaluation study some writing activities were shortened or eliminated. Educators also repeated information more often and increased use of visuals. Worksheets can be completed as a whole group, instead of individually. If two teachers are available, the class can be divided into two small groups.

Bilingual Classrooms

***Draw the Line/Respect* the Line was evaluated in ethnically diverse schools.** The curriculum was taught in bilingual and monolingual Spanish classes, and in English Language Development classes that combined multiple languages (i.e., Vietnamese, Tagalog, Hmong, Chinese, Korean and Spanish). One class was conducted in sign language. All worksheets and key visual aids were developed in English and Spanish.

One key modification for these classes is to slow the lesson pacing, using translation from teachers and/or aides as needed. In some cases, scenarios may need to be modified for youth who have limited exposure to refusal skills and prevention topics.

Another useful technique is to group youth who need translation at one or more tables, limiting the group size to 5 or fewer, and assigning a teacher's aide or volunteer to sit at the table to translate. Youth who are English Language Learners should be encouraged to participate in the discussions in their native language through translators, or in English. Youth also should be encouraged to write and act out roleplays in their native languages.

Other Adaptations

Program facilitators are encouraged to make minor adaptations (also referred to as

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"green light" adaptations) to optimize the program for the youth 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 (e.g. adapting names, scenarios, etc.) 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 dating violence or online sexual harassment.

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 a project officer or 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 this curriculum can be found at *https://www.etr.org/ebi/programs/draw-the-line* 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.

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Securing Parent Notification and Permission

It's essential to inform parents and guardians regarding the nature and scheduling of the *Draw the Line/Respect the Line* program. Requirements for parent notification vary by local school district and state. Review school district policies and follow established procedures.

A "passive permission" letter that can be modified and used by a school is provided on pages 9–10. The letter should be printed on school letterhead and include the principal's signature.

A parent preview night should be planned to give parents an opportunity to see the curriculum materials and meet the teachers. During the meeting, parents should receive a copy of the lesson outline for the grade their child is in (see pages 11–14[SS2]) and be given an opportunity to experience some of the learning activities, if possible. Parent-child homework assignments also should be described and the value of completing these assignments should be emphasized.

Videos

During the evaluation study, a few of the seventh- and eighth- grade lessons were

augmented with videos or video clips.

- **Grade 7** used a video in Lesson 1 that showed young people discussing pressures middle school youth face and what makes it difficult to resist these pressures. A video about STI was used in Lesson 5.
- **Grade 8** used a video in Lesson 1 that featured interviews with young people living with HIV to help personalize the motivation for drawing the line in sexual situations. A video that includes a personal story from a person living with HIV can also be used in Lesson 5, if a speaker is not available.

When selecting a video to engage youth in discussion, be sure to choose one created within the last 5 years. A list of suggested videos can be found at *https://www.etr.org/ebi/programs/draw-the-line.*

Using Same-Gender or Mixed-Gender Groups

In the original evaluation, certain activities in this curriculum made use of same-gender groups (all boys or all girls), Creating a classroom environment of inclusivity will increase comfort and the ability to honestly reflect and share in group settings. This comfort is imperative to youth being able to successfully build the skills, knowledge and positive attitudes needed to set personal limits and protect themselves from pregnancy, HIV and other STIs. While some young people may feel more comfortable or be able to be more honest when discussing sexuality-related issues in single-gender groups, we do not recommend dividing the class in this way, as it can cause trauma for transgender, gender non-conforming, and non-binary youth.

Rather, we suggest building a safe and inclusive environment in which all youth feel affirmed and included in the lessons. The use of integrated, mixed-gender groups is considered best practice for current-day classrooms and youth groups,* and is something sexuality educators are trained to facilitate. Use of mixed-gender groups can help promote gender equity, build understanding of different perspectives, and increase inclusivity for transgender, gender nonconforming, and non-binary youth.

Educators should weigh these considerations with their knowledge of their particular group's maturity and comfort levels when teaching activities that call for same-gender grouping of youth.

- If same-gender groups are kept, the educator should be sensitive to any youth who may be transgender, gender non-conforming, or non-binary. Youth must be allowed to choose which group they want to work with, or the educator can set up at least one mixed-gender group that can brainstorm or practice roleplays from the perspective of all genders.
- Changing the activity set-up to incorporate mixed-gender groups is considered a minor adaptation that can promote greater understanding and inclusivity, as long as youth feel comfortable within the groups and are willing to share and participate.

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Sample Notification Letter

(on District or School Letterhead)

Dear Family:

This year, your child will be offered a program called Draw the Line/Respect the Line. This program helps young people learn ways to prevent HIV infection, other sexually transmitted infections (STIs), and unintended pregnancy. The lessons emphasize that choosing not to have sex is the safest choice.

In sixth grade, there will be 5 lessons. The lessons do not directly talk about sexual behavior. They focus on peer pressure and how to resist it. In both seventh and eighth grades, there will be 7 lessons that will cover ways to resist pressure to have sex, including refusal skills practice. Communication and decision-making skills will also be taught.

The Draw the Line/Respect the Line program includes several homework activities to help parents and children talk about personal limits. We hope you will work with your child on these. This homework is voluntary, and parents' answers will not be shared in class.

You are welcome to preview the *Draw the Line/Respect the Line* materials. Please contact _____ at the school, and we will arrange a preview time and answer any questions you may have about the program.

Your child may be excused from any part of this program.

If you do NOT want your child to take part in any portion of this program, you must fill out the form at the end of this letter and return it to school by _____. We will arrange a different learning activity for your child.

If we do not hear from you, we will assume you allow your child to take part in the Draw the Line/Respect the Line program.

Sincerely,

Principal

- - - -

Sample Notification Letter (Spanish)

Estimada familia:

Este año, a su hijo o hija le ofrecerán en la escuela un programa que se llama Marca los límites/ Respeta los límites. Este programa enseña diferentes maneras de prevenir la infección con el VIH, otras enfermedades de transmisión sexual, y el embarazo. El mensaje principal de estas lecciones es que la mejor decisión es no tener relaciones sexuales.

En el sexto grado, los estudiantes reciben 5 lecciones. Estas lecciones no tratan directamente el tema de la conducta sexual sino la presión que pueden estar recibiendo de los amigos y cómo resistir estas presiones. En los grados 7 y 8, los estudiantes reciben 7 lecciones. Los estudiantes aprenderán y practicarán maneras de resistir las presiones para tener relaciones sexuales. También aprenden diferentes maneras de comunicarse.

El programa Marca los límites/Respeta los límites incluye varias tareas que ayudan a padres e hijos a conversar acerca de límites personales. Esperamos que la familia pueda ayudar a su hijo/hija con estas actividades. Estas tareas son voluntarias y los estudiantes no comparten las respuestas de sus padres con el resto de la clase.

Ustedes pueden revisar los materiales del programa. Favor de contactar a _____ _____ en la escuela para arreglar una cita para mostrar los materiales y contestar cualquier pregunta o dudas que ustedes tengan.

Todos los estudiantes tienen derecho a no participar en el programa.

Si ustedes NO quieren que su estudiante participe en el programa, llenen el formulario que aparece al final de esta carta y devuélvanlo a la escuela antes del _____. Arreglaremos otra actividad para su hijo/hija.

Si ustedes no llenan o no envían el formulario, entenderemos que su hijo/hija puede participar en el programa Marca los límites/Respeta los límites.

Cordialmente,

Director(a)

_ _

Yo, NO doy permiso para que mi hijo/hija _____ participe en el programa Marca los límites/Respeta los límites. Entiendo que durante ese tiempo podrá participar en otra actividad.

Firma: _____ Fecha: _____

Nota: No es necesario devolver este formulario si ustedes desean que su hijo/hija participe en el programa.

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Lesson Outline: Grade 8

The goal of Draw the Line/Respect the Line is to provide youth with knowledge and skills critical to prevent HIV, other sexually transmitted infections (STIs), and unintended pregnancy. The eighth-grade curriculum includes 7 lessons that address determining personal limits and the reasons for those limits; identifying situations that could challenge a limit; and practicing strategies to handle those situations.

Lesson 1: HIV and Teens

Youth read the personal story of a young woman living with HIV. They then make personal promises about how they will draw the line to reduce their risk for HIV, other STIs and unintended pregnancy.

Lesson 2: Draw the Line Challenge

Youth participate in the Draw the Line Challenge Game designed to review and present important information about how to prevent HIV and other STIs.

Lesson 3: Difficult Moments

Youth examine difficult moments and discuss emotions, situations or thoughts that can make it hard to stick with their limits.

Lesson 4: Sticking to Your Limit

Youth review and use roleplays to practice ways to stick with their limits. They complete a worksheet and write questions for the speaker living with HIV to address during the next lesson.

Lesson 5: Living with HIV

A guest speaker shares experiences living with HIV (or youth watch a video featuring someone living with HIV). A question-and- answer period follows the speaker's presentation or video. Youth examine how their feelings and attitudes have changed as a result of the presentation by completing a homework assignment.

Lesson 6: Reduce Your Risk

Youth discuss which methods are effective for preventing HIV, other STIs and pregnancy. The teacher demonstrates the proper use of external condoms and reviews important facts about condoms. Youth work in small groups to identify "dos and don'ts" of condom use.

Lesson 7: Staying Safe

Youth identify an image that can help them stick to their limit when they are tempted to cross the line. They also evaluate their personal limit with respect to how much it will protect them from HIV, other STIs and pregnancy.

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Resumen de las lecciones del Grado 8

El propósito del programa Marca los límites/Respeta los límites es ofrecer a los jóvenes el conocimiento y habilidades necesarias para evitar el VIH, otras enfermedades de transmisión sexual (ITS) y el embarazo. Los objetivos de las siete lecciones del octavo grado son: establecer límites personales, y las razones para esos límites; identificar situaciones que podrían desafiar un límite; y practicar estrategias para manejar tales situaciones.

Lección 1: El VIH y los adolescentes

Los jóvenes leen la historia de una mujer joven afectada por el VIH/SIDA. Hacen promesas personales sobre cómo establecerían límites para reducir el riesgo de tener el VIH, otras ITS o un embarazo involuntario.

Lección 2: Desafío de marca los límites

Los jóvenes participan en un juego designado para repasar y presentar importante información sobre cómo evitar el VIH y otras ITS.

Lección 3: Momentos difíciles

Los jóvenes examinan momentos difíciles y hablan sobre emociones, situaciones o pensamientos que pueden hacer difícil mantener sus límites.

Lección 4: Manteniendo tus límites

Los jóvenes repasan y usan dramatizaciones para practicar maneras de mantenerse en sus límites. Completan una hoja de trabajo y preparan preguntas para una persona con VIH que vendrá para hablar durante la próxima lección.

Lección 5: Conversación con una persona que tiene el VIH

Una persona invitada comparte la experiencia de vivir con el VIH. Después de su presentación, hay un tiempo para preguntas y respuestas. Los jóvenes completan una tarea, examinando cómo sus sentimientos y actitudes han cambiado como resultado de la presentación.

Lección 6: Reduce tu riesgo

Los jóvenes dialogan sobre cuáles métodos de protección son efectivos para evitar el VIH, otras ITS y el embarazo. El maestro demuestra el uso apropiado de los condones y ofrece importante información sobre ellos. Los jóvenes trabajan en pequeños grupos con compañeros del mismo sexo para identificar cosas que deben y que no deben hacerse al usar un condón.

Lección 7: Mantenerse seguros

Los jóvenes identifican una imagen que les puede ayudar a mantenerse en sus límites cuando tienen la tentación de cruzarlos. Además evalúan si sus límites personales les protegerán contra el VIH, otras ITS y el embarazo.

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1 Lesson 1
HIV and Teens

INTRODUCTION
Youth read and discuss the story of a young woman who is living with HIV. They then make personal promises on how they will draw the line to reduce their risk for HIV, other STIs and unintended pregnancy. They prepare for the upcoming lessons.

Purpose Statement for Youth
Today we will focus on how HIV impacts people, and how you can draw the line to prevent or protect yourselves from HIV, other STIs and unintended pregnancy.

Objectives
Youth will be able to:
- Describe the impact of living with HIV.
- Make personal promises on where they draw the line to reduce their risk of HIV, other STIs and unintended pregnancy.

Activities
Activity 1.1:
Introduction and Class Agreements

Activity 1.2:
Teens and HIV

Activity 1.3:
What's in It for You?

Activity 1.4:
Closure and Homework

Before the Lesson
- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Staple a small envelope to each name tent.
- Review the Plan for the Day.

Prepare and/or review the following materials:
- Chart paper, markers and tape
- Paper plates—1 for each youth
- Blank 3" x 5" cards—1 for each youth
- Name tents with a small envelope stapled

/continued

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inside

- **"I Learned" Question Sheet**
- **My Story** (Worksheet 1.2)
- ***Draw the Line* Logo**—copy to chart paper or a transparency
- **HIV Fact Sheet** (Worksheet 1.4)

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1.1 Activity 1.1
Introduction and Class Agreements

Time
8 min

Materials
Chart paper and markers
Name tents

Purpose
To review the group agreements and prepare name tents.

What the Teacher Does
Has youth review agreements and create name tents.

What Youth Do
Review group agreements. Create name tents.

PROCEDURE

Overview

1. Introduce yourself (if necessary) and introduce the *Draw the Line/Respect the Line* program. Ask youth to indicate by a show of hands if any of them have learned about drawing the line before. Make the following points:
   - We will have 7 lessons about drawing the line this year.
   - We will look at the facts about HIV and other STIs and you will learn about personal boundaries. We will also learn how to ask for consent and respect other people's boundaries.
2. Provide a quick review of what youth will do in the *Draw the Line/Respect the Line* lessons:
   - Play a game to learn more about HIV and other STIs.
   - Offer advice about drawing the line to a teen couple.
   - Roleplay to practice drawing the line.
   - Hear stories about living with HIV.
   - Learn more about condoms.
   - Have a chance to think about how they draw the line.

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Class Agreements

3. Explain that it's important to have an environment where it's comfortable for everyone to participate during the ***Draw the Line/Respect the Line*** lessons. Ask which agreements are most important for making it comfortable to talk about relationships, sex, HIV and other STIs. Write responses on the board or chart paper.

4. Select a core set of agreements and copy them to chart paper. Add the following concepts if they are not included on the list:
   - Respect each other.
   - Listen.
   - Speak one at a time.
   - Ask any question.
   - It's OK to pass.
   - Keep confidentiality.

5. Discuss mandated reporting as part of confidentiality. Explain that there are some things you have to report if someone tells you, even if they tell you in confidence. For example, if they report that someone is hurting them physically or sexually abusing them you are required by law to report it to the proper officials.

Youth Name Tents

6. Distribute the name tents. Have youth write their first name on both sides. Then have them write one of their favorite things to do somewhere on the name tent ("One of my favorite things to do is...").

   Explain that you will pass the name tents back at the beginning of each lesson so you can all get to know each other.

Plan for the Day

7. Explain that each day you will post a plan so they will know what to expect from the lesson. Say: "Today we will read a true story and talk about what it means to be living with HIV and how you can draw the line to protect yourself."
   Write the Plan for the Day on the board or chart paper:
   - Introduction and Class Agreements
   - Teens and HIV
   - What's in It for You?
   - Homework

8. Ask for a volunteer to read the plan. Clarify as needed.

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1.2 Activity 1.2
Teens and HIV

Time
20 min

Materials
My Story (Worksheet 1.2)

Purpose
To personalize the motivation for drawing the line.

What the Teacher Does
Leads classroom discussion about the true story.

What Youth Do
Read and discuss the story.

Teacher Note

A video that explains what living with HIV is like for young people is a powerful feature of this lesson. The video 'Living with HIV" is a suggested resource.

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PROCEDURE

1. Explain that you will start this year's lessons with a true story about HIV. Explain that they will have a chance to discuss the story in pairs and then as a whole group. Explain that the story was written by a real young woman named Antigone who is living with HIV. She explains how it has affected her life.
2. Have youth turn to **My Story** (Worksheet 1.2) and read the story silently or aloud, or read the story to them.
3. Have youth find a partner. Ask them to discuss with their partners what they remember most from the story. Allow pairs to share for 1 minute.

4. Call the group back to attention. Have a few volunteers share their answers. Then discuss the following questions:
   - Did Antigone believe she was at risk for HIV?
   - How did she feel when she tested positive?
   - Why does she want to teach other young people about HIV?

5. Emphasize that one of the most important parts of the *Draw the Line/Respect the Line* program is helping them avoid HIV, other STIs and unintended pregnancy, so they don't have to go through what the young woman in the story went through. Explain that in the next activity they will have a chance to make a personal decision about how they will avoid HIV, other STIs and unintended pregnancy at this time in their lives.

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1.3 Activity 1.3
What's in It for You?

Time
10 min

Materials
Paper plates 3" x 5" cards
Draw the Line Logo

Purpose
To have youth think about, decide and plan what they will do to draw the line to prevent HIV, other STIs and unintended pregnancy.

What the Teacher Does
Describes and monitors activity. Reviews the *Draw the Line* logo and its meaning.

What Youth Do
Decide where they draw the line and prepare personal commitment statements.

PROCEDURE

Draw the Line Logo

1. Explain that the next activity will help them decide where they draw the line. Pass out a paper plate to each youth. Explain that they will create a model of the *Draw the Line* logo on their plates.
2. Have them write "My World" at the top of the plate. Demonstrate on the board or on a plate. Say: "This plate represents your world and what happens to you. Your goals and dreams are in this circle. So are your friends and family and your future."
3. Have youth draw a dot in the top half of the plate. Tell them this dot represents them. Have them label the dot with "me" rather than their names. Ask the following questions and instruct them to write their answers in the top half of the plate (near the edges):
   - Who are some of the most important people in your world?
   - What are some of your favorite things to do in your free time?
   - What are some of your plans for the future?

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Explain that all these things, and more, are part of their world. Have a few volunteers share what they wrote in the top half of the plate in response to the questions.

4. Ask youth to think of something in their world that is harmful— something they do not want to happen, something that could impact their plans for the future. Ask what kinds of things those might be.

5. Explain that you want to focus on HIV, other STIs and unintended pregnancy. Have them write "HIV," "STIs" and "unintended pregnancy" in the bottom half of the plate. Explain that there are only certain ways these things can enter their lives. Ask what these ways are (unprotected sex, contact with infected blood [for HIV], sharing needles [for HIV and some STIs]). Write responses on the board.

6. Ask how they could keep the things listed at the bottom of the plate (HIV, STIs, unintended pregnancy) from entering their world and affecting some of the things they wrote at the top. Have them draw a line across the plate to separate the two halves. Say: "Remember, there are steps you can take to prevent HIV, other STIs and unintended pregnancy."

7. Ask what choices they can make to reduce their own risk of getting HIV, other STIs, or having or causing an unintended pregnancy. Read the following questions slowly:
   - What can you do now to prevent HIV, other STIs and unintended pregnancy?
   - Will you choose to kiss, but not go any further?
   - Will you choose only those activities that don't put you at risk of HIV, other STIs or pregnancy?
   - Will you choose not to have sex until you are older or in a committed relationship?
   - Will you choose to use condoms every time if you decide to have sex?

   Stress that people can always go back to a safer limit if they have chosen to cross their line, been forced to cross their line, or had a different, line in the past. Also note that people can change their limits as they get older.

   Encourage and allow time for youth to think about where they draw the line or set the limit. Explain that they each need to make that choice for themselves. *Encourage them to be as specific as possible and to think about what they will do now, as eighth graders, to draw the line.*

8. Ask youth to write what they will do to prevent HIV, other STIs and unintended pregnancy on the front of the plate just under the line they drew. Explain that this shows where they draw the line—it is their written commitment to themselves.

   Distribute 3" x 5" cards (called Draw the Line cards.) Have each youth write how they will draw the line in their life on the card. Explain that they will keep these cards in the

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envelope stapled inside their name tents.

Summary

9. After youth finish writing how they will draw the line on their cards, ask them to identify ways that people might draw the line to reduce their risk of HIV, other STIs and unintended pregnancy. Explain that they don't have to share their individual responses, just general ideas. (Be sure answers include: choose not to have sex, postpone sex, don't inject drugs, don't share needles, use condoms if having sex, have fewer partners.) Point out that each person makes their own decision about where to draw the line.

10. Have youth turn to the ***Draw the Line* Logo** and show a copy. Ask them to summarize the parts of the logo. Ask:

- What does the circle stand for? (your world)
- What does the dot stand for? (you)
- What does the line do? (sets your personal limits; divides the things you will do from the things you won't do)

  Note: Some youth may remember the logo from the sixth- and/or seventh-grade lessons. Be sure youth who are new to the program also get to share their ideas.

11. Remind youth to think about their lines whenever they see the logo, during the rest of the lessons and afterward. Have them put their cards in the envelope inside their name tents. Collect the plates. Offer extra blank plates if youth want to make a plate to keep.

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1.4 Activity 1.4
Closure and Homework

Time
8 min

Materials
HIV Fact Sheet (Worksheet 1.4)

Purpose
To review key points of the lesson and prepare for the game in Lesson 2.

What the Teacher Does
Reviews key points of lesson. Assigns homework for Lesson 2.

What Youth Do
Review learning. Prepare for Lesson 2.

PROCEDURE

Lesson Summary

1. Say: Today's lesson was a chance for you to think about your future and how decisions you make today might affect your goals. You had a chance to think about HIV, other STIs, and unintended pregnancy and how these things also might affect you. You had an opportunity to write your own ways you will stick to your limits on your card. To stick to your limits, it might be helpful to think about why they are important to you.

I Learned Statement

2. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 1: *"My limits are important to me because _____."*

Homework

3. Have youth turn to the **HIV Fact Sheet** (Worksheet 1.4). Tell them you would like them to look over the fact sheet tonight. Explain that the information will help them with the game in Lesson 2. Tell them to be sure to bring their workbooks with them tomorrow.

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Activity 1.4
Closure and Homework

Transition and Closure

4. Explain that in the next lesson they will play the *Draw the Line* Challenge Game to help them stick to their limits in order to avoid HIV, other STIs and unintended pregnancy.

5. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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1.5 Draw the Line Logo

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1.5 Logotipo de marca los límites

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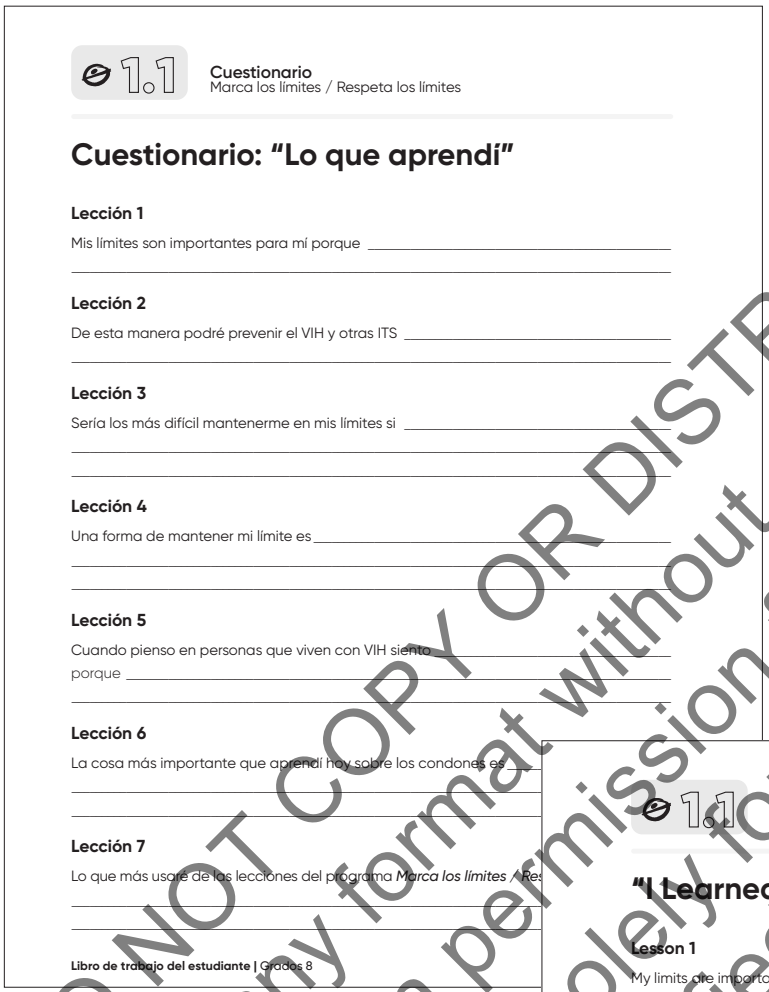
1.1 "I Learned" Question Sheet
(for teacher reference)



1.1 Cuestionario
Marca los límites / Respeta los límites

Cuestionario: "Lo que aprendí"

Lección 1
Mis límites son importantes para mí porque _____

Lección 2
De esta manera podré prevenir el VIH y otras ITS _____

Lección 3
Sería los más difícil mantenerme en mis límites si _____

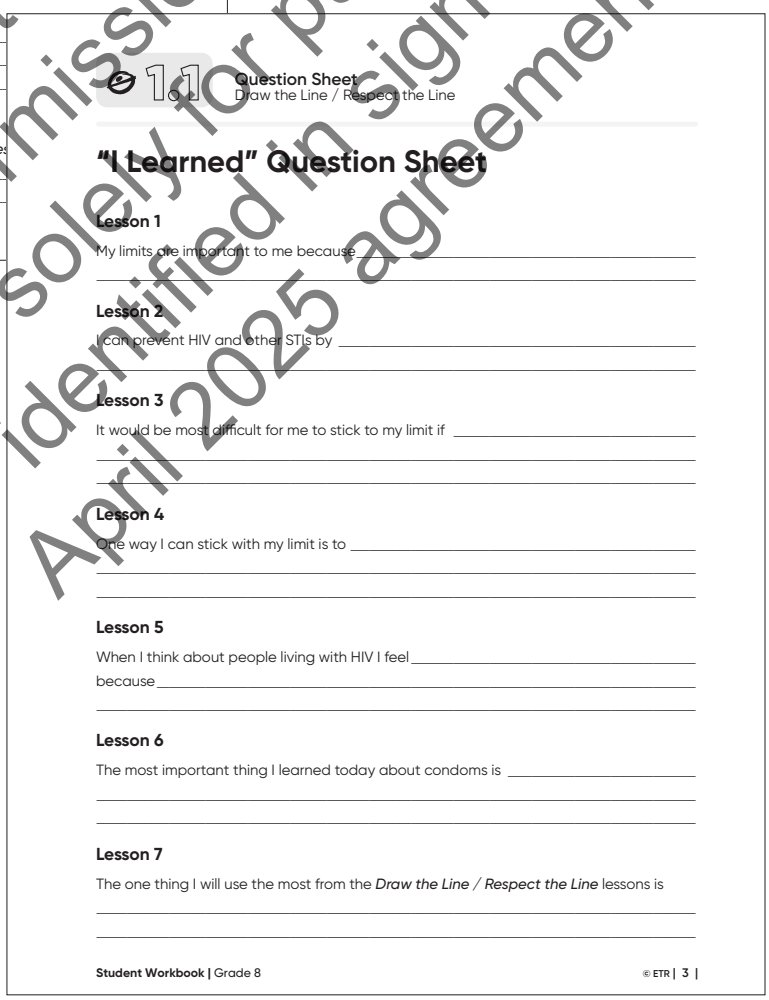
Lección 4
Una forma de mantener mi límite es _____

Lección 5
Cuando pienso en personas que viven con VIH siento _____
porque _____

Lección 6
La cosa más importante que aprendí hoy sobre los condones es _____

Lección 7
Lo que más usaré de las lecciones del programa *Marca los límites / Res*

Libro de trabajo del estudiante | Grados 8



1.1 Question Sheet
Draw the Line / Respect the Line

"I Learned" Question Sheet

Lesson 1
My limits are important to me because _____

Lesson 2
I can prevent HIV and other STIs by _____

Lesson 3
It would be most difficult for me to stick to my limit if _____

Lesson 4
One way I can stick with my limit is to _____

Lesson 5
When I think about people living with HIV I feel _____
because _____

Lesson 6
The most important thing I learned today about condoms is _____

Lesson 7
The one thing I will use the most from the *Draw the Line / Respect the Line* lessons is _____

Student Workbook | Grade 8 © ETR | 3 |

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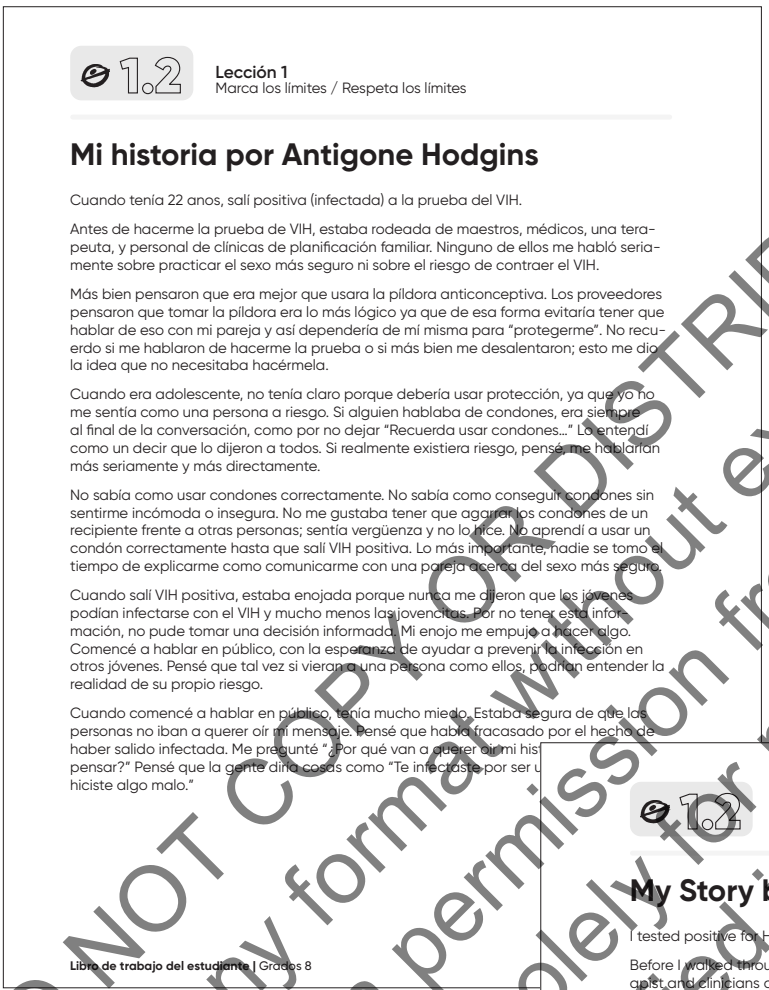
1.2 Worksheet 1.2
(for teacher reference)



1.2 Lección 1
Marca los límites / Respeta los límites

Mi historia por Antigone Hodgins

Cuando tenía 22 anos, salí positiva (infectada) a la prueba del VIH.

Antes de hacerme la prueba de VIH, estaba rodeada de maestros, médicos, una terapeuta, y personal de clínicas de planificación familiar. Ninguno de ellos me habló seriamente sobre practicar el sexo más seguro ni sobre el riesgo de contraer el VIH.

Más bien pensaron que era mejor que usara la píldora anticonceptiva. Los proveedores pensaron que tomar la píldora era lo más lógico ya que de esa forma evitaría tener que hablar de eso con mi pareja y así dependería de mí misma para "protegerme". No recuerdo si me hablaron de hacerme la prueba o si más bien me desalentaron; esto me dio la idea que no necesitaba hacérmela.

Cuando era adolescente, no tenía claro porque debería usar protección, ya que yo no me sentía como una persona a riesgo. Si alguien hablaba de condones, era siempre al final de la conversación, como por no dejar "Recuerda usar condones..." Lo entendí como un decir que lo dijeron a todos. Si realmente existiera riesgo, pensé, me hablarían más seriamente y más directamente.

No sabía como usar condones correctamente. No sabía como conseguir condones sin sentirme incómoda o insegura. No me gustaba tener que agarrar los condones de un recipiente frente a otras personas; sentía vergüenza y no lo hice. No aprendí a usar un condón correctamente hasta que salí VIH positiva. Lo más importante, nadie se tomó el tiempo de explicarme como comunicarme con una pareja acerca del sexo más seguro.

Cuando salí VIH positiva, estaba enojada porque nunca me dijeron que los jóvenes podían infectarse con el VIH y mucho menos las jovencitas. Por no tener esta información, no pude tomar una decisión informada. Mi enojo me empujó a hacer algo. Comencé a hablar en público, con la esperanza de ayudar a prevenir la infección en otros jóvenes. Pensé que tal vez si vieran a una persona como ellos, podrían entender la realidad de su propio riesgo.

Cuando comencé a hablar en público, tenía mucho miedo. Estaba segura de que las personas no iban a querer oír mi mensaje. Pensé que había fracasado por el hecho de haber salido infectada. Me pregunté "¿Por qué van a querer oír mi hist
pensar?" Pensé que la gente diría cosas como "Te infectaste por ser u
hiciste algo malo."

1.2 Lesson 1
Draw the Line / Respect the Line

My Story by Antigone Hodgins

I tested positive for HIV when I was 22 years old.

Before I walked through the door to be tested, I had access to teachers, doctors, a therapist and clinicians at family planning clinics. None of them talked seriously to me about practicing safer sex and how I was at risk for HIV.

Instead, I was encouraged to use birth control pills. Providers thought that taking a pill was something I could handle because I wouldn't have to talk to my partner about it, I could just take it on my own I was also either discouraged from testing for HIV or it was never mentioned, which fueled my belief that I didn't need to be tested.

As a teenager, I was unclear as to why I should use protection, because I didn't perceive myself as someone who was at risk. If someone did talk to me about condoms, it was at the end of a conversation, an afterthought—"Remember to use condoms." I saw it as a generic saying that they probably told everyone. If I were really at risk, I thought, they would talk to me more seriously and directly about it.

I didn't know how to use condoms correctly. I didn't know where to get condoms in a place that I would feel comfortable and safe going to. It was a big deal for me to have to grab condoms out of a bowl in front of other people; it was embarrassing, and I wouldn't do it. I didn't learn how to correctly use a condom until after I tested positive. Most important, no one took the time to explain to me how I could communicate with a partner about safer sex.

When I tested positive, I was angry that I was never told that young people could get infected with HIV, much less young women. Because I didn't have this information, I was unable to make an informed choice. My anger pushed me to start doing something about it. I started to speak out, hoping that I could help prevent other young people from becoming infected. Maybe if they saw another person like them, they might be able to understand the reality of their own risk.

When I first started to speak out, I was really scared I was sure that the people I spoke to would not want to listen to my message I thought that I had failed somehow because I was infected. Why would anyone want to hear about my story and my beliefs? I thought that people would say things like, "You're infected because you were a bad person, you did something wrong."

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1.4 Worksheet 1.4
(for teacher reference)

1.4 Tarea 1.4
Marca los límites / Respeta los límites

Información sobre el VIH

¿Qué es el VIH?
El VIH es el virus que causa el SIDA. Si el virus entra en el cuerpo de alguien, esa persona tiene la infección del VIH.

¿Cuál es el efecto del VIH en el cuerpo?
El VIH ataca el sistema de inmunidad, o sea, el sistema de defensa del cuerpo que combate las enfermedades. Al principio, tal vez la persona ni se sienta enferma.

Con el paso del tiempo, la mayoría de las personas con el VIH comienzan a sentirse enfermas. Quizás contraigan enfermedades porque el sistema de inmunidad ya no puede luchar contra los gérmenes. Algunas de estas enfermedades son muy graves.

Se dice que la persona tiene SIDA cuando el VIH ha dañado gravemente. Cuando el sistema de inmunidad está en esta situación, las personas pueden incluso morir.

¿Cómo es que la gente se contagia con el VIH?
El VIH vive en los líquidos del cuerpo: la sangre, el semen, los fluidos vaginales y rectales, y la leche materna. El semen es el líquido espeso y blanco que contiene espermatozoides, y que sale del pene al eyacular. El líquido vaginal es el moco normal de la vagina. El líquido rectal es el moco normal del recto. Si la sangre, semen, fluidos vaginales o rectales, o leche materna de una persona con el VIH entran en el cuerpo de otra persona, la segunda persona puede contraer el VIH.

Hay 3 maneras de contraer el VIH:

- **Relaciones sexuales.** El VIH puede pasar de una persona a otra durante el acto sexual vaginal, anal u oral.
- **Agujas o jeringas.** El VIH puede pasar de una persona a otra al compartir agujas o jeringas por cualquier razón, como para inyectarse drogas, vitaminas o esteroides, o tatuajes y perforaciones en el cuerpo.
- **Nacer con el virus.** Si alguien con un embarazo tiene el VIH, su bebé puede nacer con el virus. Los bebés también pueden contraer el VIH al beber la leche materna si sus madres tienen el virus.

¿Está bien tener contacto superficial?
¡Sí! La gente no contrae el VIH por contacto superficial con una persona que
significa que está bien tocar, abrazar, compartir comida hablar o pasar tien
tiene el VIH. Los besos secos tampoco son peligrosos.

¿Y los besos húmedos?
El VIH no se pasa por medio de la saliva, pero puede pasar por medio de sa
húmedos no son peligrosos siempre y cuando ninguna de las dos personas
cortadas o sangrado en la boca.

1.4 Worksheet 1.4
Draw the Line / Respect the Line

HIV Fact Sheet

What Is HIV?
HIV is the virus that causes AIDS. If the virus gets into someone's body, that person has HIV.

What Does HIV Do to the Body?
HIV attacks the immune system, the body's defense system that fights disease. At first, the person may not feel sick at all.

Over time, most people with HIV begin to feel sick. They may get diseases because the immune system can no longer fight off germs. Some of these diseases are very serious.

When a person's immune system has been severely damaged by HIV, it is called AIDS. People may even die if the immune system is badly damaged.

How Do People Get HIV?
HIV lives in body fluids—blood, semen, vaginal fluid, rectal fluid, and breast milk. Semen is the thick, white, sperm-containing fluid released during ejaculation. Vaginal fluid is normal mucus in the vagina. Rectal fluid is normal mucus in the rectum. If the blood, semen, vaginal fluid, rectal fluid, or breast milk of someone who has HIV gets inside another person's body, the second person might get HIV.

There are 3 main ways people get HIV:

- **Sex.** HIV can be passed when people have sexual intercourse (vaginal or anal).
- **Needles.** HIV can be passed when people share needles for any reason. This includes injecting drugs, tattooing, piercing, or injecting vitamins or steroids.
- **Being born with it.** If some who is pregnant has HIV, the baby may be born with it. Babies can also get HIV from drinking breast milk if their mothers have HIV.

Is Casual Contact OK?
YES! People don't get HIV from casual contact with someone who has HIV. That means it's OK to touch, hug, share food, talk or hang out with someone with HIV. Dry kissing is safe too.

What About Tongue Kissing?
HIV is not passed through saliva. But it can be passed through blood. Wet kissing is OK only if neither person has sores, cuts or bleeding in the mouth.

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2 Lesson 2

Draw the Line Challenge

INTRODUCTION

Youth train for and participate in the ***Draw the Line*** Challenge, a game designed to review and present important information about how to prevent HIV and other STIs.

Purpose Statement for Youth

Today we will play a game to review some important facts and learn how to prevent HIV and other STIs.

Objectives

Youth will be able to:

- Describe HIV and how it affects the body.
- Describe how HIV is and is not transmitted.
- Identify common signs of other STIs.
- Identify abstinence as the best way to prevent HIV and other STIs.

Activities

Activity 2.1:
Lesson 1 and Homework Review

Activity 2.2:
Plan for the Day

Activity 2.3:
Training for the Draw the Line Challenge

Activity 2.4:
Draw the Line Challenge Game

Activity 2.5:
Asking Questions

Activity 2.6:
Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Make a color-coded list of the 4 game categories on chart paper: HIV and AIDS, Prevention, Other STIs, Situations.
- Write the numbers 1 through 8 on small slips of paper. Place the slips in a bowl or envelope.

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- Write local community clinic websites on the board. If there are no local health centers, write the Centers for Disease Control and Prevention National Contact Center websites on chart paper or the board: www.cdc.gov/hiv; www.cdc.gov/std
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- **HIV Fact Sheet** (Worksheet 1.4) from Lesson 1
- **STI Fact Sheet** (Worksheet 2.3)
- **Training Cards** (Teacher Activity Sheets 2.3a–d)—make 1 set
- ***Draw the Line* Challenge Question Cards** (Teacher Activity Sheets 2.4a–e)—make 1 set, using a different color of paper for each card category (*Note:* Laminate if desired.)
- ***Draw the Line* Challenge Game Board** (Teacher Activity Sheet 2.4f)—copy to chart paper or a transparency (*Note:* Enlarge if desired.)
- 1 set of table tents numbered 1 through 8
- 8 game markers Question box
- Blank 3" x 5" cards—1 for each youth
- Game prizes—1 for each youth *(optional)*

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2.1 Activity 2.1
Lesson 1 and Homework Review

Time
5 min

Materials
None

Purpose
To review Lesson 1 and the assigned homework.

What the Teacher Does
Reviews key points from Lesson 1. Reviews key concepts about HIV from the homework.

What Youth Do
Recall prior lesson and information about HIV from the homework.

PROCEDURE
1. Ask youth what happened during Lesson 1. Encourage them to share their thoughts about the true story they read, and to remember the commitments they made about drawing the line.
2. Ask what they learned from the **HIV Fact Sheet**. Did anything surprise them? What do they remember most from the fact sheet? Correct or clarify any misinformation.

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2.2 Activity 2.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE

1. Say: "Today we will play a game to learn more about HIV and other STIs, including how they are transmitted and how to prevent them."

   Write the Plan for the Day on the board or chart paper:
   - Training for the Game
   - *Draw the Line* Challenge Game
   - Asking Questions
   - Summary

2. Ask for a volunteer to read the plan. Clarify as needed.

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2.3 Activity 2.3

Training for the Draw the Line Challenge

Time
5–8 min

Materials
Training Cards (Teacher Activity Sheets 2.3a–d)
HIV Fact Sheet (Worksheet 1.4) from Lesson 1
STI Fact Sheet (Worksheet 2.3)
Table tents numbered 1–8

Purpose

To review and learn important information about how HIV and other STIs can be prevented.

What the Teacher Does

Describes and initiates training for the game. Explains and clarifies important information about HIV and other STIs as needed.

What Youth Do

Prepare for the game by researching important information about HIV and other STIs.

PROCEDURE

1. Explain that they will now prepare to play a game about preventing HIV and other STIs. Explain that they will work in teams to train for the game before playing it.
2. Review the steps to follow to train for the game:
   - They will work in teams of 4 or 5.
   - Everyone will get a sample question and two fact sheets to use to train for the game. They may not need to use the fact sheets for some of the questions.
   - Teams will have 5–8 minutes to review their sample questions, read their fact sheets, and answer the questions. Team members must write the answer to the question on their training cards in the space where it says "Answer."
   - Once all team members have finished, they must review each answer as a group to be sure everyone agrees on it.

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Activity 2.3
Training for the Draw the Line Challenge

Check for understanding by asking youth to describe what they will do once they are in their teams. Clarify as needed. Tell them that during the game they may get these same questions, so they should prepare well to be ready for the game.

3. Divide the class into teams of 4 or 5. Distribute a **Training Card** to each youth on each team.

Teacher Note

You may want to select teams before the lesson so teams are balanced in terms of knowledge and skill level.

4. Have teams begin answering the training questions. Remind them that they can look at the **HIV Fact Sheet** and the **STI Fact Sheet** to help them answer the questions. Tell them to write the answers directly on their **Training Cards** and to discuss each question as a group to be sure everyone agrees on the answer. Allow teams to work for 5 minutes.

5. Circulate among teams to answer any questions and ensure that they are on task. Place a numbered table tent near each group to signify the team's number.

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2.4 Activity 2.4

Draw the Line Challenge Game

Time
15–18 min

Note: Depending on the pre-knowledge of the group, this activity may take longer than 15 minutes.

Materials
Chart with color-coded game categories listed
Numbered slips of paper in a bowl or envelope
Game markers
***Draw the Line* Challenge Question Cards** (Teacher Activity Sheets 2.4a–e)
***Draw the Line* Challenge Game Board** (Teacher Activity Sheet 2.4f)
Game prizes *(optional)*

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Purpose

To review and learn important information about how HIV and other STIs can be prevented.

What the Teacher Does

Moderates the ***Draw the Line*** Challenge Game. Clarifies important information about HIV and other STIs as necessary.

What Youth Do

Participate in a game to review and learn information about HIV and other STIs, and how it can be prevented.

PROCEDURE

1. Explain the game using the following guidelines:
   - They will stay in their training teams for the game.
   - The object of the game is to see how many teams can get their markers across the game board to the goal by correctly answering questions.
   - There are 4 categories of questions: HIV and AIDS, Prevention, Other STIs, and Situations. (Show the chart listing the color-coded game categories.)

Activity 2.4
Draw the Line Challenge Game

- The first team to go will pick a spokesperson who will consult with all team members about which game category they want.
- The teacher will read a question from the selected category. The team will have 30 seconds to discuss the answer.
- The spokesperson will give the team's answer to the question.
- If the team answers the question correctly, the teacher will move their marker 1 step closer to the goal.
- If the team doesn't answer the question correctly, the teacher will read the question to the entire group. Anyone who knows the answer should raise a hand. The teacher will call on someone to share the answer.

Teacher Note

No markers are moved if the first team cannot answer the question correctly. But this step is important so that everyone hears the correct answer. If possible, when questions are opened to the entire group have some small prize to give to the individuals who share the correct answer.

- There will be 4 rounds (3 rounds plus a final round). If the questions from a category are all used before the end of the game, teams will have to select from the remaining categories.
- For each round, teams should pick a different spokesperson. Check for understanding by asking a few key questions about the activity (*e.g.,* What are you going to do when it's your team's turn to answer a question?). Clarify as needed.

2. Point out the numbered table tents and tell teams their team numbers. Have each team decide who will be their spokesperson for round 1.

3. Pick a number from the bowl or envelope to determine which team will be first. Explain that during the game, you will move from team to team in numerical order. Indicate which team will be first, second, third, and so on.

4. Begin the game. As teams answer the questions, have a team representative move their marker across the Game Board. Set a timer or assign a volunteer to keep track of the elapsed time as each team responds. Teams have 30 seconds in which to answer the question.

5. Continue to play for three rounds, or about 12–14 minutes. Be sure to explain key facts briefly if teams cannot answer a question or answer it incorrectly.

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6. At the end of the third round, announce that all teams have 1 final question to complete in order to make it to the final goal. Play the final round. Move teams' markers to the final goal based on their responses. The intent is to get all teams' markers to the final goal.
7. Congratulate all the teams. Distribute prizes, if available, to *all* participants. Have the teams give themselves a round of applause.

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2.5 Activity 2.5
Asking Questions

Time
4 min

Materials
Question box
3" x 5" cards

Purpose
To provide a way for youth to ask questions anonymously.

What the Teacher Does
Explains question box.

What Youth Do
Write questions for the question box.

PROCEDURE

Question Box

1. Explain that during the lessons the group will talk about a lot of different issues, and that they may have questions they would like answered. Explain that as part of the program they will have a chance to write their questions anonymously and put them in a question box.

   Show the question box. Explain that during the lessons you will take time to answer the anonymous questions. Point out where you will leave the question box and blank cards for them to use.

2. Distribute a blank card to each youth. Allow them to write a question if they have one at this time. Explain that if they do not have a question they can just write "hello" on the card.

3. Take the box around and collect the cards.

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Office Hours

4. If you are available for office hours, share the times and location, emphasizing the following points:
   - Explain that you will be available to talk about questions or concerns they don't feel comfortable asking in front of others or don't want to ask through the question box.
   - Describe some types of situations in which someone might want to talk (doesn't understand something that was covered in class, doesn't understand something they heard about sex, just wants someone to talk to).
5. Post the times and location for your office hours.

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2.6 Activity 2.6
Closure

Time
8 min

Materials
Chart with hotline numbers

Purpose
To review the key points of the lesson—how HIV is transmitted and how it can be prevented.

What the Teacher Does
Summarizes experiences and key points of the lesson. Provides transition to Lesson 3.

What Youth Do
Review and summarize learning.

PROCEDURE

Lesson Summary
1. Remind youth that HIV or other STIs can be transmitted during unprotected sex and that some STIs can be transmitted by skin-to-skin genital contact, even if the partners do not have sex.
2. Ask youth to name the best ways to prevent HIV and other STIs (choosing not to have sex; using condoms). Emphasize that choosing not to have sex (even if a person has had sex before) is the best and safest way to prevent HIV and other STIs. Remind them that not having sex prevents pregnancy too.

I Learned Statement
3. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 2: *"I can prevent HIV and other STIs by _____."*

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Transition and Closure

4. Say: "Today, you found out that you know a lot about HIV and other STIs and how to prevent them. In the next lesson you will read a story about some eighth graders who, like you, knew all about HIV, other STIs and pregnancy but still were faced with taking a risk and pressure to cross their lines.
5. Post local health clinic numbers and websites in the classroom. Explain that they can call contact these resources if they have specific questions about HIV and other STIs.
6. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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2.3a

Teacher Activity Sheet 2.3a

Training Cards Category: HIV/AIDS

Question: Name the 3 main ways people get HIV. ***Answer:***	***Question:*** True or False? And why? People can get HIV easily from French kissing. ***Answer:***
Question: People can get HIV if they share needles to pierce their ears or other body parts. Why is this true? ***Answer:***	***Question:*** Which of the following is true? a. There is no vaccine to protect people from getting HIV. b. You can tell if people have HIV by looking at them. ***Answer:***
Question: Which body system does HIV attack and damage? ***Answer:***	Question: Why is HIV testing important? ***Answer:***
Question: A person can be infected by HIV and not know it. How can this be possible? ***Answer:***	

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Tarjetas de entrenamiento

Categoría: VIH/SIDA

(continuá)

Pregunta: Nombra las 3 maneras principales en que las personas se contagian con el VIH. ***Respuesta:***	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Las personas pueden fácilmente contagiarse el VIH por medio de besos húmedos. ***Respuesta:***
Pregunta: Las personas pueden contagiarse con el VIH si comparten agujas para perforarse las orejas u otras partes del cuerpo. ¿Por qué es verdad esto? Respuesta:	Pregunta: ¿Cuál de las siguientes afirmaciones es verdad? a. No hay una vacuna para proteger a la gente contra el VIH. b. Al mirar a una persona, uno puede decir si tiene el VIH. Respuesta:
Pregunta: ¿Cuál es el sistema del cuerpo que el VIH ataca y daña? Respuesta:	***Pregunta:*** ¿Por qué es importante hacerse la prueba de VIH? Respuesta:
Pregunta: Una persona puede tener el VIH y no saberlo. ¿Cómo puede esto ser posible? Respuesta:	

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Tarjetas de entrenamiento

Categoría: VIH/SIDA *(continación)*

Pregunta: ¿Cuáles son los fluidos principales del cuerpo que pueden pasar el VIH? ***Respuesta:***	***Pregunta:*** ¿Cuál es la diferencia entre el VIH y el SIDA? ***Respuesta:***
Pregunta: ¿Cuál es el efecto del VIH en el cuerpo? ***Respuesta:***	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Solamente las personas enfermas con el SIDA pueden pasar el VIH a otra persona. ***Respuesta:***
Pregunta: ¿Verdadero o Falso? ¿Por qué? Si la prueba del VIH resulta negativa, esa persona no necesita usar condones para el acto sexual. ***Respuesta:***	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Uno no puede contagiarse con el VIH si tiene relaciones sexuales sólo con personas del sexo opuesto. ***Respuesta:***

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Training Cards
Category: Protection

Question: Name 3 places people can get latex condoms. ***Answer:***	***Question:*** Birth control pills do ***not*** protect against HIV. Why? ***Answer:***
Question: What are the best ways to keep from getting HIV and other STD through sex? ***Answer:***	***Question:*** List 3 important reasons for teens not to have sex. ***Answer:***
Question: What is the most effective way to prevent sexual transmission of HIV? ***Answer:***	***Question:*** People should ***not*** re-use condoms even if they wash them out each time. Why? ***Answer:***

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Tarjetas de entrenamiento

Categoría: Protección

Pregunta: Nombra 3 tipos de lugares donde se pueden obtener condones de látex. ***Respuesta:***	***Pregunta:*** Las píldoras de control de la natalidad ***no*** protegen contra el VIH. ¿Por qué? ***Respuesta:***
Pregunta: ¿Cuáles son las mejores maneras de evitar contagiarse con el VIH y otras ETS por medio del sexo? ***Respuesta:***	***Pregunta:*** Menciona 3 importantes razones para que los adolescentes no tengan relaciones sexuales. ***Respuesta:***
Pregunta: ¿Cuál es la forma más eficaz de prevenir la transmisión sexual del VIH? ***Respuesta:***	***Pregunta:*** Las personas ***no*** deben volver a usar los condones, aunque los hayan lavado después de cada vez que los usaron. ¿Por qué? ***Respuesta:***

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Training Cards
Category: Other STD

Question: Having sores from an STD can make it easier to get HIV during sex. Why is this true? ***Answer:***	***Question:*** What are the 3 most common signs of STD infection? ***Answer:***
Question: True or False? And why? Most STDs will get better without special treatment. ***Answer:***	***Question:*** True or False? And why? You can't get an STD the first time you have sex. ***Answer:***
Question: Name 2 STDs other than HIV/AIDS that cannot be cured. ***Answer:***	***Question:*** True or False? And why? A person can get an STD from rubbing genitals with someone who has an STD even if they don't have sexual intercourse. ***Answer:***
Question: True or False? And why? Once people get an STD, they cannot get the same STD again. ***Answer:***	***Question:*** You can't always tell if a person has an STD. Why is this true? ***Answer:***

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Tarjetas de entrenamiento

Categoría: Otras ETS

Pregunta: Tener llagas causadas por una ETS puede hacer más fácil transmitir el VIH al tener sexo. ¿Por qué es esto verdad? ***Respuesta:***	***Pregunta:*** ¿Cuáles son las 3 señales más comunes de una ETS? ***Respuesta:***
Pregunta: ¿Verdadero o Falso? ¿Por qué? La mayoría de las ETS se mejoran sin ningún tratamiento especial. ***Respuesta:***	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Uno no puede tener una ETS la primera vez que tiene relaciones sexuales. ***Respuesta:***
Pregunta: Nombra 2 ETS aparte del VIH/SIDA que no se pueden curar. ***Respuesta:***	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Una persona puede contagiarse una ETS frotando sus genitales con una persona que tiene una ETS, aunque no hayan tenido sexo. ***Respuesta:***
Pregunta: ¿Verdadero o Falso? ¿Por qué? Cuando la gente ha tenido una ETS, no pueden tener esa ETS otra vez. ***Respuesta:***	***Pregunta:*** Uno no siempre puede decir si una persona tiene una ETS. ¿Por qué es esto verdad? ***Respuesta:***

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Draw the Line Challenge Question Cards
Category: HIV/AIDS

(continued)

Question: Name the 3 main ways people get HIV. ***Answer:*** *(1) Unprotected intercourse (vaginal, anal, oral); (2) sharing needles; (3) from an infected mother to her child.*	***Question:*** True or False? And why? People can get HIV easily from French kissing. ***Answer:*** *False. HIV is primarily transmitted through blood, semen, and vaginal and rectal fluids.*
Question: People can get HIV if they share needles to pierce their ears or other body parts. Why is this true? ***Answer:*** *There could be contaminated blood on the needles.*	***Question:*** Which of the following is true? a. There is no vaccine to protect people from getting HIV. b. You can tell if people have HIV by looking at them. ***Answer:*** *Response "a."*
Question: Which body system does HIV attack and damage? ***Answer:*** *Immune system.*	***Question:*** Why is HIV testing important? ***Answer:*** *Testing helps people know if they have HIV so they can get treatment and take steps, such as using condoms, to reduce the chance of spreading HIV to others.*
Question: A person can be infected by HIV and not know it. How can this be possible? ***Answer:*** *People with HIV often don't have any signs or symptoms. If people are infected but have not been tested, they may not know they have the virus.*	

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Desafío de marca los límites Tarjetas de preguntas
Categoría: VIH/SIDA

(continúa)

Pregunta: Nombra las 3 maneras principales en que las personas se contagian con el VIH. ***Respuesta: (1) acto sexual (vaginal, anal, oral) sin protección; (2) compartir agujas; (3) de una madre con VIH a su bebé***	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Las personas pueden fácilmente contagiarse el VIH por medio de besos húmedos. ***Respuesta: Falso. El VIH se transmite principalmente por medio de la sangre, el semen, y los fluidos vaginales y rectales.***
Pregunta: Las personas pueden contagiarse con el VIH si comparten agujas para perforarse las orejas u otras partes del cuerpo. ¿Por qué es verdad esto? ***Respuesta: Es posible que haya sangre contaminada en las agujas.***	***Pregunta:*** ¿Cuál de las siguientes afirmaciones es verdad? a. No hay una vacuna para proteger a la gente contra el VIH. b. Al mirar a una persona, uno puede decir si tiene el VIH. ***Respuesta: "a".***
Pregunta: ¿Cuál es el sistema del cuerpo que el VIH ataca y daña? ***Respuesta: El sistema de inmunidad.***	***Pregunta:*** ¿Por qué es importante hacerse la prueba de VIH? ***Respuesta: La prueba ayuda a las personas a saber si tienen el VIH para que puedan recibir tratamiento y tomar medidas, como usar condones, para reducir la posibilidad de transmitir el VIH a los demás.***
Pregunta: Una persona puede tener el VIH y no saberlo. ¿Cómo puede esto ser posible? ***Respuesta: Las personas con VIH frecuentemente no tienen señales o síntomas. Si las personas tienen el VIH pero no se han hecho la prueba, tal vez no sepan que tienen el virus.***	

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Draw the Line Challenge Question Cards

Category: HIV/AIDS *(continued)*

Question: What are the main body fluids that can pass HIV? ***Answer: Blood, semen, and vaginal and rectal fluid. Whenever you wonder if you can get HIV from doing something, think about whether one of these fluids is present. If it is, you are at risk of being infected.***	***Question:*** What is the difference between HIV and AIDS? ***Answer: HIV is the virus that causes AIDS.***
Question: What does HIV do to the body? ***Answer: HIV attacks the immune system, the body's defense system that fights disease.***	***Question:*** True or False? And why? Only people who are sick with AIDS can pass on HIV to someone else. ***Answer: False. People who are not sick but have the virus can pass it to someone else.***
Question: True or False? And why? If a person tests negative for HIV, that person doesn't need to use condoms during sex. ***Answer: False. A negative test doesn't mean a person can't get HIV. All people who are having sex should use latex condoms to reduce their risk of getting HIV and other STD.***	***Question:*** True or False? And why? You cannot get HIV if you have sexual intercourse only with people of the opposite sex. ***Answer: False. Anyone who has unprotected sex (vaginal, anal or oral) with someone who is infected can become infected.***

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Desafío de marca los límites Tarjetas de preguntas

Categoría: VIH/SIDA (continuación)

Pregunta: ¿Cuáles son los fluidos principales del cuerpo que pueden pasar el VIH? ***Respuesta: La sangre, el semen, y los fluidos vaginales y rectales. Si te preocupa contagiarte el VIH por hacer algo, piensa si alguno de esos fluidos es presente. Si es así, estás en riesgo de ser infectado.***	***Pregunta:*** ¿Cuál es la diferencia entre el VIH y el SIDA? ***Respuesta: El VIH es el virus que causa el SIDA.***
Pregunta: ¿Cuál es el efecto del VIH en el cuerpo? ***Respuesta: El VIH ataca el sistema de immunidad, o sea, el sistema de defensa del cuerpo que combate las enfermedades.***	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Solamente las personas enfermas con el SIDA pueden pasar el VIH a otra persona. ***Respuesta: Falso. Las personas que no están enfermas pero tienen el virus lo pueden pasar a otra persona.***
Pregunta: ¿Verdadero o Falso? ¿Por qué? Si la prueba del VIH resulta negativa, esa persona no necesita usar condones para el acto sexual. ***Respuesta: Falso. El resultado negativo de la prueba no quiere decir que la persona no puede contagiarse con el VIH. Todas las personas que mantienen relaciones sexuales deberían usar condones de látex para reducir su riesgo de recibir el VIH u otras ETS.***	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Uno no puede contagiarse con el VIH si tiene relaciones sexuales sólo con personas del sexo opuesto. ***Respuesta: Falso. Cualquier persona que tiene sexo (vaginal, anal u oral) sin protección con alguien que tiene el virus, puede también contagiarse.***

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Draw the Line Challenge Question Cards
Category: Protection

Question: Name 3 places people can get latex condoms. ***Answer:*** *Drug store, grocery store, clinic.*	***Question:*** Birth control pills do not protect against HIV. Why? ***Answer:*** *The pill does not provide a barrier to keep the virus from entering the body the way condoms do.*
Question: What are the best ways to keep from getting HIV and other STD through sex? ***Answer:*** *The best way is choosing not to have sex. People who choose to have sex should use latex condoms correctly every time when they have sex.*	***Question:*** List 3 important reasons for teens not to have sex. ***Answer:*** *Not ready; don't want to get pregnant or get an STD/HIV; want to wait until married or in a committed relationship; don't want to negatively affect plans for college; etc.*
Question: What is the most effective way to prevent sexual transmission of HIV? ***Answer:*** *Choosing not to have sex.*	***Question:*** People should not re-use condoms even if they wash them out each time. Why? ***Answer:*** *Used condoms could be weaker. They also may contain semen (and bacteria or viruses).*

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Desafío de marca los límites Tarjetas de preguntas

Categoría: Protección

Pregunta: Nombra 3 tipos de lugares donde se pueden obtener condones de látex. ***Respuesta:*** *Farmacias, tiendas, clínicas.*	***Pregunta:*** Las píldoras de control de la natalidad ***no*** protegen contra el VIH. ¿Por qué? ***Respuesta:*** *A diferencia de los condones, la píldora no ofrece una barrera para impedir al virus que entre en el cuerpo.*
Pregunta: ¿Cuáles son las mejores maneras de evitar contagiarse con el VIH y otras ETS por medio del sexo? ***Respuesta:*** *La mejor manera es decidir no tener relaciones sexuales. Las personas que deciden tener sexo deberían usar apropiadamente condones de látex cada vez que lo hacen.*	***Pregunta:*** Menciona 3 importantes razones para que los adolescentes no tengan relaciones sexuales. ***Respuesta:*** *No estar preparado; no querer quedar embarazada o tener una ETS o el VIH; esperar hasta casarse o estar en una relación seria y estable; no afectar de manera negativa los planes de ir a la universidad; etc.*
Pregunta: ¿Cuál es la forma más eficaz de prevenir la transmisión sexual del VIH? ***Respuesta:*** *Decidir no tener sexo.*	***Pregunta:*** Las personas ***no*** deben volver a usar los condones, aunque los hayan lavado después de cada vez que los usaron. ¿Por qué? ***Respuesta:*** *Los condones usados pueden ser más débiles. También pueden contener semen (y bacterias, o virus).*

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Draw the Line Challenge Question Cards

Category: Other STD

Question: Having sores from an STD can make it easier to get HIV during sex. Why is this true? ***Answer:*** *The sores create an easier entrance to the body.*	***Question:*** What are the 3 most common signs of STD infection? ***Answer:*** *(1) Burning or pain during urination; (2) sores, bumps or blisters near genital area; (3) discharge from penis or vagina.* *Many people do not have symptoms. But they can still pass the STD to a partner.*
Question: True or False? And Why? Most STDs will get better without special treatment. ***Answer:*** *False. The bacteria or virus will continue to live in a person's body unless that person takes medication, even though the symptoms may change over time.*	***Question:*** True or False? And Why? You can't get an STD the first time you have sex. ***Answer:*** *False. Anyone who has sex with someone who has an STD, can get the STD—even if it's the first time he or she has had sex.*
Question: Name 2 STDs other than HIV/AIDS that cannot be cured. ***Answer:*** *Herpes, HPV, hepatitis B. These STDs can be treated but not cured.*	***Question:*** True or False? And Why? A person can get an STD from rubbing genitals with someone who has an STD even if they don't have sexual intercourse. ***Answer:*** *True. Some STDs, such as genital warts or herpes, can be passed without having intercourse.*
Question: True or False? And Why? Once people get an STD, they cannot get the same STD again. ***Answer:*** *False. People can be re-infected by the same STD more than once.*	***Question:*** You can't always tell if a person has an STD. Why is this true? ***Answer:*** *Some people may have sores or rashes or discharge, but other people may not have any symptoms. There's no way to know who will get symptoms and who won't.*

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Desafío de marca los límites Tarjetas de preguntas

Categoría: Otras ETS

Pregunta: Tener llagas causadas por una ETS puede hacer más fácil transmitir el VIH al tener sexo. ¿Por qué es esto verdad? ***Respuesta:*** *Las llagas crean una entrada más fácil al cuerpo.*	***Pregunta:*** ¿Cuáles son las 3 señales más comunes de una ETS? ***Respuesta:*** *(1) Ardor o dolor al orinar; (2) llagas, bultos o ampollas cerca de la zona genital; (3) descarga por el pene o la vagina.* *Muchos personas no tienen síntomas, pero aún así le pueden contagiar la ETS a su pareja.*
Pregunta: ¿Verdadero o Falso? ¿Por qué? La mayoría de las ETS se mejoran sin ningún tratamiento especial. ***Respuesta:*** *Falso. A menos que la persona tenga tratamiento, la bacteria o virus continuará viviendo en el cuerpo de la persona, aunque los síntomas pueden cambiar.*	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Uno no puede tener una ETS la primera vez que tiene relaciones sexuales. ***Respuesta:*** *Falso. Cualquiera que tiene sexo con alguien que tiene una ETS, puede contagiarse, aunque sea la primera vez que tiene relaciones sexuales.*
Pregunta: Nombra 2 ETS aparte del VIH/SIDA que no se pueden curar. ***Respuesta:*** *El herpes, VPH, la hepatitis B. Estas ETS pueden recibir tratamiento, pero no se curan.*	***Pregunta:*** ¿Verdadero o Falso? ¿Por qué? Una persona puede contagiarse una ETS frotando sus genitales con una persona que tiene una ETS, aunque no hayan tenido sexo. ***Respuesta:*** *Verdadero. Algunas ETS, como las verrugas genitales o el herpes, pueden pasarse sin necesidad de que haya habido un acto sexual.*
Pregunta: ¿Verdadero o Falso? ¿Por qué? Cuando la gente ha tenido una ETS, no pueden tener esa ETS otra vez. ***Respuesta:*** *Falso. Las personas se pueden re-infectar con la misma ETS más de una vez.*	***Pregunta:*** Uno no siempre puede decir si una persona tiene una ETS. ¿Por qué es esto verdad? ***Respuesta:*** *Algunas personas pueden tener llagas o ronchas o descarga, pero otras personas tal vez no tengan ningún síntoma. No hay manera de saber quién tendrá síntomas y quién no.*

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Draw the Line Challenge Question Cards

Category: Situations

Question: Terry and Jo have been going together for 3 months. Terry is OK with kissing, but doesn't want to go any further right now. Jo's limit is different. Jo is comfortable with kissing and touching, even touching under clothes. What can Terry say to bring up the subject and when should Terry bring it up? ***Answer:*** Give credit for answer if students provide a reasonable response.	***Question:*** Chris and J. have been going together for 4 months. Both of them are OK with kissing. Chris wants to give J. a hickey, but J. doesn't want one. What could Chris do to respect J.'s limit? ***Answer:*** *Give credit for answer if students provide a reasonable response that shows respect.*
Question: Zeke's friends are trying to get him to cross his line and go for it with someone he just met. He doesn't want to, but he wants to stay cool with his friends. What can Zeke do to keep from crossing his line? ***Answer:*** *Give credit for answer if students provide a reasonable response.*	***Question:*** Respond to the following pressure statement in a respectful way: Having sex will bring us closer together. ***Answer:*** *Give credit if students use their own way to say NO as long as it's an accurate example of saying NO or suggesting another activity.*
Question: Name 3 important things you can do to show people you respect their line. ***Answer: Listen to what they say; watch for signs that they are feeling uncomfortable; ask them about their limits; stop pressuring; suggest something else to do instead.***	***Question:*** Respond to the following pressure statement in a respectful way: Come on. Everyone else is doin' it. ***Answer:*** *Give credit if students use their own way to say NO as long as it's an accurate example of saying NO or suggesting another activity.*
Question: Suppose you are at home with your boyfriend/girlfriend/partner and things start to go further than you want. What could you say to get out of this situation? ***Answer:*** *Give credit if students use their own way to say NO as long as it's an accurate example of saying NO or suggesting another activity.*	***Question:*** Name 2 things that can happen if you pressure someone to do something he or she doesn't want to do. ***Answer: Might lose a friend; could make the other person feel bad; other person may do something he or she regrets later; lose your own self-respect because you pressured someone else to cross the line.***

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Desafío de marca los límites Tarjetas de preguntas

Categoría: Situaciones

Pregunta: Terry y Juanita han estado saliendo por 3 meses. A Terry le es suficiente con besar, y por el momento no quiere ir más allá. Los límites de Juanita son diferentes. A Juanita no le molesta besar, acariciar, incluso acariciar debajo de la ropa. ¿Qué podría decir Terry para comenzar a conversar sobre el asunto, y cuándo debería hacerlo? ***Respuesta:*** *Dé crédito si los estudiantes ofrecen una respuesta razonable.*	***Pregunta:*** Chris y Griselda han estado saliendo por 4 meses. A los dos les parece bien besarse. Chris le quiere dejar una marca en el cuello a Griselda, pero ella no quiere. ¿Qué debería hacer Chris para respetar el límite de Griselda? ***Respuesta:*** *Dé crédito si los estudiantes ofrecen una respuesta razonable que muestre respeto.*
Pregunta: Los amigos de Zacarías están tratando de que cruce su límite y trate de "hacerlo" con alguien que acaba de conocer. El no quiere hacerlo, pero desea mantener la buena relación con sus amigos. ¿Qué puede hacer Zacarías para evitar cruzar su límite? ***Respuesta:*** *Dé crédito si los estudiantes ofrecen una respuesta razonable.*	***Pregunta:*** Responde respetuosamente a esta frase presionadora: "Tener sexo nos hará sentirnos más cerca". ***Respuesta:*** *Dé crédito si los estudiantes usan su propia forma de decir NO, siempre que sea un ejemplo exacto de decir NO, o sugerir otra actividad.*
Pregunta: Nombra 3 cosas importantes que se pueden hacer para demostrar a otras personas que se respetan sus límites. ***Respuesta: Escuchar lo que dicen; buscar señales de que no se sienten cómodas; preguntarles sobre sus límites; dejar de hacer presión; sugerir hacer otra cosa.***	***Pregunta:*** Responde respetuosamente a esta frase presionadora: "Vamos, todo el mundo lo hace". ***Respuesta:*** *Dé crédito su los estudiantes usan su propia forma de decir NO, siempre que sea un ejemplo exacto de decir NO, o sugerir otra actividad.*
Pregunta: Supongamos que estás en casa con tu novio/novia/pareja y las cosas empiezan a ir más lejos de lo que deseas. ¿Qué dirías para salirte de esta situación? ***Respuesta:*** *Dé crédito si los estudiantes usan su propia forma de decir NO, siempre que sea un ejemplo exacto de decir NO, o sugerir otra actividad.*	***Pregunta:*** Nombra 2 cosas que pueden ocurrir si presionas a alguien a hacer algo que él o ella no quiere hacer. ***Respuesta: Se puede perder un amigo; se puede hacer sentir mal a la otra persona; la otra persona puede hacer algo que después va a lamentar; perder tu propio autorrespeto porque presionaste a otra persona para que cruzara el límite.***

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Draw the Line Challenge Game Board

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Desafío de marca los límites
Tablero de juego

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Activity 1.1
Introduction and Plan for the Day

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Activity 1.1
Introduction and Plan for the Day

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3 Lesson 3
Difficult Moments

INTRODUCTION

Youth consider internal and external threats to their lines—emotions, situations or thoughts that can make it hard to stick to a limit.

Purpose Statement for Youth

Today we will think about thoughts, feelings and situations that can make it hard to draw the line or stick to your limit.

Objectives

Youth will be able to:

- Describe situations in which it may be difficult to stick to a limit.
- Recognize that sexual feelings can be controlled.
- Recognize which situations are most difficult for them personally.

Activities

Activity 3.1: Lesson 2 Review
Activity 3.2: Plan for the Day
Activity 3.3: T and K
Activity 3.4: Voting: Difficult Moments
Activity 3.5: Homework: What Can You Do?
Activity 3.6: Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- **T and K** (Teacher Activity Sheet 3.3)
- Colored adhesive dots—4 for each youth

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3.1 Activity 3.1
Lesson 2 Review

Time
3 min

Materials
None

Purpose
To review the learning from the previous lesson.

What the Teacher Does
Summarizes experiences and learning from Lesson 2.

What Youth Do
Review Lesson 2.

PROCEDURE
1. Ask: What were the 3 most important things you learned in the *Draw the Line* Challenge Game? Ask them to give examples.
2. Point out that even though a person may know a lot about HIV and other STIs, sometimes they may still find it difficult to stick with their limits or to draw the line.

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3.2 Activity 3.2
Plan for the Day

Time
2 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE
1. Say: "Today we will think about thoughts, feelings and situations that can make it hard to stick to your limit."

   Write the Plan for the Day on the board or chart paper:
   - T and K
   - Difficult Moments
   - Summary

2. Ask for a volunteer to read the plan. Clarify as needed.

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3.3 Activity 3.3
T and K

Time
20 min

Materials
T and K (Teacher Activity Sheet 3.3)

Purpose
To enable youth to recognize that it can often be hard to stick to personal limits.

What the Teacher Does
Structures activity. Reads story. Asks questions and summarizes ideas.

What Youth Do
Listen to the story. Identify thoughts and situations that can make it hard to stick to personal limits.

PROCEDURE
1. Explain that you will be reading a story about two teens. Explain that they will be detectives, listening for things that make it hard for someone to draw the line or stick to a limit.
2. Read the story of **T and K** from Teacher Activity Sheet 3.3 aloud.
3. Lead a discussion of the story, asking questions to cover the following points:
   - **Sexual feelings.** Ask:
     - How were T and K feeling before K's mother came in? (good, nervous)
     - How were they probably feeling after the mom came in? (nervous, anxious, embarrassed)

   Explain that even though sexual feelings can be strong, they can be managed. Taking a break can help a person reassess and think through their limits.
   - **Different limits.** Ask:

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- What was T's limit? (no touching under clothes)
- What was K's limit? (unclear)
- Did T and K tell each other their limits? (no)
- Whose limit should they have followed? (T's because otherwise they're not respecting T's line)
- When should they have talked about their limits? (before they got close to the line)
- Emphasize that when people have different limits, they need to respect the line of the person who doesn't want to go as far.

- **Difficult moments. Ask:**
  - What would have happened if K's mom hadn't come home? (T and Ka might have had sex without a condom; T might have gotten to their limit and stopped.)
  - Was it hard or easy for T and K to stick to their limits?

4. Have youth take out some paper and answer this question: Why did T and K keep going? Encourage them to list as many things as they can think of in response to the question. They can list other reasons not directly from the story as well. Allow them to work for 2–3 minutes.

5. Ask youth to share their answers. As others present their ideas on the reasons it may be hard to draw the line, tell them to scratch those ideas off their own lists, so they don't repeat reasons.
   As responses are shared, list each new idea on the board or chart paper. Possible reasons include:
   - lonely
   - want someone to love them
   - angry at parents
   - feels good
   - pressure from Dad or friends
   - no condom
   - home alone
   - one partner is older or more experienced
   - using alcohol or other drugs
   - partner pressure
   - being in love

   Continue until no new ideas are offered. Combine any duplicate ideas. When all ideas have been listed, number them.

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6. Explain that it's not always easy for people to stick to the limits they set. Say: "The next activity will help you think about situations that would make it most difficult for you to stick to your limit—what would challenge your line."

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3.4 Activity 3.4
Voting: Difficult Moments

Time
15 min

Materials
4 adhesive dots per youth
List of things that could make it difficult to stick to a limit

Purpose
To help youth recognize situations that make it difficult to stick to a limit.

What the Teacher Does
Describes and guides the voting activity. Leads a discussion of the results.

What Youth Do
Vote on which situations make it hard for them to stick to their limit.

Teacher Note
You may wish to recopy the list of difficult situations generated in the previous activity to eliminate duplicates and create a clearly numbered list for voting.

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PROCEDURE

Voting

1. Refer to the list of difficult situations on the board or chart paper that was generated in Activity 3.3. Explain that now they will vote to find out which of the things on the list are the most difficult for the people in this group.

   Explain the voting procedure as follows:

   - They will each receive 4 colored adhesive dots. After they get the dots, they should reread all the numbered situations on the list.
   - To vote, they will mark each dot with a number that matches the number of one of the difficult situations on the list.

/continued

- They each have 4 votes to use however they want. If they think only 1 situation is really difficult, they can give all their votes to that situation. They can divide their votes between two situations. They can vote for four different situations. Everyone should use all 4 dots.
- Once they have written their votes on the 4 dots, they should come up to the board or chart paper and put their dots beside the number(s) of the thing(s) that would be hardest for them.

  Check for understanding by asking what they will do once they receive the dots (write a number on the dot, then put the dot beside that number on the list).

2. Distribute 4 dots to each youth. As they finish writing numbers on the dots, have them put their dots next to the number(s) they selected. Continue until everyone has voted.

3. Ask which things or situations are the most difficult for the people in the group. Circle the top 6 situations that would make it hard for them to stick to their limits.

   Ask why it is important to look at difficult situations ahead of time (helps them be prepared when they happen).

I Learned Statement

4. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence next to Lesson 3: *"It would be most difficult for me to stick to my limit if _____."*

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3.5 Activity 3.5

Homework: What Can You Do?

Time
5 min

Materials
What Can You Do? (Worksheet 3.5)

Purpose

To describe ways to handle difficult situations.

What the Teacher Does

Describes activity. Distributes worksheet.

What Youth Do

Choose a difficult situation on which to work.

PROCEDURE

1. Remind youth that today they have seen that sticking to a limit is not always easy, but if they think of difficult situations ahead of time, they can be prepared to draw the line and stick with it. Tell them that for homework, they will think of ways to handle one of the most difficult situations they voted on today.

2. Review the top 6 difficult situations from the list on the board or chart paper. Ask youth to choose one to work on—the one that is most interesting or difficult for them. Explain that for their homework, they should think of 4 or 5 ways to handle that difficult situation without crossing their line. They will write those ways on their homework sheet.

   Check for understanding by asking what they will do when they work on their homework. Clarify as needed.

3. Have youth turn to **What Can You Do?** (Worksheet 3.5). Have them write the situation they have chosen on the first line of the worksheet. Tell them the homework is due at the next lesson.

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3.6 Activity 3.6
Closure

Time
5 min

Materials
None

Purpose
To emphasize that sticking with your limit can be difficult.

What the Teacher Does
Summarizes experiences and key points of lesson.

What Youth Do
Review and summarize learning.

PROCEDURE

Lesson Summary
1. Explain that with everything going on in T and K's lives, they found it difficult to stick to their limits. Explain that they have had a chance to look at when it would be most difficult for them to stick to their own limits and that in the homework they will list things they can do to stick to a limit in a difficult situation.

I Learned Statement

Teacher Note
Youth should have already written on the "I Learned" Question Sheet *in Activity 3.4. If they did not complete the statement earlier, have them complete the sentence for Lesson 3 at this time.*

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Activity 3.6
Closure

Transition and Closure

2. Explain that in the next lesson they will get a chance to practice some of the ideas from the homework in roleplay situations.

3. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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3.3

Teacher Activity Sheet 3.3

Trina and Kashid

Teacher Note

T's pronouns are she/her and K's are he/him. Emphasize that T and K in the story could be any two teens with any identifiers.

T & K

T and K have been together for about a month. T is 13 and K is 16. In her *Draw the Line* classes, T has decided that she will wait until she is older to have sex and will not let anyone touch her under her clothes. K thinks maybe he should wait until he is older, but he isn't sure. He does know that he would plan to use a condom if he had sex.

One night K and his dad were watching TV together. K's dad asked, "So what's up with your girlfriend?" and winked at him. K wondered if his dad thought he should be having sex. K really liked T and wanted to make sure he did the right thing. Lately his friends were always joking with him too and asking if he'd done it yet. K didn't know how many of them were having sex, and he still wasn't sure if he should.

One day, K invited T over to his house after school. T had just had a fight with her parents the night before because they didn't want her to go to K's house. So even though her mom had told her she couldn't, T went anyway. K was very excited that T was coming over, but he was a little nervous too.

When T came over, they hung out for a while in the living room. Then K put his arms around T and they began to kiss. They were both a little nervous at first, but pretty soon, K was touching T through her clothing. K was thinking, "Wow, this feels great. I can't wait to tell my friends." T was thinking, "We really love each other." She wasn't sure whether she wanted to let K keep touching her. But it felt good and she was feeling hurt about the fight with her parents. So even though in the back of her mind she was starting to worry, she ignored it.

K had never touched a girl this way before. He was starting to get a little nervous and thought, "What do I do now? Does she expect me to have sex with her? I don't have a condom." But then he noticed how much he was enjoying it and thought, "She knew we'd be alone. Maybe she wants it. Everybody seems to think it's what we're supposed to do. Maybe just this once won't be a problem."

Just then, K and T heard K's mom opening the door.

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3.3

Actividad del maestro(a) 3.3

Luz de tránsito (póster)

Nota para el maestro(a)

Los pronombres de T son ella, y él para K. Haga énfasis en que los personajes de la historia pueden ser adolescentes que se identifiquen con cualquier pronombre.

T & K

T y K han estado saliendo por cerca de un mes. T tiene 13 años, y K 16. En sus clases de *Marca los límites* T decidió que va a esperar a ser mayor para tener sexo, y que nadie la va a tocar debajo de sus ropas. K piensa que él debería esperar hasta ser mayor, pero no está seguro. Sabe que planearía usar un condón si tuviera relaciones sexuales.

Una noche, cuando K y su padre estaban mirando televisión juntos, el padre le preguntó, guiñandole el ojo: "¿Y qué está pasando con tu novia?" K se preguntó si su padre pensaba que debería estar teniendo sexo. A K realmente le gusta T, y quiere estar seguro de hacer lo correcto. Sus amigos han estado bromeando con él y preguntándole si no lo ha hecho todavía. K no sabe cuántos de ellos tienen relaciones sexuales, y él todavía no está seguro si debiera hacerlo.

Un día Kasid invitó a T a venir a su casa después de la escuela. T había tenido una pelea con sus padres la noche anterior, porque ellos no querían que fuera a la casa de K. Aunque su madre le dijo que no lo hiciera, T fue. Kasid estaba muy excitado porque T venía, pero un poco nervioso también.

Cuando T llegó, estuvieron un rato en la sala. K abrazó a T y empezaron a besarse. Estaban un poco nerviosos al principio, pero al poco tiempo K estaba tocando a T a través de la ropa. K pensaba, "Esto se siente muy bien. No puedo esperar a decirle a mis amigos." T estaba pensando: "De verdad que nos queremos mucho." No estaba segura si quería permitir a K que siguiera tocándola. Pero se sentía bien, y además estaba lastimada por la pelea con sus padres. Así que aunque en el fondo estaba comenzando a preocuparse, ignoró el pensamiento.

K nunca antes había tocado a una muchacha de esta manera. Estaba empezando a ponerse nervioso y pensó: "¿Y ahora qué hago? ¿Está ella esperando tener sexo? No tengo un condón". Pero entonces se dio cuenta de cuánto le estaba gustando a ella y pensó: "Ella sabía que íbamos a estar solos. Posiblemente ella quiere hacerlo. Todo el mundo parece pensar que esto es lo que deberíamos hacer. Hacerlo sólo esta vez no sería un problema".

Justo en ese momento escucharon a la madre de K abriendo la puerta.

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3.5 Worksheet 3.5

TBD

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Lesson 4
Sticking to Your Limit

INTRODUCTION
Youth review and discuss their homework to identify ways to handle difficult situations, then have a chance to practice some of the ideas during roleplays. They complete a worksheet and prepare for the next lesson.

Purpose Statement for Youth
Today we will review and practice ways to handle thoughts, feelings and situations that can make it hard to stick to a limit.

Objectives
Youth will be able to:
- Describe strategies that can be used to handle difficult situations.
- Use communication skills to maintain their lines.

Activities
Activity 4.1: Lesson 3 Review
Activity 4.2: Plan for the Day
Activity 4.3: Homework and *Draw the Line* Review
Activity 4.4: Practice, Practice, Practice
Activity 4.5: Closure

Before the Lesson
- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- List the 6 most difficult situations identified during the voting in Lesson 3 on chart paper or the board. Number them from 1 to 6.
- Review Teacher Background 4.3—**Steps for Drawing the Line** (p. XX).
- Write the Steps for Drawing the Line on chart paper.
- Review the Plan for the Day.
- Pass back the name tents.

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Lesson 4
Sticking to Your Limit

Prepare and/or review the following materials:

- Chart paper, markers and tape
- 6 half-sheets of chart paper numbered 1 through 6
- **Home Alone** (Roleplay 4.4a) and **Let's Go Outside** (Roleplay 4.4b)
- **Observer Checklist** (Activity Sheet 4.4)—copy to chart paper or the board
- Blank 3" x 5" cards—1 or more for each youth

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4.1 Activity 4.1
Lesson 3 Review

Time
3 min

Materials
None

Purpose
To review Lesson 3.

What the Teacher Does
Uses Lesson 3 review as a springboard for Lesson 4.

What Youth Do
Review Lesson 3.

PROCEDURE
1. Ask what they remember from Lesson 3. Clarify information as needed.
2. Ask how many were able to complete the homework assignment. Ask which situations they identified as difficult. Explain that during today's lesson, they will have a chance to discuss and practice ways to handle these situations.

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4.2 Activity 4.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE
1. Say: "Today we will review Steps for Drawing the Line as we discuss and practice ways to handle difficult situations."

   Write the Plan for the Day on the board or chart paper:
   - Homework Review
   - Steps for Drawing the Line
   - Roleplays
   - Summary and Questions

2. Ask for a volunteer to read the plan. Clarify as needed.

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4.3 Activity 4.3

Homework and *Draw the Line* Review

Time
15 min

Materials
Completed homework (Worksheet 3.5) from Lesson 3
List of top 6 difficult situations
Half-sheets of chart paper, numbered 1-6
Steps for Drawing the Line (Teacher Background 4.3), p. XX
Chart of Steps for Drawing the Line

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Purpose

To review solutions for dealing with difficult situations, and review Steps for Drawing the Line.

What the Teacher Does

Helps youth share their ideas on how to handle the 6 most difficult situations identified by group vote in Lesson 3. Links situations to Steps for Drawing the Line.

What Youth Do

List and share ideas from their homework on how to handle the 6 most difficult situations. Review Steps for Drawing the Line.

PROCEDURE

Homework Review

1. Point out the top 6 difficult situations identified by the group in Lesson 3. Explain that they will work in groups to list solutions to these situations. Explain the group activity:
   - Each group will receive a numbered piece of chart paper. In their groups, they will pick a recorder who will write down the situation that corresponds to the number on the chart paper. Then the group will discuss and list solutions to that situation.
   - Each group will get a different situation and will have 1 minute to come up with a list

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of possible solutions. They may use their homework (Worksheet 3.5) to help them.

- Point out that the solutions they identified on the homework may not work in all situations, so they should be sure to discuss their ideas as a group and decide which ones fit best for the given situation.
- After a minute or so, the groups will switch papers and repeat the process with a different situation. Explain that they will switch papers 4 times.

2. Divide youth into 6 groups or have them form their own groups. Give each group a half-sheet of chart paper that has a number from 1 to 6 on it. Remind them to take their homework with them to their groups.

3. Have group recorders write the situation and begin listing the group's solutions on the chart paper. Allow groups to work for 2 minutes the first round then 1 minute for the second and third rounds. Circulate to assist as needed and to ensure that groups are following the instructions.

4. After 3 rounds, tell groups they will switch chart papers 1 more time, but this time their task will be different. When groups get the new chart paper they should review the situation and the listed solutions, pick their group's 2 favorite solutions and put a star by or circle them.

5. When the final round is finished, have each group read their situation and their 2 favorite solutions. Acknowledge groups for their creative work.

6. Post the chart paper with the Steps for Drawing the Line:
   - Say, "NO, I don't..."
   - Use a body that says NO.
   - Change the subject.
   - Name that you are feeling pressured and ask the person to stop. Walk away if you need to.

   Briefly review the steps and their purpose, demonstrating each step as you review it.

7. Explain that some of the solutions listed on their chart papers are Steps for Drawing the Line. Give an example (e.g., saying, "No. I'm not ready" as a way of telling the person your limit). Ask for other examples.

8. Explain that in the next activity they will have a chance to practice the Steps for Drawing the Line using roleplays. Explain that they will stay in their groups for the next activity.

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Activity 4.3
Draw the Line Review

Teacher Note

Some groups may have included delay tactics on their lists (i.e., ways to put off having to make a final decision or tell someone NO directly, such as saying they have to go home because their mom is expecting them or pretending they have to go to the bathroom).

Acknowledge that delay tactics can work in the short term to give someone more time, get them out of the situation immediately, or break the mood and cool down the situation. Emphasize, however, that delay tactics may leave the door open for pressure in the future, because they've never really told the person their limit. Encourage youth to use more direct approaches when they can, such as telling the person where they draw the line.

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4.4 Activity 4.4
Practice, Practice, Practice

Time
15 min

Materials
Home Alone (Roleplay 4.4a)
Let's Go Outside (Roleplay 4.4b)
Observer Checklist (Worksheet 4.4)
Chart of the **Observer Checklist**

Purpose
To practice communicating limits.

What the Teacher Does
Assigns roleplay activity. Monitors pair practice.

What Youth Do
Complete roleplay worksheet. Practice in pairs.

PROCEDURE

Introduction
1. Ask why people practice emergency drills at home or at school (so they will know what to do if one an emergency occurs). Explain that they will now have a chance to practice starting a conversation about limits and drawing the line under pressure. This can help them stick to their lines when they find themselves in difficult situations.

Completing the Roleplays
2. Explain the roleplay instructions:
   - They will work in pairs to complete the script for a roleplay.
   - They will be writing what the people in the situation say to draw the line and to respect the line. They will have 5 minutes to write their roleplays.
   - Then they will take turns reading and practicing the lines in pairs. Check for understanding by asking what they will do. Clarify as needed.
3. Have youth form pairs. Assign one of the roleplays (Roleplay 4.4a or 4.4b) to each pair. Allow 5 minutes for pairs to write their roleplay lines. Circulate to assist and

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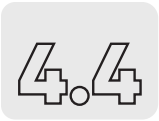

Activity 4.4
Demonstration Roleplay

ensure that pairs are on task.

Pair Practice

4. Review the practice guidelines:
   - One person reads the lines of the person who is drawing the line (R's lines for Roleplay 4.4a, and S's lines for Roleplay 4.4b).
   - The other person reads the lines of the person pressuring and then respecting the line (K's lines for Roleplay 4.4a, and C's lines for Roleplay 4.4b).
5. Allow 2 to 3 minutes for pair practice. Circulate to provide assistance and ensure that pairs are on task. Recruit 2 to 4 pairs to read their roleplays in front of the group.

Observe Roleplays

6. As the volunteers roleplay, ask everyone else to observe their use of Steps for Drawing the Line and to take notes on the **Observer Checklist**. Use the **Observer Checklist** chart to process each roleplay. When appropriate, ask, "What did 'K' or 'C' do to respect the line?"

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Teacher Note

During the roleplay practice, youth may roleplay sexual pressure situations with classmates of a different or the same gender. This may be awkward for 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 youth know that they may be doing the roleplays with a partner 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 draw the line to resist sexual pressure and protect themselves. This will help ensure that they and their group get the most out of the roleplay activities.*

4.5 Activity 4.5
Closure

Time
10 min

Materials
3" x 5" cards

Purpose
To summarize Lesson 4.

What the Teacher Does
Summarizes experiences and key points of Lesson 4. Has youth write anonymous questions for the speaker in Lesson 5.

What Youth Do
Review learning. Write anonymous questions for the speaker.

PROCEDURE

Lesson Summary
1. Emphasize that although they may face difficult situations, they have identified lots of ways to handle them. Note that not every solution will work for every person. Emphasize the importance of thinking about what solutions or steps for drawing the line work best for them.

I Learned Statement
2. On the **"I Learned" Question Sheet** in their workbooks, have youth complete the sentence for Lesson 4: *"One way I can stick with my limit is to _____."*

Transition

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3. Ask how many of them are ready to handle any challenging situations that might make them think about crossing their lines. Congratulate them on the fantastic job they did practicing how to deal with difficult situations and respecting a friend when they draw the line. Remind them that thinking about it and practicing ahead of time will make them better prepared to stick to their lines when it gets difficult.

Questions for the Speaker

4. Remind youth that one of the goals of the Draw the Line/Respect the Line lessons is to prevent HIV infection. Explain that in the next lesson they will be hearing about what it is like living with HIV. Have them write down 3–5 questions they might want to ask about living with HIV to prepare for the next lesson.

5. Ask what concerns or issues people might have about being around someone who is living with HIV (e.g., worry about getting HIV; hearing the speaker may be difficult if they know someone who is living with HIV). Address concerns or issues as needed.

   Note that people may have different reactions to meeting a person who is living with HIV. Validate diverse feelings. Reassure youth that HIV is not transmitted by casual contact or talking with someone who is living with HIV.

   Explain that the guest speaker will share their experience living with HIV, including their life experience as a young person.

6. Explain that you want to give them a chance to write any questions they have about HIV that they want the speaker to answer during the presentation. Explain that you will hand out cards to write their questions on. Emphasize that they should NOT put their names on the cards. If they don't have a question for the speaker, they can leave the card blank.

   Remind them of the group agreements regarding asking questions about personal behaviors (e.g., It's OK to ask how the person got HIV, but it's not OK to ask about specific sexual behaviors—"Have you ever...?" or "How do you...?").

7. Distribute cards. Remind youth NOT to put their names on the cards. Allow them to work for a few minutes.

   Collect a card from each youth, even those who did not write a question. Explain that you will review the questions and give them to the speaker in the next lesson. Let youth know that you will take out any inappropriate questions. Remind them that they will have another chance to ask questions during and after the presentation.

8. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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Activity 4.5
Closure

Teacher Note

If youth don't have time to write their questions during class, assign the questions as homework.

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4.3 Teacher Background

Steps for Drawing the Line

There are 4 steps that are important for effective communication. Each step has particular qualities that contribute to its effectiveness. When youth are practicing these steps, be sure to watch and listen to how they are using them. Provide corrective feedback as needed to ensure success.

Step 1 **Say, "No, I don't.** The way something is said often gives a stronger message than the words used. A convincing voice is firm and sure in tone, but not necessarily loud. Youth may equate a convincing voice with yelling. Conversely, youth who are quiet may not feel they can master this strategy. Stress that a person doesn't need to yell to be successful at using this step; the effectiveness rests on the tone rather than the volume.

Whenever possible, it is helpful to be direct and tell the other person what it is you won't do (that is, where you draw the line). This might sound like: "I don't…," "I won't…," "That's where I draw the line," or "No, I don't." The word NO is very direct and clear, but it does not have to be used every time.

Youth are likely to use excuses rather than directly stating where they draw the line. For example, they might say, "I'll get in trouble," "I have to go now," "I can't do it today," etc. Although excuses may work in the short term, they do not convey a direct message of what you won't do. Excuses leave the door open for further pressure.

Step 2 **Use a body that says NO (as much as comfortable).** There are many body movements and gestures that can support a NO message for those who are comfortable using them. A few examples include:

- using a serious expression—an "I mean it" face
- looking at the person directly (eye contact)
- crossing arms
- moving hands in a "get away" gesture
- putting hands on hips
- upright posture

Youth comfort may be impacted by many factors, such as cultural norms and past experiences. Explain that words and their body movements (often called body language) can both be used when communicating.

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Step 3 **Change the subject.** Changing the subject is another way of dealing with pressure to cross the line. To use this strategy, the person being pressured suggests something else to do rather than crossing their line. Youth should suggest another activity that (1) gets them out of the situation; (2) is positive; and (3) is realistic.

Changing the subject is a way to let the other person know that you don't want to cross your line, but do want to keep the friendship going. Changing the subject can help cool down a situation, and gives a person more time to think about what to say or do if the situation comes up again. It also may distract the other person enough to stop the pressure.

Step 4 **Name that you are feeling pressured and ask the person to stop pressuring. Walk away (if you need to).** There can be power in speaking up for yourself, naming how you feel and asking the person to stop pressuring you. In doing so, it is important to use "I" statements to share your views or how you feel (I feel pressured) so you are owning your feelings rather than using "you" statements (you always pressure me), which might come across as blaming and shut down your chance to share how you are really feeling. If the other person doesn't stop, you can choose to walk away rather than continue to resist the pressure, especially if you feel unsafe or uncomfortable or the person doesn't respect your request to stop pressuring. How this step is used will vary among people and across situations.

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Worksheet 4.4
Observer Checklist

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Tarea 4.4
Lista del observador

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4.4 Roleplay 4.4a

TBD

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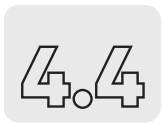

Roleplay 4.4b

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5 Lesson 2
Living with HIV

INTRODUCTION

Youth learn about the experiences of living with HIV. This will be either through watching a video or listening to a guest speaker.

The speaker shares their experience living with HIV (e.g., their life as a young person; decisions that put them at risk of HIV; internal and external pressures that affected their decisions; and the effects of HIV on their daily activities, personal relationships and long-term plans). A question-and-answer period follows the speaker's presentation.

Youth examine how their feelings and attitudes have changed as a result of the presentation by completing a homework assignment.

Teacher Note

Arrangements for the guest speaker should be made well ahead of Lesson 5. Before the presentation, provide the speaker with information on what has already been covered in class, the proposed content of their presentation, and the length of the lesson. Review local codes or school district policies that may limit the speaker's responses to youth questions and describe any restrictions to the speaker. Be sure to follow district procedures on parent/caregiver notification for outside speakers and sensitive subjects. Invite a speaker who is trained to speak with young people and/or works with an organization.

If having an in-person speaker is not possible, teachers should instead choose a video to engage youth in discussion. Be sure to choose a video that was created within the last 5 years and that includes a personal story from a person living with HIV. A list of suggested videos can be found at https://www.etr.org/ebi/programs/draw-the-line. ETR recommends alternative videos as a green-light adaptation to ensure content is medically accurate, up to date and inclusive of diversity in sexual orientations, gender identities and cultural backgrounds.

Purpose Statement for Youth

Today we are going to talk about the experiences of living with HIV.

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/continued

5 Lesson 5
Living with HIV

Objectives

Youth will be able to:

- Examine their attitudes and feelings about living with HIV.
- Describe the physical, emotional and social impact of living with HIV
- Identify behaviors that put them at risk of getting HIV.

Activities

Activity 5.1:
Lesson 4 Review

Activity 5.2:
Plan for the Day

Activity 5.3:
Living with HIV

Activity 5.4:
Homework: Re-Thinking My Feelings

Activity 5.5:
Closure

Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- Blank 3" x 5" cards—1 for each youth
- **Re-Thinking My Feelings** (Worksheet 5.4)

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5.1 Activity 5.1
Lesson 4 Review

Time
3 min

Materials
None

Purpose
To review Lesson 4.

What the Teacher Does
Uses Lesson 4 review as a springboard for Lesson 5.

What Youth Do
Review Lesson 4.

PROCEDURE
1. Have youth pick one of the difficult situations identified in Lesson 3. Ask them for examples of ways to handle that situation. (*Note:* This stems from the homework they discussed in Lesson 4.)
2. Note that as they continue to learn about preventing HIV, other STIs and unintended pregnancy, they might be curious about people who are living with HIV. Explain that today they will be discussing what it is like to live with HIV.

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5.2 Activity 5.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the plan for the day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE
1. Say: "Today we will learn what it is like to live with HIV." Write the Plan for the Day on the board or chart paper:
   - Living with HIV
   - Re-Thinking My Feelings
   - Summary
2. Ask for a volunteer to read the plan. Clarify as needed.

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5.2

Activity 5.2
Plan for the Day

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5.3 Activity 5.3
Living with HIV

Time
35 min

Materials
3" x 5" cards
Optional: Links to videos if a speaker isn't available

Purpose
To enable youth to learn what it is like to live with HIV.

What the Teacher Does
Introduces guest speaker. Monitors activity. Or Presents video(s) and leads discussion.

What Youth Do
Listen to guest speaker/watch video(s). Prepare questions.

PROCEDURE

Before Class

1. Select a trained speaker who is a volunteer at a vetted organization or who has previously been trained on how to speak to young people on this topic. If a person who meets these needs isn't available in your community, you can show a brief and current video (within the last 3 years) that speaks to the experiences of a person living with HIV.

   If a speaker can come, ask them how they would like to be introduced. Review the content of the presentation and the length of the lesson with the speaker. Suggest that the speaker spend 15–20 minutes sharing their experience living with HIV and leave 15 minutes for questions. *Let the speaker know you will need the last 5 minutes to prepare youth for the next lesson.*

   The speaker should address some or all of the following issues: life as a teenager;

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decisions that put them at risk for HIV; the impact of HIV on daily life, personal relationships with family and friends, health status and long-term goals; things they would have done differently; where they find support and which people have been most helpful.

2. Review the questions youth wrote during Lesson 4 and remove any inappropriate ones. Scan the questions as the speaker talks to the class, removing any that the speaker addresses during the presentation. Give any unanswered questions to the speaker after the presentation along with any additional question cards youth write during the presentation.

   If using videos instead of a speaker, make sure to review all videos prior to showing them to youth. Choose the video(s) that will resonate best with your population. Make sure to follow any district protocols for showing videos. Review the questions youth wrote during Lesson 4 and remove any inappropriate ones. Prepare discussion prompts.

Introduction

3. Explain that today they will have an opportunity to meet a person living with HIV and hear how HIV has affected their life.

   Let youth know that they will be able to ask the speaker questions after the presentation. Remind them that the speaker will try to answer the questions they wrote at the end of Lesson 4, so they do not need to repeat those questions unless they feel they need more explanation.

4. Allow youth to write additional questions during the presentation. Distribute blank cards. Tell them they may write 1 or more questions they would like to have answered by the guest speaker. Remind them not to put their names on the cards. Explain that you will collect the cards toward the end of the presentation.

   Explain that they also can ask questions directly if they prefer. Remind them of the "right to pass" group agreement. Note that the speaker has the same right to pass on any questions that are too personal.

Guest Speaker

5. Introduce the speaker. Allow the speaker to share their experiences living with HIV with the group. Be prepared to assist the speaker if youth ask any inappropriate questions (e.g., questions about personal sexual practices).

6. Toward the end of the presentation, collect all the cards (even if youth didn't write on them). Review the cards quickly while the speaker is answering immediate questions.

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Be sure questions are relevant, appropriate for class discussion, and do not conflict with local codes or school district policy. Give the cards to the speaker so they can address any unanswered questions.

7. Thank the speaker. If appropriate, have one of the youth walk the speaker back to their car or the main office, or invite the speaker to have a seat while you assign the homework and prepare for the next lesson.

8. *Optional:* If there is no speaker and a video is shared, the teacher should still have youth write questions on the cards, and then answer the questions to the best of their ability and lead a class discussion after the video.

Summary

9. Let youth know that an important part of today's class will be thinking about and talking about how they felt after hearing the presentation or watching the video. Explain that they will have a homework assignment tonight and that they will get a chance to talk about today's presentation/video(s) in the next lesson. Let them know that if they want to talk more about it today they can talk with you outside of class.

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5.4 Activity 5.4

Homework: Re-Thinking My Feelings

Time
5 min

Materials
Re-Thinking My Feelings (Worksheet 5.4)

Purpose

To enable youth to reexamine their feelings about people living with HIV.

What the Teacher Does

Explains the homework activity.

What Youth Do

Prepare for homework assignment.

PROCEDURE

1. Explain that for homework, they are to describe how their attitudes, beliefs or feelings about people living with HIV have changed, if at all, as a result of the presentation. Explain that the homework will be due at the beginning of the next lesson.
2. Have youth turn to **Re-Thinking My Feelings** (Worksheet 5.4). Clarify as needed.

Teacher Note

You may want to allow youth to use other means of expressing their feelings, such as drawing, writing a song, making a collage, writing a poem, etc.

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Activity 5.4

Homework: Re-Thinking My Feelings

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5.5 Activity 5.5
Closure

Time
3 min

Materials
None

Purpose
To summarize the lesson.

What the Teacher Does
Summarizes experiences and key points of Lesson 5. Provides transition to Lesson 6.

What Youth Do
Review Lesson 5.

PROCEDURE

Lesson Summary
1. Acknowledge that hearing from someone who has been affected by HIV can bring up different feelings. Remind youth that it is important to hear the stories of people living with HIV so they can get a better feel for what it is really like. Encourage youth to really think about how their lives would be affected if they or someone they knew was living with HIV. Be sensitive to the fact that some youth might already be living with HIV and/or know someone living with HIV.

I Learned Statement
2. On the **"I Learned" Question Sheet** in their workbooks, ask youth to complete the sentence for Lesson 5: *"When I think about people living with HIV I feel* _____ *because* _____ *."*

Transition and Closure

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5.5 Activity 5.5
Closure

Teacher Note

As an alternative to writing in the workbook, you can have youth respond verbally to this statement with a partner.

3. Say: "Today you learned how HIV can affect a person's life. Some people living with HIV have to make major changes in their lives to manage the infection. People who have HIV and AIDS aren't strangers—they are just like us. They are someone's son, daughter, friend, aunt, uncle and so on. In the homework assignment, you will have a chance to think about your feelings about people living with HIV."
4. Explain that the next lesson will focus on methods of prevention, especially condoms. Explain that they might not need to use this information right now in their lives, but they can use it in the future if needed or they can pass it on to a friend to help prevent HIV, other STIs and unintended pregnancy.
5. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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5.4 Worksheet 5.4

TBD

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5.4

Worksheet 5.4

TBD

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Lesson 6
Reduce Your Risk

INTRODUCTION

Youth discuss which methods of prevention are effective for reducing the risk of HIV, other STIs and unintended pregnancy. The teacher demonstrates the proper use of condoms and reviews important facts about condoms. Youth work in small groups to identify "dos and don'ts" of condom use.

Purpose Statement for Youth

Today we will learn ways people can prevent HIV, other STIs and unintended pregnancy, if they choose to have sex.

Objectives

Youth will be able to:

- Categorize methods of prevention according to their effectiveness in reducing risk for HIV, other STIs and unintended pregnancy.
- Describe "dos and don'ts" of condom use.
- Describe the steps for proper use of condoms.
- Recognize that choosing not to have sex is the best way to prevent HIV, other STIs and unintended pregnancy.

Activities

Activity 6.1:
Lesson 5 and Homework Review

Activity 6.2:
Plan for the Day

Activity 6.3:
Methods of Prevention

Activity 6.4:
Condom Demonstration

Activity 6.5:
Closure and Question Box

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Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Make a Prevention Chart on chart paper or the board with 3 columns: Pregnancy, STIs & HIV; Pregnancy Only; None.

/continued

- Review Teacher Background 6.3—*Birth Control* (p.XX) and Teacher Background 6.4—*External Condoms* (p.XX).
- Review and memorize **Herman Uses a Condom—Parts 1 and 2** (Teacher Activity Sheets 6.4a and b), or ask an aide or youth volunteer to assist you. Have the aide review the story before class.
- Review questions from the anonymous question box and prepare to answer them.
- Review the Plan for the Day.
- Pass back the name tents.

Prepare and/or review the following materials:

- Chart paper, markers and tape
- **Commercial Break Cards** (Teacher Activity Sheet 6.2)—make 1 set
- **Prevention Cards** (Teacher Activity Sheet 6.3)—make 1 set
- Blank cards for printing methods youth suggest (Make sure cards are same size as the Protection Cards.)
- **Herman Uses a Condom—Parts 1 and 2** (Teacher Activity Sheets 6.4a and b)—copy 1 of each
- **How to Use a Condom** (Worksheet 6.4)
- Condom demonstration props:
    - 10–15 latex condoms
    - box of lubricated condoms, with separate instruction sheet
    - container of water based or silicone lubricant
    - internal condom
    - scissors
    - baby wipe
    - tissue
    - plastic sandwich bag (to collect condoms)
- Question box with questions

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6.1 Activity 6.1
Lesson 5 and Homework Review

Time
10 min

Materials
None

Purpose
To review Lesson 5.

What the Teacher Does
Uses Lesson 5 review as a springboard for Lesson 6.

What Youth Do
Review Lesson 5.

Teacher Note

Put youth in groups of 4 to 5 at the beginning of the lesson. They will remain in these groups for all of the activities.

PROCEDURE

1. Explain that talking about living with HIV can be a very powerful and moving experience, and that many people have strong feelings afterward. Explain that you would like to give them an opportunity to express their thoughts and feelings about the presentation/video(s) and clarify any questions they may have about the previous lesson.

2. Ask youth to take out their homework. Lead a brief discussion using the following questions:
   - What do you remember from the presentation/video(s)?
   - Did you talk with your friends or family about the presentation/video(s)? What did you share with them?
   - What feelings did you experience as you listened to the speaker/video(s)?

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Activity 6.1
Lesson 5 and Homework Review

- How have your attitudes and/or feelings about people living with HIV changed since the presentation/video(s)?
- What questions about HIV came up for you during or after the presentation/video(s) that you would like clarified?

Teacher Note

Some youth may want to share their responses on the Re-Thinking My Feelings *worksheet.*

3. Collect the homework for credit. Tell youth that they can write a thank-you note to the speaker if they wish. Let them know that you will send their letters to the speaker if they want you to.

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6.2 Activity 6.2
Plan for the Day

Time
2 min

Materials
Plan for the Day
Commercial Break Cards

Purpose
To review the plan for the day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE

1. Pass out the **Commercial Break Cards** to 3 youth. Tell them that they should read their cards when you prompt them. Explain that you will have them read their cards at different times during the lesson.
2. Say: "Today we will learn how people who choose to have sex can protect themselves from HIV, other STI and unintended pregnancy."

   Write the Plan for the Day on the board or chart paper:
   - Prevention
   - Condoms
   - Question Box
   - Summary
3. Ask for a volunteer to read the plan. Clarify as needed.
4. Have the youth with **Commercial Break Card 1** stand and read the card aloud.

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Activity 6.2
Plan for the Day

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6.3 Activity 6.3
Methods of Prevention

Time
12 min

Materials
Birth Control (Teacher Background 6.3), p. XX
Blank cards
Prevention Chart
Prevention Cards
Tape
Commercial Break Cards

Purpose
To provide a quick review of the extent to which selected methods prevent HIV, other STIs and unintended pregnancy.

What the Teacher Does
Guides activity and provides corrective feedback.

What Youth Do
Work in small groups to discuss methods of prevention and identify the level of protection each offers against HIV, other STIs and unintended pregnancy.

PROCEDURE

1. Ask: "What are some things people use to prevent HIV, other STIs and/or unintended pregnancy?" Repeat the methods as youth suggest them so the entire group can hear. Write any method that is not listed on the **Prevention Cards** on a blank card in large letters.

2. Explain that there are a lot of different methods people might use, but not all of these methods help prevent HIV, other STIs *and* unintended pregnancy. Post the Prevention Chart and briefly review the categories:
   - Some methods help prevent the risk of all 3 things—HIV, other STIs and unintended pregnancy.
   - Some methods help prevent pregnancy only.

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3. Review the directions for the group activity:
   - They will work in their small groups as assigned at the beginning of the lesson.
   - Each group will get a card with a method of prevention written on it. (Show the **Prevention Cards.**)
   - The group must decide whether the method listed on the card prevents all 3 things, or only prevents pregnancy.
   - Once the group decides, someone from the group should tape the card on the Prevention Chart under the correct category.
   - Groups will have 2 minutes to work.
     Check for understanding. Clarify as needed.
4. Distribute at least 2 **Prevention Cards** to each group and have groups begin. Remind them that this is a quick process and that as soon as they figure out which category the methods belong in, someone should come tape the cards to the chart.
5. When all groups have finished, have the youth with **Commercial Break Card 2** stand and read the card aloud.
6. Review the Prevention Chart, starting with the "pregnancy only" category, and check answers. Ask the group to provide corrective feedback as necessary.
7. Close by emphasizing that only two methods protect against HIV, other STIs *and* pregnancy: choosing not to have sex (the safest method for protecting themselves) and using condoms (for people who are having sex). Stress that both people in a relationship are equally responsible for protecting themselves from HIV, other STIs and unintended pregnancy.

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6.4 Activity 6.4
Condom Demonstration

Time
20 min

Materials
External Condoms (Teacher Background 6.4), p. XX
Herman Uses a Condom—Parts 1 and 2 (Teacher Activity Sheets 6.4a and b)
Condoms and box with instructions
Container of water-based or silicone lubricant Internal condom
Scissors, baby wipe, tissue, plastic bag
How to Use a Condom (Worksheet 6.4)

Purpose
To demonstrate the proper use of condoms.

What the Teacher Does
Demonstrates the steps for proper condom use.

What Youth Do
Observe and identify steps for proper condom use.

Teacher Note
Before explaining and demonstrating the use of condoms, be sure to check and adhere to school district guidelines and policies. Throughout the discussion, remind youth that this information about condoms can be used when they decide they are ready to have sex.

PROCEDURE

1. Explain that you are going to read a story about someone who wants to use a condom but doesn't know how. Explain that they should listen carefully, because at the end they will be asked to help the person in the story.

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Activity 6.4
Condom Demonstration

2. Read and demonstrate Part 1 of the **Herman Uses a Condom** story, using Teacher Activity Sheet 6.4a.

Teacher Note

Either memorize the story or have a prepared aide or youth volunteer read it while you demonstrate. If you use an aide or youth helper, be sure this person has a chance to review the story before presenting it in class.

3. After the first part of the demonstration, explain that sometimes condoms can break (2 or 3 out of 100 times) during sexual intercourse, usually because people don't know how to use them correctly.* Emphasize that if they learn the proper way to use condoms, they can increase their chances of preventing HIV, other STIs and unintended pregnancy.
*Cason P, Cwiak C, Edelman A, et al., eds. 2023. *Contraceptive Technology.* 22nd edition. Burlington, MA: Jones-Bartlett Learning.

4. Explain that Herman needs their help and that you'd like them to work in their groups to create a list of "dos and don'ts" similar to the instructions Herman might find in the condom box, so Herman will know how to use the last condom.

5. Explain the group assignment:
   - Each group will work on a **How to Use a Condom** worksheet together and should choose a recorder.
   - The group should list all the things Herman should do to use a condom properly under the **Do** column. They should list all the things Herman shouldn't do under the **Don't** column.
   - Groups will have 5 minutes to make their lists.
     Check for understanding by asking what they will do with the worksheet. Clarify as needed.

6. Have youth turn to **How to Use a Condom** (Worksheet 6.4). (Point out the two columns: **Do** and **Don't**.) Ask who will be the recorders, and give each recorder a pencil, if needed. Have groups begin their lists. Circulate to clarify the task and answer questions.

7. While groups complete the worksheet, make a chart on chart paper or the board with two columns: Condom Dos and Condom Don'ts.

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Activity 6.4
Condom Demonstration

8. When groups have finished, explain that you have created a chart for Condom Dos and Condom Don'ts. Say: "Let's see what advice you have for Herman." Ask each group to share one "do" and one "don't" that aren't already listed. Add each group's suggestions to the chart. Clarify and correct any misinformation, and provide additional information as time permits (e.g., condoms can be torn by fingernails or jewelry).
9. Have the youth with **Commercial Break Card 3** stand and read the card aloud.
10. Return to Part 2 of the **Herman Uses a Condom** story (Teacher Activity Sheet 6.4b) and complete a quick demonstration of proper condom use to reinforce the condom "dos." Pull out a condom and explain that this is Herman's last condom. Go through the steps for proper use of external condoms, using Teacher Activity Sheet 6.4b.

Teacher Note

Again, either memorize the story or have the aide or youth volunteer read it while you demonstrate. Additional suggested adaptations for this lesson may include a review of the correct order of the steps of condom use and youth practice on condom demonstrators.

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Activity 6.4
Condom Demonstration

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6.5 Activity 6.5
Closure and Question Box

Time
7 min

Materials
Question box with anonymous questions

Purpose
To summarize the importance of using condoms consistently and correctly every time when having sex, and to answer questions from the question box.

What the Teacher Does
Summarizes experiences and key points from Lesson 6. Answers anonymous questions.

What Youth Do
Review Lesson 6.

PROCEDURE

Lesson Summary
1. Ask youth to imagine that they have an older brother, sister, cousin or other family member who wants to have sex with a partner. Ask: "What are the most important things about condoms that you would tell them. ?"

I Learned Statement
2. On the **"I Learned" Question Sheet** in their workbooks, have youth complete the sentence for Lesson 6: *"The most important thing I learned today about condoms is _____."*

Question Box
3. Answer questions about what was covered in today's lesson.
Answer any condom-related questions from the question box. If there are unanswered questions, let youth know that they can talk with you after class or during office hours.

Transition and Closure

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Activity 6.5
Closure

4. Explain that in the last ***Draw the Line*** lesson, they will get a picture of how much their lines or limits will help protect them from HIV, other STIs and unintended pregnancy. Emphasize that, while condoms can help prevent HIV, other STIs and unintended pregnancy, not having sex is the only 100% sure way to protect yourself.
5. Collect the name tents. Close by recognizing youth for their interest, their creative thinking and all the work they accomplished today.

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6.2 Teacher Activity 6.2
Commercial Break Cards

Commercial Break Cards

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Commercial Break Cards

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Tarjetas para el "Corte Comercial"

Tarjetas para el "Corte Comercial"

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6.3 Activity 6.3
Birth Control

Note: Methods are listed in order of effectiveness.*

Not having sex:

Also called abstinence, choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STIs. This includes vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STIs. Choosing not to have sex prevents HIV, other STIs and unintended pregnancy. It works all the time when people consistently avoid any behaviors that can potentially result in pregnancy or STI. There are no health risks.

People may need to be prepared to deal with pressure from a partner.

IUD:

The IUD (intrauterine device) is a form of long-acting reversible contraception (LARC). It is a small, plastic device shaped like a "T" that is inserted into the uterus by a health care provider. The IUD is highly effective (more than 99%) at preventing pregnancy. It does this by affecting the way sperm move and preventing sperm from fertilizing an egg. Some IUDs also release hormones that prevent pregnancy the same way as the birth control pill. Depending on the type of IUD, it can provide protection from pregnancy for 3 to 12 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. **The IUD doesn't help prevent HIV or other STIs.**

Implant:

Implants are another form of LARC. They consist of a rod or tube of artificial hormones placed under the skin of the upper arm by a health care provider. The implant is highly effective (more than 99%) at preventing pregnancy, and it provides protection for 3 years. It 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. **The implant doesn't help prevent HIV or other STIs.**

* Cason P, Cwiak C, Edelman A, et al., eds. 2023. *Contraceptive Technology*. 22nd edition. Burlington, MA: Jones-Bartlett Learning.

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Depro-Provera® (the shot):

This is an injectable form of birth control that uses a synthetic hormone (progestin) to prevent pregnancy. It is extremely effective at preventing pregnancy (more than 99%), as long as the injections are done on schedule every 12 weeks. The shot inhibits ovulation by suppressing hormone levels, inhibits the development of the lining of the uterus and contributes to the development of thick cervical mucus that decreases sperm penetration. The shot must be given by a health care provider. **Depo-Provera® doesn't help prevent HIV or other STIs.**

Birth control pills:

This prescription drug contains different amounts of the hormones estrogen and progesterone. It is more than 99% effective at preventing pregnancy if the person takes it every day and uses some other method of protection during the first month. 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. **The birth control pill doesn't help prevent HIV or other STIs.**

Birth control patch/vaginal ring:

The 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. They are more than 99% effective in preventing pregnancy when they are used correctly. Both slowly release artificial hormones into the body and prevent pregnancy in the same ways as the pill.

They 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. **The patch and the ring don't help prevent HIV or other STIs.**

External condoms:

An external condom is a sheath made of thin latex, polyurethane, or polyisoprene rubber that fits over the erect penis and catches semen (which includes sperm) when the penis ejaculates. Condoms can be 98% effective in preventing HIV, other STIs and pregnancy, but only if they are used correctly and consistently—every time a person has sex. Condoms provide a physical barrier that prevents direct contact with semen and other body fluids that can contain sexually transmitted bacteria and viruses, including HIV and other STIs. People who are allergic or sensitive to latex can use condoms made of polyurethane (a type of plastic) or polyisoprene (a non-latex rubber). Condoms are available at markets, drugstores, family planning and STI clinics, and online. Anyone can buy condoms, regardless of age or gender.

No prescription is needed. **Natural membrane (also known as lambskin) condoms do not help prevent HIV and other STIs to the same degree as latex condoms.**

/continued

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Internal condom:

The internal 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 or anus; 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. When used correctly and consistently, the internal condom can be 95% effective in preventing pregnancy, and also provides protection from HIV and other STIs. Internal condoms require a prescription and are sometimes available at family planning or STI health centers.

Withdrawal (pulling out):

In this method, when a couple has sex, the penis is fully pulled out or removed from the vagina/anus before ejaculating and then ejaculation occurs outside of the vagina/anus. Since the penis is withdrawn before ejaculation, the number of sperm that enter the partner's body is decreased. Withdrawal is 78% (typical use) to 96% (perfect use) effective in preventing pregnancy, but it requires a great deal of self-control and needs to be practiced consistently and without fail. In some people, sperm sometimes can be found in pre-ejaculate fluid, and pulling the penis out just before ejaculation will not keep these sperm from entering the partner's body. **Withdrawal will not help prevent HIV and other STIs.**

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Teacher Activity 6.3
Protection Cards

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Protection Cards

/continued

Tarjetas de protección

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Protection Cards

6.4 Teacher Background 6.4
External Condoms

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What they are:

An external condom is a sheath made of thin rubber that fits over an erect penis. Condoms also are called "rubbers" or "prophylactics." People who are allergic or sensitive to latex should use a hypoallergenic condom (e.g. polyurethane or polyisoprene).

How they work:

The condom fits snugly over the erect penis and catches semen (which includes sperm) during ejaculation. Condoms provide a physical barrier that prevents direct contact with semen and sexually transmitted infections, including HIV.

A common misconception is that condoms contain "holes," and that HIV can pass through the holes. Laboratory studies show that intact condoms provide a continuous barrier to microorganisms, including HIV.

How to use them:

The condom is unrolled onto the erect penis before the penis is placed anywhere near the other person's body.

Air pollution and heat can weaken condoms. Leaving condoms in sunlight for 8 to 10 hours also weakens them. 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 a short time (up to a month). Condoms should be stored in a cool, dry place, and the package should not be opened until the condom is going to be used. Many condoms include an expiration date. They should not be used after this date or if they are visibly damaged.

Oil-based lubricants such as petroleum jelly, Vaseline, hand lotions or baby oil can weaken condoms and should not be used. Lubricants should always be water based or silicone based. Examples of water-based lubricants include Astroglide, Aqua Lube, KY, Sliquid, Good, Pjur, and Swiss Navy. Examples of silicone-based lubricants include KY, Pjur, and Swiss Navy.

It is also best to avoid flavored, 'warming' or 'cooling' lubricants because these can contain ingredients that irritate the genitals.

Where to get them:

Condoms are available at markets, drugstores, and family planning and STI clinics. They also may be available in vending machines or at some schools. Anyone can buy condoms, regardless of age or gender. No prescription is needed.

Effectiveness and advantages:

/continued

Teacher Background 6.4
External Condoms

Condoms can be 98% effective in preventing HIV, other STIs, and pregnancy, **but only if they are used correctly and consistently every time a person has sex** (i.e., with perfect use). Several studies of "discordant couples" (i.e., couples in which one member has HIV and the other does not) show that using latex condoms with every act of intercourse substantially reduces the risk of HIV transmission. Among couples using condoms for pregnancy prevention, about 18 out of 100 will become pregnant in the first year of typical use, which reflects errors in use or couples forgetting to use a condom every time.

Latex condoms are double-dipped in latex during the manufacturing process. (Latex gloves are only single-dipped.) Condoms also are regulated by the FDA, and are subject to stringent testing. Several studies show that condom breakage rates in the United States are less than 2%. Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship.

Condoms may help prevent HPV, which is the leading cause of cervical cancer. Research has shown that condom use is linked to lower cervical cancer rates. However, HPV can be present on the genitals of people of any gender in areas that are not covered by a condom. Young people can get vaccines that will help protect against the types of HPV that cause most cervical cancers.

Risks and disadvantages:

Condom effectiveness depends on how condoms are used. Studies have found that most condom failure results from user mistakes, 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., using 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 out of 100.

There are no serious health risks. Sometimes condoms may irritate the skin, especially if they contain a spermicide. Use of another brand will solve this problem in most cases. People who are allergic to latex can use polyurethane or polyisoprene condoms. Some couples complain that condoms reduce sexual feeling. 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 (lambskin) condoms will not protect from HIV and other STIs to the same degree as latex condoms.

Source: Cason P, Cwiak C, Edelman A, et al., eds. 2023. *Contraceptive Technology*. 22nd edition. Burlington, MA: Jones-Bartlett Learning.

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Steps for Proper Use of External Condoms

Before You Have Sex

1. Obtain new condoms from drugstore, family planning clinic, vending machine or other source.
2. Check to make sure the package is unopened and the expiration date has not passed.
3. Have a conversation and get consent for specific activities.

As Soon as an Erection Occurs

4. Open the condom package, being careful not to tear the condom.
5. Make sure the condom is right side out. Check by unrolling the condom a little over 2 fingers to see if the tip of the condom naturally sticks out.
6. Pinch the tip of the condom between your thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation.
7. Put the condom against the head of the erect penis before any genital contact.
8. With your other hand, unroll the condom to the base of the erect penis. (Note: During class demonstration and practice, unroll the condom over the index and middle finger of your hand, if a condom demonstrator [a wooden or plastic model of a penis] is not allowed or available.)

After Ejaculation

9. Hold the condom around the base of the penis and gently pull out the penis (with the condom and its contents) from the partner's body while the penis is still erect.
10. Take the condom off carefully so semen doesn't spill. Roll the condom off starting at the base of the penis.
11. Dispose of the condom in the trash. Never use a condom more than once.

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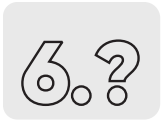

Teacher Background

Steps for Proper Use of External Condoms

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Herman Uses a Condom - Part 1

Directions:

Read slowly. Pause to allow the teacher to demonstrate the actions in bold type.

Part 1

Herman is someone much older than you. He is 19. Herman is kind of shy and nervous around people he likes, so it took him a while to have a real relationship, but it finally happened.

Now Herman and Kiva, who is 18, have been together for a long time. Eventually they decided to have sex—but they wanted to use condoms to keep themselves safe from HIV, other STIs and unintended pregnancy.

Herman went to buy some condoms and took his older brother along to help him. When he got to the store, he saw that there were lots of different kinds. Herman looked for the most expensive ones because he wanted to have the best.

But when he showed his brother the package, his brother said, "No, those are lambskin condoms. They don't protect you against HIV." His brother recommended some lubricated latex condoms, which Herman bought. His brother told Herman to practice first, but Herman was too excited and headed straight for Kiva's house.

Kiva was happy to see him. They talked for a while and then started to kiss and touch. Herman was a little nervous when he got out the condom. **(Get out condom and scissors.)** He tried to open the condom package with scissors. Oh no, he cut the condom! **(Make a cutting noise as you cut the package. Look horrified, then throw the condom away.)**

Let's try again. Herman opened the next package with his fingers. **(Open another package using your fingers.)** Just thinking about sex was making him excited. He put the condom on the tip of his penis and tried to roll it down. **(Put condom the wrong way on your fingers or condom demonstrator and try to roll it down.)** What's wrong? It didn't roll. Herman took the condom off and looked at it. **(Look at condom.)**

Oh, the condom needed to roll the other way. But now there was a little drop of semen on the outside of the condom. To be safe, Herman threw it away **(Throw it away.)** and got another one.

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Germán usa un condón

Instrucciones:

Lee despacio. Debes pausar para permitir al maestro/a demostrar las acciones marcadas en letra más oscura.

Parte 1

Germán es alguien mucho mayor que ustedes. Tiene 19 años. Germán se pone tímido y nervioso cuando está con muchachas, por eso le tomó trabajo tener una novia, pero al final ocurrió.

Ahora Germán y Kiva, que tiene 18 años, han estado saliendo por bastante tiempo. Llegó el momento cuando decidieron tener relaciones sexuales, pero querían usar condones para mantenerse a salvo del VIH, otras ITS, y del embarazo no intencional.

Germán fue a comprar algunos condones y llevó consigo a su hermano mayor para ayudarle. Cuando llegaron a la tienda, se dio cuenta de que había muchos de diferentes tipos. Buscó los más caros, porque quería tener los mejores.

Pero cuando su hermano vio el paquete, le dijo: "No, esos son condones de piel de oveja. No te protegen contra el VIH". El hermano le recomendó algunos condones de látex lubricados, y le sugirió que practicara primero, pero Germán estaba muy excitado y se fue directamente a la casa de Kiva.

A Kiva le alegró verlo. Estuvieron conversando por un rato y luego empezaron a besarse y acariciarse. Germán estaba un poco nervioso cuando sacó el condón de la caja **(Sacar el condón y unas tijeras).** Trató de abrir el paquete con las tijeras.

¡Oh, no, cortó el condón! **(Hacer un ruido como de corte al cortar el paquete. Mirar con horror, y arrojar el condón).**

Probemos otra vez. Germán abrió otro paquete con sus dedos **(Abrir otro paquete usando los dedos).** Sólo el pensar en la idea del sexo lo estaba haciendo excitar. Puso el condón en la punta del pene y trató de desenrollarlo hacia abajo **(Poner el condón en la forma equivocada en los dedos, y tratar de desenrollarlo).** ¿Cuál es el problema? No se desenrolló. Germán tomó el condón y lo miró **(Mirar el condón).**

Oh, el condón necesitaba desenrollarse hacia el otro lado. Pero ahora había una gotita de semen en la parte de afuera del condón. Para estar seguro, Germán lo arrojó **(Arrojarlo.)** y sacó otro.

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Herman Uses a Condom - Part 1 *(continued)*

He looked carefully to see which was the outside and started to roll it down. He rolled the condom halfway down his penis and thought, "Great, I'm ready." **(Roll condom down fingers part way.)**

As Herman and Kiva started to have sex, Herman felt the condom slipping off!

(Slip condom off.)

Herman threw that one away too (**Throw it away.)** and got another one. He opened it with his fingers, checked which was the outside, and put it on all the way to the base of his penis. **(Put condom on to bottom of fingers or condom demonstrator and look satisfied.)**

By this time, Kiva wasn't very excited anymore. Herman suggested using some Vaseline or baby oil to lubricate the condom. He put Vaseline on the condom and they started having sex. **(Put Vaseline on condom.)**

Oh no, the condom broke! Herman remembered that oil and Vaseline can cause condoms to break, and that if you are going to use a lubricant, it has to be water-based like Astroglide or Aqua Lube. **(Show lubricant.)**

By now Herman was getting frustrated and was wishing he'd paid more attention in his class about condoms and HIV. He looked in the box for another condom and found...the condom instructions! **(Look very happy. Pull out instructions from the box.)**

Kiva laughed and said that maybe they should read the instructions together before they used the last condom.

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Germán usa un condón — Parte 1 *(continuación)*

Miró cuidadosamente cuál era la parte de afuera del condón, y comenzó a desenrollarlo. Lo hizo hasta la mitad del pene y pensó: "Por fin, estoy preparado". **(Desenrollar el condón hacia abajo, cubriendo sólo la mitad de los dedos.)**

Cuando Germán y Kiva empezaron a tener sexo, ¡Germán sintió que el condón se salía! **(Hacer salir el condón.)**

Germán arrojó este condón también **(Arrojarlo.)** y sacó otro. Lo abrió con los dedos, miró cuál era el lado de afuera, y lo puso hasta la base del pene. **(Poner el condón hasta la base de los dedos, y parecer complacido.)**

A estas alturas, Kiva ya no se sentía muy excitada. Germán sugirió usar Vaselina o aceite de bebés para lubricar el condón. Puso Vaselina y empezaron a tener sexo. **(Poner Vaselina en el condón.)**

¡Oh no, el condón se rompió! Germán no sabía que el aceite y la Vaselina pueden hacer que el condón se rompa, y que si se quiere usar lubricante, tiene que ser uno con base de agua, como Astroglide o Aqua Lube. **(Mostrar un lubricante.)**

Ahora Germán estaba sintiéndose frustrado y deseando haber puesto más atención en la clase sobre condones y el HIV. Buscó otro condón en la caja...¡y encontró las instrucciones! **(Mostrarse feliz. Sacar las instrucciones de la caja.)**

Kiva se largó a reír y dijo que sería mejor que leyeran juntos las instrucciones antes de usar el último condón.

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/continued

Teacher Activity Sheet 6.4b

Herman Uses a Condom

Directions:

Read slowly. Pause to allow the teacher to demonstrate the actions in bold type.

Part 2

Herman took the last condom out of the package carefully. **(Take condom out.)**

He checked to make sure it was right side out. **(Check condom.)**

He put the condom on his erect penis and rolled it all the way down to the base.

(Roll condom to bottom of fingers or condom demonstrator.)

He put—a water—based lubricant on the condom. **(Apply lubricant.)**

Then he was ready. When Kiva and Herman finished having sex, Herman held the condom around the base of his penis, so that semen wouldn't spill as he pulled out. **(Hold base of condom around fingers or condom demonstrator. Roll off the condom starting at the bottom.)**

Herman wrapped the condom in a tissue and threw it away in the garbage.

(Wrap condom in tissue and put it in a plastic bag.)

Now Herman and Kiva knew how to use condoms to prevent HIV, other STIs and pregnancy!

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/continued

6.4

Actividad del maesto(a) 6.4b

Germán usa un condón — Parte 2

Instrucciones:

Lee despacio. Debes pausar para permitir al maestro/a demostrar las acciones marcadas en letra más oscura.

Parte 2

Germán tomó cuidadosamente el último condón. **(Sacar el condón.)**

Lo revisó para asegurarse de cuál era el lado correcto. **(Revisar el condón.)**

Puso el condón en su pene erecto y lo desenrolló totalmente hasta la base.

(Desenrollar el condón hasta la base de los dedos.)

Aplicó un lubricante a base de agua sobre el condón. **(Aplicar lubricante.)**

Ahora estaba listo. Cuando él y Kiva terminaron el acto sexual, Germán apretó el condón en la base, para que el semen no se derramara al retirar el pene. **(Sostener la base del condón alrededor de los dedos. Arrollar el condón comenzando desde abajo.)**

Germán envolvió el condón en un pañuelo de papel y lo arrojó en la basura.

(Envolver el condón en un pañuelo y ponerlo en una bolsa de plástico.)

¡Finalmente Germán y Kiva saben cómo usar condones para protegerse contra el VIH, otras ITS y el embarazo!

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Worksheet 6.4

TBD

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7 Lesson 7
Staying Safe

INTRODUCTION

Internal control underpins both a person's ability to draw the line—stop even when really turned on—and respect someone else's line. This lesson helps youth identify an image that can help them stick to their limit when they are tempted to cross their line. It also helps them evaluate their personal limit with respect to how much it will protect them against HIV, other STIs and unintended pregnancy.

Purpose Statement for Youth

Today you will discover a picture that will help you stick to your limit (cool down). You'll also find out how much your personal limit will really protect you from HIV, other STIs and unintended pregnancy.

Objectives

Youth will be able to:

- Identify a mental image or "cold shower" they can use to cool down or pause when they are in a situation where they might cross their own line or someone else's.
- Describe their most important reason for not crossing the line.
- Describe how they will avoid crossing the line.

Activities

Activity 7.1:
Lesson 6 Review

Activity 7.2:
Plan for the Day

Activity 7.3:
Traffic Light

Activity 7.4:
Cold Shower

Activity 7.5:
Good-Bye

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Before the Lesson

- Review the entire lesson and any supporting materials. Make any modifications needed to help ensure youth success.
- Review Teacher Background 7.3—**HIV/STI Risk Behavior Key** (p.XX).
- Review the Plan for the Day.
- Pass back the name tents.

/continued

Prepare and/or review the following materials:

- Chart paper, markers and tape
- Drawing paper for each youth
- **HIV/STI Risk Behavior Cards** (Teacher Activity Sheets 7.3a–c)—make 1 set
- **Traffic Light** (Teacher Activity Sheet 7.3d)—copy 3; color 1 copy with a red light, 1 yellow and 1 green
- Blank 3"x 5" cards

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7.1 Activity 7.1
Lesson 6 Review

Time
3 min

Materials
None

Purpose
To review Lesson 6.

What the Teacher Does
Reviews experiences and key concepts from Lesson 6.

What Youth Do
Review Lesson 6.

PROCEDURE
1. Collect Lesson 5 homework from any youth who missed Lesson 6.
2. Ask youth to name 5 "Dos" and 5 "Don'ts" for using condoms.

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7.1

Activity 7.1
Lesson 6 Review

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7.2 Activity 7.2
Plan for the Day

Time
3 min

Materials
Plan for the Day

Purpose
To review the Plan for the Day and orient youth to the day's activities.

What the Teacher Does
Posts the plan; has a volunteer read the plan; summarizes the Plan for the Day.

What Youth Do
Review the Plan for the Day.

PROCEDURE
1. Say: "Today you will re-think your limits and create a picture to help you stick to your line."
   Write the Plan for the Day on the board or chart paper:
   - Traffic Light
   - Cold Shower to Pause and Stop
   - Good-Bye
2. Ask for a volunteer to read the plan. Clarify as needed.
3. Explain that today is the last day of the *Draw the Line/Respect the Line* program. Explain that they'll have a chance to show what they know about drawing the line and create a picture to help them stick to their limits.

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Activity 7.2
Plan for the Day

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7.3 Activity 7.3
Traffic Light

Time
20 min

Materials
HIV/STI Risk Behavior Cards
Traffic Light (1 red, 1 yellow, 1 green)
Tape
3" x 5" cards
HIV/STI Risk Behavior Key (Teacher Background 7.3)

Purpose
To help youth evaluate how much their personal limits protect them from HIV and other STIs.

What the Teacher Does
Structures activity. Organizes and summarizes ideas.

What Youth Do
Decide the risk level of various activities and compare their personal line to those activities.

PROCEDURE
1. Tape the 3 traffic lights along the wall. Explain that the 3 lights represent risk for HIV and other STIs:
   - Red is highest or most risk of transmission.
   - Yellow is less risk of transmission, but a person still needs to use caution.
   - Green is safe or the lowest risk of transmission.

   Explain that they are going to think about various behaviors and what the risk level of these behaviors might be. Because some of these behaviors might be where they've decided to draw the line for themselves, they will have a chance to think how much their personal limits will prevent transmission of HIV or other STIs.

/continued

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2. Explain the activity:
   - They will work in small groups.
   - Each group will get several cards with different behaviors written on them.
   - They should discuss each behavior and decide its level of risk.
   - Once the group has decided, they should tape their cards along the wall, under the various traffic lights on the risk continuum.
3. Model the activity by asking youth to indicate the level of risk associated with "Talk on the phone" (safe) and "Use condoms with baby oil" (most dangerous). Post these **HIV/STI Risk Behavior Cards** in the proper place on the continuum. Clarify that behaviors that go under the yellow light may be OK, but under some conditions or in some situations they can become red or high risk.
4. Organize youth into groups of 4. Distribute tape and a few **HIV/STI Risk Behavior Cards** to each group and have groups begin. Allow groups to work for 3–5 minutes. While they are working, write the primary body fluids that can carry HIV on the board or chart paper: blood, semen, vaginal fluid, rectal fluid, and note primary ways that STIs are transmitted (body fluids, skin-to-skin contact).
5. When all the cards have been placed along the wall, review the body fluids that can carry HIV and the primary ways STIs are transmitted. Then review each behavior and its place on the continuum, using the **HIV/STI Risk Behavior Key** as a guide. Ask if any cards should be moved, discuss why and then move the cards, if appropriate. Ask if there are any other behaviors they would like to place on the wall. Write these on blank cards and place them on the wall.

Teacher Note

Do not leave a card incorrectly placed along the continuum. Heated discussion may emerge about the proper place for a behavior along the risk continuum. Stress that any behavior not placed under the green light puts a person at risk for HIV or other STIs. End any discussion that becomes nonproductive. When youth are evaluating a behavior, they may ask you whether the sex partner is infected with HIV or an STI. Say that you do not know.

6. Ask youth to take out the cards they completed in Lesson 1 that have been stored in their name tents. Have them look at the behaviors on the wall. Ask: How will you draw the line for the activities in each category; red, yellow or green?"
7. Ask if there's anything they want to add to their cards or if they want to change anything on the card to help reduce their risk for HIV/STI or stick to their limits. Give youth 1–2 minutes to revise their cards.

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7.4 Activity 7.4
Cold Shower to Pause & Stop

Time
17 min

Materials
Drawing paper
Markers or colored pencils

Purpose
To enable youth to describe their most important reasons for sticking to their limits.

What the Teacher Does
Structures activity. Ensures that youth are on task and summarizes ideas.

What Youth Do
Decide on the most important reason for sticking with their limits and respecting other people's limits. Draw a picture to illustrate it.

PROCEDURE

1. Say: "Think about yourself in a situation with someone you really like. You are getting close to your limit, feeling very good and thinking about crossing your line. Right at that moment, in that situation, you might not be thinking about anything except how good you feel. One thing that could help is to have a picture in your head that will help you remember why you chose your limit. What might you think about so you don't cross your line or another person's line?"

   Ask for a few ideas. Use the T and K story to prompt youth as necessary. Say: "Remember T and K? What might be K's picture?" (e.g., Mom walking in and looking shocked.)

   Have youth take out their cards. Tell them their picture should be something that will jump into their minds when they are thinking of crossing that line—something that will cool them off to help them pause and stop if they are getting close to their own or someone else's limit.

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2. Encourage youth to consider 3 things when thinking about their pictures:
   - What could happen if they cross their line?
   - What could happen if they cross the other person's line?
   - Who could be hurt by their actions?
   - How might their future change if they cross their line? How might it change if they cross the other person's line?

   Explain that they will have about 15 minutes to work on their pictures. They can choose to keep their pictures private. They can use words with their pictures. Youth who don't want to draw can write a letter or journal entry that reminds them of why they want to stick to their limit. Explain that the most important thing is to put themselves in the picture.

3. Distribute drawing paper and markers or colored pencils and allow youth to work for 15 minutes. Circulate to answer questions and assist those who have difficulty deciding on a picture.

4. Call the group back to attention. Congratulate youth on their work. Emphasize that the more detailed their picture is, the easier it will be to remember it when they need it. Explain that they can continue to work on their pictures after this lesson if they want (e.g., color them, add more details, etc.) Encourage them to think about their pictures, and to use them to cool off, pause and stop whenever they get close to crossing personal limits.

5. Assign homework. Ask youth to look at their pictures before they fall asleep tonight and think about how they will use the picture. They should study the picture, so it will stay in their memory and help them when they need it. Tell them that the more often they look at the picture and think about their lines, the easier it will be to remember their limits when they get into a difficult situation. Encourage them to also remember the importance of respecting other people's limits.

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Teacher Note

If you post the drawings, be sure youth have volunteered to show their work. It shouldn't be required.

7.5 Activity 7.5
Good-Bye

Time
8 min

Materials
None

Purpose
To motivate youth to use what they have learned.

What the Teacher Does
Asks youth to remember what they've learned in the *Draw the Line/Respect the Line* program.

What Youth Do
Think about what they learned in the program.

PROCEDURE

Lesson Summary

1. Review the main focuses of the *Draw the Line/Respect the Line* program:
   - You've learned about the idea of drawing the line and setting personal limits.
   - You've learned about respecting other people's lines.
   - You've practiced drawing the line in situations such as being asked to steal or cheat, or to vape or drink alcohol.
   - You've learned about respecting friends' lines.
   - You've talked about dating and relationships—how to draw the line in those situations, and how to recognize when you are pressuring others to cross their lines.
   - You've learned facts about HIV and other STIs.
   - You've talked a lot about what might happen if you cross your line and re-evaluated where you draw your line based on everything you now know.

2. Have youth look again at their cards. Emphasize that they have everything they

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need, including the confidence inside, to prevent unintended pregnancy, HIV and other STIs. Congratulate youth on all they have learned about drawing the line, setting limits and protecting themselves. Remind them that they can get help if they are being pressured.

I Learned Statement

3. On the **"I Learned" Question Sheet** in their workbooks, have youth complete the sentence for Lesson 7: *"The one thing I will use the most from the Draw the Line/ Respect the Line lessons is _____."*

Closure

4. Remind youth of the homework—to look at their picture and Remember how they plan to draw the line before they fall asleep tonight.

5. Remind them that the fact sheet they received on HIV contains hotline numbers they can call to get information if they need it.
Close by recognizing youth for their interest, their creative thinking and all the work they accomplished in the ***Draw the Line/Respect the Line*** program.

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7.3 Teacher Background

HIV/STI Risk Behavior Key

Safe

Kiss on cheek

Hug

Talk on phone Hold hands Give/get hickey

Touching breasts/genitals over clothes

Touching breasts/genitals under clothes

Some Risk

Deep kissing

Mouth to genitals, with condom barrier

Penis in vagina, with condom

Mouth to genitals, no condom barrier

Risky

Sex with condom and baby oil

Sex with someone on the pill, no condom

Sex with someone you love, no condom

Penis in vagina, no condom

Penis in anus/rectum, with condom

Penis in anus/rectum, no condom

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Sin riesgo

Beso en la mejilla
Abrazo
Hablar por teléfono
Tomarse de las manos
Dar o recibir marcas en el cuello
Tocar los senos o los genitales por encima de la ropa
Tocar los senos o los genitales por debajo de la ropa

Menos peligroso

Beso de lengua
Contacto de boca con genitales, con barrera de látex
Pene en la vagina, con condón de látex
Contacto de boca con genitales sin barrera de látex

Lo más peligroso

Sexo con condón de látex, lubricado con aceite para bebé
Sexo con alguien que usa la píldora, sin condón
Sexo con alguien que amas, sin condón
Pene en la vagina, sin condón
Pene en el recto, con condón
Pene en el recto, sin condón

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HIV/STI Risk Behavior Cards

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Tarjetas de conductas riesgosas relacionadas con el VIH y las ITS

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HIV/STI Risk Behavior Cards

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HIV/STI Risk Behavior Cards

Actividad del maestro(a) 7.3b

Tarjetas de conductas riesgosas relacionadas con el VIH y las ITS

Tarjetas de conductas riesgosas relacionadas con el VIH y las ITS

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HIV/STI Risk Behavior Cards

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Tarjetas de conductas riesgosas relacionadas con el VIH y las ITS

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7.3

Teacher Activity Sheet 7.3d

Traffic Light

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7.3

Actividad del maestro(a) 7.3d

Luz de tránsito

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"I Learned" Question Sheet

Lesson 1

My limits are important to me because _____

_____

Lesson 2

I can prevent HIV and other STIs by _____

_____

Lesson 3

It would be most difficult for me to stick to my limit if _____

_____

_____

Lesson 4

One way I can stick with my limit is to _____

_____

_____

Lesson 5

When I think about people living with HIV I feel _____ because _____

_____

Lesson 6

The most important thing I learned today about condoms is _____

_____

_____

Lesson 7

The one thing I will use the most from the *Draw the Line / Respect the Line* lessons is

_____

_____

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Cuestionario: "Lo que aprendí"

Lección 1

Mis límites son importantes para mí porque _____

_____

Lección 2

De esta manera podré prevenir el VIH y otras ITS _____

_____

Lección 3

Sería los más difícil mantenerme en mis límites si _____

_____

_____

Lección 4

Una forma de mantener mi límite es _____

_____

_____

Lección 5

Cuando pienso en personas que viven con VIH siento _____

porque _____

_____

Lección 6

La cosa más importante que aprendí hoy sobre los condones es _____

_____

_____

Lección 7

Lo que más usaré de las lecciones del programa *Marca los límites / Respeta los límites* es

_____

_____

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My Story by Antigone Hodgins

I tested positive for HIV when I was 22 years old.

Before I walked through the door to be tested, I had access to teachers, doctors, a therapist and clinicians at family planning clinics. None of them talked seriously to me about practicing safer sex and how I was at risk for HIV.

Instead, I was encouraged to use birth control pills. Providers thought that taking a pill was something I could handle because I wouldn't have to talk to my partner about it, I could just take it on my own I was also either discouraged from testing for HIV or it was never mentioned, which fueled my belief that I didn't need to be tested.

As a teenager, I was unclear as to why I should use protection, because I didn't perceive myself as someone who was at risk. If someone did talk to me about condoms, it was at the end of a conversation, an afterthought—"Remember to use condoms." I saw it as a generic saying that they probably told everyone. If I were really at risk, I thought, they would talk to me more seriously and directly about it.

I didn't know how to use condoms correctly. I didn't know where to get condoms in a place that I would feel comfortable and safe going to. It was a big deal for me to have to grab condoms out of a bowl in front of other people; it was embarrassing, and I wouldn't do it. I didn't learn how to correctly use a condom until after I tested positive. Most important, no one took the time to explain to me how I could communicate with a partner about safer sex.

When I tested positive, I was angry that I was never told that young people could get infected with HIV, much less young women. Because I didn't have this information, I was unable to make an informed choice. My anger pushed me to start doing something about it. I started to speak out, hoping that I could help prevent other young people from becoming infected. Maybe if they saw another person like them, they might be able to understand the reality of their own risk.

When I first started to speak out, I was really scared I was sure that the people I spoke to would not want to listen to my message. I thought that I had failed somehow because I was infected. Why would anyone want to hear about my story and my beliefs? I thought that people would say things like, "You're infected because you were a bad person, you did something wrong."

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Mi historia por Antigone Hodgins

Cuando tenía 22 anos, salí positiva (infectada) a la prueba del VIH.

Antes de hacerme la prueba de VIH, estaba rodeada de maestros, médicos, una terapeuta, y personal de clínicas de planificación familiar. Ninguno de ellos me habló seriamente sobre practicar el sexo más seguro ni sobre el riesgo de contraer el VIH.

Más bien pensaron que era mejor que usara la píldora anticonceptiva. Los proveedores pensaron que tomar la píldora era lo más lógico ya que de esa forma evitaría tener que hablar de eso con mi pareja y así dependería de mí misma para "protegerme". No recuerdo si me hablaron de hacerme la prueba o si más bien me desalentaron; esto me dio la idea que no necesitaba hacérmela.

Cuando era adolescente, no tenía claro porque debería usar protección, ya que yo no me sentía como una persona a riesgo. Si alguien hablaba de condones, era siempre al final de la conversación, como por no dejar "Recuerda usar condones..." Lo entendí como un decir que lo dijeron a todos. Si realmente existiera riesgo, pensé, me hablarían más seriamente y más directamente.

No sabía como usar condones correctamente. No sabía como conseguir condones sin sentirme incómoda o insegura. No me gustaba tener que agarrar los condones de un recipiente frente a otras personas; sentía vergüenza y no lo hice. No aprendí a usar un condón correctamente hasta que salí VIH positiva. Lo más importante, nadie se tomo el tiempo de explicarme como comunicarme con una pareja acerca del sexo más seguro.

Cuando salí VIH positiva, estaba enojada porque nunca me dijeron que los jóvenes podían infectarse con el VIH y mucho menos las jovencitas. Por no tener esta información, no pude tomar una decisión informada. Mi enojo me empujo a hacer algo. Comencé a hablar en público, con la esperanza de ayudar a prevenir la infección en otros jóvenes. Pensé que tal vez si vieran a una persona como ellos, podrían entender la realidad de su propio riesgo.

Cuando comencé a hablar en público, tenía mucho miedo. Estaba segura de que las personas no iban a querer oír mi mensaje. Pensé que había fracasado por el hecho de haber salido infectada. Me pregunté "¿Por qué van a querer oir mi historia y mi forma de pensar?" Pensé que la gente diría cosas como "Te infectaste por ser una mala persona, hiciste algo malo."

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My Story by Antigone Hodgins

To my amazement that didn't happen. People, especially other young people, were hungry for what I had to say. They wanted information. They could hear me because I was honest with them. I told them the facts about HIV from the point of view that they deserved this information to stay alive. I was not there to judge them or tell them what to do. That was not my place.

After time, I started to realize why I was speaking and educating. It wasn't just to share my experiences. It was because I did not want this to happen to anyone else.

Through the process of telling my story, I recognized what could have made a difference for me. That difference would have been hearing someone like myself speaking out. I was able to pull together pieces of a puzzle that had been floating around inside me for years. I combined the myths that were taught to me about HIV and AIDS by my school and the media: that only older gay men, prostitutes and drug addicts were at risk. I saw that I had been a very misinformed person.

I am now able to stand in front of other young people as a human being, neither good nor bad, just Antigone, who has a story to tell. I have seen that one person really can make a difference. What I talk about may be controversial, but I don't care anymore, because I believe in my message and what I have to share. I strongly believe that one young person's life is worth offending 10,000 people because that is really what we are talking about—lives.

Knowing the facts and understanding choices and ways that people can protect themselves, such as not having sex, or choosing to use condoms if they do, is the right of every person in this country.

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Mi historia por Antigone Hodgins

Para mi sorpresa, no fue así. La gente, especialmente los jóvenes, estaban ansiosos de oir lo que decía. Querían información. Me escucharon porque era honesta con ellos. Les contaba la información sobre VIH porque merecían esa información para sobrevivir. No quería juzgarles o decirles lo que deberían hacer. No era mi propósito.

Después, me di cuenta de la razón por la que yo hablaba en público. No era solamente para compartir mis experiencias. Era porque no quería que esto le ocurriera a alguien más.

Al contar mi historia, me di cuenta de que si hubiera escuchado a alguien como yo, la cosas hubieran sido diferentes. Me di cuenta de que había creido a ciencia cierta en muchos mitos que me enseñaron en la escuela y los medios masivos de comunicación: solo los hombres mayores gay, las prostitutas y los drogadictos podrían contragiarse de VIH. Me di cuenta que había sido una persona muy mal informada.

Ahora puedo presentarme frente a un grupo de jóvenes como un ser humano, ni buena ni mala, como Antigone, una persona con una historia que contar. Una sola persona puede hacer la diferencia. Lo que digo puede ser controversial, pero no me importa. Creo en mi mensaje y en lo que tengo que ofrecer. Creo que una vida de un joven vale más que ofender a 10,000 personas. Y estamos hablando de vidas.

En este país cada persona tiene derecho a la información, entender las decisiones que piensa tomar y tomar las medidas necesarias para protegerse, es decir, el no tener relaciones sexuales o el usar condones si las tiene.

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HIV Fact Sheet

What Is HIV?

HIV is the virus that causes AIDS. If the virus gets into someone's body, that person has HIV.

What Does HIV Do to the Body?

HIV attacks the immune system, the body's defense system that fights disease. At first, the person may not feel sick at all.

Over time, most people with HIV begin to feel sick. They may get diseases because the immune system can no longer fight off germs. Some of these diseases are very serious.

When a person's immune system has been severely damaged by HIV, it is called AIDS. People may even die if the immune system is badly damaged.

How Do People Get HIV?

HIV lives in body fluids—blood, semen, vaginal fluid, rectal fluid, and breast milk. Semen is the thick, white, sperm-containing fluid released during ejaculation. Vaginal fluid is normal mucus in the vagina. Rectal fluid is normal mucus in the rectum. If the blood, semen, vaginal fluid, rectal fluid, or breast milk of someone who has HIV gets inside another person's body, the second person might get HIV.

There are 3 main ways people get HIV:

- **Sex.** HIV can be passed when people have sexual intercourse (vaginal or anal).
- **Needles.** HIV can be passed when people share needles for any reason. This includes injecting drugs, tattooing, piercing, or injecting vitamins or steroids.
- **Being born with it.** If some who is pregnant has HIV, the baby may be born with it. Babies can also get HIV from drinking breast milk if their mothers have HIV.

Is Casual Contact OK?

YES! People don't get HIV from casual contact with someone who has HIV. That means it's OK to touch, hug, share food, talk or hang out with someone with HIV. Dry kissing is safe too.

What About Tongue Kissing?

HIV is not passed through saliva. But it can be passed through blood. Wet kissing is OK only if neither person has sores, cuts or bleeding in the mouth.

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Información sobre el VIH

¿Qué es el VIH?

El VIH es el virus que causa el SIDA. Si el virus entra en el cuerpo de alguien, esa persona tiene la infección del VIH.

¿Cuál es el efecto del VIH en el cuerpo?

El VIH ataca el sistema de inmunidad, o sea, el sistema de defensa del cuerpo que combate las enfermedades. Al principio, tal vez la persona ni se sienta enferma.

Con el paso del tiempo, la mayoría de las personas con el VIH comienzan a sentirse enfermas. Quizás contraigan enfermedades porque el sistema de inmunidad ya no puede luchar contra los gérmenes. Algunas de estas enfermedades son muy graves.

Se dice que la persona tiene SIDA cuando el VIH ha dañado gravemente. Cuando el sistema de inmunidad está en esta situación, las personas pueden incluso morir.

¿Cómo es que la gente se contagia con el VIH?

El VIH vive en los líquidos del cuerpo: la sangre, el semen, los fluidos vaginales y rectales, y la leche materna. El semen es el líquido espeso y blanco que contiene espermatozoides, y que sale del pene al eyacular. El líquido vaginal es el moco normal de la vagina. El líquido rectal es el moco normal del recto. Si la sangre, semen, fluidos vaginales o rectales, o leche materna de una persona con el VIH entran en el cuerpo de otra persona, la segunda persona puede contraer el VIH.

Hay 3 maneras de contraer el VIH:

- **Relaciones sexuales.** El VIH puede pasar de una persona a otra durante el acto sexual vaginal, anal u oral.
- **Agujas o jeringas.** El VIH puede pasar de una persona a otra al compartir agujas o jeringas por cualquier razón, como para inyectarse drogas, vitaminas o esteroides, o tatuajes y perforaciones en el cuerpo.
- **Nacer con el virus.** Si alguien con un embarazo tiene el VIH, su bebé puede nacer con el virus. Los bebés también pueden contraer el VIH al beber la leche materna si sus madres tienen el virus.

¿Está bien tener contacto superficial?

¡Sí! La gente no contrae el VIH por contacto superficial con una persona que lo tiene. Eso significa que está bien tocar, abrazar, compartir comida hablar o pasar tiempo con alguien que tiene el VIH. Los besos secos tampoco son peligrosos.

¿Y los besos húmedos?

El VIH no se pasa por medio de la saliva, pero puede pasar por medio de sangre. Los besos húmedos no son peligrosos siempre y cuando ninguna de las dos personas tenga llagas, cortadas o sangrado en la boca.

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HIV Fact Sheet *(continued)*

How Do People Know if They Have HIV?

People may not know they have HIV. Many people have no symptoms.
You can't tell by looking at someone whether they have HIV.
The best way for people to find out if they have HIV is to have a quick and simple test.

Where Can People Get Help if They Think They Might Have HIV?

If people think they might have HIV, they can have an HIV test. In many states, teens can get a free HIV test on their own. They don't need to tell their parents unless they want to.

Teens can go to:

- a health clinic
- a teen or school clinic
- a special STI or HIV clinic
- their regular doctor or health care provider
- a mobile clinic at a health fair or community event

Are There Treatments for HIV?

There is no cure for HIV. But there are treatments. Treatments can help keep a person's body healthy for a long time. This is why it's important for people with HIV to be tested and see a doctor.

How Can People Avoid HIV?

People can make choices to protect themselves from HIV. These are things you can do:

- **Don't have sex.** This means don't have vaginal, anal or oral intercourse.
- **Use condoms.** If you are going to have sex, use a new latex condom every time.
- **Have sex with only one person, who only has sex with you.** This only works if neither person has HIV. If either of you has had sexual partners in the past, there is always some risk of having HIV. Before having sex, you should both get tested for HIV to be sure.
- **Don't share needles** for injecting drugs, vitamins or steroids, tattooing, piercing or any other reason.
- **Take medicine, if needed.** A treatment called PrEP (pre-exposure prophylaxis) is a way people who are at risk for HIV or who are having sex with someone who is living with HIV can protect themselves. It involves taking HIV medicines every day.

Source: www.cdc.gov/hiv/basics/prevention.html

CDC-INFO

1-800-232-4636 *Hours:* Every day, 24 hours a day www.cdc.gov/STI

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Información sobre el VIH *(continuación)*

¿Cómo saben las personas si tienen el VIH?

Puede ser que no sepan. Muchas personas no tienen síntomas. Con sólo mirar a una persona no se puede decir que tiene el VIH.

La mejor manera de saber si uno tiene el VIH es haciéndose una prueba rápida y sencilla.

¿Dónde le pueden ayudar a alguien que piensa que puede tener el VIH?

Si la persona cree que puede tener el VIH, puede hacerse una prueba. En muchos estados, los adolescentes pueden conseguir una prueba gratuita por sí mismos. No necesitan decírselo a sus padres, a menos que deseen hacerlo.

Los adolescentes pueden ir a:

- una clínica de salud
- una clínica para adolescentes, o una clínica escolar
- una clínica especializada en ITS o VIH
- su profesional médico o doctor de cabecera
- una clinica ambulante de una feria de salud o evento comunitario

¿Hay tratamientos para el VIH?

No hay cura para el VIH, pero existen tratamientos. Estos tratamientos pueden ayudar a mantener sano el cuerpo durante mucho tiempo. Por eso es importante que las personas con VIH se hagan la prueba y consulten a un médico.

¿Cómo puede la gente evitar el VIH?

La gente puede tomar decisiones para protegerse contra el VIH. Estas son las cosas que tú puedes hacer:

- **No tener sexo.** Esto significa no tener relaciones sexuales vaginales, anales u orales.
- **Usar condones.** Si vas a tener sexo, usa un condón de látex nuevo cada vez.
- **Tener sexo con sólo una persona,** que solamente tiene sexo contigo. Esto funciona solamente si ninguno de las dos personas tiene el VIH al comienzo. Si cualquiera de los dos tuvo compañeros/as sexuales en el pasado, siempre hay algún riesgo de tener el VIH. Para estar seguros, ambos deben hacerse la prueba del VIH antes de tener relaciones sexuales.
- **No compartir agujas** para inyectarse drogas, vitaminas, esteroides, o para tatuajes, perforaciones en el cuerpo, o cualquier otra razón.

Fuente: (CDC, por sus siglas en inglés) — www.cdc.gov/hiv/basics/prevention.html

CDC-INFO

1-800-232-4636 *Hours:* Every day, 24 hours a day www.cdc.gov/STI

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STI Fact Sheet

What Is STI?

STI stands for *sexually transmitted infection* A person can get an STI if they have sex with someone else who has an STI.

Common STIs

There are many different kinds of STI. Some of the most common include:

- chlamydia
- gonorrhea
- HPV
- genital herpes
- HIV
- syphilis

How Do People Get STI?

An STI can be passed from one person to another during sex. Some STIs are passed through sexual intercourse (vaginal, oral or anal). Some STIs are passed through close, skin-to-skin contact with the genitals.

This means a person can get some kinds of STI even if they haven't had intercourse.

How Do People Know if They Have STI?

People may not know. Sometimes, people have no symptoms. *You can't tell by looking at someone whether they have an STI.*

When people do have symptoms, these are the most common:

- Rash, bumps, sores or blisters around the penis, vagina, mouth or rectum.
- Burning when they pee.
- Unusual drips and smells from the penis or vagina.
- Itching penis, vagina or rectum.
- Bleeding or pain during sex.

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Hoja de información sobre las ITS

¿Que es una ITS?

ITS es la abreviación de Infecciones de Transmisión Sexual. Una persona puede contraer una ITS si tiene relaciones sexuales con alguien que tiene una ITS.

ITS comunes

Hay diversas ITS. Las más comunes son:

- clamidia
- gonorrea
- VPH
- herpes genital
- VIH
- sífilis

¿Cómo contrae uno una ITS?

Una ITS puede transmitirse de una persona a otra durante las relaciones sexuales. Algunas se transmiten durante la penetración (vaginal, oral o anal). Algunas se contraen por medio de contacto íntimo, piel-con-piel entre los genitales.

O sea que una persona puede contraer algunas ITS aunque no haya tenido relaciones sexuales o aunque no hay habido penetración.

¿Cómo sabe uno si tiene una ITS?

A veces las personas no saben. A veces no hay síntomas. *Con simplemente mirar, no se puede saber si una persona tiene una ITS.*

Cuando hay síntomas, estos son los más comunes:

- Ampollas, llagas, ronchas o bultos cerca del pene, la vagina, la boca o el recto.
- Ardor al orinar.
- Goteo y olor en el pene o la vagina.
- Comezón en el pene, la vagina o el recto.
- Sangrando o dolor durante el acto sexual.

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STI Fact Sheet *(continued)*

Where Can People Get Help if They Think They Have an STI?

If people think they have an STI, they should get checked right away. In most states, teens can get medical care for STI on their own, often for free. They don't need to tell their parents unless they want to.

Teens can go to:

- a health clinic
- a teen or school clinic
- a special STI clinic
- their regular doctor or health care provider

People should get checked if they have symptoms. If they don't have symptoms but think they might have been exposed to an STI, they should be checked, too.

STI Treatment

Getting treatment is important, and being treated as soon as possible is best. Treatments can help the symptoms go away. They can help keep the body healthy.

Some STIs can be cured. Once the disease is cured, a person will not pass it to anyone else.

Some STIs can be treated, but not cured. This means the symptoms might get better, but the person could still pass the infection to someone else.

Avoiding STI

You can make choices so you don't get STI. These are the things you can do:

- **Don't have sex.** This means don't have vaginal, oral or anal intercourse. It also means you should avoid close skin-to-skin contact with someone's genitals.
- **Use condoms.** If you are going to have sex, use a new latex or polyurethane condom every time.
- **Have sex with only one person,** who only has sex with you. This only works if neither of you has an STI. If either of you has had sexual partners in the past, there is always some risk of having an STI. Before having sex, you should both be tested for STIs to be sure.
- **Get a vaccine.** Young people can be vaccinated against HPV (the virus that causes genital warts). The vaccine helps protect you from the most common kinds of HPV including the types that can cause cancer.

Source: www.cdc.gov/sti

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Hoja de información sobre las ITS *(continuación)*

¿A dónde se puede ir a recibir ayuda si uno piensa que tiene una ETS?

Si alguien piensa que tiene una ETS, es importante hacerse un chequeo de inmediato. En la mayoría de los estados, los adolescentes pueden recibir, por cuenta propia, atención médica gratis por el tratamiento de las ETS. No necesitan decírselo a sus padres si así lo deciden.

Los adolescentes pueden ir a:

- una clínica de salud
- una clínica para adolescentes, o la clínica de una escuela
- una clínica especializada en ETS
- su médico regular o profesional de salud

Si alguien presenta alguno de estos síntomas, es importante ir a una clínica o centro de salud. Si la persona no presenta síntomas, pero piensa que pudo haber estado expuesta a una ETS, también debe ir al médico.

El tratamiento para las ETS

Recibir tratamiento es importante y tratarse lo antes posible es lo mejor. Los tratamientos ayudan a hacer desaparecer los síntomas. También ayudan a mantenerse sano.

Algunas ETS se pueden curar. Una vez curada la enfermedad, no puede ser transmitida a otra persona.

Algunas ETS pueden ser tratadas o controladas, pero nunca ser curadas o eliminadas para siempre. Es decir, que aunque los síntomas se mejoran, la enfermedad todavía puede ser transmitida a otra persona.

Evitar las ETS

Puedes tomar decisiones para no contraer una ETS. Hay varias cosas que puedes hacer:

- **No tener relaciones sexuales.** Esto quiere decir no tener relaciones sexuales vaginales, orales o anales. También debes evitar contacto íntimo, piel-con-piel con los genitales de otra persona.
- **Usar condones.** Si vas a tener relaciones sexuales, usa un condón de látex nuevo cada vez.
- **Tener sexo con una sola persona,** que sólo tenga sexo contigo. Esto sólo funciona si ninguno de los dos tiene una ETS. Si cualquiera de los dos ha tenido compañeros/as sexuales anteriormente, siempre hay algún riesgo de tener una ETS. Para cerciorarse, ambos deben hacerse análisis de ETS antes de tener relaciones sexuales.
- **Vacunarse.** Tanto los niños como las niñas pueden recibir la vacuna contra el VPH (el virus que causa las verrugas genitales). La vacuna te protege contra los tipos de VPH más comunes.

Fuente: www.cdc.gov/STI

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What Can You Do?

Choose one of the difficult situations. Write it here.

Write 4 or 5 things you could say or do to keep from crossing your line in this situation.

1.

2.

3.

4.

5.

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¿Qué puedes hacer?

Elige una de las situaciones difíciles. Escríbela aquí.

Escribe 4 o 5 cosas que podrías decir o hacer para evitar cruzar tu límite en esta situación.

1.

2.

3.

4.

5.

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Observer Checklist

Step Used	Roleplay 1	Roleplay 2	Roleplay 3	Roleplay 4
Say, "NO, I don't"				
Use a body that says NO.				
Change the subject.				
Name the pressure. Walk away if you need to.				
Respect the other person's line in a positive way.				

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Lista del observador

Paso utilizado	Dramatización 1	Dramatización 2	Dramatización 3	Dramatización 4
Di: "NO, yo no"				
Usa un cuerpo que dice NO.				
Cambia de tema.				
Sal de la situación si es necesario.				
Respeta el límite de la otra persona de forma positiva				

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Home Alone

Directions:

Read "The Situation." Fill in the roleplay lines. The first line is already written. You can cross out or change the words in that line if you want.

The Situation

K and R really like each other. They are talking on the phone. K says, "Come over to my house. My parents won't be home until later." R really wants to go but is worried that K might want to touch and take their clothes off. R isn't ready to do this.

What Should R Say and Do?

How can R start the conversation? Write what R and K say.

K: Come over to my house. My parents won't be home until later.

R:

K:

R:

K:

R:

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Solos en casa

Instrucciones:

Lee "La situación". Completa las líneas de la dramatización. La primera línea ya está escrita. Puedes cambiar esa línea si quieres.

La situación

K y R se gustan mucho. Están hablando por teléfono. K dice: "Vente para casa. Mis padres llegarán tarde". R quiere ir, pero le preocupa que K quiera que se toquen y se quiten la ropa. R no está listo para hacer esto.

¿Qué debería R decir y hacer?

¿Cómo puede R comenzar la conversación? Escribe lo que R y K dicen.

K: Vente para casa. Mis padres llegarán tarde.

R:

K:

R:

K:

R:

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Let's Go Outside

Directions:

Read "The Situation." Fill in the roleplay lines. The first line is already written. You can cross out or change the words in that line if you want.

The Situation

S and C are at a party. C says, "Let's go outside." S really wants to go, but knows that going outside means they might end up going further than S wants to.

What Should R Say and Do?

How can S stick with their line? Write what S and C say.

C: Let's go outside.

S:

C:

S:

C:

S:

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Vamos afuera

Instrucciones:

Lee "La situación". Completa las líneas de la dramatización. La primera línea ya está escrita. Puedes cambiar esa línea si quieres.

La situación

S y C están en una fiesta. C dice "Vámonos para afuera". S realmente quiere ir, pero sabe lo que significa ir afuera, y que podrían terminar haciendo más de lo que quiere hacer.

¿Qué podría S decir y hacer?

¿Cómo podría S mantenerse en lo que quiere? Escribe lo que S y C dicen.

C: Vámonos para afuera.

S:

C:

S:

C:

S:

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Re-Thinking My Feelings

Directions:

Think about the speaker's presentation or the video and answer these questions.

1. After the presentation/video, have your attitudes and feelings about people living with HIV changed? If so, how? If not, why do you think that is?

2. Describe your thoughts about the presentation/video. (*Note:* You can write a paragraph, draw, write a song or poem, or cut out pictures from a magazine.)

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Repensando cómo me siento

Instrucciones:

Piensa sobre la presentación de la persona que habló y responde estas preguntas:

1. Después de la presentación, ¿han cambiado tus actitudes y sentimientos hacia las personas con VIH o SIDA? Si es así, ¿cómo? Si no es así, ¿por qué crees que piensas así?

2. Describe tus pensamientos sobre la persona que habló y lo que dijo. (*Nota:* Puedes escribir un párrafo, hacer un dibujo, escribir una canción o un poema, o recortar fotografías de una revista.)

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How to Use a Condom

Do	Don't

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Cómo usar un condón

De esta manera SÍ	De esta manera NO

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Introduction

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STIs. 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 STIs.
- 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!***

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curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STIs, 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, STIs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

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Overview of the Curriculum

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, 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 protection and contraception are mentioned as an important strategy for reducing the risk of HIV and other STIs, as well as pregnancy. Any reference to protection is meant to include the external (male) condom, internal (female) condom and dental dam. The use of the term protection *is meant to be inclusive of all people, regardless of their gender, sexual orientation or type of usage. The terms* birth control *or* contraception *may be used interchangeably, referring to methods used to prevent pregnancy.*

The ***Making Proud Choices!*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, 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 curriculum has 8 hours of content divided into eight 1-hour modules. It can be implemented in the 2-day format (four modules each day), 4-day format (two modules each day) or 8-day format (one module each day).

Curriculum Objectives

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

- Increased knowledge about prevention of HIV, other STIs 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.

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- Improved condom use skills.
- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STI 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 STIs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STIs 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: A Possible Outcome of Unprotected Sex: HIV Infection
- Module 3: Attitudes and Beliefs about HIV/AIDS and Condom Use
- Module 4: Strategies for Preventing HIV Infection: Stop, Think and Act
- Module 5: Possible Outcomes of Unprotected Sex: STIs
- Module 6: A Possible Outcome of Unprotected Sex: Pregnancy
- Module 7: Developing Condom Use and Negotiation Skills
- Module 8: Enhancing Refusal and Negotiation Skills

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 STIs, 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.

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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 video 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 participants 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.
- Videos are used to depict adolescents in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STIs, sexual involvement and HIV/STI prevention skills that are then discussed in a group setting. In addition to the videos provided with the curriculum, ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.
- The roleplay scenarios are designed to provide participants 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 participants' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the participants 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.

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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, video 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 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.

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CURRICULUM COMPONENTS AND FORMAT

Each module included in the ***Making Proud Choices!*** curriculum contains different activities. Reduced images of worksheets, 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 participants 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 participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include videos, 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 videos 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 participants' learning. All materials and exercises contained in the module are designed to help the participants to achieve these stated purposes.

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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.

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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 participants.

Student Workbooks

Student workbooks for participants include worksheets for individual and small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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 3, youth examine their attitudes and beliefs about condom use, and in Modules 7 and 8, 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 participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants' 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 participants' desires to maintain their partners' interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 7 and 8, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

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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 participants engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potential outcomes of unprotected sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that condoms can reduce the risk of pregnancy, HIV and other STIs. 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 7 and 8, participants learn negotiation and refusal skills necessary to communicate with their partners about condom use.

Personal Vulnerability to HIV/STI 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 STIs could really happen to them. One goal of ***Making Proud Choices!***, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STI infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2, 5 and 6.

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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 infections 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 participants 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.

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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 participants completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 participants, 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.

Since the original evaluation study, newer editions of the curriculum have been published. Updates to factual information are made to ensure medical accuracy and changes to language help keep the program activities relevant to a new generation and broader range of youth.

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BEHAVIORAL FINDINGS

The participants 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 participants 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 STIs; 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.

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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 participants, 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 participants to bring up additions/deletions as the need arises.
- Let participants know that everyone is responsible for following and determining the group agreements.

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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 participants' 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 participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

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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

Participants 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. Participants 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 and other STIs

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?

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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.
- Participants 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.

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STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants 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 participants work hard to prove their points. Because games can promote competition, remind participants 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 Video or Game

The practice of processing after an activity allows participants 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 open-ended questions designed to elicit discussion.

  General Reactions

  » What did you think of the video?

  » What is your response to the activity?

  » How do you think Pat felt when…?

- Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

  Personal Reactions

  » How did you feel about…?

  » Describe what you saw.

  » What will you do as a result of…?

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Sentence Stems

» Ask each participant to complete a phrase such as, "The most important thing I learned was…." Move quickly around the room. Give participants 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 participants develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign participants 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 participants 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.

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

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants 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 participants to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

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- 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 participants a choice on whether or not to participate.
- Encourage participants to improvise during roleplays to make them more their own.
- Reinforce participants for using the specific skill.
- Give participants a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach participants 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 participants 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."

STRATEGY 7: Student Workbooks

Student workbooks for participants include quiz questions, worksheets for small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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, videos 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 STIs, 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.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Making Proud Choices* page of ETR's Program Success Center at www.etr.org/ebi/programs/making-proud-choices. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR's Design4Learning page at www.etr.org/design-4-learning.

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.

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Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each participant)
Markers
Masking tape
Garbage bag
Monitor and device for showing videos, or internet access if using alternative videos
Condoms (one per participant or pair plus demonstration condoms)
Water-based lubricant
Condom demonstrator(s)
Small paper bag
Roll of paper towels
Chart paper
Index cards (1 labeled with a star, 1 labeled with a triangle, 1 labeled with a rectangle, 3–5 labeled with a circle for a group of 6–8)

Pre-Labeled Chart Paper

Group Agreements
Why Some Teens Have Sex
Possible Outcomes of Unprotected Sex
Proud and Responsible Prevention Strategies
Goals (written on left side of chart paper)
Making Proud Choices! Be Proud! Be Responsible!
The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and *Koko*
How STI Are Transmitted
Reasons to Avoid STIs
Contraceptives
Ways to Make Condom Use Easy and More Fun (for high school youth)
Ways to Make Condom Use Easy (for middle school youth)
Pros
Cons
Excuses Sexual Partners Give

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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
STI
Steps for Using a Condom
Agree/Disagree signs
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)

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: Kayla and Mia
Roleplay D: Devon and Jadon
Roleplay E: Alex and Casey
Observer Checklist

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Videos*

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

*ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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Background Reading

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Jemmott, L. S. (2000). Saving our children: Strategies to empower African-American adolescents to reduce their risk for HIV infection. *Journal of National Black Nurses Association*, 2 (1): 4–14.

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Making Proud Choices!

FIFTH EDITION

CURRICULUM

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MODULE 1

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

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants 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 possible outcomes of sex, and strategies for reducing possible negative outcomes.
- 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 participants 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.

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STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Welcome Activity
- Goals and Dreams Timeline Exercise
- Group Discussion

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* worksheet in the student workbook

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled chart paper:
  - » *Group Agreements*
  - » *Why Some Teens Have Sex*
  - » *Possible Outcomes of Unprotected Sex*
  - » *Proud and Responsible Prevention Strategies*
  - » *Goals*
  - » *Making Proud Choices! Be Proud! Be Responsible!*

PREPARATION NEEDED

1. Before the program begins, label all of the charts as listed under Materials.
2. Hang the pre-labeled 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: 60 minutes

ACTIVITY	MINUTES NEEDED
A. Welcome and Program Overview	5
B. Welcome Activity	10
C. Creating Group Agreements	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm	5
E. Brainstorming About Teens and Sex	10
F. Goals and Dreams Timeline	15
G. Brainstorming Obstacles or Detours Along Your Timeline	10

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ACTIVITY A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Welcome the participants 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 unintended pregnancy and sexually transmitted infections—STIs, sometimes called STDs—including HIV, the virus that causes AIDS.
>
> This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STIs. 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 STIs, including HIV.
>
> Although STIs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STI. Anyone can get an STI, including HIV, from having unprotected sexual intercourse with a partner who is infected.
>
> Unintended 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)*

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(continued)

If you're going to have sexual intercourse, it's critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let's clarify the terms we will be using. When we speak of ***protection***, we will be referring to *condoms* and *dental dams*. When we say ***condoms***, we will be referring to *external condoms* and *internal condoms*. External condoms are also known as male condoms. Internal condoms are also called female condoms.

Do you think teens should be worried about unintended pregnancy, HIV and other STIs?

3. Pause to allow participants 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 STIs.

To make the program interesting and fun, it includes videos, 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 participants 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.

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ACTIVITY B

WELCOME ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

The Welcome Activity encourages participants 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 participants sit in a circle.

FACILITATOR'S NOTE

If you know your participants and they already know each other this is an optional activity. An icebreaker that encourages group cohesion can be used in its place.

Sitting in a circle facing each other can build group cohesion. Have the participants sit on the floor, have them move their chairs close to each other, or set aside a special area of the room to accomplish this. Adapt this activity to accommodate group dynamics and environment. If creating a circle is not feasible, have the speaker toss a soft toy to the next speaker to encourage engagement.

2. Explain the Welcome Activity by saying,

> Let's introduce ourselves and get to know a little about each other.
>
> 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. I will speak first and when it is your turn please share your name, your age, the school you attend, your pronouns if you want to share, and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.

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3. **Model the Welcome Activity by beginning with yourself,**

> My name is _____ and I am _____.
> *(age)*
>
> I attend(ed) _____.
> *(high school, college or university)*
>
> 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 Welcome Activity 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.

FACILITATOR'S NOTE

Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus "outing" themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting 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 _____.

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ACTIVITY C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants 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 chart paper:
  - *Group Agreements*
- Markers
- Masking tape

TIME

5 minutes

PROCEDURE

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

> We're going to be talking about sexuality, pregnancy and STIs—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 participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the chart paper titled *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)*

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(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.

Move up, move back: If you tend to talk a lot in groups, talk less (move back) sometimes so others can talk. If you tend to be very quiet, share more (move 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

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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.

Young people may express themselves in ways that don't conform with their biological sex. There are many ways that youth can express their gender identity.

Being open to diversity can help reduce stereotyping, which can be very harmful to a young person. Stereotyping individuals imposes restrictions on their opportunities for individual expression and limits personal growth.

Besides, 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 participants do not mention them:

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

4. **Define terms related to diversity as needed.**

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

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(continued)

Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as ***(cisgender)*** or different from ***(transgender)*** the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

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.

5. Ask participants if they have any other suggestions they would like to add.

6. 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.

7. 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.

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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 chart paper:
  - *Making Proud Choices! Be Proud! Be Responsible!*

TIME

5 minutes

PROCEDURE

1. Tape the *Making Proud Choices! Be Proud! Be Responsible!* chart paper 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 participants brainstorm answers to these questions. Record their answers on the chart paper or a dry erase board.

   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.

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» 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 STIs and unintended pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using protection such as an external or internal condom or dental dam.

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 STIs and unintended 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 STIs

» Have a healthier body

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» Stay in school

» Feel like you are helping your loved ones and your community

Always use protection 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 unintended pregnancy and STIs in your community.

FACILITATOR'S NOTE

Post the chart with participants' 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 participants to make proud choices.

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ACTIVITY E

BRAINSTORMING ABOUT TEENS AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

By exploring issues about teens and sex, participants 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 participants and helps the participants learn about the focus of the program.

MATERIALS

- Pre-labeled chart paper:
  - *Why Some Teens Have Sex*
  - *Possible Outcomes of Unprotected Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

TIME

10 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 chart paper (folded so that the titles are covered by the bottom half of the chart paper). Unfold the chart paper 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 chart paper titled *Why Some Teens Have Sex*, and then say,

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

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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, online or in the movies
- Forced
- To increase status in peer group
- Low self-esteem
- To prove masculinity/femininity

4. **Write all of the participants' comments on the chart paper.**

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 unintended pregnancy or STIs, they can face outcomes that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible outcomes of unprotected sex.

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7. **Unfold the next chart paper, *Possible Outcomes of Unprotected Sex*.**

8. **Then ask,**

> **What are some of the possible outcomes of unprotected sex?**

9. **Have participants brainstorm the possible outcomes of unprotected sex, and write all of their comments on the chart paper. (Be sure to include pregnancy, HIV and other STIs.)**

10. **Compliment the group on how much they know.**

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

> **What are some ways to prevent these possible negative outcomes?**

12. **Have participants brainstorm ways to prevent possible negative outcomes of unprotected sex.**

13. **Write all of the participants' comments on the chart paper. (Emphasize that protection—such as latex (or polyurethane/polyisoprene) condoms—can help prevent pregnancy and sexually transmitted infections, 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 may have sex. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for preventing those negative outcomes. 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.**

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ACTIVITY F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants 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* worksheet
- *Goals and Dreams Timeline* poster
- Pre-labeled chart paper:
  - *Goals* (Write Goals on the left side of chart paper)

TIME

15 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 things from your own life that you are proud of doing on the *Goals and Dreams Timeline* poster. Provide examples for each section. Be mindful that this activity may be challenging for some young people who may struggle to identify with the idea of setting future goals or even with reflecting on their own accomplishments, particularly in a group setting where the range will vary and young people may feel as if what they've done or want to do isn't "good enough." Listen for these insights and help youth recognize that their timelines will all differ based on things such as their experiences, interests and/or what brings them joy. When you model the activity include a range of accomplishments, taking care to highlight achievements beyond acquiring goods such as a car or house. This will help participants understand what you want them to do and encourage them to recognize their own varied accomplishments.

3. Have participants turn to the *Goals and Dreams Timeline* worksheet in their workbooks. Give the following instructions:

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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 or things you are proud of. This can be anything that's meaningful for you. For example, volunteering your time, playing for a sports team, getting certain grades, getting a job, learning something new, joining a club, winning a student election, getting a learner's permit, an artistic or musical performance, advocating for others, etc.

4. Give participants 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 thing you hope or want to make happen in this section. In 5 years, what do you hope to be proud of doing? You can write more than one thing if you like.

6. Give participants 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 thing you hope or want to make happen in the next 10 years. In 10 years, when you look back, what do you hope to be proud of doing?

You can write more than one thing if you like.

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

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9. **Then encourage each participant to share with the group one item from each section by going around the room and asking,**

> **Looking ahead 5 years, what goal do you want to achieve or thing do you hope to do? How about in 10 years?**

10. **Next say,**

> **I want you to now choose one of your goals or hopes and write it on the back of your timeline. Next to that item, write two things you must do to achieve it or make it happen.**

11. **While they are working on this, unfold the *Goals* chart paper. 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 or aspirations. Be prepared to provide a few examples, such as graduating from high school, going to college, getting trained in a skill, buying a car or getting a good job. Have participants share the goals they've chosen and the actions they must take to achieve them.**

12. **Write these goals on the left side of the *Goals* chart paper, leaving space on the right half for items in the next activity.**

13. **Compliment participants on their answers.**

14. **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.**

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FACILITATOR'S NOTE

Some youth may be struggling to meet basic needs such as food, shelter or safety. Others may have experienced a traumatic event. Validate all of their accomplishments and their hopes. Be careful not to minimize or praise any accomplishments or hopes in such a way that creates a hierarchy, as no goal is better or more important than another.

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ACTIVITY G

BRAINSTORMING OBSTACLES OR DETOURS ALONG YOUR TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' 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 chart paper:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

TIME

10 minutes

PROCEDURE

1. Refer to the *Goals* chart paper from the previous activity.

2. Write "Obstacles" on the right side of the chart paper.

3. Ask the participants to brainstorm things that might prevent them from achieving the goals and dreams they listed by saying,

> 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. They are like roadblocks or detours along the way. What obstacles can you think of that may get in the way of your goals?

Answers should include:

» Unintended pregnancy or an uncurable STI such as HIV

4. Write their responses under "Obstacles or Detours" on the right side of the *Goals* chart paper with a different color marker.

5. Say,

> If you've already encountered any of these obstacles or detours, you understand how your life can change. Things can work out just fine but it may be harder.

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6. **Ask the following questions,**

> • **How can we avoid some of these obstacles or detours?**
>
> • **What can you do to make sure you don't get pregnant, get someone pregnant or get a chronic disease such as HIV?**

7. **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 if they would like to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.**

8. **Summarize by saying,**

> **I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles and navigate detours so you can reach your goals. If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky, or reducing your risk by using protection and effective birth control or engaging is less-risky behaviors.**
>
> **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.**

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GOALS AND DREAMS TIMELINE

Instructions:

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

Birthday: _____

THIS YEAR I AM AGE ___. HERE ARE SOME THINGS I'VE ALREADY DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
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: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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Worksheet

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MODULE 2

A POSSIBLE OUTCOME OF UNPROTECTED SEX: HIV INFECTION

GOALS

The goal of this module is to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish facts from falsehoods 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 second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; (2) provides opportunities for participants to develop skills in giving correct information on HIV/AIDS to friends; and (3) helps participants identify various behaviors that place them at risk for HIV infection.

STRATEGIES/METHODS

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

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *HIV/AIDS Frame* poster
- *Key Words* poster
- Video: The Subject Is HIV (or alternative videos*)
- *True or False: HIV Statements* (included in module)
- *Risk Continuum* signs
- *Risk Behavior* cards

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Chart paper
- Markers
- Masking tape

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the *True or False: HIV Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. Discussing HIV and AIDS	**10**
B. *The Subject Is HIV* Video and Discussion*	**25**
C. True or False: HIV	**10**
D. HIV Risk Continuum	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

DISCUSSING HIV AND AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

Learning basic information about HIV and AIDS will provide participants 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 participants' 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 participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

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 very low.
- **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.

(continued)

* Centers for Disease Control and Prevention. 2019. HIV basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.

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What common body fluids can transmit HIV?

HIV is found in the blood, semen, vaginal fluids and rectal fluids (the mucus that lines the rectum to help with elimination of waste) 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, 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 vaginal or anal 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 or anal sex.** Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse. People who are allergic to latex can use polyurethane or polyisoprene condoms. Protection includes external or internal condoms and dental dams.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors. Be sure any sex partner has been tested before having sex. Discuss ways that you can reduce your risks together such as using condoms, taking PrEP, or regular testing.
- **Get tested for HIV.** The only way to know your HIV status is to get tested. The only way for your partner to know their HIV status is for them to get tested.
- **Take medication, if needed.** If you are having sex or sharing needles with someone who is living with HIV, talk to a medical provider about taking pre-exposure prophylaxis (PrEP). If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct participants' 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 participants to try to answer them. Supplement their answers with the information below each question.

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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 be living with 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.

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 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.

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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.

Common Tests for HIV Available at a Clinic:

If you get a test in a health care setting or lab, a health care provider or lab technician will take your sample (blood or oral fluid). If it's a rapid test, you may get test results in 30 minutes or less, but if it is a laboratory test, it can take several days for your results to be available. Your health care provider or counselor may talk with you about your risk factors, and answer any questions you might have. They will discuss next steps with you if your result is positive.

Rapid tests are usually done with blood from a finger prick or with oral fluid, and the results are ready in 30 minutes or less.

Laboratory tests require a blood sample.

- If the test comes back negative, and you haven't had a possible exposure during the previous 3 months before the test you took, you can be confident you don't have HIV.
- If your test result is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

Common Tests for HIV Available Over the Counter:

Home Access requires a finger prick to collect a blood sample. The person sends the sample to a licensed laboratory and gets the results by phone as early as the next business day. This is an anonymous test. Anyone who tests positive is immediately offered a follow-up test, counseling and referral to treatment.

The OraQuick In-Home HIV Test provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit. A positive test needs a follow-up test at the testing site, counseling and other referrals. HIV infection may show up later after exposure in an oral fluid test than a blood test, because the level of antibody in oral fluid is naturally lower.

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What is the window period?

The "window period" is the length of time between when a person first gets HIV and when a test can accurately detect it. This varies from person to person, and depends on the type of test done. During the window period, even before knowing about being infected, a person can transmit HIV to others. People getting tested at a clinic should ask their health care provider about the window period for the type of test they are taking. People testing at home should review the materials that come with the home test kit. If a test is taken within 3 months after possible exposure and the result is negative, the person should get tested again in another 3 months to be sure.

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 condoms?

A condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids or rectal fluids. Latex is a type of material used for external (male) condoms and is effective in preventing HIV transmission. People who are allergic to latex can use condoms made of polyurethane or polyisoprene. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Another form of protection is the internal (female) condom, which is made of nitrile and is safe for people with latex allergies. The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.

What is PrEP? What is PEP?

Pre-exposure prophylaxis (PrEP) is a medicine taken daily to reduce the risk of HIV infection. If someone is at very high risk for HIV, PrEP might be right for them. PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered for people who are not in a mutually monogamous relationship

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with a partner who recently tested HIV-negative, and if they are

- **A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months**
- **A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk of HIV infection (for example, people who use injection drugs or women who have bisexual male partners)**

Post-exposure prophylaxis (PEP) is an HIV medicine that can be taken after being potentially exposed to HIV to prevent becoming infected. If someone is HIV negative or doesn't know their HIV status and thinks they have recently been exposed to HIV during sex (for example, if a condom breaks), they should talk to their health care provider or an emergency room doctor about PEP right away (within 3 days). The sooner someone starts PEP, the better; every hour counts. If prescribed PEP, it is necessary to take it once or twice daily for 28 days.

What does U=U mean?

U=U means Undetectable = Untransmittable. If a person living with HIV has fewer than 200 copies of HIV per milliliter of blood, they are considered virally suppressed and the infection is undetectable on tests. Medications are used to suppress the virus so it becomes undetectable. People with undetectable viral loads cannot transmit the virus sexually to their partners.

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 lifespan. HIV is now considered a chronic disease. 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.

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.

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ACTIVITY B

THE SUBJECT IS HIV VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is HIV*, or alternative videos

PREPARATION

- Review the information about HIV in Appendix B.

TIME

25 minutes

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

PROCEDURE

FACILITATOR'S NOTE

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

1. Introduce the video by saying,

> This video you are going to see will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will talk about the video. 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 video, which is 18 minutes long.

3. At the end of the video, ask the participants 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).

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What was the message about condoms in the video?

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 young people 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 students in biology class?

Answer:

» It's important to talk with your partner about using protection.

» If a person respects themselves and their partner, they will use a condom.

» Not having sex is a good way to avoid pregnancy, HIV and other STIs.

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

You did a great job answering those questions and remembering the important messages in the video(s).

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(continued)

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 protection.

FACILITATOR'S NOTE

Some statistics have changed since the video was produced. In 2018, youth ages 13 to 24 accounted for an estimated 21% 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

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ACTIVITY C

TRUE OR FALSE: HIV

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about HIV provides an opportunity for learning the correct information about HIV/AIDS.

MATERIALS

- Markers
- Chart paper (for keeping score)
- Masking tape
- *True or False: HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

TIME

10 minutes

PROCEDURE

1. This activity reviews facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help participants understand the answers.

2. Introduce the *True or False* 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 "True" and "False" on the board or a sheet of chart paper.

4. Explain the activity,

> I am going to divide you into two teams. I will then read each team a statement and ask you whether it is true or false and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's true or false, 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 true or false.

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5. **Divide the group into two teams.**

6. **Go around to each team one at a time and read a statement from the *True or False: HIV Statements*.**

7. **Ask the first team to identify it as true or false and to state *WHY*.**

8. **Ask the second team if they agree. (If there is a disagreement, teach the right answer and explain why.)**

9. **If the second team agrees, but the answer is wrong, teach the right answer and explain why.**

10. **If the second team agrees and the answer is right, give the team the correct number of points.**

11. **Read the next statement to the second team.**

12. **The game is over when the statements are completed or time is up, whichever comes first.**

13. **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.**
>
> **Understanding that HIV can affect anyone helps people understand that they need to always protect themselves.**
>
> **You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.**

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TRUE OR FALSE: 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.**
   TRUE
2. **Having unprotected anal sex increases your chances of getting HIV.**
   TRUE
3. **You can tell by looking at people whether they have HIV.**
   FALSE
4. **HIV can be transmitted in blood, semen, vaginal fluids, and rectal fluids.**
   TRUE
5. **Having unprotected sex with someone who is living with HIV is one way of getting HIV.**
   TRUE
6. **If a person who is pregnant has HIV, there is a chance the baby can get it.**
   TRUE
7. **You have a bigger chance of getting HIV if you have sex with many people.**
   TRUE
8. **You can get HIV from using someone else's comb or hairbrush.**
   FALSE (NO CONTACT WITH BODY FLUIDS)
9. **Using protection during sex reduces the chance of getting a sexually transmitted infection, including HIV.**
   TRUE
10. **You can get HIV by sharing a needle with a drug user.**
    TRUE
11. **If you hug someone with HIV you can get it.**
    FALSE (NO CONTACT WITH BODY FLUIDS)
12. **Having an untreated STI can increase your chances of getting HIV.**
    TRUE
13. **AIDS is the stage of HIV in which your body cannot fight off diseases.**
    TRUE
14. **Having AIDS makes you more likely to get other diseases.**
    TRUE
15. **AIDS can be cured.**
    FALSE
16. **AIDS is caused by a virus.**
    TRUE (CALLED HIV)
17. **Anyone can get HIV.**
    TRUE (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)
18. **You can avoid getting HIV by exercising regularly.**
    FALSE
19. **You can take certain medications to reduce your risk of HIV.**
    TRUE
20. **Early treatment can help people with HIV stay healthy.**
    TRUE

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ACTIVITY D

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

15 minutes

PROCEDURE

1. Tape the *Risk Continuum* signs on the wall or blackboard like the diagram below.

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

2. Divide the group into pairs.

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 fluids 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 fluids or rectal fluids might create some risk of transmitting HIV.

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

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4. **Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the pairs.**

5. **Explain that "sex" in these questions means oral, anal and/or vaginal intercourse.**

6. **Ask each pair of participants to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.**

7. **After each answer, have participants 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 participants 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:**

> **Look at all the behaviors in the green light category. Notice all the things you can do to enjoy intimacy with your partner without putting yourself at risk for HIV. 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 STIs. 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.**

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RISK BEHAVIORS[1]

(*Note:* This guide reflects risk levels for HIV transmission only. There are some STIs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)

Vaginal sex without a condom ---------- Red Light

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 Light

Sharing eating utensils with someone who is living with HIV ---------- Green Light

Sharing needles and syringes ---------- Red Light

Anal sex with a condom and water-based lubricant[2] ---------- Yellow Light

Self-masturbation ---------- Green Light

Mutual masturbation ---------- Green Light

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) ---------- Green/Yellow Light

Anal sex without a condom[2] ---------- 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 is living with HIV ---------- Green Light

Flirting ---------- Green Light

Body rubbing/grinding (with clothes on/no exchange of body fluids) ------- Green Light

Hugging ---------- Green Light

Having sex with only one partner (monogamous) -------- Green/Yellow/Red Light

(Green if both have never had sex before. If one or both have had other partners, Yellow if they use condoms; Red if they don't use condoms.)

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water- or silicone-based lubrication can reduce their risk.[2]

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FACILITATOR'S NOTE

Other HIV prevention strategies include PrEP 2-1-1 and TasP.

- PrEP 2-1-1 dosing strategy has been shown to be 86% effective at preventing HIV transmission during anal sex (though less effective during vaginal sex). The PrEP 2-1-1 strategy involves taking 2 pills between 2 and 24 hours before sex and another pill within 24 hours after the first and the final pill 24 hours after that.[3]
- TasP or "Treatment as Prevention" means that people living with HIV who get treatment are less likely to transmit the infection. Reducing the amount of the virus in the body through treatment helps prevent transmission to others. An undetectable viral load means the virus is untransmittable (or U=U).[4]

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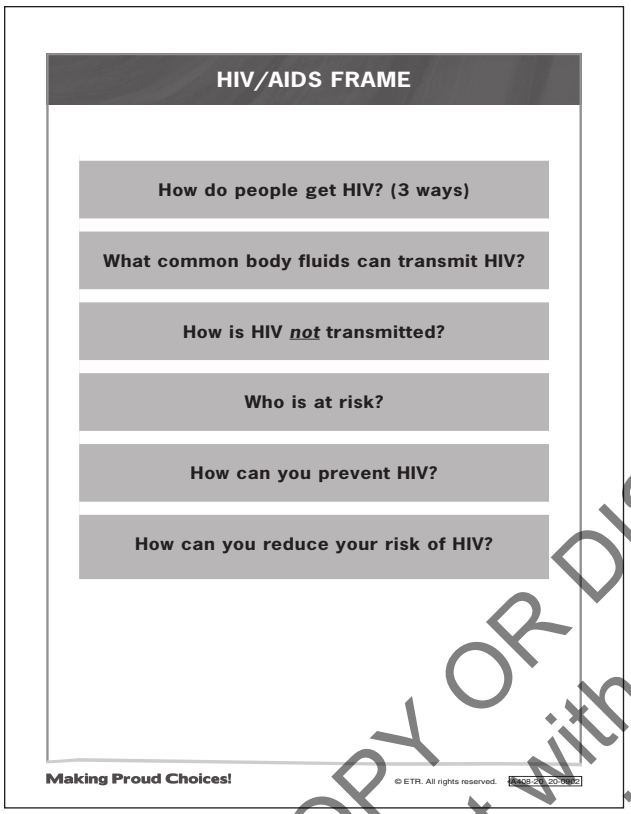

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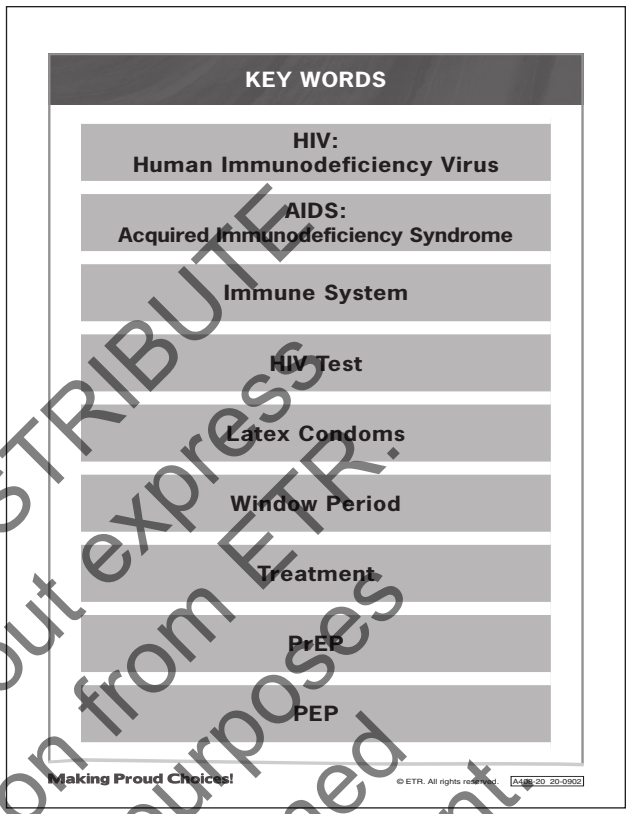

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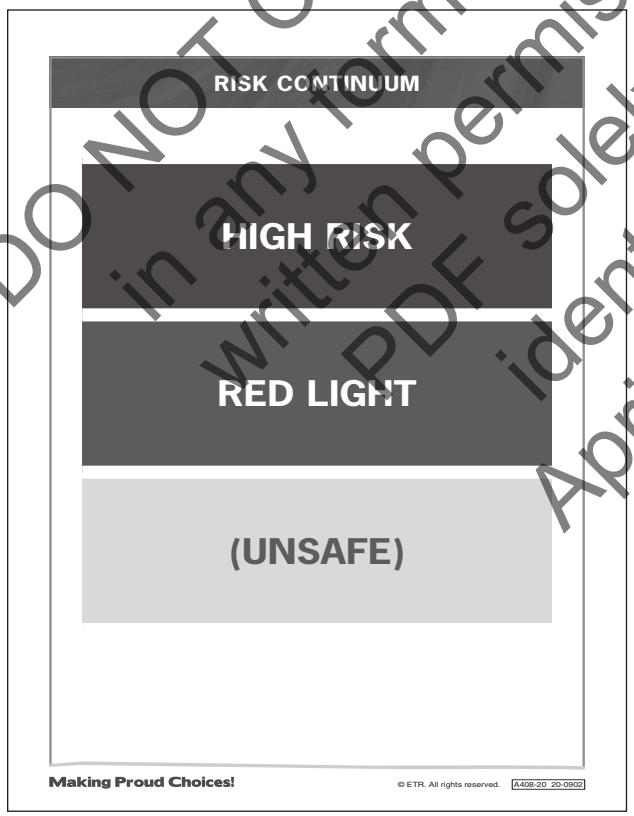

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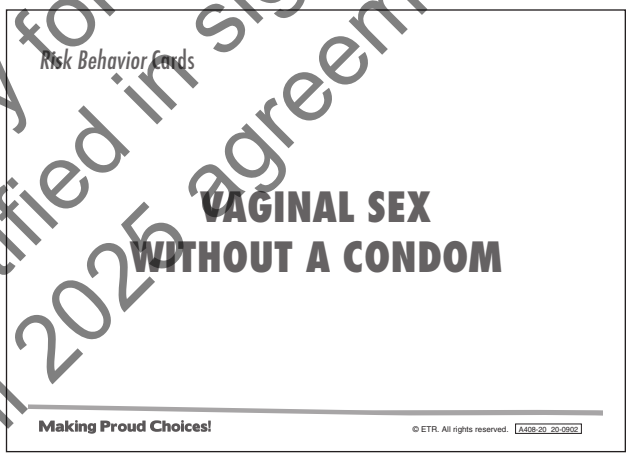

Cards (24 total)

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MODULE 3

ATTITUDES ABOUT SEX, HIV AND CONDOM USE

GOALS

The goals of this module are to:

- Increase participants' 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, participants 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 third module: (1) informs participants about the transmission and prevention of HIV; and (2) helps participants advocate and give advice regarding HIV/AIDS and safer sex strategies.

STRATEGIES/METHODS

- Video Viewing
- Group Discussion
- Problem-Solving Exercises

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *The Hard Way* character cards
- *Calling Koko Caller* worksheets in the student workbooks
- Video: *The Hard Way* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Pre-labeled chart paper:
  - » *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Markers
- Masking tape
- Pencils
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. Set up the video(s) to be ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. *The Hard Way* Video and Discussion*	**40**
B. Calling Koko	**20**

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ACTIVITY A

THE HARD WAY VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Hard Way*, or alternative videos
- Pre-labeled chart paper:
  - *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per participant)

TIME

40 minutes

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

PROCEDURE

1. Introduce the film.

> Sexually active young people are at risk for HIV infection. The video you are going to see is about young people. This video 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 chart paper (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 video, 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 video, 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.

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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6. **Begin the discussion by saying,**

> Let's talk about the characters in this video. 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. Notice the video refers to the use of birth control pills as "protection." While pills may protect against a pregnancy, they provide no protections against HIV and other STIs.
>
> 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?
>
> What could Renee and Miguel say to each other about their sexual health and desires to protect themselves from unintended pregnancy or STIs?
>
> 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,**

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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 video and our discussion? (Listen for these messages and reinforce if they are not shared: getting tested, talking about sexual health and protection, and using protection if having sex can help reduce the risk of HIV transmission.)

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. 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!

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ACTIVITY B

CALLING KOKO

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

20 minutes

PROCEDURE

FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 20 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants.

If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

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 participants into pairs or small groups.

3. Have participants turn to the *Calling Koko* worksheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)

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4. **Explain the following:**

> You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. **Give the pairs 5 minutes to discuss and write their advice.**

6. **Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice using the Main Points to Cover.**

7. **Using the following sample responses, discuss any points that participants do not come up with themselves.**

FACILITATOR'S NOTE

Sample responses are provided. Participants' answers do not have to match the sample 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 sample responses as a review before going on to the next caller.

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MAIN POINTS TO COVER

The surest protection is abstinence.

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

PrEP and PEP can reduce the risk of HIV transmission.

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?

– Charlie

Sample 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 or anal sex, the best way to reduce your risk of HIV is to use condoms. That includes external or male condoms made of latex, polyurethane or polyisoprene; or female or internal condoms. PrEP and PEP are medications that you can take to reduce your risk of HIV infection. PrEP is a pill you take every day to prevent HIV. PrEP may be a great option for someone who is in a relationship with someone living with HIV or for someone who is at high risk for HIV. PEP is a pill you can take for 28 days after having sex if you think you may have been exposed to HIV. 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.

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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 STIs.

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?

– Raymond

Sample Response to Caller 2

If you and your girlfriend have never had vaginal 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 always use protection even if you are only having sex with each other. 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 unintended pregnancy or getting an STI, including HIV.

Talk it over with your partner. You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.

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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 protection 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?

– Alex

Sample 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. Test kits are available over the counter at most drug stores. You can also go to a local HIV testing site such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person's body. Make an appointment to get tested and use condoms until you get the test results.

It sounds like your first time didn't go the way you had hoped it would. 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 STI. If you do decide to have sex, be proud and responsible and talk to your boyfriend about protection. Tell him it is important that you use condoms if you have sex. Let him know that you're concerned about 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.

I also want to make sure you feel supported. Please reach out to the wellness center or find a school club or group that supports and affirms you.

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MAIN POINTS TO COVER

Oral sex can transmit STIs, including HIV.

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

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

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 infections. Is oral sex safe? How do we protect ourselves from STDs?

– Carmello

Sample Response to Caller 4

Oral sex poses little to no risk of transmitting HIV. However, most STIs can be transmitted during oral sex. Untreated STIs can increase the risk of HIV transmission. This is why it is important to use protection for oral sex. For oral sex that involves putting the mouth to a vagina or an anus, use a dental dam. If you don't have a dental dam, you can cut a condom into a flat sheet. A penis should also be covered with a condom during oral sex.

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 infection. Using protection every time you have oral sex is the responsible thing to do. If you decide to have sexual intercourse, use an external (male) or internal (female) condom every time you have sex. And make sure you only use condoms that are made of latex, polyurethane, polyisoprene or nitrile.

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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! I'm scared to date! What should I do?

– Dana

Sample Response to Caller 5

I can understand your concerns about having sex. You can't look at people and tell whether or not they have an STI, such as HIV. 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. Talk to them about your concerns and how you plan to protect yourself. When you decide to have sex, be sure to use protection every time. By protection, I mean external or male condoms made of latex, polyurethane, or polyisoprene; internal or female condoms; or dental dams.

I am assuming your friend is getting treatment for HIV. Antiretroviral therapy, or ART, can help your friend live a long, healthy life. If she has a steady sexual partner who is HIV negative, ART could help reduce the chances of her transmitting HIV to her partner. Her partner can get on pre-exposure prophylaxis or PrEP treatment, which will reduce the risk of getting the virus.

People who think they may have been exposed to HIV should get treatment immediately. Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor's offices and HIV clinics. PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.

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MAIN POINTS TO COVER

People cannot give consent when they are drunk or high.

Get tested for pregnancy, STIs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making.

Use protection if you decide to have sex.

CALLER 6

Koko,

I'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Sample Response to Caller 6

This sounds like a tough situation. When people are drunk or high, they are more likely to have sex without using condoms, which increases their risk for STIs. Everybody has the right to say when they want or don't want to engage in sexual behaviors and to insist on using protection. When people are drunk or high they can't fully give consent to sexual activity. Please remember that someone doing something sexual to you while you are drunk or high means that technically you were not able to give consent, and so this may be a situation of sexual assault. Do not blame yourself. There are people in this world who seek out those who are too high or drunk to consent. If this person is known for having sex with people who are too drunk or high to consent, he likely isn't someone who has your best interests in mind. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

(continued)

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CALLER 6

Sample Response to Caller 6 *(continued)*

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 STIs. 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. EC is also available over the counter at most drug stores.

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).

Don't blame yourself. You deserve to have sexual partners who you feel comfortable communicating with, who respect what you want and don't want, and who will share the responsibility for using protection.

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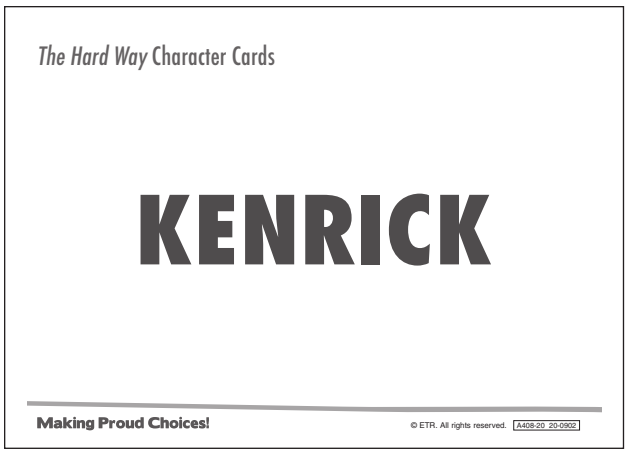

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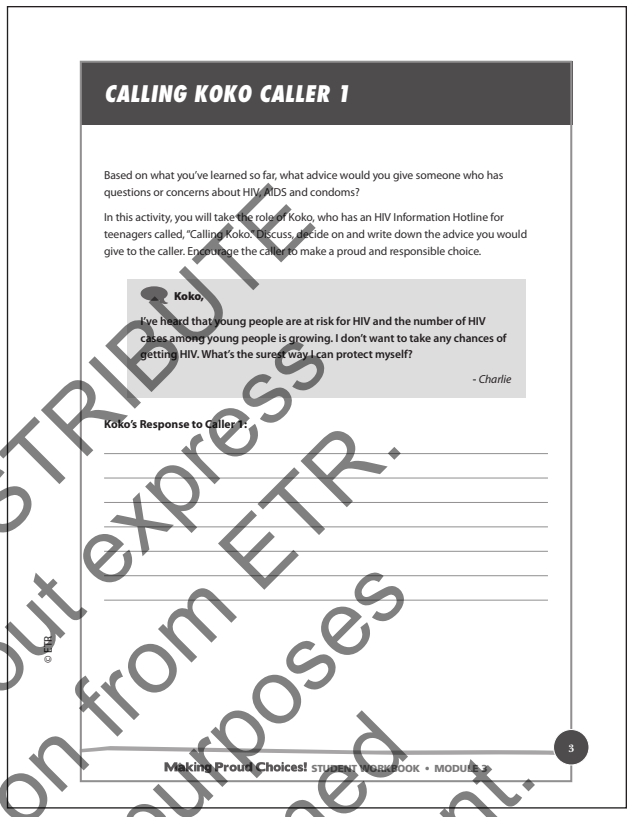

Worksheets (6 total)

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MODULE 4

STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT

GOALS

The goals of this module are to:

- Introduce participants 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, participants will be able to:

- 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.
- Provide correct answers to review questions on HIV and AIDS.

MODULE PREVIEW

The fourth module: (1) encourages participants 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
- Video Viewing
- Game

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* worksheet in the student workbook
- HIV/AIDS Game Questions (included in module)
- Video: *Nicole's Choice* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Masking tape
- Pencils
- Markers
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the information about sexually transmitted infections in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. STOP, THINK and ACT: Introduction to Problem Solving	**5**
B. Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT	**15**
C. *Nicole's Choice* Video and Discussion*	**25**
D. The HIV/AIDS Game	**15**

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ACTIVITY A

STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STOP, THINK and ACT* poster
- Masking tape

TIME

5 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 participants 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 participants provide a few answers.

Answers may include:

You may feel afraid, confused, angry or upset.

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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 participants 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 stick to the decisions I've made for my health and well-being?
> - 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.

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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.

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ACTIVITY B

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 participants' ability to use them.

MATERIALS

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

TIME

15 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,

> No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. 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. You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.

2. Divide the participants into pairs.

3. Have participants turn to the *Sean and Morgan Case Study* worksheet their workbooks.

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4. **Ask for a volunteer to read the case study and instructions to the group. Encourage the group 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 concerned about STIs 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 pairs, and use the STOP, THINK and ACT steps to find a solution to the situation on your worksheet.

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

7. After 8 minutes, even if most of the pairs have not finished, ask them to stop and begin discussing the case study. Ask one of the pairs 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 pair 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 pair 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 pair has given their responses, ask the other groups to comment and offer any different ideas for this section.

   Finally, ask a different pair 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 pair 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.

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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 STIs, 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.

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ACTIVITY C

NICOLE'S CHOICE VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *Nicole's Choice*, or alternative videos
- *STOP, THINK and ACT* poster

PREPARATION

- Review the information about STIs in Appendix B.

TIME

25 minutes

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

PROCEDURE

1. Introduce the video by saying,

> Now we will watch a video 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 video *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 participants 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?

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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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 a clinic to be tested for an STI?

Can you get HIV the same way you get other STIs?

8. **Summarize as follows,**

Getting an STI may bring up a lot of emotions. Though young people ages 15-24 are diagnosed with half of all new STIs,* many STIs can be prevented by using protection or choosing not to have sex. Only you can decide to protect your future and your health. Use protection every time you have sex. And use the right kind of protection: external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams.

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* Centers for Disease Control and Prevention. 2019. STDs in adolescents and young adults - 2018 Sexually Transmitted Diseases Surveillance. https://www.cdc.gov/std/stats18/adolescents.htm. Accessed 6/22/2020.

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ACTIVITY D

THE HIV/AIDS GAME

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

- Chart paper
- Markers

TIME

15 minutes

PROCEDURE

1. Introduce the next activity by saying,

> We are going to play a game* that will review the information we've talked about regarding HIV and AIDS.

2. Divide the group into two 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 bonus question (a one-point question).
> - If someone answers out of turn, the interrupter's team receives a bonus question. The other team then gets a chance to answer a bonus question.

* Adapted from "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.

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4. **Keep score (or ask a participant to keep score) on the board or on chart paper.**

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 bonus question, use the bonus questions in the game for one point each. You may be able to create other situations that result in bonus question 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.**

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HIV/AIDS 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 diseases called opportunistic infections.

5. **Name three of the body fluids through which HIV is transmitted?**
   - Semen, vaginal fluids, 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). HIV is easily passed through oral sex.**

10. **(True) or False. Anal sex without a condom increases your chances of getting HIV.**

11. **True or (False). There is now a cure for AIDS.**

12. **(True) or False. If you think you were exposed to HIV, you can get Post-Exposure Prophylaxis (PEP) within 72 hours to avoid getting the virus.**

* See Appendix B for additional information on HIV and sources.

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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 by using condoms or taking PrEP which reduces risk of HIV transmission but not other STIs
- Engaging in low-risk activities such as kissing
- Not sharing needles or works
- Getting tested regularly
- Talking with your partners about HIV and making sure they get tested too

15. What does U=U mean?

- U=U stands for Undetectable equals Untransmittable. That means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. If there is an undetectable amount of HIV in their blood, the virus cannot be transmitted to others.

16. Name three ways HIV is passed.

- During unprotected vaginal or anal sex (sex without a condom)
- By sharing needles and syringes
- From an infected mother to the fetus or newborn child

17. Name two types of sexual practices in which HIV can be passed.

- Anal sex
- Vaginal sex

18. Name two high-risk behaviors.

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

19. (True) or False. Using water-based lube and condoms when you have vaginal or anal sex lowers the chance of getting HIV.

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

21. 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

BONUS QUESTIONS (ONE POINT)

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

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

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

24. (True) or False. Limiting the number of sexual partners a person has is one way of reducing the risk of HIV.

25. 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.

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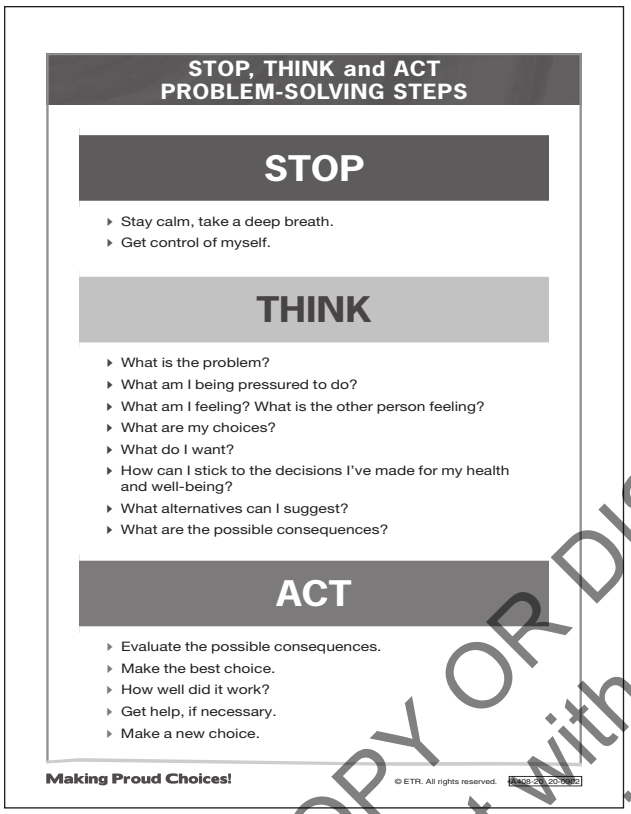

STOP, THINK and ACT
PROBLEM-SOLVING STEPS

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 stick to the decisions I've made for my health and well-being?
- 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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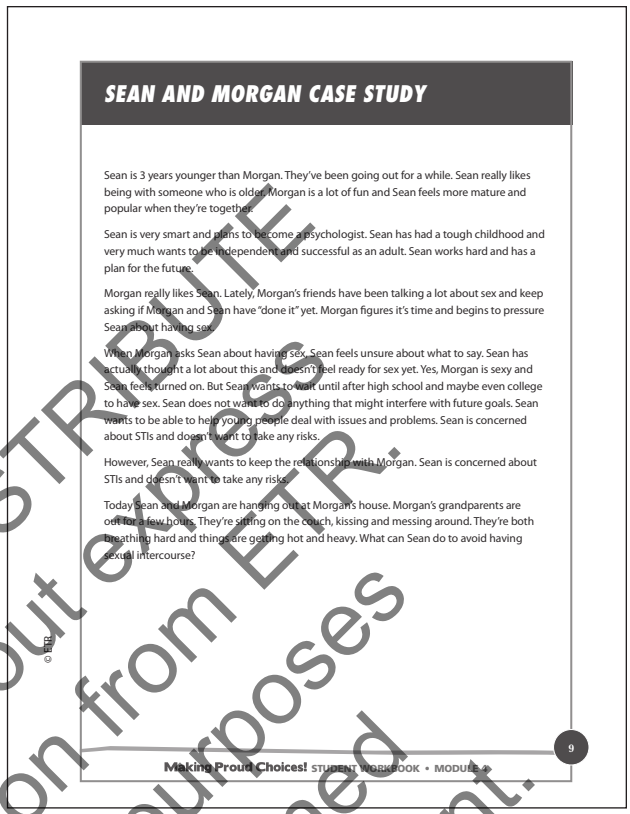
Poster



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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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 • MODULE 4 9

Worksheet

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MODULE 5

POSSIBLE OUTCOMES OF UNPROTECTED SEX: STIs

GOALS

The goals of this module are to:

- Increase participants' knowledge of sexually transmitted infections.
- Help participants identify strategies for preventing STIs.
- Increase participants' perceived vulnerability to STIs.
- Clarify participants' attitudes and beliefs about STIs and condom use.
- Teach participants the steps for correct use of a condom.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted infections.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STIs, including HIV, and pregnancy.

MODULE PREVIEW:

The fifth module: (1) helps participants examine the signs and symptoms of the most common STIs; (2) illustrates how STIs can impact the lives of young people; and (3) informs participants about correct use of condoms, as a way to prevent STIs.

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STRATEGIES/METHODS

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

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STI* poster
- *Agree* and *Disagree* signs (1 set)
- *Steps for Using a Condom* poster
- Video: *The Subject Is STDs* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Condoms
- Water-based lubricant
- Condom Demonstrator(s)
- Paper towels
- Small paper bag
- Monitor and video player, or internet access if using alternative videos
- Pre-labeled chart paper:
  - » *How STIs Are Transmitted*
  - » *Reasons to Protect Against STIs*
  - » *Group Agreements* (from earlier session)
- Chart paper
- Index cards for the Transmission Game—pre-labeled with four distinct shapes, e.g., star, rectangle, circle, and triangle**

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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.

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

** You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. 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 or www.etr.org/store/format/condom-kit.
4. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.
5. Set up the video(s) to be ready to play.
6. Read the instructions for the Transmission Game and make sure you're clear about the process.
7. Label the index cards for the game. For a group of 6–8, one person will have a "star" card, one person will have a "triangle" card, one person will have a "rectangle" card and the rest will have "circle" cards. Increase the number of "triangle," "rectangle" and "circle" cards in this approximate ratio for larger groups.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to include both the discussion and the video about STIs, and to provide more condom skills practice.)

ACTIVITY	MINUTES NEEDED
A. STI Facts	20
[A. (Alternate) *The Subject Is STDs* Video	20]
B. The Transmission Game	15
C. What I Think About HIV/STI and Safer Sex	10
D. Condom Use Skills	15

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 uses STI. It is important for everyone to understand that STIs (STDs) can present with or without symptoms.

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ACTIVITY A

STI FACTS

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STI* poster
- Pre-labeled chart paper:
  - *How STIs Are Transmitted*
  - *Reasons to Protect Against STIs*
- Markers
- Masking tape

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

PROCEDURE

1. Begin this activity by displaying the *STI* poster. Use chart paper to cover the poster so only the letters "S T I" are revealed.

2. Then say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

3. Ask the group to brainstorm all of the STIs they know.

4. Then uncover the poster and read any STIs they did not mention.

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

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5. Then say,

> **STIs fall into three categories:**
>
> - **Bacterial (caused by bacteria)—**These STIs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
> - **Viral (caused by a virus)—**Most of these STIs 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).
> - **Parasitical (caused by parasites)—**These STIs are curable. They include trichomoniasis and pubic lice.

6. Unfold the pre-labeled chart paper titled *How STIs Are Transmitted* and say to the group,

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

7. List the answers on the chart paper 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)
- » *(Optional) For high school youth:* Sharing sex toys or other devices with partners without using a new condom each time the device is used by a different person

8. Next ask,

> **Who can get an STI?**

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Answer:

» Anyone who has unprotected sexual intercourse (meaning without using condoms or dental dams).

9. **After participants have answered, say,**

That's right. Anyone who engages in unprotected sexual intercourse can get an STI. But teens and young adults are affected by STIs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STI 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 STIs?

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 STI?

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. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 06/2/2020.

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12. **Then say,**

> **In many cases, a person can have an STI and have no symptoms! This means that people may not even know they have an STI. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STI.**
>
> **Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include masturbating alone, petting, kissing, foreplay or dry humping. An exception is where skin-to-skin contact is involved with someone who has HPV, syphilis or herpes. In contrast, sexual activities that do include an exchange of body fluids increase the risk for STI transmission. These include vaginal, anal or oral sex.**

13. **Then ask,**

> **How can you protect yourself from getting an STI?**

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.
- Do not use or share needles or works (including syringes, caps, cleaning water) for injecting drugs.
- There is a vaccine that can prevent hepatitis B.
- There is also a vaccine that protects people against most types of HPV that cause genital warts or lead to cervical cancer.
- Get tested regularly.
- Talk to your partners about STIs and encourage them to get tested too.

14. **Then say,**

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We know how STIs are transmitted. We know signs and symptoms that can indicate an STI infection. We know some STIs don't have symptoms. We know how to avoid getting an STI. But why would a person want to avoid getting an STI and what are the reasons they should get treatment right away if they do get an STI?

Let's brainstorm *Reasons to Protect Against STIs* by thinking of some of the long-term physical and emotional consequences of getting an STI.

15. **List the group's responses on the chart paper. Encourage all participants to respond.**

Answers should include:

- Increased risk of getting HIV
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- 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, hepatitis C)
- Child born with an STI
- Embarrassment
- Odor and discharge
- Impact on relationship
- Stigma

16. **Explain that many of these reasons to protect against STIs can be prevented by abstaining from vaginal, anal or oral sex, or by using protection such as condoms. STIs are common and many people will get one at some point in their lives. Getting tested regularly and treated, if required, can limit or prevent negative health outcomes. That is why it is important to get tested and treated as soon as possible. Explain that no one chooses to get an STI. Some people have gotten STIs from sex that was against their will. Getting tested and treated, if necessary, is the responsible thing to do. Summarize this activity by saying,**

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**

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(continued)

2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Avoid STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ALTERNATE ACTIVITY A

THE SUBJECT IS STD (VIDEO OPTION)*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is STDs,* or alternative videos

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

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

PROCEDURE

1. Say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

2. Introduce the video by saying,

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

3. Show the video, which is 17 minutes long.

4. When the video 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 STI from their partners?

(continued)

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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(continued)

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

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

FACILITATOR'S NOTE

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

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

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**
2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Protect Against STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ACTIVITY B

THE TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Labeled index cards (Star, Circle, Rectangle, Triangle)
- Pencils

TIME

15 minutes

PROCEDURE

1. Ask the rhetorical question,

> Who gets STIs? 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 STI if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STI; 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 labeled cards and pencils so that only one person has a "star," one or two people have a "triangle" and "rectangle" and the rest get a "circle." DO NOT tell participants what the symbols mean at this time.

Rectangle = Abstinence

Triangle = Condoms/Dental Dams

Circle = Unprotected Sex (oral, anal or vaginal sex without protection)

Star = Infection (STI/HIV)

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FACILITATOR'S NOTE

You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Give the following instructions:

- Listen carefully and be ready to share what you hear.
- Write your name on the side of the index card that has the symbol 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 symbol 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…

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

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

- We are going to pretend that each conversation you had represented an act of "sexual intercourse."
- Look at your cards. The shapes or symbols on the cards represent something in this exercise.
- Will the person with the "star" card, please stand. For the purposes of this activity only, the star card represents an STI and anyone whose name is on your card could have the STI too.
- (To the person with the "star"): 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 "triangle" on your card, that means you correctly used a protective barrier such as an external or internal condom, or a dental dam, every time to reduce your risk, and so you can sit back down.
- If you have a "rectangle" 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 "circle" 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 an STI.

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.

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10. Thank the participants for participating in the game. Remind them that it is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.

11. Ask the participants to take their cards and rip them to pieces.

12. Ask the participants to sit down.

13. Ask the following questions:

> How did it feel to participate in this activity?
>
> Imagine you had the star or circle card. How did or does it feel to potentially have been exposed to an STI?
>
> How might it feel to potentially expose others to an STI?
>
> Imagine you had the triangle card. How did or does it feel to have protected yourself from STIs? How does it feel to have protected others?
>
> Imagine you had the rectangle card. How did or does it feel to have chosen abstinence?

14. Explain that for those having sex, talking to sexual partners about STIs and getting tested are two strategies that can reduce the risk of STIs, including HIV.

15. Ask the following questions:

> If getting tested had been an option in this game, how do you think that could have changed how many people were standing at the end?
>
> How would talking to your partner(s) about STIs before engaging in a sexual behavior change the number of people potentially exposed to an STI (i.e., the number of people standing at the end of this activity)?
>
> What did you learn by participating in this game that will help you make decisions about your sexual health in the future?

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Try to elicit the following answers:

- One person can infect many by passing the infection to someone who passes it on to the next person.
- STIs can be spread through unprotected vaginal, anal and oral sex.
- People should consider the risks their partners have taken in the past.
- Practicing abstinence and using protection such as condoms can prevent STI 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 or dental dams but it gets easier with practice.
- Anyone can get an STI regardless of whether the sex was consensual or forced.
- Getting tested is the only way to know for sure if you have an STI.

16. **Continue the activity by saying,**

This was just a game. However, it does highlight how fast and easily an STI can spread. A good way to reduce your risk for infection is to use a latex (or polyurethane/polyisoprene) condom or dental dam every time you engage in oral, anal or vaginal sex. Also, be sure to get tested regularly if having sex. Many STIs can be treated.

17. **Summarize as follows,**

As we reflect back to my first question, "Who gets STIs?," we have learned that it is possible for anyone to get an STI. STIs are common and many people will get an STI at some point in their lives. Remember, the proud and responsible things to do are to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex, to get tested, to talk to your partners about STIs, and to get treated if you get an STI.

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ACTIVITY C

WHAT I THINK ABOUT HIV/STI AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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/STIs 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 participants 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 participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.

7. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.

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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 participants a chance to switch after discussion of each statement.

9. Thank the participants 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, STIs and protection than your partner or friends. But the facts about HIV/STI remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal fluids and rectal fluids. Other STIs are also passed through having sex. Whenever you have sex, you must use latex or polyurethane/polyisoprene condoms or dental dams every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STI transmission. PrEP can also reduce your risk of HIV transmission, and PrEP plus condoms can reduce your risk of HIV and other STIs.

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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 an effective 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 feel as if they know how, but anyone can improve their skills by learning the specific steps that you will be learning 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. Have honest conversations about your sexual health and your plans to protect yourself from unintended pregnancy or STIs. Both of you should get tested so you know your status.)
- **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 STI, so you should always use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex. Often people with STIs don't have symptoms, and a person living with HIV may not have symptoms for many years.)

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ACTIVITY D

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants 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
- External condoms, lubricated (two per participant or pair of participants, plus demonstration condoms)
- Dental dam
- Lubricant
- Condom demonstrator(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 participants 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 external or male condoms correctly and to have you practice condom use skills. I want to make sure we are clear that when teaching you these skills 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.
>
> For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

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2. Explain what a condom is by saying,

> As we have learned, a condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids, or rectal fluids.
>
> The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth or anus. It also keeps the penis from being exposed to vaginal fluids or rectal fluids. It is used to keep sperm from entering the vagina to prevent a pregnancy. When it is used to avoid the exchange of body fluids, the external condom can reduce the risk for transmission of HIV and other STIs. Only latex, polyurethane or polyisoprene condoms are effective in preventing HIV and other STIs.
>
> ***Optional for high school youth:***
> The external condom may also be used on a sex toy or other insertive sexual device that is being shared. A new condom must be used each time the sex toy or device is used by a different person.

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, polyurethane or 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 an external condom correctly. Many of you may have never seen or touched a condom. We're going to practice using external 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.

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5. **Post the *Steps for Using a Condom* poster. Using a 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 participants during this activity.

STEPS FOR USING A CONDOM

1. Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
2. Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
3. Open the package carefully to avoid tearing.
4. Make sure condom is on the proper side to roll down correctly.
5. Pinch the tip of the condom to create space (½ inch) for semen.
6. Squeeze a few drops of water-based lubricant inside the tip.
7. Make sure the penis is erect and both partners are ready to engage in sexual activity before putting on the condom.
8. Continuing to squeeze the tip, place the condom on the head of the penis. Unroll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
9. Check during sex to make sure the condom isn't slipping.
10. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
11. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

6. **Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

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FACILITATOR'S NOTE

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants 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 participants 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. Try several brands and type to find the best fit.

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 such as water-based or silicone-based lubricants (e.g., Good Clean Love or Aloe Cadabra).

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 external condoms may also be used. 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.

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10. **Ask participants 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 STIs.**
>
> **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:* Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.**

12. **Summarize as follows,**

> **To protect yourself and your partner from sexually transmitted infections, 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 unexpired condoms on hand.**
> - **Get used to condoms so they become easy to use each time.**
> - **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 STIs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal sex.**

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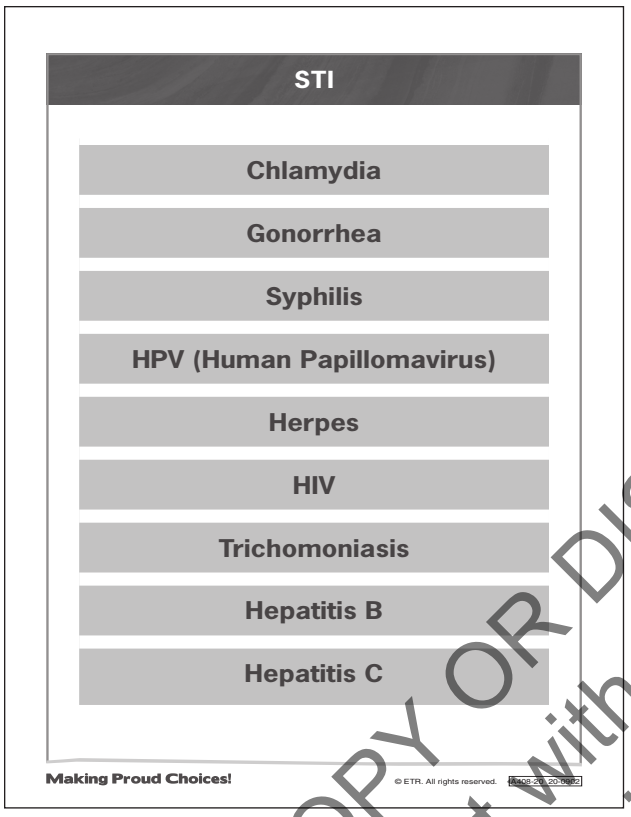

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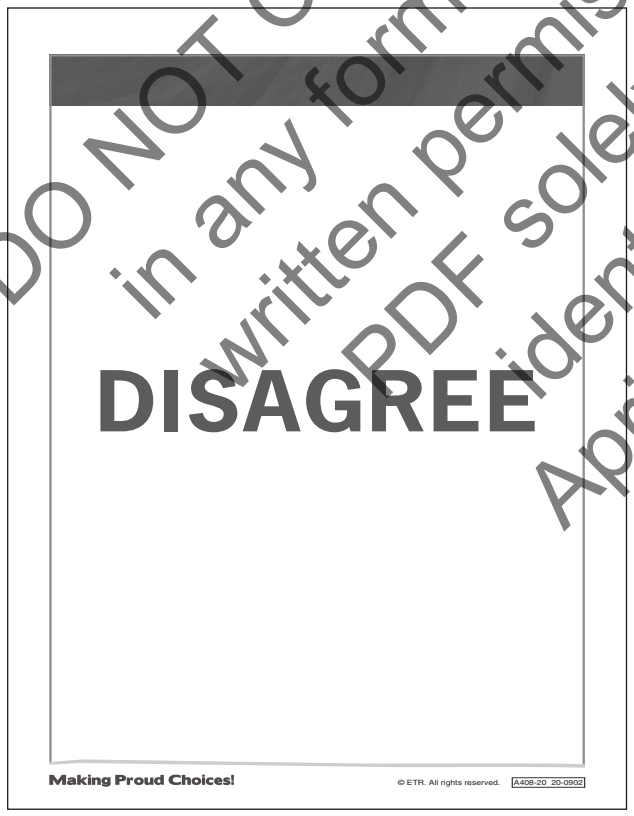

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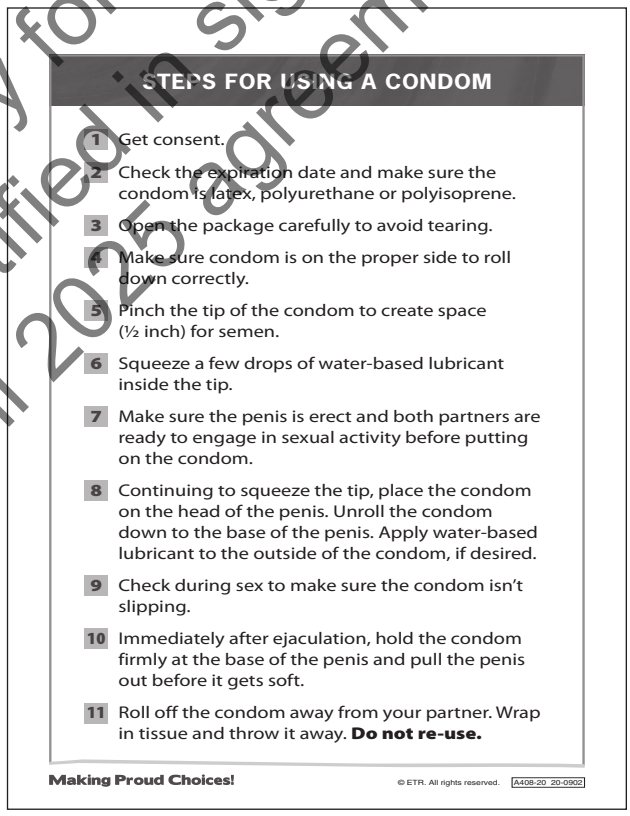

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MODULE 6

A POSSIBLE OUTCOME OF UNPROTECTED SEX: PREGNANCY

GOALS

The goals of this module are to:

- Increase participants' understanding of pregnancy as a possible outcome of unprotected sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Distinguish facts from falsehoods about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.

MODULE PREVIEW

The sixth module: (1) helps participants examine myths about pregnancy; (2) illustrates how pregnancy can impact the lives of young people; and (3) informs participants about the various forms of birth control.

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STRATEGIES/METHODS

- True or False Game
- Video Viewing
- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *True or False: Pregnancy Statements* (included in module)
- *Birth Control Choices* poster
- *Optional:* Video: *Tanisha & Shay* (or alternative videos*)
- *Agree/Disagree* signs (1 set)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pre-labeled chart paper: *Contraceptives*
- *Optional:* Monitor and video player, or internet access if using alternative videos
- Markers
- Masking tape

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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 *True or False: Pregnancy Statements* and get comfortable with the content.
4. *Optional:* Set up the video(s) to be ready to play.
5. Review the information about contraceptive methods in Appendix B.
6. 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 & Shay* Shay video or alternative videos, if you decide to extend the session and include the videos.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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7. 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.
8. Review how to use an internal 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. 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 participants the YouTube video.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* The use of the optional video(s) will increase the length of the module by up to 25 minutes. A video is an excellent way to help participants personalize and conceptualize the information, but should not replace or take time away from the discussion and demonstration of the contraceptive methods. Facilitators may wish to deliver this module across two 60-minute sessions.)

ACTIVITY	MINUTES NEEDED
A. True or False: Pregnancy Statements	10
[B. *(Optional) Tanisha & Shay* Video	+25]
C. Birth Control Methods Demonstration	40
D. Agree/Disagree - Attitudes About Contraception	10

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ACTIVITY A

TRUE OR FALSE: PREGNANCY STATEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about pregnancy provides an opportunity for learning the correct information about pregnancy.

MATERIALS

- *True or False: 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 what is true and what is false when it comes to the consequences of unprotected sex.

2. 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 true or false.
> - I also want you to explain why it is true or false.
> - If you don't know, I will ask for volunteers who think they know the answer.

3. Read the *True or False: Pregnancy Statements* on page 140.

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

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5. **Once all the statements have been completed say,**

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

6. **Summarize by saying,**

> **The more you know about the possible outcomes of sex, such as pregnancy and sexually transmitted infections, the better you will be at protecting yourself from experiencing an unintended pregnancy and/or STIs. Next, we are going to see a video (or videos) that describes how pregnancy can impact a young person's goals and dreams for the future.**

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TRUE OR FALSE: PREGNANCY STATEMENTS

1. **Every time you have unprotected vaginal sex, there is the possibility of getting pregnant, even the first time you have vaginal sex.**
   TRUE
   Pregnancy is a possibility every time someone has unprotected vaginal sex, regardless if it's the first time or the hundredth time.

2. **Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.**
   TRUE
   Pulling out, or withdrawal, does work in theory. However, it takes a lot of practice and concentration. It can be challenging, especially for teens and young adults, to actually pull the penis out before they ejaculate (or cum). Pulling out AND using another method of protection greatly increases the effectiveness.

3. **You can't get pregnant if you have sex standing up.**
   FALSE
   Sperm don't care what position you're in. Any time semen (which contains sperm) is able to travel up through the vagina and fallopian tubes to where sperm can fertilize an egg, you can get pregnant. There are no exceptions to that rule.

4. **If you have unprotected vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy.**
   TRUE
   If you had unprotected vaginal sex (or your birth control method failed) and you do not want to become pregnant, take an Emergency Contraceptive pill as soon as possible but no later than within 5 days. The EC pill (or a copper IUD) prevents a pregnancy from occurring.

5. **Douching (cleaning the vagina) after sex can prevent pregnancy.**
   FALSE
   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.

6. **You can't get pregnant unless you have an orgasm (cum).**
   FALSE
   It doesn't matter if you have an orgasm or not. You can get pregnant if you engage in vaginal sex without using protection.

(continued)

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

   FALSE

   When young people first start having periods they often have irregular cycles and may even skip a month from time to time. But if someone has had vaginal sex and misses a period, pregnancy is a possibility. The person should get tested right away, and see a doctor if the pregnancy test is positive.

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

   FALSE

   If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. For many different reasons, gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

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

   TRUE

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

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

    TRUE

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

11. **A person cannot get pregnant from anal sex.**

    TRUE

    Yes, it's true a person can't get pregnant from having anal sex, but people still have to think about STIs. The lining of the anus is thin and lubricates less than the vagina, so it's easy for STIs to enter the body that way.

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OPTIONAL ACTIVITY B

TANISHA & SHAY VIDEO*

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 video player, or internet access if using alternative videos
- Video: *Tanisha & Shay*, or alternative videos

TIME

25 additional minutes

PROCEDURE

1. Introduce the video by saying,

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

2. Show the video in three segments as described below.

> I will be showing you this video in 3 segments. After each part, I'll ask you some questions about what you've seen.

3. Show Part 1: Tanisha Finds Out. At the end of the segment, process by asking these questions:
   - » What did the provider tell Tanisha?
   - » What is your reaction? What do you think happens?
   - » Why do you think Tanisha and Shay did not use protection/ birth control?

> Let's watch the next segment and find out what happens next.

4. Show Part 2: Sharing the News. At the end of the segment, process by asking these questions:

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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- How does the pregnancy affect everyone in Tanisha's life?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What could Tanisha say to Shay when she shares the news of the pregnancy?
- What might it look like for Shay to be a part of Tanisha's decision-making process?
- What might this conversation and decision-making look like in a healthy relationship like Tanisha and Shay's?

Let's watch the last segment.

5. **Show Part 3: Now What? At the end of the segment, process by asking these questions:**
   - What did this video teach you about teen pregnancy?
   - What could Tanisha and Shay have done after they had unprotected sex to prevent a pregnancy?
   - Are these teens ready to become parents? Why or why not?
   - How would your life change if you became pregnant or got somebody pregnant now?
   - What about if you became a parent or became a parent again?

6. **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 unintended pregnancy by practicing abstinence or 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!

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ACTIVITY C

BIRTH CONTROL METHODS DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Pre-labeled chart paper:
  - *Contraceptives*
- *Birth Control Choices* poster
- Markers

TIME

40 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 some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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 chart paper titled *Contraceptives* and ask the participants to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the chart paper.

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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
- » Diaphragm
- » Cervical cap
- » Withdrawal

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 three different categories:* behavioral methods, 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 participants to handle the methods at the end when you've finished the demonstration.**

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* Shoupe, D., and D. R. Mishell, eds. 2016. *The Handbook of contraception: A guide for practical management*. New York: Humana Press, Springer International Publishing.

FACILITATOR'S NOTE

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let participants 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.

BEHAVIORAL METHODS

Abstinence

- Abstinence is the safest and most effective pregnancy and STI 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 STIs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STIs.
- 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 STIs, including HIV.

Withdrawal

- Withdrawal, or pulling out, is done by removing the penis fully from the vagina/anus before ejaculating and only ejaculating outside of the vagina/anus.
- Withdrawal is free and a method available to everyone.
- To be effective at preventing pregnancy, withdrawal must be used correctly and completely. This requires knowing and understanding a person's own body, which can be challenging for young people and people with little sexual experience.
- Withdrawal is most effective when used with another contraceptive method. Using withdrawal in addition to condoms or another form of birth control further reduces the risk of unintended pregnancy.

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FACILITATOR'S NOTE

Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness.

Sources: Laris, BA, et al. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education* DOI: 10.1080/14681811.2020.1768324; Hatcher, R. A. 2018. Contraceptive technology. New York: Ayer Company Publishers.

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 infections. 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 STIs. 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 by a trained medical provider.
- 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.
  - » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 4 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla, Kyleena and Liletta. They are effective from 3 to 5 years, depending on which one you get.

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- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STIs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a matchstick that is placed under the skin of your upper arm by a trained medical provider 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 STIs, so you should also use a condom.

The Shot

- People who use the shot receive hormonal shots every 3 months.
- Depo-Provera is the most common brand and is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STIs, 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 STIs, 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 STIs, 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 STIs, so you should also use a condom.

Diaphragm and cervical cap

- The diaphragm and cervical cap are vaginal barriers that cover the cervix to keep sperm from reaching and fertilizing an egg.
- The diaphragm is a reusable, dome-shaped cup made of latex or silicone. It is used with spermicidal gel and inserted into the vagina, where it is positioned to cover the cervix. It can be placed up to 6 hours before sex and must be left in place for at least 6 hours (but no more than 24 hours) after sex. Caya is a new one-size-fits-all diaphragm. Unlike earlier diaphragms, it does not require fitting and is easier to insert and remove. It is available with a prescription.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours and requires spermicidal gel. Like the diaphragm, it is inserted in the vagina before sex, and must be left in place for at least 6 hours afterward. FemCap is the only brand available. It has to be fitted by a provider and requires a prescription.

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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.*

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.

External (male) condom

- The external 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.

Internal (female) condom

- The internal 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.

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* 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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- The internal condom can be inserted right before sex, or up to 8 hours ahead of time.
- The internal condom can also be used for STI protection during anal sex. People of any gender can use these condoms for anal sex.
- These are the steps for using the internal 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 or anus (for additional STI protection). 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.
  - » Insert the inner ring into the vagina or anus and use your index finger to push it up into your vagina as far as it will go. If used vaginally, 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 or anus—about a half inch of the sheath should remain on the outside of your body.
  - » 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 or anal 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.

Note: Take care to present the internal 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 an external condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice

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and then it will be no problem. Note that the internal condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight. Also, because they are made of nitrile, they warm to body temperature and lack the smell of latex.

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 STIs, so you should also use a condom.

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 STI/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 STIs).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) reduces the risk of pregnancy after unprotected sex or when another birth control method fails.
- There are 2 types of EC available:

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  - » **EC pill**, also known as the morning-after pill, can be taken up to 5 days after unprotected sex. Some EC pills (Plan B One Step, Take Action and Next Choice One Dose) may be bought over the counter without a prescription and without having to see a pharmacist. Ella, a non-hormonal EC pill, requires a prescription from a health care provider or a pharmacist.
  - » **Copper-T IUD** (ParaGard) can act as emergency contraception when inserted by a health care provider within 5 days of unprotected sex.
- The sooner EC is taken (within 5 days) after unprotected sex, the more effective it is at preventing unintended pregnancy. Ella, unlike other EC pills, does not decrease in effectiveness during those 5 days.
- EC works by keeping sperm from fertilizing an egg by preventing ovulation or making the environment hard for sperm to survive in. EC is not the same thing as the abortion pill, and will not harm an existing pregnancy.
- Emergency contraception does not protect against HIV or other STIs, so protection like PEP should also be used.

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 people 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 people who use these methods not to smoke.

The side effects some people 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 people 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.

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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?
- How can I show myself respect in my sexual health decision making?

What are some ways partners 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

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

If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted infections, 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 also helps prevent sexually transmitted infections, 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.

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ACTIVITY D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes participants aware of some of the reasons people may not use birth control.

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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 participants' 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 participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

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3. **Follow the instructions below:**

   - Ask participants to stand.
   - Read a statement from the *Attitudes Statements* below.
   - Ask participants 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 participants 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 participants 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 participants 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 unintended pregnancy can often make life more complicated. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (It might be embarrassing but 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.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)

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(continued)

4. **Hormonal methods such as the shot can make someone fat and not sexy.** (The term *sexy* means appealing and exciting. It really has nothing to do with a person's body shape. Being happy with oneself projects a better self-image that may contribute to "feeling sexy." There is little evidence that links hormonal methods to weight gain. Diet, exercise and genetics have a bigger influence on a person's weight. If one contraceptive method does not work for you, you can always talk to your clinician about switching to a different method.)
5. **Internal condoms are too much trouble.** (The 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.)
6. **It's hard to talk about protection with the person you're having sex with.** (It might be challenging to have difficult conversation like this. However, it's easier 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.)
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 STIs. 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 STIs.)
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 raising their children. 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.)

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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.)
10. ***Optional for high school youth:*** **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.)

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 unintended pregnancy and STIs, 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 unintended pregnancy and STIs by using an effective method of birth control *and* condoms every time you have sex.

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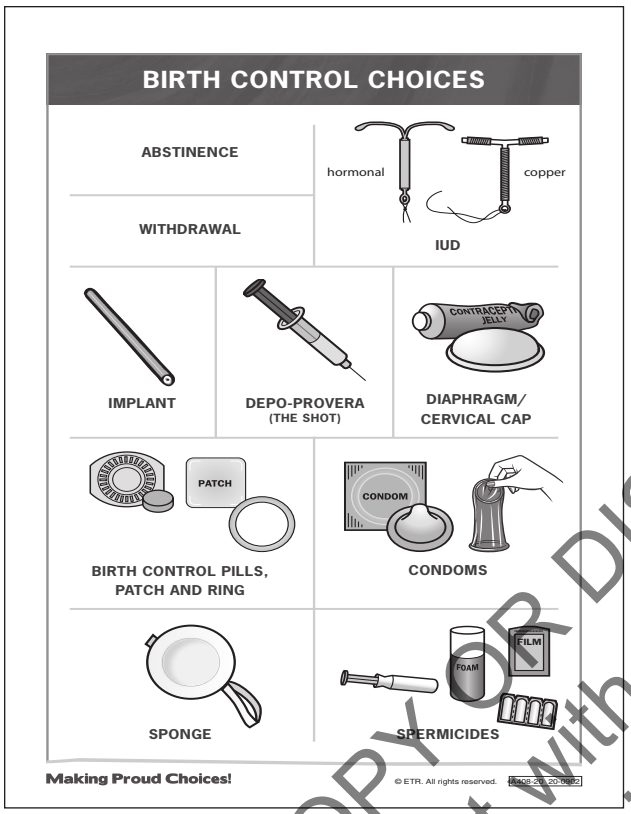

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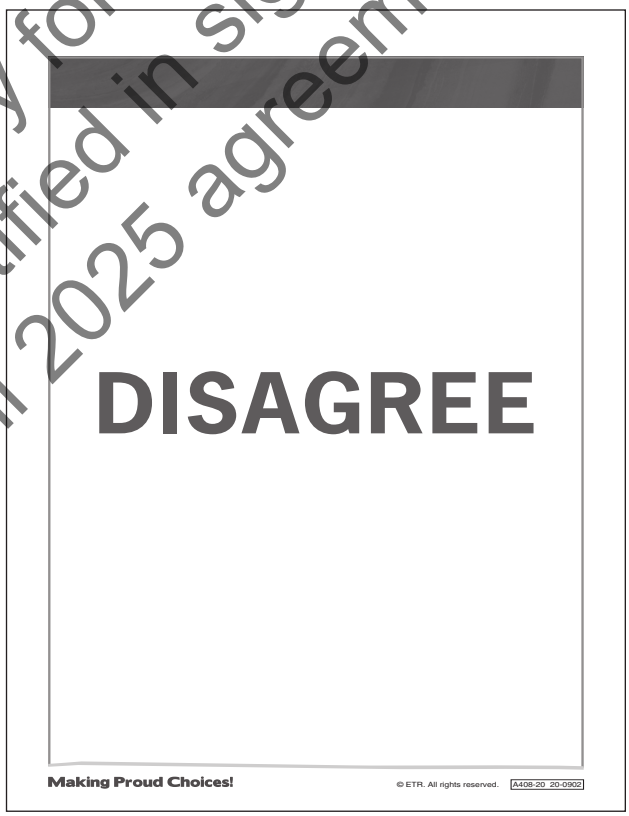

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MODULE 7

DEVELOPING CONDOM USE AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance participants' ability to resist situations that place them at risk for HIV/STI infection and pregnancy.

LEARNING OBJECTIVES

After completing this module, participants 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.
- 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 seventh module: (1) enhances participants' ability to use condoms correctly; (2) explores positive aspects of condom use; and (3) allows participants to practice condom negotiation skills.

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STRATEGIES/METHODS

- Exercises
- Scripted Roleplays

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- Video: *Condom Use Animation* (or alternative videos*) [for high school youth]
- *Condom Line-Up* cards
- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Worksheets in the student workbook:
  - » *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 chart paper:
  - » *Ways to Make Condom Use Easy and More Fun* (for high school youth)
  - » *Ways to Make Condom Use Easy* (for middle school youth)
  - » *Pros*
  - » *Cons*
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. *For high school youth:* Set up the video(s) to be ready to play.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Condom Line-Up	**10**
B. How to Make Condoms Fun and Pleasurable *(for high school youth)*	**10**
C. Barriers to Condom Use/Condom Pros and Cons	**10**
D. "What to Say If My Partner Says...": Responding to Excuses	**15**
E. Introduction to SWAT and Scripted Roleplays	**15**

(*Note:* This module includes different activities for middle school and high school youth. When implementing the program with middle school youth, adapt Activity A by skipping the video on condom use and including the optional discussion on how to make condom use easy, and skip Activity B. For high school youth, conduct all activities in the module as written.)

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ACTIVITY A

CONDOM LINE-UP

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 video player, or internet access if using alternative videos
- Video: *Condom Use Animation*, or alternative videos
- *Condom Line-Up* cards
- Masking tape
- Pre-labeled chart paper (for middle school youth):
  - *Ways to Make Condom Use Easy*

TIME

10 minutes

PROCEDURE

1. Introduce the *Condom Use Animation* video by saying,

> We are about to see a brief video on 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 video, which is 2 minutes long.

3. When the video 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 participants. (Give each participant more than one card if there are more cards than participants.)

6. Ask the group to stand.

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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 have sex?**

Answer

- » Get consent
- » Get condoms, lubricant and/or dental dams
- » Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.

8. **Have the participants 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. Consent
> 2. Get external condoms and check expiration date
> 3. Sexual arousal (hug, cuddle, kiss, massage)
> 4. Erection
> 5. Carefully remove condom from package
> 6. Dab water-based lubricant on penis or inside condom
> 7. Squeeze out any air from tip of condom and leave room for ejaculation
> 8. Roll condom on
> 9. Intercourse
>
> *(continued)*

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10. Orgasm *(optional)*
11. Hold onto the rim of condom and withdraw the penis
12. Remove and discard condom
13. Loss of erection
14. Relaxation

FACILITATOR'S NOTE

Steps 6 and 7 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. Orgasms are optional and not everyone will experience an orgasm every time.

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

» Consent, 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 person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do?

Answer

» This will happen to most people with penises 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.

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13. **Summarize by saying,**

> **You did a great job lining up the condom cards and discussing the correct steps in external 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. Remember, too, that you may also use internal condoms instead of external condoms. It is also important to remember that using two or more condoms at the same time can cause the condoms to weaken and tear. Never use two condoms at the same time. Condoms can be used with other birth control methods such as the pill or withdrawal to increase contraceptive effectiveness.**

OPTIONAL ACTIVITY FOR MIDDLE SCHOOL YOUTH

15. **When using this curriculum with middle school age youth, engage them in a discussion on how condom use can be made easy by asking these questions:**

    - What do you think makes some people uncomfortable about using protection such as external condoms? internal condoms? dental dams?
    - Why do you think other people use these forms of protection?
    - How might someone become more comfortable with the idea of using protection?
    - What might make it easier for someone to get and use condoms? (Use the pre-labeled chart paper to record responses.)

Skip Activity B and move directly to Activity C after this discussion.

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ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE (FOR HIGH SCHOOL YOUTH)

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants 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 chart paper:
  - *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 so 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 chart paper titled *Ways to Make Condom Use Easy and More Fun.*

4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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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 participants 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 smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.
- If using an internal condom, have it inserted before sex.

FACILITATOR'S NOTE

Remind youth that the only protective barriers that protect against HIV and other STIs are those made of latex, polyurethane, polyisoprene or nitrile. Anyone who is allergic to latex can use condoms made of the other materials.

Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense. If this is the case, ask the questions in a way that is less personal. You could ask, "What do you think some people do to make condom use easier and more fun?" or "Imagine an advertisement for condoms and dental dams, what might it say that would make people think using condoms is easier and more fun?"

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Participants should be reminded that only condoms consisting of latex, polyurethane, polyisoprene or nitrile can help protect against STIs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STI.

There are glow in the dark condoms that are latex and safe for STI/HIV protection, as well as flavored, ribbed and other options.

Just as there are different styles of condoms, each brand and type of lubricant is different. People have different preferences and may find that some lubricants feel better than others. Partners can try different brands to find one that feels comfortable and natural.

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 protection such as latex or polyurethane/polyisoprene condoms if you have sex.

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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 chart paper:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

TIME

10 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 chart paper, labeled *Pros* and *Cons*.

3. Ask participants to brainstorm all of the *Pros* (all of the reasons *for* using condoms), and list their answers on the chart paper.

Make sure their list includes:

» Condoms can help prevent pregnancy.

» Condoms can help prevent STIs, including HIV.

» Condoms make you feel good about yourself.

» You know you are safer when you use condoms.

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4. **Ask participants 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: Knowing that you are being responsible by using condoms will feel natural and good.

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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.**

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ACTIVITY D

"WHAT TO SAY IF MY PARTNER SAYS…": RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

Participants need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STIs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the participants to negotiate with a partner.

MATERIALS

- Pre-labeled chart paper:
  - *Excuses Sexual Partners Give*
- Markers

TIME

15 minutes

PROCEDURE

1. Unfold the pre-labeled chart paper 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 chart paper.

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?

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5. **Demonstrate by reading one excuse that is listed on the chart paper 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 participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms ruin 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 ruin 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. Let's try a few different types to find the one that feels best. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

OR

(continued)

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(continued)

Internal condoms are made of nitrile, which warms up with body heat. We can use extra lube too.

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: Dental dams are messy and smell funny.

Response: Dental dams aren't any messier or smellier than sex. Let's try a polyisoprene dental dam instead of a latex one so it doesn't smell. We can try different lubes too and find one that isn't smelly.

Excuse: Condoms are unnatural and turn me off.

Response: Worrying about unintended pregnancy and STIs turns me off. Condoms will make me feel safer and sexier.

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 unintended pregnancy or STI.

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 STIs, 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.

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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 STI.

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 STI. 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. The only way to know if someone has an infection is to get tested.

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. Or we can use internal condoms. They're made of nitrile and they warm up with body heat!

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 out and get some condoms, then have sex.

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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 participants 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 STI and not know it. Make a plan to get tested together to know for sure.

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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 STIs, including HIV. Condoms (both external and internal) are the only birth control method besides abstinence that also helps protect you from HIV and other STIs.

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/nitrile) condom and/or dental dam every time you have sex.

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ACTIVITY E

INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants 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 participants 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

15 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 STIs 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.

Affirmative consent is a conscious, voluntary agreement to engage in sexual activity. This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person's consent to have sex. Policies and laws around affirmative consent protect both partners by making sure they are in agreement and there is mutual understanding of what is happening.

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 participants' 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

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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 unintended pregnancy, HIV and other STIs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?
>
> How do you express your personal boundaries or communicate how far you are willing to go? People set personal boundaries based on what feels right or what is uncomfortable. In dating or intimate relationships, examples of boundaries may include being happy to go to the movies but not be alone in a bedroom, or wanting to kiss but not to have sex.
>
> Being clear on your personal boundaries will help you in situations where you need to make a decision and communicate that clearly. Just as important as setting and communicating your own boundaries is respecting the other person's boundaries and decisions. This is also a sign of a healthy relationship.
>
> 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.

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4. Review the entire *SWAT* poster with the participants 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.

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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 participants how to read the example with an assertive voice and body language.**

7. **Say to the participants,**

> **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 participant 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.**
> - **I have not said yes, which means this isn't happening.**

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.**

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10. **Review each item on the *Observer Checklist* poster to ensure participants 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 participants to act out the first roleplay. Have them turn to the scripted roleplay *While They're Out* (Ineffective Version) in their workbooks. 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 participants 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 STI like HIV.
>
> *(continued)*

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(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 STI. 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 their 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 their feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

Was there consent in this situation? *(No)*

Even though Person 1 didn't say no, did it seem like they were consenting to sex? *(No)*

Even though Person 1 didn't say no, how might Person 2 know that Person 1 did not consent? *(Unsure or soft tone of voice, no eye contact, only backed down because of pressure)*

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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 participants 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 STI 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 having sex. 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.

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16. **After the roleplay, thank the roleplaying participants 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.)*
>
> Did Person 1 respect Person 2's personal boundaries? *(Yes.)*
>
> Was there consent in this situation? *(Yes. There was mutual agreement on what to do next.)*
>
> How should this story end? *(If they have sex, each should continue to check how the other person is feeling and whether that person still wants to continue having sex. At any point, if either one says stop, they must stop. Consent can be revoked at any time.)*

17. **After participants 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 participants to read *Your Valentine's Day Gift* (Ineffective Version). Remind participants to continue to use the *Observer Checklist*.**

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19. **Begin by reading the Setting the Stage section before having the assigned participants 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. You 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)*

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.*

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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.)*

Did Person 1 respect Person 2's personal boundaries? *(No.)*

Was there affirmative consent in this situation? *(No. "I guess" is not affirmative consent.)*

How should this story end? *(They should stop because there is no affirmative consent to have sex.)*

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 participants 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.

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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.

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 participants 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 participants to respond.

25. Summarize as follows,

You had some really great observations. We just had a chance to practice saying no to unsafe behavior. We also had the opportunity to practice listening for consent.

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.

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Condom Line-Up Cards

CONSENT

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Cards (14 total)

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.
- I have not said yes, which means this isn't happening.

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Poster

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
Refused to engage in unsafe behavior	Y/N
Repeated refusal	Y/N
Body language said "NO"	Y/N
W Explained why	
Gave clear reasons	Y/N
A Provided alternatives	
Suggested alternative actions	Y/N
T Talked it out	
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 & Worksheet

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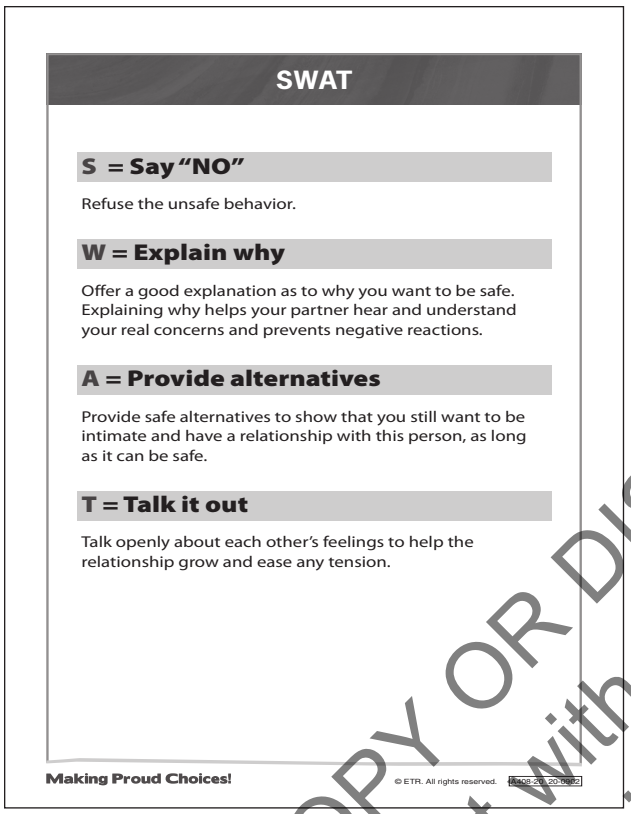

SWAT

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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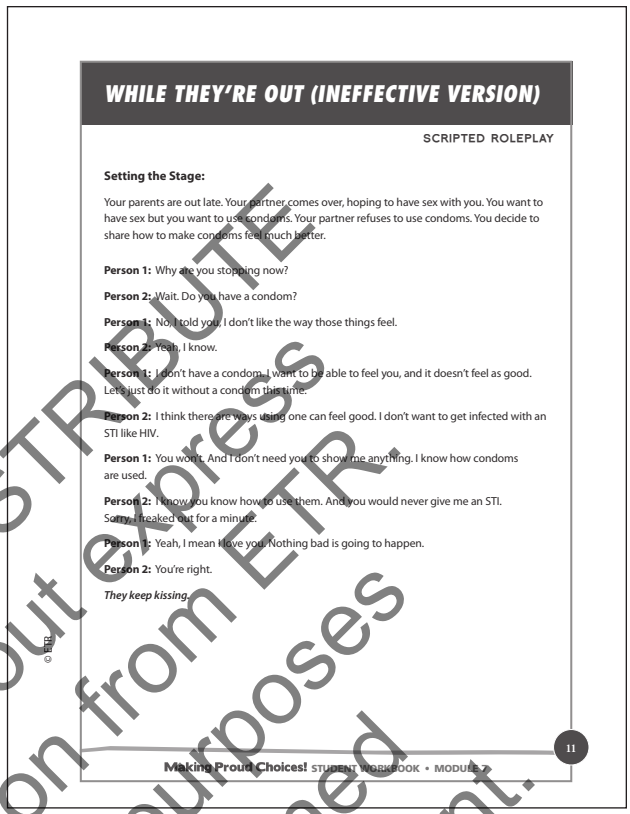
Poster



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 STI 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 STI. 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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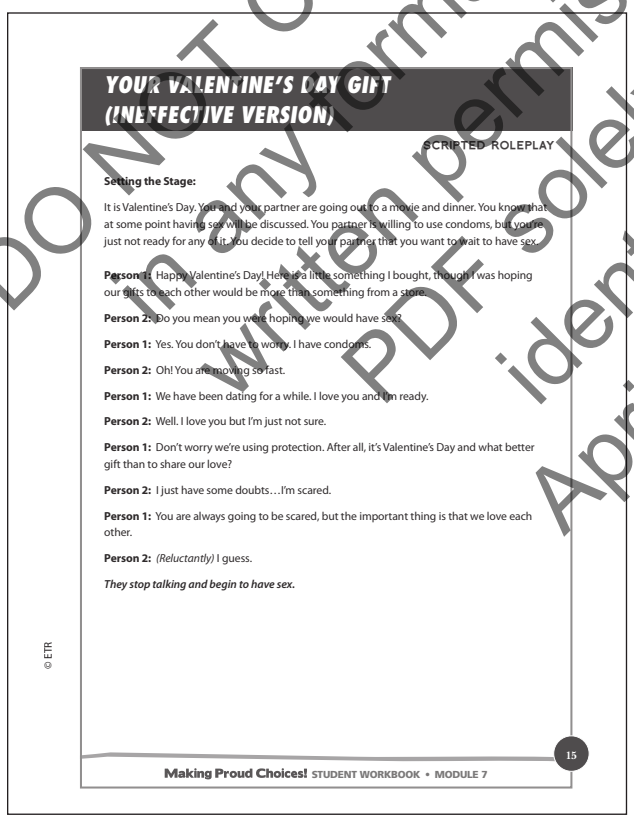
Roleplay (2 versions)



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. You 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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Roleplay (2 versions)

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MODULE 8

ENHANCING REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills regarding condom use.
- Enhance participants' ability to resist situations that increase their risk for unintended pregnancy, HIV and other STIs.

LEARNING OBJECTIVES

After completing this module, participants 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 eighth module: (1) provides an opportunity for participants to practice condom negotiation skills; and (2) provides an opportunity for participants to practice communication and negotiation skills with a partner.

STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Video Viewing
- Closing Circle

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- Video: *Wrap It Up* (or alternative videos*)
- Roleplays and worksheet in the student workbook:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Kayla and Mia*
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*
- *Optional:* Additional roleplay scenarios found in Appendix A

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Pencils
- Masking tape

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Safer Sex Negotiation Skills and *Wrap It Up* Video*	**15**
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays	**35**
C. Talking to Your Partner about Condom Use - Information Review	**5**
D. Closing Activity	**5**

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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ACTIVITY A

SAFER SEX NEGOTIATION SKILLS AND *WRAP IT UP* VIDEO*

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides participants with additional skills necessary to help reduce their risk for unintended pregnancy, and STIs or HIV infection.

MATERIALS

- Posters
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- Video: *Wrap It Up*, or alternative videos
- Monitor and video player, or internet access if using alternative videos

TIME

15 minutes

(*Note:* Allow more time, if possible, to practice the SWAT technique and to view the video.)

PROCEDURE

FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills 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 video is 6 minutes so you'll need the final 8 minutes to show the video 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 protection and safer sex. This should include what types of protection to use, such as external or internal condoms and dental dams. 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.

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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 participant to read aloud an example from the chart until all the examples have been read. Encourage participants 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 unintended pregnancy, HIV and other STIs.
> - I am not ready to have a child (again).

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.

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6. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage the participants 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 participant to read aloud an example from the chart until all the examples have been read. Encourage the participants to make up their own examples as well.

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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.

9. Introduce the *Wrap It Up* video or alternative video(s) by saying,

> We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, one partner wants to use condoms and the other 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 used to convince a partner to use condoms.

10. Show the video, which is 6 minutes long.

11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the person who wanted to use condoms use the SWAT Refusal and Negotiation Skills we talked about before? How?
- Did they say no?
- Did they offer an explanation?
- Did they provide alternatives?

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(continued)

- **Did the two people talk it out?**
- **Did you think that they had any difficulty? If so, what?**
- **What were the partner's concerns about using a condom?**
- **What did the person who wanted to use condoms say to respond to their partner's statements and concerns?**
- **Was the person who wanted to use condoms ready to walk away from the relationship, if necessary?**
- **Were their personal boundaries and choice respected?**
- **Was there consent?**

13. **Continue processing with the following questions,**

» What could have happened if one partner decided to continue pressuring the other for sex while refusing to honor that person's decision to use protection?

» What were some other points in the story when their relationship could have turned into harassment, abuse or violence?

» The video was about a heterosexual relationship (boyfriend/ girlfriend). Could this happen in other types of adolescent relationships?

» If you suspect a friend may be in an abusive relationship or is being used by someone in a sexual way, what would you do?

14. **Summarize as follows,**

You have demonstrated a really good understanding of healthy and unhealthy relationships. As we have seen here, the foundation of a healthy relationship is respect, and it is guided by open and honest communication. You also learned refusal and negotiation skills that could help you in your relationships. 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.

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ACTIVITY B

PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity allows participants 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*
- Student workbook:
  - *Observer Checklist*
  - *Roleplays (A–E)*
- *Optional:* Additional roleplays found in Appendix A

TIME

35 minutes

PROCEDURE

FACILITATOR'S NOTE

During the roleplay practice, participants 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 participants 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.

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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 participants 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)*

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(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. **Have participants turn to the *Observer Checklist* worksheet 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 participant should play the role of Taylor. Have the participant turn to Roleplay A in the workbook and give them 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.**

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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 participants' 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?

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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. Have the first pair of participants turn to Roleplay B in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.

16. Explain to the roleplay participants,

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.

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19. **Remind observers to fill out the *Observer Checklist* as they watch the roleplay.**

FACILITATOR'S NOTE

After a few roleplays, participants 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 participants 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 participants 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 participants 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.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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(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 feel that Justice does not trust you 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 participants' 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?

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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. **Have the next pair of participants turn to Roleplay C in their workbooks.**

25. **Tell observers which character to observe. In Roleplay C, the person is Kayla. The goal of this roleplay is for Kayla 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 protection
>
> **Observe:** Kayla using SWAT
>
> *(KAYLA and MIA talking)*
>
> **Kayla**
>
> Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.
>
> 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 reduce the risk for yourself and your partner by always using protection.
>
> While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.
>
> *(continued)*

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(continued)

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

Mia

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kayla, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

28. Review the participants' responses on the *Observer Checklists* asking the following questions,

- Did Kayla use the SWAT technique?
- Did Kayla say no?
- Did Kayla explain why?
- Did Kayla provide alternatives?
- Did they talk it out?
- What could Kayla have done differently?

29. Process the roleplay using the following questions,

- What kept Mia from using protection?
- What are some of the consequences Mia could be facing for having intercourse without using protection?
- What do you think convinced Kayla to start practicing safer sex?

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- Was Kayla able to convince Mia? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms or dental dams every time you have sexual intercourse or oral sex?

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.

31. Have the next pair of participants turn to Roleplay D in their workbooks.

32. 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.

33. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

34. Read aloud the scenarios for both characters, and then have participants 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

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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 STI 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.

35. 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?

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36. 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?

37. 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.

38. Have the next pair of participants turn to Roleplay E in their workbooks.

39. 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 unprotected sex.

40. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

41. Read aloud the scenarios for both characters, and then have participants 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.

(continued)

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(continued)

Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might create trouble in 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.

42. Review the group's responses on their *Observer Checklists* 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?

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43. **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?

44. **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.

45. **Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

46. **Remind observers to continue to use the *Observer Checklist*.**

47. **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.

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.

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ACTIVITY C

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 participants 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 participants 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)

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(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 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 participants to brainstorm ways to avoid becoming pregnant or infected with HIV or another STI. (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 STIs.
- 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 unintended pregnancy, HIV and other STIs.
- Ask about your partner's sexual and drug use history.
- Get tested for and treated for HIV and other STIs.
- Encourage partners with HIV to get ART and stay on treatment.
- Encourage partners with other STIs to get and stay on treatment.
- If you think you might be at risk for HIV because of an infected partner, talk to your doctor about getting on PrEP.

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4. **Reinforce tips for consistent condom use by saying,**

> **Protect yourself and your partner by:**
>
> - **Using a latex or polyurethane/polyisoprene condom (or dental dam) 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. **Unintended pregnancy, HIV and other STIs are potential outcomes 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 unintended outcomes.**
> 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 STIs, 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.**

6. **Remind participants of resources,**

> **There are a number of resources we covered throughout the program. I want to make sure you have a list to refer to if or when you need resources or help.**

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FACILITATOR'S NOTE

Make sure you have referral resources for the youth completing your program. It should include reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV Hotlines. Also include:

- LYRIC Youth Talk Line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946.

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ACTIVITY D

CLOSING ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants a sense of closure to the program.

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Ask the participants to form a tight circle with their chairs.
2. Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the participants 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 every confidence 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.

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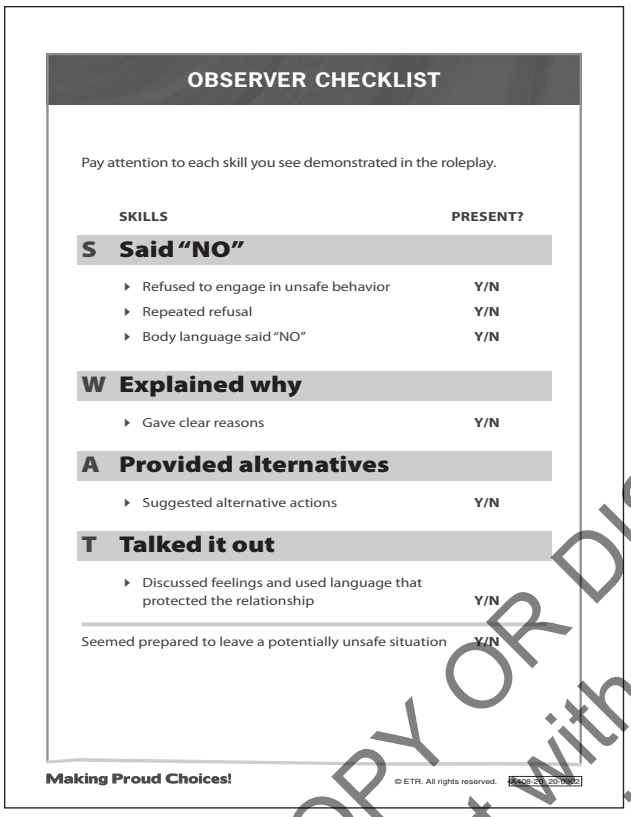

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
W Explained why	
▸ Gave clear reasons	Y/N
A Provided alternatives	
▸ Suggested alternative actions	Y/N
T Talked it out	
▸ 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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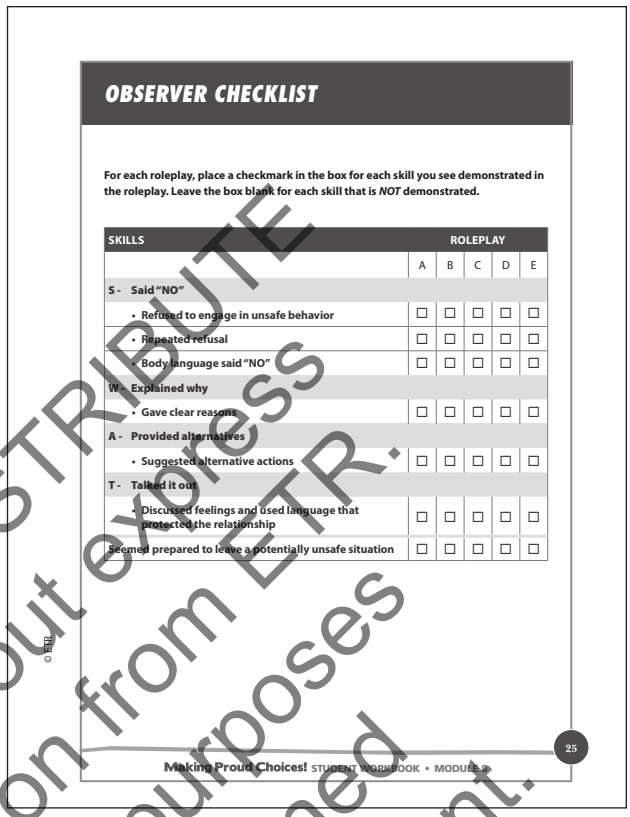

OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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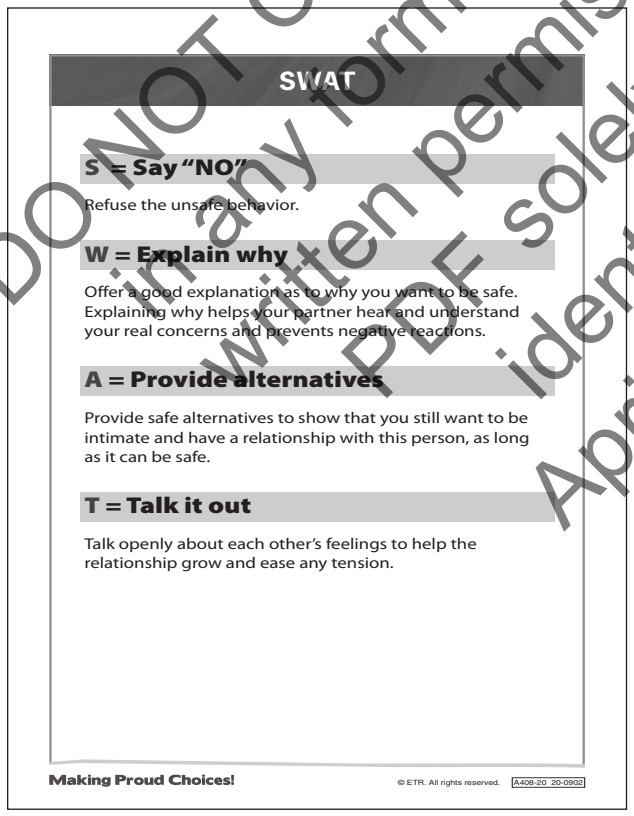
Making Proud Choices! STUDENT WORKBOOK • MODULE 8 25

Worksheet



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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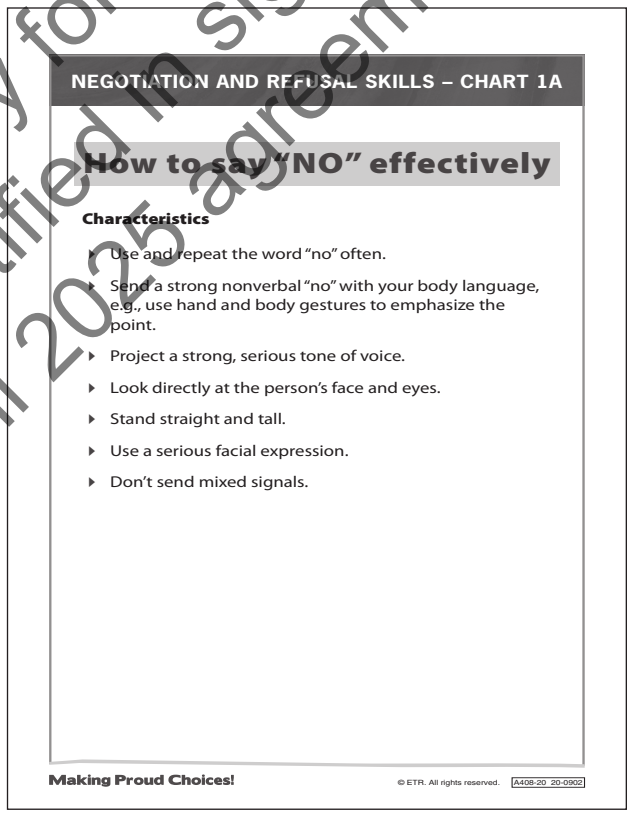

NEGOTIATION AND REFUSAL SKILLS – CHART 1A

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.
- I have not said yes, which means this isn't happening.

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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 unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).

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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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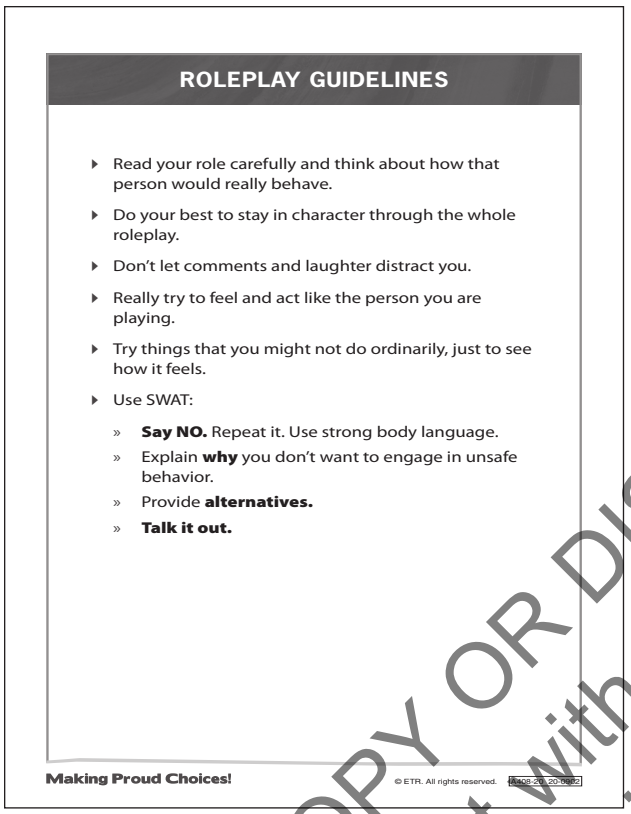

ROLEPLAY GUIDELINES

- 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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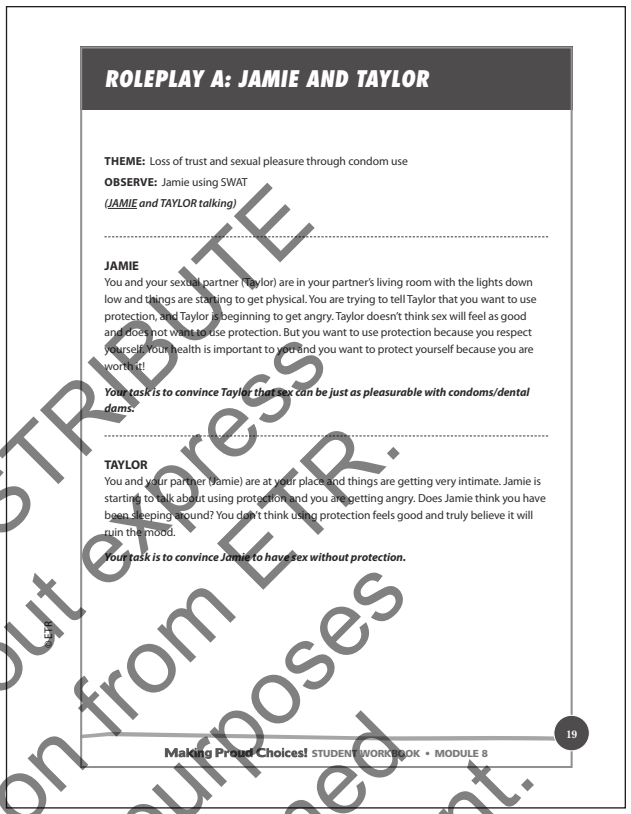

ROLEPLAY A: JAMIE AND TAYLOR

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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Roleplays A–E (5 total)

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GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.

IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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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?

- Charlie

Koko's Response to Caller 1:

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CALLING KOKO CALLER 2

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.

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?

– Raymond

Koko's Response to Caller 2:

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CALLING KOKO CALLER 3

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.

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?

– Alex

Koko's Response to Caller 3:

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CALLING KOKO CALLER 4

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

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.

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 infections. Is oral sex safe? How do we protect ourselves from STIs?

– Carmello

Koko's Response to Caller 4:

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CALLING KOKO CALLER 5

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.

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! I'm scared to date! What should I do?

– Dana

Koko's Response to Caller 5:

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CALLING KOKO CALLER 6

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'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Koko's Response to Caller 6:

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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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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SEAN AND MORGAN CASE STUDY (CONTINUED)

Using STOP, THINK and ACT and the questions below, decide what Sean should do to keep from having sex before being ready.

STOP:

What can Sean do to stop?

What can Sean do to stay calm?

THINK:

What is the problem? What is Sean being pressured to do?

What do you think Sean is feeling?

What does Sean think Morgan is feeling?

What are Sean's choices?

What does Sean really want to do?

What alternatives can Sean suggest to Morgan?

What are the possible consequences?

ACT:

What do you think is Sean's best choice?

How should Sean act on that choice?

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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 STI 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 STI. 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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 STI 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 having sex. 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.

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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. You 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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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 only want to have sex when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

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.

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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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ROLEPLAY B: JUSTICE AND ANGEL

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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 feel that Justice does not trust you 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.

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ROLEPLAY C: KAYLA AND MIA

THEME: Two friends talk about protection

OBSERVE: Kayla using SWAT

(KAYLA and MIA talking)

KAYLA

Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.

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 reduce the risk for yourself and your partner by always using protection.

While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

MIA

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kalya, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

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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 STI 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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ROLEPLAY E: ALEX AND CASEY

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 create trouble in 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.

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OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY				
	A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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Positive Prevention *Plus*

Curriculum and Teacher's Guide

Sexual Health Education for America's Youth

FOR MEDICAL REVIEW ONLY

An Office of Adolescent Health (OAH) Evidence-Based Curriculum

High School and Community Settings

HSCUR21AYR080824

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Sexual Health Education for America's Youth

for High School and Community Settings

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PRIMARY AUTHOR

Kim Robert Clark, DrPH

Christine Janet Ridley, RN, MEd

For directions on accessing slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-support-materials/

Positive Prevention *PLUS*

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Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services or the Office of Adolescent Health.

This curriculum is aligned with the National Health Education Standards (NHES) and the National Sexuality Education Standards (NSES).

Guidelines for Use of the Positive Prevention *PLUS* Curriculum

POSITIVE PREVENTION *PLUS* CURRICULA SHOULD BE PRESENTED ONLY:

- **to an audience of high school students** in school and community settings;
- **in a school or alternative educational program site setting;**

UNAUTHORIZED USE OF THE POSITIVE PREVENTION *PLUS* CURRICULUM INCLUDES:

- **duplication and distribution of this copyrighted curriculum** and associated materials without prior written authorization from Positive Prevention *PLUS*;
- **exclusion or modification of curriculum content** inconsistent with California laws and codes; and
- **use of the curriculum for personal gain** such as representing oneself as an authorized Positive Prevention trainer or educator on **a fee-for-service basis** without authorization of Positive Prevention *PLUS*.

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Preface

Adolescence is a critical period in life; a time for reinventing self-identity and renegotiating relationships with peers, family members, and the larger society. Personal, family, and cultural values are re-examined. Hopes and plans for the future are envisioned. Increasingly, adolescents are on their own to make critical life-altering decisions.

According to the California Health Framework (2018), "all adolescents develop at different rates, and some may feel awkward as hormonal changes continue to occur. Physiologically, some students are fully mature in high school while others continue to mature after high school. Some transgender students may be taking medications (puberty blockers or hormone therapy) to more closely align the physical characteristics of their body with their gender, while others may be transitioning socially without medical intervention. For all students, this is a period of great change (Bucher and Manning 2010)."

Healthy and rational choices regarding interpersonal relationships and sexual behavior are among the most important decisions facing adolescents. Pressures to conform to media messages regarding relationships, love, and sex may at minimum confuse teens, if not actually endanger them. However, confining or judgmental views may also confuse, alienate, or discourage adolescents from forming healthy self-images and healthy lifelong relationships with others.

Although it may seem students' behaviors are well established, health education teachers continue to play a critical role in implementing standards-based instruction, applying evidence-based curriculum and programs, integrating medically accurate resources, and mentoring students to foster a lifetime of healthy behaviors.

It is not the purpose of this curriculum to supplant parental instruction or cultural expectations regarding sexual relationships and behavior, but rather to complement these values and expectations with the knowledge and skills necessary to choose healthy relationships and self-protective behaviors.

To that end, we believe it is critically important to implement all aspects of this evidence-based curriculum, **with special emphasis on the interactive classroom activities**.

We recognize that a brief unit of study presented just once during upper elementary, middle school and/or high school will not by itself instill the knowledge, attitudes, or skills for a lifetime of healthy relationships and responsible sexual choices. But, *in combination with* informed parental, school, and community guidance and support, including access to valid health information and resources, *Positive Prevention PLUS Sexual Health Education for America's Youth* will contribute to the mastery of this critical health content.

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About the New *Positive Prevention PLUS*: *Sexual Health Education for America's Youth (2021 ed.)*

Positive Prevention PLUS Sexual Health Education for America's Youth focuses on specific protective behaviors using a variety of peer-based and interactive strategies. Follow-up lesson activities which further extend instruction and reinforce student learning are also featured in each lesson, including a daily interview assignment with a parent or trusted adult.

Updated features of the 2021 edition include:

- alignment with the National Health Education Standards (NHES) and the National Sexuality Education Standards (NSES)
- new streamable HTML slide decks for each lesson
- newly animated stories at the beginning and ending of each lesson
- clear notation of the slide number associated with the lesson text
- updated biomedical information
- a new Teacher Resource Page with URLs for accessing further information and updated statistics
- a high school lesson supplement entitled Understanding Puberty for those classrooms which have not yet covered or need to review the topic (See online Appendix D)
- a supplemental lesson on suicide prevention (see online Appendix D)
- a replacement Lesson 7 Teen Pregnancy: Choices and Responsibilities Version 2 for those states in which a discussion of abortion is not allowed (included in this teacher binder)

In addition, the *Positive Prevention PLUS* curriculum incorporates the five foundational **Socio-Emotional Learning (SEL) Practices** necessary for success in school and in life:

- **Self-Awareness** (including self-confidence and self-efficacy in lesson 11)
- **Social Awareness** (including empathy, appreciating diversity, and respect for others in lessons 2 and 8
- **Responsible Decision-Making** (including identifying and solving problems, and analyzing situations in lessons 6, 7, and 11)
- **Self-Management** (including self-discipline and goal-setting in lessons 1, 11 and 13)
- **Relationship Skills** (including communication and relationship building in lessons 2 and 11) (Source: www.casel.org)

Positive Prevention PLUS is published in three levels: Upper Elementary, Middle/Jr. High School, and High School and Community Settings. An online independent study version is also available for home-bound students, charter schools, and alternative settings, as well as *Positive Prevention PLUS for Special Populations* (Special Education) for mild-to-moderate functioning students.

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About the Authors

Kim Robert Clark, DrPH

Kim Clark is Professor Emeritus of Public Health Education in the Department of Health Sciences at California State University, San Bernardino. Dr. Clark became involved in HIV/AIDS prevention education in 1989 when he served as Program Coordinator for the California Department of Education's statewide HIV/AIDS education project, funded by the Centers for Disease Control and Prevention. In addition to serving as co-author for the *Positive Prevention PLUS* curriculum, Dr. Clark also served on the *National Health Education Standards* and *California Health Education Content Standards* committees, and was Project Director for the San Bernardino County Superintendent of Schools' Office of Adolescent Health (OAH) Tier II Research Project on Teen Pregnancy Prevention.

Christine Janet Ridley, RN, MEd

Christine Ridley has worked extensively in the field of nursing and education throughout the last 25 years. During that time, she worked as an elementary school teacher, school nurse, and District School Health Coordinator managing a variety of health programs. Christine also worked as the Project Director for the California Department of Education's *Putting It All Together: Program Guidelines and Resources for State-Mandated HIV/AIDS Prevention Education in California Middle and High Schools,* and in the establishment of the HIV/STD Project Center for the development, distribution and training of curriculum and media materials. During that time, she directed the development of the original *Positive Prevention: HIV/STD Prevention Education for Special Populations.* Christine also served as an instructor in the Health Science Department at California State University, San Bernardino, and in the Nursing Department at California State University, Fullerton, for over 20 years before her recent semi-retirement. She continues to enjoy working on the curriculum as its a co-author.

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About Our Partners

Cardea Services

The mission of Cardea Services is to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients. Cardea staff are active and highly respected participants in teen pregnancy prevention research and demonstration projects in California and nationwide. As a partner in the *Positive Prevention PLUS* program, Cardea provides teacher trainings and technical assistance to school districts and agencies in California and out-of-state. For more information call (510) 835-3700 or email positive.prevention@cardeaservices.org.

The American Red Cross

The American Red Cross has been working to prevent HIV infection since 1985. It continues to reach out to communities nationwide with information and resources about HIV and AIDS. The Orange County Chapter of the American Red Cross was instrumental in launching earlier versions of this curriculum.

Contact your local chapter of the American Red Cross for more information about HIV/AIDS prevention materials and trainings they provide or visit the worldwide web at www.redcross.org.

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Acknowledgments

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The **Curriculum Support Section** on our website positiveprevention.com may be accessed using the code packaged with this curriculum. This folder contains the following:

- Appendices A-D
- Teacher Lesson Slides
- Selected Parent Materials in English and Spanish

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Introduction

Parents are confronted daily with facts and figures regarding the status of adult and adolescent health in the US. Accidents and suicide remain the leading causes of death in adolescents, and homicide is common in some young adult populations. HIV and AIDS continue to be serious health conditions in young adults, as do other sexually transmitted infections. Recent estimates reflect that these and other chronic diseases will cost the US economy over three trillion dollars by the year 2025, both in direct health care costs as well as lost productivity. Each one of these diseases involves a behavioral component which can be modified to prevent illness.

Nearly all teen pregnancies are unplanned—that is, teens themselves say they did not intend to get pregnant or cause a pregnancy. As a result of many factors—including increased access to sexual health information and birth control—the United States has seen a 70 percent decline in the teen birth rate since 1991, including profound declines in all 50 states and among all racial/ethnic groups.

However, each year about 194,000 teens still give birth, which is about 19 births for every 1,000 girls. Nearly two out of every 100 teen girls will have a child each year. Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination.

The fact that teens don't want to get pregnant is reason enough to ensure that they have access to quality information and birth control. In addition, preventing teen pregnancy helps expand opportunity, create positive social change, and allow young people to be stronger contributors to their communities. (Source: https://powertodecide.org/what-we-do/information/why-it-matters)

Many young people also engage in sexual behaviors that can result in sexually transmitted infections (STIs), including HIV. In 2016, young people aged 13-24 accounted for an estimated 21% of all new HIV diagnoses in the United States, with most occurring among 20-24 year olds. Half of the nearly 20 million new STIs reported each year are among young people aged 15-24. Yet other sexual behaviors, such as condom use and hormonal birth control use, can protect against STIs, including HIV, and unintended pregnancy. (Source: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf)

For further information on trends in teen sexual health, see:

- ***The Centers for Disease Control Adolescent and School Health***
  https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
- ***Adolescent Development and STDs***
  https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy

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Training Qualified Teachers

Crucial to the successful implementation of effective health instruction is the assignment of this responsibility to **credentialed and qualified health science teachers**. Teachers must have a credential in the subject area to which they are primarily assigned, i.e., a Single Subject Credential with authorization in Health Science. Biology or physical education teachers are not authorized to accept health education as their primary assignment, unless they hold an authorization in Health Science. School nurses, science and physical education teachers, and others (including outside speakers) may be assigned to teach the curriculum, **but should first attend a formal curriculum training**.

The Guidelines for Comprehensive Sexuality Education: Kindergarten – 12 Grade (SIECUS, 2004) are:

- Every person deserves to be treated with dignity and respect.
- Sexuality is a natural and critical dimension of adolescent development.
- Sexuality includes physical, emotional, psychological, ethical, social and spiritual dimensions.
- Sexuality and sexual behavior are defined and shaped by genetics, culture, tradition, race/ethnicity, and religion.
- Youth explore their sexual identity as a natural process in achieving sexual maturity.
- Youth have a right to access sexual and reproductive health services.
- Youth have a right to medically accurate information about sexuality.
- Healthy sexuality is more than reproductive health or the avoidance of HIV/STIs, or unintended pregnancy.
- Sexual relationships should be reciprocal, based on respect, and should never be coercive or exploitative.
- Adolescent sexuality education should be comprehensive, holistic, grounded in a youth-centered approach, and based on youth development principles.

The Guiding Principals and Assumptions are also reflected in the *National Teacher Preparation Standards for Sexuality Education* (Future of Sex Education, 2014).

The *National Teacher Preparation Standards for Sexuality Education* were created to provide guidance to programs within institutions of higher education in order to better prepare undergraduate pre-service students to deliver sexuality education.

The development of the *Teacher Preparation Standards* are part of the ongoing Future of Sex Education (FoSE) Initiative, which has as its goal that every young person in public school has high quality, comprehensive sexuality education that is developmentally, culturally, and age appropriate.

In the United States, sexuality education is most commonly taught within the health and/or physical education (PE) curriculum at the middle and high school levels. In the elementary grades, individual classroom teachers teach health in addition to every other subject area. So while the overall FoSE initiative is focused on instruction in Grades K-12, the *Teacher Preparation Standards* focus specifically on preparation programs that train health and PE teachers most likely to be teaching in middle and high school. For further information, visit www.FutureofSexEd.org.

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Training Qualified Teachers CONTINUED

School districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers shall have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.|

For in person or virtual teacher trainings, please visit our website at positiveprevention.com

Rigor and Relevance: How Positive Prevention *PLUS* Supports Current Trends in Education

In recent years, a number of state and federal initiatives have provided guidelines and standards for higher quality sexual health education, including the *National Health Education Standards*, the *Next Generation Science Standards* (NGSS), and the National Sexuality Education Standards (NSES). *Positive Prevention PLUS* reflects these guidelines and initiatives in a number of ways, as described below.

National Health Education Standards.

Guidelines for K-12 classroom health instruction are organized according to eight over arching standards (with examples of related *Positive Prevention PLUS* content listed in parentheses after each Standard.) NOTE: Standards emphasized in each lesson are referenced on the chart in Appendix A in the Curriculum Downloads.

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health. (P3 lessons include healthy relationships, avoiding relationship violence and abuse, protection from unplanned STIs and pregnancy, HIV/STI transmission, accessing health care, planning a healthy future.)

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (P3 lessons include media analysis, assertiveness skills, refuting peer pressure.)

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health. (P3 lessons include seeking advice and guidance from trusted adults, identifying local health providers and resources for HIV/STI testing and reproductive health care.)

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (P3 lessons include refuting peer pressure, assertiveness skills, condom negotiation skills.)

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health. (P3 lessons include protecting oneself from abusive relationships, selecting appropriate contraception, exploring reasons to abstain from sexual intercourse, and alternatives regarding an unplanned pregnancy.)

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Rigor and Relevance CONTINUED

Standard 6: Students will demonstrate the ability to use goal setting skills to enhance health. (P3 lessons include life planning and goal setting, assessing personal readiness to take steps toward success.)

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks. (P3 lessons include protecting oneself from an unintended STI infection or pregnancy, protecting oneself from abusive relationships, including sex trafficking, using contraception if sexually active, accessing health services, seeking advice and guidance from trusted adults.)

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health. (P3 lessons include assertiveness and negotiation skills, normative modeling and discussion regarding sexual abstinence, and ways to avoid abusive relationships.)

National Health Education Standards.

The goal of the National Sexuality Education Standards: Core Content and Skills, K–12 is to provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is age-appropriate for students in grades K–12.
The Standards are organized according to eight overarching concepts (with examples of related Positive Prevention PLUS content listed in parentheses after each Standard). NOTE: Standards emphasized in each lesson are listed at the beginning of each lesson, and referenced on the chart in Appendix A in the Curriculum Downloads on the positiveprevention.com website using the code in the beginning of this curriculum.

Standard 1: Core Concepts. Students will comprehend concepts related to health promotion and disease prevention to enhance health. (P3 lessons feature "essential information" on which students build their intrapersonal and interpersonal skills, including puberty, human reproduction, contraception, and disease transmission.)

Standard 2: Analyzing Influences. Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (P3 lessons examine peer, media, cultural, and family influences and practices that impact their attitudes and behaviors.)

Standard 3: Accessing Information. Students will demonstrate the ability to access valid information and products and services to enhance health. (P3 lessons include the identification of web-based and community-based services, including guidelines for safely using social media.)

Standard 4: Interpersonal Communication. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (P3 lessons include discussions with other students, parents and/or trusted adults; as well as practicing effective assertiveness and negotiation skills.)

Standard 5: Decision-Making. Students will demonstrate the ability to use decision-making skills to enhance health. (P3 lesson 6 incorporates decision-making practice for reproductive health-related problems.)

Standard 6: Goal-Setting. Students will demonstrate the ability to use goal-setting skills to enhance health. (P3 lessons include detailed life-planning and goal-setting exercises.)

Standard 7: Self-Management. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. (P3 lessons include forming healthy and positive relationships with others, identifying and avoiding risky sexual behaviors, protecting one's own and others' sexual health and well-being, and seeking care and advice from valid and reliable sources.)

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Rigor and Relevance CONTINUED

Standard 8: Advocacy. Students will demonstrate the ability to advocate for personal, family and community health. (P3 lessons include expressing empathy for others, and committing to the sexual health and safety of self and others.)

Next Generation Science Standards

The goal of the *Next Generation Science Standards* (NGSS) is to move beyond content knowledge, i.e., to move from memorizing facts to "science literacy." (NOTE: The concept of science literacy is similar to the concept of "health literacy" discussed in earlier health education frameworks.)

Although there is some content congruence between HIV/STI prevention and teen pregnancy and the NGSS contents (e.g. reproductive structure and function, bacterial and viral infections, and the immune system), **it is the NGSS recommended instructional strategies that align so well with *Positive Prevention PLUS***.

Collaboration and problem-solving
Lessons include normative and brainstorming discussions surrounding group agreements, the advantages of delaying sexual activity, and suggesting individual and family responsibility for caring for self and others.

Applying and inferring
Lesson Previews emphasize the distinction between situational facts, and the subsequent interpretation of those facts.

Sorting
Lessons include ranking sexual risk behaviors, also categorizing STIs and contraceptive methods.

Formative and summative evaluation of student learning
Lessons include student worksheets and Lesson Wrap-ups, student engagement in class activities, and a curriculum pre-post test.

Again, it would not be appropriate to claim that *Positive Prevention PLUS* is aligned with the *Next Generation Science Standards*, but rather that **this curriculum supports and complements the NGSS and the work of those educators and schools striving toward engaging students in applying their knowledge and skills in an authentic and relevant context.**

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Characteristics of Effective HIV/STI and Teen Pregnancy Prevention Programs

Based on a number of early and more recent program evaluations, it is now known that the most effective HIV/STI and teen pregnancy prevention programs share common characteristics. These programs:

- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or sexually transmitted infections, including HIV.
- Deliver and consistently reinforce a clear message about abstaining from sexual activity or using condoms or other forms of contraception. This appears to be one of the more important characteristics distinguishing effective from ineffective programs.

- Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or to use methods of protection against pregnancy and sexually transmitted infections.
- Include activities that address social pressures that influence sexual behavior.
- Provide examples and practice with communication, negotiation and refusal skills.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
- Employ teaching methods designed to involve participants and have participants personalize the information.
- Are based on theoretical approaches that have been demonstrated to influence other health related behaviors and identify specific antecedents to be targeted.
- Select teachers and peer leaders who believe in the program and then provide them with adequate training.
- Last a sufficient length of time (i.e.) more than a few hours. Generally speaking, short-term curricula, whether abstinence-only or sexuality education programs, do not have measurable impact on the behavior of teens.

From: Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy. (Source: Advocates for Youth, May 2008)

Medical Accuracy of the Positive Prevention *PLUS* Curriculum

The *Positive Prevention PLUS* curriculum underwent its second medical review by staff from the federal Office of Adolescent Health in 2014 ("Medical Accuracy Review Form for Curricula and Educational Materials Proposed for Use by Teen Pregnancy Prevention (TPP) Grantees and Personal Responsibility Education Innovative Strategies (PREIS) Grantees"), and was deemed "meets the definition of medical accuracy with modifications" which were then made.

A more recent review for medical accuracy was conducted in September 2019 by Adagio Health, a federal grant recipient in Pennsylvania. The curriculum was deemed "medically accurate with modifications" which have also since then been made.

In addition, URLs are provided throughout the curriculum so teachers can access the latest updated information on a variety of topics.

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Research Findings for Positive Prevention *PLUS*

In 2010 the federal Office of Adolescent Health (OAH) funded a 5-year research study to evaluate the impact of the *Positive Prevention PLUS* curriculum on sexual behaviors of high school freshman. Results of two independent randomized control trials (RCTs) involving 100 teachers and 3,000 students from six Southern California school districts indicated statistically significant improvements in:

- Delay in the onset of sexual activity
- Increase in contraceptive use among sexually active students
- Increase in access to reproductive health care services
- Increase in parent-child communication regarding sexual health

From: LaChausse R. *A Clustered Randomized Controlled Trial of the Positive Prevention PLUS Adolescent Pregnancy Prevention Program.* Washington, DC: American Journal of Public Health, Supplement 1, 2016, Vol. 106, No. 51

See also: Office of Adolescent Health https://opa.hhs.gov/sites/default/files/2020-07/summaryresearchdemonstration.pdf

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Trauma-Informed Instruction

Traumatic stress can arise from a variety of sources: bullying at school, school shootings, even the day-to-day exposure to events such as molest or assault, incest in the family, divorce or homelessness. Children and adults can be affected by traumatic stress. Having the tools to manage traumatic stress empowers the members of both students and staff.

Students who are being (re)traumatized may exhibit a wide range of behaviors, including emotional withdrawal, tears, disruptive behavior, or inability to focus. In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress, including students who have been bullied, assaulted or molested. Those adults include administrators, teachers, staff, parents, and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. This should apply to teachers as well as students.

A teacher note included in several of our lessons reads as follows:

NOTE: These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

For more information, see: https://traumaawareschools.org

Respect for Differences, Gender Equity and Human Rights

The authors of this curriculum strongly believe that communities, schools, families, and students should:

- Recognize that American society is and always has been pluralistic and multicultural, a single nation composed of individuals whose heritages encompass many different national and cultural backgrounds.
- Understand the American creed as an ideology extolling equality and freedom.
- Recognize the status of minorities and women in different times in American history.

The authors of this curriculum further believe that, in order to participate effectively in society, students need to:

Develop personal skills. Among the personal skills that students should develop are sensitivity to the needs, problems, and aspirations of others; expression of their personal convictions; recognition of personal biases and prejudices, such as the stereotyping of members of a particular group; understanding of people as individuals rather than as stereotypes; and the adjustment of one's behavior to work effectively with others.

Develop group interaction skills. Among the group interaction skills that students should develop are willingness to listen to the differing views of others; ability to participate in making decisions, setting goals, …and resolving conflicts; and the ability to confront controversial issues in ways that work toward reasoned solutions free of aggressions that destroy group relations.

Develop social and political participation skills. Among the social and political participation skills that students should embrace, include …to accept social responsibilities associated with citizenship; …to preserve and extend justice, freedom, equity, and human rights; …and to accept the consequences of one's own actions.

Gender Equity

Studies from both developing and developed countries confirm that young people who believe in gender equality have better sexual health outcomes than their peers. In contrast, those young people who hold less egalitarian attitudes tend to have worse sexual health outcomes. **For example, young people who believe that males should be "tough" and should hold more power than females are less likely to use condoms or contraception and more likely to have multiple sex partners. They are also more likely to be in intimate relationships that involve violence.** Females in relationships with a high level of male control are also more likely to report HIV and unintended pregnancy.

Reflecting this constellation of gender inequality and poor sexual health are studies showing that intimate partner violence is associated with higher rates of unintended pregnancy, STIs, and HIV. These findings make clear that young people need chances to learn about gender. *(ref: It's All One Curriculum, p. 4)*

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Human Rights

Why would sexuality and HIV/STI education emphasize human rights? To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. *(ref: It's All One, p. 18)*

Every single person has a responsibility to respect the rights of every other person:

- When we grow up learning to respect every human being equally, we come to respect human rights.
- Often, when we grow up learning to hold negative attitudes toward certain groups of people, we may treat them unfairly and deny them their rights.
- Sometimes people attach a set of characteristics to a certain group of human beings. This is called "stereotyping." Common examples of stereotyping include the attitudes that boys are naturally better than girls at math and that certain groups are lazy or unclean. Stereotypes are typically inaccurate or highly distorted. Stereotyping makes us less able to see others as fully human. It makes us more likely to condone unfair treatment of others.
- Some people may be subject to severe social disapproval because of their personal characteristics. This disapproval is called stigma. For example, in some places people may be subject to stigma because of their weight, their sexual behavior, their religion, their health status, or even their lack of ability in sports. When people are treated unfairly because of their presumed (or known) identity, such treatment is called "discrimination." People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community, and in society at large.
- Discrimination is not only an individual matter. Governments and whole social systems (such as schools, religions, or the job market) also discriminate.
- Regardless of our personal attitudes, we all have a responsibility to respect people's human rights. *(ref: It's All One, p. 26)*

For further information on *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* (Population Council, 2009), https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf

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Parent and Community Involvement

Critical to the successful implementation of effective health education programs is the involvement of parents and community in the review and approval of the course of study, as well as in the provision of supportive resources. An ideal mechanism for enhancing parent and community involvement is a school health advisory committee. The Public Health Law Center at William Mitchel College of Law has outlined how to establish a school health advisory committee in its publication entitled Creating and Sustaining a School Health Council (June 2011).

Positive Prevention PLUS Comprehensive Sexual Health Education deals with content which some might argue is better left to parental discussions within the context of diverse family or cultural values. We respect the right of parents or guardians to withdraw their child from instruction with the caveat that parents or guardians take an active and informed role in the sexual health education of their children.

To that end, *Positive Prevention PLUS Comprehensive Sexual Health Education* also includes parent or trusted adult student assignments to address sexual health topics with their child in each lesson. In addition, parent or other trusted adult background materials, discussion points, and other resources are provided in Appendix B. For those parents who contend that limited, abstinence-only materials should be presented, note that abstinence-only materials are not permitted in CA public schools. We also refer them to the citations regarding research on the scientific and ethical shortcomings of the abstinence-only-until-marriage approach. Please see https://www.mailman.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure.

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Getting Started

NATIONAL HEALTH EDUCATION STANDARD (NHES)
1.12.2, 2.12.7, 3.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDSV
PD.8.AI.1, SH.10.INF.1, SH.10.CC.6. For further information see Appendix A.

SEL COMPETENCIES
Self-Management
Social Awareness
Relationship Skills

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:
You may need to notify parents regarding these sexual health education lessons. See Appendix B for Sample Parent Letter.

CONTENT

- Introduction
- Discussing Embarrassing Topics
- Group Agreements (W worksheet)
- The Sexual Health of Teens
- Lesson Wrap-Up and Pre-Test (W worksheets)
- Optional lesson on pubertal development (see Appendix D)

OBJECTIVES

- Identify and follow class guidelines for appropriate behavior.
- Complete a self-assessment of pre-existing knowledge (Pre-Test) related to interpersonal relationships and sexual health.
- Identify facts about teen sexual health.

MATERIALS

- Teacher's slides for the lesson
- Student workbook, one per person, or duplicate the **Group Agreements**, and the **Lesson Wrap-Up** worksheets and **Pre-Test**
- Poster paper, markers, and tape
- Student Workbooks containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com

TERMS

confidentiality, agreements

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PART A

Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Getting Started

Using the slides provided, display the title slide for this lesson before you begin instruction.

2 Meet Esther, Johnny, Aman, and their friends.

Play the animated lesson preview (Slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
Designate a bulletin board or area of the room for websites, helplines, phone numbers and addresses of agencies which provide reproductive-related services.

3 What will we be studying in this unit?

Explain to students that during the next few weeks you will be introducing a very important unit of instruction on "comprehensive sexual health education," including:

- life planning
- gender and sexual orientation
- friendship, dating, love, and commitment
- human reproduction
- sexual abstinence and delayed sexual activity
- all FDA-approved contraceptive methods
- relationship abuse including sex trafficking
- HIV/AIDS and STI prevention

4 What will you learn today?

Review today's learning objectives.

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5 How will this lesson help you?

Review today's evidence of achievement.

PART B

Discussing Embarrassing Topics

NOTE:
Encourage students to use a question box as needed throughout the lessons.

6 Why is it difficult to discuss sexuality and sexual health?

1. Ask why it is difficult for some people to discuss sexuality and sexual health, even though these are a normal part of human development. Responses may include:
   - These topics are personal or private.
   - These topics are sometimes associated with being "normal" or "not normal."
   - These topics have to do with family, culture, or religious beliefs.

2. When talking about embarrassing topics, what types of behavior do you sometimes observe? Possible responses include:
   - laughter
   - silence
   - side comments

3. Assure students that, as the teacher, it is your intention to help them understand their changing social, emotional, and human relationships.

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PART C

Group Agreements

NOTE:
*If your school has purchased the **Student Workbooks**, you can direct students to the correct workbook page instead of distributing the worksheet.*

NOTE:
This would be a good time to explain your responsibility as a "mandated reporter." For example: "We will certainly try to maintain confidentiality in and out of our classroom, just in case someone shares a personal story or accidentally discloses another's name. But I want you to know that if I suspect that any of you are being harmed or endangered by anyone, it is my job as your teacher to help you get help."

7 What group agreements should we follow? W

1. Distribute a **Group Agreements** worksheet to each student.

2. With the students' assistance, create and post a set of group agreements which will help the students act respectfully and appropriately during this unit of instruction. Group agreements may include:
   - One person speaks at a time.
   - No name calling or put downs.
   - Respect differences.
   - Use proper language.
   - All questions are okay.
   - No personal stories.
   - Protect privacy.

3. Post the **Group Agreements** for everyone to see. You may want to review them each day and encourage students to observe these agreements in and out of class.

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Group Agreements

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

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I agree to follow
these Group Agreements
during our lessons on Sexual Health.

SIGNATURE _____ DATE _____

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PART D

The Sexual Health of Teens

8 How sexually healthy are teens in the US?

First ask students to guess these percentages of each of the student behaviors; then review the actual data related to teen sexual activity, the use of condoms and other birth control methods, teen births, and cases of STIs.

89.7% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

27.4% The percent of U.S. teens who are currently sexually active.

39.5% The percent of U.S. teens who report ever having sexual intercourse.

54.3% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

10.7% The percent of U.S. teens who report using no method of birth control at last episode of sexual intercourse.

181,607 The number of U.S. teens who gave birth in 2018.

12,500,000 The number of new STI cases each year in the U.S. among young adults ages 15-24.

Source: https://www.cdc.gov/yrbs/results/index.html

https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy

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The Sexual Health of Teens

89.7% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

27.4% The percent of U.S. teens who are currently sexually active.

39.5% The percent of U.S. teens who report ever having sexual intercourse.

54.3% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

10.7% The percent of U.S. teens who report using no method of birth control during sexual intercourse.

181,607 The number of U.S. teens who gave birth in 2018.

12,500,000 The number of new STI cases each year in the U.S. among young adults ages 15-24.

How could teen sexual health be improved?

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Sources: https://www.cdc.gov/yrbs/results/index.html
https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy

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9 How can teens improve their sexual health?

1. Explore with the students some ideas about how to improve teen sexual health. Possible responses include:
   - Increase sexual health knowledge for teens.
   - Have parents speak more openly to their children about sex.
   - Make health and counseling services more available to teens.
   - Limit the amount of irresponsible sex in the media.
   - Develop personal attitudes and skills that support healthy sexual behaviors for self and others.
   - Examine gender roles that lead to sexual assault and promiscuity.
2. Remind students that these are the topics and issues we are going to discuss during the next 13 lessons. Encourage them to have good attendance, to pay attention, and to take personal responsibility for incorporating what they learn into their daily lives and relationships.

10 What are some web-based resources for teens?

1. Caution students that random sex-related web searches may result in inaccurate and offensive content, and even the possibility of their becoming vulnerable to sex predators. PROCEED WITH CAUTION!
2. Explain that there are many web-based resources for teens that safely and accurately discuss reproductive health, including sorting fact from fiction:
   - The Centers for Disease Control: https://www.cdc.gov/healthyyouth/education-materials/
   - Family Pact: http://www.familypact.org/
   - Media Wise for Gen Z: www.poynter.org/mediawise-for-gen-Z
3. Also encourage students to speak honestly and openly with their parent(s), trusted adult, adult care providers, or youth leaders about these topics.

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PART E

Lesson Wrap-Up and Pre-Test

11 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

12 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

13 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

14 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

15 Ask yourself.

Direct students to indicate how committed they are to participating fully in this unit of study.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a parent or trusted adult.

1. Pass out the **Pre-Test** to all students to take home and complete with a parent or trusted adult.
2. Remind students to share/discuss with their parent(s) or trusted adult:
   (1) their worksheets and **Pre-Test** from this lesson and
   (2) **ask them** if they ever received comprehensive sex education in school.

17 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Getting Started Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Teens can improve their sexual health by becoming more aware of how to resist sexual pressures from peers and the media.

T F It can be difficult to talk about sexual health, even though sexuality is a normal part of human development.

T F According to national surveys, more than half of all US teens have had sex.

T F Group agreements include respect for others and maintaining confidentiality.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to participating fully in this unit of study? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share your **Group Agreements**, **Lesson Wrap-Up**, and **Pre-Test** with your parent(s) or trusted adult and **ask them** if they ever received comprehensive sex education in school.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

True	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	False	2. The terms gender identity and sexual orientation mean the same thing.
True	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
True	False	4. Love involves passion, commitment, and/or intimacy.
True	False	5. Intimacy with another person can only be achieved by having sexual intercourse.
True	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
True	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
True	False	8. Planning if and when you have children is part of planning your life.
True	False	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
True	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
True	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
True	False	12. Being infected with HIV can cause emotional, social, and physical problems.
True	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to their sexual partner(s).

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True	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	False	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	False	16. HIV can enter a person's body only through the penis or vagina.
True	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
True	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
True	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
True	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	False	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
True	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
True	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	False	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
True	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What are some things you would like to learn in this unit?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME ANSWER KEY

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

(True)	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	(False)	2. The terms gender identity and sexual orientation mean the same thing.
(True)	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
(True)	False	4. Love involves passion, commitment, and/or intimacy.
True	(False)	5. Intimacy with another person can only be achieved by having sexual intercourse.
(True)	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
(True)	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
(True)	False	8. Planning if and when you have children is part of planning your life.
True	(False)	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
(True)	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
(True)	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
(True)	False	12. Being infected with HIV can cause emotional, social, and physical problems.
(True)	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to their sexual partner(s).

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(True)	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	(False)	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	(False)	16. HIV can enter a person's body only through the penis or vagina.
(True)	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
(True)	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
(True)	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
(True)	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	(False)	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
(True)	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
(True)	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	(False)	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
(True)	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What are some things you would like to learn in this unit?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 1

Life Planning

NATIONAL HEALTH EDUCATION STANDARDS (NHES)
No relevant standard. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS (NSES)
ID.12.CC.1, ID.12.CC.2, PD.8.AI.1, SH.10.INF.1, SH.10.CC.6. For further information see Appendix A.

SEL COMPETENCIES
Self-Awareness
Self-Management

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:
Student Workbooks *containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com*

CONTENT

- Introduction
- Visualizing Your Future (A activity)
- Creating a Life Plan (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify their personal life plans and goals.
- Visualize themselves achieving their life plans and goals.
- Identify several steps they need to take now to reach their goals.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **My Lifeline** and **Lesson Wrap-Up** worksheets

TERMS

goal, plan, alternatives, consequences, visualization

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PART A Introduction

1 Life Planning

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 Esther and Aman share their plans.

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B Visualizing Your Future

NOTE:
Unfortunately, visualization can work negatively as well as positively. So, when visualizing, keep it positive. According to Henry Ford, "If you think you can or you think you can't, you are correct!"

5 Visualize your future! A

1. Display the following statement: **"If you can see it, you can be it."** Ask students to discuss what they think this means.

2. Inform students that there are many ways the human brain sets out to achieve goals. One way is through visualizing the outcome before it actually happens. An example of this process is athletes visualizing themselves successfully shooting a basket, hitting a home run, kicking the soccer ball into the net, and scoring a goal. They practice this before the game. When we visualize, the brain goes to work to make it happen.

NOTE:
Please read this script slowly and with feeling, allowing students to process each step.

3. Say to the students, "We are going to go through a guided visualization right now, so relax and sit in your chair with both feet on the floor, uncrossed. You may close your eyes or put your head down. The classroom lights will be dimmed. There will be no talking until the exercise is completed. Does everyone understand?"

4. With all eyes closed and lights dimmed, proceed through the following script:
   "You are going on a journey into the future. You are going to use your creative imagination. You are relaxed and looking forward to the journey. You are leaving the classroom and headed up a flight of stairs. At the top of the stairs you see a big wooden door. It has the words YOUR FUTURE written on it. You turn the door knob and you go in. You see yourself in ten years."

5. Ask the students:
   - "What do you look like?"
   - "What are you doing? What kind of career do you have?"
   - "Are you married? Single? Do you have children?"
   - "Have you achieved your personal life goals?"
   - "Are you still working on your goals?"

6. Give the students a few minutes of silence to visualize themselves in their future, then say, "It is time for you to come back to the classroom."

7. "You are so glad you went on this journey. You saw yourself successfully accomplishing your goals. You are confident and excited. But now it's time to go back through the door, down the stairs, and the lights in the classroom are coming on in 3…2…1."

8. Ask students to volunteer what they saw themselves doing and how they felt about what they saw. Encourage discussion.

9. Tell them that this is the first step in achieving their goals. **"If you can see it, you can be it!**

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PART C

Creating a Life Plan

6 Time to create your life plan!

W

1. Ask students to identify reasons for having personal goals and life plans. Possible responses include:
   - having something you can look forward to
   - helping you through difficult times
   - helping guide your choices and decisions

2. Distribute the **My Lifeline** worksheet to each student or direct students to the correct workbook page.

3. Lead students through the Lifeline activity:

Step 1: Ask students to enter the year of their birth at the beginning/left end of the line, plus the calculated year of their death at the right end. Explain that this line represents their "lifeline."

Step 2: Ask students to place a star * on the line, representing their age today.

Step 3: Ask students to mark their future plans and goals on their lifeline (e.g., finishing school, getting a job, buying a house, moving away, starting a family, etc.).

Step 4: Ask students to place two stars ** at the point in their lives when they think they will "be their best" or "hit their peak" professionally, financially, and in relationships.

Step 5: Finally, have the students write a paragraph describing some of the details of their life at their "personal best."

4. Ask students to also write down some things they need to **start doing**, and also **stop doing**, in order to achieve their life plans and goals.

NOTE:
If your school has purchased the student workbooks, you can direct students to the correct workbook page instead of distributing the worksheet.

NOTE:
Model completion of the Lifeline as you walk students through each step, as if you were also a teen.

NOTE:
NOTE: The average lifespan in the US is 79 years (CDC 2018).

NOTE:
It is important that students keep their completed Lifelines for an activity in Lesson 13.

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NAME

My Lifeline

0 20 40 60 80

"If you can see it, you can be it!"

SIGNATURE OF PARENT OR TRUSTED ADULT

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PART D

Lesson Wrap-Up

7 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story..... Play the remainder of the story.

8 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

9 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

10 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

11 Ask yourself.

Direct students to indicate how clearly they can visualize their life plans and goals.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

12 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them what goals they would like to see you accomplish.

13 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 1 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Knowing your plans and goals for the future may help you make safe and healthy decisions now.

T F Experiencing an unplanned pregnancy or becoming HIV infected will have no impact on your overall plans and goals.

T F There is no use trying to plan your future since everything is beyond your control.

T F Visualizing yourself accomplishing a goal actually helps focus your brain on achieving that goal.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How clearly can you visualize your life plans and goals? Circle your answer below.

Not Clearly				*Very Clearly*
1	2	3	4	5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share and discuss with your parent(s) or trusted adult your **Lesson Wrap-Up** and **Lifeline** worksheets and **ask them** what goals they would like to see you accomplish.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 2

Gender and Sexual Orientation

NATIONAL HEALTH EDUCATION STANDARD (NHES)
2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION (NSES)
GI.10.CC.1, GI.10.INF.1, ID.12.CC.1, ID.12.CC.2, PD.8.AI.1, PD.10.INF.1, SH.10.INF.1, SH.10.CC.6. For further information see Appendix A.

SEL COMPETENCIES
Self-Awareness
Self-Management
Social Awareness
Relationship Skills

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:
Student Workbooks *containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*

CONTENT

- Introduction
- Gender and Sexual Orientation
- LGBTQ+ Bias and Its Effects
- Lesson Wrap-Up (Ⓦ Worksheet)

OBJECTIVES

- Define and discuss gender-related terms.
- Identify the importance of acknowledging and accepting diverse gender presentations and sexual orientations.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheets

TERMS

male, female, masculine, feminine, sexual orientation, LGBTQ+, gender, gender role, gender expression, gender identity, cisgender, transgender, intersex, gender expansive, gender binary, bisexual, pansexual, biological sex

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

NOTE ALTERNATIVE:
Write today's objectives on the board.

1 Gender and Sexual Orientation

Display the title slide for this lesson before you begin instruction.

2 Help us all understand!

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) can get their questions answered?

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B

Gender and Sexual Orientation

NOTE:
Background reading on gender and sexual orientation is featured in Appendices B and C.

5 What do the terms mean?

W

1. Define each term, and explain that the combination of biological sex, gender, and sexual orientation all contribute to a person's unique identity. Variations are normal in how we see ourselves as sexual beings, as are variations in whom we are attracted to sexually.

   Biological Sex. Sex is a term used to denote whether an individual is biologically male, female or intersex, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles or ovaries).

   - **Intersex.** Intersex is a general term used for a variety of conditions where a person is born with biological variations (in hormones, chromosomes, reproductive, or sexual anatomy) that don't seem to fit the typical definitions of female or male.

NOTE:
Students should learn in this lesson that it is NORMAL for a girl to be assertive, good at sports and/or good at math, just as it is NORMAL for a boy to be a dancer, to be a nurse, or to show emotion. There is not one way to express gender roles.

Gender. This term refers to the attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine."

- **Gender Roles.** Gender roles are socially expected behaviors, activities, and attributes that a given society considers appropriate for people based on their biological sex or their gender identity.
- **Gender Non-Conformity.** Behavior or appearance that doesn't conform to an expected gender role.
- **Gender Identity.** A person's deeply-felt sense of being male or female, or something other or in-between (cisgender, transgender).
- **Gender Expression**. Each of us expresses a particular gender every day – by the way we style our hair, select our clothing, or even the way we stand. Our appearance, speech, behavior, movement, and other factors signal that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.

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NOTE:
Avoid using "sexual preference" as it implies a choice, or "homosexual" as it is a dated term that focuses only on sex rather than love and relationships.

NOTE:
The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, bisexual, and transgender, but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future.

- **Gender Binary.** This term refers to a belief system that represents gender as to two distinct and opposite categories - male or female.
- **Gender Expansive.** This term refers to wider, more flexible range of gender identities and expressions instead of the binary gender system.

Sexual Orientation. This term refers to a person's romantic or sexual attraction to people of another and/or the same gender. Common terms used to describe sexual orientation include:

- **Heterosexual (straight).** Being sexually attracted to persons of the opposite sex.
- **Gay.** Being sexually attracted to persons of the same sex.
- **Lesbian.** A woman who is sexually attracted to other women.
- **Bisexual.** Being sexually attracted to persons of the same sex and persons of the opposite sex.
- **Pansexual.** Being sexually attracted to others regardless of their biological sex, sexual orientation, or gender identity.
- **Queer.** An umbrella term that describes the sexual orientation and gender identities of persons who do not identify as straight or cisgender.

2. Direct students who are seeking additional information, resources, and support regarding gender and sexual orientation to go to: https://www.hrc.org/resources/resources-on-gender-expansive-children-and-youth

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Understanding the Terms

Human sexuality is a combination of three distinct components.

- **Biological Sex:** A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve chromosomes and gonads (ovaries or testicles). Related term: *intersex*.

- **Gender**: Attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine." Related terms include: *gender role, gender non-conformity, gender identity, cisgender, transgender, gender expression, gender binary, gender expansive.*

- **Sexual Orientation:** A person's romantic or sexual attraction to people of another and/or same gender. Common terms used to describe sexual orientation include, but are not limited to: *heterosexual, lesbian, gay, bisexual, pansexual, and queer.*

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Biological sex, gender, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.

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6 What is human sexuality?

1. Explain that there is often confusion about what the terms **biological sex, gender,** and **sexual orientation** mean. These are not the same things. But together these represent all the dimensions of human sexuality.

2. **Remind students that biological sex, gender, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.**

7 What influences a person's identity?

1. A person's identity -- their self-concept, their body image, and their self-esteem -- is influenced by a combination of factors including:

   - their sexuality (biological sex, gender, and sexual orientation)
   - the influence and expectations of their peers, family, culture, and the media
   - societal factors like poverty, racism, sexism, and reproductive justice (laws that allow or prevent access to reproductive services)

2. These factors can be the source of privilege or discrimination in a person's life. For example:

   - A person in poverty may be denied needed health care; a person with money may more easily access health care.
   - A transgender person may be denied retail services or employment; a cisgender person may receive services or be offered employment.

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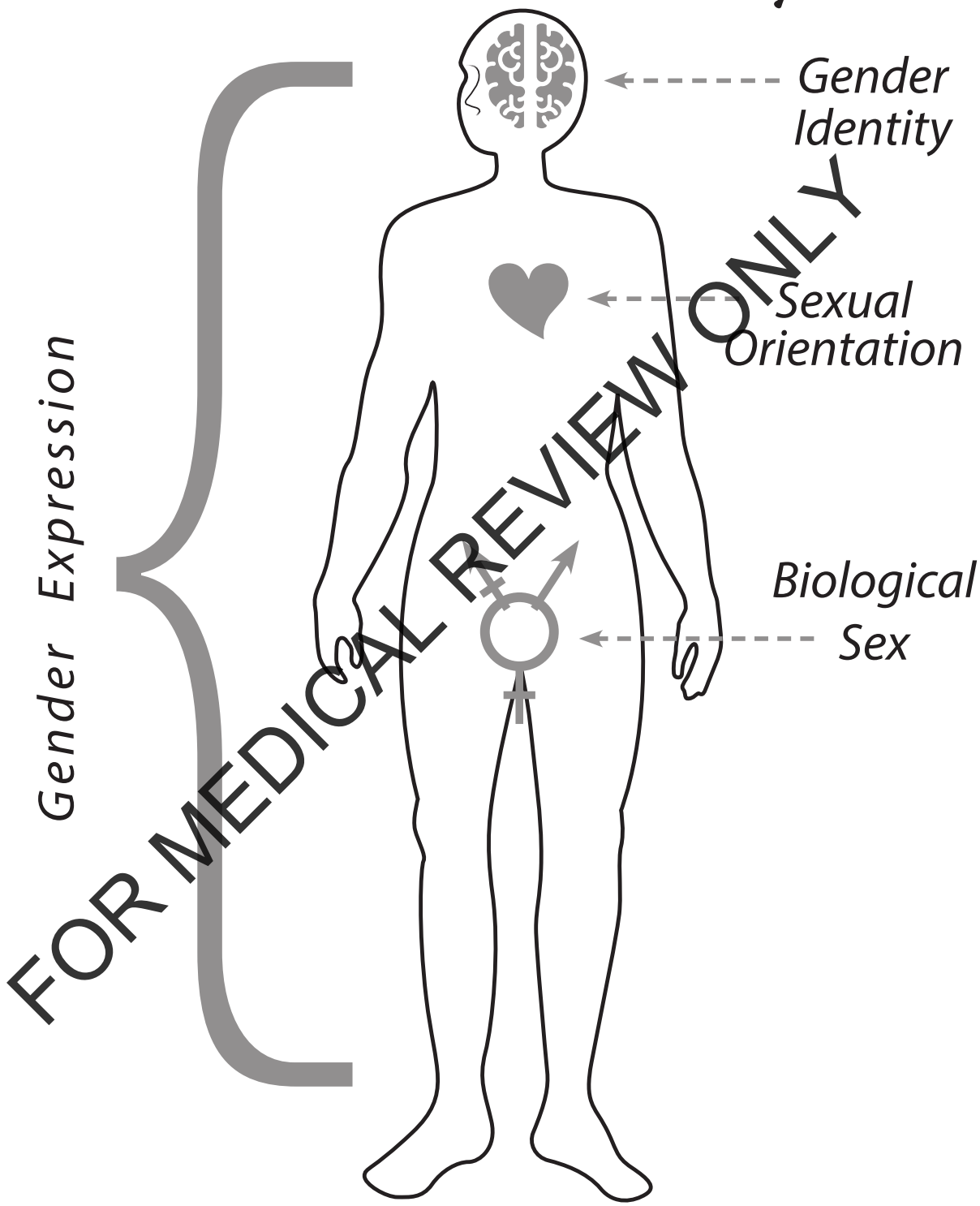
The Many Dimensions of Human Sexuality



FOR MEDICAL REVIEW ONLY

Adapted from: Cristina González, Vanessa Prell, Jack Rivas, and Jarrod Schwartz.

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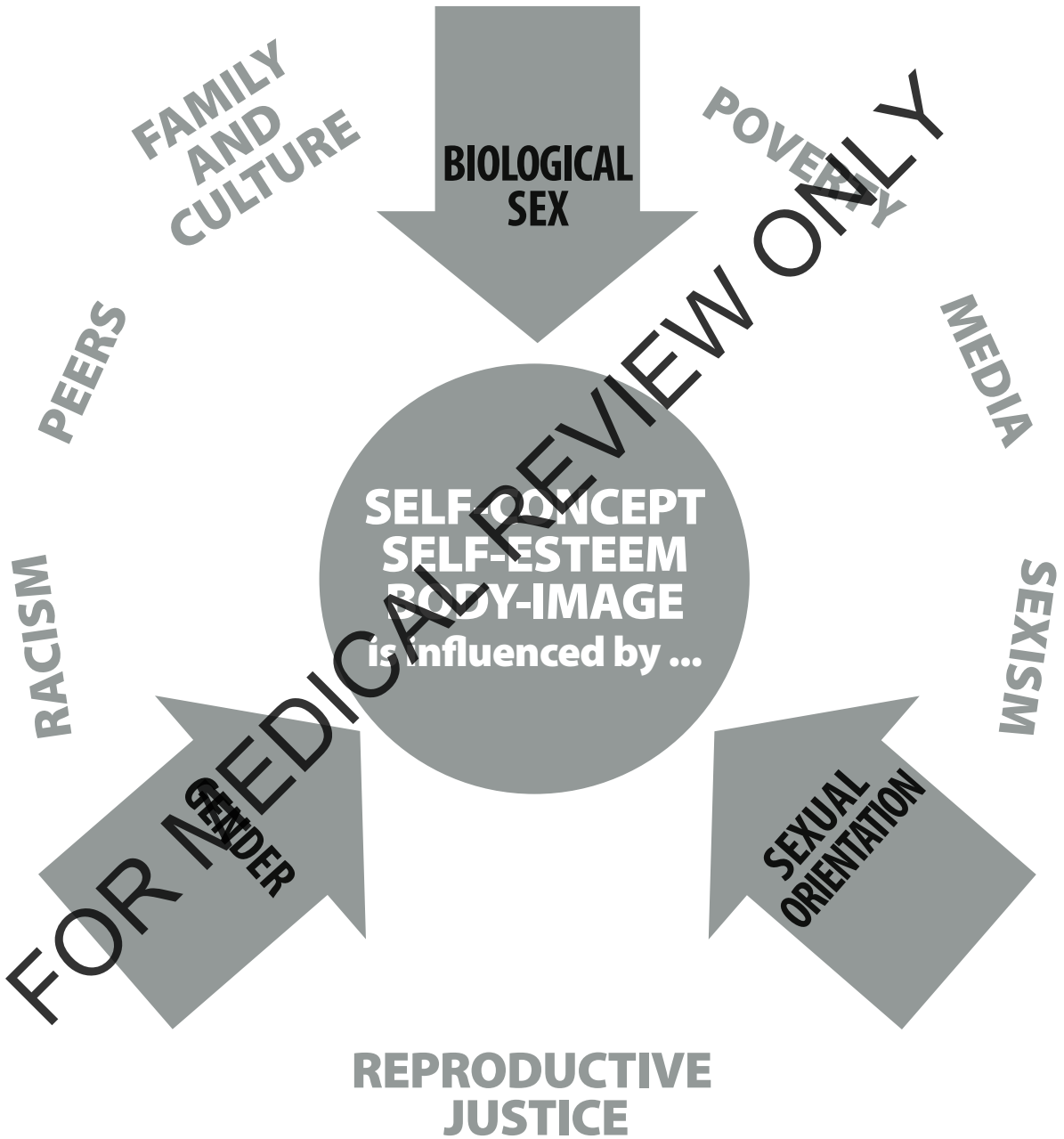
What influences a person's identity?



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8 Can you imagine a different gender? A

Direct students to silently select a term which DOES NOT APPLY TO THEM at this point in their life. Select just **one** term from the list (and if needed write it down):

- male
- female
- intersex
- straight
- gay
- bisexual
- masculine
- feminine
- pansexual
- gender non-conforming

9 How would your life be different?

1. Ask students to silently think about how their lives would be different if this term **really did apply** to their life. For example,
   - What harmful biases or stereotypes might they encounter?
   - What social or professional opportunities might now become available to them? Which opportunities might they now lose?
   - How do they wish others would treat them?
2. Invite students to voluntarily share their thoughts and responses to this exercise.
3. Emphasize that biases or stereotypes based on sex or gender are unfair, limiting, and in some circumstances illegal.

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PART C

LGBTQ+ Bias and Its Effects

NOTE:
Encourage LGBTQ+ students to seek LGBTQ+ friendly allies on campus, who are often identified by displaying buttons/banners/posters.

NOTE:
Encourage the discussion of LGBTQ+ student bias as part of your school's annual sexual harassment awareness training.

NOTE:
Schools are obligated to appropriately respond to sexual violence and to assure a survivor's continued access to education regardless of the sexual orientation, gender identity, and gender presentation of a complainant or respondent. Schools must investigate and remedy instances of sexual violence against LGBTQ+ students using the same policies and procedures used in all complaints of sexual violence.

10 What does LGBTQ+ bias look like?

- Explain to the students that **LGBTQ+** originally stood for Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning. The plus sign (+) refers to the continually expanding terms that fall under this umbrella term.
- **Most LGBTQ+ students have experienced harassment and discrimination at school.** Over 8 in 10 experience verbal harassment. Nearly two-thirds experience LGBTQ+ discrimination. Due to feeling unsafe or uncomfortable, nearly a third miss at least one day of school each month.
- **Hostile school climates negatively affect LGBTQ+ students' educational outcomes and mental health.** LGBTQ+ students who are victims are twice as likely to NOT go on to college. LGBTH+ students have lower GPAs, lower self-esteem and higher levels of depression.
- **School staff often fail to intervene when they hear these negative remarks.**

11 What are some resources for LGBTQ+ students?

1. LGBTQ+ students are protected by Title IX.
   - They have the right to access education as all other students.
   - They have the right to expect that the school will investigate and resolve instances of sexual harassment, without retaliation.

2. Resources for LGBTQ+ youth and their friends and supporters can be found at:
   - https://www.cdc.gov/healthyyouth/education-materials/
   - https://gsanetwork.org

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LGBTQ+ Bias and its Effects

Most LGBTQ+ students have experienced harassment and discrimination at school.

- Over 8 in 10 experience verbal harassment.
- Nearly two-thirds experience LGBTQ+ discrimination.
- Due to feeling unsafe, or uncomfortable, nearly a third miss at least one day of school per month.

Hostile school climates negatively affect LGBTQ+ students' educational outcomes and mental health.

- LGBTQ+ students who are victims are twice as likely to NOT go on to college.
- LGBTQ+ students have lower GPA's, lower self esteem, and higher levels of depression.

School staff often fail to intervene when they hear these negative remarks.

Associated problems include family rejection, homelessness, employment discrimination, homicide, and suicide.

Resources for LGBT youth and their friends and supporters can be found at: https://gsanetwork.org, and https://www.cdc.gov/healthyyouth/education-materials/

Source: GLSEN School Climate Survey found at www.glsen.org

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12 Don't judge!

Remind students that many people in our community, and even in our own families or on campus, feel demeaned and excluded from full participation in our society because of not fitting the stereotypic "gender binary" (boy-girl, masculine-feminine) system.

- Biological sex, gender, and sexual orientation vary with EVERY individual.
- Each of us differs in some way(s) from everyone else.
- It is important to respect differences and to celebrate diversity.

PART D Lesson Wrap-Up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheet, and direct the students to complete the true-false questions in Part I.

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ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

17 Ask yourself.

Ask students to indicate how positive they are that they can be non-judgmental regarding other people's sexual orientation and gender roles?

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheet from this lesson and

(2) ask them how society's views have changed regarding LGBTQ+ people since they were younger.

19 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 2 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F "Sexual orientation" and "gender identity" mean the same thing.

T F LGBTQ+ students should expect to be picked on.

T F It is important to respect differences and appreciate diversity because gender role, gender identity, and sexual orientation vary with each individual.

T F Equal social and professional opportunities should be available to all people regardless of their sexuality.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can be non-judgmental regarding other people's sexual orientation and gender roles?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/Review with your parent(s) or trusted adult your **Lesson Wrap-Up** worksheet from this lesson and **ask them** how society's views have changed regarding LGBTQ+ people since they were younger.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 3

Healthy Relationships

NATIONAL HEALTH EDUCATIONS STANDARD (NHES)

6.12.1, 7.12.2, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS (NSES)

HR.12.CC.1, HR.12.CC.2, HR.12.SM.1, CHR.10.DM.1 For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills

NOTE:

***Student Workbooks** containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*

NOTE:

***Activity cards** can be duplicated on colored card stock or purchased at www.positiveprevention.com*

CONTENT

- Introduction
- Love and Intimacy (A activity)
- Healthy Relationships (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify three components of love.
- Identify eight types of intimacy.
- Identify non-sexual ways to achieve intimacy.
- Identify the qualities of a healthy relationship.
- Assess their own relationship skills.

MATERIALS

- Teacher's slides for the lesson
- **Intimacy** activity cards
- Student workbooks, one per person, or duplicate the **Healthy Relationships** and **Lesson Wrap-Up** worksheets.

TERMS

love, passion, intimacy, commitment, relationship, stereotypes

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PART A

Introduction

1 Healthy Relationships

Display the title slide for this lesson before you begin instruction.

NOTE ALTERNATIVE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 I am confused!

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Love and Intimacy

5 What is love?

Ask students to share their ideas on what love is.

6 What are the three dimensions of love?

1. Define the three dimensions of love: passion, intimacy, and commitment.
   - **Passion** is a strong physical or emotional attraction to the subject/person.

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- **Intimacy** is a closeness and familiarity with the subject/person.
- **Commitment** is a long-term interest in, and loyalty, to the subject/person.

2. Ask students to voluntarily identify which dimension of love they think is most important, and why?

3. Have students give examples of loving relationships. As students identify these relationships, point out the dimensions of love which may apply. Possible relationships include:
   - having a close friend (commitment, intimacy)
   - falling in love (passion)
   - loving a parent or family member (commitment)
   - loving a spouse exemplified by marriage or loving a life partner (passion, intimacy, commitment)

7 What does "I love you" really mean?

1. Explore stereotypes about how different people may view love. For example:
   - Some people may emphasize the passionate (physical) aspect of love.
   - Other people may emphasize the intimacy and commitment (emotional) aspects of love.

2. Emphasize that it is possible that two people are saying very different things when they tell each other "I love you."

3. Encourage students to seek and express healthy and loving relationships in their lives.

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1. **Which component of love do you think is most important?**
2. **Can you name a relationship that includes all three components of love?**

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8 What is intimacy?

1. Ask students to define "Intimacy" and give examples of how the term is commonly used. Possible responses include:
   - privacy
   - personal
   - intimate apparel
   - sex

9 What are different types of intimacy?

1. List and explain the eight types of intimacy:
   - **Emotional**: identifying and sharing feelings
   - **Physical**: touching (e.g., hugs, handshakes, etc.)
   - **Intellectual**: sharing knowledge and ideas
   - **Recreational**: sharing activities (e.g., sports)
   - **Spiritual**: exploring meaning and purpose (e.g., beliefs, religious practice, life experiences)
   - **Work**: developing familiarity by working on a task together
   - **Crisis**: experiencing and overcoming a challenge together
   - **Conflict**: working through a difference of opinion

2. Ask students to voluntarily identify which dimension of intimacy they think is most important, and why?

3. Point out that there are many ways to achieve intimacy without having sex or even physical contact.

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Types of Intimacy

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Source: Howard J. and Charlotte H. Clinebell, The Intimate Marriage.

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NOTE:
When duplicating the activity cards, many different colors are recommended to create interest. You may also order activity cards already prepared from the store page at www.positiveprevention.com

10 What types of intimacy do these achieve? A

1. Post the eight **Intimacy** cards around the room.
2. Duplicate and distribute brightly colored activity cards to each student (withholding the "couple is having sex" card).
3. At your cue, have the students circulate through the room and post their activity card (or stand) under the type of intimacy achieved.
4. Have students review and discuss these matches.
5. Then display the "couple is having sex" card and point out that it is not one of the eight forms of intimacy. Discuss what type(s) of intimacy a sexual relationship may be. Possible responses include:
   - physical intimacy
   - emotional intimacy
   - spiritual intimacy
6. Explain to student that instead of rushing into a sexual relationship in the hopes of achieving intimacy, it is important to first build their intimacy skills in each of these eight areas.

PART C Healthy Relationships

11 What is a healthy relationship?

1. Ask the students, "What are some characteristics of a healthy relationship?" Possible responses include:
   - fun
   - honesty
   - trust
   - openness
   - helpfulness
   - good communication
   - flexibility
   - forgiveness
   - common values
   - commitment
2. Explain that these represent the many dimensions – skills and characteristics – needed for a healthy relationship, whether among friends, straight or gay partners, colleagues at work, or parents and their children.

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12 Rate yourself!

W

1. Distribute the **Healthy Relationships** worksheet.

2. Ask students to examine the characteristics of a healthy relationship in column 1 and assess the degree to which they believe they have the skills and characteristics needed for a healthy relationship.

3. As an out-of-class assignment, assign students to ask a minimum of two people (one friend, one family member) to also assess them on their skills and characteristics.

4. As homework, assign students to write a paragraph on the back of the worksheet describing ways they could improve their relationship skills and characteristics based on comments they received.

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NAME _____

Healthy Relationships

DIRECTIONS Rate yourself on each characteristic by placing a "yes," "no," or "sometimes" next to each one.

Characteristics and Skills	Do I Have These?	1*	2**
Intimacy			
Commitment			
Honesty			
Communication			
Understanding			
Empathy			
Flexibility			
Forgiveness			
Fun			

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1* = Ask a close friend to place a check mark if they think you have this skill or characteristic.
2* = Ask a trusted adult to place a check mark if they think you have this skill or characteristic.

On the back of this worksheet, write down several ways you could improve your own relationships with others.

Friendship/relationship skills can be learned and improved through experience and practice!

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____ SAMPLE

Healthy Relationships

DIRECTIONS Based on the class discussion of healthy relationships, complete the list of characteristics needed. Then rate yourself on each characteristic by placing a "yes," "no," or "sometimes" next to each one.

Characteristics and Skills	Do I Have These?	1*	2**
Intimacy	*yes*	*yes*	*yes*
Commitment	*no*	*sometimes*	*yes*
Honesty	*sometimes*	*yes*	*sometimes*
Communication	*yes*	*yes*	*sometimes*
Understanding	*yes*	*yes*	*yes*
Empathy	*sometimes*	*yes*	*yes*
Flexibility	*no*	*sometimes*	*sometimes*
Forgiveness	*yes*	*sometimes*	*yes*
Fun	*yes*	*yes*	*yes*

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1* = Ask a close friend to place a check mark if they think you have this skill or characteristic.
2* = Ask a trusted adult to place a check mark if they think you have this skill or characteristic.

On the back of this worksheet, write down several ways you could improve your own relationships with others.

Friendship/relationship skills can be learned and improved through experience and practice!

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART D

Lesson Wrap-Up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

16 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

17 Ask yourself again.

Direct students to indicate how committed they are to building healthy relationships.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them to describe a meaningful relationship they had when they were younger.

19 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 3 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Love involves passion, commitment, and/or intimacy.

T F Going on a long walk or discussing a personal problem can build intimacy with another person.

T F Intimacy with another person can only be achieved by having sexual intercourse.

T F Characteristics of a healthy relationship include communication, forgiveness, flexibility, and understanding.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to building healthy relationships? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult

DIRECTIONS Share and discuss with your parent(s) or a trusted adult your completed **Healthy Relationships** and **Lesson Wrap-Up** worksheets and **ask them** to describe a meaningful relationship they had when they were younger.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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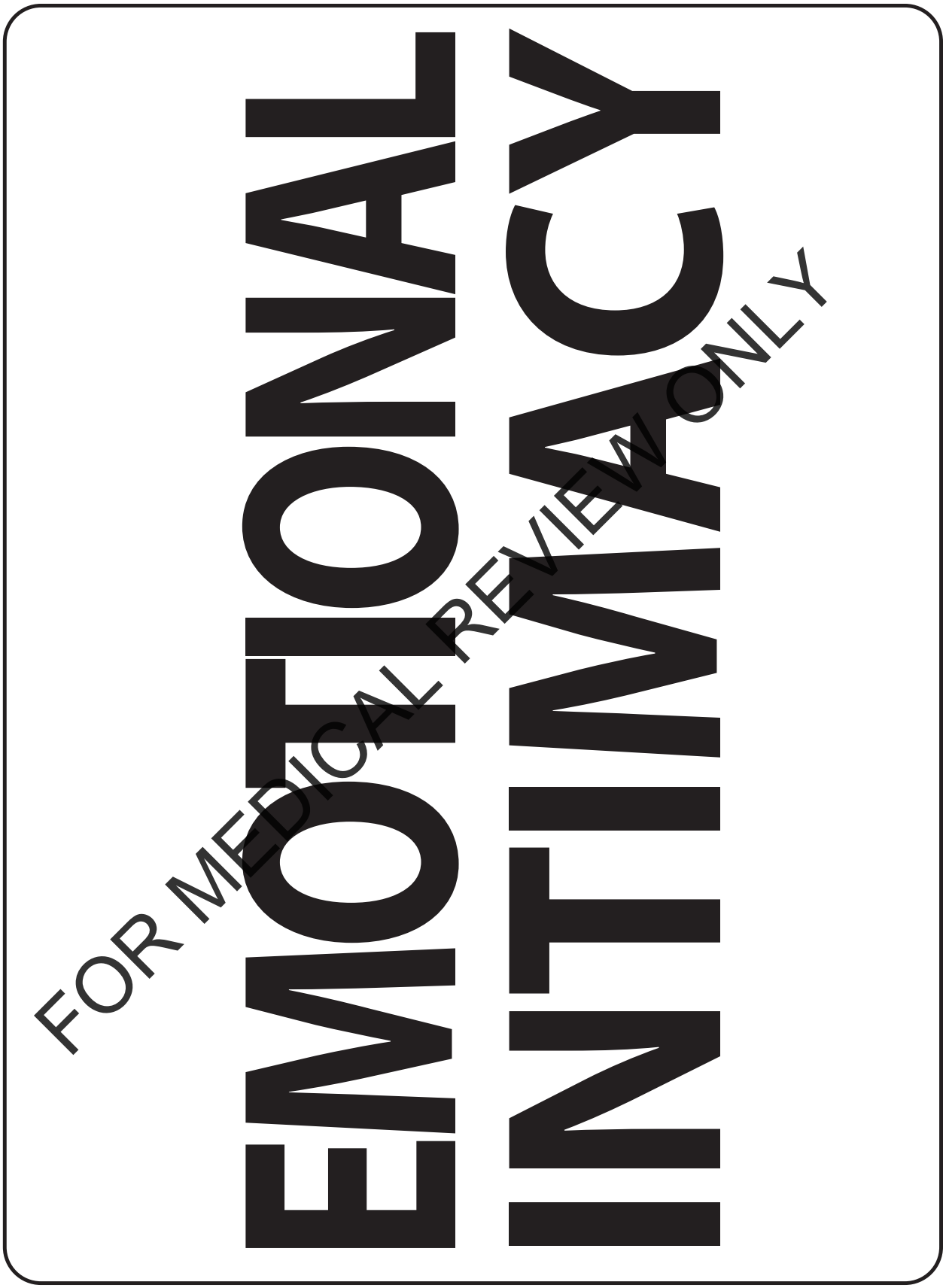

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RECREATIONAL INTIMACY

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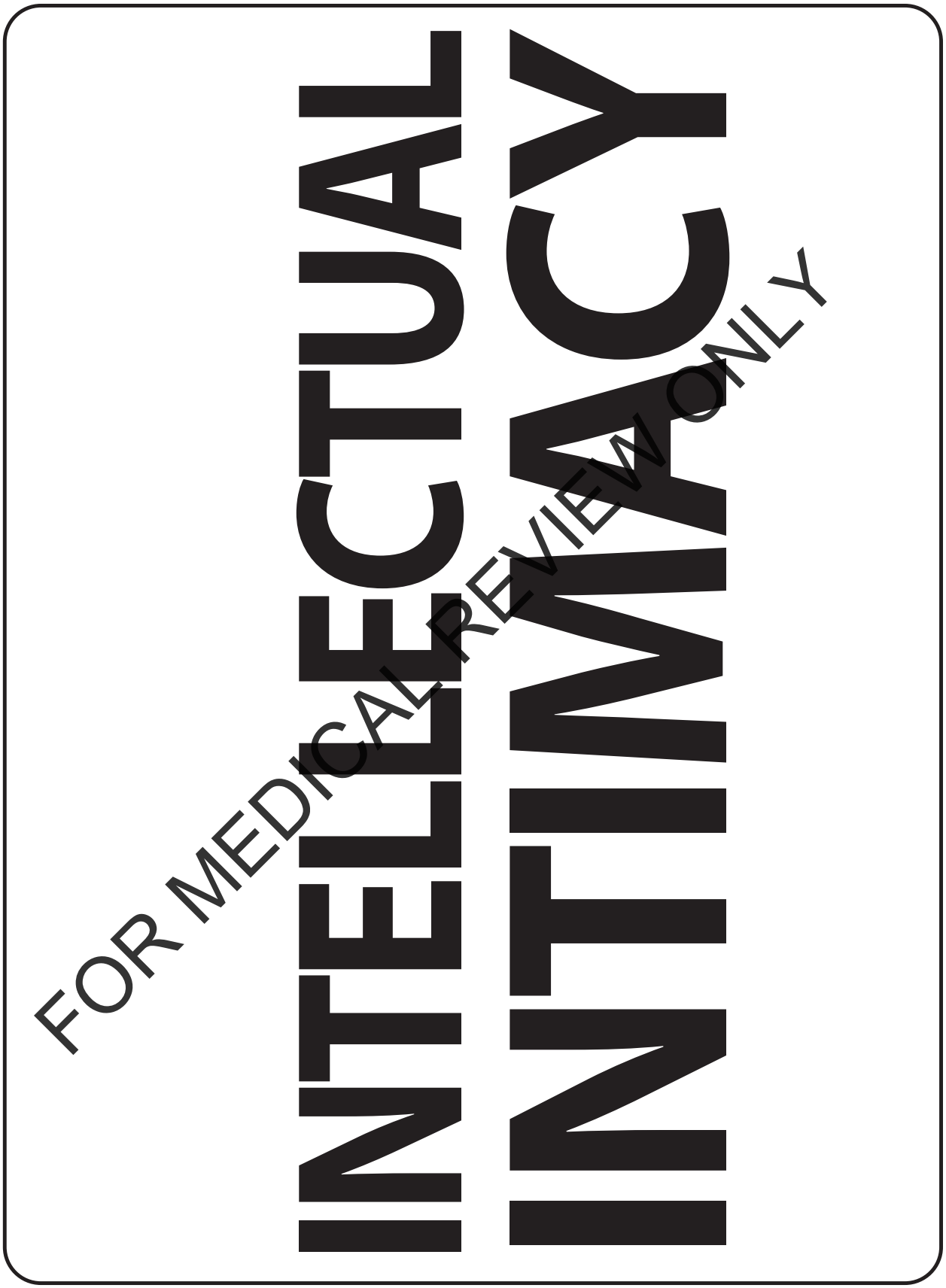

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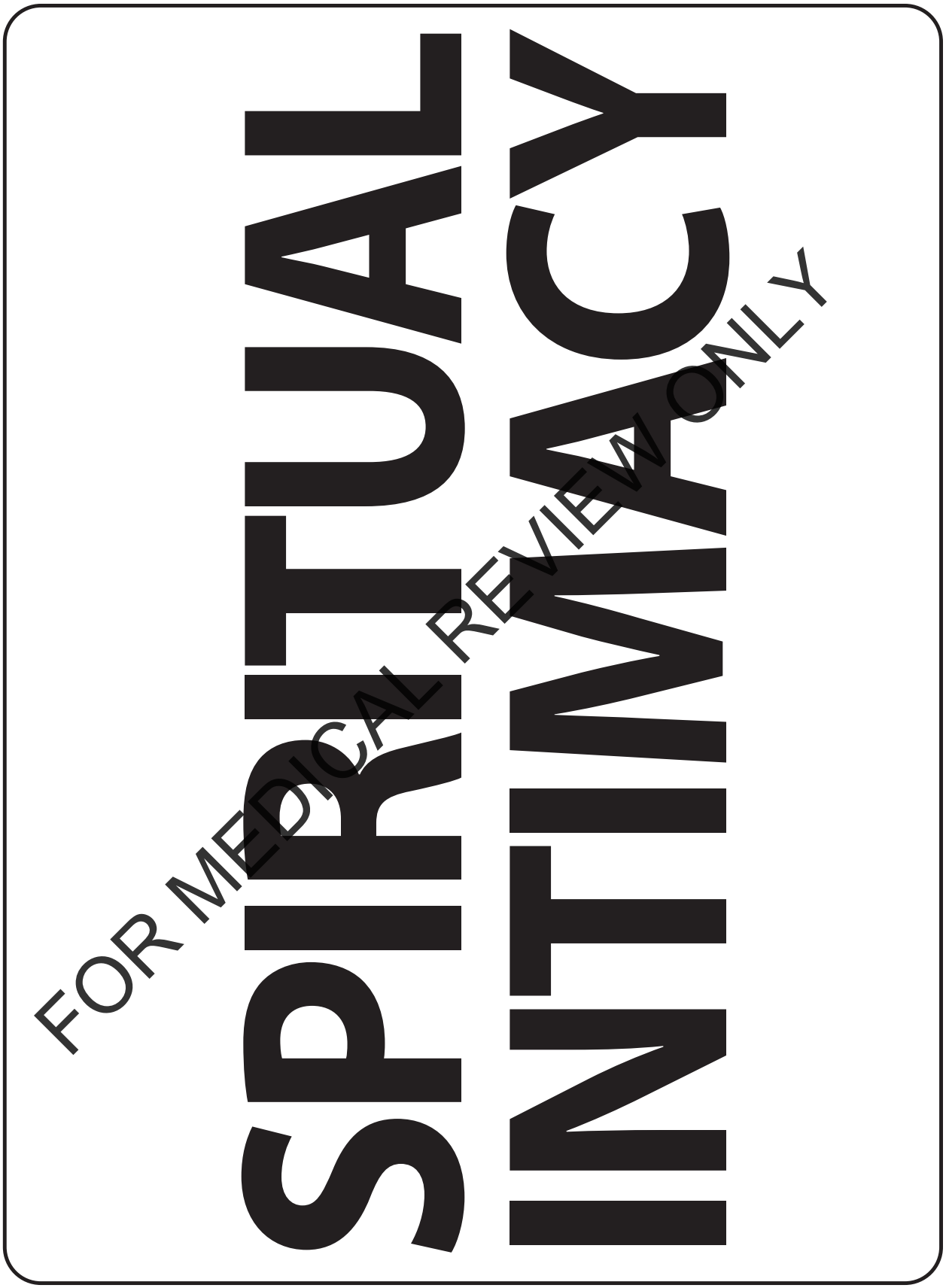

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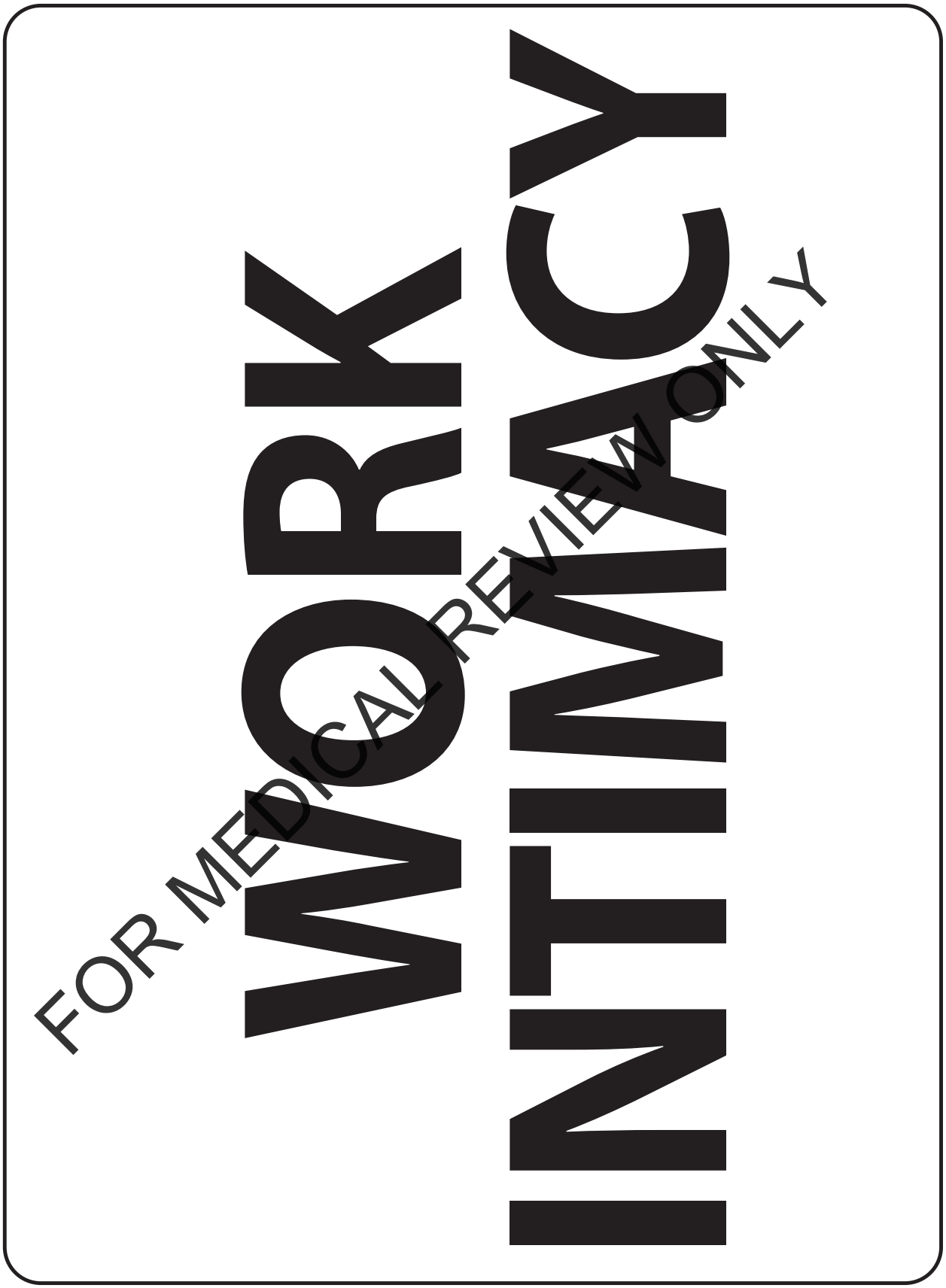

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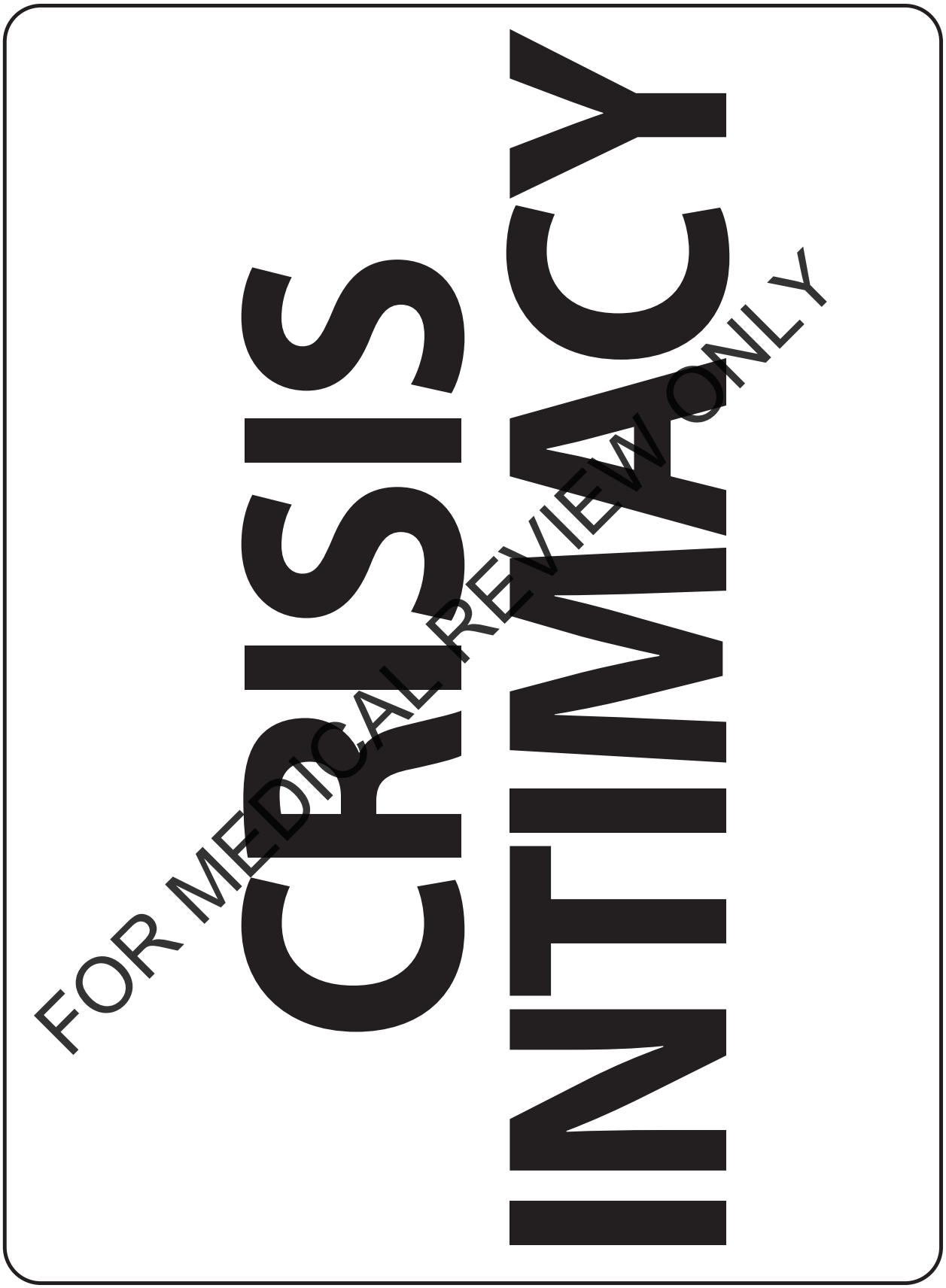

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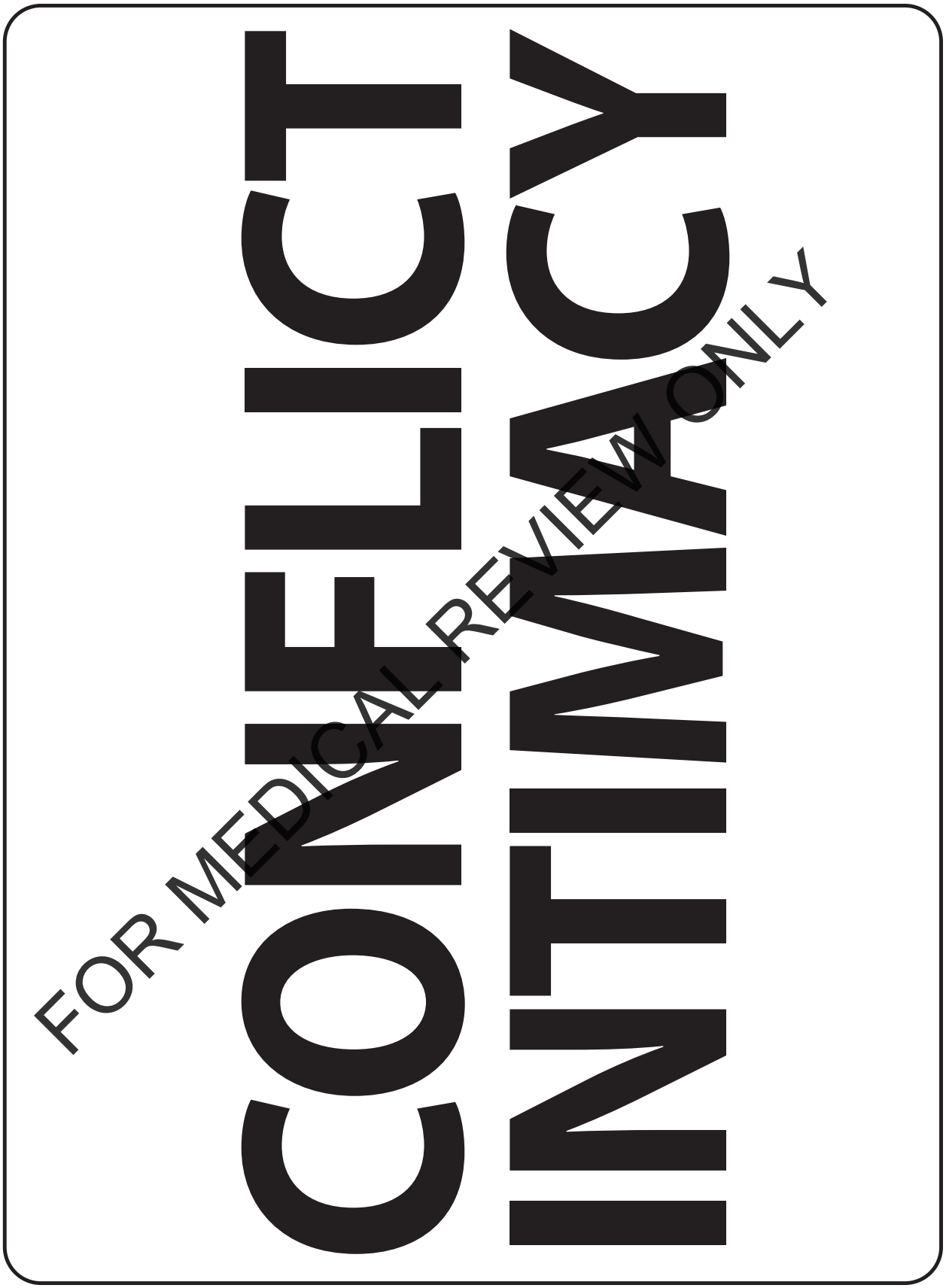

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John and Sally enjoy

DANCING

The two boys are

DATING

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

You and your friend do

HOMEWORK TOGETHER

Keesha and her family

TOOK A TRIP

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Jen and Christine
PLAY
SPORTS

Jeffrey and Jamal
spend time
TALKING

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FOR MEDICAL REVIEW ONLY

Cheryl and Maria
DISAGREE

Tim and Jose
HELP
EACH OTHER

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

The teacher is very

UNDERSTANDING

Becky and Nancy attend

RELIGIOUS SERVICES

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Joel helps Nathan

CLEAN HIS ROOM

Trinity helps Maria

CLEAN THE GARAGE

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FOR MEDICAL REVIEW ONLY

You and your friends

TEXT EACH OTHER

Manny and Joey

RUN A BUSINESS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Allyson and Anna enjoy
WATCHING
THE SUNSET

The whole family
COOKS
DINNER

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

The two girls enjoy

HUGGING

Jenna and her uncles

WATCH SPORTS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Carlos plays
ONLINE
GAMES

The cousins
HOLD HANDS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Bobby is

HELPING A FRIEND

The two women went on

A DATE

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FOR MEDICAL REVIEW ONLY

Your mom
went with you to
COURT

The boy and
his girlfriend
WENT TO
THE CLINIC

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Jeff and Lisa's parents are

GETTING A DIVORCE

The couple is

HAVING SEX

FOR MEDICAL REVIEW ONLY

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LESSON 4

Relationship Abuse

NATIONAL HEALTH EDUCATION STANDARDS (NHES)

1.12.1, 2.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

HR.12.CC.1, HR.12.CC.3, HR.12.IC.1, HR.12.IC.2, HR.12. SM.2, PS.12.CC.1, PS.12.IC.1, PS.12.IC.2., IV.10.IC.1, IV.10.CC.1, CHR.10.IC.1. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:

Activity cards *can be duplicated on colored cardstock or purchased at www. positiveprevention. com*

NOTE:

Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the **supplemental lesson on Suicide Prevention** *posted in online Appendix D.*

CONTENT

- Introduction
- Consent (A activity)
- Relationship Violence and Abuse
- Protect Yourself (A activity and W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Explain why consent is an important aspect of healthy relationships.
- Describe effective ways to communicate personal boundaries and consent.
- Commit to end inappropriate sexual behavior in self and others.
- Identify risky sex-related behaviors such as sexting, and meeting strangers online.
- Demonstrate a variety of ways to protect himself/herself.
- Identify how to respond to inappropriate sexual behaviors.

MATERIALS

- Teacher's slides for the lesson
- Video clip of teen dating abuse (embedded in slides)
- Student workbooks, one per person, or duplicate **Teen Dating Bill of Rights, Protect Yourself and Lesson Wrap-Up** worksheets
- **Protect Yourself** activity cards

TERMS

sexual, emotional, physical and verbal abuse, intimate partner violence, sexual harassment, bullying, non-verbal communication, sexting, sex trafficking, consent, militant

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PART A Introduction

1 Relationship Abuse

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 Is it just jealousy?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

3 What will you learn today?

Review today's learning objectives and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B Consent

5 Why is consent important?

1. Remind students that in Lesson 3 we identified the characteristics of a healthy relationship, including **open communication** and **mutual respect.**

NOTE:
In October 2015 the California Education Code was modified to require school districts that have a health course for graduation to enact "Yes Means Yes" policies reminding students that affirmative consent must be given by sexual partners during the progression of sexual activity.

NOTE:
For a brief and amusing explanation of Yes Means Yes, go to: https://www.youtube.com/watch?v=fGoWLWS4-kU

2. Explain that we need to add another important characteristic: **consent.**
   - Whether in the realm of deciding what to do together, or where to go together, shared activities should be negotiated and agreed upon.
   - Emphasize that no person should be forced to do anything without providing **active consent. Furthermore the victim should never be blamed if assault occurs.**
   - Forcing someone to engage in a sex act against their will is illegal, and can be prosecuted as sexual assault, molest, or rape. The person who commits this crime will be labeled a sex offender for life.

6 Yes Means Yes!

1. First ask students to explain what this phrase might mean. Then explain the following key points:
   - Affirmative consent must be given by sexual partners during the progression of sexual activity.
   - The absence of NO can no longer be interpreted as YES.
   - Consent given by an impaired (drunk, high) partner does not qualify as a YES.

7 Communicate your boundaries!

1. Ask students to suggest ways they could communicate their personal boundaries or preferences before or during the progression of sexual activity. These can include verbal or nonverbal communication. Examples might include:
   - Saying "Let's talk about this first."
   - Holding up your hands in a STOP position.

2. Ask for student volunteers to read aloud the following ways they could communicate their personal boundaries.
   - Before this goes any further.....
   - I would rather....
   - It is okay with me if you....
   - It is NOT okay if you....
   - I am not ready for....
   - It makes me uncomfortable when you...

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8 How do you report a sexual assault?

1. Whether a person has recently experienced a sexual assault or molestation or whether it happened months or years ago, it is important to report the sexual assault, and seek and receive counseling.

2. Explain to students that there are four ways that they can report a sexual assault including:
   - Contact a school counselor, school nurse, or social worker.
   - Call 911.
   - Call the National Sexual Assault Hotline 800-656-HOPE (4673).
   - Go to https://hotline.rainn.org.

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Yes Means Yes!

- Affirmative consent must be given by sexual partners during the progression of sexual activity.
- The absence of NO can no longer be interpreted as YES.
- Consent given by an impaired (drunk, high) partner does not qualify as a YES.

To report unwanted sex and assault:

- Tell your school counselor, school nurse, or social worker.
- Call 911.

For additional support:

- Contact the National Sexual Assault Hotline: 1 (800) 656-HOPE (4673)
- Go to hotline.rainn.org.

FOR MEDICAL REVIEW ONLY

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9 What are your rights in a relationship? A

1. Have students group in teams of 2-3 and review their **Teen Dating Bill of Rights.**

2. On a rotating basis, ask each team to read one Right aloud. Clarify or give an example if necessary.
   - I have the right to trust myself above all others.
   - I have the right to be respected by anyone I date.
   - I have the right to refuse to date anyone.
   - I have the right to be safe on a date.
   - I have the right to be assertive on a date.
   - I have the right to pay my own way on a date.
   - I have the right to refuse sex or any other kind of physical intimacy with my date.
   - I have the right to disagree with my date.
   - I have the right to say "no."
   - I have the right to be happy with myself, with or without a partner in my life.
   - I have the right to know who I am dating.
   - I have the right to use my own transportation on a date.
   - I have the right to leave any dating situation when my instincts tell me to leave.
   - I have the right to protect myself against battery and sexual assault.
   - I have the right to a healthy dating relationship.
   - I have the right to be loved.
   - I have the right to be cared about.
   - I have the right to high self-esteem.
   - I have the right to speak up when my rights are being violated.

3. Ask several teams to volunteer to identify which Right they believe is most important, and why.

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The Teen's Dating Bill of Rights

Remember always that you have these rights and that you deserve them. Believe in yourself and settle for nothing less.

1. I have the right to trust myself above all others.
2. I have the right to be respected by anyone I date.
3. I have the right to refuse to date anyone.
4. I have the right to be safe on a date.
5. I have the right to be assertive on a date.
6. I have the right to pay my own way on a date.
7. I have the right to refuse sex or any other kind of physical intimacy with my date.
8. I have the right to disagree with my date.
9. I have the right to say "no."
10. I have the right to be happy with myself, with or without a partner in my life.
11. I have the right to know who I am dating.
12. I have the right to use my own transportation on a date.
13. I have the right to leave any dating situation when my instincts tell me to leave.
14. I have the right to protect myself against battery and sexual assault.
15. I have the right to a healthy dating relationship.
16. I have the right to be loved.
17. I have the right to be cared about.
18. I have the right to high self-esteem.
19. I have the right to speak up when my rights are being violated.
20. Write your own: _____

_____

_____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

PART C

Relationship Violence and Abuse

10 What is an abusive relationship?

1. Show the students the video on teen dating violence embedded in the slide.

2. After the video, ask students to identify the signs of abusive relationships. Was there anything in the video that surprised them (e.g., that young men can also be the victims of abuse)?

3. Teens often think some behaviors, like teasing and name-calling, are a "normal" part of a relationship, but these behaviors can become abusive and develop into serious forms of violence.

11 What are some facts about relationship violence?

1. Review basic facts about teen relationship violence and abuse.
   - Teen dating violence is common.
   - Dating violence (also called intimate partner violence) has serious long-term and short-term effects.
     - Nearly 1 in 11 female and approximately 1 in 14 male high school students report having experienced physical dating violence.
     - About 1 in 8 female and 1 in 26 male high school students report having experienced sexual dating violence.
     - Some racial/ethnic minority groups and LGBTQ+ persons are disproportionately affected by many types of violence.

2. Many teens do not report unhealthy behaviors because they are afraid or embarrassed to tell family and friends.

3. Remind students that healthy relationships - both sexual and non-sexual - revolve round mutual respect, open communication, and consent.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Relationship Violence

- Teen dating violence is common.
- Dating violence (also called intimate partner violence) has serious long-term and short-term effects.
- Nearly 1 in 11 female and approximately 1 in 14 male high school students report having experienced physical dating violence.
- About 1 in 8 female and 1 in 26 male high school students report having experienced sexual dating violence.
- Some racial/ethnic minority groups and LGBTQ+ persons are disproportionately affected by many types of violence.

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Youth who are victims of relationship violence are more likely to experience symptoms of depression and anxiety, engage in unhealthy behaviors, like using tobacco, drugs, and alcohol, or exhibit antisocial behaviors and think about suicide.

(Source: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html

FOR MEDICAL REVIEW ONLY

12 How do some people use power and control over others?

Explain to students that people may attempt to control others in a variety of ways including:

- Sexual abuse (rape or unwanted sexual contact)
- Financial abuse (taking away money or using their credit cards)
- Physical abuse (hitting, inflicting pain)
- Emotional abuse (being critical, blaming, threatening)
- Technological abuse (controlling their emails and social media, posting negative content)
- Spiritual abuse (criticizing religious beliefs or practices)
- Verbal abuse (negative comments and name calling, yelling)

13 How do you end the violence?

1. Warn students that violent behavior often occurs in three phases, and is repeated:
   - Tension-building phase (arguments, accusations)
   - Violent episode phase (physical or verbal assaults)
   - Remorseful/honeymoon phase (apologies, forgiveness)

2. Just because the aggressor apologizes does not mean they won't become violent again.

3. Victims of intimate partner violence MUST distance themselves from, report, and/or end the relationship.

4. The aggressor must seek counseling or rehabilitation.

FOR MEDICAL REVIEW ONLY

14 What is sexual harassment?

1. Share with the students that **sexual harassment** can:
   - **verbal** (taunts and name calling, also making sexual comments about sexual orientation, sexually explicit jokes, unwanted communication)
   - **physical** (touches, pinches, pokes, intentional bumping into or rubbing against someone's body, blocking someone's path)
   - **visual** (posting a sexually suggestive photo or drawing in the workplace, writing or sending sexual notes, staring at someone's body parts, acting out sexual gestures)

2. Point out that some people in today's society feel entitled/empowered to sexually harass others, perhaps due to their:
   - **hypermasculinity** (exaggerated male stereotypical behavior with an emphasis on physical strength, aggression, and sexuality)
   - **professional status and power** over others (due to wealth, position, salary, or job title)
   - **cultural beliefs** that denigrate women (treating women as less than equal or as property)

3. Sexual harassment can be the grounds for punishment or dismissal from school or work, and even a lawsuit.

4. Once again, remind students that healthy relationships - both sexual and non-sexual - revolve around mutual respect, open communication, and consent.

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PART D Protect Yourself

15 How can we stay safe on the internet?

1. Explain that internet safety is a growing concern. It is a place where some people troll to find vulnerable teens to engage in illegal acts (pornography, sex trafficking, and to set up a kidnapping). Many teens are not aware that they are a target until it is too late.

2. It is important to establish internet safety and discourage cyberbullying. Students should make a commitment to practice internet etiquette and safety.
   - Tell a trusted adult if a stranger online requests personal information or an inappropriate picture.
   - Never agree to meet a stranger in person who you have only talked to online.
   - Tell a trusted adult if anything or anyone online makes you feel uncomfortable or scared.
   - Do not respond to messages that are mean or rude.
   - Do not send rude or inappropriate messages or images.
   - Understand that what you say or do online impacts yourself and others.

   WARNING! If you are spending hours and hours each day on social media, you may be addicted! Seek help from a parent or counselor.

3. Caution students to be sure to maintain healthy and safe relationships online as well as in person.
   - Do not visit pornographic websites.
   - Do not participate in chat rooms where sexual or militant content is discussed.
   - Do not start a relationship with a stranger online.
   - Do not send or receive nude pictures of yourself or others (sexting).
4. Warn students that sexting is against the law punishable with suspension, a fine, or being charged with a felony for creating and distributing pornography. It can also result in being labeled a sex offender and not being able to apply for some jobs.

NOTE:
*Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the **supplemental lesson on Suicide Prevention** posted in online Appendix D.*

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Ground Rules for Using Social Media

- Tell a trusted adult if a stranger online requests personal information or an inappropriate picture.
- Never agree to meet a stranger in person who you have only talked to online.
- Tell a trusted adult if anything or anyone online makes you feel uncomfortable or scared.
- Do not respond to messages that are mean or rude.
- Do not send rude or inappropriate messages or images.
- Understand that what you say or do online impacts yourself and others.

WARNING! If you are spending hours and hours each day on social media, you may be addicted!
Seek help from a parent or counselor.

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Internet Safety and Sexting

- Do not visit pornographic websites.
- Do not participate in chat rooms where sexual or militant content is discussed.
- Do not start a relationship with a stranger online.
- Do not send or receive nude pictures of yourself or others (sexting).
- Sexting is against the law and punishable by a school suspension, a fine, or being charged with a felony for creating and distributing pornography.
- A conviction can result in being labeled a sex offender and not being able to apply for some jobs.

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16 What would you do? A W

1. Post the following **Protect Yourself** activity cards around the room:
   - Do nothing
   - Strongly discourage the behavior
   - Seek help from a trusted adult
   - End the relationship
2. Distribute and have the students complete the **Protect Yourself** worksheet by checking what they would probably do in each of the situations.
3. Read each item one at a time, and direct students to stand under the sign of the response they selected.
4. Ask for volunteers to explain why they discouraged the behavior, asked for help, or ended the relationship.
5. Finally, ask students to suggest ways they can support a friend who is going through a similar situation.

NOTE ALTERNATIVE:
*Students could merely raise their hands; however, it is still very important to ask the students who **object to the behavior** (e.g., who would discourage the behavior, seek help, or end the relationship) to explain their reasons.*

17 So what types of interpersonal behavior ARE acceptable?!

Ask students to brainstorm a list of acceptable friendship and/or dating behaviors. Possible responses include:

- Engaging in safe and legal activities.
- Discussing future goals, and encouraging each other to succeed.
- Listening and understanding before getting upset.
- Respecting each other's boundaries.
- Asking whether your partner is okay with various expressions of affection.
- Asking for consent prior to (and during) any sexual activity.

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Protect Yourself

DIRECTIONS A healthy relationship is honest, equal, respectful, and responsible. Some people have identified the behaviors listed in the chart below as **warning signs** that a relationship is not honest, equal, respectful, and responsible. Check what you would probably do in each of the following situations.

Imagine Someone:	You Would Probably:			
	Do nothing	Discourage behavior	Seek help	End relationship
1. Makes negative comments about your clothes, body, or hair.				
2. Always decides where you will go together or what you should do.				
3. Puts you down in public.				
4. Asks you to send them nude pictures of yourself.				
5. Offers you alcohol or other drugs.				
6. Gets angry when you spend time with others.				
7. Asks you to help them bully another student.				
8. Hits you and then apologizes.				
9. Touches you inappropriately.				
10. Encourages you to join a chat room on a sex-related website.				

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Adapted from *Unequal Partners, 2nd Ed.* Sue Montfort and Peggy Brick, Planned Parenthood of Greater Northern New Jersey, 2000.

Suggest ways you can support a friend who is going through a similar situation.

_____

_____

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PART E

Lesson Wrap-Up

18 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

19 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

20 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

21 Ask a friend.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

Direct students to turn to a partner and tell him/her the most interesting or important thing you learned in today's lesson.

22 Ask yourself again.

Direct students to indicate how committed they are to ending their own abusive behavior, and the abusive behavior of others.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

NOTE:
*Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the **supplemental lesson Suicide Prevention** posted in online Appendix D.*

23 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them what they would recommend doing if their boyfriend or girlfriend treats them poorly.

24 Remember to do your homework!

Remind students to complete their homework.

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Lesson 4 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The need for power and control can lead to relationship abuse.

T F Abusive relationships include put-downs, dishonesty, and (threats of) physical harm.

T F Texting a nude picture of yourself or someone else is against the law.

T F If a friend or partner treats you poorly, it is best to ignore it and just hope they change.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to forming healthy non-abusive relationships? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Protect Yourself and Lesson Wrap-Up** worksheets and **ask them** what they would recommend doing if your boyfriend or girlfriend treats you poorly.

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LESSON 5

Human Trafficking

NATIONAL HEALTH EDUCATION STANDARD (NHES)

7.12.3, 8.12.2., 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALTIY EDUCATION STANDARDS (NSES)

PS.12.CC.2, PS.12.CC.3 For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Human Trafficking
- Sex Trafficking
- What Would You Do? (W worksheet)
- Resources and Services
- Lesson Wrap-Up(W worksheet)

INSTRUCTIONAL OBJECTIVES

- Define human trafficking, including sex trafficking.
- Describe how common human trafficking is in the US.
- Identify populations that are vulnerable to human trafficking.
- Identify the warning signs of human trafficking.
- Identify resources for reporting and escaping human trafficking.

MATERIALS NEEDED

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **What Would You Do?** and the **Lesson Wrap-Up** worksheets

RELATED VOCABULARY

human trafficking, sex trafficking, labor trafficking, trafficker, fraud, coercion, victim, perpetrator, venue, grooming

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PART A Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Human Trafficking

Display the title slide for this lesson before you begin instruction.

2 You are so beautiful!

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: https://traumaawareschools.org/

3 What will you learn today?

Review today's learning objectives, and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B Human Trafficking

5 What is human trafficking?

1. Explain to the students that human trafficking is a form of modern slavery. It occurs when a person profits by using force, fraud, or coercion to make the victim engage in sex or work.

2. There are two types of trafficking:
   - **Labor Trafficking** - individuals are forced to work or provide services without pay.
   - **Sex Trafficking** - individuals are forced to perform sex acts to profit the trafficker.

6 How common is human trafficking in the US?

Explain the following:

- Human trafficking has surpassed the illegal sale of guns.
- Trafficking will surpass the illegal sale of drugs in the next few years.
- A $32 billion-a-year industry, human trafficking is on the rise and is in all 50 states.
- 4.5 million trafficked persons are sexually exploited.

7 Who are the victims of human trafficking?

1. Targeted individuals are not limited to any class, religion, culture, or ethnic group.

2. Vulnerable populations include:
   - individuals who have experienced childhood abuse or neglect
   - runaway and homeless youth
   - children involved in the foster care and juvenile justice systems
   - LGBTQ+ youth
   - migrant workers/undocumented immigrants
   - people with disabilities, low incomes, or history of substance abuse

8 Why don't the victims just leave?

1. Fear, trauma, drug addiction, threats against their family members, and lack of options due to poverty and homelessness can all prevent someone from leaving.

2. Some victims may also be manipulated or believe that they are in love with their trafficker, which makes them resistant to seeking help.

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3. Traffickers may also use the following methods to trap and control their victims:
   - isolating them from friends, family, and the public
   - controlling their money
   - confiscating passports or other identification
   - threatening to shame them publicly
   - threatening imprisonment or deportation if they contact authorities

4. The perpetrators of human trafficking are criminals that need to be arrested and prosecuted.

PART C Sex Trafficking

9 What is child sex trafficking?

Explain the following:

- Child sex trafficking is a form of child abuse.
- Federal law defines child sex trafficking as the recruitment, harboring, transport, provision, or obtaining of a person under the age of 18 for the purpose of a commercial sex act.

NOTE:
A commercial sex act is when someone engages in sexual activity in exchange for payment (money, goods, housing, or some other benefit).

10 How common is child sex trafficking?

1. Up to 300,000 Americans under the age of 18 are lured into the commercial sex trade every year.

2. 1 out of 6 runaways is likely the victim of sex trafficking.

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11 What are examples of sex trafficking?

- An adult providing a 16-year-old girl a place to stay in exchange for sex.
- A 17-year-old boy engaging in sex acts for a webcam or pornography business.
- A criminal gang bringing teenage girls to the US from Central America to have sex with customers.
- A parent arranging for buyers to have sex with his or her child in exchange for drugs, or food, or housing.

12 Where does most sex trafficking occur?

Common venues (locations) for child sex trafficking include:

- street prostitution
- truck stops
- massage parlors
- hotels and motels
- private residences
- internet and webcams
- strip clubs
- escort services

13 What is the role of the internet?

The internet contributes to sex trafficking by:

- grooming
- recruiting
- advertising
- controlling
- stalking
- harassing

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14 What are the red flags?

Explain to the students that the following is a list of possible clues that someone is being sex trafficked.

- evidence of controlling or dominating relationships
- frequenting websites and social media known for recruitment
- possession of expensive jewelry, clothing or a cell phone the youth cannot afford
- overly sexual behavior or dress
- curfew violations, truancy, loitering, prostitution
- constant communication with multiple men; phone records of names and monetary amounts
- suspicious tattoos or branding

15 What would you do?

1. Distribute the worksheet entitled **What Would You Do?** Instruct the students to take a few minutes to complete the answers alone or in pairs/groups.

2. Ask for a show of hands for the students' responses to each situation.
   - How many of you would discourage the behavior, and why?
   - How many of you would call the human trafficking hotline, and why?
   - How many of you would report this to an adult, and why?

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What Would You Do?

DIRECTIONS Put a check in the box (or boxes) to indicate what you would do in the following situations.

What would you do if ...	Ignore the situation	Discourage behavior	Call the human trafficking hotline	Report to an adult
1. You notice that the neighbors have a young "housekeeper" who is very fearful to talk with people.				
2. A girl with an older man invites you to join them to have some fun.				
3. You notice a man at the bus stop who tries to get young girls to go for a ride in his van.				
4. Your little brother tells you about being asked to go to a hotel with a stranger.				
5. You notice that your older sister is having constant cell phone communication with multiple men.				
6. You become aware of a homeless teen who is living with an older man in exchange for sex.				

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If you or someone you know is a victim of human trafficking:

- Tell your teacher, school nurse, or counselor.
- Call 911 or contact the police.
- Call the National Human Trafficking Hotline 1-888-373-7888.
- Call the National Runaway Hotline 1-800-RUNAWAY or go to: www.1800runaway.org.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART D

Resources and Services

16 What do victims need?

1. The support services needed for victims of trafficking may include:
   - emergency shelter
   - food and clothing
   - legal services
   - medical care
   - transportation
   - mental health care
   - education and employment
2. Remind students that:
   - The victims of sex trafficking are not criminals to be arrested, but victims that need to be rescued and supported.
   - The perpetrators of sex trafficking are criminals that need to be arrested and prosecuted.

17 How should you report human trafficking?

Tell students that if they or someone they know is a victim of human trafficking, there are several ways that they can get help.

- Tell your teacher, school nurse, or counselor.
- Call 911 or contact the police.
- Call the National Human Trafficking Hotline 1-888-373-7888.
- Call the National Runaway Hotline 1-800-RUNAWAY or go to: www.1800runaway.org.

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PART E

Lesson Wrap-Up

18 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story.……Play the remainder of the story.

19 How did the story end?

Ask students the following questions.

1. What happened in the second half of the story?
2. What can you learn from this?

20 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

21 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

22 Ask yourself.

Direct students to indicate how committed they are to reporting any human trafficking that they suspect.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

23 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them what they would do if they suspected that someone was being trafficked.

24 Remember to do your homework!

Remind students to complete their homework.

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Lesson 5 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Child sex trafficking is a form of child abuse.

T F Human trafficking includes both labor trafficking and sex trafficking.

T F Child sex traffickers often "groom" their victims by acting like their boyfriend, or like they really care about them.

T F Runaways and victims of sex trafficking can call 1-800-RUNAWAY for help.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to reporting any human trafficking you become aware of? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share your **What would you do?** and **Lesson Wrap-Up** worksheets with your parent(s) or trusted adult and **ask them** what they would do if they suspected that someone was being trafficked.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 6

Preventing an Unplanned Pregnancy

NATIONAL HEALTH EDUCATION STANDARD (NHES)

1.12.6, 3.12.5, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS (NSES)

PR.12.CC.1, PR.12.AI.1, PR.12.CC.2, SH.10.DM.1. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Family Planning
- Contraception and Community Services
- Sexual Abstinence (A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify reasons for planning for a family.
- Describe a range of contraceptive methods, including their effectiveness in preventing pregnancy and sexually transmitted infections.
- Identify sexual abstinence as the only certain way to prevent unintended pregnancy or sexually transmitted infections.
- Identify community family planning and contraception services.
- Identify the benefits of delaying or abstaining from sex.
- Identify the critical steps in making the decision to whether become sexually active.

MATERIALS

- Teacher's slides for the lesson
- List of community resources (if available)
- Poster paper and markers
- Sample contraceptives (if available and permitted)
- Student workbooks, one per person, or duplicate the **Birth Control Guide** and the **Lesson Wrap-Up** worksheet

TERMS

abstinence, barrier method, hormonal method, over-the-counter (OTC), prescription, external condom, internal condom, spermicidal foam or gel, birth control pill, hormonal implant, intrauterine device (IUD), diaphragm, sterilization, cervical cap, patch, long-acting reversible contraception (LARC), emergency contraception (Plan B)

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PART A Introduction

1 Preventing an Unplanned Pregnancy

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 What's next for Aman and Esther?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Family Planning

NOTE:
In debriefing this question, be sure to include both heterosexual and LGBTQ+ family types.

5 What is a family?

What is a family? Possible responses include:

- a husband and wife plus child/ren
- a father or mother with his or her child/ren
- grandparent(s) raising their grandchild/ren
- a same-sex couple raising their child/ren
- any combination of adults or child/ren who live together in a caring, supportive relationship

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NOTE:
Emphasize that information on contraception is important for LGBTQ+ students. According to the US Department of Health and Human Services LGBTQ+ teens actually have higher than average rates of unintended pregnancy.

6 What is family planning?

1. Have you heard the term "family planning?" What does "family planning" mean? Possible responses include:
   - deciding when to have a child(ren)
   - deciding how many children to have
   - using birth control methods (contraception)

2. Ask students "What are the reasons for delaying becoming a parent?" Possible responses include:
   - waiting until you are in a stable, committed relationship
   - waiting until you can support the costs of a child
   - waiting until you are emotionally mature enough to be a parent
   - having no interest in becoming a parent

3. **Emphasize that choosing to abstain from sex is the only certain way to prevent an unplanned pregnancy or infection with a sexually transmitted infection.**
   - Point out to students that while birth control methods will help protect someone from getting pregnant, most do **NOT** protect someone from getting an STI.
   - Remind students that naked genital-to-genital contact, while technically abstaining from insertive anal/oral/digital/vaginal sex, can still transmit STIs!
   - Also, abstaining from injection drug use is important to avoid infection with HIV and other viral STIs.

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PART C

Contraception and Community Services

NOTE:
If students suggest "sexual abstinence," emphasize this as a method which is always available, all the time!
If students suggest "sterilization," acknowledge that this is an option typically for older adults who have had the number of children they planned.
If students suggest "abortion," explain that this is not considered a birth control method. The term "birth control method" implies advanced planning! However, an abortion is an option some women may consider.

NOTE:
Long-acting reversible contraceptives (LARC) which are recommended for teens include injections, intrauterine devices (IUDs), and sub-dermal contraceptive implants. They are the most effective reversible methods because their efficacy does not rely on patient compliance.

NOTE:
When discussing contraceptive methods, (copper IUD) can be placed in either the barrier or (IUD with progestin) hormonal categories.

7 What is contraception?

Explain that contraception is the use of artificial methods and techniques to prevent pregnancy. Ask students what kinds of contraception (birth control) they can name.

8 What are birth control choices for teens?

1. Distribute the handout **Birth Control Guide** (if students have no workbook). Explain each contraceptive product and its effectiveness in preventing pregnancy and STIs.
   - Emphasize that sexual abstinence is the most effective method for preventing both a unplanned pregnancy and an STI.
   - Latex condoms are the only other birth control method that can prevent both pregnancy and STIs.

2. Also point out to the students which forms of birth control are available with a prescription from clinics and which can be purchased over-the-counter without a prescription.

9 What are the types of contraception?

Discuss sample contraceptives (e.g., sponge, foam, gel, external and internal condom, etc.). Clarify the differences in the types of contraception (e.g., barrier methods vs. hormonal method, over-the-counter (OTC) vs. prescription methods), including emergency contraception.

- **Barrier methods** prevent the sperm from reaching the egg and include external condoms, internal condoms, diaphragms, cervical caps, sponge, and spermicide.
- **Hormonal methods** prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg and include oral contraceptives, patch, hormonal injections, long-acting reversible contraceptives (LARC), and vaginal ring (NuvaRing).

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- **Over-the-counter methods** can be purchased without a prescription. (condoms, sponges, spermicidal foam or gel, emergency contraception)
- **Prescription contraceptive methods** require a doctor's prescription.

10 What methods should teens AVOID using?

Methods of birth control usually not recommended for teens include:

- **Sterilization** is a medical procedure that is typically unavailable to minors, and may not be reversible later in life when a person may choose to have children.
- **Withdrawal** ("pulling out") may be difficult for a sexually aroused male to ensure; also, pre-ejaculate ("pre-cum" which contains sperm) will most likely be deposited in the vagina prior to an ejaculation.
- **The fertility awareness method** (rhythm method), more recently called natural family planning (NFP), has a failure rate of 4% (in perfect use) to 33% (typical use), and relies upon a woman's understanding and monitoring the times each month when she is fertile and when she is non-fertile. (https://www.cdc.gov/nchs/data/icd/att4_NFP_mar06.pdf)

11 What is Plan B?

NOTE:
Emergency contraception (also known as EC or Plan B) is not the same as the abortion pill RU486

- Emergency contraception is often called the "morning after pill."
- Emergency contraception prevents pregnancy by stopping the egg from being released.
- It works best when started right away, and no later than 3-5 days after unprotected sex.
- The Copper IUD may also be used for emergency contraception when placed no later than 5 days after unprotected sex.
- In California people 12 years of age or older can purchase some type of emergency contraception pills over-the-counter without parental consent and without a prescription.

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What are the Types of Birth Control?

- **Barrier methods** prevent the sperm from reaching the egg and include external condoms, internal condoms, diaphragms, cervical caps, sponge, and spermicide.
- **Hormonal methods** prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg and include oral contraceptives, patch, hormonal injections, long-acting reversible contraceptives (LARC), and vaginal ring (NuvaRing).
- **Over-the-counter methods** can be purchased without a prescription (condoms, sponges, spermicidal foam or gel, emergency contraception).
- **Prescription contraceptive methods** require a doctor's prescription.

What is Emergency Contraception?

Just like regular birth control pills, emergency contraception can prevent a pregnancy by preventing the release of an egg.

Worried You Might Be Pregnant?

- **If you've had unprotected sex** within the last 5 days, it's not too late. You can do something NOW to prevent pregnancy.
- **Emergency contraception** is often called the "morning after pill." It works best when started right away, and no later than 3-5 days after sex.
- **Act quickly. Don't wait.** Visit your pharmacy or public health clinic to get emergency contraception. In all states, people at any age can purchase some type of emergency contraceptive pills over-the-counter without parental consent and without a prescription.

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12 How do you locate family planning services?

1. Discuss how and where to access contraception and family planning products and services in your community.
   - Students can locate a reproductive health clinic by visiting https://gettested.cdc.gov.
   - They can also go to Teen Source (www.teensource.org), click on Find A Clinic, and enter their zip code.
   - Most local drug stores provide non-prescription birth control (internal or external condom, sponge, foam) and pregnancy test kits.

2. Remind students that abstaining from injection drug use is also important to avoid infection with HIV and other viral STIs.

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BIRTH CONTROL GUIDE

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FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.
Sterilization Surgery for Women	Less than 1	Onetime procedure. Permanent.	Pain Bleeding Infection or other complications after surgery
Sterilization Implant for Women	Less than 1	Onetime procedure. Permanent. The FDA-recommended alternative is tubal ligation or LARC.	Pain/cramping Pelvic or back discomfort Vaginal bleeding
Sterilization Surgery for Men	Less than 1	Onetime procedure. Permanent.	Pain Bleeding Infection
IUD Copper (LARC)	Less than 1	May be used as emergency contraception if placed within 5 days of unprotected intercourse. Inserted by a healthcare provider. Lasts up to 10 years.	Cramps Heavier, longer periods Spotting between periods
IUD with Progestin (LARC)	Less than 1	Inserted by a healthcare provider. Lasts up to 3-5 years, depending on the type.	Irregular bleeding No periods (amenorrhea) Abdominal/pelvic pain
Implantable Rod (LARC)	Less than 1	Inserted by a healthcare provider. Lasts up to 3 years.	Menstrual Changes Weight gain Headache Mood swings or depressed mood Acne
Shot/Injection (LARC)	6	Need a shot every 3 months.	Loss of bone density Irregular bleeding/ Bleeding between periods Headaches Weight gain Nervousness Dizziness

MORE EFFECTIVE

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.

source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

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BIRTH CONTROL GUIDE

FOR MEDICAL REVIEW ONLY

FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.	
Oral Contraceptives "The Pill" (Combined Pill)	9	Must swallow a pill everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache
Oral Contraceptives "The Pill" (Extended/Continuous Use Combined Pill)	9	Must swallow a pill everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache Amenorrhea
Oral Contraceptives "The Mini Pill" (Progestin Only)	9	Must swallow a pill at the same time everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache
Patch	9	Put on a new patch each week for 3 weeks (21 total days). Don't put on a patch during the fourth week.	Spotting / bleeding between periods Nausea Stomach pain	Breast tenderness Headache Skin irritation
Vaginal Contraceptive Ring	9	Put the ring into the vagina yourself. Keep the ring in your vagina for 3 weeks and then take it out for 1 week.	Vaginal discharge, discomfort in the vagina, and mild irritation Mood changes	Nausea Breast tenderness Headache
Diaphragm with Spermicide	12	Must use every time you have sex.	Irritation Allergic reactions	Urinary tract infection
Sponge with Spermicide	12-24	Must use every time you have sex.	Irritation	

MORE EFFECTIVE

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.

source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

WA -0019103

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FOR MEDICAL REVIEW ONLY

BIRTH CONTROL GUIDE

FOR MEDICAL REVIEW ONLY

FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.
Cervical Cap with Spermicide	17-23	Must use every time you have sex.	Irritation Allergic reactions Abnormal Pap test
External Condom (on a penis)	18	Must use every time you have sex. **Provides protection against some STDs.**	Irritation Allergic reactions
Internal Condom (in a vagina)	21	Must use every time you have sex. **Provides protection against some STDs.**	Discomfort or pain during insertion or sex. Burning sensation, rash or itching
Spermicide alone	28	Must use every time you have sex.	Irritation Allergic reactions Urinary tract infection

MORE EFFECTIVE

Other contraceptives:

Emergency Contraceptives (EC): May be used if you did not use birth control or if your regular birth control fails (such as a condom breaks). It should not be used as a regular form of birth control. Emergency contraception prevents about 55 - 85% of predicted pregnancies.

Levonorgestrel 1.5mg (1 pill) **Levonorgestrel** .75mg (2 pill)	7 out of every 8 women who would have gotten pregnant will not become pregnant after taking this EC.	Available as an unrestricted over-the-counter purchase. Swallow the pills as soon as possible within 3 days after having unprotected sex.	Menstrual changes Dizziness Nausea Breast pain Headache	Vomiting Lower stomach (abdominal) pain Tiredness
Ulipristal Acetate	6 or 7 out of every 10 women who would have gotten pregnant will not become pregnant after taking this EC.	Available by prescription only. Swallow the pills as soon as possible within 5 days after having unprotected sex.	Dizziness Nausea Headache	Abdominal pain Tiredness Menstrual pain

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.

source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

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PART D

Making Sexual Decisions

13 What decision will you make?

Walk the students through the decision tree, and emphasize the importance of:

- involving their sex partner in this decision.
- being honest in their response to "shall we have sex."
- considering their answers carefully at each step in the decision tree.

14 What are the reasons for delaying or abstaining from sex?

A

1. Divide the class into four groups.
2. Assign each group to list on a large sheet of paper all the reasons for young people to delay/abstain from sexual activity.
3. Post the lists in the classroom.
4. Have each group choose a spokesperson to briefly explain their list to the rest of the class.
5. Point out that each of the group lists may have many of the same reasons and concerns for delaying or abstaining from sex.

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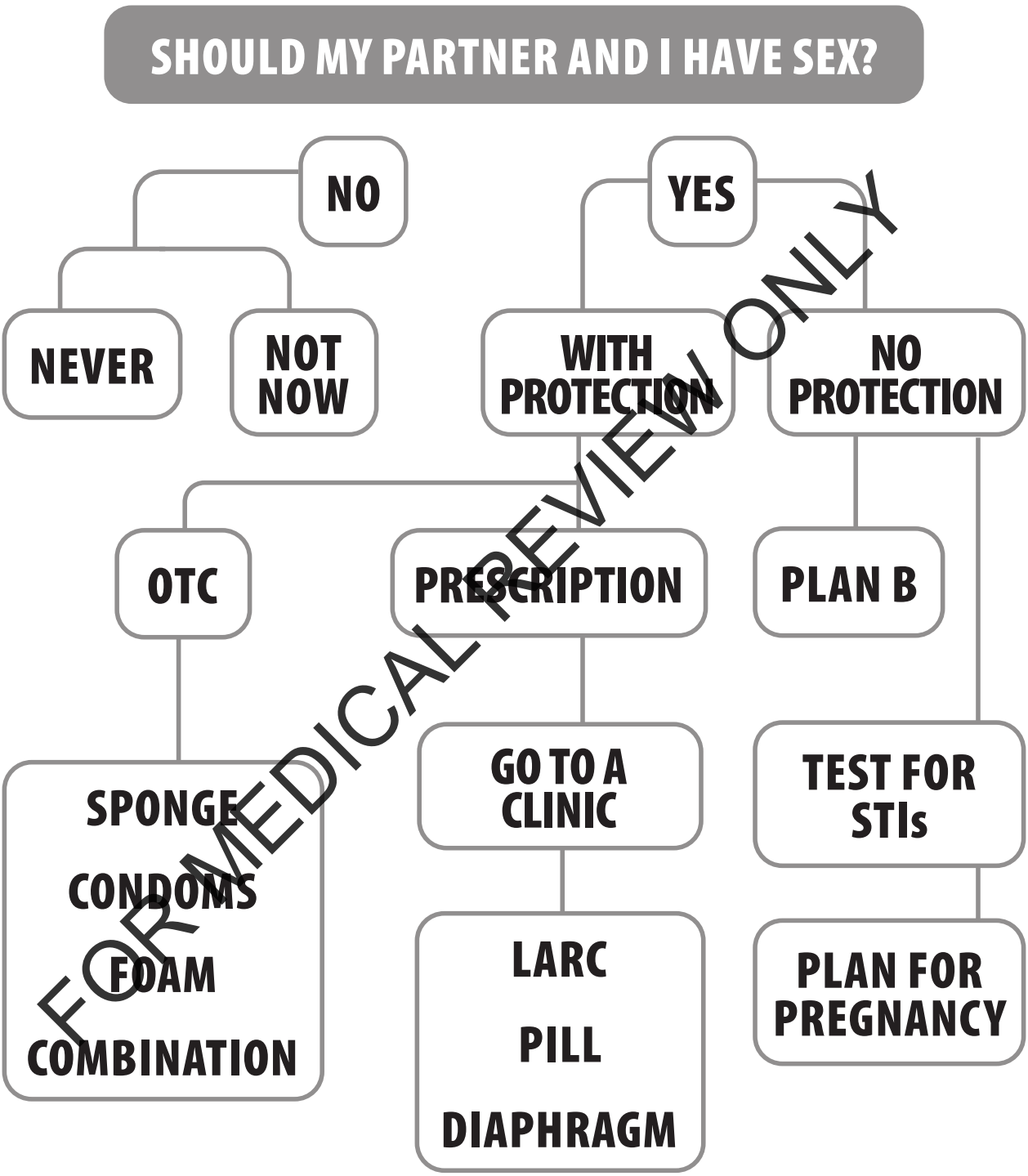
What Decision Will You Make?



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PART E

Lesson Wrap-Up

15 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story..... Play the remainder of the story.

16 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

17 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

18 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

19 Ask yourself.

Direct students to indicate how committed they are to either abstaining from sex or always correctly using birth control.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

20 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them when they believe it is appropriate to start a family.

21 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 6 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming in contact with an egg.

T F Latex condoms and spermicidal foam or gel can be purchased only with a doctor's prescription.

T F In many states, teens can access free or low-cost reproductive health services.

T F Pregnancy should be planned for a time in your life when you are ready to be responsible for children.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to either abstaining from sex or always correctly using birth control? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your **Lesson Wrap-Up** worksheet from this lesson and **ask them** when they believe it is appropriate to start a family.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 7

Teen Pregnancy: Choices and Responsibilities

NOTE

For those states that do not allow a discussion of abortion, Version 2 of this lesson is included in this teacher binder.

NATIONAL HEALTH EDUCATION STANDARDS (NHES)

5.12.2, 5.12.4., 5.12.5, 5.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

PR.12.CC.3, PR.12.CC.5, PD.12.DM.1, PD.12.DM.2, PR.12.CC.6, SH.10.CC.4. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Prenatal Care and Parenting
- Alternatives (safe surrender, adoption, abortion)
- Decision-Making (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- List the key components of prenatal care and responsible parenting.
- Identify key components of their state's Safe Surrender (or Safe Haven) Law.
- Describe the key components of adoption and abortion.
- Demonstrate how to make an important decision.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per student, or duplicate the **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets

TERMS

options, consequences, confidential, voluntary, surrender, cooling off period, prenatal, adoption, abortion, paternity

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PART A Introduction

1 Teen Pregnancy: Choices and Responsibilities

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 No need to worry??

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: https://traumaawareschools.org/

3 What will you learn today?

Review today's learning objectives and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B Prenatal Care and Parenting

5 Do you remember?

1. Ask students if they remember from the Getting Started Lesson how many teen births occur each year in the US. (*Answer: over 194,000*)

2. Ask students to list reasons why so many teens are experiencing unplanned pregnancies. Possible responses include:
   - not abstaining from sexual intercourse
   - not communicating/not discussing sex with their partner
   - no access to, or cannot afford, birth control
   - not using birth control even if they have it
   - not using birth control consistently and correctly
   - sexual assault or date rape

NOTE:
Be sure to elicit participation and responses from male students regarding these topics.

6 How does someone know if they are pregnant?

1. Two main types of pregnancy tests are blood tests (in a clinic) and urine tests (in a clinic or using a home test kit).

2. Pregnancy tests check urine or blood for a hormone called human chorionic gonadotropin (hCG).
   - The body makes this hormone after a fertilized egg attaches to the wall of the uterus.
   - This usually happens about 6 days after fertilization. Levels of hCG rise quickly, doubling every 2 to 3 days.

3. Inform students that in regard to sexual and reproductive health care, many states explicitly permit all or some people younger than 18 to obtain contraceptive, prenatal and STI services without parental involvement.

7 What are the options?

If a young teen is experiencing an unplanned pregnancy, there are several options which include:

- giving birth and raising the child
- discussing with the parents of the mother or father if they would be willing to parent or co-parent the child
- giving birth and letting parents or relatives raise the child
- surrendering the child to designated authorities
- placing the child for adoption
- getting an abortion (terminating the pregnancy)

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8 What are the stages of fetal development?

1. The development of a baby from conception to birth occurs in three stages called trimesters. Each trimester is usually 3 months.

First trimester

- The first trimester will span from conception to 12 weeks (the first 3 months of pregnancy.)
- The placenta develops and transfers nutrients from the mother to the embryo, and transfers wastes from the embryo.
- The brain, spinal cord and central nervous system are developing.
- After the second month the embryo is called a fetus.
- The heart of the fetus is fully developed by the 10th week of pregnancy.
- The organs and limbs including the reproductive organs are formed but the gender is difficult to determine.
- At the end of the third month, the fetus is about 4 inches long and weighs about 1 ounce.

Second trimester

- The second trimester will span months 4-6.
- The reproductive organs and genitals develop, and can be seen on an ultrasound.
- The baby can suck it's thumb, yawn, stretch, and make faces.
- The baby's hiccups and movement can be felt.
- Hair begins to grow on the baby's head.
- The baby can respond to sound, pain, and light.
- By the end of the sixth month, the baby is about 12 inches long and weighs about 2 pounds.

Third trimester

- This is the final three months of the pregnancy and during this stage, the baby will continue to grow and mature.
- The brain is developing rapidly, and the baby can see and hear.
- Most internal systems are developed, but the lungs may still be immature.
- The baby can blink, close eyes, turn the head, grasp firmly, and respond to sounds, light, and touch.
- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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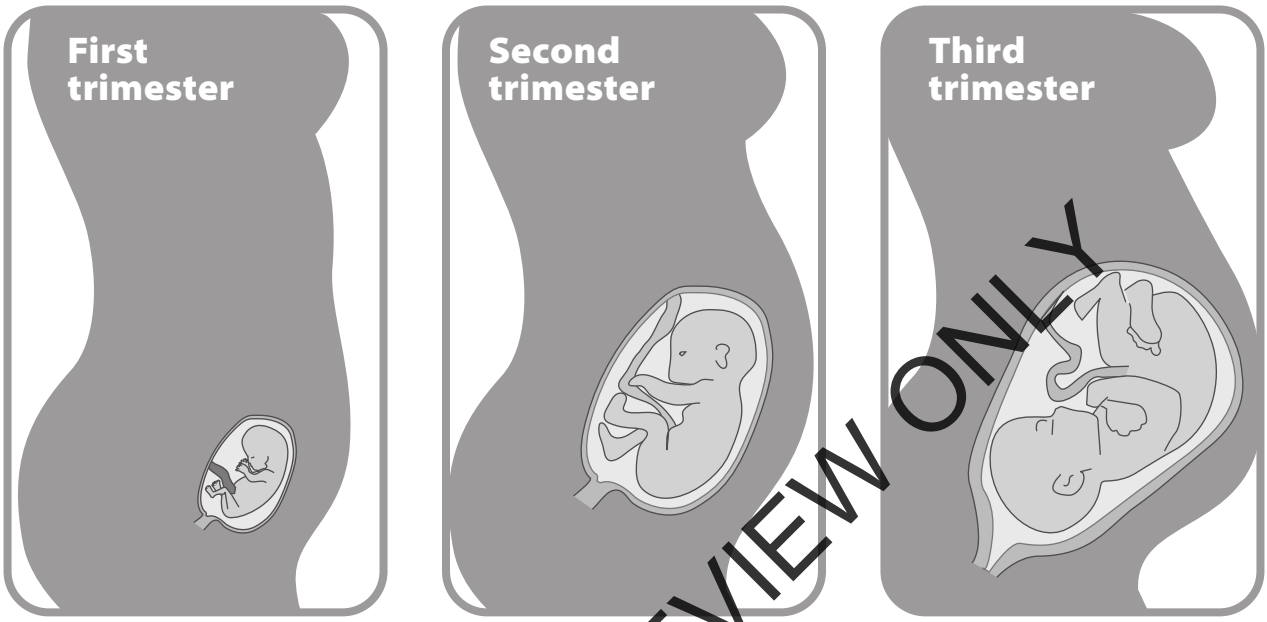
Fetal Development



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- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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9 What is prenatal care?

1. Explain that it is important that the young person gets good prenatal care while pregnant. Emphasize the importance of the partner (or other family members) supporting all aspects of prenatal care.

2. Explain that prenatal care requires:
   - a healthy diet
   - no alcohol, tobacco, secondhand smoke, or other drugs, including marijuana
   - moderate exercise
   - regular checkups including screenings, counseling, and immunizations
   - childbirth classes
   - being free of infectious diseases including HIV

3. Explain that exposure to alcohol and tobacco during pregnancy may lead to developmental disorders in the fetus and can also adversely impact pregnancy outcomes and the newborn's health status.

4. Also emphasize the importance of her partner (or other family members) role in supporting all aspects of prenatal care.

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Prenatal Care

Requires:

- A healthy diet
- No alcohol, tobacco, secondhand smoke, or other drugs, including marijuana
- Moderate exercise
- Regular checkups including screenings, counseling, and immunizations
- Childbirth classes
- Being free of infectious diseases including HIV

It is important that her partner (or other family members) support all aspects of prenatal care.

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10 What is responsible parenting?

1. Explain that if a teen chooses to keep the child and raise it (with or without the help of a partner or parents) there are things that must be done as a responsible parent.
2. Ask students what they think is involved in **parenting?** Responses may include:
   - enrolling in classes to improve their parenting skills
   - understanding child development
   - knowing how to discipline your child properly
   - controlling your own emotions (and violent tendencies)
   - modifying your own schedule to meet the needs of the child
   - finding good childcare
   - providing adequate food, clothing, and a safe environment
   - providing regular health care

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Responsible Parenting

Includes:

- Enrolling in classes to improve your parenting skills
- Understanding child development
- Knowing how to discipline your child properly
- Controlling your own emotions (and violent tendencies)
- Modifying your own schedule to meet the needs of the child
- Finding good childcare
- Providing adequate food, clothing and a safe environment
- Providing regular health care

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PART C

Alternatives

11 What are other alternatives?

People who are faced with an unplanned pregnancy and who feel they are NOT emotionally, economically, or physically able to raise a child at this time in their life have three alternatives: surrender, adoption, and abortion.

12 What does Safe Surrender mean?

NOTE:
For information on your state's Safe Haven Law, go to: https://www.nationalsafehavenalliance.org/find-a-safe-haven

1. Explain the key points, including:
   - In some states this is called Safe Haven or a Baby Moses law.
   - Either birth parent can surrender the infant within 72 hours of its birth.
   - Hospitals and fire departments are "safe surrender sites." In some counties, so are police stations.
   - The parent does not have to give out personal information; if the surrendering parent chooses to give their name, it will be **confidential** (kept in a private file).
   - The infant is given food and medical care.
   - Both the parent and the infant are given an identification bracelet. The parent can reclaim the infant within 14 days (the "cooling off period"). Why is this important?
   - If the biological father decides to claim the infant, he will need to have received a bracelet from the hospital. Otherwise paternity will need to be established by taking a DNA test.
   - If the infant is not reclaimed by its biological (birth) parent, it is placed for adoption.

2. Distribute a brochure (downloadable from the web) or similar information on your state's Safe Surrender Law. Encourage students to share this information with their family members.

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13 How does adoption work?

1. A second option is to give the infant up for **adoption**.

2. Discuss adoption and how it works:
   - The decision to place an infant for adoption is not an easy one to make on your own.
   - All prospective adoptive parents must go through intensive background checks.
   - The young teen may be able to move forward with the adoption without the birth partner's consent.
   - The adoptive family may provide the portion of the medical expenses not covered by private insurance or by state funds.
   - The birth parents may be able to know about the infant's health and well-being after the adoption.

14 Is abortion an option?

1. A third option is to have an **abortion**, which is also called **terminating the pregnancy**.

2. Three pieces of information are important for people to know before making a decision about an abortion and what kind they are eligible for.
   - **Is the teen really pregnant?** Is the pregnancy viable? A positive pregnancy test does not confirm the viability of the pregnancy.
   - **How far along is the pregnancy?** It's necessary to know how far along the pregnancy is, because the cost and types of abortion procedures vary and are affected by this fact. The only sure way to know is to do an ultrasound.
   - **Does the teen have an STI?** This is important to know because having an abortion with an untreated STI can cause great risk to a person's future reproductive health.

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15 Terminating a pregnancy.

1. As with any other medical care, it is every patient's right to receive accurate information so she can provide informed consent prior to an abortion.

2. Key points regarding terminating a pregnancy include:
   - A pregnant person, including minors, can access abortion legally for any reason until 24 weeks after their last menstrual period. After that, if the pregnancy puts the person's health or life at risk, the person still can legally access abortion.
   - A pregnancy can be terminated through medication or through a procedure to empty the uterus early in pregnancy.
   - Two-thirds of abortions take place during 8 weeks of pregnancy. 89% of abortions take place in the first 12 weeks of pregnancy.[1]
   - Abortion is a very safe procedure when done under medical supervision, with a major complication occurring less than one-quarter of 1% of the time.[2]

[1]https://www.guttmacher.org/fact-sheet/induced-abortion-united-states
[2]https://www.ucsf.edu/news/2014/12/121781/major-complication-rate-after-abortion-extremely-low-study-shows

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PART D

Decision-Making

16 How do you make the choice?

W

1. Point out that what to do about an unplanned pregnancy is a very difficult decision for anyone to make.
   - Such decisions require serious thought, including counseling with parents, family members, and other professionals before choosing what is right for the individual involved.
   - Of course, the best way to avoid having to make this decision is to not get pregnant or get someone pregnant in the first place!
2. Explain that when someone is making an important decision, with many options or alternatives, it can be very confusing.
   - Some people may not even consider some of the "options" acceptable, based on their family, cultural, or religious beliefs.
   - Should someone seek advice from others, and whose opinion should they listen to?
3. Distribute the **Making Healthy Decisions** worksheet. Walk the students through completing each step of the decision-making model (see sample of completed model).
4. **Step One: Define the problem.** What can a teen do if he or she has an unplanned pregnancy?
5. **Step Two: Identify possible decisions.** Guide students in brainstorming all the options. Options include:
   - ending the pregnancy by getting an abortion
   - giving birth to the infant which is raised by its mother and/or father
   - discussing with the parents of the mother or father if they would be willing to parent or co-parent
   - giving birth to the infant and placing it with an adoption agency

NOTE:
Keep in mind that some families or cultures may welcome or even encourage their daughter to become pregnant. However, the possible harm to her health, to the health of her infant, and effect on her future must still be considered.

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Step Three: Evaluate the pluses and minuses of each possible decision in this activity.

- **Getting an abortion:**
  - \+ She is no longer pregnant; however,
  - − others may question the decision.
- **Giving birth to the infant which is raised by its mother and/or father:**
  - \+ The parent(s) raise the infant; however,
  - − others may question the decision, plus
  - − it's difficult and expensive to care for a infant, it's hard to stay in school, and the parent(s) may face embarrassment due to beliefs and attitudes of friends and family members.
- **Discussing with the parents of the father or mother whether they would parent or co-parent the infant:**
  - \+ Parent(s) will have some involvement in raising the infant; however,
  - − others may question the decision, plus
  - − raising an infant takes a lot of energy. This can be a burden on the family's time and finances.
- **Giving birth to the infant and surrendering/placing it with an adoption agency:**
  - \+ The infant is raised by willing adults who want a infant, and the parents may meet the adopting family; however,
  - − others may question the decision, plus
  - − neither parent will be raising the infant.

Step Four: Identify resources. Guide students in brainstorming where a young teen could seek advice prior to making a decision. Possible responses include:

- parent(s) or guardian(s)
- counselor
- family physician
- the other biological parent
- religious leader
- teen website/hotline
- teen clinic

Step Five: Make the decision. What do you feel they ought to do? At this point, allow students to make their own decisions.

Step Six: ACT on the decision made, take RESPONSIBILITY for it, and RE-EXAMINE the decision from time to time.

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NAME _____

Making Healthy Decisions

Step 1: What can a teen do if he or she has an unplanned pregnancy?

_____

_____

Step 2: List Possible Options

1. _____
2. _____
3. _____
4. _____

Step 3: Evaluate Each Option

1. _____
2. _____
3. _____
4. _____

Step 4: List Resources

1. _____
2. _____
3. _____
4. _____

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____ SAMPLE

Making Healthy Decisions

Step 1: What is the problem?

What can a teen do if he or she has an unintended pregnancy?

Step 2: List Possible Options

1. *Get an abortion.*
2. *Keep the infant and raise the infant herself/himself.*
3. *Have family (co)parent the infant.*
4. *Surrender the infant.*

Step 3: Evaluate Each Option

1. *She is no longer pregnant; however, others may question your decision.*
2. *The infant is raised by its mother and/or father; however, others may question your decision, plus it's difficult and expensive to care for an infant, hard to stay in school, and the parent may face embarrassment.*
3. *Parent(s) will have some involvement in raising the infant; however, others may question your decision plus it takes a lot of energy, and this may be a burden to the family's time and finances.*
4. *The infant is raised by willing adults who want a infant, and the parent(s) may meet the adopting family; however, others may question your decision, plus neither parent will be raising the infant.*

Step 4: List Resources

- *parent(s) or other adult*
- *counselor*
- *family doctor*
- *the other biological parent*
- *religious leader*
- *teen website/hotline*
- *teen clinic*

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART E

Lesson Wrap-Up

17 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

18 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

19 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

20 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

21 Ask yourself.

Ask students to indicate how positive they are that they will use the decision-making model when making important decisions in your life.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

22 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them what were some important decisions you will need to make in the next few years

23 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 7 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The only alternative to raising an infant is adoption.

T F When making an important decision, it is critical to explore your options and to consider the pros and cons of each option.

T F When making an important decision, it is not important to seek advice from your parents or a trusted adult.

T F The Safe Surrender Law allows a parent to safely give her/his newborn to a hospital or fire department, no questions asked.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can use the decision-making model in this lesson when making important decisions in your life?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Making Healthy Decisions** and **Lesson Wrap-Up worksheets** and **ask them** what are some important decisions you will need to make in the next few years.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 7
(VERSION 2)

Teen Pregnancy: Choices and Responsibilities

NOTE

For those states that do not allow a discussion of abortion, Version 2 of this lesson and the accompanying slides make no mention of terminating a pregnancy.

NATIONAL HEALTH EDUCATION STANDARDS (NHES)

5.12.2, 5.12.4., 5.12.5, 5.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

PR.12.CC.3, PR.12.CC.5, PD.12.DM.1, PD.12.DM.2, PR.12.CC.6, SH.10.CC.4. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Prenatal Care and Parenting
- Alternatives (safe surrender, adoption, abortion)
- Decision-Making (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- List the key components of prenatal care and responsible parenting.
- Identify key components of their state's Safe Surrender (or Safe Haven) Law.
- Describe the key components of adoption and abortion.
- Demonstrate how to make an important decision.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per student, or duplicate the **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets

TERMS

options, consequences, confidential, voluntary, surrender, cooling off period, prenatal, adoption, paternity

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PART A Introduction

1 Teen Pregnancy: Choices and Responsibilities

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 No need to worry??

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: https://traumaawareschools.org/

3 What will you learn today?

Review today's learning objectives and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Prenatal Care and Parenting

5 Do you remember?

1. Ask students if they remember from the Getting Started Lesson how many teen births occur each year in the US. (*Answer: over 194,000*)

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NOTE:
Be sure to elicit participation and responses from male students regarding these topics.

2. Ask students to list reasons why so many teens are experiencing unplanned pregnancies. Possible responses include:
   - not abstaining from sexual intercourse
   - not communicating/not discussing sex with their partner
   - no access to, or cannot afford, birth control
   - not using birth control even if they have it
   - not using birth control consistently and correctly
   - sexual assault or date rape

6 How does someone know if they are pregnant?

1. Two main types of pregnancy tests are blood tests (in a clinic) and urine tests (in a clinic or using a home test kit).

2. Pregnancy tests check urine or blood for a hormone called human chorionic gonadotropin (hCG).
   - The body makes this hormone after a fertilized egg attaches to the wall of the uterus.
   - This usually happens about 6 days after fertilization. Levels of hCG rise quickly, doubling every 2 to 3 days.

3. Inform students that in regard to sexual and reproductive health care, many states explicitly permit all or some people younger than 18 to obtain contraceptive, prenatal and STI services without parental involvement.

7 What are the options?

If a young teen is experiencing an unplanned pregnancy, there are several options which include:

- giving birth and raising the child
- discussing with the parents of the mother or father if they would be willing to parent or co-parent the child
- giving birth and letting parents or relatives raise the child
- surrendering the child to designated authorities
- placing the child for adoption

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8 What are the stages of fetal development?

1. The development of a baby from conception to birth occurs in three stages called trimesters. Each trimester is usually 3 months.

First trimester

- The first trimester will span from conception to 12 weeks (the first 3 months of pregnancy.)
- The placenta develops and transfers nutrients from the mother to the embryo, and transfers wastes from the embryo.
- The brain, spinal cord and central nervous system are developing.
- After the second month the embryo is called a fetus.
- The heart of the fetus is fully developed by the 10th week of pregnancy.
- The organs and limbs including the reproductive organs are formed but the gender is difficult to determine.
- At the end of the third month, the fetus is about 4 inches long and weighs about 1 ounce.

Second trimester

- The second trimester will span months 4-6.
- The reproductive organs and genitals develop, and can be seen on an ultrasound.
- The baby can suck it's thumb, yawn, stretch, and make faces.
- The baby's hiccups and movement can be felt.
- Hair begins to grow on the baby's head.
- The baby can respond to sound, pain, and light.
- By the end of the sixth month, the baby is about 12 inches long and weighs about 2 pounds.

Third trimester

- This is the final three months of the pregnancy and during this stage, the baby will continue to grow and mature.
- The brain is developing rapidly, and the baby can see and hear.
- Most internal systems are developed, but the lungs may still be immature.
- The baby can blink, close eyes, turn the head, grasp firmly, and respond to sounds, light, and touch.
- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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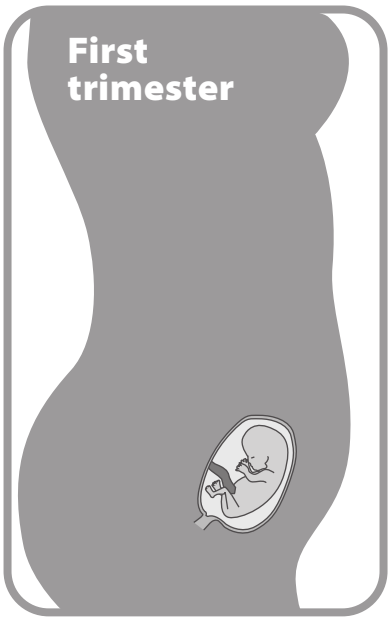
Fetal Development



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- The brain is developing rapidly, and the baby can see and hear.
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- The baby can blink, close eyes, turn the head, grasp firmly, and respond to sounds, light, and touch.
- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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9 What is prenatal care?

1. Explain that it is important that the young person gets good prenatal care while pregnant. Emphasize the importance of the partner (or other family members) supporting all aspects of prenatal care.

2. Explain that prenatal care requires:
   - a healthy diet
   - no alcohol, tobacco, secondhand smoke, or other drugs, including marijuana
   - moderate exercise
   - regular checkups including screenings, counseling, and immunizations
   - childbirth classes
   - being free of infectious diseases including HIV

3. Explain that exposure to alcohol and tobacco during pregnancy may lead to developmental disorders in the fetus and can also adversely impact pregnancy outcomes and the newborn's health status.

4. Also emphasize the importance of her partner (or other family members) role in supporting all aspects of prenatal care.

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Prenatal Care

Requires:

- A healthy diet
- No alcohol, tobacco, secondhand smoke, or other drugs, including marijuana
- Moderate exercise
- Regular checkups including screenings, counseling, and immunizations
- Childbirth classes
- Being free of infectious diseases including HIV

It is important that her partner (or other family members) support all aspects of prenatal care.

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10 What is responsible parenting?

1. Explain that if a teen chooses to keep the child and raise it (with or without the help of a partner or parents) there are things that must be done as a responsible parent.
2. Ask students what they think is involved in **parenting?** Responses may include:
   - enrolling in classes to improve their parenting skills
   - understanding child development
   - knowing how to discipline your child properly
   - controlling your own emotions (and violent tendencies)
   - modifying your own schedule to meet the needs of the child
   - finding good childcare
   - providing adequate food, clothing, and a safe environment
   - providing regular health care

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Responsible Parenting

Includes:

- Enrolling in classes to improve your parenting skills
- Understanding child development
- Knowing how to discipline your child properly
- Controlling your own emotions (and violent tendencies)
- Modifying your own schedule to meet the needs of the child
- Finding good childcare
- Providing adequate food, clothing and a safe environment
- Providing regular health care

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PART C

Alternatives

11 What are other alternatives?

People who are faced with an unplanned pregnancy and who feel they are NOT emotionally, economically, or physically able to raise a child at this time in their life have three alternatives: surrender and adoption.

NOTE:
For information on your state's Safe Haven Law, go to: https://www.nationalsafehavenalliance.org/find-a-safe-haven

12 What does Safe Surrender mean?

1. Explain the key points, including:
   - In some states this is called Safe Haven or a Baby Moses law.
   - Either birth parent can surrender the infant within 72 hours of its birth.
   - Hospitals and fire departments are "safe surrender sites." In some counties, so are police stations.
   - The parent does not have to give out personal information; if the surrendering parent chooses to give their name, it will be **confidential** (kept in a private file).
   - The infant is given food and medical care.
   - Both the parent and the infant are given an identification bracelet. The parent can reclaim the infant within 14 days (the "cooling off period"). Why is this important?
   - If the biological father decides to claim the infant, he will need to have received a bracelet from the hospital. Otherwise paternity will need to be established by taking a DNA test.
   - If the infant is not reclaimed by its biological (birth) parent, it is placed for adoption.

2. Distribute a brochure (downloadable from the web) or similar information on your state's Safe Surrender Law. Encourage students to share this information with their family members.

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13 How does adoption work?

1. A second option is to give the infant up for **adoption**.

2. Discuss adoption and how it works:
   - The decision to place an infant for adoption is not an easy one to make on your own.
   - All prospective adoptive parents must go through intensive background checks.
   - The young teen may be able to move forward with the adoption without the birth partner's consent.
   - The adoptive family may provide the portion of the medical expenses not covered by private insurance or by state funds.
   - The birth parents may be able to know about the infant's health and well-being after the adoption.

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PART D

Decision-Making

14 How do you make the choice?

W

1. Point out that what to do about an unplanned pregnancy is a very difficult decision for anyone to make.
   - Such decisions require serious thought, including counseling with parents, family members, and other professionals before choosing what is right for the individual involved.
   - Of course, the best way to avoid having to make this decision is to not get pregnant or get someone pregnant in the first place!
2. Explain that when someone is making an important decision, with many options or alternatives, it can be very confusing.
   - Some people may not even consider some of the "options" acceptable, based on their family, cultural, or religious beliefs.
   - Should someone seek advice from others, and whose opinion should they listen to?
3. Distribute the **Making Healthy Decisions** worksheet. Walk the students through completing each step of the decision-making model (see sample of completed model).
4. **Step One: Define the problem.** What can a teen do if he or she has an unplanned pregnancy?
5. **Step Two: Identify possible decisions.** Guide students in brainstorming all the options. Options include:
   - giving birth to the infant which is raised by its mother and/or father
   - discussing with the parents of the mother or father if they would be willing to parent or co-parent
   - giving birth to the infant and placing it with an adoption agency or safely surrendering it.

NOTE:
Keep in mind that some families or cultures may welcome or even encourage their daughter to become pregnant. However, the possible harm to her health, to the health of her infant, and effect on her future must still be considered.

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Step Three: Evaluate the pluses and minuses of each possible decision in this activity.

- **Giving birth to the infant which is raised by its mother and/or father:**

+ The parent(s) raise the infant; however,
− others may question the decision, plus
− it's difficult and expensive to care for a infant, it's hard to stay in school, and the parent(s) may face embarrassment due to beliefs and attitudes of friends and family members.

- **Discussing with the parents of the father or mother whether they would parent or co-parent the infant:**

+ Parent(s) will have some involvement in raising the infant; however,
− others may question the decision, plus
− raising an infant takes a lot of energy. This can be a burden on the family's time and finances.

- **Giving birth to the infant and surrendering/placing it with an adoption agency:**

+ The infant is raised by willing adults who want a infant, and the parents may meet the adopting family; however,
− others may question the decision, plus
− neither parent will be raising the infant.

Step Four: Identify resources. Guide students in brainstorming where a young teen could seek advice prior to making a decision. Possible responses include:

- parent(s) or guardian(s)
- counselor
- family physician
- the other biological parent
- religious leader
- teen website/hotline
- teen clinic

Step Five: Make the decision. What do you feel they ought to do? At this point, allow students to make their own decisions.

Step Six: ACT on the decision made, take RESPONSIBILITY for it, and RE-EXAMINE the decision from time to time.

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NAME _____

Making Healthy Decisions

Step 1: What can a teen do if he or she has an unplanned pregnancy?

_____

_____

Step 2: List Possible Options

1. _____
2. _____
3. _____
4. _____

Step 3: Evaluate Each Option

1. _____
2. _____
3. _____
4. _____

Step 4: List Resources

1. _____
2. _____
3. _____
4. _____

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____ SAMPLE

Making Healthy Decisions

Step 1: What is the problem?

What can a teen do if he or she has an unintended pregnancy?

Step 2: List Possible Options

1. *Get an abortion.*
2. *Keep the infant and raise the infant herself/himself.*
3. *Have family (co)parent the infant.*
4. *Surrender the infant.*

Step 3: Evaluate Each Option

1. *She is no longer pregnant; however, others may question your decision.*
2. *The infant is raised by its mother and/or father; however, others may question your decision, plus it's difficult and expensive to care for an infant, hard to stay in school, and the parent may face embarrassment.*
3. *Parent(s) will have some involvement in raising the infant; however, others may question your decision plus it takes a lot of energy, and this may be a burden to the family's time and finances.*
4. *The infant is raised by willing adults who want a infant, and the parent(s) may meet the adopting family; however, others may question your decision, plus neither parent will be raising the infant.*

Step 4: List Resources

- *parent(s) or other adult*
- *counselor*
- *family doctor*
- *the other biological parent*
- *religious leader*
- *teen website/hotline*
- *teen clinic*

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART E

Lesson Wrap-Up

15 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

16 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

17 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

18 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

19 Ask yourself.

Ask students to indicate how positive they are that they will use the decision-making model when making important decisions in your life.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

20 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them what were some important decisions you will need to make in the next few years

21 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 7 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The only alternative to raising an infant is adoption.

T F When making an important decision, it is critical to explore your options and to consider the pros and cons of each option.

T F When making an important decision, it is not important to seek advice from your parents or a trusted adult.

T F The Safe Surrender Law allows a parent to safely give her/his newborn to a hospital or fire department, no questions asked.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can use the decision-making model in this lesson when making important decisions in your life?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Making Healthy Decisions** and **Lesson Wrap-Up worksheets** and **ask them** what are some important decisions you will need to make in the next few years.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 8

The HIV/AIDS Epidemic

NATIONAL HEALTH EDUCATION STANDARD (NHES)

2.12.8, 7.12.2, 2.12.1, 2.12.2, 1.12.1, 1.12.8, 1.12.9, 2.8.1, 2.12.1, 2.12.2
For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

HR.12.CC.2, PS.12.ADV.1, SH.12.CC.2
For further information see Appendix A.

SEL COMPETENCIES

Relationship Skills
Responsible Decision-Making
Self-Awareness
Social Awareness
Self-Management

NOTE:

Activity cards can be duplicated on to colored card stock or purchased from the website at www.positiveprevention.com.

CONTENT

- Introduction
- HIV/AIDS Definitions
- HIV Transmission
- Safe Matches (A activity)
- The Treatment of HIV Disease
- Persons Infected/Affected by HIV
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe the AIDS epidemic.
- Identify the fluids and body routes for HIV transmission.
- Identify behaviors that will and will not put a person at risk for HIV transmission.
- Describe how ART, PEP, and PreP are used in the prevention and treatment of an HIV infection.
- Identify myths or stereotypes regarding persons infected with HIV.
- Describe the impact of HIV/AIDS on individuals and their family life.
- Express concern for persons infected with HIV.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheets
- The **Mismatch** activity cards, one per person

TERMS

epidemic, immune system, semen, vaginal fluids, blood, breast milk, rectal fluids, antiretroviral therapy (ART), post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), myth, stereotype, compassion

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PART A Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 The HIV/AIDS Epidemic

Display the title slide for this lesson before you begin instruction.

2 Is Sarah Safe?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B The HIV/AIDS Epidemic

NOTE:
If a student states misinformation, state that you will be clarifying that in this lesson.

5 What do you know about the AIDS epidemic?

First ask students what they know about the AIDS epidemic. Possible responses include:

- It is world wide.
- It is among men, women, and children.
- There is no cure (but there are treatments).
- It is spread by a virus.
- It is not spread by casual contact.

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6 What do the letters HIV and AIDS stand for?

1. HIV is just one of many STIs (sexually transmitted infections.)
   - **Human:** A disease in human beings not other animals.
   - **Immunodeficiency:** Weakness in the body system that is supposed to fight disease.
   - **Virus:** A very small living particle seen only through a microscope that causes serious infections.

2. If left untreated, HIV can lead to the final stage of HIV infection called AIDS.
   - **Acquired**: From some place or someone else, not from within yourself.
   - **Immune:** Able to fight off infection.
   - **Deficiency:** Not enough of something.
   - **Syndrome:** A combination of signs and symptoms that represent a particular disease.

7 What are the numbers?

Approximately 1.2 million people in the U.S. are living with HIV today. About 14 percent of them (1 in 7) don't know it and need testing.

- HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay and bisexual men.
- A large number of new cases are now appearing among women, teenagers, and non-white ethnic populations.
- The only way to know if someone has HIV is to get tested, yet less than 10% of teens report ever having been tested.

NOTE:
For updated statistics for HIV/AIDS in any state go to: https://map.aidsvu.org/map.

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PART C

HIV Transmission

9 How is HIV transmitted?

NOTE:
Acknowledge that eyes are also a portal of entry and a concern in the medical setting.

1. Explain that there are five body fluids which transmit HIV from one person to another: blood, semen, vaginal fluids, rectal fluids, and breast milk. These commonly enter another person's bloodstream through the mouth, genitals, anus, or breaks in the skin (including the use of infected injection drug needles).
2. In order for a person to avoid contact with HIV, they must keep infected blood, semen, vaginal fluids, rectal fluids, or breast milk out of their own or another person's mouth, genitals, anus, or broken skin. This includes avoiding infant exposure to infected blood during the birth process.
3. Anyone who exposes their body openings to any of these fluids is at risk for becoming infected with HIV or other STIs.

10 Can you identify the safe matches? A

NOTE:
Students often believe using contraceptives will protect them against getting HIV/STIs. This is only true of male and female condoms if used consistently and correctly.

NOTE:
This activity also allows students to openly practice discussing risk behaviors with each other.

1. Distribute the Safe Matches activity cards to students, and ask them to make a body fluid/body opening pair with someone else.
2. Ask students to examine the match they have made between body opening and body fluid, and discuss whether this match could transmit HIV.
3. In each case where the match could lead to HIV transmission or infection, ask students how the risk of transmission could be eliminated or reduced. (Answer: By not engaging in the behavior and/or by using barrier protection).

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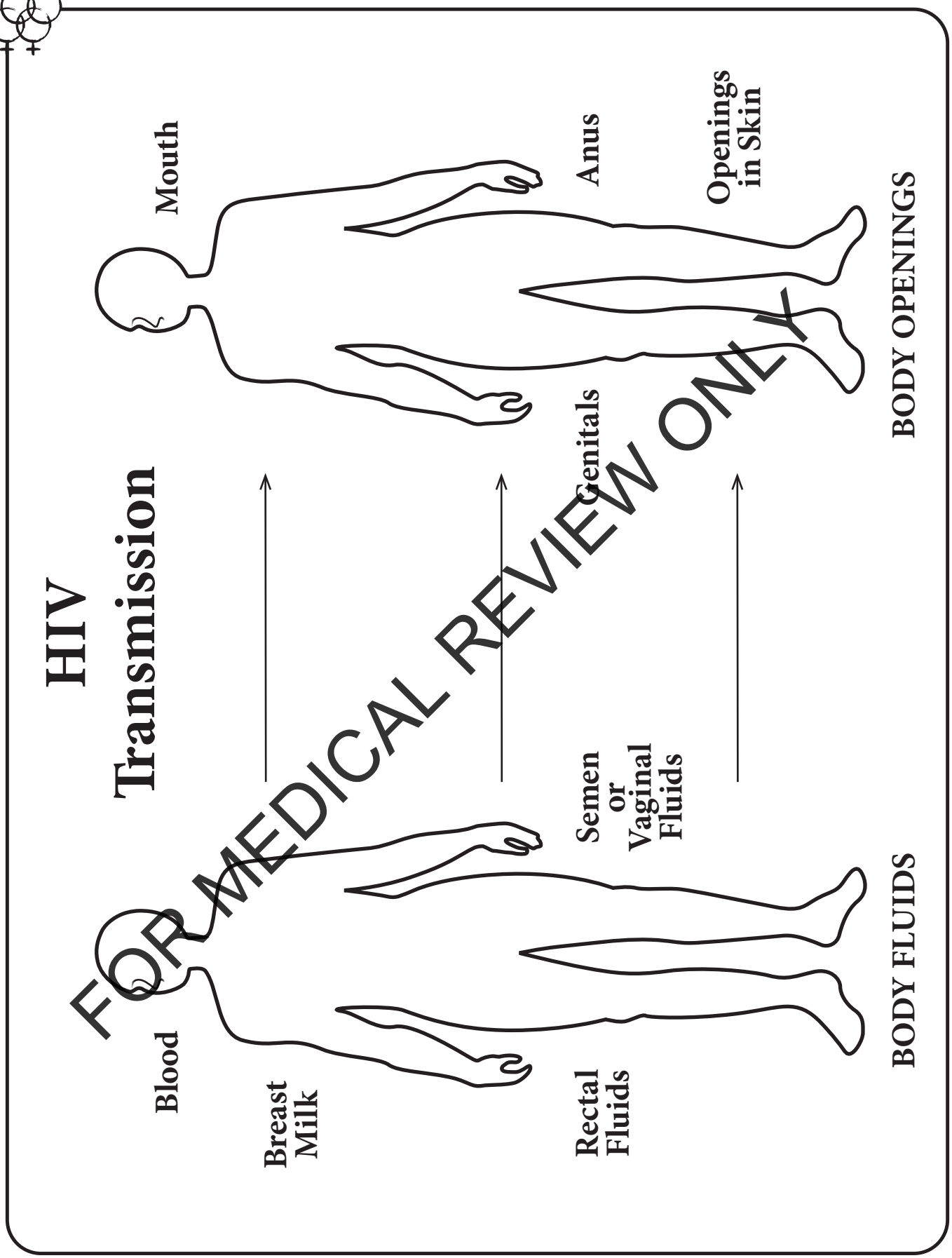

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PART D

HIV Disease and AIDS

11 What is the role of the immune system?

Remind students that the immune system is a defense system that protects against disease by detecting and destroying a wide variety of pathogens.

12 What happens when HIV infects the body?

Explain how HIV and AIDS affect the human body as follows:

- The human immunodeficiency virus (HIV) enters the body.
- HIV takes over and reproduces in T-Cells.
- The immune system tries to fight back by producing antibodies.
- After a number of years of HIV infection, AIDS-defining illnesses (like cancers) and infections (like pneumonia) may begin to occur.

FOR MEDICAL REVIEW ONLY

PART E

The Treatment of HIV Disease

13 What are the treatments for HIV/AIDS?

1. There is no cure for this disease, but with consistent and correct use of medication, it can be managed as a chronic illness and the infected person has a normal life expectancy.
   - HIV is a type of virus called a **retrovirus.**
   - The treatment for HIV/AIDS infection is called **Antiretroviral Therapy (ART).**
   - Antiretroviral drugs can also be given to prevent someone from acquiring HIV after being exposed to it. This is called **post-exposure prophylaxis (PEP).**
   - ART reduces the amount of virus (or viral load) in the blood and body fluids, thus prolonging the life of an infected person.

- ART is a long-term treatment to keep an infected person healthy for many years, and greatly reduces or prevents that person's chances of transmitting HIV to his or her partner(s) if taken consistently and correctly.
- **Pre-exposure prophylaxis, or PrEP**, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. PrEP does not protect against other STIs and a condom is still needed for the prevention of HIV transmission.

2. Remind students that using a condom is important to prevent HIV transmission. None of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.
3. Remind students that none of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.

FOR MEDICAL REVIEW ONLY

Antiretroviral Therapy (ART)

- HIV is a type of virus called a **retrovirus**.
- The treatment for HIV/AIDS infection is called **Antiretroviral Therapy (ART).**
- Antiretroviral drugs can also be given to prevent someone from acquiring HIV after being exposed to it. This is called post-exposure prophylaxis **(PEP).**
- ART is a long-term treatment to keep an infected person healthy for many years, and greatly reduces or prevents that person's chance of transmitting HIV to his or her partner(s) if taken consistently and correctly.
- Pre-exposure prophylaxis, or **PrEP**, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day.

None of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.

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(Source: http://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/stayincare/treatment.html)

(Source: http://www.cdc.gov/hiv/prevention/research/prep/)

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PART F

Persons Infected/Affected by HIV/AIDS

14 How does HIV affect people?

1. Ask students what they think it's like to have HIV. Responses may include:
   - angry that they became infected
   - fearful of infecting others or of dying
   - hopeful they will live longer with treatment
2. Ask how the friends and family members of an HIV-infected person might feel. Possible responses might include:
   - supportive
   - fearful
   - angry
   - sad

15 What are some HIV myths and stereotypes?

1. Ask students what myths or stereotypes regarding persons infected with HIV they can identify. Examples may include:
   - All people who get HIV will die.
   - People contract HIV only from gay relationships.
   - If you hug or kiss someone with HIV, you will get it.
2. How should people with HIV/AIDS be treated? Possible responses include:
   - with compassion
   - with respect
   - just like other friends and family members

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PART G

Lesson Wrap-Up

16 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

17 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

18 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

19 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

20 Ask yourself.

Direct students to indicate how committed they are to avoiding behaviors that spread HIV.

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NOTE ON CULTURAL DIVERSITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

21 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

1. their completed worksheets from this lesson and
2. **ask them** how they would **feel** if they found out that a friend or family member was infected with HIV and how how would they **support** them.

22 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 8 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The AIDS epidemic impacts men, women, and teens.

T F The Human Immunodeficiency Virus (HIV) prevents the body from being able to fight off infections.

T F Body fluids which can spread HIV include blood, semen, vaginal fluids, and urine.

T F The goal of antiretroviral therapy (ART) is to extend the infected person's life by keeping his or her HIV viral load low.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to avoiding behaviors that spread HIV? Circle your answer below.

Not Committed				*Very Committed*
1	2	3	4	5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss your **Lesson Wrap-Up** worksheet from this lesson with your parent(s) or trusted adult and **ask them** how they would feel if they found out that a friend or family member was infected with HIV, and how they would **support** them.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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BLOOD

SEMEN

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

VAGINAL FLUIDS

BREAST MILK

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

RECTAL FLUID

URINE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

SALIVA

SWEAT

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

MOUTH

PENIS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

EAR

NAVEL

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

VAGINA

ANUS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

SKIN CUT OR RASH

INTACT SKIN

FOR MEDICAL REVIEW ONLY

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LESSON 9

Preventing Sexually Transmitted Infections

NATIONAL HEALTH EDUCATION STANDARD (NHES)

2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

SH.12.CC.1, HIV. SH.12.CC.2, SH.12.CC.3, SH.12.AI.1, SH.12.AI.2, SH.12.SM.1. For further information see Appendix A.

SEL COMPETENCIES

Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:

A brief set of slides is available from: https://www.cdc.gov/sti/communication-resources/index.html

CONTENT

- Introduction
- Overview of Sexually Transmitted Infections (W worksheet)
- STI Testing
- STI Game Show (optional A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of the lesson, each student will be able to:

- Identify and describe common STIs and their symptoms.
- Describe ways that STIs can be transmitted.
- Identify community resources for STI testing and treatment.

MATERIALS

- Teacher's slides for the lesson
- STI brochures or STI informational handouts
- Local teen clinic information
- STI PowerPoint available from WebMD website
- **STI Game Show** cards and **STI Summary Grid** (optional)
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheets

TERMS

sexual contact, digital intercourse, sexually transmitted, incubation period, symptoms, asymptomatic, confidential testing, viral, bacterial, parasite

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PART A Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Preventing Sexually Transmitted Infections

Display the title slide for this lesson before you begin instruction.

2 Oh NO, what should I do?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Overview of Sexually Transmitted Infections

NOTE:
Digital sexual contact involves the insertion of the finger(s) into the vagina or anus.

5 What is an STI?

1. Explain each term if needed.
   - **Sexually**: related to having sexual contact (oral, anal, vaginal, digital).
   - **Transmitted**: passed from one person to another.
   - **Infection**: an invasion of bacteria, viruses, or parasites not normally in the body.
2. So, **"STI" means:** an infection you can get/give someone by having sexual contact with him or her.

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6 What STIs have you heard of?

1. Ask students to identify all of the sexually transmitted infections (STIs) they can name. Possible responses include:
   - chlamydia
   - syphilis
   - gonorrhea
   - herpes
   - HIV or AIDS
   - hepatitis C
   - human papilloma virus (HPV) or genital warts
   - hepatitis B
   - pubic lice ("crabs")
   - Trichomoniasis
   - Zika
2. Explain that there are over twenty different STIs. We will be focusing on the ones most commonly known.
3. State that even though young people aged 15-24 years represent only 25% of the sexually experienced population, youth between the ages of 13-19 account for close of half of the STI's diagnosed nationwide each year. That's ten million newly infected teens each year!
4. Approximately 20 percent of teens ages 15-19 in California are diagnosed with an STI each year (CDPH 2015).
5. Explain to students that non-insertive sexual activity, like genital-to-genital rubbing, or digital intercourse (finger insertion) can also transmit STIs, as can the sharing of injection drug needles.
6. Remind students that sexual abstinence, long term mutually monogamous (one partner) relationships, and consistent and correct condom use are the best ways to avoid an STI infection.

NOTE:
A brief set of slides is available from: www.webmd.com/sexual-conditions/ss/slideshow-std-pictures-and-facts.

NOTE:
To locate a teen-friendly clinic in your locale, go to: https://www.cdc.gov/sti/communication-resources/index.html

7 Complete your STI worksheet

1. Hand out the **STI** worksheet.
2. Show an STI slide program of common sexually transmitted infections, and ask students to complete their worksheets as they watch the program.
3. Review the students' answers on their **STI** worksheet.
   - Point out that only bacterial infections can be cured with antibiotics (antibiotics are ineffective against viral infections).
   - There is an easy way to remember which STIs are bacterial and which are viral: All the common viral STIs begin with the letter H (herpes, human immunodeficiency virus, hepatitis, human papilloma virus).

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NAME _____

STI Worksheet

DIRECTIONS For each of the following Sexually Transmitted Infections, check whether it is caused by a virus, bacteria, or something else ("other"), and whether it can be cured with a medication. Then answer the questions at the bottom of the page.

STI Check:	Virus	Bacteria	Other	Curable?
Gonorrhea				
Syphilis				
Chlamydia				
Human Papilloma virus (HPV)				
Human Immunodeficiency Virus (HIV)				
Hepatitis B				
Herpes				
Pubic Lice				
Trichomoniasis				
Zika				

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1. What do all the incurable STIs seem to have in common?

_____

2. Identify the location of a nearby testing center:

Clinic Name: _____
(from gettested.cdc.gov or www.teensource.org/find-a-clinic)

Address: _____

Telephone Number: _____

STI Clinic Hours: _____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME ANSWER KEY

STI Worksheet

DIRECTIONS For each of the following Sexually Transmitted Infections, check whether it is caused by a virus, bacteria, or something else ("other"), and whether it can be cured with a medication. Then answer the questions at the bottom of the page.

STI Check:	Virus	Bacteria	Other	Curable?
Gonorrhea		X		X
Syphilis		X		X
Chlamydia		X		X
Human Papilloma virus (HPV)	X			
Human Immunodeficiency Virus (HIV)	X			
Hepatitis B	X			
Herpes	X			
Pubic Lice			X	X
Trichomoniasis			X	X
Zika	X			

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1. What do all the incurable STIs seem to have in common?

2. Identify the location of a nearby testing center.

Clinic Name: _____

(from gettested.cdc.gov or www.teensource.org/find-a-clinic)

Address: _____

Telephone Number: _____

STI Clinic Hours: _____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART C

STI Symptoms and Testing

NOTE:
If possible, also distribute testing brochures or "local resource" cards.

NOTE:
STIs can sometimes cause death of a baby before or soon after birth, or permanent conditions such as brain damage or blindness. Therefore any woman who believes she is pregnant should always be checked to make sure she does not have any STIs.

8 When and where should you get tested?

1. Ask students: "When should you get tested or examined for STIs?" Possible responses include:
   - When you have had sexual contact (anal, oral, digital, or vaginal - including nude genital-to-genital rubbing) with another person.
   - When you are planning to have sexual contact.
   - When you have symptoms.
   - When they have been exposed (e.g., their partner is diagnosed with an STI, or has symptoms).
   - When you are pregnant: remind students that many STIs can affect newborn babies if the mother has an infection during her pregnancy or when the baby is born.

2. Explain that many STIs make it easier to GET and GIVE HIV. STIs which cause sores (e.g., herpes) create an open doorway for HIV to enter and exit the body.

NOTE:
To locte a teen-friendly clinic in your locale, go to: www.teensource.org/findaclinic. See also https

3. Explain that HIV/STI tests are available from private doctors and local health clinics. At doctor's offices, the tests are usually confidential, and may have a cost. HIV/STI testing at public health clinics is typically free. **Confidential means that the doctor will write down your name in their files, but not share the information with others, or with parents or guardians.**

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9 What are the signs and symptoms of STIs?

Explain to the students that:

- Symptoms, if present, may include: DRIP, ITCH, BUMP, PAIN (including BURNING).
- STIs are often asymptomatic (there are no symptoms).

10 STI Warning!

1. Many sexually transmitted infections go undetected. A person who is sexually active should:
   - get a check-up for STIs (sexually transmitted infections).
   - get treated if they are infected.
   - notify their sex partner(s) who may be unaware of their infection.
   - reduce the risk of further infection.

2. The Department of Public Health has staff who can:
   - notify your partner(s) of their risk status confidentially (without revealing your name).
   - provide counseling for you and your partner(s)

NOTE:
A person who had a previous outbreak of herpes or HPV (genital warts) is still infected with the virus and, often, can still pass it to others.

NOTE:
STIs (e.g. Chlamydia and gonorrhea) can increase the amount of HIV present in the genital secretions. For example, in one study, males with both HIV and gonorrhea had ten times the amount of HIV in their semen as males infected with HIV only.

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Signs and Symptoms of STIs

Sexually Transmitted Infections

Anyone:

- Sore, blister, bump or rash in genital, anal area or oral area that may be painless or painful
- Burning or pain when urinating
- Swelling or redness in throat
- Fever, chills, aches
- Swelling of lymph nodes near genitals, or swelling of genitals
- Needing to urinate frequently

- A drip or drainage from penis
- Burning or itching in genital area
- Painful or swollen testicles

- Vaginal discharge or odor
- Deep pain in pelvis or vagina
- Burning or itching of the vagina
- Bleeding from the vagina at times other than regular menstrual flow
- Abdominal (stomach) pain, lower back pain, pain during sex

THE MOST COMMON SYMPTOM IS NOTHING

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STI WARNING!

Many sexually transmitted infections go undetected.

A person who is sexually active should ...

- *They should get a check-up for STIs (sexually transmitted infections).*
- *If they are infected, get treated.*
- *They should notify their sex partner(s) who may be unaware of their infection.*
- *Reduce the risk of further infection.**

* *Note:* The Department of Health has staff who can:
1. Notify your partner(s) of their risk status confidentially (without revealing your name).
2. Provide counseling for you and your partner(s)

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NOTE:

Hepatitis B vaccine is 95% effective, and lasts 20 years or longer. Continued immunity can be tested with Antibody levels.

HPV vaccine is nearly 100% effective for those strains that are contained in the vaccine. However, the most recent vaccine only contains 9 of the 40 strains which affect the oral-anal-genital area, and only 2 of the 12 cancer-causing strains (but these 2 are the most common).

11 What STIs are preventable?

1. Only Hepatitis B and HPV can be **prevented** with a vaccine.

2. Bacterial STIs can be **treated** with antibiotics.

3. Remind students that **all STIs are preventable by not engaging in sexual contact.**

12 How can you avoid getting an STI?

Ask students to suggest ways to prevent STI/HIV infection. Possible responses include:

- abstaining or postponing sex
- avoiding nude genital-to-genital rubbing
- reducing the number of sexual contacts
- using condoms consistently and correctly (which also helps prevent an unplanned pregnancy)
- asking your partner about previous STIs
- vaccinating against Hepatitis B and HPV
- abstaining from drug and alcohol use which could lead to poor decision-making
- using PrEP, PEP, or ART to lower the risk of HIV infection

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STI Summary Grid (page 1 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Chlamydia (bacteria)	• Chlamydia bacteria in sexual fluids or discharge passed from an infected person to an uninfected person by vaginal or anal sex. • Transmission may occur through oral sex (penis in mouth) with an infected person. • Transmission may occur from mother to infant during birth.	**Usually NO signs or symptoms!** **Women may experience:** Unusual vaginal discharge, frequent or painful urination, pain in lower abdomen, bleeding between menstrual periods or after intercourse. **Men may experience:** Discharge from penis, frequent or painful urination, burning at the tip of the penis.	Untreated or incompletely treated Chlamydia, can lead to: • Pelvic Inflammatory Disease (PID) • Tubal pregnancy • Infertility • Eye and lung infections in newborns • Increases risk for HIV transmission by 3-5 times	Chlamydia is detected through a urine test or swab of vaginal, cervical, ora, penile, or rectal discharge. **Curable with antibiotics**
Gonorrhea (bacteria)	• Gonorrhea bacteria in sexual fluids or discharge passed from an infected person to another by vaginal or anal sex. • Transmission through oral sex (penis in mouth) with an infected person is not uncommon. • Transmission may occur from mother to infant during birth.	**Usually NO signs or symptoms!** **Women may experience:** Unusual vaginal discharge, frequent or painful urination, pain in lower abdomen, bleeding between menstrual periods or after intercourse. **Men may experience:** Discharge from penis, frequent or painful urination, burning at the tip of the penis.	• Untreated or incompletely treated Gonorrhea, can lead to Pelvic Inflammatory Disease (PID) • Tubal pregnancy • Infertility • Eye and lung infections in newborns • Increases risk for HIV transmission by 2-5 times	Gonorrhea is detected through a urine test or swab of vaginal, cervical, oral, penile, or rectal discharge. **Curable with antibiotics**
Hepatitis B Virus (HBV)	• Hepatitis B virus in blood, semen or vaginal fluids is passed from an infected person to an uninfected person during vaginal or anal sex. • Hepatitis B is also transmitted by sharing infected needles or drug equipment. • Transmission may occur from mother to infant during birth.	**Common symptoms and signs include:** nausea, fever, loss of appetite, dark "brownish" urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver. Over time these problems go away; however, some people have HBV for life.	About 6% of people infected with Hepatitis B are infectious for life and are likely to become severely ill with liver damage or liver cancer, resulting in death. 90% of infants affected at birth are affected for life. There are detection and treatment methods available for the infant. It is not curable later in life.	Hepatitis B is detected through a blood test. Hepatitis B is NOT curable, but the immune system usually gets rid of the virus. **There is a vaccine for HBV.**
Hepatitis A	Oral-anal sexual activity with an infected person.	May include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay colored stool, joint pain, and yellowing of the skin or eyes.	Individual might feel sick for a few months before getting better.	The Hepatitis A test is a blood test. There is no treatment for Hepatitis A. The Hepatitis A vaccine can safely and effectively reduce risk of transmission.

Source: www.cdc.gov/std/default.htm

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STI Summary Grid (page 2 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Herpes Simplex Viruses (HSV) Estimated 45-60 million people in the US are infected with HSV-2	• HSV-1 and HSV-2 can both be transmitted by direct contact with infectious skin, mucous membrane, blisters, or sores during anal, vaginal and oral sex. • You can get Herpes even when there are no sores present. • Transmission may occur from mother to infant during birth.	Painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks. These sores usually will re-appear periodically for several years. Women may have sores on the cervix that are painless.	Herpes is a life-long infection. People infected with Herpes may have outbreaks for the rest of their lives. Herpes encephalitis is a rare consequence and can be fatal to newborns. • Increases risk of HIV transmission by 3-6 times.	HSV is commonly diagnosed by visual exam and a culture. Blood tests are sometimes available, but are costly. **Herpes is NOT curable** Medication can reduce the duration and number of outbreaks and may reduce the chance of transmission.
Human Immunodeficiency Virus (HIV) 39,500 new cases every year in the USA Estimated 1.1 million people in US living with HIV infection	• HIV is in blood, semen, and vaginal fluids. HIV can be passed from an infected person to another mainly during vaginal and anal sex. Though extremely rare, HIV can be transmitted via oral sex. HIV can be and by sharing needles and drug equipment. • Transmission may occur during pregnancy, childbirth, and breast-feeding	A person can have HIV for many years before developing symptoms or other serious complications.	HIV disease is characterized by a gradual deterioration of immune functions that may lead to opportunistic infections or AIDS, which may cause death.	• HIV antibodies can be detected through a blood test, oral swab or a urine test. **HIV is NOT curable.** Medication is available to treat HIV symptoms and slow the progression of HIV disease.
Human Papilloma viruses (HPV) Estimated 20 million people in the US are infected	• Approximately 40 strains of HPV are transmitted sexually. • Transmission occurs by direct skin to skin contact with infected genital area, or contact with actual genital warts — usually during vaginal or anal sex. Though extremely rare, it also can be transmitted via oral sex. • You can get HPV even if visible warts are not present.	Most people (9 of 10) with HPV do not have visible warts. If warts are present, they appear most commonly on the genital or anal area. • Males — penis, scrotum, anus • Females— vulva, cervix, vagina, anus	HPV can cause a variety of cancers such as cervical, vulva, penis, anus, and cancers of the throat. • Regular Pap testing (to detect cervical cancer in the early stages) is recommended beginning at age 21.	• Genital warts can be removed, but the virus is still present, and warts often will grow back. • HPV vaccines are recommended for everyone 11-12 years old to prevent strains of HPV that can cause some cancers. Some vaccines help prevent genital warts.
Pubic Lice External Parasites commonly called "crabs"	Close physical contact or using the clothing, bedding or towels of an infected person.	Intense itching in genital or anal region, and/or where there is body hair.	Discomfort and infection of others. Is not transferred during birth.	• Pubic Lice is detected by visual examination. Curable with over-the-counter shampoos & creams as well as washing all clothing and bedding. • Is not transferred during birth.
Trichomoniasis (protozoa)	Trichomoniasis is passed in sexual fluids or discharge from an infected person to an uninfected person by vaginal sex. The parasite can also be transmitted from one vagina to another vagina.	Women experience signs and symptoms more often the men. **Women may experience:** Frothy, smelly, yellow-green vaginal discharge, itching, burning or pain in vagina. **Men may experience:** Discharge from penis.	Untreated or incompletely treated Trichomoniasis can lead to pre-term births for infected pregnant women. • Increases risk of HIV transmission by 3-5 times.	• Trichomoniasis is detected with a swab of vagina or penis. **Curable with antibiotics**

Source: www.cdc.gov/std/default.htm

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STI Summary Grid (page 1 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Syphilis (bacteria) 74,702 New cases in 2015	Syphilis is transmitted from person to person by direct contact with a syphilitic sore, known as a chancre. Chancres can occur on or around the external genitals, in the vagina, around the anus, or in the rectum, or in or around the mouth. Pregnant women with syphilis can transmit the infection to their unborn child.	The appearance of a single chancre marks the first stage of syphilis, but there may be multiple sores. The chancre is usually (but not always) firm, round, and painless. These painless chancres can occur in locations that make them difficult to notice (e.g., the vagina or anus). The chancre lasts 3 to 6 weeks and heals whether a person is treated or not. Skin rashes or sores in the mouth, vagina, or anus mark the second stage of symptoms. This stage typically starts with the development of a rash on one or more areas of the body. The characteristic rash of secondary syphilis may appear as rough, red, or reddish-brown spots both on the palms of the hands and the bottoms of the feet.	Large, raised, gray or white lesions may develop in warm, moist areas such as the mouth, underarm or groin region. In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. Syphilis will go away with or without treatment. However, without treatment death can occur. Untreated babies may become developmentally delayed, have seizures, or die.	Diagnoses are thus more commonly made using blood tests. There are two types of blood tests available for syphilis: 1) non treponemal tests and 2) treponemal tests. Both types of tests are needed to confirm a diagnosis of syphilis. An infected baby born alive may not have any signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks.
Zika (virus)	Zika is spread is spread through mosquito bites, from a pregnant woman to her fetus and through sexual contact.	None or only mild symptoms such as fever, rash, headache, joint or muscle pain, red eyes.	People usually don't get sick enough to go to the hospital and they rarely die of Zika. Zika infection during pregnancy can cause a birth defect of the brain called microcephaly, also miscarriage, still birth and other birth defects.	Diagnosis of Zika is based on a person's recent travel history, symptoms and test results. A blood or urine test can confirm a Zika infection. Women should not become pregnant for 8 weeks after possible exposure or after Zika symptoms; men should not participate in conception for 12 weeks after possible exposure or after symptoms and should use a condom throughout partner's entire pregnancy. **There is no cure.**
Hepatitis C (virus)	HCV is transmitted primarily through parenteral exposures to infectious blood or body fluids that contain blood. HCV is transmitted primarily through parenteral exposures to infectious blood or body fluids that contain blood.	People with newly acquired HCV infection usually are asymptomatic or have mild symptoms that are unlikely to prompt a visit to a health care professional. When symptoms do occur, they can include: fever, fatigue, dark urine, clay-colored stool, abdominal pain, loss of appetite, nausea, vomiting, joint pain, jaundice.	Many eventually develop chronic liver disease, which can range from mild to severe, including cirrhosis and liver cancer. Chronic liver disease in HCV-infected people is usually insidious, progressing slowly without any signs or symptoms for several decades. Infants and young children must be monitored as they can contract from mother after birth.	Several blood tests are performed to test for HCV infection. New drugs with different mechanisms of action have become and continue to become available. No vaccine for hepatitis C is available. Research into the development of a vaccine is under way.

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Source: www.cdc.gov/std/default.htm

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PART D
(OPTIONAL)

STI Game Show

NOTE:
Select students who will be comfortable and animated panelists.

NOTE:
It may help students keep track of the questions asked if one additional student stands behind each contestant and writes the clues on poster paper (e.g., "no pain," "detected by a blood test," etc.).

13 Who's got what?! A

1. Seat ten students as panelists at the front of the class.
2. Provide each panellist with one colorful STI card (table tent) which they should not show the audience.
3. Provide each classroom student with a copy of the STI Summary Grid or brochure summarizing STI information.
4. Explain that classroom students will take turns asking "yes" and "no" questions in an attempt to identify the STI which each panellist has been assigned. Example:

   Q: "Contestant #2, is your STI caused by a virus?"

   A: "Yes" (or "No")
5. When the STI is correctly identified, the panelist should turn the table tent around to reveal the STI.

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PART E

Lesson Wrap-Up

14 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

15 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

16 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

17 Ask a friend.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

18 Ask yourself.

Ask students to indicate how committed they are to protecting themselves and others from an STI.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

19 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them what STIs they were aware of as teens and what they would recommend to someone if they thought they might have an STI.

20 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 9 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Common STIs in young adults include chlamydia, gonorrhea, and human papilloma virus (HPV).

T F The only way an STI can be spread from one person to another is through penis-vagina contact.

T F Young adults throughout the US can find a testing site near them by visiting gettested.cdc.gov, or. www.teensource.org/find-a-clinic

T F The most common symptom of an STI is nothing.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to protecting yourself and others from an STI? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/review with your parent(s) or a trusted adult your completed **STI** and **Lesson Wrap-Up** worksheets and **ask them** what STIs were they aware of as teens, and also what would they recommend to someone if they thought they might have an STI?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Panelist STI Card

1

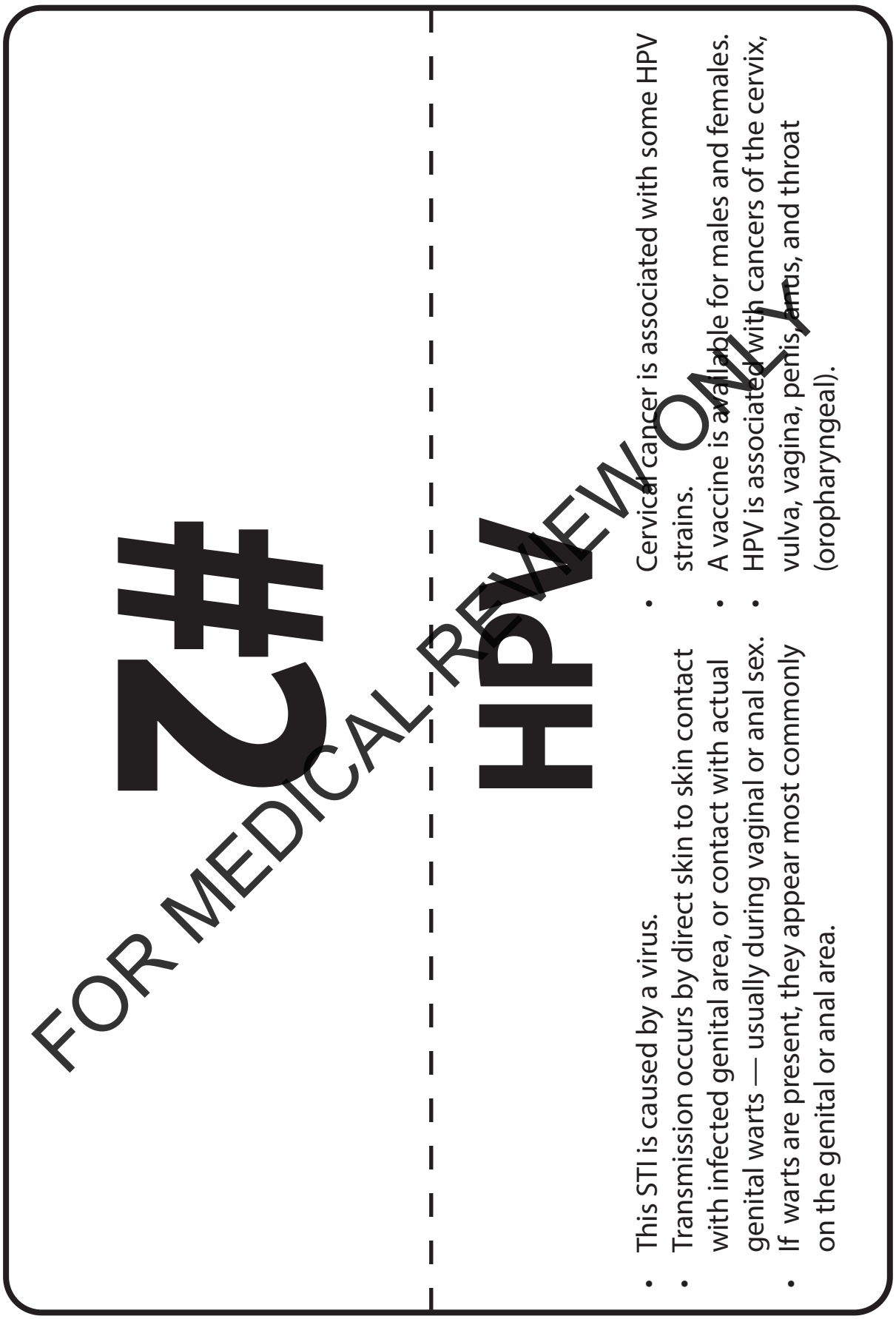
HIV

- This STI is caused by a virus.
- HIV can be passed from an infected person to another during vaginal and anal sex and by sharing needles and drug equipment.
- A person can have HIV for many years before developing symptoms or serious complications.
- HIV disease is characterized by a gradual deterioration of immune functions.
- Medication is available to treat HIV symptoms and slow the progression of HIV disease.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Panelist STI Card



FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Panelist STI Card

3#

GONORRHEA

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- This STI is caused by bacteria.
- Transmission may occur from mother to infant during birth.
- Symptoms may include genital discharge, painful urination, and swollen testicles.
- Curable with antibiotics. Untreated or incompletely treated gonorrhea (lower case) can lead to: pelvic inflammatory disease (PID), tubal pregnancy, infertility, eye and lung infections in newborns.

FOR MEDICAL REVIEW ONLY

Panelist STI Card

7

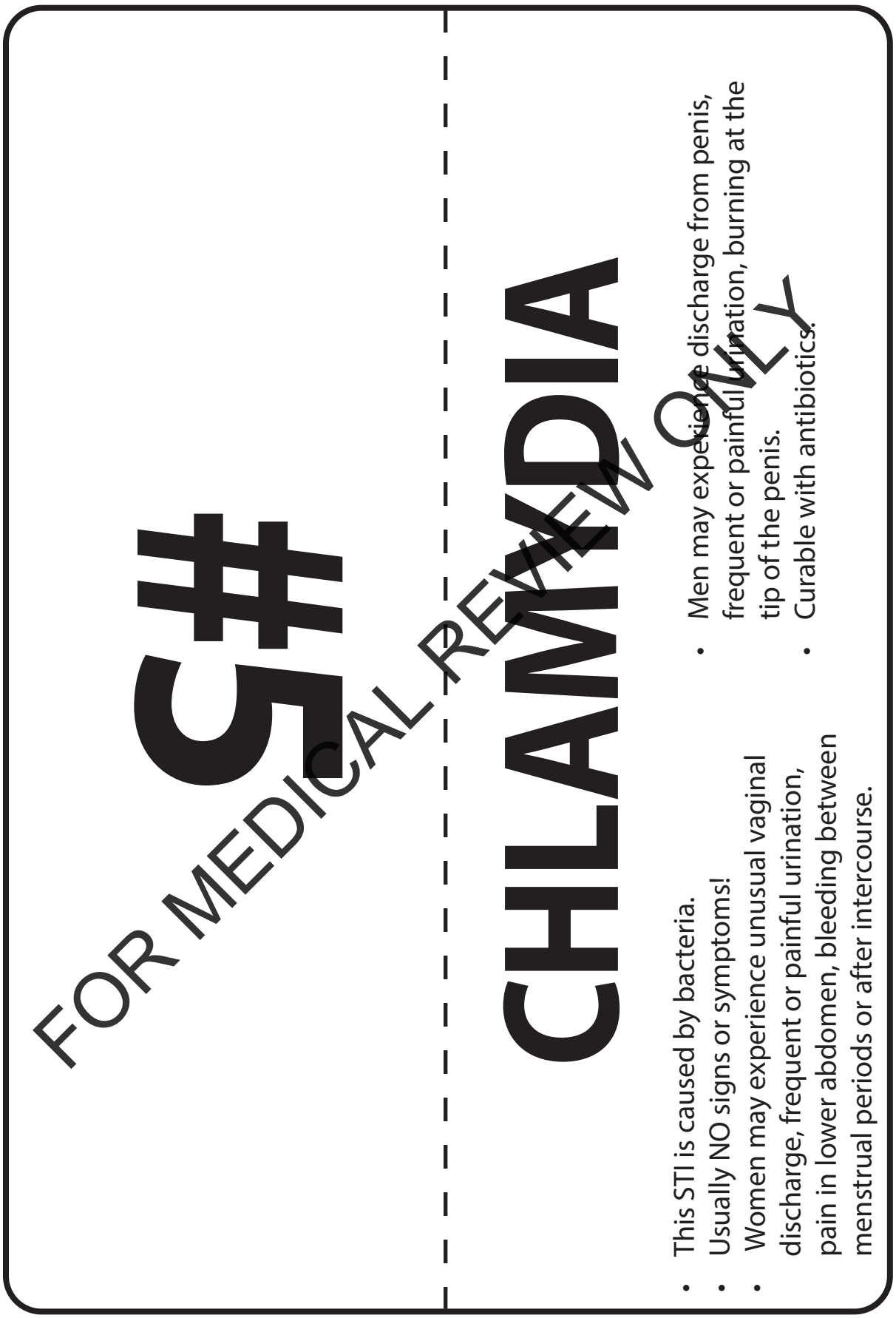
TRICHOMONIASIS

- *This STI is caused by a protozoan.*
- Passed in sexual fluids or discharge from infected person to an uninfected person by vaginal sex.
- Women experience symptoms more often then men: including smelly, frothy discharge and/or vaginal burning, itching, or pain.
- Men may experience discharge from penis.
- Untreated or incompletely treated trichomoniasis can lead to pre-term births for infected pregnant women.
- Increases risk of HIV transmission by 2-4 times.

FOR MEDICAL REVIEW ONLY

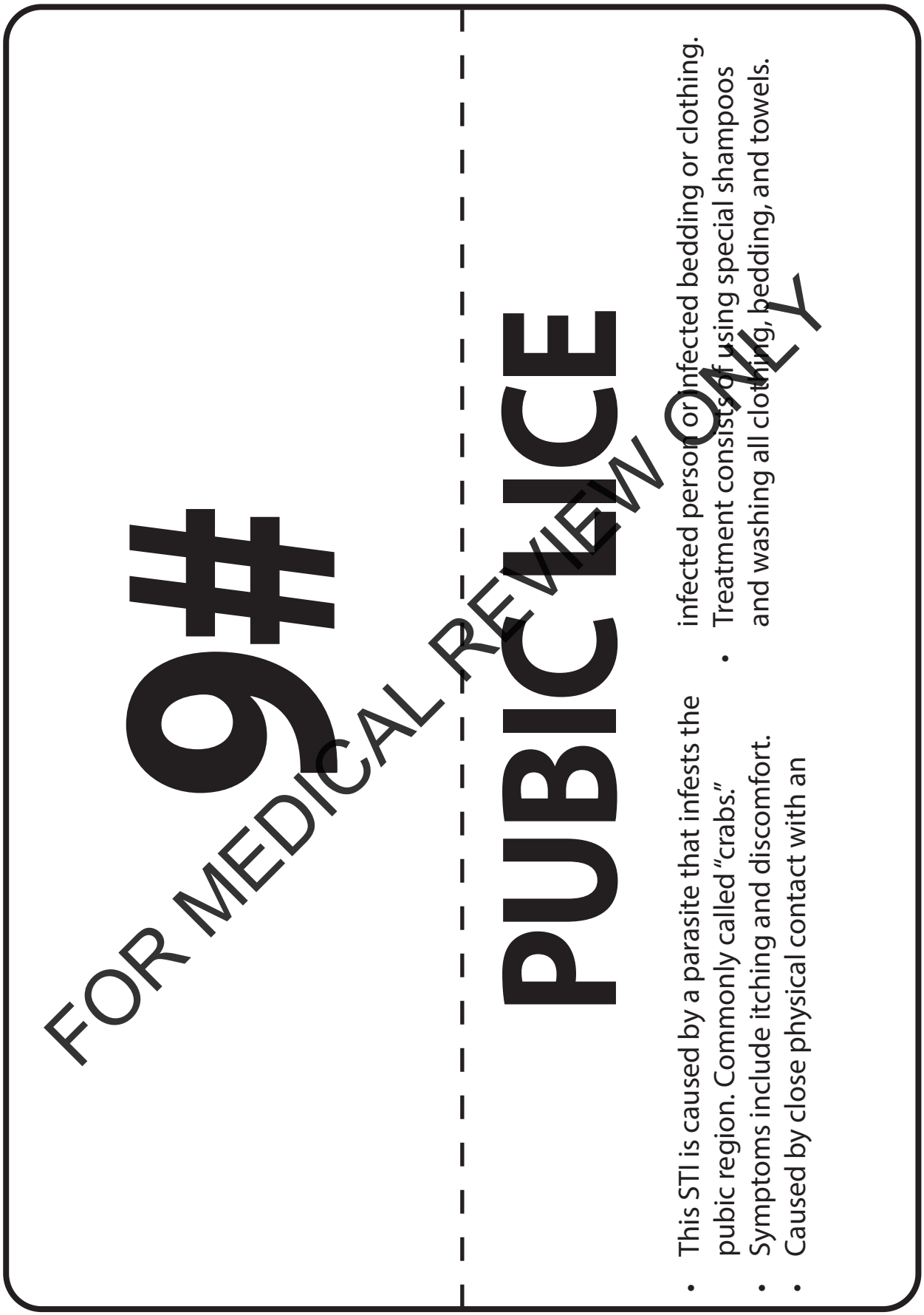
FOR MEDICAL REVIEW ONLY

Panelist STI Card



FOR MEDICAL REVIEW ONLY

Panelist STI Card



FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Panelist STI Card

4

HEPATITIS B

- This STI is caused by a virus.
- Common symptoms and signs include nausea, fever, loss of appetite, dark brownish urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver.
- About 6% of people infected with hepatitis B are infectious for life and are likely to become severely ill with liver damage or liver cancer, resulting in death.
- Hepatitis B is detected through a blood test.
- Many infected people have no symptoms, yet they can infect others.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Panelist STI Card

8

GENITAL HERPES

(HSV)

- This STI is caused by a virus.
- Many people with HSV do not have symptoms, but they can still transmit to others.
- Painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks.
- People infected with herpes may have outbreaks for the rest of their lives.
- Medication can reduce the duration and number of outbreaks and may reduce the chance of transmission.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Panelist STI Card

6

SYPHILIS

- In the first stage, chancre (sore) is firm round and painless.
- Skin rashes or sores in the mouth, vagina, or anus make the second stage of symptoms
- Diagnoses are more commonly made using blood tests.
- An infected baby born alive may not have any signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Panelist STI Card

FOR MEDICAL REVIEW ONLY

OL#

ZIKA

- Zika is spread through mosquito bites, from a pregnant woman to her fetus and through sexual contact.
- None or only mild symptoms such as fever, rash, headache, joint or muscle pain, red eyes.
- People usually don't get sick enough to go to the hospital and they rarely die of Zika. Zika infection during pregnancy can cause a birth defect of the brain called microcephaly, also miscarriage, still birth and other birth defects.

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LESSON 10 Protection and Communication

NATIONAL HEALTH EDUCATION STANDARD (NHES)

8.12.2, 7.12.2, 4.12.1, 7.12.3, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STNADARD (NSES)

PR.12.SM.1, SH.12.IC.1, SH.12.CC.2, SH.12.SM.2.For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Using Condoms Correctly and Consistently (D demonstration)
- External and Internal Condom Use (A activity and W worksheets)
- Condom Success and Failure Rates
- Condom Negotiation Skills (A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify **abstinence** as the only 100% effective method to avoid an unplanned pregnancy, HIV, and STIs.
- Identify the success and failure rate of latex condoms in preventing pregnancy and the spread of HIV/STIs.
- Describe the proper use of a latex condom.
- Demonstrate condom negotiation skills.

MATERIALS

- Teacher's slides for the lesson
- Latex and/or polyurethane condoms (per district policy)
- **Steps in Condom Use** activity cards (one set, brightly colored, laminated if possible)
- **Condom Token** cards
- Student workbooks, (one per person), or duplicate the **Steps in Condom Use** (internal and external) and the **Lesson Wrap-Up** worksheets

TERMS

universal (standard) precautions, abstinence, latex, polyurethane, deteriorate, oil-based lubricant, water-based lubricant, internal and external condoms

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PART A Introduction

1 Protection and Communication

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 What do gloves and condoms have in common?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Using Condoms Consistently and Correctly

NOTE:
You may need to verify administrative approval before proceeding with a condom demonstration.

5 What are latex barriers?

1. Hold up a latex glove. Explain that latex and polyurethane have traditionally been used as a "barrier method" to prevent contact with infected body fluids. The use of gloves and other barriers to prevent the spread of germs is referred to as "universal precautions."

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2. Hold up a wrapped latex condom. Explain that latex and polyurethane condoms have traditionally been used as a "barrier method" to prevent pregnancy, by preventing semen from entering the vagina and eventually fertilizing an egg. They have also been used to prevent the spread of STIs from one sex partner to the other.

3. Natural skin condoms are good for preventing pregnancy, but they should not be used for protection against diseases. Natural skin material has tiny pores, not large enough to allow the passage of sperm, but large enough to allow the passage of certain STIs, particularly viruses like HIV and herpes. (source: https://www.healthline.com/health/lambskin-condoms)

NOTE:
Demonstrations should be described in the third person, that is, without referring to self or the students. Speaking as if the students are all (going to be) sexually active may create a false perception of social norms.

Language should also be gender-neutral, referring to "sexual partners" rather than a male or female partner.

6 What is the correct way to use a condom? D

1. Distribute sample condoms for instructional purposes if approved by your administrator.
   - Ask students to explore the packaging for expiration dates, special features (such as receptacle ends), lubricants, or warnings and restrictions (in the case of novelty condoms).
   - Then, as you model the unwrapping and application of the condom, the students should do the same.

2. Demonstrate how to carefully unroll the latex condom down over the shaft of an erect penis (use your two fingers), being sure to leave an airless space at the tip of the condom for semen.
   - Emphasize that the condom must be used prior to any contact between the penis and a body opening, since pre-ejaculatory fluid ("pre-cum") may be infectious.
   - Explain that the condom may slip off during intercourse, especially as the penis becomes soft, so it is important to hold onto the base of the condom when withdrawing the penis from a body opening.

3. Slide condom off the penis, being careful not to spill any semen.

4. Condoms should be disposed of by wrapping them in clean tissue and placing them in a trash receptacle — **NOT** the toilet. Condoms are not biodegradable.

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5. Persons should wash any body parts (hands or genitals) which have been exposed to body fluids with soap and water.

6. Remind students that sexual abstinence is the best way to avoid both an unplanned pregnancy and an STI. Latex condoms (not lambskin condoms) are the next best method to prevent both an unplanned pregnancy and an STI.

PART C

External and Internal Condom Use

NOTE:
An internal condom worksheet and answer sheet are also provided. In addition, two internal condom cards are provided to repeat this activity demonstrating the steps for internal condom use. (See answer sheet provided.)

7 What are the steps in using a condom?

A W

1. Distribute the **Steps in External Condom Use** and **Steps in Internal Condom Use** worksheets.

2. Display the activity cards in random order, pinned or taped to the wall or white board. *(Alternative:* Ask 14 students to come forward to hold the cards in random order.)

3. Ask the students to arrange the cards in a line, or along a continuum, according to the properly sequenced steps of external condom use. See answer sheet provided.

4. Ask each student to explain or justify each card's position in the line. Move cards as needed.

5. Collect the four cards specific to external condom use (carefully pinch the end of the condom to expel air, unroll the condom over the erect penis, hold the condom at the base of the penis to avoid slipping off, carefully slide condom off penis to avoid spilling semen).

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6. Distribute the two additional internal condom cards (insert the condom into the vagina, assure that the rings cover the labia), and repeat steps 1-4 for internal condom use .

7. Emphasize that condoms must be used consistently and correctly in order to be effective. **People who are not absolutely committed to using condoms consistently and correctly should choose sexual abstinence.**

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FOR MEDICAL REVIEW ONLY

NAME _____

Steps in External Condom Use

DIRECTIONS Unscramble the following steps for using an external condom by placing a number in the space next to each step.

____ Carefully pinch the end of the condom to expel air.

____ Do not use condoms twice.

____ Unroll condom over erect penis.

____ Use water-based lubricants only.

____ Check the expiration date.

____ Carefully slide condom off penis to avoid spilling semen.

____ Wrap condom in tissue and dispose of properly.

____ Examine the wrapper for wear and tear.

____ Open wrapper carefully.

____ Wash hands and body openings.

____ Purchase (or access) latex condoms.

____ Read the label.

____ Hold the condom at the base of penis to prevent slipping off.

____ Talk with your partner.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME ANSWER KEY

Steps in External Condom Use

DIRECTIONS Unscramble the following steps for using an external condom by placing a number in the space next to each step.

7 Carefully pinch the end of the condom to expel air.

13 Do not use condoms twice.

8 Unroll condom over erect penis.

9 Use water-based lubricants only.

5 Check the expiration date.

11 Carefully slide condom off penis to avoid spilling semen.

12 Wrap condom in tissue and dispose of properly.

3 Examine the wrapper for wear and tear.

6 Open wrapper carefully.

14 Wash hands and body openings.

2 Purchase (or access) latex condoms.

4 Read the label.

10 Hold the condom at the base of penis to prevent slipping off.

1 Talk with your partner.

SIGNATURE OF PARENT OR TRUSTED ADULT

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

NAME _____

Steps in Internal Condom Use

DIRECTIONS Unscramble the following steps for using an internal condom by placing a number in the space next to each step.

____ Do not use condoms twice.

____ Use water-based lubricants only.

____ Check the expiration date.

____ Ensure that the ring covers the labia.

____ Wrap condom in tissue and dispose of properly.

____ Examine the wrapper for wear and tear.

____ Open wrapper carefully.

____ Wash hands and body openings.

____ Purchase (or access) latex condoms.

____ Read the label.

____ Insert the condom into the vagina.

____ Talk with your partner.

FOR MEDICAL REVIEW ONLY

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

NAME ANSWER KEY

Steps in Internal Condom Use

DIRECTIONS Unscramble the following steps for using an internal condom by placing a number in the space next to each step.

12 Do not use condoms twice.

9 Use water-based lubricants only.

5 Check the expiration date.

8 Ensure that the ring covers the labia.

10 Wrap condom in tissue and dispose of properly.

3 Examine the wrapper for wear and tear.

6 Open wrapper carefully.

11 Wash hands and body openings.

2 Purchase (or access) latex condoms.

4 Read the label.

7 Insert the condom into the vagina.

1 Talk with your partner.

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SIGNATURE OF PARENT OR TRUSTED ADULT

FOR MEDICAL REVIEW ONLY

PART D

Condom Success and Failure Rates

8 Let's review condom information.

NOTE:
Condoms help to prevent pregnancy (15% failure rate with typical use) as well as STI's. Correct and consistent condom use is strongly encouraged for anyone who is sexually active.

1. Using the **Birth Control Guide** from Lesson 6, point out that latex condoms have 85% - 98% success rate for pregnancy prevention and are also very good protection against HIV.

2. Condoms help to prevent pregnancy (15% failure rate with typical use) and STI's.
   - Condoms are 80% effective to prevent HIV transmission, and somewhat less consistent for other STI's.
   - Condoms help most with STI's transmitted from the penis' urethra, but less for any of those transmitted by skin contact.
   - The area around the base of the penis and the tissues that this area contacts on their partner (vulva, perianal, lips/oral) are not protected by the condom. Therefore, HPV could be transmitted, possibly syphilis, herpes, and other STIs.

3. But, latex condoms can fail if :
   - they are torn or punctured by fingernails, teeth, or jewelry.
   - they accidently slip off the penis during intercourse.
   - the condom is not put on before any genital contact is made.
   - they are worn or damaged by improper storage such as in a hot car, or in a wallet or purse for an extended period of time.
   - they have worn or torn wrappers or are brittle or sticky to unroll.

4. Latex disintegrates if it comes in contact with oil-based lubricants such as petroleum jelly or a variety of creams and lotions. Water-based creams and gels (such as KY Jelly) do not disintegrate latex.

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5. Ask students why people may not use condoms consistently and correctly. Possible responses include:
   - awkwardness
   - lack of knowledge
   - slippage
   - discomfort
   - poor storage
   - under the influence of alcohol or other drugs, etc.
6. Ask students what is the only 100% effective method for preventing pregnancy and the sexual transmission of HIV and other STIs. (Answer: **Abstinence**!)

PART E Condom Negotiation Skills Practice

9 Negotiation Skills Practice A

1. Sometimes it may be necessary to insist that a condom is used. This may require **condom negotiation.**
2. Review the steps in condom negotiation listed on the slide.
3. Ask students to break into pairs. Distribute one "condom token" to each student.
4. Ask students to practice "condom negotiation" with their partner, following the steps on the slide.

NOTE:
If you see students who are doing their negotiation especially well, ask them to model their negotiation skills for the class.

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Steps in Condom Negotiation

Before any insertive sexual contact,

- Let your partner see that you have a condom
- Hold it up
- Look your partner in the eye
- Use their name
- State, **"'I want us to be responsible and use a condom."**
- Don't argue or get side-tracked
- Just firmly repeat, **"I want us to be responsible and use a condom, or else no sex!"**

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**
• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**
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PART F

Lesson Wrap-Up

10 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

11 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

12 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

13 Ask a friend.

Direct students to turn to a partner and ask them to demonstrate condom assertiveness skills using the condom token provided in the lesson.

14 Ask yourself.

Direct students to indicate how confident they are that they could use condoms consistently and correctly if they were sexually active.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

15 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them if they are aware of ways to prevent the spread of HIV and other STIs.

16 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 10 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Latex has holes in it that are so large that HIV goes right through.

T F Persons who are sensitive to latex products (gloves, condoms) can use a polyurethane product instead.

T F Improper storage or the use of an oil-based lubricant can interfere with the effectiveness of a condom.

T F It is important to have a discussion with your sexual partner about using latex condoms and other birth control prior to sexual intercourse.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and ask them to demonstrate condom negotiation skills using the condom token card provided in the lesson.

Part III. Ask Yourself.

DIRECTIONS How confident are you that you could use condoms consistently and correctly if you were sexually active? Circle your answer below.

Not Confident *Very Confident*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Steps in Condom Use** and **Lesson Wrap-Up** worksheets from this lesson and **ask them** if they are aware of ways to prevent the spread of HIV and other STI's.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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OBTAIN LATEX CONDOMS

CHECK EXPIRATION DATE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

READ LABEL TO MAKE SURE IT'S FOR DISEASE PREVENTION AND NOT A NOVELTY CONDOM

EXAMINE WRAPPER FOR WEAR AND TEAR

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

OPEN WRAPPER CAREFULLY

CAREFULLY PINCH TIP OF CONDOM TO EXPEL AIR

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

UNROLL CONDOM OVER ERECT PENIS

HOLD CONDOM AT BASE OF PENIS TO PREVENT CONDOM FROM SLIPPING OFF

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

REMOVE CONDOM

PROPERLY DISPOSE OF CONDOM

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

INSERT FEMALE CONDOM IN VAGINA

ENSURE THE RING COVERS THE LABIA

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

DO NOT REUSE CONDOMS

WASH HANDS AND BODY OPENINGS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

USE WATER-BASED LUBRICANTS ONLY

TALK WITH YOUR PARTNER

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

LESSON 11

Media and Peer Pressure

NATIONAL HEALTH EDUCATION STANDARD (NHES)

1.12.1, 1.12.3, 2.12.3, 2.12.4, 2.12.5, 4.12.1, 4.12.2, 7.12.2, 7.12.3, 8.12.2, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

PR.12.IC.1, SH.12.IC.1. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Media and Peer Pressures
- Assertiveness and Negotiation Skills (A activity and W worksheets)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify pressures from peers, media, or society to engage in high-risk behaviors.
- Recognize that not all students participate in high-risk behaviors.
- Demonstrate skills to refuse/avoid the pressure to engage in high-risk behaviors.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate **Pressure Situations** (#1 and #2), and **Lesson Wrap-Up** worksheets.
- Magazines featuring sexy ads for clothing. perfume, jewelry, etc.

TERMS

assertive, analysis, media, negotiation, impair

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PART A

Introduction

1 Media and Peer Pressure

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 What are you waiting for?!

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Media and Peer Pressures

5 What are the sources of pressure in your life?

Ask students to identify other sources of pressure in their lives, and what message they receive from that pressure. Possible responses include:

- From school: "study hard," "go to college"
- From parents: "we expect the best," "you can do better"
- From friends: "we like you," "act like us," "earn our acceptance," "prove yourself"

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6 When is it okay to take someone's advice?

Ask students when it might **be okay** to be pressured by another person? Possible responses include:

- The person is more knowledgeable and responsible than you.
- It keeps you healthy.
- No harm to yourself or anyone else will occur.
- It doesn't cost too much.
- You are sure it is legal.

7 When is it NOT okay to give in to pressure?

Ask students when it **is not okay** to give in to outside pressures. Possible responses include:

- Someone is trying to benefit from you, like selling you something, or involving you in sex trafficking.
- It is dangerous.
- It is illegal.
- You could become pregnant or infected with an STI.

NOTE:
It is important to show students examples from magazines that demonstrate how sex is used to sell various products.

8 How do advertisers use sex to sell their products?

Show students several advertisements. Discuss how publishers and manufacturers use sex to sell their products, including alcohol. What is the underlying message? Possible responses include:

- Be sexy!
- Drink!
- Everyone is doing it!
- You need to be like us!

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NOTE:
Usually very little information is provided about the alcohol, cigarettes, perfumes, etc. The images suggest that you will be a better person, and that you will be more attractive if you use these products. The advertiser is merely trying to make a profit off of you.

9 Learn how to analyze an advertisement.

1. Ask and discuss:
   - What product is being advertised?
   - What specific information about the product is provided?
   - How would you describe the people and/or images used in the advertisement?
   - What does the appearance of these people and/or images imply (suggest) about the product?
   - What is the advertiser trying to get you to do?

2. Mention that adults seem very concerned that teens not engage in high-risk sex or drug-related behaviors, **but it is the adult media that pushes these very behaviors on teens!**

10 So why do people give in to pressure?

1. A person with low self-esteem, a weak self-concept, and/or a poor body image may become more vulnerable to pressures to engage in risky behaviors in order to gain love or acceptance.

2. Threats of violence, sexual assault, and/or abandonment may also scare or force a person into engaging in risky behaviors.

3. It is important for everyone to take pride in who they are, and value their uniqueness, and NOT feel pressured to do something or be someone they are not.

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PART C

Assertiveness and Negotiation Skills

NOTE:
Negotiation requires first identifying your limit, and then exploring and agreeing upon a less risky alternative behavior.

11 What is assertive communication?

1. Review and emphasize the importance of clear and assertive communication when faced with a pressure situation. Ask for student volunteers to each read and explain one of these items.
   - Communicate clearly.
   - Know your limits.
   - Make eye contact.
   - State your limits and expectations.
   - Suggest and negotiate alternative(s).

2. Point out to students that the last step in assertive communication is to suggest and **negotiate an alternative.** For example, instead of just ending the discussion or the relationship with the other person, **offer and negotiate a safer activity.**

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Assertiveness and Negotiation Skills

Communicate clearly.

Know your limits.

Make eye contact.

State your limits and expectations.

Explore and agree upon a less risky alternative behavior.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

12 How would you respond? A W

1. Distribute the **Sample Pressure Situations #1 and #2** worksheets among the students. Direct students to take a few minutes to work with a partner to write in their own responses to the pressure lines.

2. Point out to the students that they should create their own pressure line and response at the end of the worksheets.

3. Read a pressure line and ask several different students to share their responses. Do this several times. Then transition to having a student read the pressure line and another read their response. **Remind students to answer firmly and assertively!**

NOTE:
If you notice a team that is exceptionally good at being assertive, have them stand and model this for the class.

FOR MEDICAL REVIEW ONLY

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NAME _____

Pressure Situation #1

You are being pressured to spend the night with a friend who wants to have sex with you. You like that friend, however you do not want to have sex with him/her.

DIRECTIONS: Before you complete this worksheet, think of several alternative activities you could identify and negotiate with this friend:

1. _____
2. _____

PRESSURE LINE A: "Come to my house for a sleep over. I would really like for us to get closer, if you know what I mean."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE B: "I think we are ready to take our relationship to the next level."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE C: "Come on, you know how attracted I am to you!"

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE D: "You will be totally safe with me whatever we do."

ASSERTIVE RESPONSE: _____

_____

PRESSURE LINE E: "No one will know."

ASSERTIVE RESPONSE: _____

_____

Write your own pressure line here: _____

Write an assertive response: _____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

NAME _____

Pressure Situation #2

You are being pressured to do drugs with a friend. You are concerned about getting caught, also addiction, overdosing, and becoming infected with HIV or Hepatitis.

DIRECTIONS: Before you complete this worksheet, think of several alternatives you could identify and negotiate with this friend:

1. _____
2. _____

PRESSURE LINE A: "Hey, how about us getting high together?"

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE B: "It'll be totally safe."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE C: "What a drag. You're no fun at all!"

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE D: "It'll feel so good."

ASSERTIVE RESPONSE: _____

_____

PRESSURE LINE E: "No one will find out."

ASSERTIVE RESPONSE: _____

_____

Write your own pressure line here: _____

Write an assertive response: _____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

PART E

Lesson Wrap-Up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

16 Ask a friend.

Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

17 Ask yourself.

Direct students to indicate how confident they are that they can resist peer and media pressures.

FOR MEDICAL REVIEW ONLY

NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them to help you devise a plan to escape a risky situation.

19 Remember to do your homework!

Remind students to complete their homework.

FOR MEDICAL REVIEW ONLY

NAME _____

Lesson 11 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.

T F Sometimes pressure to do something can actually be good or healthy, like stay in school, don't use drugs, and avoid an unplanned pregnancy.

T F Using drugs and alcohol can impair your ability to resist pressures.

T F Ways to avoid a risky sexual situation include using assertive communication to firmly state your limits and expectations.

Part II. Ask a Partner.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How confident are you that you can resist peer and media pressures? Circle your answer below.

Not Confident *Very Confident*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share your **Pressure Situation** and **Lesson Wrap-Up** worksheets with your parent(s) or trusted adult and ask them to help you devise a plan to escape from a risky situation.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 12 Accessing Community Resources

NATIONAL HEALTH EDUCATION STANDARDS (NHES)
1.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUAL EDUCATION STANDARDS (NSES)
1.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

SEL COMPETENCIES
Self-Awareness
Relationship Skills
Responsible Decision-Making

NOTE:
Consult with your chemistry teacher on the availability of the sodium hydroxide and phenolphthalein solutions. An "Exchanging Body Fluids" Chemical Kit may be purchased from:

Flinn Scientific
www.flinnsci.com

NOTE:
Liquid starch and iodine may be used, though results are less predictable.

CONTENT

- Introduction
- How Diseases are Spread (A activity)
- Testing and Community Resources
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe how an HIV infection can spread through a population.
- Identify resources for HIV/STI testing, counseling, and information.

MATERIALS

- Teacher's slides for the lesson
- Small plastic cups (1 per student), water, clear plastic wrap, several rubber bands, 1 cup of weak sodium hydroxide (NaOH) solution, 1 dropper bottle of phenolphthalein, colored markers
- Brochures listing local antibody testing and related AIDS/STI services
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheet.

TERMS

confidential testing, HIV antibody test, window period

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PART A Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Accessing Community Resources

Display the title slide for this lesson before you begin instruction.

2 What should I do?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B How Infections are Spread

5 Let's exchange some fluids! A

This activity will require one plastic cup per student.

1. Fill all but three plastic cups one quarter full with clear water; fill the remaining three cups one quarter full with the weak NaOH solution.

2. Cover several clear water cups with clear plastic wrap and secure with a rubber band; mark several of the remaining cups with the letter "A" (abstain) and mark several cups with a number "1" (one partner only).

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3. Punch several small holes in the plastic wrap of **one** cup to simulate condom breakage.

4. Hand one cup to each student, cautioning him/her not to drink it.

5. Quietly out of range of other students, instruct students with an "A" to move about the room – just not to mix their fluids with others. Instruct those with a "1" on their cup to only mix with one other person. ALTERNATIVE: You can print instructions to the "A" and "1" students on a piece of paper and hand it to them so that other students will not be aware of the instructions.

NOTE:
Some teachers will actually play party music during step 6.

6. Instruct all students to circulate around the room and to mix/exchange their fluids by pouring a small portion into other students' cups and vice versa.

7. After students return to their seats, comment on the similarity of this activity to a party: music, chatting with friends, maybe even mixing body fluids.

8. Arrange the students in a large circle. Explain that you will now test their "fluids" for an infection. Test fluids by placing one drop of phenolphthalein in each cup. A pink reaction indicates the presence of an infection.

6 Who became infected?

1. Point out that some people did not become infected (either through abstinence or by using protection or by limiting their contact to just one other person).

2. Ask the students:
   - Did any of the people with only one partner become infected? Why or why not?
   - Did the plastic covering always provide protection? Why or why not?
   - Did abstinence always prevent infection? Why?

3. Ask how this infectious disease exercise **is similar to** the HIV/AIDS epidemic. Possible responses include:
   - Infection results from a specific behavior.
   - You can't tell who has it.
   - There are ways to protect yourself.

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4. Ask how this infectious disease exercise **differs from** the HIV/AIDS epidemic? Possible responses include:
   - HIV/AIDS is not spread by casual contact (handshaking, drinking from the same cup).
   - HIV/AIDS is not a game.

PART C

Testing & Community Resources

7 Do you remember the window period?

Remind students that in Lesson 8 they learned that persons who are infected with the Human Immunodeficiency Virus (HIV) begin to build up *antibodies* in their system, in response to this invading virus.

- The only way for a person to know if they are infected with HIV is to get tested.
- Most HIV tests are antibody tests.
- The soonest an antibody test will detect infection is 3 weeks. Most people will develop detectable antibodies within 3 to 12 weeks of infection.
- Another kind of test, called a combination test or fourth generation assay, can detect HIV and its antibodies in 2-6 weeks.
- The weeks before HIV and its antibodies can be detected are known as the "window period." If you get a negative test result during the window period, you should be avoid sexual contact and retested 3 months after your possible exposure.

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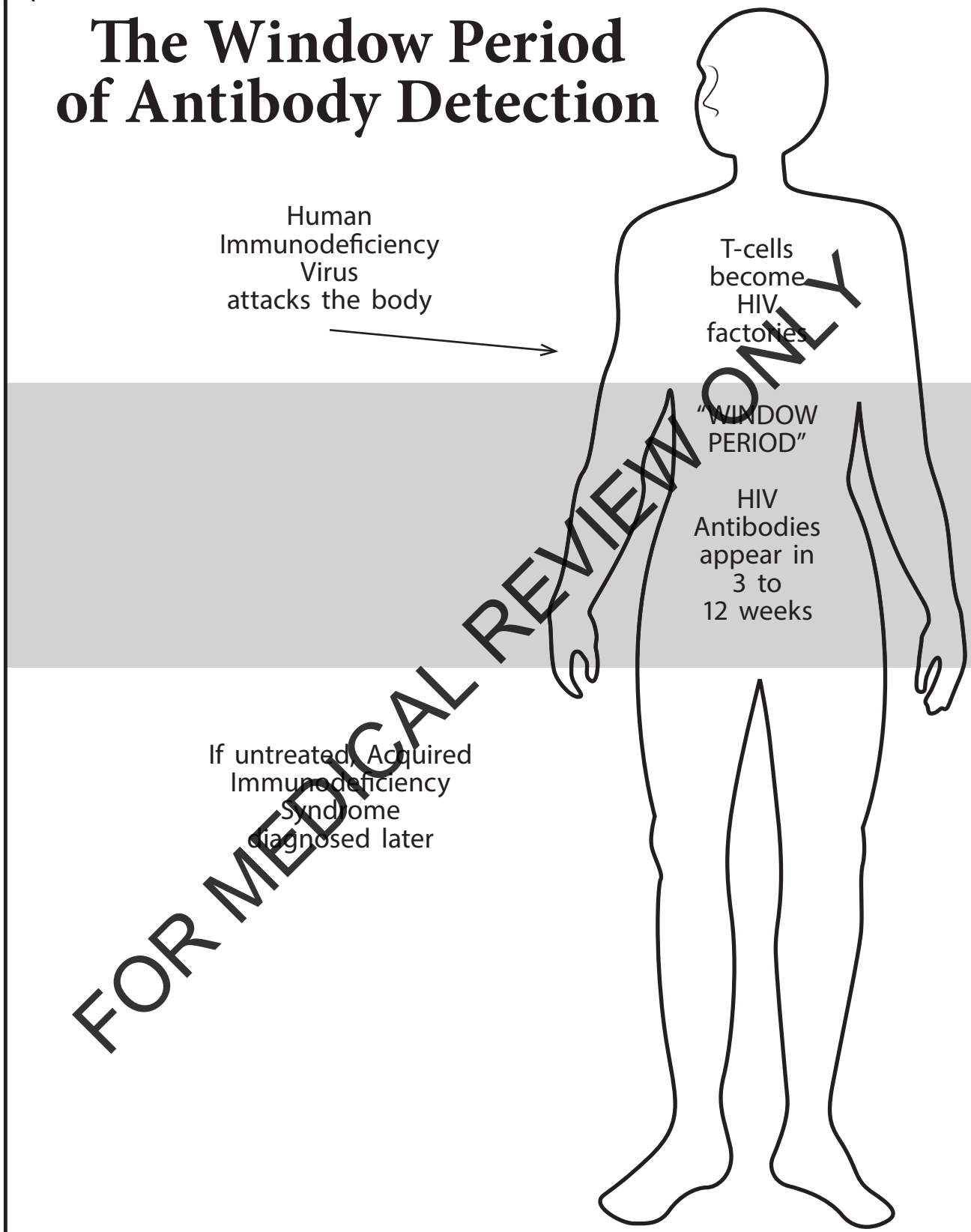
The Window Period of Antibody Detection



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8 What are the steps for getting tested?

1. Display the steps for HIV/STI testing. In most public clinics, the experience of getting tested for HIV/STI is as follows:

Before you go ...

- You can call your local public health department or AIDS service organization for the location and hours of a nearby clinic.
- You may or may not need to make an appointment — check with the clinic.

When you arrive ...

- Upon arrival at the clinic, you will notice many people there for a variety of reasons. No one will know why you are at the clinic.
- Check in, and tell them you are there for an HIV/STI Test. They will probably give you a number, and ask you to be seated.
- Someone will call you and take you to a small private room.
- A counselor will talk to you about why you think you are at risk for HIV/STIs, and give you information on protecting yourself from HIV/STIs.
- If you decide to proceed with the testing, the counselor may draw a small amount of blood from your arm using a sterile needle and syringe, to test for HIV antibodies. The counselor may also request a urine sample, make a visual examination of your genitals and/or take a sample of cells from the lining of your mouth or genitals to test for other STIs.

Before you leave ...

- At a test site you may be given the results immediately, or you may be given a slip of paper with your code number on it. You will need this slip to obtain your results, so don't lose it.
- They may ask you to return in one or two weeks for the results of your antibody test. During that time, they will also ask you to refrain from any behaviors that might infect you with HIV/STIs or that might infect others.

If you need to return ...

- Report back to the front desk, and show them your code number. Someone will call you into the private counseling area.
- You will be told the result of your HIV/STI test.

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2. **If the HIV/STI test results are positive, you will receive treatment.** *This means you have the HIV virus in your body and further lab work must be completed to confirm the positive status. If HIV is in your body, this does not mean you have AIDS yet.* The counselor will give you additional information on how to get medical follow-up and counseling, including receiving effective life-prolonging PrEP medications, and antiretroviral therapy (ART) and counseling, plus how to avoid spreading the virus to others.

3. **If the HIV antibody test results are negative**, this may mean that (1) you do not have HIV, or (2) you are still in the "window period" of HIV infection when antibodies are not yet detectable.

   They may ask you to repeat the test in three months just to be sure you are negative. During that time and the next visit, they will ask you to refrain from any behaviors that might infect you with HIV, such as sharing injection drug equipment or having unprotected sex.

9 Identify a local clinic.

1. Explain that at many public health departments (community clinics) the pregnancy and HIV/STI tests are free or less expensive. These tests are confidential. Post local clinic information for your students.

Clinic name: _____

Phone number: _____

Location: _____

_____

Hours: _____

NOTE:
To locate a teen-friendly clinic in your locale, go to https://gettested.cdc.gov. See also https://teensource.org/find-a-clinic

NOTE:
It is also possible to buy a home HIV testing kit at a pharmacy or online.

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PART D

Lesson Wrap-Up

10 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

11 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

12 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

13 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

14 Ask yourself.

Direct students to indicate how strongly they are committed to using reproductive services when needed.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

15 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them where they should go to get health care and what health insurance they have.

16 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 12 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F HIV antibodies can be detected immediately after infection.

T F There are clinics in the community where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.

T F Methods to avoid an HIV/STI infection or unplanned pregnancy include abstaining from sexual activity or using condoms consistently and correctly.

T F Limiting sexual contact to only one person eliminates the risk of HIV/STI infection.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How strongly are you committed to using reproductive services when needed? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or trusted adult.

DIRECTIONS Share your completed **Lesson Wrap-Up** worksheet from this lesson with your parent(s) or trusted adult and **ask them** where you should go to get health care services and what health insurance they have.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 13 Steps to Success

NATIONAL HEALTH EDUCATION STANDARD (NHES)
1.12.1, 6.12.1, 6.12.2, 2.12.1, 2.12.2.
For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)
SH.12.Gs.1
For further information see Appendix A.

SEL COMPETENCIES
Self-Awareness
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Lifeline Review
- Steps to Success (A activity)
- Personal Contract (W worksheet)
- Lesson Wrap-Up and Post-Test (W worksheets)

OBJECTIVES

- Identify behaviors and choices that move them closer to, or further away from, their life plans and goals.
- Specify several next steps they need to take toward accomplishing their life plans and goals.
- Create and sign a Personal Contract affirming their commitment to avoiding HIV/STI infection or an unplanned pregnancy.
- Assess what they learned in this unit.

MATERIALS

- Teacher's slides for the lesson
- Each student's **Lifeline** from Lesson One
- Student workbooks, one per person, or duplicate the **My Personal Contract**, and **Lesson Wrap-Up** worksheets, and the **Post-Tests**.

TERMS

goal, plan, choices, consequences, steps, progress

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PART A Introduction

1 Steps to Success

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 I am really confused about my future!

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Lifeline Review

5 Re-examine your Lifeline.

1. Ask students to retrieve their **Lifelines** from Lesson One.
2. Direct students to take a few minutes to re-read what they wrote on their **Lifeline** worksheet.
3. Ask the students to recall the **Visualization** activity. Do they remember what it felt like to see themselves achieving their plans and goals?
4. Give the students a few moments to add, review, or change any goals listed on their **Lifeline**, and/or review or modify what their life will look like when they reach their personal best.

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5. Remind students to always revisit their life goals when making any important decisions.
   - Will my decisions keep me from reaching my life goals?
   - Is it worth sacrificing my long term goals in order to satisfy my immediate needs?

PART C Steps to Success

6 Will you achieve your future goals? A

NOTE:
Rather than holding their Lifelines, students could post their Lifelines on the opposite wall.

1. Direct all students to stand along one designated classroom wall holding their **Lifelines** in front of them.

2. Explain to the students that you are now going to read to them a list of questions and life challenges they may face as they take steps toward achieving their life plans and goals.

3. If their response to the question or challenge is a "yes," they can take one step forward (i.e., closer to achieving their life plans or goals). However, if their response to the question or challenge is a "no," then they must take one step backward (i.e., away from achieving their life plans and goals).

4. Have the students practice this using the following example:
   "Do you plan to participate in this activity today? If yes, take one step forward toward achieving your life plans and goals. If you do not plan to participate in the activity, take one step back."

NOTE:
The first questions are sure to elicit a positive if not a humorous response to get all students moving forward.

5. Now proceed to read the following questions or life challenges, pausing to remind students to take one step forward or backward in response to each question:
   - Do you plan to take a bath or shower this week?
   - Do you plan to brush your teeth this week?
   - Do you intend to stay in high school and earn your high school diploma?
   - Do you remember how to locate a teen-friendly health care clinic?

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- Do you find it easy to treat people of another race, gender, or sexual orientation with dignity and respect?
- Are you committed to protecting your sexual health, both physically and emotionally?
- Would you be able to end a relationship in which you were being bullied, harassed, or harmed in any way?
- Are you confident that you can avoid using drugs or drinking alcohol?
- Can you say "no" to unwanted pressures to have sex?
- Do you have a positive attitude about being sexually abstinent?
- Do you know how to use a condom consistently and correctly?
- Could you choose and use appropriate birth control when needed?
- Could you use assertiveness skills to refuse or negotiate a safer sexual situation?
- Could you discuss a possible STI infection with your sexual partner?

Before returning to their seats, have the students assess how they progressed towards achieving their goals.

6. Direct students to retrieve their **Lifelines** (if posted) and return to their desks.

7. Debrief this activity by stating how pleased you are to see that everyone is on the way to achieving their life plans and goals. Then:
   - Ask students to think about whether they moved as close to their goals as they wanted.
   - Remind students how an unexpected HIV/STI infection or an unplanned pregnancy might make it difficult to achieve life plans and goals.
   - Assign students to write a brief paragraph on the back of their **Lifeline** specifying several steps they will take to achieve their life plans and goals.
   - Ask several volunteers to share the steps that they have committed to taking in order to achieve their goals.

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PART D

Personal Contract

7 How will you protect your sexual health?

W

Distribute a **Personal Contract** worksheet to each student. Guide the students through each section of the worksheet, reminding them to:

- Include their life plans and goals as reasons to avoid an HIV/STI infection or an unplanned pregnancy.
- Identify friends and family members who will support them in fulfilling their **Personal Contracts**.

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FOR MEDICAL REVIEW ONLY

My Personal Contract To Protect My Sexual Health

Step 1: Name: _____ Age: _____

Step 2: **Reasons why I want to protect myself from HIV/STIs and an unplanned pregnancy.**
(Hint: Think about your skills, your appearance, your family, your career plans and life goals.)

_____

_____

_____

_____

_____

_____

Step 3: **Several steps I will take to protect my sexual health include:**

_____

_____

_____

_____

_____

Step 4: **People I will talk to about protecting my sexual health include:**

_____

Step 5: **People who will support me include:**

_____

STUDENT SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT OR TRUSTED ADULT _____ DATE _____

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PART E

Lesson Wrap-Up and Post-Test

8 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story..... Play the remainder of the story.

9 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

10 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned.

11 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in this unit of study.

12 Ask yourself.

Direct students to indicate how committed they are to pursuing their life plans and goals.

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NOTE REGARDING THE POST-TEST:

If time permits, students may begin the Post-Test in class or take it home to complete and share with their parent or trusted adult. You have the option as their teacher to either grade the Post-Test individually or include it in your assessment of their student workbook (portfolio).

NOTE:

The authors thank you for teaching this valuable information. Your efforts have contributed to the health and well-being of your students.

13 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and their **Post-Test,** and

(2) to **ask them** what their hopes are for their son's/daughter's future.

14 Congratulations!!

1. Congratulate students for completing this very important unit. Remind students:
   - "This is a time in your life when your ability to control your future is increasing." (For example, making choices about your education and your future.)
   - "Protecting your sexual health is part of your new responsibilities."

2. Let the students know that your hope for each of them is that they never do anything that jeopardizes their own sexual health or the sexual health of others.

   You also hope that they will apply what that they have learned about relationships, HIV/STIs, pregnancy prevention, and decision-making throughout their entire life.

3. Let students know that you welcome their questions, and encourage them to have ongoing discussions with their parents about this topic. You will update them on any new information/resources as they become available.

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NAME _____

Lesson 13 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Making daily decisions that protect and promote your own sexual health can help you achieve your future plans and goals.

T F Experiencing an unplanned pregnancy or becoming HIV infected can make it more difficult to accomplish your plans and goals.

T F In addition to having future plans and goals, it is also important to identify steps you currently need to take to reach those goals.

T F What you learned in these lessons can affect your future and even save your life!

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this unit of study.

Part III. Ask Yourself.

DIRECTIONS How committed are you to pursuing your life plans and goals? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or trusted adult your **Personal Contract**, **Lesson Wrap-Up** worksheets and your **Post-Test** and **ask them** what their hopes are for their son's/daughter's future.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____

Positive Prevention *PLUS* Student Post-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

True	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	False	2. The terms gender identity and sexual orientation mean the same thing.
True	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
True	False	4. Love involves passion, commitment, and/or intimacy.
True	False	5. Intimacy with another person can only be achieved by having sexual intercourse.
True	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
True	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
True	False	8. Planning if and when you have children is part of planning your life.
True	False	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
True	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
True	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
True	False	12. Being infected with HIV can cause emotional, social, and physical problems.
True	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to their sexual partner(s).

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FOR MEDICAL REVIEW ONLY

True	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	False	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	False	16. HIV can enter a person's body only through the penis or vagina.
True	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
True	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
True	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
True	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	False	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
True	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
True	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	False	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
True	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What did you LIKE MOST about this unit on communication, relationships, teen pregnancy, and HIV/STIs?

How could this unit be IMPROVED?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME ANSWER KEY

Positive Prevention *PLUS* Student Post-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

(True)	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	(False)	2. The terms gender identity and sexual orientation mean the same thing.
(True)	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
(True)	False	4. Love involves passion, commitment, and/or intimacy.
True	(False)	5. Intimacy with another person can only be achieved by having sexual intercourse.
(True)	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
(True)	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
(True)	False	8. Planning if and when you have children is part of planning your life.
True	(False)	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
(True)	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
(True)	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
(True)	False	12. Being infected with HIV can cause emotional, social, and physical problems.
(True)	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to their sexual partner(s).

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(True)	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	(False)	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	(False)	16. HIV can enter a person's body only through the penis or vagina.
(True)	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
(True)	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
(True)	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
(True)	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	(False)	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
(True)	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
(True)	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	(False)	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
(True)	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What did you LIKE MOST about this unit on communication, relationships, teen pregnancy, HIV and STIs?

How could this unit be IMPROVED?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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Glossary of Terms

For teacher reference only – not to be distributed directly to students.

Abortion – *the deliberate termination of a human pregnancy, most often performed during the first 8 weeks of pregnancy.*

Abstinence – *The fact or practice of restraining oneself from indulging in something, like sex.*

Acne – *A disease of the oil-secreting glands of the skin that often affects adolescents, producing blackheads and pimples on the face, neck, and shoulders that can leave pitted scars.*

Acquired Immunodeficiency Syndrome (AIDS) – *A result of human immunodeficiency virus (HIV) infection, which makes the immune system less able to fight infection.*

Adolescence – *the period following the onset of puberty during which a young person develops from a child into an adult.*

Adoption – *The action or fact of legally taking another's child and bringing it up as one's own.*

Affirmative - *Agreeing with or consenting to a statement or request.*

AIDS – *See acquired immunodeficiency syndrome.*

Alternatives – *One of two or more available possibilities.*

Ambiguous Genitalia – *A set of medical conditions that feature congenital anomalies of reproductive and sexual systems. That is, people who are born with sex chromosomes, external genitalia, or internal reproductive systems that are not considered "standard" for either male or female (formerly referred to as inter-sex). For more information, go to the Intersex Society of North America www.isna.org*

Anal – *Involving, relating to, or situated near the anus.*

Anal Intercourse – *Sexual intercourse in which the penis enters the rectum.*

Analysis – *Detailed examination of something.*

Androgynous – *Partly male and partly female in appearance; of indeterminate sex.*

Antibiotic – *A medicine (such as penicillin) that inhibits the growth of or destroys microorganisms.*

Antibody – *A blood protein produced in response to a specific antigen. Antibodies combine chemically with substances which the body recognizes as alien, such as bacteria, viruses, and foreign substances in the blood.*

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Antiperspirant – *A substance that is applied to the skin, especially under the arms, to prevent or reduce perspiration.*

Antiretroviral Therapy *(ART) – Treatment that suppresses or stops a retrovirus. One of the retrovirus is the human immunodeficiency virus (hiv) that causes aids.*

Anus – *The ring of muscle that allows release of solid food waste or feces (i.e., a bowel movement) from the body.*

Apocrine Glands – *Glands mainly responsible for body odor.*

Assault – *Make a physical attack on someone or something.*

Assertive – *Having or showing a confident and forceful personality.*

Asymptomatic – *Producing or showing no symptoms*

Bacteria – *Infectious microorganism, germ; can be cured with antibiotics.*

Bacterial – *Relating to or caused by bacteria.*

Barrier Method – *Contraception methods that prevent pregnancy by physically preventing sperm from entering the uterus through the penis in the cervix.*

Biological Sex - *A term used to denote whether an individual is biologically male, female or intersex, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles or ovaries).*

Birth Control – *Voluntary limitation or control of the number of children conceived, especially by planned use of contraceptive techniques.*

Birth Control Pill – *A contraceptive pill to prevent a pregnancy.*

Bisexual – *Sexually attracted not exclusively to people of one particular gender; attracted to both men and women.*

Bladder – *A triangular shaped, hollow organ or other body part for storing a liquid or gas, especially the sac that stores urine (urinary bladder) or the sac that stores bile (gallbladder).*

Blood – *The red liquid that circulates in the arteries and veins of humans carrying oxygen to and carbon dioxide from the tissues of the body.*

Bloodborne disease – *An infection carried in the bloodstream.*

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Blood-to-blood contact – *The mixing together of blood from two or more people. The primary ways HIV is spread through blood-to-blood contact are the use of shared needles and syringes, blood transfusions, receipt of blood components or clotting factors, and organ transplants (all rare since 1985), and transmission from mother to child during birth.*

Boundaries – *Personal boundaries are guidelines, rules or limits that a person creates to identify reasonable, safe and permissible ways for other people to behave towards them.*

Breast Milk – *Milk produced by a woman's breasts after childbirth as food for her child.*

Bullying – *Intimidating another by means of force or coercion.*

Calendar Method – *An unreliable method of contraception which involves predicting a "safe period" for intercourse derived from the dates of a woman's menstrual cycle (aka rhythm method).*

Casual contact – *Ordinary social contact, such as being around someone; sharing utensils, office space, bathrooms, phones and swimming pools; shaking hands; and kissing on the cheek. People cannot get HIV from casual contact.*

CD4+ cell – *See T-cell.*

Cervix – *Narrow lower opening into the uterus.*

Cervical Cap – *A silicone cup that's inserted into the vagina up to six hours before sex to prevent pregnancy. To work effectively, it needs to be used with spermicide.*

Child Abuse – *Mistreatment of a child by a parent, guardian, or other adult responsible for his or her welfare, including physical violence, neglect, sexual assault, or emotional cruelty.*

Chain of Infection – *Spread of a pathodgen from person to person through a population.*

Characteristic – *A feature or quality belonging typically to a person, place, or thing and that can to identify it.*

Choice – *An act of selecting or making a decision when faced with two or more possibilities.*

Circumcision – *The removal of the foreskin from the human penis.*

Cisgender – *Relating to a person whose sense of personal identity and gender corresponds with their birth sex.*

Clitoris – *A small body of spongy tissue that is highly sensitive located between the top of the labia minora and the clitoral hood.*

Coercion – *Persuading someone to do something by using force or threats.*

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Commitment – *Being dedicated to a cause, activity, etc.*

Communicable – *transmitted from one infected person to another; contagious or infectious.*

Compassion – *Sympathy and concern for the sufferings or misfortunes of others.*

Compromise – *An agreement or a settlement of a dispute that is reached by each side making concessions.*

Conception – *The action of conceiving a child or of a child being conceived.*

Condom – *A sheath made of latex, polyurethane, or lamb intestine, that fits over an erect penis. When used correctly and consistently, latex condoms have been shown to greatly reduce the risk of HIV infection. See also Internal Condoms.*

Confidential – *Done or communicated in confidence; secret.*

Confidential testing – *Testing in which name and results are recorded, but are not given out without permission of the person tested, except as required by state law.*

Consequences – *Something that follows logically or naturally from an action or condition.*

Consent – *Permission for something to happen or agreement to do something.*

Contraception – *The deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.*

Contract – *Catch or develop (a disease or infectious agent).*

Cooling Off Period – *A period arranged by agreement to allow for the reconsideration of a decision.*

Deteriorate – *Become progressively worse.*

Diaphragm – *A thin contraceptive cap fitting over the cervix.*

Digital Intercourse – *The use of fingers to penetrate the vagina or the anus.*

Discharge – *Pus, mucus, or other liquid coming from a body opening.*

Eccrine Glands – *The major sweat glands of the human body, found in virtually all skin, with the highest density in palm and soles, then on the head, but much less on the trunk and the extremities.*

Ectopic Pregnancy – *A pregnancy that occurs outside of the uterus, usually in the fallopian tube (oviduct) often due to infection-related scarring of the tube.*

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Egg - *Produced in the ovary and travel from the ovary through the fallopian tube to the uterus approximately once a month. When joined (fertilized) by the male sperm could eventually produce a baby.*

Ejaculation – *The action of ejecting semen from the body through the penis.*

Embryo – *a human offspring during the period from approximately the second to the eighth week after fertilization.*

Emergency Contraception (Plan B) – *A backup plan that helps to prevent pregnancy after unprotected sex or birth control failure.*

Empathy – *The ability to understand and share the feelings of another.*

Emotional – *relating to a person's emotions.*

Endometrium – *The mucous membrane lining the uterus, which thickens during the menstrual cycle in preparation for possible implantation of an embryo.*

Endometriosis – *An irregularity of the endometrium (lining of the uterus) that can result in pain and possible infertility.*

Epidemic – *A widespread occurrence of an infectious disease in a community at a particular time.*

Epididymis – *The sperm ducts (tubules) on the surface of the testicle.*

Erection – *The stiffening and engorgement with blood of the penis or clitoris during sexual arousal.*

Estrogen – *hormones which promote the development and maintenance of female characteristics of the body.*

External condom – *An external condom fits over an erect penis and is made of very thin latex (rubber), polyurethane (plastic) or polyisoprene.*

Fallopian tube – *Oviduct connecting the ovary with the uterus.*

Family Planning – *Contraception; birth control.*

Female – *A biological term usually assigned at birth based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (ovaries).*

Feminine –*Having qualities or an appearance traditionally associated with women.*

Fertilization – *the joining of male and female sex cells (sperm and egg).*

Fetus – *An unborn human baby more than eight weeks after conception.*

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Foreskin – *A roll of skin that covers the head of the penis in uncircumcised men. Also, is the hood on the clitoris.*

Fraud – *Wrongful or criminal deception intended to result in financial or personal gain.*

Friendship – *A friendly relation or intimacy.*

Gay – *Homosexual (a slang term used especially of a man).*

Gender - *Attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine."*

Gender Binary – *Classification of gender into two distinct, opposite forms of masculine and feminine, whether by social system or cultural belief.*

Gender Expansive – *A wider, more flexible range of gender identities and expressions than those typically associated with the binary gender system.*

Gender Expression – *A person's behavior, mannerisms, interests, and appearance that signal that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.*

Gender Identity – *A person's internal, deeply-felt sense of being male or female, or something other or in-between.*

Gender Non-Conformity – *Exhibiting behavioral, cultural, or psychological traits that do not correspond with the traits typically associated with one's sex*

Gender Role – *A social role encompassing a range of behaviors and attitudes that are generally considered acceptable for people based on their biological sex or their gender identity.*

Genes – *A unit of heredity which is transferred from a parent to offspring and determines some characteristic of the offspring.*

Goal – *An objective or desired outcome.*

Grooming – *The action by a pedophile of preparing a child for a meeting, especially via an internet chat room, with the intention of committing a sexual offense.*

Harassment – *To disturb persistently, bother continually, or pester.*

Healthy – *A condition of physical, mental, and social well-being and of absence of disease or other abnormal condition.*

Heredity – *The passing on of physical or mental characteristics genetically from one generation to another.*

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Heterosexual – *Being sexually attracted to persons of the opposite sex.*

HIV – *See human immunodeficiency virus.*

HIV/AIDS – *Human Immunodeficiency Virus attacks the T cells of the immune system with debilitating effects, causing a syndrome called Acquired Immune Deficiency Syndrome.*

HIV Antibody Test – *Measures the presence of antibodies in response to the presence of HIV.*

Hormonal Implant – *A long-term birth control option for women. A contraceptive implant is a flexible plastic rod about the size of a matchstick that is placed under the skin of the upper arm.*

Hormonal Method – *A type of birth control (contraception) containing either estrogen and progestin, or progestin only*

Hormone – *A substance produced transported in blood to stimulate specific cells or tissues into action.*

Human Immunodeficiency Virus (HIV) – *The virus that causes AIDS. HIV weakens several body systems and destroys the body's immune system, making it easier for life-threatening opportunistic infections and cancers to invade the body.*

Human Papilloma Virus (HPV) – *A virus that infects the genital areas, anus, mouth, throat, or have no symptoms at all for both men and women.*

Human Trafficking – *The action or practice of illegally transporting people from one country or area to another, typically for the purposes of forced labor or sexual exploitation.*

Hysterectomy – *An operation to remove a woman's uterus.*

Immune system – *A system of the body that helps it resist germs.*

Impair – *Weaken or damage something (especially a human faculty or function).*

Impaired – *Affected by alcohol or drugs to the extent of losing control over one's faculties or behavior.*

Incest – *Sexual intercourse between two people too closely related to be legally married, e.g. father/daughter, uncle/niece, brother/sister. In many countries, including the U.S., incest is illegal and the law also applies to step relations and foster families.*

Incubation – *a time process of incubating eggs, cells, bacteria, a disease, etc.*

Incubation Period – *The period between exposure to an infection and the appearance of the first symptoms.*

Infertility – *The inability to have children.*

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Injection Drug Use – *The use of a needle and syringe to inject drugs into the body.*

Intercourse – *Any sexual act that can result in pregnancy or disease.*

Internal condom – *A female (or internal) condom is a pouch that's inserted in the vagina or anus before sex for birth control and protection against sexually transmitted infection. It works like other condoms, except that it's worn on the inside.*

Intersex – *A general term used for a variety of conditions where a person is born with biological conditions (such as hormones, chromosomes, reproductive or sexual anatomy) that don't seem to fit the typical definitions of female or male.*

Intimacy – *A close, familiar, and usually affectionate or loving personal relationship with another person or group.*

Intimate Partner Violence – *physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.*

Intrauterine Device (IUD) – *A birth control device, such as a plastic or metallic loop, ring, or spiral, that is inserted into the uterus to prevent implantation.*

Labia Majora – *The two thick outer folds of skin that surround the clitoris, the opening of the urethra, and the opening of the vagina of women and girls.*

Labia Minora – *The two small folds of skin that lie immediately inside the labia majora of women and girls and join at the front to form the hood of the clitoris.*

Labor Trafficking – *A form of modern-day slavery in which individuals perform labor or services through the use of force, fraud, or coercion.*

Latex – *Most internal (female) and external (male) condoms are made from latex, a type of rubber. Some people have a latex allergy that causes skin rashes, itching and other problems.*

Latex Barrier – *A type of contraception using latex as a barrier to keep semen from reaching the egg.*

Lesbian – *A woman who is sexually attracted to other women. However, many women who are attracted to other women may choose to use the terms "gay" or "queer" to call themselves.*

LGBTQ+ – *Historically, the acronym included lesbian, gay, and bisexual, but has continued to expand to include transgender, queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA).*

Life Partner – *One who lives with another person and who is emotionally and financially connected in a supportive manner with another*

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Like – *Find agreeable, enjoyable, or satisfactory.*

Love – *An intense feeling of deep affection.*

Male – *A biological term usually assigned at birth based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles).*

Masculine – *Having qualities or appearance traditionally associated with men.*

Masturbation – *Rubbing or massaging genitals for sexual pleasure*

Masculinity/Femininity – *Gender role stereotypes, differing from culture to culture. Across cultures, these roles are not innate to sexual orientation or gender-identity.*

Media – *The main means of mass communication (broadcasting, publishing, and the internet) regarded collectively.*

Media Images – *Imagery used in television, internet, and magazine publications*

Medically Accurate – *Verified or supported by research conducted in compliance with accepted scientific methods and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal centers for disease control and prevention.*

Menstruation – *The monthly discharge of blood and other matter from the womb as part of the menstrual cycle.*

Militant – *Combative and aggressive in support of a political or social cause, and typically favoring extreme, violent, or confrontational methods.*

Molest – *To force unwanted sexual attentions on somebody, especially a child or physically weaker adult.*

Monogamy – *Having sex with only one partner. Describes an HIV prevention strategy in which two people, who do not have HIV or inject drugs, have sex only with each other over a period of time.*

Mucous Membranes – *Moist lining of the body openings, susceptible to small abrasions and infections.*

Mutually Monogamous Relationship – *A sexual relationship between two individuals who are committed to a long-term relationship with each other, and have no other sexual partners.*

Myth – *A widely held but false belief or idea.*

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Natural condoms – *Condoms made from the intestinal lining of sheep. Adequate for birth control, but not for disease prevention.*

Negotiation – *Discussion aimed at reaching an agreement.*

Nocturnal Emission – *The involuntary ejaculation of semen during sleep.*

Non-barrier Method – *Contraception methods that prevent pregnancy other than by physically preventing sperm from entering the uterus through the penis in the cervix. Includes birth control pills and intrauterine devices.*

Non-Verbal Communication – *Using your body or facial expressions to communicate.*

Oil-based lubricant – *personal lubricant made of oil like petroleum jelly, mineral oil, baby oil*

Options – *Two or more things that serve as other possible choices.*

Oral – *Relating to the mouth.*

Oral Sex – *Sexual activity that involves using the mouth to stimulate a partner's genitals.*

Orgasm – *The involuntary neuro-muscular contractions of the genitals during sexual stimulation.*

Ovaries – *Either of the two female reproductive organs that produce eggs and also produce the sex hormones estrogen and progesterone.*

Over the Counter (OTC) – *Medications that can be legally bought without a physicians prescription.*

Ovum – *An egg produced by the ovary.*

Pad – *An absorbent item worn in the underwear when menstruating or in any other situation where it is necessary to absorb a flow of blood from the vagina.*

Pandemic – *Spreading over the entire continent or the whole world.*

Pansexual – *Being sexually attracted to others regardless of their biological sex, gender, or gender identity.*

Parasite – *An organism that lives in or on an organism of another species (its host) and benefits by deriving nutrients at the other's expense.*

Parasitic – *(of an organism) living as a parasite.*

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Partner – *Either member of an established couple in a relationship either gay, heterosexual or bisexual.*

Passion – *Strong amorous feeling of desire, love, or lust.*

Patch – *An adhesive piece of drug-impregnated material worn on the skin so that the drug can be absorbed gradually over a period of time.*

Pathogen – *A bacterium, virus, or other microorganism that can cause disease.*

Paternity – *The state of being someone's biological father.*

Pelvic Inflammatory Disease (PID) – *Infection of the female upper reproductive organs (uterus, fallopian tubes, ovaries) which can cause inflammation and scarring.*

Penetrative Sex – *Vaginal or anal intercourse.*

Penis – *The male sex organ through which urine is eliminated and semen is ejaculated.*

PEP (Post-Exposure Prophylaxis) – *Antiretroviral medicines (art) after being potentially exposed to HIV to prevent becoming infected.*

Perpetrator – *A person who carries out a harmful, illegal, or immoral act.*

Perspiration - *The process of sweating.*

Physical Abuse – *Any intentional act causing injury or trauma to another person or animal by way of bodily contact.*

Pituitary Gland – *The major endocrine gland. A pea-sized organ attached to the base of the brain, the pituitary is important in controlling growth and development and the functioning of the other endocrine glands.*

Placenta – *A flattened circular organ in the uterus which nourishes and maintains the fetus through the umbilical cord.*

Plan – *A detailed proposal for doing or achieving something.*

PLWA – *Person living with AIDS.*

Polyurethane – *A synthetic material used in place of latex (condoms).*

Pre-Exposure Prophylaxis (PrEP) – *Is a way for people who do not have hiv but who are at very high risk of getting HIV to prevent HIV infection by taking a pill every day.*

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Prenatal – *Before birth; during or relating to pregnancy.*

Prescription – *An order, especially by a physician, nurse practitioner, or physician assistant, for the preparation and administration of a medicine, therapeutic regimen, assistive or corrective device, or other treatment.*

Pressures – *Attempt to persuade or coerce (someone) into doing something.*

Progress – *Forward or onward movement toward a destination or goal.*

Prostate Gland – *A sex gland in males, which surrounds the neck of the bladder and urethra. The prostate gland secretes a slightly alkaline fluid that forms part of the seminal fluid, a fluid that carries sperm.*

Protozoa – *Microorganisms resembling a one-celled plant or animal.*

Puberty – *The stage of pre-teen physical development during which increased production of sex hormones results in secondary sex characteristics, as well as changes in emotions and social relationships.*

PWA – *Person with AIDS.*

Queer – *Denoting or relating to a sexual or gender identity that does not correspond to established ideas of sexuality and gender, especially heterosexual norms.*

Questioning – *The questioning of one's sexual orientation, sexual identity, gender, or all three is a process of exploration by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons.*

Rape – *The crime of forcing someone to have sexual intercourse against their will.*

Rectal Fluids – *The mucus that lines the rectum to help in the elimination of waste*

Rectum – *The lower end of the large intestine, leading to the anus.*

Relationship – *The way in which two or more concepts, objects, or people are connected, or the state of being connected.*

Reliable - *Consistently good in quality or performance; able to be trusted.*

Replicate – *Used here to describe the ability of HIV to make copies of itself.*

Reproductive System – *the biological system made up of all the organs involved in producing offspring.*

Responsible – *Morally accountable for one's behavior.*

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Rhythm Method – *A method of birth control in which the couple abstain from sexual intercourse during the period when ovulation is most likely to occur (aka calendar method).*

Safe Haven Site – *A location where a parent may legally surrender a newborn infant without having to face any criminal prosecutions. A hospital, police station, or manned fire station.*

Safe Surrender – *A state law that permits a parent, within 72 hours of birth, to legally and confidentially surrender a newborn infant without the fear of arrest or prosecution of child abandonment.*

Safer Sex – *Sexual practices (anal, oral, or vaginal) that involve no exchange of blood, semen, or vaginal fluid; often characterized by correct and consistent condom use.*

Scrotum – *The external pouch of skin and muscle containing the testes.*

Sebum – *An oily secretion of the sebaceous glands.*

Semen – *Whitish fluid containing sperm and white blood cells, which is pre-ejaculated/ejaculated from the penis during orgasm. HIV can be spread through semen that is infected.*

Sex - *A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals.*

Sex (also sexual activity) – *Oral, genital, or digital contact between individuals; contact with a partner's vagina, penis, or anus (male-female, female-female, or male-male). Also, another term for sexual intercourse.*

Sexual Contact – *The touching of another person's intimate parts, or the intentional touching of the clothing covering the immediate area of a person's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification.*

Sexual Harassment – *Making unwanted sexual advances to someone; causing sex-related discomfort in another through words or actions.*

Sexual Intercourse – *penetrative sexual contact (anal, oral or vaginal)*

Sexual Orientation - *A person's enduring romantic or sexual attraction to people of the other and/or same gender. Common terms used to describe sexual orientation include, but are not limited to, heterosexual, lesbian, gay, and bisexual.*

Sexuality – *The complex range of components which make us sexual beings; includes emotional, physical, and sexual aspects, as well as self-identification (including sexual orientation and sex), behavioral orientations and practices, fantasies, and feelings of affection and emotional affinity.*

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Sex Trafficking – *The action or practice of illegally transporting people from one country or area to another for the purpose of sexual exploitation.*

Sexting – *Send someone sexually explicit photographs or messages via mobile phone.*

Sexual – *Relating to the instincts, physiological processes, and activities connected with physical attraction or intimate physical contact between individuals.*

Sexual Abuse – *Abusive sexual behavior by one person upon another, often perpetrated using force or by taking advantage of another.*

Sexually Transmitted – *Spread during sex, or through genital or close body contact between people.*

Sexually transmitted infection (STI) – *A disease that is spread during sex, or through genital or close body contact between people. STI's include but are not limited to diseases such as gonorrhea, syphilis, HIV infection (which in advanced stages leads to AIDS), Chlamydia, HPC, herpes, pubic lice, Hepatitis B and C, and Trichomonaisis.*

Siblings – *Two or more children or offspring having one or both parents in common; a brother or sister.*

Sperm – *The male reproductive cells, produced in the testicles from puberty throughout the male life cycle.*

Spermicidal Foam/Gel – *An agent that kills spermatoza, especially as a contraceptive.*

Standard Precautions – *Guidelines that combine universal precautions and body substance isolation procedures in hospitals.*

STI – *See sexually transmitted infection.*

Stereotype – *A widely held but fixed and oversimplified image or idea of a particular type of person or thing.*

Sterilization – *Surgery to make a person or animal unable to produce offspring.*

Strategy – *A plan of action or policy designed to achieve a major or overall aim.*

Surrender – *Give up or hand over (a person, right, or possession), typically on compulsion or demand.*

Symptoms – *A feature which is regarded as indicating a condition of disease.*

Syndrome – *Used here to describe a group of related medical problems or symptoms.*

T-cell – *a lymphocyte of a type produced or processed by the thymus gland and actively participating in the immune response.*

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T-cell count (CD4+) – *A marker that measures the effect of HIV infection on a person's immune system.*

T-helper cell – *See T-cell.*

Tampon – *A plug of soft material inserted into the vagina to absorb menstrual blood.*

Testes/Testicles – *The male gonad or sperm-producing gland (testes) usually with its surrounding membranes.*

Testosterone – *A steroid hormone that stimulates development of male secondary sexual characteristics, produced mainly in the testes, but also in the ovaries and adrenal cortex.*

Trafficker – *A person who deals or trades in something illegal such as trafficking drugs or sex.*

Trait – *A distinguishing quality or characteristic, typically one belonging to a person.*

Transgender – *Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.*

Transmission – *The spread of a microorganism from one person to another.*

Transsexual – *A person who has undergone surgical and hormonal treatment to change his or her anatomical sex.*

Trusted Adult – *an adult other than a parent that can be trusted to provide guidance and support.*

Tubal Ligation – *A sterilization technique in which a woman's fallopian tubes are tied to prevent ova entering the uterus.*

Universal Precautions – *Is an approach to infection control to treat all human blood and certain human body fluids to prevent someone from getting HIV, HBV, and other bloodborne pathogens.*

Urethra – *The tube which transports urine from the bladder to the outside; in males, the urethra also transports semen.*

Uterus – *Womb; pear-shaped organ in which a developing fetus grows.*

Vagina – *The passageway from the uterus to the outside of a woman's body through which a baby is born; the penis enters the vagina during vaginal intercourse.*

Vaginal Fluid – *Fluid that provides moisture and lubrication in the vagina; vaginal fluid of an HIV-infected woman can spread HIV.*

Valid – *Having a sound basis in logic or fact; reasonable; legally binding due to having been executed in compliance with the law.*

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Values – *The importance, worth, or usefulness of something, with the aim of determining what actions are best to do or what way is best to live.*

Vas deferens – *The tube that carries the sperm out of the scrotal sac located between the epididymis and urethra.*

Vasectomy – *A male sterilization technique, in which the vas deferens are cut and cauterized.*

Venue – *The place where something happens, especially an organized event such as a concert, conference, or sports event.*

Verbal Abuse – *The act of forcefully criticizing, insulting, or denouncing another person.*

Verbal and Non-Verbal Communication – *Using either words or your body movement to communicate*

Victim – *A person harmed, injured, or killed as a result of a crime, accident, or other event or action.*

Viral – *Caused by or related to a virus.*

Viral load – *The amount of HIV RNA in the blood; as viral load increases, the chance of illness increases.*

Virgin – *Someone who has never had sexual intercourse (oral, anal, or vaginal).*

Virus – *A germ, much smaller than a bacterium, whose survival depends on cells in the host; a virus such as HIV destroys host cells.*

Visualization – *The formation of a mental image of something.*

Voluntary – *Done, given, or acting of one's own free will.*

Vulva – *The external female genitals.*

Water-Based Lubricant – *Water-soluble sexual lubricants.*

Window Period – *The early period of infection before antibodies can be detected.*

Withdrawal Method – *An unreliable method of contraception in which the man withdrawals his penis from the vagina before he ejaculates.*

Yes Means Yes – *Requires sexual participants to obtain a verbal declaration of consent, yes, to each sexual act.*

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Introduction

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STIs. 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 STIs.
- 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!***

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curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STIs, 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, STIs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

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Overview of the Curriculum

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, 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 protection and contraception are mentioned as an important strategy for reducing the risk of HIV and other STIs, as well as pregnancy. Any reference to protection is meant to include the external (male) condom, internal (female) condom and dental dam. The use of the term protection *is meant to be inclusive of all people, regardless of their gender, sexual orientation or type of usage. The terms* birth control *or* contraception *may be used interchangeably, referring to methods used to prevent pregnancy.*

The ***Making Proud Choices!*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, 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 curriculum has 8 hours of content divided into eight 1-hour modules. It can be implemented in the 2-day format (four modules each day), 4-day format (two modules each day) or 8-day format (one module each day).

Curriculum Objectives

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

- Increased knowledge about prevention of HIV, other STIs 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.

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- Improved condom use skills.
- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STI 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 STIs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STIs 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: A Possible Outcome of Unprotected Sex: HIV Infection
- Module 3: Attitudes and Beliefs about HIV/AIDS and Condom Use
- Module 4: Strategies for Preventing HIV Infection: Stop, Think and Act
- Module 5: Possible Outcomes of Unprotected Sex: STIs
- Module 6: A Possible Outcome of Unprotected Sex: Pregnancy
- Module 7: Developing Condom Use and Negotiation Skills
- Module 8: Enhancing Refusal and Negotiation Skills

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 STIs, 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.

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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 video 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 participants 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.
- Videos are used to depict adolescents in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STIs, sexual involvement and HIV/STI prevention skills that are then discussed in a group setting. In addition to the videos provided with the curriculum, ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.
- The roleplay scenarios are designed to provide participants 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 participants' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the participants 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.

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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, video 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 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.

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CURRICULUM COMPONENTS AND FORMAT

Each module included in the ***Making Proud Choices!*** curriculum contains different activities. Reduced images of worksheets, 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 participants 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 participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include videos, 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 videos 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 participants' learning. All materials and exercises contained in the module are designed to help the participants to achieve these stated purposes.

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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.

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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 participants.

Student Workbooks

Student workbooks for participants include worksheets for individual and small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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 3, youth examine their attitudes and beliefs about condom use, and in Modules 7 and 8, 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 participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants' 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 participants' desires to maintain their partners' interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 7 and 8, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

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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 participants engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potential outcomes of unprotected sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that condoms can reduce the risk of pregnancy, HIV and other STIs. 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 7 and 8, participants learn negotiation and refusal skills necessary to communicate with their partners about condom use.

Personal Vulnerability to HIV/STI 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 STIs could really happen to them. One goal of ***Making Proud Choices!***, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STI infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2, 5 and 6.

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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 infections 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 participants 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.

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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 participants completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 participants, 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.

Since the original evaluation study, newer editions of the curriculum have been published. Updates to factual information are made to ensure medical accuracy and changes to language help keep the program activities relevant to a new generation and broader range of youth.

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BEHAVIORAL FINDINGS

The participants 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 participants 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 STIs; 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.

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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 participants, 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 participants to bring up additions/deletions as the need arises.
- Let participants know that everyone is responsible for following and determining the group agreements.

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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 participants' 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 participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

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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

Participants 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. Participants 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 and other STIs

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?

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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.
- Participants 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.

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STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants 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 participants work hard to prove their points. Because games can promote competition, remind participants 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 Video or Game

The practice of processing after an activity allows participants 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 open-ended questions designed to elicit discussion.

  General Reactions

  » What did you think of the video?

  » What is your response to the activity?

  » How do you think Pat felt when…?

- Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

  Personal Reactions

  » How did you feel about…?

  » Describe what you saw.

  » What will you do as a result of…?

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Sentence Stems

» Ask each participant to complete a phrase such as, "The most important thing I learned was…." Move quickly around the room. Give participants 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 participants develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign participants 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 participants 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.

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

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants 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 participants to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

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- 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 participants a choice on whether or not to participate.
- Encourage participants to improvise during roleplays to make them more their own.
- Reinforce participants for using the specific skill.
- Give participants a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach participants 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 participants 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."

STRATEGY 7: Student Workbooks

Student workbooks for participants include quiz questions, worksheets for small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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, videos 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 STIs, 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.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Making Proud Choices* page of ETR's Program Success Center at www.etr.org/ebi/programs/making-proud-choices. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR's Design4Learning page at www.etr.org/design-4-learning.

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.

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Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each participant)
Markers
Masking tape
Garbage bag
Monitor and device for showing videos, or internet access if using alternative videos
Condoms (one per participant or pair plus demonstration condoms)
Water-based lubricant
Condom demonstrator(s)
Small paper bag
Roll of paper towels
Chart paper
Index cards (1 labeled with a star, 1 labeled with a triangle, 1 labeled with a rectangle, 3–5 labeled with a circle for a group of 6–8)

Pre-Labeled Chart Paper

Group Agreements
Why Some Teens Have Sex
Possible Outcomes of Unprotected Sex
Proud and Responsible Prevention Strategies
Goals (written on left side of chart paper)
Making Proud Choices! Be Proud! Be Responsible!
The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and *Koko*
How STI Are Transmitted
Reasons to Avoid STIs
Contraceptives
Ways to Make Condom Use Easy and More Fun (for high school youth)
Ways to Make Condom Use Easy (for middle school youth)
Pros
Cons
Excuses Sexual Partners Give

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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
STI
Steps for Using a Condom
Agree/Disagree signs
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)

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: Kayla and Mia
Roleplay D: Devon and Jadon
Roleplay E: Alex and Casey
Observer Checklist

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Videos*

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

*ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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Background Reading

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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 American Medical Association*, 279: 1529–1536.

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Jemmott, J. B., III, Jemmott, L. S., Spears, H., Hewitt, N., and Cruz-Collins, M. (1992). Self-efficacy, hedonistic expectancies, and condom-use intentions among inner-city black adolescent women: A social cognitive approach to AIDS risk behavior. *Journal of Adolescent Health*, 13: 512–519.

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.

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Making Proud Choices!

FIFTH EDITION

CURRICULUM

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MODULE 1

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

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants 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 possible outcomes of sex, and strategies for reducing possible negative outcomes.
- 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 participants 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.

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STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Welcome Activity
- Goals and Dreams Timeline Exercise
- Group Discussion

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* worksheet in the student workbook

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled chart paper:
  - » *Group Agreements*
  - » *Why Some Teens Have Sex*
  - » *Possible Outcomes of Unprotected Sex*
  - » *Proud and Responsible Prevention Strategies*
  - » *Goals*
  - » *Making Proud Choices! Be Proud! Be Responsible!*

PREPARATION NEEDED

1. Before the program begins, label all of the charts as listed under Materials.
2. Hang the pre-labeled 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: 60 minutes

ACTIVITY	MINUTES NEEDED
A. Welcome and Program Overview	5
B. Welcome Activity	10
C. Creating Group Agreements	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm	5
E. Brainstorming About Teens and Sex	10
F. Goals and Dreams Timeline	15
G. Brainstorming Obstacles or Detours Along Your Timeline	10

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ACTIVITY A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Welcome the participants 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 unintended pregnancy and sexually transmitted infections—STIs, sometimes called STDs—including HIV, the virus that causes AIDS.
>
> This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STIs. 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 STIs, including HIV.
>
> Although STIs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STI. Anyone can get an STI, including HIV, from having unprotected sexual intercourse with a partner who is infected.
>
> Unintended 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)*

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(continued)

If you're going to have sexual intercourse, it's critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let's clarify the terms we will be using. When we speak of ***protection***, we will be referring to *condoms* and *dental dams*. When we say ***condoms***, we will be referring to *external condoms* and *internal condoms*. External condoms are also known as male condoms. Internal condoms are also called female condoms.

Do you think teens should be worried about unintended pregnancy, HIV and other STIs?

3. Pause to allow participants 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 STIs.

To make the program interesting and fun, it includes videos, 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 participants 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.

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ACTIVITY B

WELCOME ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

The Welcome Activity encourages participants 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 participants sit in a circle.

FACILITATOR'S NOTE

If you know your participants and they already know each other this is an optional activity. An icebreaker that encourages group cohesion can be used in its place.

Sitting in a circle facing each other can build group cohesion. Have the participants sit on the floor, have them move their chairs close to each other, or set aside a special area of the room to accomplish this. Adapt this activity to accommodate group dynamics and environment. If creating a circle is not feasible, have the speaker toss a soft toy to the next speaker to encourage engagement.

2. Explain the Welcome Activity by saying,

> Let's introduce ourselves and get to know a little about each other.
>
> 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. I will speak first and when it is your turn please share your name, your age, the school you attend, your pronouns if you want to share, and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.

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3. **Model the Welcome Activity by beginning with yourself,**

> My name is _____ and I am _____.
> *(age)*
>
> I attend(ed) _____.
> *(high school, college or university)*
>
> 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 Welcome Activity 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.

FACILITATOR'S NOTE

Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus "outing" themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting 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 _____.

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ACTIVITY C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants 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 chart paper:
  - *Group Agreements*
- Markers
- Masking tape

TIME

5 minutes

PROCEDURE

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

> We're going to be talking about sexuality, pregnancy and STIs—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 participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the chart paper titled *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)*

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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.

Move up, move back: If you tend to talk a lot in groups, talk less (move back) sometimes so others can talk. If you tend to be very quiet, share more (move 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

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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.

Young people may express themselves in ways that don't conform with their biological sex. There are many ways that youth can express their gender identity.

Being open to diversity can help reduce stereotyping, which can be very harmful to a young person. Stereotyping individuals imposes restrictions on their opportunities for individual expression and limits personal growth.

Besides, 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 participants do not mention them:

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

4. **Define terms related to diversity as needed.**

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

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Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as ***(cisgender)*** or different from ***(transgender)*** the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

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.

5. Ask participants if they have any other suggestions they would like to add.

6. 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.

7. 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.

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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 chart paper:
  - *Making Proud Choices! Be Proud! Be Responsible!*

TIME

5 minutes

PROCEDURE

1. Tape the *Making Proud Choices! Be Proud! Be Responsible!* chart paper 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 participants brainstorm answers to these questions. Record their answers on the chart paper or a dry erase board.

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.

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» 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 STIs and unintended pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using protection such as an external or internal condom or dental dam.

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 STIs and unintended 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 STIs

» Have a healthier body

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» Stay in school

» Feel like you are helping your loved ones and your community

Always use protection 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 unintended pregnancy and STIs in your community.

FACILITATOR'S NOTE

Post the chart with participants' 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 participants to make proud choices.

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ACTIVITY E

BRAINSTORMING ABOUT TEENS AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

By exploring issues about teens and sex, participants 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 participants and helps the participants learn about the focus of the program.

MATERIALS

- Pre-labeled chart paper:
  - *Why Some Teens Have Sex*
  - *Possible Outcomes of Unprotected Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

TIME

10 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 chart paper (folded so that the titles are covered by the bottom half of the chart paper). Unfold the chart paper 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 chart paper titled *Why Some Teens Have Sex*, and then say,

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

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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, online or in the movies
- Forced
- To increase status in peer group
- Low self-esteem
- To prove masculinity/femininity

4. **Write all of the participants' comments on the chart paper.**

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 unintended pregnancy or STIs, they can face outcomes that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible outcomes of unprotected sex.

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7. **Unfold the next chart paper, *Possible Outcomes of Unprotected Sex*.**

8. **Then ask,**

> **What are some of the possible outcomes of unprotected sex?**

9. **Have participants brainstorm the possible outcomes of unprotected sex, and write all of their comments on the chart paper. (Be sure to include pregnancy, HIV and other STIs.)**

10. **Compliment the group on how much they know.**

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

> **What are some ways to prevent these possible negative outcomes?**

12. **Have participants brainstorm ways to prevent possible negative outcomes of unprotected sex.**

13. **Write all of the participants' comments on the chart paper. (Emphasize that protection—such as latex (or polyurethane/polyisoprene) condoms—can help prevent pregnancy and sexually transmitted infections, 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 may have sex. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for preventing those negative outcomes. 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.**

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ACTIVITY F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants 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* worksheet
- *Goals and Dreams Timeline* poster
- Pre-labeled chart paper:
  - *Goals* (Write Goals on the left side of chart paper)

TIME

15 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 things from your own life that you are proud of doing on the *Goals and Dreams Timeline* poster. Provide examples for each section. Be mindful that this activity may be challenging for some young people who may struggle to identify with the idea of setting future goals or even with reflecting on their own accomplishments, particularly in a group setting where the range will vary and young people may feel as if what they've done or want to do isn't "good enough." Listen for these insights and help youth recognize that their timelines will all differ based on things such as their experiences, interests and/or what brings them joy. When you model the activity include a range of accomplishments, taking care to highlight achievements beyond acquiring goods such as a car or house. This will help participants understand what you want them to do and encourage them to recognize their own varied accomplishments.

3. Have participants turn to the *Goals and Dreams Timeline* worksheet in their workbooks. Give the following instructions:

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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 or things you are proud of. This can be anything that's meaningful for you. For example, volunteering your time, playing for a sports team, getting certain grades, getting a job, learning something new, joining a club, winning a student election, getting a learner's permit, an artistic or musical performance, advocating for others, etc.

4. Give participants 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 thing you hope or want to make happen in this section. In 5 years, what do you hope to be proud of doing? You can write more than one thing if you like.

6. Give participants 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 thing you hope or want to make happen in the next 10 years. In 10 years, when you look back, what do you hope to be proud of doing?

You can write more than one thing if you like.

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

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9. Then encourage each participant to share with the group one item from each section by going around the room and asking,

> Looking ahead 5 years, what goal do you want to achieve or thing do you hope to do? How about in 10 years?

10. Next say,

> I want you to now choose one of your goals or hopes and write it on the back of your timeline. Next to that item, write two things you must do to achieve it or make it happen.

11. While they are working on this, unfold the *Goals* chart paper. 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 or aspirations. Be prepared to provide a few examples, such as graduating from high school, going to college, getting trained in a skill, buying a car or getting a good job. Have participants share the goals they've chosen and the actions they must take to achieve them.

12. Write these goals on the left side of the *Goals* chart paper, leaving space on the right half for items in the next activity.

13. Compliment participants on their answers.

14. 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.

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FACILITATOR'S NOTE

Some youth may be struggling to meet basic needs such as food, shelter or safety. Others may have experienced a traumatic event. Validate all of their accomplishments and their hopes. Be careful not to minimize or praise any accomplishments or hopes in such a way that creates a hierarchy, as no goal is better or more important than another.

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ACTIVITY G

BRAINSTORMING OBSTACLES OR DETOURS ALONG YOUR TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' 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 chart paper:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

TIME

10 minutes

PROCEDURE

1. Refer to the *Goals* chart paper from the previous activity.

2. Write "Obstacles" on the right side of the chart paper.

3. Ask the participants to brainstorm things that might prevent them from achieving the goals and dreams they listed by saying,

> 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. They are like roadblocks or detours along the way. What obstacles can you think of that may get in the way of your goals?

Answers should include:

» Unintended pregnancy or an uncurable STI such as HIV

4. Write their responses under "Obstacles or Detours" on the right side of the *Goals* chart paper with a different color marker.

5. Say,

> If you've already encountered any of these obstacles or detours, you understand how your life can change. Things can work out just fine but it may be harder.

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6. **Ask the following questions,**

> • **How can we avoid some of these obstacles or detours?**
>
> • **What can you do to make sure you don't get pregnant, get someone pregnant or get a chronic disease such as HIV?**

7. **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 if they would like to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.**

8. **Summarize by saying,**

> **I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles and navigate detours so you can reach your goals. If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky, or reducing your risk by using protection and effective birth control or engaging is less-risky behaviors.**
>
> **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.**

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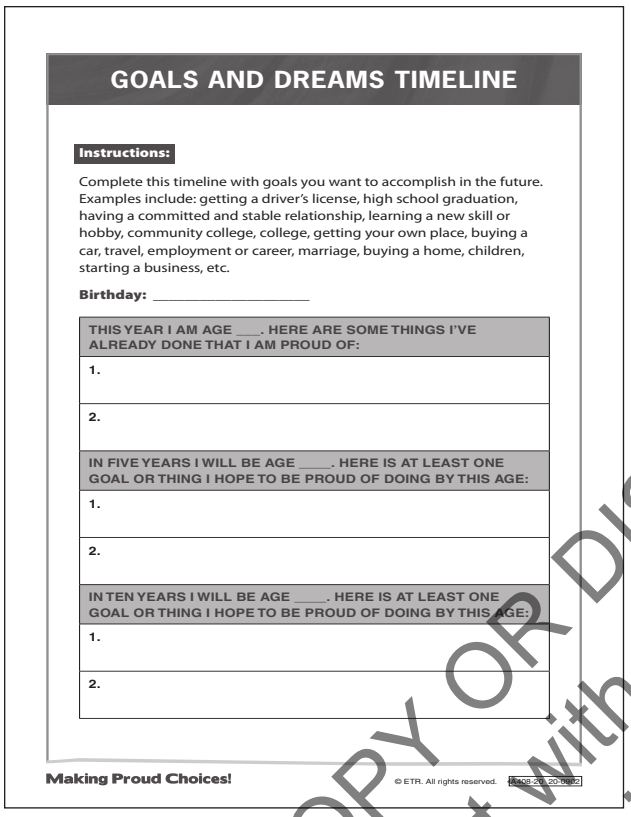

GOALS AND DREAMS TIMELINE

Instructions:

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

Birthday: _____

THIS YEAR I AM AGE ___. HERE ARE SOME THINGS I'VE ALREADY DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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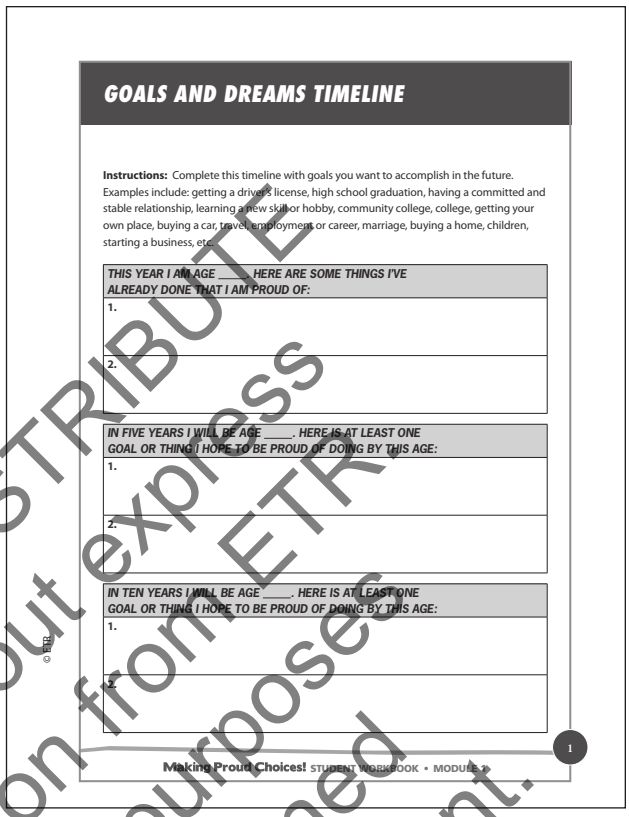
Poster



GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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Making Proud Choices! STUDENT WORKBOOK • MODULE 1 1

Worksheet

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MODULE 2

A POSSIBLE OUTCOME OF UNPROTECTED SEX: HIV INFECTION

GOALS

The goal of this module is to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish facts from falsehoods 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 second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; (2) provides opportunities for participants to develop skills in giving correct information on HIV/AIDS to friends; and (3) helps participants identify various behaviors that place them at risk for HIV infection.

STRATEGIES/METHODS

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

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *HIV/AIDS Frame* poster
- *Key Words* poster
- Video: The Subject Is HIV (or alternative videos*)
- *True or False: HIV Statements* (included in module)
- *Risk Continuum* signs
- *Risk Behavior* cards

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Chart paper
- Markers
- Masking tape

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the *True or False: HIV Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. Discussing HIV and AIDS	**10**
B. *The Subject Is HIV* Video and Discussion*	**25**
C. True or False: HIV	**10**
D. HIV Risk Continuum	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

DISCUSSING HIV AND AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

Learning basic information about HIV and AIDS will provide participants 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 participants' 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 participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

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 very low.
- **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.

(continued)

* Centers for Disease Control and Prevention. 2019. HIV basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.

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(continued)

What common body fluids can transmit HIV?

HIV is found in the blood, semen, vaginal fluids and rectal fluids (the mucus that lines the rectum to help with elimination of waste) 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, 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 vaginal or anal 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 or anal sex.** Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse. People who are allergic to latex can use polyurethane or polyisoprene condoms. Protection includes external or internal condoms and dental dams.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors. Be sure any sex partner has been tested before having sex. Discuss ways that you can reduce your risks together such as using condoms, taking PrEP, or regular testing.
- **Get tested for HIV.** The only way to know your HIV status is to get tested. The only way for your partner to know their HIV status is for them to get tested.
- **Take medication, if needed.** If you are having sex or sharing needles with someone who is living with HIV, talk to a medical provider about taking pre-exposure prophylaxis (PrEP). If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct participants' 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 participants to try to answer them. Supplement their answers with the information below each question.

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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 be living with 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.

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 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.

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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.

Common Tests for HIV Available at a Clinic:

If you get a test in a health care setting or lab, a health care provider or lab technician will take your sample (blood or oral fluid). If it's a rapid test, you may get test results in 30 minutes or less, but if it is a laboratory test, it can take several days for your results to be available. Your health care provider or counselor may talk with you about your risk factors, and answer any questions you might have. They will discuss next steps with you if your result is positive.

Rapid tests are usually done with blood from a finger prick or with oral fluid, and the results are ready in 30 minutes or less.

Laboratory tests require a blood sample.

- If the test comes back negative, and you haven't had a possible exposure during the previous 3 months before the test you took, you can be confident you don't have HIV.
- If your test result is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

Common Tests for HIV Available Over the Counter:

Home Access requires a finger prick to collect a blood sample. The person sends the sample to a licensed laboratory and gets the results by phone as early as the next business day. This is an anonymous test. Anyone who tests positive is immediately offered a follow-up test, counseling and referral to treatment.

The OraQuick In-Home HIV Test provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit. A positive test needs a follow-up test at the testing site, counseling and other referrals. HIV infection may show up later after exposure in an oral fluid test than a blood test, because the level of antibody in oral fluid is naturally lower.

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What is the window period?

The "window period" is the length of time between when a person first gets HIV and when a test can accurately detect it. This varies from person to person, and depends on the type of test done. During the window period, even before knowing about being infected, a person can transmit HIV to others. People getting tested at a clinic should ask their health care provider about the window period for the type of test they are taking. People testing at home should review the materials that come with the home test kit. If a test is taken within 3 months after possible exposure and the result is negative, the person should get tested again in another 3 months to be sure.

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 condoms?

A condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids or rectal fluids. Latex is a type of material used for external (male) condoms and is effective in preventing HIV transmission. People who are allergic to latex can use condoms made of polyurethane or polyisoprene. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Another form of protection is the internal (female) condom, which is made of nitrile and is safe for people with latex allergies. The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.

What is PrEP? What is PEP?

Pre-exposure prophylaxis (PrEP) is a medicine taken daily to reduce the risk of HIV infection. If someone is at very high risk for HIV, PrEP might be right for them. PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered for people who are not in a mutually monogamous relationship

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(continued)

with a partner who recently tested HIV-negative, and if they are

- **A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months**
- **A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk of HIV infection (for example, people who use injection drugs or women who have bisexual male partners)**

Post-exposure prophylaxis (PEP) is an HIV medicine that can be taken after being potentially exposed to HIV to prevent becoming infected. If someone is HIV negative or doesn't know their HIV status and thinks they have recently been exposed to HIV during sex (for example, if a condom breaks), they should talk to their health care provider or an emergency room doctor about PEP right away (within 3 days). The sooner someone starts PEP, the better; every hour counts. If prescribed PEP, it is necessary to take it once or twice daily for 28 days.

What does U=U mean?

U=U means Undetectable = Untransmittable. If a person living with HIV has fewer than 200 copies of HIV per milliliter of blood, they are considered virally suppressed and the infection is undetectable on tests. Medications are used to suppress the virus so it becomes undetectable. People with undetectable viral loads cannot transmit the virus sexually to their partners.

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 lifespan. HIV is now considered a chronic disease. 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.

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.

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ACTIVITY B

THE SUBJECT IS HIV VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is HIV*, or alternative videos

PREPARATION

- Review the information about HIV in Appendix B.

TIME

25 minutes

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

PROCEDURE

FACILITATOR'S NOTE

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

1. Introduce the video by saying,

> This video you are going to see will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will talk about the video. 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 video, which is 18 minutes long.

3. At the end of the video, ask the participants 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).

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What was the message about condoms in the video?

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 young people 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 students in biology class?

Answer:

» It's important to talk with your partner about using protection.

» If a person respects themselves and their partner, they will use a condom.

» Not having sex is a good way to avoid pregnancy, HIV and other STIs.

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

You did a great job answering those questions and remembering the important messages in the video(s).

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(continued)

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 protection.

FACILITATOR'S NOTE

Some statistics have changed since the video was produced. In 2018, youth ages 13 to 24 accounted for an estimated 21% 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

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ACTIVITY C

TRUE OR FALSE: HIV

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about HIV provides an opportunity for learning the correct information about HIV/AIDS.

MATERIALS

- Markers
- Chart paper (for keeping score)
- Masking tape
- *True or False: HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

TIME

10 minutes

PROCEDURE

1. This activity reviews facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help participants understand the answers.

2. Introduce the *True or False* 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 "True" and "False" on the board or a sheet of chart paper.

4. Explain the activity,

> I am going to divide you into two teams. I will then read each team a statement and ask you whether it is true or false and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's true or false, 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 true or false.

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5. **Divide the group into two teams.**

6. **Go around to each team one at a time and read a statement from the *True or False: HIV Statements*.**

7. **Ask the first team to identify it as true or false and to state *WHY*.**

8. **Ask the second team if they agree. (If there is a disagreement, teach the right answer and explain why.)**

9. **If the second team agrees, but the answer is wrong, teach the right answer and explain why.**

10. **If the second team agrees and the answer is right, give the team the correct number of points.**

11. **Read the next statement to the second team.**

12. **The game is over when the statements are completed or time is up, whichever comes first.**

13. **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.**
>
> **Understanding that HIV can affect anyone helps people understand that they need to always protect themselves.**
>
> **You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.**

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TRUE OR FALSE: 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.**
   TRUE
2. **Having unprotected anal sex increases your chances of getting HIV.**
   TRUE
3. **You can tell by looking at people whether they have HIV.**
   FALSE
4. **HIV can be transmitted in blood, semen, vaginal fluids, and rectal fluids.**
   TRUE
5. **Having unprotected sex with someone who is living with HIV is one way of getting HIV.**
   TRUE
6. **If a person who is pregnant has HIV, there is a chance the baby can get it.**
   TRUE
7. **You have a bigger chance of getting HIV if you have sex with many people.**
   TRUE
8. **You can get HIV from using someone else's comb or hairbrush.**
   FALSE (NO CONTACT WITH BODY FLUIDS)
9. **Using protection during sex reduces the chance of getting a sexually transmitted infection, including HIV.**
   TRUE
10. **You can get HIV by sharing a needle with a drug user.**
    TRUE
11. **If you hug someone with HIV you can get it.**
    FALSE (NO CONTACT WITH BODY FLUIDS)
12. **Having an untreated STI can increase your chances of getting HIV.**
    TRUE
13. **AIDS is the stage of HIV in which your body cannot fight off diseases.**
    TRUE
14. **Having AIDS makes you more likely to get other diseases.**
    TRUE
15. **AIDS can be cured.**
    FALSE
16. **AIDS is caused by a virus.**
    TRUE (CALLED HIV)
17. **Anyone can get HIV.**
    TRUE (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)
18. **You can avoid getting HIV by exercising regularly.**
    FALSE
19. **You can take certain medications to reduce your risk of HIV.**
    TRUE
20. **Early treatment can help people with HIV stay healthy.**
    TRUE

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ACTIVITY D

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

15 minutes

PROCEDURE

1. Tape the *Risk Continuum* signs on the wall or blackboard like the diagram below.

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

2. Divide the group into pairs.

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 fluids 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 fluids or rectal fluids might create some risk of transmitting HIV.

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

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4. **Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the pairs.**

5. **Explain that "sex" in these questions means oral, anal and/or vaginal intercourse.**

6. **Ask each pair of participants to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.**

7. **After each answer, have participants 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 participants 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:**

> **Look at all the behaviors in the green light category. Notice all the things you can do to enjoy intimacy with your partner without putting yourself at risk for HIV. 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 STIs. 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.**

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RISK BEHAVIORS[1]

(*Note:* This guide reflects risk levels for HIV transmission only. There are some STIs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)

Vaginal sex without a condom ---------- Red Light

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 Light

Sharing eating utensils with someone who is living with HIV ---------- Green Light

Sharing needles and syringes ---------- Red Light

Anal sex with a condom and water-based lubricant[2] ---------- Yellow Light

Self-masturbation ---------- Green Light

Mutual masturbation ---------- Green Light

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) ---------- Green/Yellow Light

Anal sex without a condom[2] ---------- 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 is living with HIV ---------- Green Light

Flirting ---------- Green Light

Body rubbing/grinding (with clothes on/no exchange of body fluids) ------- Green Light

Hugging ---------- Green Light

Having sex with only one partner (monogamous) -------- Green/Yellow/Red Light

(Green if both have never had sex before. If one or both have had other partners, Yellow if they use condoms; Red if they don't use condoms.)

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water- or silicone-based lubrication can reduce their risk.[2]

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FACILITATOR'S NOTE

Other HIV prevention strategies include PrEP 2-1-1 and TasP.

- PrEP 2-1-1 dosing strategy has been shown to be 86% effective at preventing HIV transmission during anal sex (though less effective during vaginal sex). The PrEP 2-1-1 strategy involves taking 2 pills between 2 and 24 hours before sex and another pill within 24 hours after the first and the final pill 24 hours after that.[3]
- TasP or "Treatment as Prevention" means that people living with HIV who get treatment are less likely to transmit the infection. Reducing the amount of the virus in the body through treatment helps prevent transmission to others. An undetectable viral load means the virus is untransmittable (or U=U).[4]

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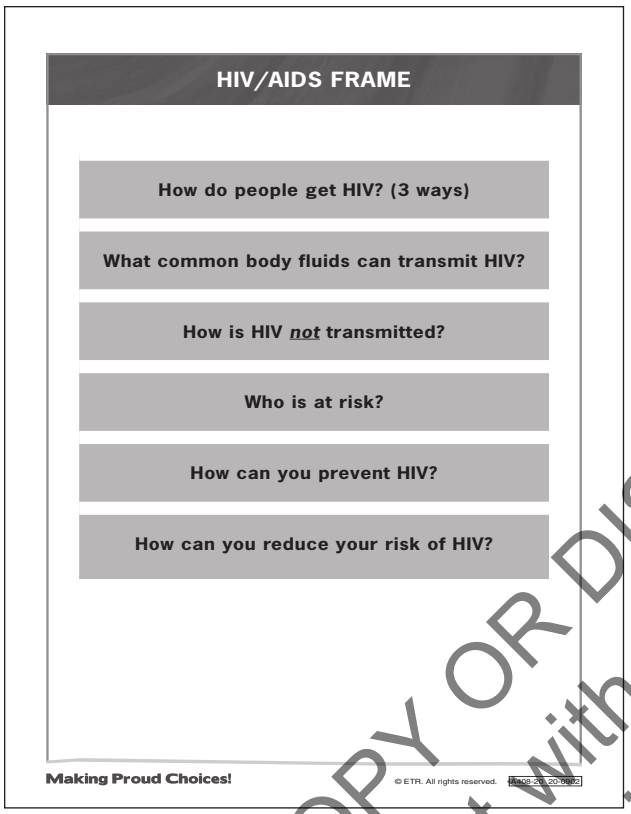
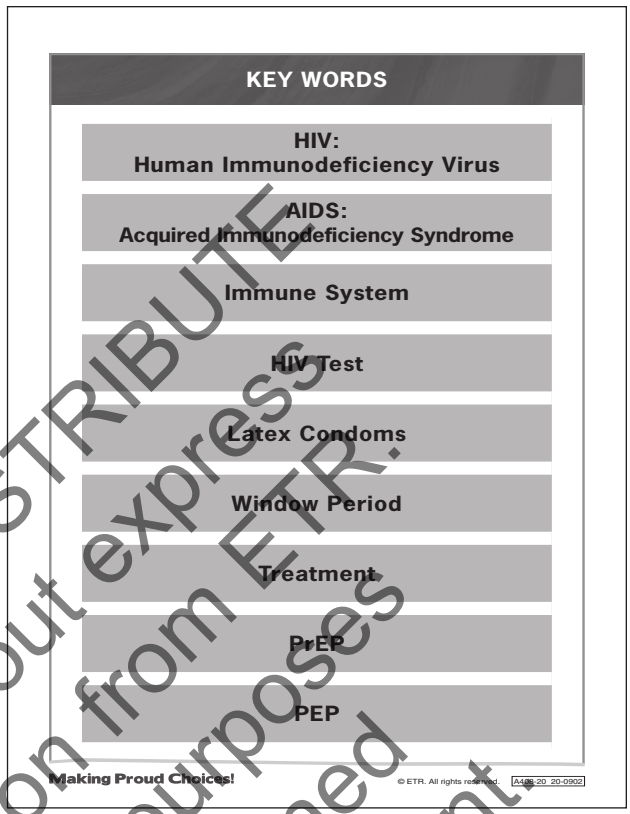


Poster



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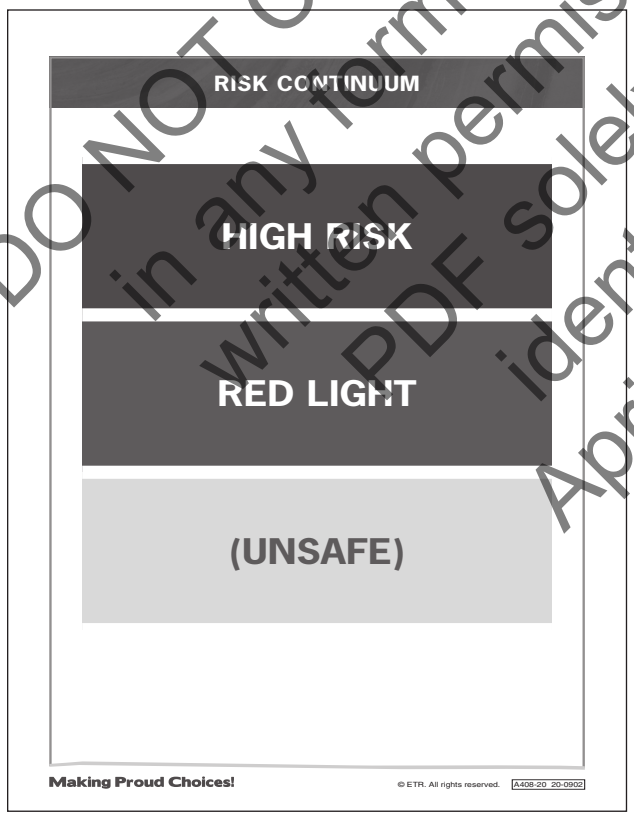
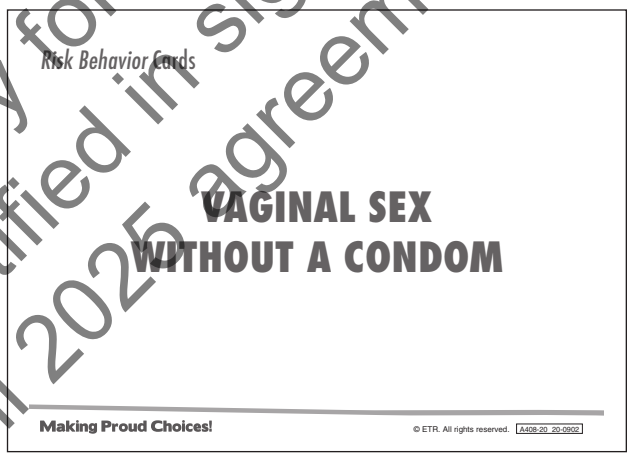


Posters (3 total)



Cards (24 total)

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MODULE 3

ATTITUDES ABOUT SEX, HIV AND CONDOM USE

GOALS

The goals of this module are to:

- Increase participants' 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, participants 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 third module: (1) informs participants about the transmission and prevention of HIV; and (2) helps participants advocate and give advice regarding HIV/AIDS and safer sex strategies.

STRATEGIES/METHODS

- Video Viewing
- Group Discussion
- Problem-Solving Exercises

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *The Hard Way* character cards
- *Calling Koko Caller* worksheets in the student workbooks
- Video: *The Hard Way* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Pre-labeled chart paper:
  - » *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Markers
- Masking tape
- Pencils
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. Set up the video(s) to be ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. *The Hard Way* Video and Discussion*	**40**
B. Calling Koko	**20**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

THE HARD WAY VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Hard Way*, or alternative videos
- Pre-labeled chart paper:
  - *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per participant)

TIME

40 minutes

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

PROCEDURE

1. Introduce the film.

> Sexually active young people are at risk for HIV infection. The video you are going to see is about young people. This video 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 chart paper (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 video, 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 video, 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.

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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6. **Begin the discussion by saying,**

> Let's talk about the characters in this video. 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. Notice the video refers to the use of birth control pills as "protection." While pills may protect against a pregnancy, they provide no protections against HIV and other STIs.
>
> 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?
>
> What could Renee and Miguel say to each other about their sexual health and desires to protect themselves from unintended pregnancy or STIs?
>
> 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,**

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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 video and our discussion? (Listen for these messages and reinforce if they are not shared: getting tested, talking about sexual health and protection, and using protection if having sex can help reduce the risk of HIV transmission.)

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. 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!

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ACTIVITY B

CALLING KOKO

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

20 minutes

PROCEDURE

FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 20 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants.

If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

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 participants into pairs or small groups.

3. Have participants turn to the *Calling Koko* worksheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)

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4. **Explain the following:**

> You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. **Give the pairs 5 minutes to discuss and write their advice.**

6. **Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice using the Main Points to Cover.**

7. **Using the following sample responses, discuss any points that participants do not come up with themselves.**

FACILITATOR'S NOTE

Sample responses are provided. Participants' answers do not have to match the sample 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 sample responses as a review before going on to the next caller.

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MAIN POINTS TO COVER

The surest protection is abstinence.

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

PrEP and PEP can reduce the risk of HIV transmission.

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?

– Charlie

Sample 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 or anal sex, the best way to reduce your risk of HIV is to use condoms. That includes external or male condoms made of latex, polyurethane or polyisoprene; or female or internal condoms. PrEP and PEP are medications that you can take to reduce your risk of HIV infection. PrEP is a pill you take every day to prevent HIV. PrEP may be a great option for someone who is in a relationship with someone living with HIV or for someone who is at high risk for HIV. PEP is a pill you can take for 28 days after having sex if you think you may have been exposed to HIV. 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.

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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 STIs.

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?

– Raymond

Sample Response to Caller 2

If you and your girlfriend have never had vaginal 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 always use protection even if you are only having sex with each other. 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 unintended pregnancy or getting an STI, including HIV.

Talk it over with your partner. You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.

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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 protection 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?

– Alex

Sample 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. Test kits are available over the counter at most drug stores. You can also go to a local HIV testing site such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person's body. Make an appointment to get tested and use condoms until you get the test results.

It sounds like your first time didn't go the way you had hoped it would. 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 STI. If you do decide to have sex, be proud and responsible and talk to your boyfriend about protection. Tell him it is important that you use condoms if you have sex. Let him know that you're concerned about 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.

I also want to make sure you feel supported. Please reach out to the wellness center or find a school club or group that supports and affirms you.

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MAIN POINTS TO COVER

Oral sex can transmit STIs, including HIV.

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

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

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 infections. Is oral sex safe? How do we protect ourselves from STDs?

– Carmello

Sample Response to Caller 4

Oral sex poses little to no risk of transmitting HIV. However, most STIs can be transmitted during oral sex. Untreated STIs can increase the risk of HIV transmission. This is why it is important to use protection for oral sex. For oral sex that involves putting the mouth to a vagina or an anus, use a dental dam. If you don't have a dental dam, you can cut a condom into a flat sheet. A penis should also be covered with a condom during oral sex.

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 infection. Using protection every time you have oral sex is the responsible thing to do. If you decide to have sexual intercourse, use an external (male) or internal (female) condom every time you have sex. And make sure you only use condoms that are made of latex, polyurethane, polyisoprene or nitrile.

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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! I'm scared to date! What should I do?

– Dana

Sample Response to Caller 5

I can understand your concerns about having sex. You can't look at people and tell whether or not they have an STI, such as HIV. 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. Talk to them about your concerns and how you plan to protect yourself. When you decide to have sex, be sure to use protection every time. By protection, I mean external or male condoms made of latex, polyurethane, or polyisoprene; internal or female condoms; or dental dams.

I am assuming your friend is getting treatment for HIV. Antiretroviral therapy, or ART, can help your friend live a long, healthy life. If she has a steady sexual partner who is HIV negative, ART could help reduce the chances of her transmitting HIV to her partner. Her partner can get on pre-exposure prophylaxis or PrEP treatment, which will reduce the risk of getting the virus.

People who think they may have been exposed to HIV should get treatment immediately. Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor's offices and HIV clinics. PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.

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MAIN POINTS TO COVER

People cannot give consent when they are drunk or high.

Get tested for pregnancy, STIs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making.

Use protection if you decide to have sex.

CALLER 6

Koko,

I'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Sample Response to Caller 6

This sounds like a tough situation. When people are drunk or high, they are more likely to have sex without using condoms, which increases their risk for STIs. Everybody has the right to say when they want or don't want to engage in sexual behaviors and to insist on using protection. When people are drunk or high they can't fully give consent to sexual activity. Please remember that someone doing something sexual to you while you are drunk or high means that technically you were not able to give consent, and so this may be a situation of sexual assault. Do not blame yourself. There are people in this world who seek out those who are too high or drunk to consent. If this person is known for having sex with people who are too drunk or high to consent, he likely isn't someone who has your best interests in mind. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

(continued)

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CALLER 6

Sample Response to Caller 6 *(continued)*

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 STIs. 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. EC is also available over the counter at most drug stores.

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).

Don't blame yourself. You deserve to have sexual partners who you feel comfortable communicating with, who respect what you want and don't want, and who will share the responsibility for using protection.

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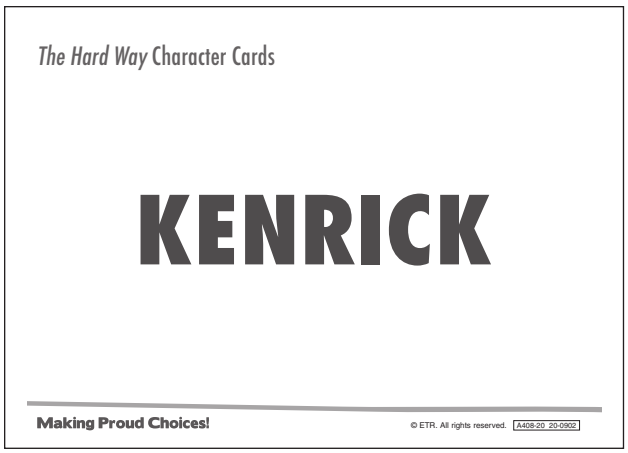

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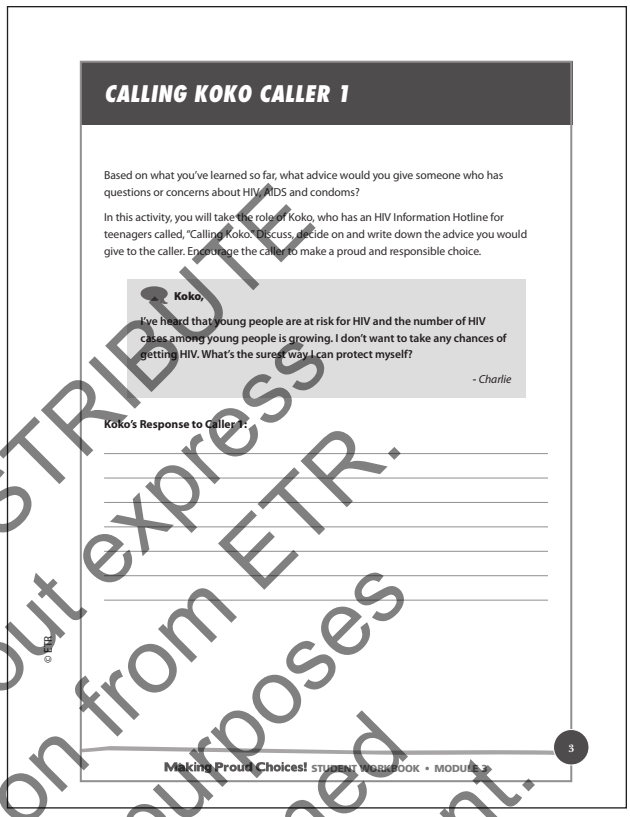

Worksheets (6 total)

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MODULE 4

STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT

GOALS

The goals of this module are to:

- Introduce participants 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, participants will be able to:

- 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.
- Provide correct answers to review questions on HIV and AIDS.

MODULE PREVIEW

The fourth module: (1) encourages participants 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
- Video Viewing
- Game

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* worksheet in the student workbook
- HIV/AIDS Game Questions (included in module)
- Video: *Nicole's Choice* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Masking tape
- Pencils
- Markers
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the information about sexually transmitted infections in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. STOP, THINK and ACT: Introduction to Problem Solving	**5**
B. Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT	**15**
C. *Nicole's Choice* Video and Discussion*	**25**
D. The HIV/AIDS Game	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STOP, THINK and ACT* poster
- Masking tape

TIME

5 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 participants 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 participants provide a few answers.

Answers may include:

You may feel afraid, confused, angry or upset.

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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 participants 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 stick to the decisions I've made for my health and well-being?
> - 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.

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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.

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ACTIVITY B

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 participants' ability to use them.

MATERIALS

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

TIME

15 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,

> No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. 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. You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.

2. Divide the participants into pairs.

3. Have participants turn to the *Sean and Morgan Case Study* worksheet their workbooks.

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4. **Ask for a volunteer to read the case study and instructions to the group. Encourage the group 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 concerned about STIs 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 pairs, and use the STOP, THINK and ACT steps to find a solution to the situation on your worksheet.

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

7. After 8 minutes, even if most of the pairs have not finished, ask them to stop and begin discussing the case study. Ask one of the pairs 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 pair 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 pair 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 pair has given their responses, ask the other groups to comment and offer any different ideas for this section.

   Finally, ask a different pair 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 pair 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.

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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 STIs, 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.

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ACTIVITY C

NICOLE'S CHOICE VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *Nicole's Choice*, or alternative videos
- *STOP, THINK and ACT* poster

PREPARATION

- Review the information about STIs in Appendix B.

TIME

25 minutes

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

PROCEDURE

1. Introduce the video by saying,

> Now we will watch a video 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 video *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 participants 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?

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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 a clinic to be tested for an STI?

Can you get HIV the same way you get other STIs?

8. **Summarize as follows,**

Getting an STI may bring up a lot of emotions. Though young people ages 15-24 are diagnosed with half of all new STIs,* many STIs can be prevented by using protection or choosing not to have sex. Only you can decide to protect your future and your health. Use protection every time you have sex. And use the right kind of protection: external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams.

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* Centers for Disease Control and Prevention. 2019. STDs in adolescents and young adults - 2018 Sexually Transmitted Diseases Surveillance. https://www.cdc.gov/std/stats18/adolescents.htm. Accessed 6/22/2020.

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ACTIVITY D

THE HIV/AIDS GAME

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

- Chart paper
- Markers

TIME

15 minutes

PROCEDURE

1. Introduce the next activity by saying,

> We are going to play a game* that will review the information we've talked about regarding HIV and AIDS.

2. Divide the group into two 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 bonus question (a one-point question).
> - If someone answers out of turn, the interrupter's team receives a bonus question. The other team then gets a chance to answer a bonus question.

* Adapted from "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.

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4. **Keep score (or ask a participant to keep score) on the board or on chart paper.**

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 bonus question, use the bonus questions in the game for one point each. You may be able to create other situations that result in bonus question 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.**

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HIV/AIDS 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 diseases called opportunistic infections.

5. **Name three of the body fluids through which HIV is transmitted?**
   - Semen, vaginal fluids, 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). HIV is easily passed through oral sex.**

10. **(True) or False. Anal sex without a condom increases your chances of getting HIV.**

11. **True or (False). There is now a cure for AIDS.**

12. **(True) or False. If you think you were exposed to HIV, you can get Post-Exposure Prophylaxis (PEP) within 72 hours to avoid getting the virus.**

* See Appendix B for additional information on HIV and sources.

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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 by using condoms or taking PrEP which reduces risk of HIV transmission but not other STIs
- Engaging in low-risk activities such as kissing
- Not sharing needles or works
- Getting tested regularly
- Talking with your partners about HIV and making sure they get tested too

15. What does U=U mean?

- U=U stands for Undetectable equals Untransmittable. That means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. If there is an undetectable amount of HIV in their blood, the virus cannot be transmitted to others.

16. Name three ways HIV is passed.

- During unprotected vaginal or anal sex (sex without a condom)
- By sharing needles and syringes
- From an infected mother to the fetus or newborn child

17. Name two types of sexual practices in which HIV can be passed.

- Anal sex
- Vaginal sex

18. Name two high-risk behaviors.

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

19. (True) or False. Using water-based lube and condoms when you have vaginal or anal sex lowers the chance of getting HIV.

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

21. 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

BONUS QUESTIONS (ONE POINT)

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

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

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

24. (True) or False. Limiting the number of sexual partners a person has is one way of reducing the risk of HIV.

25. 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.

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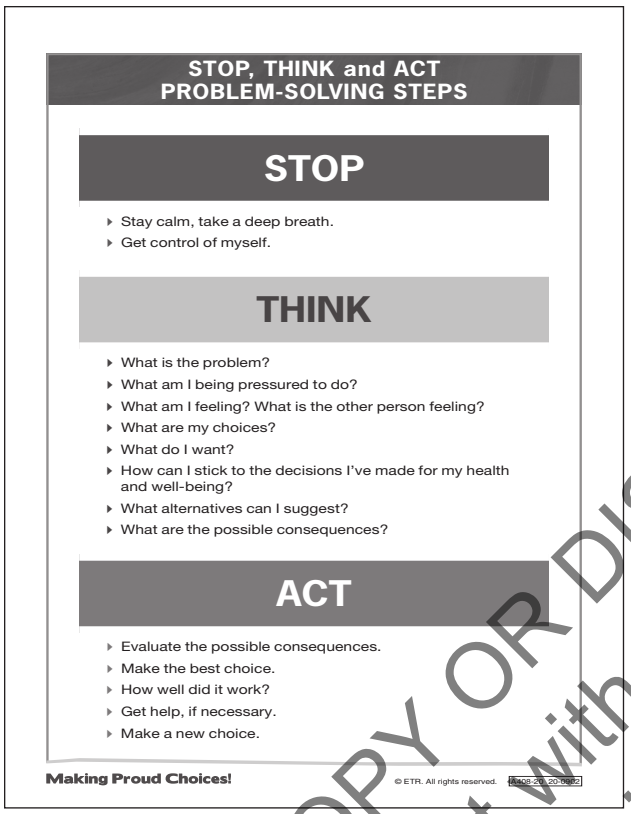


STOP, THINK and ACT
PROBLEM-SOLVING STEPS

STOP

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

THINK

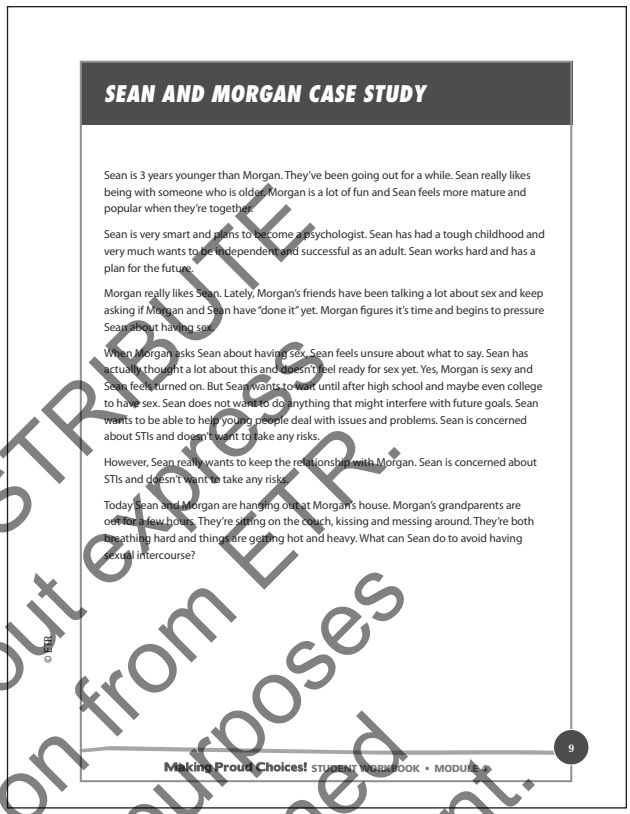
- What is the problem?
- What am I being pressured to do?
- What am I feeling? What is the other person feeling?
- What are my choices?
- What do I want?
- How can I stick to the decisions I've made for my health and well-being?
- What alternatives can I suggest?
- What are the possible consequences?

ACT

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

Making Proud Choices! © ETR. All rights reserved. [illegible]

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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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 • MODULE 4 9

Worksheet

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MODULE 5

POSSIBLE OUTCOMES OF UNPROTECTED SEX: STIs

GOALS

The goals of this module are to:

- Increase participants' knowledge of sexually transmitted infections.
- Help participants identify strategies for preventing STIs.
- Increase participants' perceived vulnerability to STIs.
- Clarify participants' attitudes and beliefs about STIs and condom use.
- Teach participants the steps for correct use of a condom.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted infections.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STIs, including HIV, and pregnancy.

MODULE PREVIEW:

The fifth module: (1) helps participants examine the signs and symptoms of the most common STIs; (2) illustrates how STIs can impact the lives of young people; and (3) informs participants about correct use of condoms, as a way to prevent STIs.

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STRATEGIES/METHODS

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

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STI* poster
- *Agree* and *Disagree* signs (1 set)
- *Steps for Using a Condom* poster
- Video: *The Subject Is STDs* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Condoms
- Water-based lubricant
- Condom Demonstrator(s)
- Paper towels
- Small paper bag
- Monitor and video player, or internet access if using alternative videos
- Pre-labeled chart paper:
  - » *How STIs Are Transmitted*
  - » *Reasons to Protect Against STIs*
  - » *Group Agreements* (from earlier session)
- Chart paper
- Index cards for the Transmission Game—pre-labeled with four distinct shapes, e.g., star, rectangle, circle, and triangle**

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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.

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

** You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. 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 or www.etr.org/store/format/condom-kit.
4. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.
5. Set up the video(s) to be ready to play.
6. Read the instructions for the Transmission Game and make sure you're clear about the process.
7. Label the index cards for the game. For a group of 6–8, one person will have a "star" card, one person will have a "triangle" card, one person will have a "rectangle" card and the rest will have "circle" cards. Increase the number of "triangle," "rectangle" and "circle" cards in this approximate ratio for larger groups.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to include both the discussion and the video about STIs, and to provide more condom skills practice.)

ACTIVITY	MINUTES NEEDED
A. STI Facts	20
[A. (Alternate) *The Subject Is STDs* Video	20]
B. The Transmission Game	15
C. What I Think About HIV/STI and Safer Sex	10
D. Condom Use Skills	15

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 uses STI. It is important for everyone to understand that STIs (STDs) can present with or without symptoms.

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ACTIVITY A

STI FACTS

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STI* poster
- Pre-labeled chart paper:
  - *How STIs Are Transmitted*
  - *Reasons to Protect Against STIs*
- Markers
- Masking tape

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

PROCEDURE

1. Begin this activity by displaying the *STI* poster. Use chart paper to cover the poster so only the letters "S T I" are revealed.

2. Then say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

3. Ask the group to brainstorm all of the STIs they know.

4. Then uncover the poster and read any STIs they did not mention.

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

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5. **Then say,**

> **STIs fall into three categories:**
>
> - **Bacterial (caused by bacteria)—**These STIs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
> - **Viral (caused by a virus)—**Most of these STIs 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).
> - **Parasitical (caused by parasites)—**These STIs are curable. They include trichomoniasis and pubic lice.

6. **Unfold the pre-labeled chart paper titled *How STIs Are Transmitted* and say to the group,**

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

7. **List the answers on the chart paper 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)
   - » *(Optional) For high school youth:* Sharing sex toys or other devices with partners without using a new condom each time the device is used by a different person

8. **Next ask,**

> **Who can get an STI?**

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Answer:

» Anyone who has unprotected sexual intercourse (meaning without using condoms or dental dams).

9. **After participants have answered, say,**

That's right. Anyone who engages in unprotected sexual intercourse can get an STI. But teens and young adults are affected by STIs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STI 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 STIs?

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 STI?

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. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 06/2/2020.

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12. **Then say,**

> **In many cases, a person can have an STI and have no symptoms! This means that people may not even know they have an STI. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STI.**
>
> **Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include masturbating alone, petting, kissing, foreplay or dry humping. An exception is where skin-to-skin contact is involved with someone who has HPV, syphilis or herpes. In contrast, sexual activities that do include an exchange of body fluids increase the risk for STI transmission. These include vaginal, anal or oral sex.**

13. **Then ask,**

> **How can you protect yourself from getting an STI?**

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.
- Do not use or share needles or works (including syringes, caps, cleaning water) for injecting drugs.
- There is a vaccine that can prevent hepatitis B.
- There is also a vaccine that protects people against most types of HPV that cause genital warts or lead to cervical cancer.
- Get tested regularly.
- Talk to your partners about STIs and encourage them to get tested too.

14. **Then say,**

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We know how STIs are transmitted. We know signs and symptoms that can indicate an STI infection. We know some STIs don't have symptoms. We know how to avoid getting an STI. But why would a person want to avoid getting an STI and what are the reasons they should get treatment right away if they do get an STI?

Let's brainstorm *Reasons to Protect Against STIs* by thinking of some of the long-term physical and emotional consequences of getting an STI.

15. **List the group's responses on the chart paper. Encourage all participants to respond.**

Answers should include:

- Increased risk of getting HIV
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- 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, hepatitis C)
- Child born with an STI
- Embarrassment
- Odor and discharge
- Impact on relationship
- Stigma

16. **Explain that many of these reasons to protect against STIs can be prevented by abstaining from vaginal, anal or oral sex, or by using protection such as condoms. STIs are common and many people will get one at some point in their lives. Getting tested regularly and treated, if required, can limit or prevent negative health outcomes. That is why it is important to get tested and treated as soon as possible. Explain that no one chooses to get an STI. Some people have gotten STIs from sex that was against their will. Getting tested and treated, if necessary, is the responsible thing to do. Summarize this activity by saying,**

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**

(continued)

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(continued)

2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Avoid STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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1. Centers for Disease Control and Prevention. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 6/9/2020.
2. Centers for Disease Control and Prevention. 2019. HIV Basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.
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ALTERNATE ACTIVITY A

THE SUBJECT IS STD (VIDEO OPTION)*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is STDs,* or alternative videos

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

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

PROCEDURE

1. Say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

2. Introduce the video by saying,

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

3. Show the video, which is 17 minutes long.

4. When the video 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 STI from their partners?

(continued)

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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(continued)

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

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

FACILITATOR'S NOTE

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

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

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**
2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Protect Against STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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REFERENCES

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4. U.S Department of Health and Human Services. *AIDSinfo*. 2020. HIV and sexually transmitted diseases (STDs). https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/26/98/hiv-and-sexually-transmitted-diseases--stds-. Accessed 6/9/2020.

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ACTIVITY B

THE TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Labeled index cards (Star, Circle, Rectangle, Triangle)
- Pencils

TIME

15 minutes

PROCEDURE

1. Ask the rhetorical question,

> Who gets STIs? 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 STI if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STI; 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 labeled cards and pencils so that only one person has a "star," one or two people have a "triangle" and "rectangle" and the rest get a "circle." DO NOT tell participants what the symbols mean at this time.

Rectangle = Abstinence

Triangle = Condoms/Dental Dams

Circle = Unprotected Sex (oral, anal or vaginal sex without protection)

Star = Infection (STI/HIV)

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FACILITATOR'S NOTE

You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Give the following instructions:

- Listen carefully and be ready to share what you hear.
- Write your name on the side of the index card that has the symbol 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 symbol 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…

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

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

> - We are going to pretend that each conversation you had represented an act of "sexual intercourse."
> - Look at your cards. The shapes or symbols on the cards represent something in this exercise.
> - Will the person with the "star" card, please stand. For the purposes of this activity only, the star card represents an STI and anyone whose name is on your card could have the STI too.
> - (To the person with the "star"): 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 "triangle" on your card, that means you correctly used a protective barrier such as an external or internal condom, or a dental dam, every time to reduce your risk, and so you can sit back down.
> - If you have a "rectangle" 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 "circle" 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 an STI.

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.

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10. **Thank the participants for participating in the game. Remind them that it is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.**

11. **Ask the participants to take their cards and rip them to pieces.**

12. **Ask the participants to sit down.**

13. **Ask the following questions:**

> **How did it feel to participate in this activity?**
>
> **Imagine you had the star or circle card. How did or does it feel to potentially have been exposed to an STI?**
>
> **How might it feel to potentially expose others to an STI?**
>
> **Imagine you had the triangle card. How did or does it feel to have protected yourself from STIs? How does it feel to have protected others?**
>
> **Imagine you had the rectangle card. How did or does it feel to have chosen abstinence?**

14. **Explain that for those having sex, talking to sexual partners about STIs and getting tested are two strategies that can reduce the risk of STIs, including HIV.**

15. **Ask the following questions:**

> **If getting tested had been an option in this game, how do you think that could have changed how many people were standing at the end?**
>
> **How would talking to your partner(s) about STIs before engaging in a sexual behavior change the number of people potentially exposed to an STI (i.e., the number of people standing at the end of this activity)?**
>
> **What did you learn by participating in this game that will help you make decisions about your sexual health in the future?**

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Try to elicit the following answers:

- One person can infect many by passing the infection to someone who passes it on to the next person.
- STIs can be spread through unprotected vaginal, anal and oral sex.
- People should consider the risks their partners have taken in the past.
- Practicing abstinence and using protection such as condoms can prevent STI 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 or dental dams but it gets easier with practice.
- Anyone can get an STI regardless of whether the sex was consensual or forced.
- Getting tested is the only way to know for sure if you have an STI.

16. **Continue the activity by saying,**

This was just a game. However, it does highlight how fast and easily an STI can spread. A good way to reduce your risk for infection is to use a latex (or polyurethane/polyisoprene) condom or dental dam every time you engage in oral, anal or vaginal sex. Also, be sure to get tested regularly if having sex. Many STIs can be treated.

17. **Summarize as follows,**

As we reflect back to my first question, "Who gets STIs?," we have learned that it is possible for anyone to get an STI. STIs are common and many people will get an STI at some point in their lives. Remember, the proud and responsible things to do are to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex, to get tested, to talk to your partners about STIs, and to get treated if you get an STI.

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ACTIVITY C

WHAT I THINK ABOUT HIV/STI AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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/STIs 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 participants 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 participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.

7. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.

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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 participants a chance to switch after discussion of each statement.

9. Thank the participants 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, STIs and protection than your partner or friends. But the facts about HIV/STI remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal fluids and rectal fluids. Other STIs are also passed through having sex. Whenever you have sex, you must use latex or polyurethane/polyisoprene condoms or dental dams every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STI transmission. PrEP can also reduce your risk of HIV transmission, and PrEP plus condoms can reduce your risk of HIV and other STIs.

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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 an effective 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 feel as if they know how, but anyone can improve their skills by learning the specific steps that you will be learning 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. Have honest conversations about your sexual health and your plans to protect yourself from unintended pregnancy or STIs. Both of you should get tested so you know your status.)
- **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 STI, so you should always use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex. Often people with STIs don't have symptoms, and a person living with HIV may not have symptoms for many years.)

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ACTIVITY D

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants 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
- External condoms, lubricated (two per participant or pair of participants, plus demonstration condoms)
- Dental dam
- Lubricant
- Condom demonstrator(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 participants 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 external or male condoms correctly and to have you practice condom use skills. I want to make sure we are clear that when teaching you these skills 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.
>
> For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

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2. Explain what a condom is by saying,

> As we have learned, a condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids, or rectal fluids.
>
> The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth or anus. It also keeps the penis from being exposed to vaginal fluids or rectal fluids. It is used to keep sperm from entering the vagina to prevent a pregnancy. When it is used to avoid the exchange of body fluids, the external condom can reduce the risk for transmission of HIV and other STIs. Only latex, polyurethane or polyisoprene condoms are effective in preventing HIV and other STIs.
>
> ***Optional for high school youth:***
> The external condom may also be used on a sex toy or other insertive sexual device that is being shared. A new condom must be used each time the sex toy or device is used by a different person.

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, polyurethane or 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 an external condom correctly. Many of you may have never seen or touched a condom. We're going to practice using external 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.

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5. **Post the *Steps for Using a Condom* poster. Using a 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 participants during this activity.

STEPS FOR USING A CONDOM

1. Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
2. Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
3. Open the package carefully to avoid tearing.
4. Make sure condom is on the proper side to roll down correctly.
5. Pinch the tip of the condom to create space (½ inch) for semen.
6. Squeeze a few drops of water-based lubricant inside the tip.
7. Make sure the penis is erect and both partners are ready to engage in sexual activity before putting on the condom.
8. Continuing to squeeze the tip, place the condom on the head of the penis. Unroll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
9. Check during sex to make sure the condom isn't slipping.
10. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
11. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

6. **Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

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FACILITATOR'S NOTE

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants 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 participants 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. Try several brands and type to find the best fit.

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 such as water-based or silicone-based lubricants (e.g., Good Clean Love or Aloe Cadabra).

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 external condoms may also be used. 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.

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10. **Ask participants 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 STIs.**
>
> **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:* Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.**

12. **Summarize as follows,**

> **To protect yourself and your partner from sexually transmitted infections, 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 unexpired condoms on hand.**
> - **Get used to condoms so they become easy to use each time.**
> - **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 STIs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal sex.**

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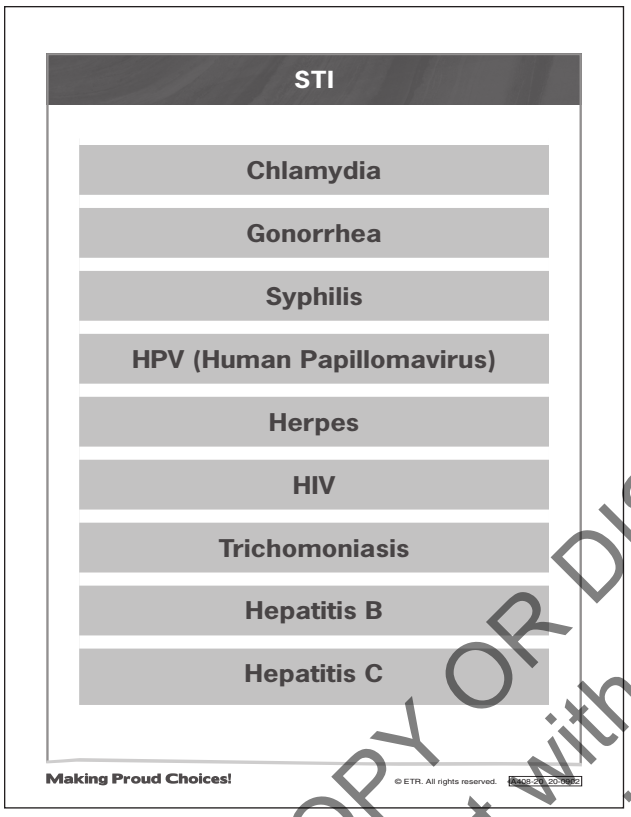

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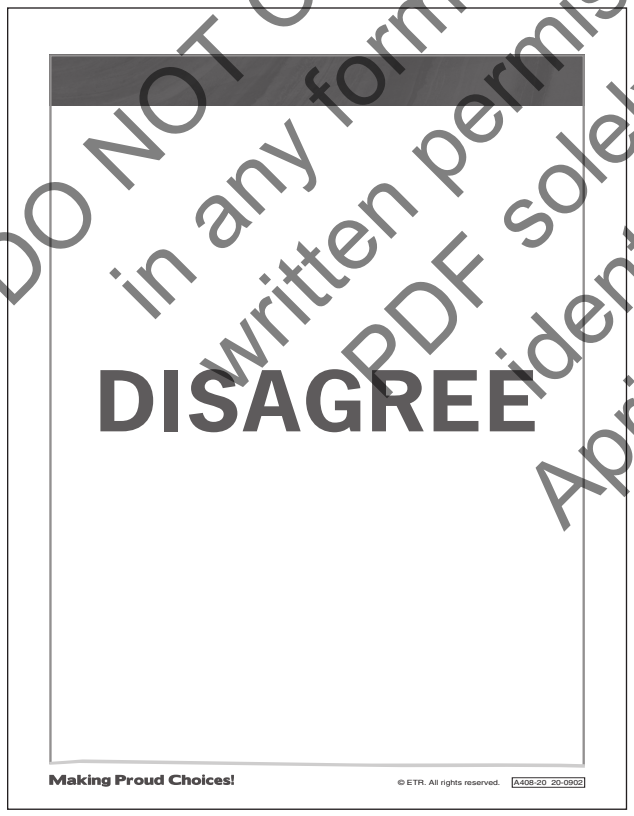

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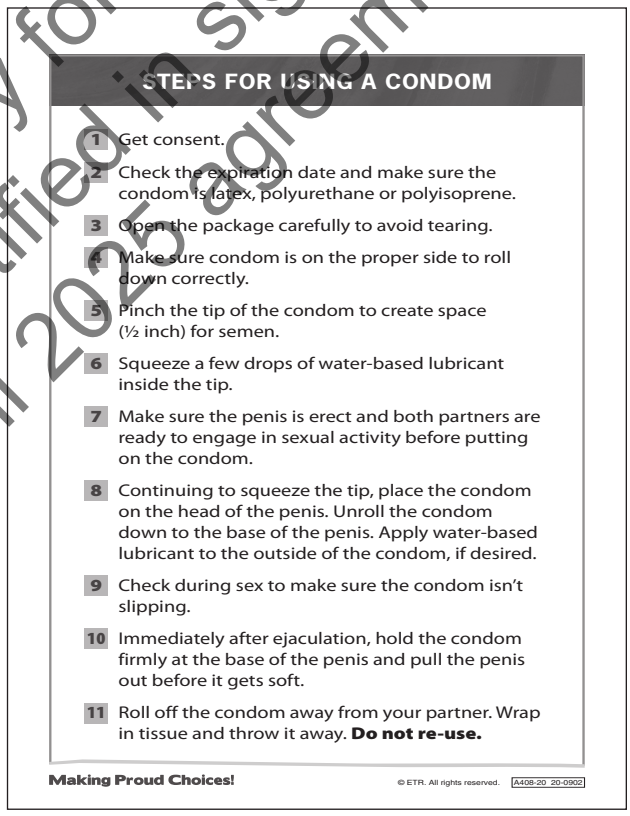

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MODULE 6

A POSSIBLE OUTCOME OF UNPROTECTED SEX: PREGNANCY

GOALS

The goals of this module are to:

- Increase participants' understanding of pregnancy as a possible outcome of unprotected sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Distinguish facts from falsehoods about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.

MODULE PREVIEW

The sixth module: (1) helps participants examine myths about pregnancy; (2) illustrates how pregnancy can impact the lives of young people; and (3) informs participants about the various forms of birth control.

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STRATEGIES/METHODS

- True or False Game
- Video Viewing
- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *True or False: Pregnancy Statements* (included in module)
- *Birth Control Choices* poster
- *Optional:* Video: *Tanisha & Shay* (or alternative videos*)
- *Agree/Disagree* signs (1 set)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pre-labeled chart paper: *Contraceptives*
- *Optional:* Monitor and video player, or internet access if using alternative videos
- Markers
- Masking tape

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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 *True or False: Pregnancy Statements* and get comfortable with the content.
4. *Optional:* Set up the video(s) to be ready to play.
5. Review the information about contraceptive methods in Appendix B.
6. 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 & Shay* Shay video or alternative videos, if you decide to extend the session and include the videos.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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7. 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.
8. Review how to use an internal 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. 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 participants the YouTube video.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* The use of the optional video(s) will increase the length of the module by up to 25 minutes. A video is an excellent way to help participants personalize and conceptualize the information, but should not replace or take time away from the discussion and demonstration of the contraceptive methods. Facilitators may wish to deliver this module across two 60-minute sessions.)

ACTIVITY	MINUTES NEEDED
A. True or False: Pregnancy Statements	10
[B. *(Optional) Tanisha & Shay* Video	+25]
C. Birth Control Methods Demonstration	40
D. Agree/Disagree - Attitudes About Contraception	10

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ACTIVITY A

TRUE OR FALSE: PREGNANCY STATEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about pregnancy provides an opportunity for learning the correct information about pregnancy.

MATERIALS

- *True or False: 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 what is true and what is false when it comes to the consequences of unprotected sex.

2. 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 true or false.
> - I also want you to explain why it is true or false.
> - If you don't know, I will ask for volunteers who think they know the answer.

3. Read the *True or False: Pregnancy Statements* on page 140.

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

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5. **Once all the statements have been completed say,**

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

6. **Summarize by saying,**

> **The more you know about the possible outcomes of sex, such as pregnancy and sexually transmitted infections, the better you will be at protecting yourself from experiencing an unintended pregnancy and/or STIs. Next, we are going to see a video (or videos) that describes how pregnancy can impact a young person's goals and dreams for the future.**

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TRUE OR FALSE: PREGNANCY STATEMENTS

1. **Every time you have unprotected vaginal sex, there is the possibility of getting pregnant, even the first time you have vaginal sex.**
   TRUE
   Pregnancy is a possibility every time someone has unprotected vaginal sex, regardless if it's the first time or the hundredth time.

2. **Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.**
   TRUE
   Pulling out, or withdrawal, does work in theory. However, it takes a lot of practice and concentration. It can be challenging, especially for teens and young adults, to actually pull the penis out before they ejaculate (or cum). Pulling out AND using another method of protection greatly increases the effectiveness.

3. **You can't get pregnant if you have sex standing up.**
   FALSE
   Sperm don't care what position you're in. Any time semen (which contains sperm) is able to travel up through the vagina and fallopian tubes to where sperm can fertilize an egg, you can get pregnant. There are no exceptions to that rule.

4. **If you have unprotected vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy.**
   TRUE
   If you had unprotected vaginal sex (or your birth control method failed) and you do not want to become pregnant, take an Emergency Contraceptive pill as soon as possible but no later than within 5 days. The EC pill (or a copper IUD) prevents a pregnancy from occurring.

5. **Douching (cleaning the vagina) after sex can prevent pregnancy.**
   FALSE
   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.

6. **You can't get pregnant unless you have an orgasm (cum).**
   FALSE
   It doesn't matter if you have an orgasm or not. You can get pregnant if you engage in vaginal sex without using protection.

(continued)

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

   FALSE

   When young people first start having periods they often have irregular cycles and may even skip a month from time to time. But if someone has had vaginal sex and misses a period, pregnancy is a possibility. The person should get tested right away, and see a doctor if the pregnancy test is positive.

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

   FALSE

   If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. For many different reasons, gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

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

   TRUE

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

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

    TRUE

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

11. **A person cannot get pregnant from anal sex.**

    TRUE

    Yes, it's true a person can't get pregnant from having anal sex, but people still have to think about STIs. The lining of the anus is thin and lubricates less than the vagina, so it's easy for STIs to enter the body that way.

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OPTIONAL ACTIVITY B

TANISHA & SHAY VIDEO*

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 video player, or internet access if using alternative videos
- Video: *Tanisha & Shay,* or alternative videos

TIME

25 additional minutes

PROCEDURE

1. Introduce the video by saying,

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

2. Show the video in three segments as described below.

> I will be showing you this video in 3 segments. After each part, I'll ask you some questions about what you've seen.

3. Show Part 1: Tanisha Finds Out. At the end of the segment, process by asking these questions:
   - » What did the provider tell Tanisha?
   - » What is your reaction? What do you think happens?
   - » Why do you think Tanisha and Shay did not use protection/ birth control?

> Let's watch the next segment and find out what happens next.

4. Show Part 2: Sharing the News. At the end of the segment, process by asking these questions:

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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- How does the pregnancy affect everyone in Tanisha's life?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What could Tanisha say to Shay when she shares the news of the pregnancy?
- What might it look like for Shay to be a part of Tanisha's decision-making process?
- What might this conversation and decision-making look like in a healthy relationship like Tanisha and Shay's?

Let's watch the last segment.

5. **Show Part 3: Now What? At the end of the segment, process by asking these questions:**
   - What did this video teach you about teen pregnancy?
   - What could Tanisha and Shay have done after they had unprotected sex to prevent a pregnancy?
   - Are these teens ready to become parents? Why or why not?
   - How would your life change if you became pregnant or got somebody pregnant now?
   - What about if you became a parent or became a parent again?

6. **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 unintended pregnancy by practicing abstinence or 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!

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ACTIVITY C

BIRTH CONTROL METHODS DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Pre-labeled chart paper:
  - *Contraceptives*
- *Birth Control Choices* poster
- Markers

TIME

40 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 some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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 chart paper titled *Contraceptives* and ask the participants to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the chart paper.

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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
- » Diaphragm
- » Cervical cap
- » Withdrawal

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 three different categories:* behavioral methods, 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 participants to handle the methods at the end when you've finished the demonstration.**

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* Shoupe, D., and D. R. Mishell, eds. 2016. *The Handbook of contraception: A guide for practical management*. New York: Humana Press, Springer International Publishing.

FACILITATOR'S NOTE

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let participants 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.

BEHAVIORAL METHODS

Abstinence

- Abstinence is the safest and most effective pregnancy and STI 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 STIs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STIs.
- 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 STIs, including HIV.

Withdrawal

- Withdrawal, or pulling out, is done by removing the penis fully from the vagina/anus before ejaculating and only ejaculating outside of the vagina/anus.
- Withdrawal is free and a method available to everyone.
- To be effective at preventing pregnancy, withdrawal must be used correctly and completely. This requires knowing and understanding a person's own body, which can be challenging for young people and people with little sexual experience.
- Withdrawal is most effective when used with another contraceptive method. Using withdrawal in addition to condoms or another form of birth control further reduces the risk of unintended pregnancy.

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FACILITATOR'S NOTE

Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness.

Sources: Laris, BA, et al. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education* DOI: 10.1080/14681811.2020.1768324; Hatcher, R. A. 2018. Contraceptive technology. New York: Ayer Company Publishers.

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 infections. 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 STIs. 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 by a trained medical provider.
- 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.
  - » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 4 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla, Kyleena and Liletta. They are effective from 3 to 5 years, depending on which one you get.

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- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STIs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a matchstick that is placed under the skin of your upper arm by a trained medical provider 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 STIs, so you should also use a condom.

The Shot

- People who use the shot receive hormonal shots every 3 months.
- Depo-Provera is the most common brand and is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STIs, 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 STIs, 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 STIs, 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 STIs, so you should also use a condom.

Diaphragm and cervical cap

- The diaphragm and cervical cap are vaginal barriers that cover the cervix to keep sperm from reaching and fertilizing an egg.
- The diaphragm is a reusable, dome-shaped cup made of latex or silicone. It is used with spermicidal gel and inserted into the vagina, where it is positioned to cover the cervix. It can be placed up to 6 hours before sex and must be left in place for at least 6 hours (but no more than 24 hours) after sex. Caya is a new one-size-fits-all diaphragm. Unlike earlier diaphragms, it does not require fitting and is easier to insert and remove. It is available with a prescription.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours and requires spermicidal gel. Like the diaphragm, it is inserted in the vagina before sex, and must be left in place for at least 6 hours afterward. FemCap is the only brand available. It has to be fitted by a provider and requires a prescription.

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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.*

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.

External (male) condom

- The external 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.

Internal (female) condom

- The internal 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.

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* 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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- The internal condom can be inserted right before sex, or up to 8 hours ahead of time.
- The internal condom can also be used for STI protection during anal sex. People of any gender can use these condoms for anal sex.
- These are the steps for using the internal 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 or anus (for additional STI protection). 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.
  - » Insert the inner ring into the vagina or anus and use your index finger to push it up into your vagina as far as it will go. If used vaginally, 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 or anus—about a half inch of the sheath should remain on the outside of your body.
  - » 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 or anal 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.

Note: Take care to present the internal 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 an external condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice

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and then it will be no problem. Note that the internal condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight. Also, because they are made of nitrile, they warm to body temperature and lack the smell of latex.

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 STIs, so you should also use a condom.

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 STI/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 STIs).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) reduces the risk of pregnancy after unprotected sex or when another birth control method fails.
- There are 2 types of EC available:

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  - » **EC pill**, also known as the morning-after pill, can be taken up to 5 days after unprotected sex. Some EC pills (Plan B One Step, Take Action and Next Choice One Dose) may be bought over the counter without a prescription and without having to see a pharmacist. Ella, a non-hormonal EC pill, requires a prescription from a health care provider or a pharmacist.
  - » **Copper-T IUD** (ParaGard) can act as emergency contraception when inserted by a health care provider within 5 days of unprotected sex.
- The sooner EC is taken (within 5 days) after unprotected sex, the more effective it is at preventing unintended pregnancy. Ella, unlike other EC pills, does not decrease in effectiveness during those 5 days.
- EC works by keeping sperm from fertilizing an egg by preventing ovulation or making the environment hard for sperm to survive in. EC is not the same thing as the abortion pill, and will not harm an existing pregnancy.
- Emergency contraception does not protect against HIV or other STIs, so protection like PEP should also be used.

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 people 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 people who use these methods not to smoke.

The side effects some people 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 people 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.

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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?
- How can I show myself respect in my sexual health decision making?

What are some ways partners 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

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

If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted infections, 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 also helps prevent sexually transmitted infections, 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.

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ACTIVITY D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes participants aware of some of the reasons people may not use birth control.

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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 participants' 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 participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

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3. **Follow the instructions below:**

   - Ask participants to stand.
   - Read a statement from the *Attitudes Statements* below.
   - Ask participants 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 participants 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 participants 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 participants 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 unintended pregnancy can often make life more complicated. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (It might be embarrassing but 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.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)

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4. **Hormonal methods such as the shot can make someone fat and not sexy.** (The term *sexy* means appealing and exciting. It really has nothing to do with a person's body shape. Being happy with oneself projects a better self-image that may contribute to "feeling sexy." There is little evidence that links hormonal methods to weight gain. Diet, exercise and genetics have a bigger influence on a person's weight. If one contraceptive method does not work for you, you can always talk to your clinician about switching to a different method.)
5. **Internal condoms are too much trouble.** (The 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.)
6. **It's hard to talk about protection with the person you're having sex with.** (It might be challenging to have difficult conversation like this. However, it's easier 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.)
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 STIs. 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 STIs.)
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 raising their children. 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.)

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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.)
10. ***Optional for high school youth:*** **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.)

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 unintended pregnancy and STIs, 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 unintended pregnancy and STIs by using an effective method of birth control *and* condoms every time you have sex.

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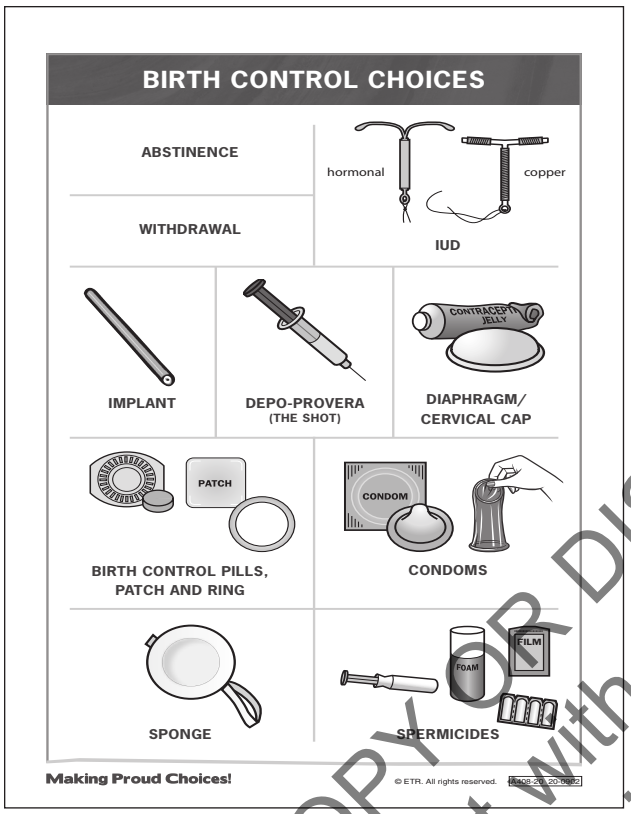

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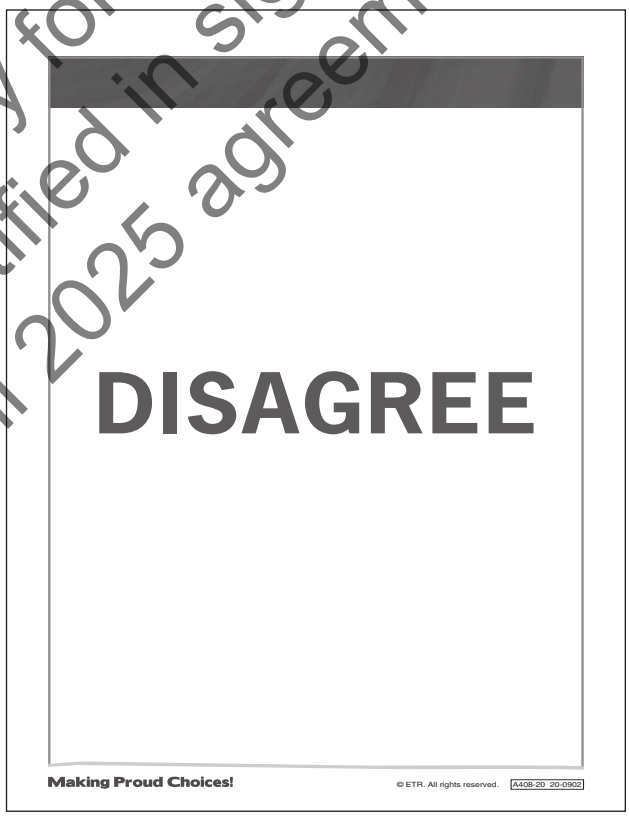

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MODULE 7

DEVELOPING CONDOM USE AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance participants' ability to resist situations that place them at risk for HIV/STI infection and pregnancy.

LEARNING OBJECTIVES

After completing this module, participants 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.
- 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 seventh module: (1) enhances participants' ability to use condoms correctly; (2) explores positive aspects of condom use; and (3) allows participants to practice condom negotiation skills.

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STRATEGIES/METHODS

- Exercises
- Scripted Roleplays

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- Video: *Condom Use Animation* (or alternative videos*) [for high school youth]
- *Condom Line-Up* cards
- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Worksheets in the student workbook:
  - » *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 chart paper:
  - » *Ways to Make Condom Use Easy and More Fun* (for high school youth)
  - » *Ways to Make Condom Use Easy* (for middle school youth)
  - » *Pros*
  - » *Cons*
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. *For high school youth:* Set up the video(s) to be ready to play.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Condom Line-Up	**10**
B. How to Make Condoms Fun and Pleasurable *(for high school youth)*	**10**
C. Barriers to Condom Use/Condom Pros and Cons	**10**
D. "What to Say If My Partner Says...": Responding to Excuses	**15**
E. Introduction to SWAT and Scripted Roleplays	**15**

(*Note:* This module includes different activities for middle school and high school youth. When implementing the program with middle school youth, adapt Activity A by skipping the video on condom use and including the optional discussion on how to make condom use easy, and skip Activity B. For high school youth, conduct all activities in the module as written.)

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ACTIVITY A

CONDOM LINE-UP

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 video player, or internet access if using alternative videos
- Video: *Condom Use Animation*, or alternative videos
- *Condom Line-Up* cards
- Masking tape
- Pre-labeled chart paper (for middle school youth):
  - *Ways to Make Condom Use Easy*

TIME

10 minutes

PROCEDURE

1. Introduce the *Condom Use Animation* video by saying,

> We are about to see a brief video on 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 video, which is 2 minutes long.

3. When the video 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 participants. (Give each participant more than one card if there are more cards than participants.)

6. Ask the group to stand.

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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 have sex?**

Answer

- » Get consent
- » Get condoms, lubricant and/or dental dams
- » Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.

8. **Have the participants 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. Consent
> 2. Get external condoms and check expiration date
> 3. Sexual arousal (hug, cuddle, kiss, massage)
> 4. Erection
> 5. Carefully remove condom from package
> 6. Dab water-based lubricant on penis or inside condom
> 7. Squeeze out any air from tip of condom and leave room for ejaculation
> 8. Roll condom on
> 9. Intercourse
>
> *(continued)*

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10. Orgasm *(optional)*

11. Hold onto the rim of condom and withdraw the penis

12. Remove and discard condom

13. Loss of erection

14. Relaxation

FACILITATOR'S NOTE

Steps 6 and 7 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. Orgasms are optional and not everyone will experience an orgasm every time.

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

» Consent, 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 person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do?"

Answer

» This will happen to most people with penises 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.

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13. **Summarize by saying,**

> **You did a great job lining up the condom cards and discussing the correct steps in external 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. Remember, too, that you may also use internal condoms instead of external condoms. It is also important to remember that using two or more condoms at the same time can cause the condoms to weaken and tear. Never use two condoms at the same time. Condoms can be used with other birth control methods such as the pill or withdrawal to increase contraceptive effectiveness.**

OPTIONAL ACTIVITY FOR MIDDLE SCHOOL YOUTH

15. **When using this curriculum with middle school age youth, engage them in a discussion on how condom use can be made easy by asking these questions:**

    - What do you think makes some people uncomfortable about using protection such as external condoms? internal condoms? dental dams?
    - Why do you think other people use these forms of protection?
    - How might someone become more comfortable with the idea of using protection?
    - What might make it easier for someone to get and use condoms? (Use the pre-labeled chart paper to record responses.)

Skip Activity B and move directly to Activity C after this discussion.

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ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE (FOR HIGH SCHOOL YOUTH)

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants 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 chart paper:
  - *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 so 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 chart paper titled *Ways to Make Condom Use Easy and More Fun.*

4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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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 participants 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 smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.
- If using an internal condom, have it inserted before sex.

FACILITATOR'S NOTE

Remind youth that the only protective barriers that protect against HIV and other STIs are those made of latex, polyurethane, polyisoprene or nitrile. Anyone who is allergic to latex can use condoms made of the other materials.

Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense. If this is the case, ask the questions in a way that is less personal. You could ask, "What do you think some people do to make condom use easier and more fun?" or "Imagine an advertisement for condoms and dental dams, what might it say that would make people think using condoms is easier and more fun?"

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Participants should be reminded that only condoms consisting of latex, polyurethane, polyisoprene or nitrile can help protect against STIs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STI.

There are glow in the dark condoms that are latex and safe for STI/HIV protection, as well as flavored, ribbed and other options.

Just as there are different styles of condoms, each brand and type of lubricant is different. People have different preferences and may find that some lubricants feel better than others. Partners can try different brands to find one that feels comfortable and natural.

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 protection such as latex or polyurethane/polyisoprene condoms if you have sex.

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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 chart paper:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

TIME

10 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 chart paper, labeled *Pros* and *Cons*.

3. Ask participants to brainstorm all of the *Pros* (all of the reasons *for* using condoms), and list their answers on the chart paper.

Make sure their list includes:

» Condoms can help prevent pregnancy.

» Condoms can help prevent STIs, including HIV.

» Condoms make you feel good about yourself.

» You know you are safer when you use condoms.

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4. **Ask participants 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: Knowing that you are being responsible by using condoms will feel natural and good.

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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.**

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ACTIVITY D

"WHAT TO SAY IF MY PARTNER SAYS…": RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

Participants need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STIs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the participants to negotiate with a partner.

MATERIALS

- Pre-labeled chart paper:
  - *Excuses Sexual Partners Give*
- Markers

TIME

15 minutes

PROCEDURE

1. Unfold the pre-labeled chart paper 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 chart paper.

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?

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5. **Demonstrate by reading one excuse that is listed on the chart paper 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 participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms ruin 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 ruin 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. Let's try a few different types to find the one that feels best. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

OR

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Internal condoms are made of nitrile, which warms up with body heat. We can use extra lube too.

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: Dental dams are messy and smell funny.

Response: Dental dams aren't any messier or smellier than sex. Let's try a polyisoprene dental dam instead of a latex one so it doesn't smell. We can try different lubes too and find one that isn't smelly.

Excuse: Condoms are unnatural and turn me off.

Response: Worrying about unintended pregnancy and STIs turns me off. Condoms will make me feel safer and sexier.

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 unintended pregnancy or STI.

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 STIs, 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.

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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 STI.

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 STI. 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. The only way to know if someone has an infection is to get tested.

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. Or we can use internal condoms. They're made of nitrile and they warm up with body heat!

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 out and get some condoms, then have sex.

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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 participants 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 STI and not know it. Make a plan to get tested together to know for sure.

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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 STIs, including HIV. Condoms (both external and internal) are the only birth control method besides abstinence that also helps protect you from HIV and other STIs.

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/nitrile) condom and/or dental dam every time you have sex.

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ACTIVITY E

INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants 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 participants 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

15 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 STIs 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.

Affirmative consent is a conscious, voluntary agreement to engage in sexual activity. This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person's consent to have sex. Policies and laws around affirmative consent protect both partners by making sure they are in agreement and there is mutual understanding of what is happening.

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 participants' 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

(continued)

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(continued)

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 unintended pregnancy, HIV and other STIs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?
>
> How do you express your personal boundaries or communicate how far you are willing to go? People set personal boundaries based on what feels right or what is uncomfortable. In dating or intimate relationships, examples of boundaries may include being happy to go to the movies but not be alone in a bedroom, or wanting to kiss but not to have sex.
>
> Being clear on your personal boundaries will help you in situations where you need to make a decision and communicate that clearly. Just as important as setting and communicating your own boundaries is respecting the other person's boundaries and decisions. This is also a sign of a healthy relationship.
>
> 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.

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4. Review the entire *SWAT* poster with the participants 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.

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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 participants how to read the example with an assertive voice and body language.**

7. **Say to the participants,**

> **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 participant 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.**
> - **I have not said yes, which means this isn't happening.**

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.**

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10. **Review each item on the *Observer Checklist* poster to ensure participants 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 participants to act out the first roleplay. Have them turn to the scripted roleplay *While They're Out* (Ineffective Version) in their workbooks. 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 participants 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 STI like HIV.
>
> *(continued)*

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(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 STI. 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 their 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 their feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

Was there consent in this situation? *(No)*

Even though Person 1 didn't say no, did it seem like they were consenting to sex? *(No)*

Even though Person 1 didn't say no, how might Person 2 know that Person 1 did not consent? *(Unsure or soft tone of voice, no eye contact, only backed down because of pressure)*

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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 participants 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 STI 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 having sex. 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.

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16. **After the roleplay, thank the roleplaying participants 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.)*
>
> Did Person 1 respect Person 2's personal boundaries? *(Yes.)*
>
> Was there consent in this situation? *(Yes. There was mutual agreement on what to do next.)*
>
> How should this story end? *(If they have sex, each should continue to check how the other person is feeling and whether that person still wants to continue having sex. At any point, if either one says stop, they must stop. Consent can be revoked at any time.)*

17. **After participants 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 participants to read *Your Valentine's Day Gift* (Ineffective Version). Remind participants to continue to use the *Observer Checklist*.**

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19. **Begin by reading the Setting the Stage section before having the assigned participants 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. You 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)*

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.*

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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.)*

Did Person 1 respect Person 2's personal boundaries? *(No.)*

Was there affirmative consent in this situation? *(No. "I guess" is not affirmative consent.)*

How should this story end? *(They should stop because there is no affirmative consent to have sex.)*

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 participants 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.

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(continued)

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.

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 participants 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 participants to respond.

25. Summarize as follows,

You had some really great observations. We just had a chance to practice saying no to unsafe behavior. We also had the opportunity to practice listening for consent.

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.

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Condom Line-Up Cards

CONSENT

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Cards (14 total)

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.
- I have not said yes, which means this isn't happening.

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Poster

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
Refused to engage in unsafe behavior	Y/N
Repeated refusal	Y/N
Body language said "NO"	Y/N
W Explained why	
Gave clear reasons	Y/N
A Provided alternatives	
Suggested alternative actions	Y/N
T Talked it out	
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 & Worksheet

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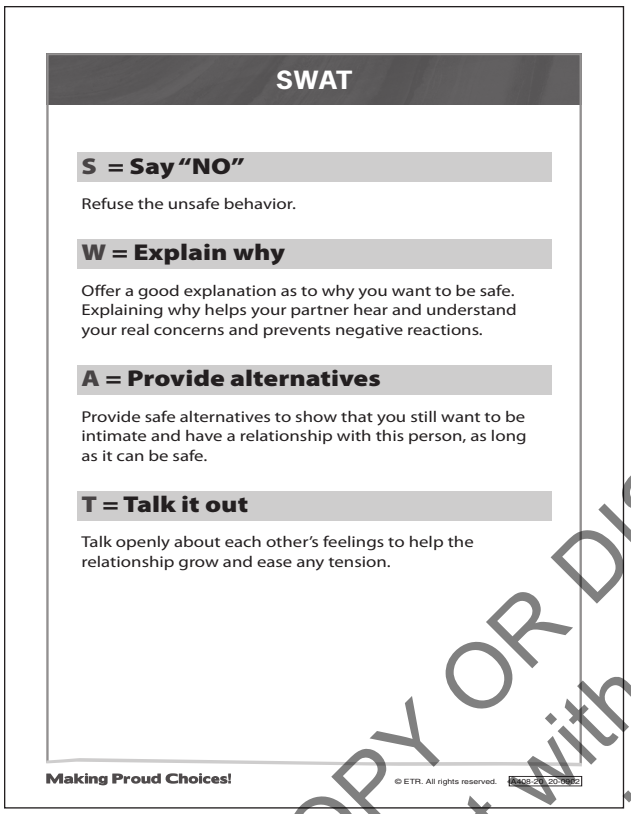

SWAT

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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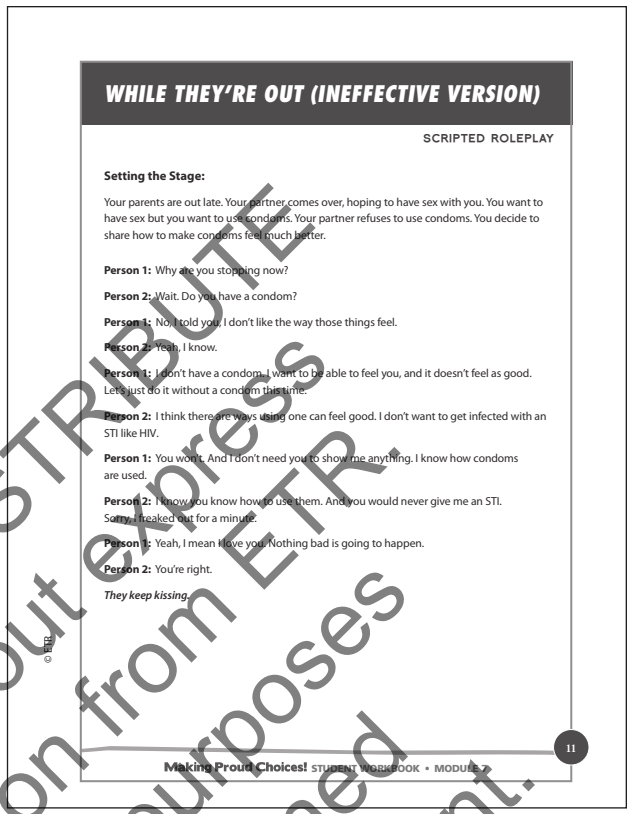

WHILE THEY'RE OUT (INEFFECTIVE VERSION)

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 STI 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 STI. 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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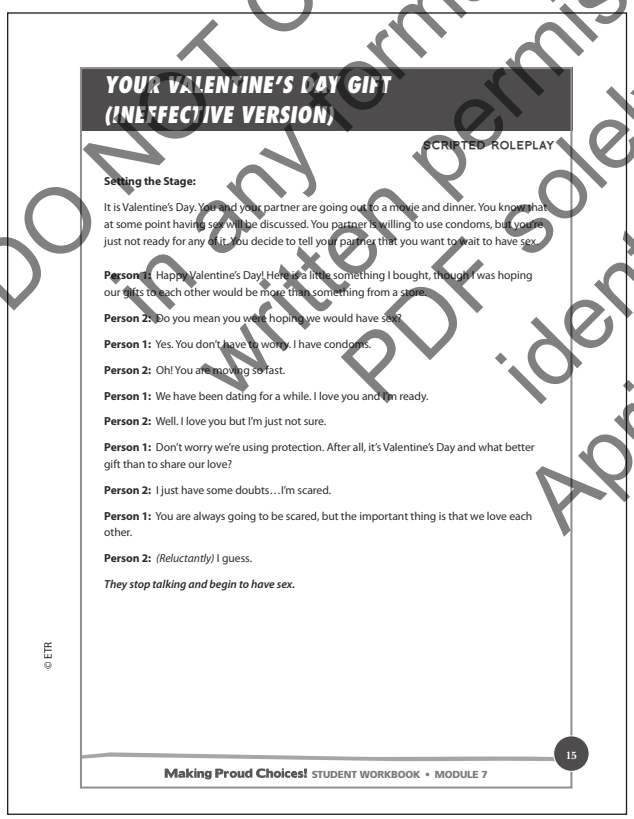
Roleplay (2 versions)



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. You 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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Roleplay (2 versions)

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MODULE 8

ENHANCING REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills regarding condom use.
- Enhance participants' ability to resist situations that increase their risk for unintended pregnancy, HIV and other STIs.

LEARNING OBJECTIVES

After completing this module, participants 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 eighth module: (1) provides an opportunity for participants to practice condom negotiation skills; and (2) provides an opportunity for participants to practice communication and negotiation skills with a partner.

STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Video Viewing
- Closing Circle

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- Video: *Wrap It Up* (or alternative videos*)
- Roleplays and worksheet in the student workbook:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Kayla and Mia*
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*
- *Optional:* Additional roleplay scenarios found in Appendix A

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Pencils
- Masking tape

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Safer Sex Negotiation Skills and *Wrap It Up* Video*	**15**
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays	**35**
C. Talking to Your Partner about Condom Use - Information Review	**5**
D. Closing Activity	**5**

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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ACTIVITY A

SAFER SEX NEGOTIATION SKILLS AND *WRAP IT UP* VIDEO*

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides participants with additional skills necessary to help reduce their risk for unintended pregnancy, and STIs or HIV infection.

MATERIALS

- Posters
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- Video: *Wrap It Up*, or alternative videos
- Monitor and video player, or internet access if using alternative videos

TIME

15 minutes

(*Note:* Allow more time, if possible, to practice the SWAT technique and to view the video.)

PROCEDURE

FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills 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 video is 6 minutes so you'll need the final 8 minutes to show the video 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 protection and safer sex. This should include what types of protection to use, such as external or internal condoms and dental dams. 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.

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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 participant to read aloud an example from the chart until all the examples have been read. Encourage participants 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 unintended pregnancy, HIV and other STIs.
> - I am not ready to have a child (again).

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.

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6. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage the participants 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 participant to read aloud an example from the chart until all the examples have been read. Encourage the participants to make up their own examples as well.

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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.

9. Introduce the *Wrap It Up* video or alternative video(s) by saying,

> We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, one partner wants to use condoms and the other 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 used to convince a partner to use condoms.

10. Show the video, which is 6 minutes long.

11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the person who wanted to use condoms use the SWAT Refusal and Negotiation Skills we talked about before? How?
- Did they say no?
- Did they offer an explanation?
- Did they provide alternatives?

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- **Did the two people talk it out?**
- **Did you think that they had any difficulty? If so, what?**
- **What were the partner's concerns about using a condom?**
- **What did the person who wanted to use condoms say to respond to their partner's statements and concerns?**
- **Was the person who wanted to use condoms ready to walk away from the relationship, if necessary?**
- **Were their personal boundaries and choice respected?**
- **Was there consent?**

13. **Continue processing with the following questions,**

» What could have happened if one partner decided to continue pressuring the other for sex while refusing to honor that person's decision to use protection?

» What were some other points in the story when their relationship could have turned into harassment, abuse or violence?

» The video was about a heterosexual relationship (boyfriend/ girlfriend). Could this happen in other types of adolescent relationships?

» If you suspect a friend may be in an abusive relationship or is being used by someone in a sexual way, what would you do?

14. **Summarize as follows,**

You have demonstrated a really good understanding of healthy and unhealthy relationships. As we have seen here, the foundation of a healthy relationship is respect, and it is guided by open and honest communication. You also learned refusal and negotiation skills that could help you in your relationships. 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.

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ACTIVITY B

PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity allows participants 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*
- Student workbook:
  - *Observer Checklist*
  - *Roleplays (A–E)*
- *Optional:* Additional roleplays found in Appendix A

TIME

35 minutes

PROCEDURE

FACILITATOR'S NOTE

During the roleplay practice, participants 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 participants 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.

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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 participants 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)*

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- **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. **Have participants turn to the *Observer Checklist* worksheet 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 participant should play the role of Taylor. Have the participant turn to Roleplay A in the workbook and give them 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.**

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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 participants' 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?

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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. **Have the first pair of participants turn to Roleplay B in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.**

16. **Explain to the roleplay participants,**

> 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.**

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19. **Remind observers to fill out the *Observer Checklist* as they watch the roleplay.**

FACILITATOR'S NOTE

After a few roleplays, participants 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 participants 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 participants 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 participants 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.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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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 feel that Justice does not trust you 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 participants' 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?

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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. **Have the next pair of participants turn to Roleplay C in their workbooks.**

25. **Tell observers which character to observe. In Roleplay C, the person is Kayla. The goal of this roleplay is for Kayla 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 protection
>
> **Observe:** Kayla using SWAT
>
> *(KAYLA and MIA talking)*
>
> **Kayla**
>
> Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.
>
> 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 reduce the risk for yourself and your partner by always using protection.
>
> While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.
>
> *(continued)*

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Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

Mia

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kayla, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

28. Review the participants' responses on the *Observer Checklists* asking the following questions,

- Did Kayla use the SWAT technique?
- Did Kayla say no?
- Did Kayla explain why?
- Did Kayla provide alternatives?
- Did they talk it out?
- What could Kayla have done differently?

29. Process the roleplay using the following questions,

- What kept Mia from using protection?
- What are some of the consequences Mia could be facing for having intercourse without using protection?
- What do you think convinced Kayla to start practicing safer sex?

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- Was Kayla able to convince Mia? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms or dental dams every time you have sexual intercourse or oral sex?

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.

31. Have the next pair of participants turn to Roleplay D in their workbooks.

32. 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.

33. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

34. Read aloud the scenarios for both characters, and then have participants 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
>
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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 STI 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.

35. 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?

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36. 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?

37. 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.

38. Have the next pair of participants turn to Roleplay E in their workbooks.

39. 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 unprotected sex.

40. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

41. Read aloud the scenarios for both characters, and then have participants 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.

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Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might create trouble in 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.

42. Review the group's responses on their *Observer Checklists* 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?

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43. **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?

44. **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.

45. **Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

46. **Remind observers to continue to use the *Observer Checklist*.**

47. **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.

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.

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ACTIVITY C

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 participants 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 participants 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

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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 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 participants to brainstorm ways to avoid becoming pregnant or infected with HIV or another STI. (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 STIs.
- 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 unintended pregnancy, HIV and other STIs.
- Ask about your partner's sexual and drug use history.
- Get tested for and treated for HIV and other STIs.
- Encourage partners with HIV to get ART and stay on treatment.
- Encourage partners with other STIs to get and stay on treatment.
- If you think you might be at risk for HIV because of an infected partner, talk to your doctor about getting on PrEP.

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4. **Reinforce tips for consistent condom use by saying,**

> **Protect yourself and your partner by:**
>
> - **Using a latex or polyurethane/polyisoprene condom (or dental dam) 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. **Unintended pregnancy, HIV and other STIs are potential outcomes 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 unintended outcomes.**
> 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 STIs, 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.**

6. **Remind participants of resources,**

> **There are a number of resources we covered throughout the program. I want to make sure you have a list to refer to if or when you need resources or help.**

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FACILITATOR'S NOTE

Make sure you have referral resources for the youth completing your program. It should include reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV Hotlines. Also include:

- LYRIC Youth Talk Line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946.

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ACTIVITY D

CLOSING ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants a sense of closure to the program.

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Ask the participants to form a tight circle with their chairs.
2. Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the participants 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 every confidence 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.

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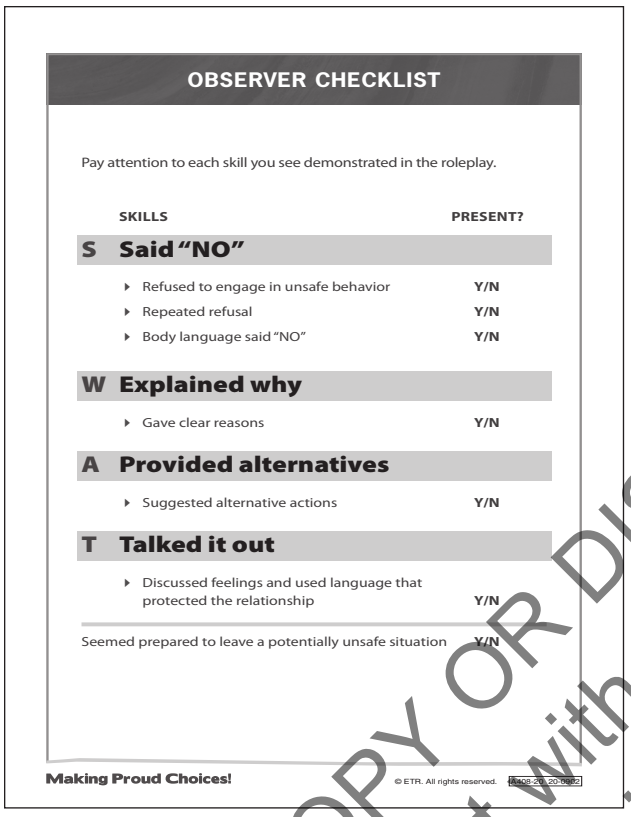

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
W Explained why	
▸ Gave clear reasons	Y/N
A Provided alternatives	
▸ Suggested alternative actions	Y/N
T Talked it out	
▸ 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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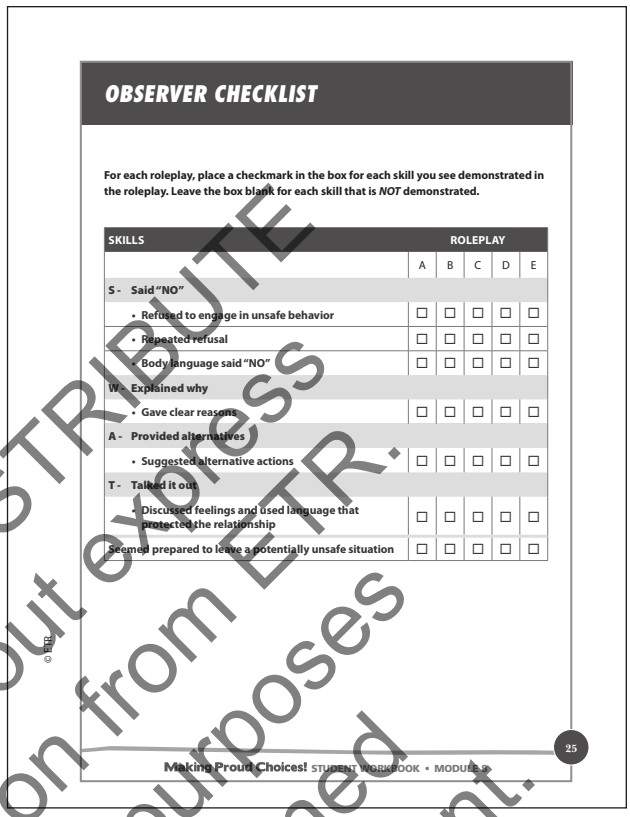

OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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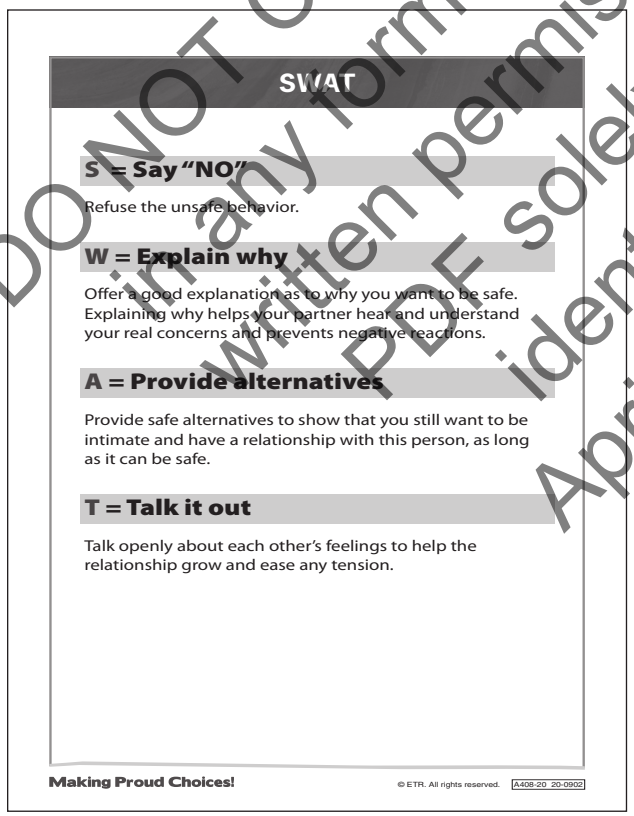
Making Proud Choices! STUDENT WORKBOOK • MODULE 8 25

Worksheet



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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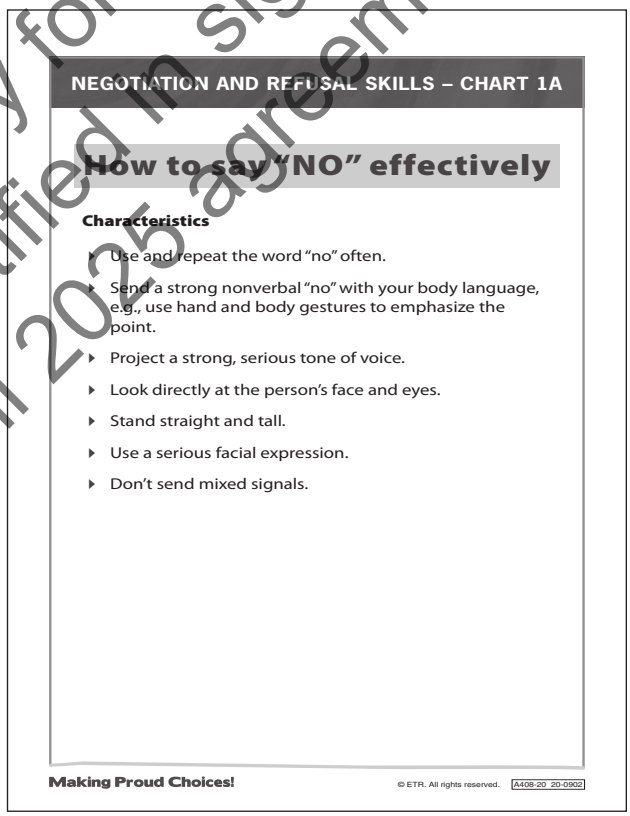

NEGOTIATION AND REFUSAL SKILLS – CHART 1A

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.
- I have not said yes, which means this isn't happening.

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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 unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).

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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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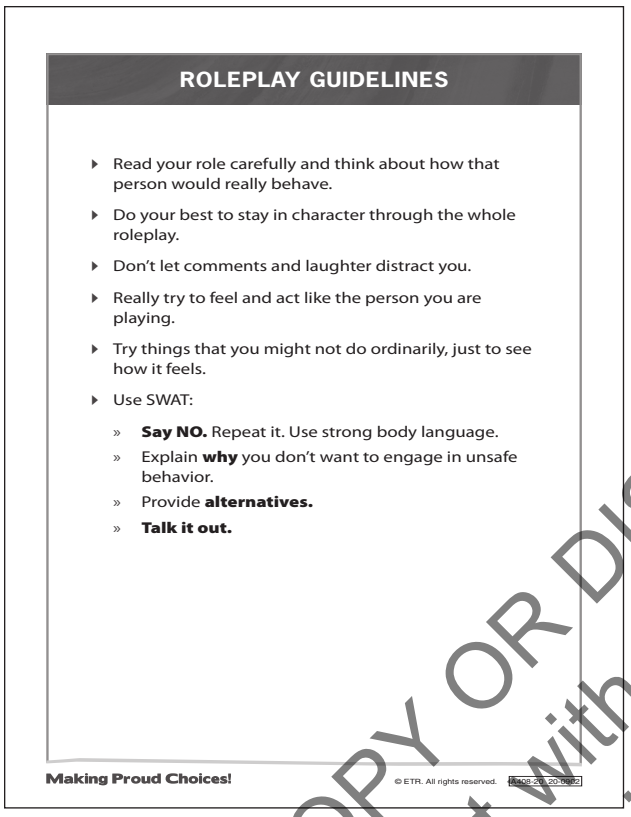

ROLEPLAY GUIDELINES

- 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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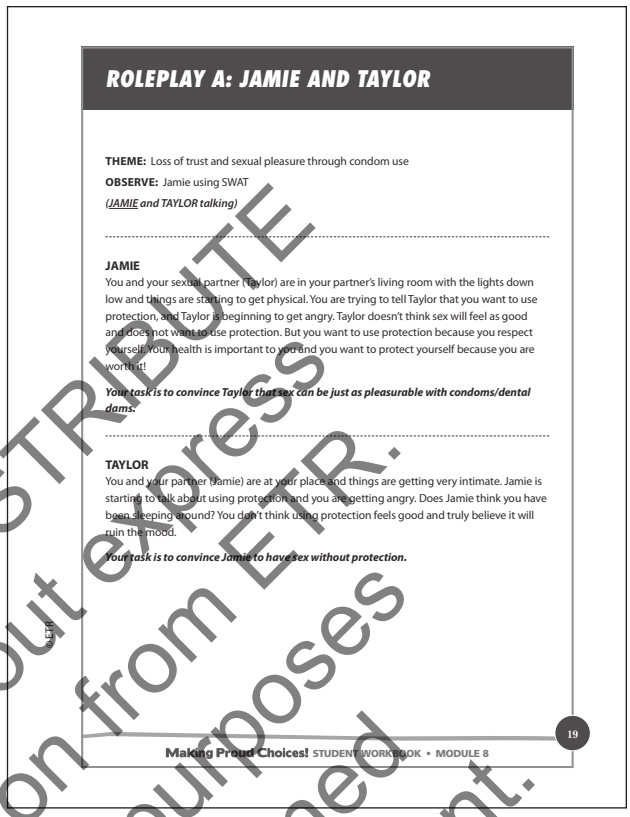

ROLEPLAY A: JAMIE AND TAYLOR

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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Roleplays A–E (5 total)

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GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.

IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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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?

- Charlie

Koko's Response to Caller 1:

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CALLING KOKO CALLER 2

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.

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?

– Raymond

Koko's Response to Caller 2:

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CALLING KOKO CALLER 3

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.

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?

– Alex

Koko's Response to Caller 3:

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CALLING KOKO CALLER 4

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

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.

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 infections. Is oral sex safe? How do we protect ourselves from STIs?

– Carmello

Koko's Response to Caller 4:

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CALLING KOKO CALLER 5

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.

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! I'm scared to date! What should I do?

– Dana

Koko's Response to Caller 5:

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CALLING KOKO CALLER 6

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'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Koko's Response to Caller 6:

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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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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SEAN AND MORGAN CASE STUDY (CONTINUED)

Using STOP, THINK and ACT and the questions below, decide what Sean should do to keep from having sex before being ready.

STOP:

What can Sean do to stop?

What can Sean do to stay calm?

THINK:

What is the problem? What is Sean being pressured to do?

What do you think Sean is feeling?

What does Sean think Morgan is feeling?

What are Sean's choices?

What does Sean really want to do?

What alternatives can Sean suggest to Morgan?

What are the possible consequences?

ACT:

What do you think is Sean's best choice?

How should Sean act on that choice?

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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 STI 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 STI. 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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 STI 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 having sex. 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.

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Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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. You 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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YOUR VALENTINE'S DAY GIFT (EFFECTIVE 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. You 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 only want to have sex when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

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.

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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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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ROLEPLAY B: JUSTICE AND ANGEL

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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 feel that Justice does not trust you 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.

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ROLEPLAY C: KAYLA AND MIA

THEME: Two friends talk about protection

OBSERVE: Kayla using SWAT

(KAYLA and MIA talking)

KAYLA

Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.

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 reduce the risk for yourself and your partner by always using protection.

While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

MIA

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kalya, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

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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 STI 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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ROLEPLAY E: ALEX AND CASEY

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 create trouble in 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.

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OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY				
	A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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Friendships & Dating Program

Program Handouts

This digital version of the Friendships and Dating Program handouts package is being provided only for the Medical Accuracy Review associated with the PREP grant. These digital resources cannot be stored, used, or distributed to other entities except for the sole purpose described in the email request from Pennsylvania Department of Health on April 15, 2025.

UAA Center for Human Development
University of Alaska Anchorage

Friendships & Dating Program

Program Handouts

I/DD VERSION

WEEKLY INFORMATION SHEET

Sessions 1 & 2 Introduction to Friendships and Dating

Session Objectives:

- Introduction of facilitator and participants
- Getting familiar with Zoom
- Understand session formats
- Establish group rules

Social Activity Information:

This activity will introduce participants to how social activities will take place during the next 10 weeks.

Date and Time: _____

Zoom or App to be used: _____

Participants need to prepare: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - How did the session go?
    - Who did you meet?
    - How was interacting on a computer/tablet?
    - Do you know how to turn your microphone on/off?
    - Did you feel comfortable participating during the sessions?
    - Ask about how they can access handouts from the class?
    - Ask about group rules.
- Stress that participants should notify the facilitator if they are unable to attend.
- Help participants open Box and explore materials in the shared folder.
- Discuss any concerns the participant has. Follow up with the facilitator if necessary.

If you have any questions or concerns, contact:

Facilitator Names: _____

Phones: _____

E-mails: _____

IDENTIFYING EMOTIONS

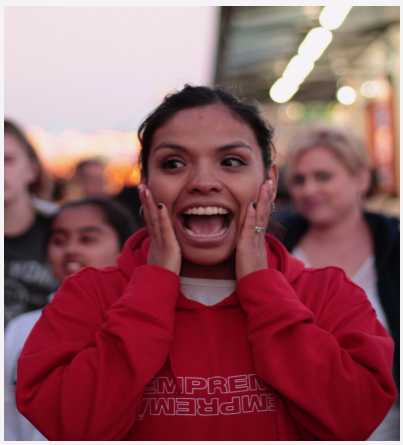
Happy

Sad

Disgust

Angry

Shock



Surprised

Friendships & Dating: Emotions & Emojis

_____

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Friendships & Dating: Emotions & Emojis

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WEEKLY INFORMATION SHEET

Sessions 3 & 4 Feelings and Emotions

Session Objectives:

- To learn to identify different emotions.
- To learn how to express emotions appropriately.
- To learn how to identify and respond to the emotions of others.

Community Activity Information:

- The next session will be a community activity.
  - During this activity participants will identify and discuss the emotions of others and feelings.

- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
  - What did you learn about emotions?
  - What did you learn about being assertive and using "I" statements?
  - What did you do when you went out in the community?
  - What emotions did you see or talk about with the group?
- Look for opportunities to ask about assertiveness and how to make your feelings known using "I" statements (e.g., I feel ... because).
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

POTENTIAL DATES

People who are "okay" to go on dates with:

- Friends
- "Acquaintances"
- A neighbor
- Someone you know from an organized activity
- A classmate
- A "friend of a friend"
- Someone from church group

People who are "not okay" to go on dates with:

- People under 18 years of age if you are older than 18
- A brother or sister
- A teacher
- A life coach
- A therapist
- Extended family (cousins/nephews/nieces etc.)
- A case manager
- Your boss

WEEKLY INFORMATION SHEET

Sessions 5 & 6 Types of Relationships

Session Objectives:

- To learn about types of relationships.
- To learn about potential dates, boyfriends and girlfriends.
- To learn about sexual orientation.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will identify and discuss types of relationships in their lives or identify in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What types of relationships did you learn about?
    - How do you identify different relationships?
    - How do you know if someone is your partner/boyfriend/girlfriend?
    - What did you do when you went out in the community?
    - What types of relationships did you talk about with the group?
- Look for opportunities to ask about relationships in the life of the participant.
- Ask about dating and how the participant feels about dating.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Name:_____

Phone:_____

E-mail: _____

Consent Handout

"Yes" means "Yes"

- "Yes!" mens YES.
- "Okay!" means YES.
- "Let's do it!" means YES.
- "I would love to!" means YES.
- "Yes, please" means YES.
- "_____" means YES.

"No" means "No"

- "No" means NO.
- "Not now" means NO.
- "Maybe later" means NO.
- "I Have a boy/girlfriend" means NO.
- "No thanks" means NO.
- "You're not my type" means NO.
- "*#^+ off!" means NO.
- "I'd rather be alone right now" means NO.
- "Don't touch me" means NO.
- "I really like you but ..." means NO.
- "Let's just go to sleep" means NO.
- "I'm not sure" means NO.
- "You've/I've been drinking" means NO.
- Silence means NO.
- "_____" means NO.

Asking for Touch

- Could I give you a goodnight kiss?
- When we watch a movie alone together, would you want to snuggle?
- We're in private together. Would you want to (snuggle/kiss/massage) right now?
- What kind of touch would you like with me?
- Would you want to have alone time with me? If not, that's okay.
- What kind of touch are you okay with when we are alone together?
- We have been dating each other a long time and I like you a lot. Would you want to talk about having sex sometime?
- We talked about both wanting to have sex. Would you like me to pick up some condoms? There are free ones at Public Health or I could buy some at the grocery store.

Remember: The person you are with can always change their mind and that is okay!

WEEKLY INFORMATION SHEET

Sessions 7 & 8 Personal Boundaries

Session Objectives:

- To learn how boundaries relate to relationships.
- To learn about types of touch.
- To understand consent.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will interact with one another using appropriate boundaries and touch.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What are boundaries?
    - Why are boundaries important?
    - What is consent? When do you need it?
    - What did you do when you went out in the community?
- Look for opportunities to discuss boundaries.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

WAYS TO COMMUNICATE

GO FIND GAME

Find someone who likes the same things as you.

Someone who likes the same MOVIE as me is: _____ We like: _____	Someone who has the same DREAM VACATION as me is: _____ We like: _____	Someone who likes the same ANIMAL as me is: _____ We like: _____
Someone who likes the same HOBBY as me is: _____ We like: _____	Someone who likes the same SPORTS as me is: _____ We like: _____	Someone who likes the same FOOD as me is: _____ We like: _____
Someone who likes the same MUSIC as me is: _____ We like: _____	Someone who has the same PET as me is: _____ We like: _____	Someone who likes the same HOLIDAY as me is: _____ We like: _____

CONVERSATION STARTERS

If you could go anywhere on vacation, where would you go? What would you do?	If you had to live somewhere else in the world, where would you live? Why?	If you could choose any job in the world, what job would you choose? Why?	If you won a million dollars, what would you do with it?
What is the best present you have ever received from someone?	If you could be on a TV show, which one would you choose?	Who is your best friend? Why?	If you could be an animal, what animal would you be? Why?
What would you do if you were President?	Tell me about something that makes you laugh.	Do you have any pets? If yes, what kind of animals are they? What are their names?	What is the best thing that happened to you this week?
What was your least favorite class at school? What was your favorite class?	What do you like best about your life?	Tell me one way you want to improve your life.	Tell me your favorite memory.

Weekly Information Sheet

Sessions 9 & 10 Communication and Meeting Others

Session Objectives:

- To teach behaviors involved with meeting others.
- To understand communication skills.
- To understand non-verbal social cues.

Social Activity Information:

During this activity participants will identify mutual interests.

- Date and Time: _____
- Zoom link or App to be used: _____
- Participants need to prepare: _____

Ways to Support Participants:

- Ask questions about the sessions.
  - How do you make a good first impression?
  - How can you communicate with your friends?
  - What did you learn about listening skills?
  - What did you do for the social activity?
- Look for opportunities to discuss non-verbal social cues with participants. Help participants understand the importance of non-verbal interactions.
- Explore weekly handouts in Box.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names: _____

Phones: _____

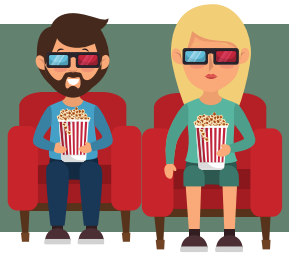
E-mails: _____

Before the Date

Who are you going to ask?

How will you contact them? What will you say?

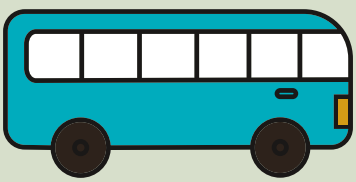
What would you like to do together?



Where could you go?

When will the date happen (day and time)?

How will you and your date get there and get home?



How much will it cost? Who will pay?

Do I need to bring anything?

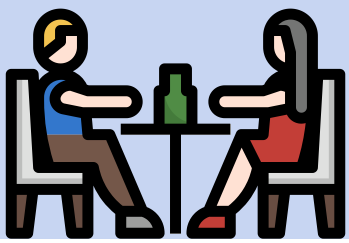
During the Date

Call your date if you are running late.

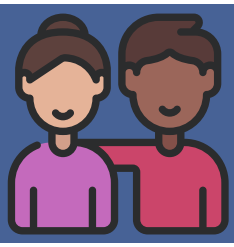
Ask your date questions to learn more about them.

Listen to your date.

Stay with your date.



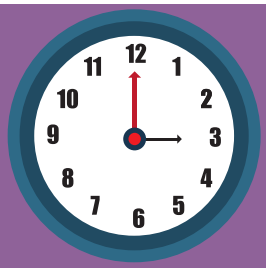
Ask before touching.



Respect your date's feelings. Ask them how they are feeling if you are not sure.

Ending the Date

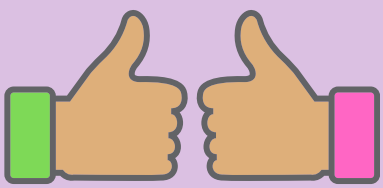
End the date on time.



Thank them for going on the date.

Ask before touching.

If you want to go out with them again, ask about a future date.



Anything else you would like to add?

DATING TIPS

Asking for a date

- Be polite
- Have a plan or
- Give choices for activities
- Talk about the time and place of date and how to get there
- Describe what to wear
- Talk about who will pay

Accepting a date

- Say "Yes" clearly
- Make sure you know the day, time, and place of the date
- Make sure you know how you are getting there (transportation)
- Confirm what to wear
- Talk about who will pay
- Offer to pay
- Suggest a double date (when appropriate)

Saying "No" to a date

- Be kind but firm with a "No" message
- Use the word "No"
- You don't have to explain
- Make plans for another time (if you want to)

Accepting a "No" answer

- Don't argue or question their choice
- Let them know you are sorry they can't go on the date
- Ask if they would like to go on a date another time

Beginning a date

- Call if you are running late
- Introduce yourself to family or roommates
- Dress appropriately for activity
- Do not bring uninvited people
- Check on return time and house rules

On a date

- Use good manners on date
- Pay attention to your date
- Listening to your date
- Stay with your date
- Physical contact with permission only
- Remember who was going to pay

Ending a date

- Be home on time
- Physical contact with permission only
- Be respectful of your date's feelings
- Discuss a future date

Staying Safe When Dating

Here are a few things you can do to be more safe when you are going out on a date with someone.

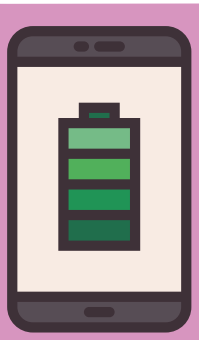
1.

Meet your date in a public place.

2.

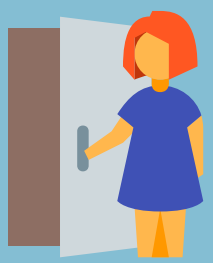
Go out with a group of people or another couple.

3.



Take a phone with you that is fully charged.

4.



If you feel unsafe, leave. Go to a public place or call a support person.

5.

Make a safety plan with a trusted person.

- ✓ Tell them where you are going.
- ✓ Tell them who you are going with.
- ✓ Tell them when you will be home.

Ways to Ask Someone for a First Date

- You are a really nice person and I would like to get to know you more. Would you like to go on a date with me?

- I have a good time getting to know you.
  Do you want to go on a date with me sometime?

- You are a very good friend.
  Would you like to talk about being more than friends?
  Maybe we could go on a date?

- We both like….
  Do you want to go on a date and do the activity together?

WEEKLY INFORMATION SHEET

Sessions 11 & 12 Planning Dates and Activities

Session Objectives:

- To understand the steps of planning activities with friends and dates.
- Use role play to practice setting up a date.
- To learn how to show respect to a date.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will practice the dating steps in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What are the steps in planning a date or an outing with a friend?
    - Is there anyone you would like to ask on date?
    - How can you show respect on a date?
    - What did you do when you went out in the community?
    - What can you do to stay safe when you are out on a date or with friends?
- Discuss your dating experiences with the participants.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

HEALTHY RELATIONSHIPS SPECTRUM

- You can talk about your concerns and listen to each other.
- Share your needs with each other.
- Both people feel safe and comfortable with each other.
- Can spend time with others without feeling of jealousy.
- Respect each other's choices.
- Make decisions together.
- Are truthful with each other.
- Show interest in the other person.

- You fight or are unable to talk to each other about your concerns.
- Do not talk about your relationship or needs.
- At times you may feel afraid or that feelings are not respected.
- Feel pressure to only spend time with partner. Not spending time with other friends or family.
- Do not listen to each other's choices or desires.
- One person makes all decisions.
- One or both people are dishonest or lie to each other.

DATING BILL OF RIGHTS

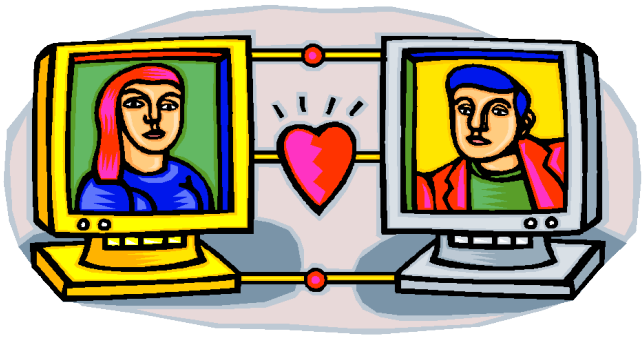
I have the responsibility to:

- Set high goals for myself
- Set boundaries
- Respect my date
- Tell others how I feel
- Ask for help when I need it
- Be considerate
- Make good decisions

I have a right to:

- Ask for a date
- Say "No" to a date
- Suggest activities
- Say "No" to an activity, even if my date is excited about it
- Have my own feelings and be able to express them
- Tell someone not to interrupt me
- Have my boundaries respected
- Tell my partner when I need affection
- Refuse affection or touch
- Be heard
- Refuse to lend money
- Refuse sex at any time

Online Dating Tips



- ♥ Do not share any personal information with someone you meet online until you know the person better because the person is still a stranger.

- ♥ Take your time and get to know the person.

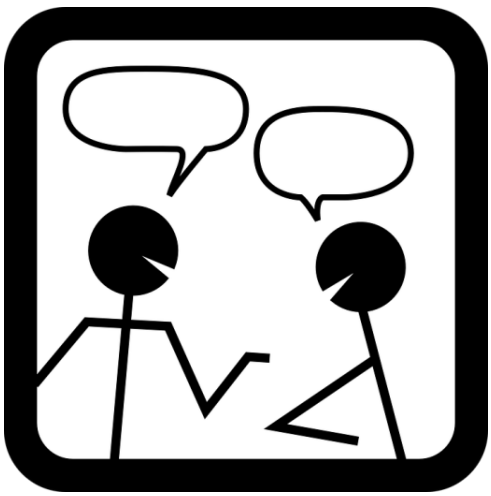
- ♥ If you get to know someone overtime online, you may decide to set up a meeting in person. When you meet for the first time, make it a double date with someone you know.

- ♥ When talking with others online, be respectful. Treat them like you would want to be treated.

- ♥ If you choose to provide any personal information after talking online, give the person true and genuine information, so people know who you are.

Asking for Alone Time
to be with a Boyfriend or Girlfriend

- My boyfriend/girlfriend and I want private alone time to be together.
- Getting private alone time with my boyfriend/girlfriend is one of my rights.
- Private touch needs to be in a private place, so I need privacy with my girlfriend/boyfriend.
- I know you are concerned about me, but this is my girlfriend/boyfriend and my choice and we are being safe.
- My boyfriend/girlfriend and I know about consent, so we respect each other's choices about touch.



WEEKLY INFORMATION SHEET

Sessions 13 & 14 Healthy Relationships

Session Objectives:

- To learn about healthy and unhealthy relationships.
- To learn about dating rights, and responsibilities.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will practice the dating steps in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What does a healthy realtionship look like?
    - What does an unhealthy relationship look like?
    - Is there anyone you would like to ask on a date?
    - What did you learn about online dating?
    - What did you do when you went out in the community?
    - What was the hardest part of the dating steps?
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names: _____

Phones: _____

E-mails: _____

TRUSTED ADULT HANDOUT

My trusted adult is:

_____

The way I contact my trusted adult is by (phone, talking, texting, email):

_____

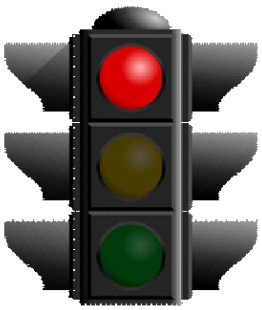
My second trusted adult is:

_____

The way I contact my trusted adult is by (phone, talking, texting, email):

_____

Saying NO to Touch



If someone asks for touch and you don't want to, you can say:

- I want to date you for a lot longer before we do that.
- I need more time to think about doing that.
- I like you and care about you, but I'm not comfortable doing that.
- I don't want to do that.
- I'm not ready for that yet.
- I really like you, but I want you to stop doing that.

If you say NO and someone is not respecting your boundaries, you can say:

- You need to stop right now.
- What you are doing is not okay.
- You need to leave.
- I am going home now.
- My staff is picking me up now.
- I'm leaving.
- I will call the police if you don't leave me alone.

If you feel scared:

Leave the house

Call the 911

Yell for help

Remember: Even if you said yes to touch, you can always change your mind and say 'no'.

WEEKLY INFORMATION SHEET

Sessions 15 & 16 Personal Safety

Session Objectives:

- To understand inappropriate touch.
- To learn about the importance of saying no.
- Identify a trusted adult.
- To learn about abuse and intimate partner violence.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will practice the dating steps in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What can you do to stay safe when you are out on a date or with friends?
    - Do you feel you can keep yourself safe?
    - What did you learn about abuse or coercion?
    - What did you do when you went out in the community?
    - How did this week's activity differ from last week?
- Discuss strategies for staying safe in relationships.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

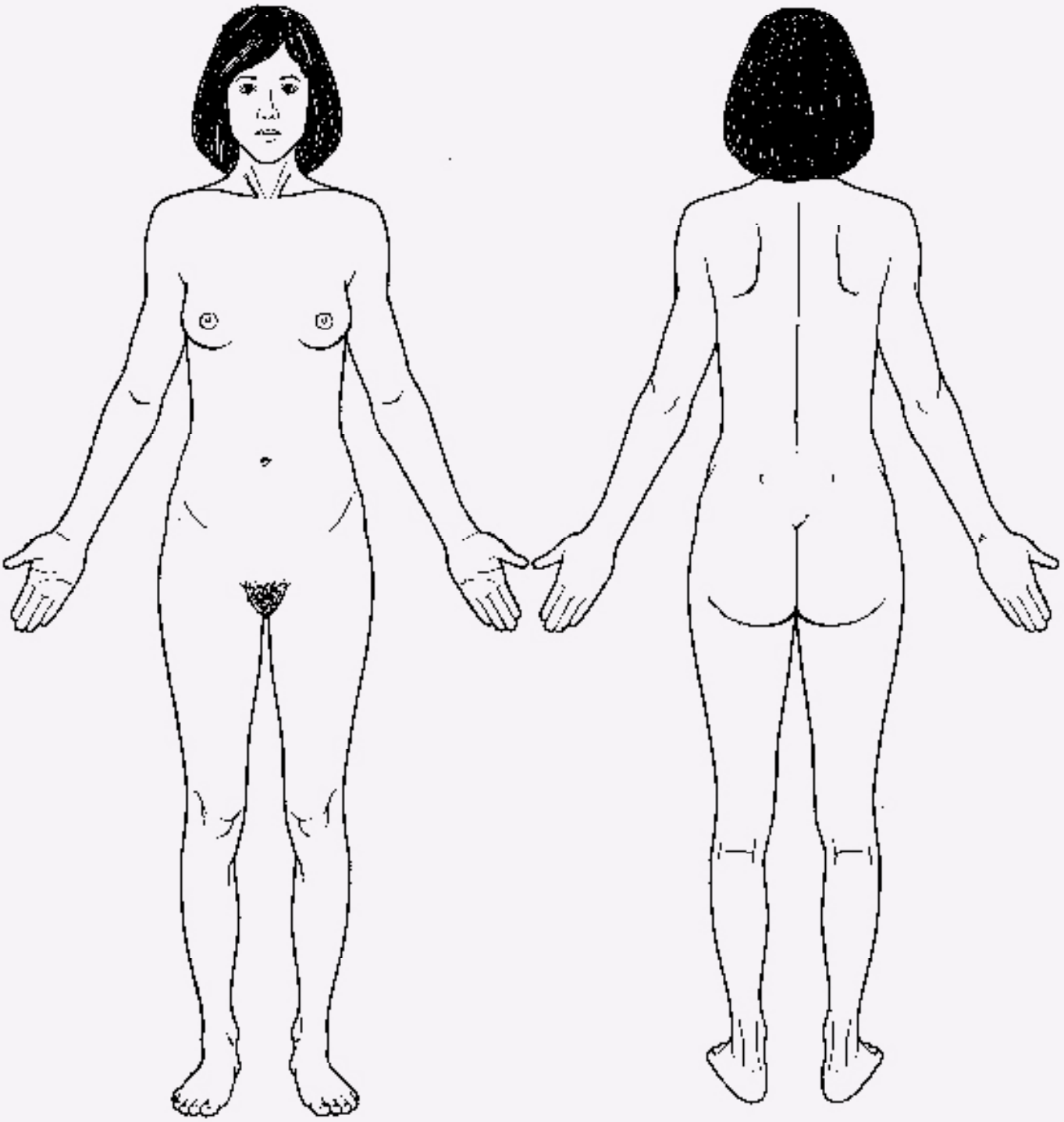
If you have any questions or concerns, contact:

Facilitator Names: _____

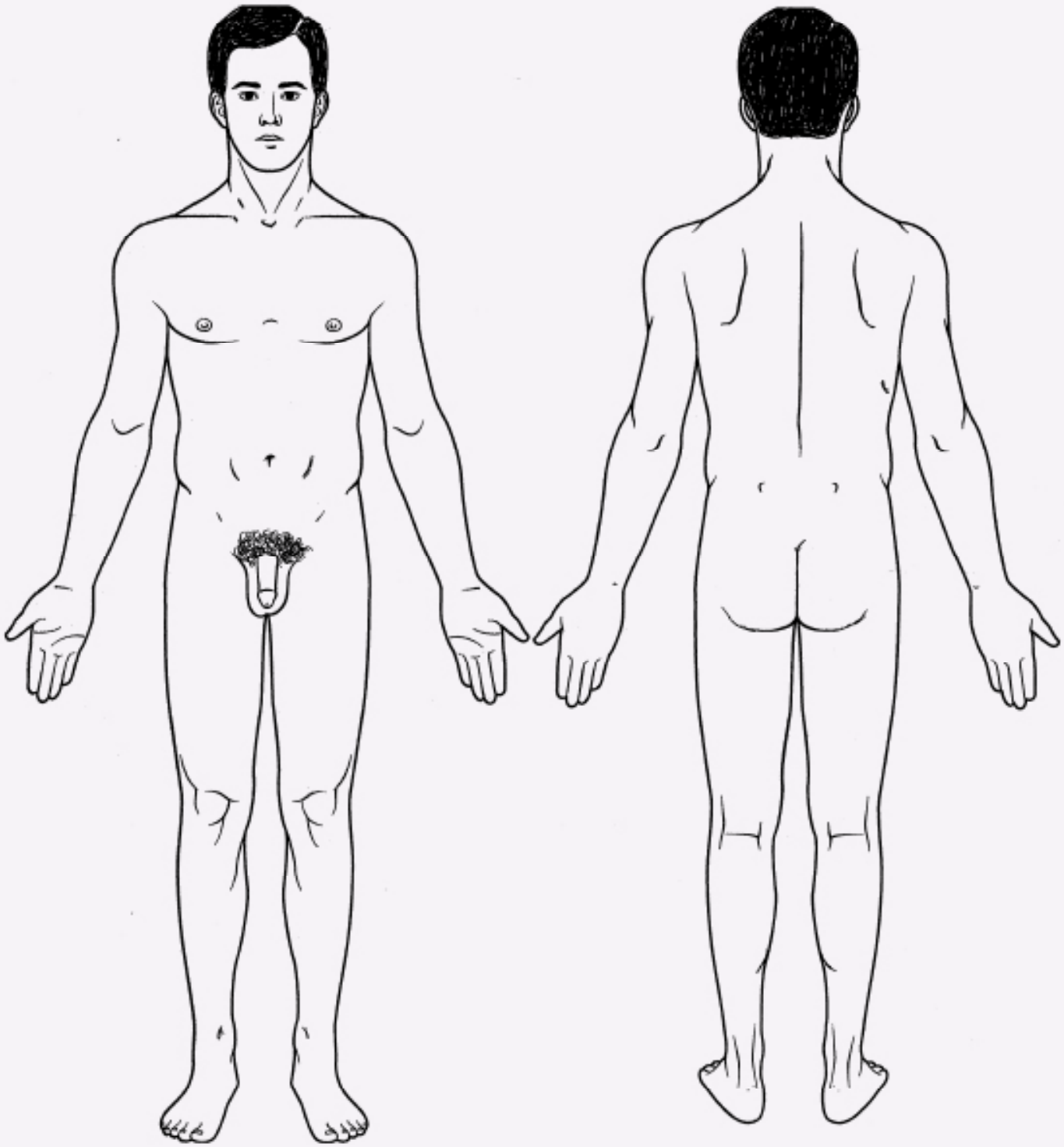
Phones: _____

E-mails: _____

BODY PARTS IDENTIFICATION WORKSHEET



BODY PARTS IDENTIFICATION WORKSHEET



WEEKLY INFORMATION SHEET

Sessions 17 & 18 Sexual Health

Session Objectives:

- To identify body parts.
- To understand sex and safe sex practices.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will practice the dating steps in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What did you learn about male and female body parts?
    - Did you feel comfortable talking about sex?
    - What does safe sex mean?
    - What are STIs?
    - What did you do when you went out in the community?
- Discuss any questions participants may have about sexual health.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names: _____

Phones: _____

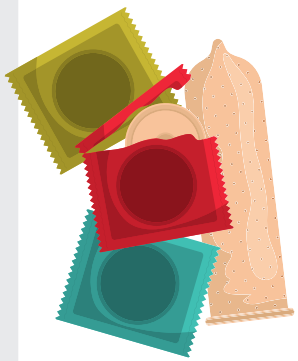
E-mails: _____

METHODS OF BIRTH CONTROL

This page shows some of the birth control choices you have. Talk to your doctor to learn about more choices and which one would work best for you.

Note: When you see the letters STI in this handout, it stands for Sexually Transmitted Infection.

CONDOMS (EXTERNAL)



- Easy to find in stores
- Prevents pregnancy most of the time when used correctly
- Prevents many STIs

BIRTH CONTROL PILLS

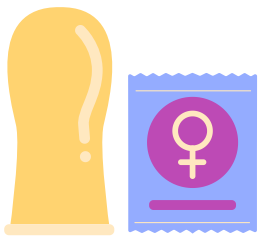
- Need a prescription
- Prevents most pregnancies when taken every day
- Does not prevent STIs

IMPLANT

- Prevents most pregnancies
- Need to see a healthcare provider to have it implanted
- Lasts for several years
- Does not prevent STIs

CONDOMS (INTERNAL)

- Prevents most pregnancies, but better when used with other birth control methods like spermicide
- Can be hard to find
- Prevents many STIs if put in correctly



ABSTINENCE

- Prevents all pregnancies
- Prevents STIs (but you can still get some STIs from oral sex)

WEEKLY INFORMATION SHEET

Sessions 19 & 20 Staying Healthy

Session Objectives:

- To understand the importance of sexual health screenings.
- To learn about masturbation.
- To understand differences with others.
- To learn how to breakup with someone and conflict resolution.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will celebrate the completion of Friendships and Dating. Participants are encouraged to invite a date or friend.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What are some of the steps of conflict resolution?
    - What did you learn about breaking up?
    - What did you do when you went out in the community?
- Encourage the participant to identify and ask a date or friend to the final activity.
- Discuss and encourage participants to visit the doctor annually for sexual health screenings.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

Friendships & Dating Program

Curriculum Manual

This digital version of the Friendships and Dating Program curriculum manual is being provided only for the Medical Accuracy Review associated with the PREP grant. These digital resources cannot be stored, used, or distributed to other entities except for the sole purpose described in the email request from Oregon Health Authority on April 14, 2025.

UAA Center for Human Development
University of Alaska Anchorage

Curriculum Manual

I/DD VERSION

Friendships & Dating Program

UAA Center for Human Development
University of Alaska Anchorage

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The University of Alaska Anchorage Center for Human Development (CHD) is one of 67 University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD). CHD is Alaska's only UCEDD. The mission of CHD is to improve the quality of lives for people who experience disabilities and their families, across the life span, through interdisciplinary training, technical assistance, exemplary service development, applied research and dissemination of information.

CHD would like to thank the following individuals for their work on the Friendships & Dating Program: Karen Ward, Julie Atkinson, Eric Watson, Carl Evertsbusch, Geysa Aldebot, Kelley Hartlieb, Jacob Atkinson, Julie Holden, Roxann Lamar, Sharon Cannon, Jenni Van der Slice, Larrisa Cummings, Phil Tafs, Geno Daly, Kelly Donnelly, Katie Lancaster, Hannah Ginn, Canyon Hardesty, and Faith Kelly.

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PARTICIPANT CONTACT LIST

Participant Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Participant Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Participant Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Participant Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Participant Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Participant Name: _____ Phone Number: _____

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Emergency Contact: _____ Phone Number: _____

Participant Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Participant Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

SUPPORT NETWORK CONTACT INFORMATION

Participant Name: _____

Support Network Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Participant Name: _____

Support Network Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Participant Name: _____

Support Network Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Participant Name: _____

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Phone Number: _____ Fax Number: _____

Email: _____

Participant Name: _____

Support Network Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Participant Name: _____

Support Network Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Session 1 Introduction to Friendships & Dating

Session Objectives:

- To introduce facilitator and participants.
- To understand the format of Friendships & Dating.
- To establish group "rules of conduct" for the classroom sessions.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Introduction of facilitators and participants	• Friendships & Dating Session Schedule for each participant	5 mins
2. "Candy Name Game"	• Candy name game directions • 6-8 individual-sized bags of M&Ms	20 mins
3. Create participant binders	• 1" 3-ring binders with notebook paper (1 for each participant) • Pens, pencils, colored pencils, glue sticks, scissors, magazines, clip art, stickers, etc.	20 mins
4. Session information		10 mins
5. Establish group rules		15 mins
6. Question box (optional)	• Question box • Slips of paper and pencils	5 mins
7. Overview of the next community activity		10 mins
8. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Determine the session schedule for Friendships & Dating. Create a 'Friendships & Dating Session Schedule' calendar for each participant. Blank calendars can be found on the FDP website.

Review FDP website for additional handouts, videos, or materials for this session.

Preview and determine the community activity for this week and compile necessary information to share with participants.

Complete the Weekly Information Sheets.

Facilitator In-Session Preparation:

Arrange the room appropriately (i.e., seats in a circular fashion around a table, place the dry erase board in visible sight of the group).

Make preparations for the "Candy Name" game (write color designations on board, see game directions at the end of this section).

Arrange pens, pencils, colored pencils, magazines, clip art, stickers, and empty binders for the creation of participant binders.

> Facilitator Tip: All times listed next to an activity, discussion, handout, etc. are an approximation.

Introduction of Facilitators and Participants (5 minutes)

Welcome participants. Provide the group with a brief introduction of Friendships & Dating.

- The purpose of Friendships & Dating is to help you learn and practice skills that will help you feel more comfortable making friends and dating.
- Friendships & Dating is scheduled for 10 weeks. Each week there will be 2 sessions. One session each week will be held [name where the classroom session will be held], and the other session will take place in the community.
- You will learn about feelings, how to express them, and how to recognize them in others. You will learn how to talk to friends and dates. You will learn how to set up dates or activities with your friends. We will talk about where to go and what to do. We will talk about boundaries and communication. We will also talk about healthy relationships and sexual health.
- Mandatory Reporting (suggested wording): "It is possible that when you are talking in class you might tell us things about being harmed or hurt. Like someone hitting you, or forcing you to have sex or touching you in places you don't want to be touched, or threatening to harm you. If this happens, we will ask you about these experiences outside of the group. We may need to file a report to the mandatory reporting agency, as required by the law, for your safety. Sometimes the police have to be called too. We will talk to you about what needs to happen."
- Other comments (why are you, as a facilitator, excited for this class?):

_____

_____

_____

Have participants introduce themselves.

Verbally review the participant's names as preparation for the candy name game.

"Candy Name Game" (20 minutes)

Explain that the purpose of the game is to get to know each other better. This icebreaker helps people to share facts about themselves.

Prepare for play by writing on the board or on easel paper ahead of time the designations for each color of candy. For example:

- Red = hobbies you like
- Green = foods you like
- Yellow = movie or TV show you like
- Orange = favorite vacation or dream vacation
- Brown = song or music you like
- Blue = animals you like

Pass out a pack of M&M's to each participant. Have them open the pack and with their eyes closed select one M&M. Have everyone wait to eat their M&M. Taking turns, go around and have participants say their name and share their answer to the corresponding question. Once they have shared they may eat their piece of candy. Go around as many times as you have time for, or until each color topic has been shared. After the game the players may keep and eat the leftover M&M's in their pack.

Facilitator will start the game by taking a piece of candy and sharing about him/herself.

> Facilitator Tip: Candy does not have to be used. Alternatives could include fruit, vegetables, colored pieces of paper, colored game pieces, etc.

Create Participant Binders/Folders (20 minutes)

Explain the purpose of binders or folders are to hold papers they will receive throughout Friendships & Dating.

Hand out a 1" binder or folder to each person and distribute the pens, pencils, colored pencils, magazines, clip art, stickers, etc.

- Provide a variety of supplies for people to use to decorate their binders. Some people may not like cutting pictures out of magazines, but would draw something.

Ask the participants to write their name somewhere on the binder to identify who

it belongs to and decorate it in a way that reflects them.

- Things you like.
- How you dress.
- Where you like to go.
- Encourage participants to bring binders to every session, unless otherwise advised (i.e., community activities).

Session Information (10 minutes)

Provide the following information about the Friendships & Dating sessions.

- Days and time the group will meet.
- 10 weeks with 2 sessions per week each lasting 1.5 hours per session.
- Attendance is very important!!
- Stress that participants should notify the facilitator if they are unable to attend.

> Facilitator Tip: Provide your contact information to the participants and their support network.

- Pass out a copy of the 'Friendships & Dating Session Schedule' for their binders.
- Briefly review the topics that will be covered throughout Friendships & Dating.

Explain the format of the classroom sessions when meeting at the designated facility.

- Each session will start with a "Check-in" period.
    - Allow participants to share or ask any questions about information related to the topics covered in the sessions.
    - Recap/discuss the previous session. Respond to questions from the question box if you are using it with your group.
    - If participants do not respond or want to talk, continue with the session as outlined.
- Following check-in there will be a discussion, activity, game, worksheet, etc.
- Each session is 1.5 hours. Sessions may end as much as 15 minutes early.

Explain session format of the community based activities.

- Community activities will begin at the same time – unless otherwise advised.
- Transportation should be pre-arranged. The participant's staff can transport, but encourage the participants to arrange their own transportation.
- If the activity costs money and participants need to pay their own way.
- If special preparations are necessary for an activity, facilitators and participants can follow up with support staff through the Weekly Information Sheet.

- Facilitator will provide supervision at all times in the community. This will ensure a safe outing for participants.
- Each community activity will be approximately 1.5 hours. Due to the length of time of some community activities, (e.g., movie theatre, concert) the outings may run longer.
- Participants and facilitators need to be sure to communicate the timing of community activities with the staff that will be providing transportation.

Establish Group Rules (15 minutes)

Assist participants in developing "rules of conduct" for the classroom sessions.

- Classroom rules establish social order, help maintain a respectful atmosphere and promote healthy social interactions.
- Distinguish between classroom rules and rules for outings (which may be made during the next session).

Share examples of group rules:

- Confidentiality (Information to be kept secret)
- Be on time
- Bring money on the day of the community activity
- Talk in turn
- No teasing
- Be respectful
- No verbal abuse (bad language, teasing, threatening)
- Be honest
- No borrowing, lending, or stealing
- No cell phones

Ask and discuss with the participants how they feel about each rule, why the rule is important, and if it should be applied to the classroom sessions.

Assist the participants in developing new rules for the classroom sessions.

List rules on the board for everyone to see. Put the participant name next to the rule they suggest; this will increase ownership.

Advise that all rules will be printed on paper to be added to their binders in the next classroom session.

> Facilitator Tip: It is important that the rules are determined by the participants and not the facilitator. Assist in discussion, but allow the participants to develop the list.

Question Box (Optional - 5 minutes)

Give a piece of paper and a pen to all the participants and ask them to write any questions they have about the information discussed in the session. If they do not have questions, they still need to write something down - it does not need to be related to the session or F&D. Remind them their questions are anonymous and everyone can put it in the box when done. Assist participants with writing questions as needed.

Overview of the Community Activity (10 minutes)

Inform participants that the next session will be an activity in the community. Tell participants where they will be meeting and what they will be doing.

> Facilitator Tip: When determining an activity, please preview the activity to make sure the choice will meet the objectives and activity description.

Ask participants what they need to plan or figure out for the activity.

- Transportation
- Money
- What to wear
- Wear a watch or have a clock (cell phone)

Notify staff with details.

End Session

Thank the participants for coming.

Remind everyone of the next session time and location.

- Remind participants that they will NOT need their binders for the community activity.

Hand out the Weekly Information Sheet for sessions 1 & 2 to support network members as they pick up participants. If unable to hand it out, fax or e-mail it to the support network members at least a few days prior to the community activity.

Facilitator Post-Session Duties

Copy the rules, verbatim.

Later, type the rules into a word document to pass out in Session 3.

Make sure that all support network members received the Weekly Information Sheet with the details about next week's community activity.

WEEKLY INFORMATION SHEET

Sessions 1 & 2 Introduction to Friendships and Dating

Session Objectives:

- Introduction of facilitator and participants
- Creation of individualized binder for Friendships & Dating
- Understand session formats
- Establish group rules

Community Activity Information:

- The next session will be a community activity.
    - This activity will introduce participants to how community activities will take place during the next 10 weeks.

Date and Time: _____

Location: _____

Participants need to bring: _____

- Please have participant wear a watch or bring some type of time keeper (cell phone).

Ways to Support Participants:

- Ask questions about the sessions.
    - How did the session go?
    - Who did you meet?
    - What did you do when you went out in the community?
    - Did you feel comfortable participating during the sessions?
    - Ask about group rules.
- Stress that participants should notify the facilitator if they are unable to attend.
- Discuss any concerns the participant has. Follow up with the facilitator if necessary.

If you have any questions or concerns, contact:

Facilitator Names: _____

Phones: _____

E-mails: _____

Session 2 Introduction to Community Activities

Session Objectives:

- To introduce and familiarize participants to activities in the community.
- To introduce rules and expectations during activities in the community.
- To assess time telling skills.
- To identify activities at a specific location/facility.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Familiarize participants to community activities		10 mins
3. Establish group rules for community activities	• These may be established during Session 1 • Paper and pen to write down rules	0-10 mins
4. Prior to the activity		5 mins
5. Explore the location - Scavenger hunt	• Scavenger hunt list and pencils (or alternative activity) • Reward (e.g., candy) for finishing scavenger hunt *optional*	50 mins
6. End Session		10 mins

Facilitator Pre-Session Preparation:

Prepare copies of the scavenger hunt list and pencils for group (sample found at the end of the session outline) or materials for alternative activity.

Facilitator Day Of Preparation:

Arrive at the agreed upon location 10-15 minutes early. Due to situations out of the participants' control (e.g., bus schedules, weather, etc.), participants may arrive early/late depending on conditions.

Facilitator Tip: If everyone has not arrived by the designated time, begin the session. If participants are more than 15 minutes late, contact participants.

Brief Check-In (0-5 minutes)

Allow participants to share or ask questions about the first session.

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Familiarize Participants to Community Activities (10 minutes)

Explain today's activity is to introduce participants to how activities in the community will take place during the next ten weeks.

Inform participants that during each of the community activities:

- The group will stay together unless the facilitator decides to split up participants to practice skills.
- A meeting location will be identified. Instruct participants to go to this location at end of the activity or if someone becomes separated.
- Participants will practice skills discussed earlier in the week.
- These skills will be evaluated by the facilitator and other participants for positive feedback.
- Participants' responses or thoughts about the activity will be shared in the following session during check-in.

Establish Group Rules for Activities in the Community (10 minutes)

Discuss behavior expectations while out in the community.

Assist participants in developing "rules of conduct" for the community sessions.

- If community rules were developed in Session 1, review them with participants.

Community rules establish social order, help maintain a respectful atmosphere, and promote healthy social interactions.

Share examples of group rules (find sample rules at the end of Session 1 outline).

Ask and discuss with the participants how they feel about each rule, why the rule is important, and if they should apply it to community activities.

Write down the group rules. Let them know that all rules will be printed on paper to be added to their binders in the next classroom session.

Exploring the Location - Scavenger Hunt (50 minutes)

Ask participants if they made the necessary preparations for today's activity

(i.e., remind them of the things discussed at the end of the previous session- transportation, money, what to wear, watch, cell phone, etc).

Inform participants today they will identify different activities to do at the location.

Pass out Scavenger Hunt List and go over the rules.

Before you begin exploring, have participants agree upon a meeting location and time.

Discuss what participants find - activities, locations, anything else of interest.

Facilitator Tip: As participants identify activities, stop and discuss each suggestion. Prompt and point out activities or ideas participants may have missed. Encourage everyone to participate.

End Session (10 minutes)

Assemble at meeting location.

Review what they learned, what they saw, things of interest. Answer any questions they have about community activities.

Praise participants for social behaviors, be specific and individualized.

Remind participants when and where the next session will be held and encourage them to bring their binders.

Facilitator Post-Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff if a participant's ride does not arrive.

Type the group rules to distribute during Session 3.

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SCAVENGER HUNT

This game helps people to identify activities to do with friends or dates, as well as important features of the outing location (rest rooms, exits, security, etc).

Materials:

- Paper and pencil
- Scavenger hunt list
- Rewards for each group (candy or other small incentives)

How to Play:

Each participant will be given a list of items to be identified at the outing location.

Participants can separate into smaller (3-4) groups or remain as one group depending on the environment.

Groups will meet at a central location after the designated time to discuss what each group has found.

Sample List:

- What is one activity that you could do with a friend?
- What is one activity that you could do with a date?
- Where could you buy flowers for your date?
- Get a copy of the free local newspaper.
- Collect any pamphlets about activities at the outing location.
- Where is one emergency exit located?
- Where are the rest rooms?

Session 3 Feelings and Emotions

Session Objectives:

- To learn to identify different emotions.
- To learn how to express emotions appropriately.
- To learn how to identify and respond to the emotions of others.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		5-15 mins
2. Review group rules	• A copy of group rules for each participant	5 mins
3. What are feelings and emotions?	• 'Identifying Emotions' handout	10 mins
4. Digital Photos	• Digital camera or iPad	15 mins
5. More than a feeling - scenario discussion		10 mins
6. Expressing feelings (assertiveness)		15 mins
7. Empathy		10 mins
8. Overview of the next community activity		10 mins
9. Question box	• Question box, paper, and pens	(optional)
10. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

Facilitator In-Session Preparation:

Arrange the room as necessary for today's session.

Set up computer and projector or iPad for empathy video.

Check-in (0-15 minutes)

Allow participants to share or ask any questions about information related to Friendships & Dating.

Recap and discuss Sessions 1 and 2.

If participants do not respond or want to talk, continue with the discussion.

Review of Group Rules (5 minutes)

Hand out a copy of the group rules as discussed in Session 1 and Session 2. Review the rules with the participants.

Ask if other rules should be added. Did we miss anything?

> Facilitator Tip: Print the group rules and put them on the board for everyone to see. Review all of the rules or part of the rules before each session.

What are Feelings and Emotions? (10 minutes)

Ask participants if anyone can describe what feelings or emotions are. Praise all responses provided.

Explain that feelings and emotions are our body's reaction. We can react to others, places, what we see or hear, ourselves, etc.

Ask participants to identify and describe as many emotions or feelings as they know. Write their responses on the whiteboard or tablet.

Distribute the 'Emotions' handout to be added to binders.

- Look over the handout with the group and ask if anyone is familiar with any of the emotions, encourage discussion.

Explain there are many emotions or feelings, but we don't always experience them.

Identify the six primary emotions (happy, sad, angry, shocked, surprised, and disgusted). These emotions occur most often.

You may choose to watch an emotions video from the FDP website.

- Ask participants if they have any questions about these emotions.
- Ask the participants to review what they learned.

Digital Photos (15 minutes)

Tell participants you are going to take their picture acting out two different emotions and discuss them as a group. Have a facilitator go first.

- Take participants, one at a time, into another room or hallway. Ask them to act out or express two emotions.
- Take their picture as they act out different emotions.
- While pictures are being taken, the other facilitator can go over other handouts or videos on emotions found on the FDP website.
- Once all the pictures have been taken, display each picture for everyone to see.
- Ask participants to state what emotion they see their friends acting out.
- Check with the person in the picture to see if the emotion identified by the participant is what they were acting out. For example, "It looks like you are sad, are you?"
- Praise participation.

Ask participants about the different emotions acted out. Did you think someone was displaying an emotion when they said it was another? For example, you thought the emotion was surprised, but the person said shocked.

Remind participants we all display emotions differently. Sometimes we need to ask the other person how they are feeling.

More Than a Feeling - Scenario Discussion (10 minutes)

Ask the participants how they would act in the following situations by filling in the blanks. Facilitators may need to participate to help break the ice.

- Ask participants to describe what they thought the person was feeling.
- Ask participants who fill in the blanks how they were feeling during the situation. Write the feelings on the board.
    - Scenario 1: Pretend you are talking to some of your friends: "I won a gold medal in the Special Olympics bowling tournament, I felt very_____. I get to fly to Seattle, Washington to compete, I am _____ about going. I am going with other bowlers I don't know, I feel _____ inside. I will miss my family, it makes me feel _____."
    - Scenario 2: Pretend you are telling this to a coworker or a teacher. "My dog got hit by a car and has a broken leg I feel so _____. My dog's leg hurts and he won't eat his dinner, I am _____. The driver is a neighbor who was going too fast, that makes me _____."

Explain many times we have more than one feeling about situations but we usually only show one feeling at a time and others will not be aware of all of our feelings unless we tell them. Give examples or provide a personal story: angry/sad, lonely/depressed, excited/nervous, etc.

- Invite participants to share an example in their own life with the large group or split them into pairs to share stories.

Answer any question participants may have about more than one feeling.

Expressing Feelings (Assertiveness) (15 minutes)

Help participants to understand that the way people show their emotions can affect how we feel about them. The way we show our emotions can affect how others view us. If we are mad or angry all the time, will people want to be around us?

- Encourage participants to share examples.
- Emphasize the use of "I" statements when expressing feelings.
- Explain if we don't use "I" statements it might seem like we are blaming the other person for why we are upset. If the other person feels like we are blaming them it can make the situation worse.
- Give some examples of an "I" statement and non-I statements.
    - "I feel very tired after I get home from work." vs. "Leave me alone."
    - "I feel frustrated when you take my things without asking. Next time please ask first." vs. "You're annoying because you take me stuff."
    - "I don't like it when my boss talks so loudly." vs. "My boss is mean."

Ask the group if they know what being "assertive" is?

Explain that being assertive is telling others how we really feel in an appropriate manner.

Refer to the "Assertive Situations" below.

- Read the situations out loud and ask participants how they would respond. Situations can be used as a role play as well.
- Next, challenge participants to identify what would be a bad way to react to the situations.
    - You had a hard day at school/work and you would like some privacy. Your roommate walks into your room. What do you say?
    - A friend starts telling someone else a secret you told them in PRIVATE. What do you say?
    - Someone cuts in front of you in line at the store. What do you say?
    - You just found out your best friend is telling lies about you behind your back. What do you say?
    - You are invited to go to a movie with friends but the movie won't be over until after curfew. You are told you can't go. What do you say?
    - You want to have a friend come to your house and stay the night. Your

[parent/foster parent/staff] tells you "no." What do you say?

In regards to assertiveness, remind participants that not telling others what they want or how they feel is a bad choice.

Relate assertiveness to choosing friends and dates using the following examples:

- If we do not tell the person we like them, they will never know. "I like you; I have fun when I'm with you."
- If we do not ask others on a date, they will not know that we want to go on a date.
- If we are on a date or out with friends and do not want to do something, such as hug or kiss, and we do not tell them no, then they may try something we don't want them to. Explain this will be talked about more in the personal safety session. "I like you, but I don't want you to hug me."

Empathy (10 Minutes)

Ask the participants 'how do you know what someone else is feeling?'

- Praise all responses.

Explain to the group that understanding the emotions of another person is called "empathy."

You may choose to show the "Empathy" video found on the FDP website to help begin the conversation.

Continue to explain, it is important to understand the emotions of others so we can help them deal with their feelings.

- Emphasize that empathy helps us in our relationships with others when we communicate.
- Reassure participants that communication will be discussed in another session.

Ask each participant how he/she would treat someone or feel if they were:

- Angry at someone
- Sad about the loss of a family member
- Frustrated because the movie they wanted to see is sold-out

Remind participants the proper way to deal with peoples' emotions is to treat others the way you would want to be treated.

Ask if anyone has questions about empathy.

Overview of the Next Community Activity (10 minutes)

Inform participants that the next session will be an activity in the community. Discuss where they will be meeting and what they will be doing.

Ask participants what they need to plan or figure out for the activity.

- Transportation
- Money
- What to wear

End Session (5 minutes)

Have participants write down questions or comments for the question box. Remind them to write a note or draw a picture if they do not have a question.

Ask if anyone has questions or comments about today's session.

Remind participants of the time, place, and location of next session.

Tell participants NOT to bring their binders.

Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants, or e-mail or fax sheets to them at least a few days prior to the community activity.

IDENTIFYING EMOTIONS

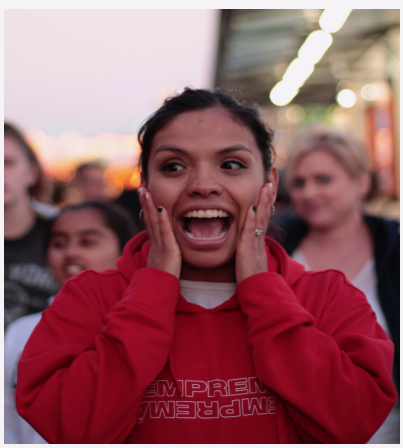
Happy

Sad

Disgust

Angry

Shock



Surprised

WEEKLY INFORMATION SHEET

Sessions 3 & 4 Feelings and Emotions

Session Objectives:

- To learn to identify different emotions.
- To learn how to express emotions appropriately.
- To learn how to identify and respond to the emotions of others.

Community Activity Information:

- The next session will be a community activity.
  - During this activity participants will identify and discuss the emotions of others and feelings.

- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
  - What did you learn about emotions?
  - What did you learn about being assertive and using "I" statements?
  - What did you do when you went out in the community?
  - What emotions did you see or talk about with the group?
- Look for opportunities to ask about assertiveness and how to make your feelings known using "I" statements (e.g., I feel ... because).
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

Session 4 Emotions Community Activity

Session Objectives:

- To practice going out with friends in the community.
- To identify and observe the emotions of others.

Activity	Materials Needed	Duration
	• Participant and support network contact information	
1. Brief check-in		5 mins
2. Prior to the activity		5 mins
3. Emotions activity	• Materials to complete activity	65 mins
4. Discussion of activity		10 mins
5. End Session		5 mins

Facilitator Pre-Session Preparation:

Plan activity and prepare materials for activity.

Facilitator Tip: For this activity, remember the objective is to reinforce the previous classroom session, Feelings and Emotions. Choose an activity or event where participants can observe or discuss feelings and emotions (i.e., a hockey game or sporting event, the park, skating rink, movie, etc.).

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Check-In (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Prior to the Activity (5 minutes)

- Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Explain and Carry Out the Activity (65 minutes)

Inform participants that today's activity is an activity in the community with their friends.

Participants will stay together as a group.

Explain that during today's activity they will be identifying and discussing emotions and feelings.

Review 'Identifying Emotions' worksheet or the emotions identified in the previous session.

- State that the purpose of the activity is to enjoy being with friends and observing emotions around them. They should try to identify as many emotions as they can at the location. Encourage them to remember what they see for discussion later.

Proceed with the activity. Remind participants of the meeting location and specify what time they need to return.

Discussion of Activity (10 minutes)

Discuss with the group how they felt about the activity.

- Have each team take turns identifying emotions they observed, then discuss the emotions observed as a group. The facilitator can cross off the appropriate emotion from the worksheet.

Answer any questions.

Praise the group for their participation.

End Session (5 minutes)

Remind participants of the date, time and location of the next session.

Remind participants to bring their binders.

Facilitator Post-Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff if a participant's ride does not arrive.

Session 5 Types of Relationships

Session Objectives:

- To learn about types of relationships.
- To learn about sexual orientation.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		10 mins
2. Relationships discussion		10 mins
3. Sexual orientation and gender identity	• 'Genderbread Person' handout from FDP website (optional)	10 mins
4. Identifying relationships	• Computer, projector, or iPad	10 mins
5. Potential friends and dates	• 'Potential Dates' handout for each participant	15 mins
6. Identifying potential dates	• Computer, projector, or iPad • Potential dates presentation from website	10 mins
7. Boyfriend/girlfriend discussion		10 mins
8. Overview of the next community activity		10 mins
9. Question box	• Question box, paper, and pens	optional
10. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

Facilitator In-Session Preparation:

Arrange the room as necessary for today's session.

Set up computer and projector.

Check-In (10 minutes)

> Facilitator Tip: Check-in details are no longer provided in each section; refer to Sessions 1-3 for specifics, if necessary.

Relationships Discussion (10 minutes)

State that there are many types of relationships. Ask participants to provide some examples. Answers could include families, coworkers, friends, boyfriends/girlfriends, staff, classmates, acquaintances, dates, wife/husband, partners, etc.

- Acquaintances: Spend time on this term and provide examples and comparisons to be sure they understand.
    - A relationship less intimate than friendship. Provide examples: neighbor, person you have met once or twice, even someone you see daily like the mail carrier. You may recognize a person, but not know how you know them.

Explain that all these types of relationships are important. In Friendships & Dating a lot of the discussions will relate to our relationships with friends, dates, and partnered relationships.

Explain a partner is a person you have a romantic or sexual relationship with.

Challenge participants to describe friendships and romantic relationships. What does it mean to be a friend or a boyfriend/girlfriend?

- Unless the feedback is significantly incorrect, praise responses.
- If incorrect, encourage everyone to collectively work on a correct answer.
- Write responses on whiteboard or tablet for all to see.

Sexual Orientation and Gender Identity (SOGI) (10 minutes)

> Facilitator Tip: Remind participants about empathy and respect when discussing sexual orientation. Participants may have differing moral values and beliefs regarding this topic.

Facilitator Tip: You may want to explore LGBTQ support organizations in your community. While it is a brief conversation, if participants have additional questions or need more in-depth coverage, you will be able to comfortably and knowledgeably point them to additional resources.

Ask participants if they know what sexual orientation and gender identity mean.

- Allow for peer interaction and opportunity for the participants to lead this discussion.

Help the group understand sexual orientation is the term used to describe what gender(s) someone is sexually and/or romantically attracted to. Gender identity is the term used to describe how someone views their gender.

Use the Genderbread Person handout found on the FDP Website to discuss differences in gender identity, gender expression, biological sex, and sexual orientation (optional).

Ask participants if they know what the term straight or heterosexual means.

- People who are attracted to members of the other sex often call themselves straight or heterosexual.

Ask participants if they are familiar with the term LGBTQ. Allow participants to give answers, praise responses. Explain what each letter stands for. You may want to write LGBTQ on the board and write what each letter stands for.

- L = Lesbian - Women who are attracted to other women. Some may prefer the term gay or gay women.
- G = Gay - People who are attracted to other people of the same sex. It is often used to describe males attracted to males, but is also used by lesbians.
- B = Bisexual - People who are attracted to both men and women often call themselves bisexual.
- T = Transgender – People who feel that their gender expression and gender identity are different from what people told them they were based on biological sex (body parts). For example, a person might be transgender if when they were born their doctor and parents said they were a boy, but as the person grew up if felt like they were a girl.
- Q = Questioning - People who are unsure about their sexual orientation may call themselves questioning or curious.
- Asexual - People who don't experience any sexual attraction for anyone may call themselves asexual.

Follow up by asking how you can tell someone's sexual orientation. Explain you can't tell a person's sexual orientation by the way they look, their job, interests or hobbies. The only way to know is if they tell you.

Answer any follow-up questions participants have about sexual orientation and gender identity.

Identifying Relationships (10 minutes)

Open the slide presentation, on the FDP website, named "Relationships" on your computer. Project the images so everyone can see them.

- Explain these slides contain many pictures of relationships. Ask the group to identify the type of relationship and why they think it is that type of relationship.

> Facilitator Tip: There is no right or wrong answer for each image; allow participants to discuss each slide and offer assistance in identifying the relationship when necessary. Slides are in no specific order.

Proceed with presentation and praise participation and answers.

Potential Friends and Dates (15 minutes)

Ask participants who can be a friend?

- Discuss where you could meet a new friend, who is a safe friend, are there people you should not be friends with?
- Talk about what makes a good friend. Have participants fill in blanks for the following questions about friends.
    - A good friend always _____.
    - A good friend never _____.
    - A good friend doesn't _____.

Ask everyone, generally, who they can date (friends, classmate, co-worker, neighbor, etc.).

- Do not critique or correct any answers.

Next, ask participants who they should not date (people under 18, family participants, teacher, therapist, case manager, etc.).

- Encourage responses.

Discuss any inaccuracies in their responses (e.g., it is okay to date children; it is not okay to date a friend, etc.)

- Ask and discuss why the answers are incorrect.
- Distribute the 'Potential Dates' handout and read it together.

State it is important to know if someone is a potential date or not.

Facilitator Tip: Be sure to take time to clarify any incorrect answers. Participants have to be able to identify potential dates; this is an essential skill in Friendships & Dating.

Identifying Potential Dates (10 minutes)

Open the slide presentation, on the FDP website, named "Potential Dates" on your computer. Project the images so everyone can see them.

Explain these slides contain many pictures of different people. Ask participants if dating would be okay based on the type of relationship shown in the pictures.

Proceed with presentation and praise participation and answers. Offer assistance when needed.

After the presentation, ask each participant to specifically identify someone they know who they could go on a date with.

Facilitator Tip: If a participant identifies someone you do not know, ask the participant questions about the person to ensure they are a potential, safe, and appropriate date.

Girlfriend/Boyfriend Discussion (10 minutes)

Allow the participants' comments and answers to lead this discussion.

Ask the group "how do you know if someone is your partner/boyfriend/girlfriend or just friend?"

Allow participants to respond, there are no right or wrong answers.

Based upon their answers, help participants to understand that everyone may view a boyfriend or girlfriend differently, and that is okay.

Explain that a partner or boyfriend/girlfriend is someone with whom we have a romantic or intimate relationship.

Ask the group to identify physical acts of intimacy (e.g., hugging, kissing, cuddling, sex).

State it is important to talk with a date/friend about what expectations each person has about the relationship. This helps to avoid confusion or misunderstanding, etc.

Discuss how relationships can change from friendships to romantic relationships. Share a story or personal example.

Answer any questions participants may have about boyfriends and girlfriends.

Overview of the Next Community Activity (5 minutes)

Inform participants that the next session will be an activity in the community. (Facilitator to determine the activity). Discuss with participants where they will be meeting and what they will be doing. They will be discussing relationships (be sure to preview the ideas in Session 6 to inform participants what they need to bring).

Ask what they need to do in order to plan or prepare for the activity (e.g., money, transportation, what to wear, etc.).

End Session (5 minutes)

Have participants write down questions or comments for the question box. Remind them to write a note or draw a picture if they do not have a question.

Thank participants for coming today.

Allow participants to ask any questions about today's session.

Remind participants of the date, time, and location of the next session.

Remind participants they will NOT need their binders for the next session.

Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants or e-mail or fax sheets to them at least a few days prior to the community activity.

POTENTIAL DATES

People who are "okay" to go on dates with:

- Friends
- "Acquaintances"
- A neighbor
- Someone you know from an organized activity
- A classmate
- A "friend of a friend"
- Someone from church group

People who are "not okay" to go on dates with:

- People under 18 years of age if you are older than 18
- A brother or sister
- A teacher
- A life coach
- A therapist
- Extended family (cousins/nephews/nieces etc.)
- A case manager
- Your boss

WEEKLY INFORMATION SHEET

Sessions 5 & 6 Types of Relationships

Session Objectives:

- To learn about types of relationships.
- To learn about potential dates, boyfriends and girlfriends.
- To learn about sexual orientation.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will identify and discuss types of relationships in their lives or identify in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What types of relationships did you learn about?
    - How do you identify different relationships?
    - How do you know if someone is your partner/boyfriend/girlfriend?
    - What did you do when you went out in the community?
    - What types of relationships did you talk about with the group?
- Look for opportunities to ask about relationships in the life of the participant.
- Ask about dating and how the participant feels about dating.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Name:_____

Phone:_____

E-mail: _____

Session 6 Relationships Community Activity

Session Objectives:

- Practice going out with friends in the community.
- Identify and observe or discuss relationships.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Prior to the activity		5 mins
3. Relationships activity	• Materials to complete activity	60 mins
4. Discussion of activity		10 mins
5. End Session		10 mins

Facilitator Pre-Activity Preparation:

Plan activity and prepare needed materials.

Facilitator Tip: For this activity, reinforce types of relationships. Choose an activity or event where participants can discuss relationships in a community venue appropriate for talking, laughing, and sharing (e.g., coffee shop, ice cream parlor, public library, park).

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Check-In (0-5 minutes)

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group

or do not arrive at the designated meeting place at the end of the activity.

Explain and Carry Out the Activity (50 minutes)

Inform participants that today's activity is an activity in the community with their friends.

Explain that everyone will remain together for today's activity.

Explain that during today's activity they will discuss different types of relationships in their lives (i.e., roommates, staff, friends, boyfriend/girlfriend, parent, sibling, etc.).

- Ask the group to each identify a relationship in their life. Allow the participant to share information about the relationship.
    - Could use social media like Facebook if at a location with Wi-Fi.
    - Participants could bring a photo of an important relationship in their life to discuss.
- Once a participant has shared, encourage other participants to comment and share their feelings about the relationship identified.
- Encourage each participant to share his/her answers with the group.

Ask and answer any questions about the activity.

Proceed with the activity. Remind participants of the meeting location and specify what time they need to return by, if they separate from the group.

Discussion of Activity (10 minutes)

Ask participants how they felt about the activity.

Praise the group for their participation.

Inform participants that the activity will be discussed further during check-in of the next session.

End Session

Remind participants of the date, time, and location of the next session.

Remind participants to bring their binders.

Facilitator Post-Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff if a participant's ride does not arrive.

Session 7 Personal Boundaries

Session Objectives:

- To learn how boundaries relate to relationships.
- To learn about types of touch.
- To understand consent.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		5 mins
2. Boundaries discussion and activities		25 mins
3. Touch/no touch discussion		5 mins
4. Consent discussion and handout	• Consent handout for each participant	15 mins
5. Public vs. private displays of affection	• Computer, projector, or iPad • Relationships presentation from website	15 mins
6. Boundaries role play		15 mins
7. Overview of the next community activity		10 mins
8. Question box	• Question box, paper, pens	optional
9. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

Facilitator In-Session Preparation:

Arrange the room.

Set up computer and projector.

Check-In (0-5 minutes)

Boundaries Discussion and Activities (25 minutes)

Ask participants if they can describe what boundaries are.

- Help to explain that boundaries are limits or guidelines around the interactions with other people. There are physical and social boundaries in all relationships.

Make the statement that everyone needs to be aware of boundaries.

> Facilitator Tip: Remember to model good boundaries for participants.

Discuss that physical boundaries include any form of personal space, touch or attempted touch.

Reassure participants that boundaries are not just reminding us to keep our distance, but they are guidelines about how close (physically) we are to someone else.

Ask the participants to decide if the following physical boundaries would be appropriate when meeting a new staff member: shaking hands, hugging, a high five, waving, or touching their bottom.

Physical Boundary Activity

Model the following activity with your co-facilitator. Have the participants understand where their physical boundaries or comfort zone is. Have participants pair up. Standing five to ten feet away, have one participant walk slowly towards the other. When the person feels that the person is close enough to them, have them raise their hand. Repeat with the other person. .

Talk about the physical space and boundaries we have with other people.

Discuss social boundaries. Explain that they are similar to physical boundaries because they help us to know how to interact with another person. Social boundaries are social rules about how we act and live. These rules are not always written, but are agreed upon social norms.

Provide examples of social boundaries - bad table manners like belching or chewing

with your mouth open, or signs at a restaurant that may say "No Shirt, No Shoes, No Service." Social boundaries influence how we act, what we say, and what we do. Explain when first meeting someone, there are social boundaries regarding what topics are appropriate.

Social Boundary Activity

Have participants decide which of the following is appropriate for a first meeting. You may choose to have participants give a thumbs up or a thumbs down for each scenario. Or you may model these scenarios as facilitators.

- Hi. Are you married? [No – why?]
- Hi. My name is _____, what is your name? [Yes – why?]
- Would you like to dance? At the last dance I broke-up with my partner. [No – why?]
- I like to go to the movies. My favorite movie is Star Wars, what is yours? [Yes – why?]
- This is a good restaurant. Do you like to make out? [No – why?]

Remind participants that social boundaries help us to know how we should interact with others.

Answer any questions about physical and social boundaries.

'Touch/No Touch' Discussion (10 minutes)

Explain to the group that each kind of relationship we have will either include or exclude physical touch (hugs, high-five, shaking hands, etc.) and boundaries.

Ask participants to name different types of relationships. Write down their answers.

Next, ask what type of touch is allowed in that relationship.

- Have participants keep in mind the relationship does not dictate boundaries, they do. They determine what they are comfortable with.

Continue until all relationships have been discussed.

Consent Discussion and Handout (15 minutes)

State that any form of touch requires the permission of the other person.

- Give several examples when permission is needed before touching (kiss, hug, if someone does not like to be touched, etc.).

Ask the group if they know what consent means.

- Explain that when the other person gives permission it is known as "consent".

When two people consent, then both people need to agree and discuss that the action is okay.

Pass out the 'Consent' handout to participants. Read the handout with the participants. Discuss other ways of communicating "yes" and "no." Share your own examples or encourage the group to share. Have the participants add it to their binders.

Explain that when you ask a person before touching and they say "No" you have to respect their choice and not touch. For example, if you ask a date for a hug and they say no, respect their choice and do not hug them, "No Means No."

Choose a video from the FDP website to help your conversation about consent.

Ask participants if they have any questions about consent.

Public vs. Private Displays of Affection and Touch (15 minutes)

Ask the group to identify what they think are appropriate forms of touch in public with dates, friends and acquaintances.

- If there is difficulty provide the following examples: Holding hands, hugging, or shaking hands.
- Address any comments or questions participants may have.

Ask participants to identify appropriate forms of touch in private (relates only to dates or intimate relationships).

- If there is difficulty provide the following examples: Cuddling, kissing, french kissing, or sexual contact.
- Again, address any comments or questions participants may have.

Remind participants that they should ask before touching and both people need to consent to the action.

Open the slide presentation, on the FDP website, named "Touch" on your computer. Project the images where everyone can see them.

- Explain these slides contain many pictures of touch in relationships. Ask the group to:
  - Identify the type of relationship,
  - What kind of touch is occurring (shaking hands, kiss, etc.), and
  - When applicable, if the touch is appropriate in a public or a private setting.

Proceed with presentation and praise participation and answers.

Boundaries Role Play (20 minutes)

Explain to participants that they are going to role play different relationships in their lives and discuss boundaries. Pair participants together and have them role play a type of relationship. A few questions have been provided to help them think about their boundaries. Ask them to act or describe what type of interaction they are comfortable with in that relationship.

Facilitators may need to demonstrate or break the ice for the group.

Types of relationships that could be role played:

- New friends meeting up for coffee. Do you say hello, wave, hug them?
- Meeting a new staff member for the first time. Do you just say hello and introduce yourself or shake their hand?
- Seeing a staff member you have known for three years. Do you say hello, shake hands, give them a hug?
- Spending time with parents or sibling. Do you give your family hugs, high-fives, or no interaction?

After the role play, discuss the interaction with the participants.

- Was it comfortable?
- Explain that everyone has a different understanding of boundaries. Some people may like a lot of space, while others may like to be very close to others.
- It is important to know your personal boundaries and what you are comfortable with.

Discuss that everyone gets to choose what kind of touch they want, even with a doctor or a family member.

Answer any questions participants may have about boundaries.

Overview of the Next Community Activity (5 - 10 minutes)

Inform participants that the next session will be an activity in the community. (Facilitator to determine the activity). Share with participants where they will be meeting and what they will be doing.

Ask the group what each participant needs to do in order to plan or prepare for the activity (money, transportation, what to wear, etc.).

End Session (5 minutes)

Have participants write down questions or comments for the question box. Remind them to write a note or draw a picture if they do not have a question.

Thank participants for coming today.

Allow participants to ask any questions about today's session.

Remind participants of the date, time, and location of the next session.

Remind participants they will NOT need their binders.

Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants or e-mail or fax sheets to them at least a few days prior to the community activity.

Consent Handout

"Yes" means "Yes"

- "Yes!" mens YES.
- "Okay!" means YES.
- "Let's do it!" means YES.
- "I would love to!" means YES.
- "Yes, please" means YES.
- "_____" means YES.

"No" means "No"

- "No" means NO.
- "Not now" means NO.
- "Maybe later" means NO.
- "I Have a boy/girlfriend" means NO.
- "No thanks" means NO.
- "You're not my type" means NO.
- "*#^+ off!" means NO.
- "I'd rather be alone right now" means NO.
- "Don't touch me" means NO.
- "I really like you but ..." means NO.
- "Let's just go to sleep" means NO.
- "I'm not sure" means NO.
- "You've/I've been drinking" means NO.
- Silence means NO.
- "_____" means NO.

WEEKLY INFORMATION SHEET

Sessions 7 & 8 Personal Boundaries

Session Objectives:

- To learn how boundaries relate to relationships.
- To learn about types of touch.
- To understand consent.

Community Activity Information:

- The next session will be a community activity.
  - During this activity participants will interact with one another using appropriate boundaries and touch.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
  - What are boundaries?
  - Why are boundaries important?
  - What is consent? When do you need it?
  - What did you do when you went out in the community?
- Look for opportunities to discuss boundaries.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

Session 8 Boundaries Community Activity

Session Objectives:

- To go out with their friends in the community.
- To complete an activity that requires appropriate touch or boundaries among participants.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Prior to the activity		5 mins
3. Boundaries activity	• Materials to complete activity	60 mins
4. Discussion of activity		10 mins
5. End Session		10 mins

Facilitator Pre-Session Preparation:

Plan activity and needed materials.

Facilitator Tip: Pick an activity that will allow participants to experience and/or observe social touching. Going out for ice cream in a popular spot, bowling, or playing a game and review boundaries are some other ideas.

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Check-In (0-5 minutes)

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Explain and Carry Out the Activity (60 minutes)

Inform participants that today's activity is an activity in the community with their friends.

Facilitator will determine if the group will remain together or be split into teams based upon the activity chosen.

Explain that during today's activity participants are going to be interacting with one another and using appropriate touch/boundaries.

- Facilitators provide the necessary directive to complete the activity.
- _____
  _____
  _____
  _____
  _____

Proceed with the activity. Remind everyone of the meeting location and specify what time they need to return by.

Discussion of Activity (10 minutes)

Ask participants how they felt about the activity. Answer any questions.

State that you will discuss the activity further during check-in at the next session.

Praise the group for their participation.

End Session (10 minutes)

Remind participants of the date, time and location of the next session.

Remind participants to bring their binders.

Facilitator Post-Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff if a participant's ride does not arrive.

Session 9 Communication and Meeting Others

Session Objectives:

- To teach behaviors involved with meeting others.
- To understand communication skills.
- To understand non-verbal social cues.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		5 mins
2. First impressions		10 mins
3. How do I look?	• Basic hygiene items • Computer, projector, or iPad	10 mins
4. Communication	• 'Ways to Communicate" handout for each participant	10 mins
5. Yarn Game	• Yarn or string	15 mins
6. Non-verbal social cues	• Computer, projector, or iPad	10 mins
7. Non-verbal social cue role play		10 mins
8. Identifying mutual interests	• 'Go Find' handout for each participant	10 mins
9. Overview of the next community activity		5 mins
10. Question box	• Question box, paper, pencils	optional
11. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

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Facilitator In-Session Preparation:

Arrange the room.

Place the hygiene products on the table.

Set up computer and projector or iPad.

Check-In (0-5 minutes)

Keep check-in as short as possible as this is a very full session.

First Impressions (10 minutes)

Ask the group "what is a first impression?"

- Explain that a first impression happens the first time we meet someone and our feelings tell us what to think about someone.
- Explain that everything you do affects a first impression.

Ask the following questions, allowing time for discussion of each answer.

- What can cause a good first impression?
- What can cause a bad first impression?

Role play the following scenarios:

- You are at a restaurant having coffee. The waitress brings the coffee and spills some of it on the table. You say in a loud voice, "this restaurant is the worst restaurant I have ever been in. The coffee is terrible. The waitress is terrible; I'm not going to pay for this." Did the person make a good or bad impression? [bad impression] - why? The loud voice was embarrassing. Everyone makes mistakes, etc.]
- You just started a new job. You say to a co-worker, "I think I am going to like this job, everyone seems really friendly." How long have you been working here? I hope that I can do a good job. [good impression – why? The comments are positive. The speaker asks something about the co-worker]
- You just met someone new at the bowling alley. You say, "I am a really good bowler, I come here all the time. The last time I was here I bowled 3 strikes. I am also good at fishing. The last time I went fishing I caught a giant fish. Everyone was jealous because I caught the biggest fish. I live in my own apartment and have a TV and a DVD player." [bad impression- why? The speaker only talks about him or her self – It's all about me]
- You are supposed to go out and meet some friends. You just got done cleaning your backyard, your hands are dirty and you are sweaty. You don't feel like taking a shower or changing clothes. You show up and there is a new person you have not met, [good or bad impression? Why?]

Ask if there any questions about first impressions.

How Do I Look? (10 minutes)

Ask participants what they do to get ready before going out. Is it different if you are going to work or on a date or hanging out with friends?

Ask participants if they are familiar with the hygiene products on the table. Randomly ask the participants to explain what each product is used for.

- Provide assistance if necessary.

Explain that how you look will affect a good first impression.

Open the slide presentation on the FDP website named "How do I look?" on your computer. Project the images so everyone can see them.

- Explain these slides contain many pictures of people and how they look.
- As the images appear, ask the group the questions which appear on each slide.

After the presentation, ask participants what they do to get ready before going out with friends or a date.

To summarize and check for understanding, ask 'how do you make sure you make a good first impression with others?' Assist if necessary.

As an alternative or added activity, you can watch the "What do strangers think of you?" video on the FDP website. It talks about self-image and how we view ourselves.

Communication (10 Minutes)

> Facilitator Tip: Communication styles can be determined and defined by culture. Be aware of the diversity of your group and talk about how culture influences communication.

Ask the participants 'what is communication?' Praise and discuss their responses.

- Communication is how we share information or something we want to express. Communication can include speaking, writing, non-verbal actions like body language, signing, listening, etc.

Share the following tips with participants when they first meet and want to talk with someone.

- Face and look at the person you are talking to.
- Listen when the person responds.
- Try to bring up something neutral (e.g., weather, movies, TV shows, etc.).
- Give compliments of things you like about the other person (i.e., I like your earrings or I like your shoes).

- Accept compliments by saying 'thank you.'
- End the conversation with a pleasant phrase like "Nice to meet you," "Its been nice talking with you," or "Hope to see you again."

Remind everyone listening is just as important as talking. Share the following listening tips with participants.

- Put aside what you are doing, give the speaker your attention.
- Look at the speaker.
- Think about what they are saying (not what you want for lunch!).
- Wait until they are done talking, do not interrupt them.
- Ask questions.

Ask the participants to provide examples of ways you can communicate with other people. (Talking face-to-face, phone, text message, e-mail, letter, signing, non-verbal actions, etc.)

Distribute the 'Ways to communicate' handout to be added to participants' binders.

- State that when we send messages or have conversations with others, we can use any of these ways to communicate.

Yarn Game (15 minutes)

Tell the group that you are now going to play a game about communication and conversations.

The goal is to facilitate good communication skills. This encourages speaking and listening and you end up with a "picture" of the yarn showing connection to each person.

Have a good sized ball of yarn and start by modeling the first question for the group and throw the yarn to your co-facilitator. Each person has to hold on to the string of yarn as the ball of yarn is thrown to each person.

There are two ways this can be done: you can work on eye contact or getting to know each person's name.

- The person with the ball of yarn would look at the person first. Make sure you have eye contact.
- Ask your question.
- Throw the ball of yarn.
- OR have each person say their own name and then the name of the person they are talking to.
- Ask the question.
- Throw the ball of yarn.
- As each person receives the ball of yarn they respond to the question and then

this person chooses who to ask their question.

The end result is that you will have the yarn crisscrossing inside your circle.

It is important to summarize the experience when you are done and to ask for feedback from the participants.

- Example questions: My name is _____. What is your name? I like to eat watermelon. What do you like to eat? Or simply ask the question: What is your favorite thing to eat? What do you like to do? Do you have brothers and sisters? What makes you happy? Have you ever been on a date? It may be helpful to brainstorm a list of questions before the game begins. Participants may feel less on the spot when trying to develop a question.
- Example categories: sports, family, faith, dating, sex, feelings, worries, rules in our lives, making poor choices, being a good friend, making great choices, challenges, being judged etc.
- Example summary: As you heard from our discussion about family we all share many qualities of our families. The yarn also shows the connections we made with each other just by communicating.

After several rotations, end the game.

Non-Verbal Social Cues (10 minutes)

Explain that unlike the activity which focused on verbal communication, there are times when people send messages without saying or writing something down. They express themselves with their bodies, non-verbally.

- These non-verbal cues can help people choose who to talk to or approach, and those to not talk to or approach.
- Continue to explain that when trying to meet friends or potential dates it is important to understand these cues. State non-verbal social cues can sometimes be hard to understand.

Open the slide presentation on the FDP website named "Non verbal social cues" on your computer. Project the images where everyone can see them.

- Explain these slides contain many pictures of non verbal social cues. Ask participants to describe what is occurring in the picture and what kind of a message is being sent.

Facilitator Tip: Spend as much time as necessary discussing the non-verbal social cue images. Direct the participants to identify the emotions and feelings of the people and relate them to the messages being sent.

Proceed with presentation and praise participation and answers.

Ask participants if they have any questions about non-verbal social cues.

Non-Verbal Social Cues Role Play (10 minutes)

Have the group participate in a role play associated with non-verbal social cues. Some of the examples are very obvious, others are more subtle.

Review the following scenarios and talk about what they mean. Read over the scenarios once at the beginning, then read them again while having participants act them out.

- A girl your age drops a bag filled with groceries. You run over and help pick up the groceries. She smiles. [What could the smile mean?]
- A boy your age smiles and says that he likes your eyes, and then winks. [What could the wink mean?]
- A boy your age turns his head when you walk up to him. [What could the head turn mean?]
- A girl your age starts laughing when you trip. [What could the laughing mean?]
- A person you know looks away and ignores you when you start talking to them at the store. [What could the ignoring mean?]
- You see someone you want to talk to at a restaurant and they smile at you. [What could the smile mean?]
- You are talking to someone you like and they start yawning. [What could the yawning mean?]

Discuss their responses and praise them for their participation.

Identifying Mutual Interests (10 minutes)

State that before meeting other people it is important that participants know themselves.

- Ask participants to think of their answers from the candy name game and the introduction worksheet. Answers do not have to be shared.

Explain that when two people have "mutual interests" it means you have something in common with someone else; you both like some of the same things.

Pass out the 'Go find' handout.

- Explain that this activity will help participants to get to know each other better, identify mutual interests between each other, and practice their communication skills.
- Explain that the handout consists of several categories (e.g., places, movies, music, etc.). Participants have to ask each other questions in order to find mutual interests in each category. Encourage everyone to move around and

write in answers or the person's name who they share an interest with.

- Once everyone has completed the handout, have the group discuss what they learned about each other and their mutual interests.

Facilitator Tip: Encourage participants to ask multiple people questions about their interests. Do not allow participants to complete the handout with only one individual.

***In groups where the participants already know each other well, encourage them to find out things about each other they previously did not know.

Overview of the Next Community Activity (5 minutes)

Inform participants that the next community activity will be a group activity.

Allow the group to select from three possible activities for this activity. Facilitator will provide three options.

- Remind participants to consider cost, travel, weather, available resources and work together to identify a mutual interest among the group.
- If the group cannot come to a mutual decision, vote by a show of hands.
- Praise them for their efforts.

Assign a final location and time.

End Session (5 minutes)

Have participants write down questions or comments for the question box. Remind them to write a note or draw a picture if they do not have a question.

Thank participants for coming today.

Allow participants to ask any questions about today's session.

Remind participants of the date, time, and location of the next session.

Remind participants they will NOT need their binders.

Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants or e-mail or fax sheets to them at least a few days prior to the community activity.

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WAYS TO COMMUNICATE

GO FIND GAME

Find someone who likes the same things as you.

Someone who likes the same MOVIE as me is: _____ We like: _____	Someone who has the same DREAM VACATION as me is: _____ We like: _____	Someone who likes the same ANIMAL as me is: _____ We like: _____
Someone who likes the same HOBBY as me is: _____ We like: _____	Someone who likes the same SPORTS as me is: _____ We like: _____	Someone who likes the same FOOD as me is: _____ We like: _____
Someone who likes the same MUSIC as me is: _____ We like: _____	Someone who has the same PET as me is: _____ We like: _____	Someone who likes the same HOLIDAY as me is: _____ We like: _____

Weekly Information Sheet

Sessions 9 & 10 Communication and Meeting Others

Session Objectives:

- To teach behaviors involved with meeting others.
- To understand communication skills.
- To understand non-verbal social cues.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will identify mutual interests.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - How do you make a good first impression?
    - How can you communicate with your friends?
    - What did you learn about listening skills?
    - What did you do when you went out in the community?
- Look for opportunities to discuss non-verbal social cues with participants. Help participants understand the importance of non-verbal interactions.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

Session 10 Communication Community Activity

Session Objectives:

- Go out with a group in the community.
- Complete an activity where participants identify mutual interests.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Prior to the activity		5 mins
3. Communication activity	• Materials to complete activity • Conversation Starters handout	60 mins
4. Discussion of activity		10 mins
5. End Session		10 mins

Facilitator Pre-Session Preparation:

Plan activity and prepare materials (conversation starters).

Facilitator Tip: Pick a location for the activity that will allow the participants to talk with each other (e.g., a coffee shop, bookstore, cafe, etc). They will be working on their communication skills - both talking and listening skills.

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Check-In (0-5 minutes)

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Explain and Carry Out the Activity (60 minutes)

Remind participants that this is an activity in the community with their friends; the activity they chose during the previous session.

Facilitator will determine if participants will remain together or be split into groups.

Explain that during today's activity they are going to work on communication skills and finding mutual interests with others.

Inform the participants they will be given a set of cards with questions on them. They will be paired up and timed (facilitator to determine length of time 5 - 10 minutes). They will need to talk with their partner for the length of time. The cards will help them start a conversation, but they will need to ask other questions to fill the full time.

Once the time is up, switch partners and repeat the exercise.

- Facilitator to provide directive:
- _____
  _____
  _____
  _____

Proceed with the activity. Remind participants of the meeting location and specify what time they need to return by.

Discussion of Activity (10 minutes)

Ask participants how they felt about the activity.

Praise the group for their participation.

State that the activity will be discussed further during check-in of the next session.

End Session (10 minutes)

Remind participants of the date, time and location of the next session.

Remind participants to bring their binders.

Facilitator Post-Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff is a participant's ride does not arrive.

CONVERSATION STARTERS

If you could go anywhere on vacation, where would you go? What would you do?	If you had to live somewhere else in the world, where would you live? Why?	If you could choose any job in the world, what job would you choose? Why?	If you won a million dollars, what would you do with it?
What is the best present you have ever received from someone?	If you could be on a TV show, which one would you choose?	Who is your best friend? Why?	If you could be an animal, what animal would you be? Why?
What would you do if you were President?	Tell me about something that makes you laugh.	Do you have any pets? If yes, what kind of animals are they? What are their names?	What is the best thing that happened to you this week?
What was your least favorite class at school? What was your favorite class?	What do you like best about your life?	Tell me one way you want to improve your life.	Tell me your favorite memory.

Session 11 Planning Activities and Dates

Session Objectives:

- To understand the steps of a planning activities with friends and dates.
- To use role play to practice setting up a date.
- To learn how to stay safe when first meeting a date or friends.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		5 mins
2. Overview of planning a date or activity		5 mins
3. Before the date or activity	• 'Before the date checklist' handout	10 mins
4. Role play setting up a date or activity	• Role play situations (created by facilitator)	10 mins
5. While on a date or activity	• 'During the date checklist' handout	10 mins
6. Showing respect scenarios		5 mins
7. Ending the date	• 'Ending the date checklist' handout • 'Dating Tips' handout	10 mins
8. Dating resources group collage	• Pens, pencils, paper, glue sticks, scissors, magazines, clip art, etc.	10 mins
9. Tips for staying safe	• 'Staying Safe' handout	10 mins
10. Overview of the next community activity		10 mins
11. Question box	• Question box, paper, pencils	optional
12. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

Create role play situations for setting up a date or activity.

Gather art supplies for the dating resource collage.

Facilitator In-Session Preparation:

Arrange the room.

Check-In (5 minutes)

Overview of Planning a Date or Activity (5 minutes)

Inform participants that today they are going to talk about the steps of putting together a date. Stress that it is important to ask any questions.

- State these steps can also be used when trying to set up an activity in the community with a friend or a group of friends.

Emphasize that it is okay if people do not want to go on dates. Explain that everyone gets to make the choice whether or not to date. Ask participants what they think a date is.

Explain that there are three parts to a date:

- Everything before the date
- While on the date
- Ending the date

Inform participants that you will discuss each part.

Before the Date or Activity (10 minutes)

Ask the participants what steps they need to take before going out on a date or out with friends. What do you need to plan? As they make suggestions, write them on the board. Next challenge them to put them in order.

Pass out the 'Before the date' checklist. Read through the following steps (they correspond to the checklist).

- Step 1- State that the first part of a date is deciding who you want to ask.
- Step 2- You must decide how to contact them to ask them on a date (over the phone, face to face, etc.).
- Step 3- When you ask someone on a date you should have an idea of what you want to do, a specific activity.
- Step 4- Discuss where you should go for this activity.
- Step 5- Decide upon a time that works for both people.

- Step 6- Talk about how each person is going to get to the designated place.
- Step 7- Discuss cost and who will pay. Are you going to 'treat' your date (pay their way) or each pay for yourselves.
- Step 8- Talk about if there is anything you need to bring or wear specific for the date.

Reassure participants that it is not easy to ask someone on a date because you may be nervous, shy, may change your mind, etc.

Remind them they will need to be assertive when asking someone on a date. Help participants remember that assertive means being confident and honest about what they want and feel.

Explain that people will either accept the invitation or may decline the invitation and say no.

- Reassure participants that everyone has had someone tell them no and it may hurt their feelings, but remind them they may have different interests or may only want to be friends.

Explain that if the invitation is accepted, it is okay to ask the other person what they want to do. This may make the date more enjoyable if they decide on something together.

Answer any questions about setting up a date.

Practice/Role Play Setting Up a Date (15 minutes)

> Facilitator Tip: If participants are resistant to role playing, the facilitators can act out the situations and have the participants review and critique the role play.

Facilitator: create role play situations for participants to act out with each other.

(i.e., choose two participants, direct one to call the other on the phone to set up a date.)

Continue until all participants have had an opportunity to participate.

After each role play have the group comment, stating what was acted out well or mentioning something that may have been forgotten.

Praise the group for their participation.

While on a Date or Activity (10 minutes)

Ask the participants what do you do when you are out on a date or with friends? How should you act? As they make suggestions, write them on the board.

Explain to participants that while they are on the date there are steps to follow. Pass out the 'During the date' checklist. Read the following rules (they correspond to the checklist).

- Step 1- If you are late to meet your date, call them.
- Step 2- When you are having a conversation with your date, listen to what they are saying.
- Step 3- Stay with your date.
- Step 4- Ask your date before you touch (hold hands, hug, kiss). Remember no means no. Say "no" if you do not want to hold hands or kiss.
- Step 5- Be respectful of your date. Explain that they should always treat their date how they want to be treated, be mindful of physical boundaries and that all of these rules relate to respect.

Showing Respect Scenarios (5 minutes)

Review the following scenarios about showing respect on a date and talk about what they mean. Facilitator: after reading the scenarios, have participants move from one side of the room to the other to indicate if respect is being shown or give a thumbs up or thumbs down to each scenario.

- A person interrupts and asks questions while her friend is talking to someone else. [Not Respect – why?]
- A man pulls out a chair for his friend when she is about to sit down. [Respect – why?]
- A woman asks her friend "how was your day?" [Respect– why?]
- A woman complains that her friend is always late. [Not Respect – why?]
- A man asks his partner what he wants to do on a date. [Respect– why?]
- A woman yells at her friend because they don't agree. [Not Respect– why?]
- A man listens quietly while his friend is telling a story. [Respect– why?]

At the end of the role play, discuss boundaries, communication, and emotions to explain how they are part of respect. For example, ask before you hold hands or ask your date how they are feeling.

Praise the group for their participation and answer any questions.

Ending a Date (10 minutes)

Ask participants how they think a date should end? Write their responses on the board and discuss them.

Pass out the 'Ending the date' checklist and read over the steps (they correspond to the checklist)

- Step 1- Be home on time.

- Step 2- Remember physical boundaries, ask before touching.
- Step 3- Discuss a future date (if you want to).

Pass out the 'Dating Tips' Handout. Explain that this is a longer list of steps about the dating process that was discussed today. Read the handout together and answer any questions.

Ask the participants to share ideas on how to ask for a future date. For example, will they call the person the next day, plan the next date right then, etc.

Dating Resources Group Collage (10 minutes)

Explain that they should keep in mind what local affordable dating resources are in their community when trying to decide what to do on a date. Challenge them to identify some activities in their community.

- Pass out a blank piece of paper, pens, pencils, colored pencils, glue, magazines, and clip art.
- Have the participants find a picture, draw an activity, or write down something. Have them all contribute to creating a group collage of dating ideas in their community.
- Ask participants how much some of the activities might cost.

Tips for Staying Safe (10 minutes)

Explain to the group that when they begin dating others or go out with new friends there are some rules they can follow to be safe.

Pass out the 'staying safe' handout to participants to add to their binders.

> Facilitator Tip: These rules may not apply to every situation, but help the participants to understand why they are important. Also remind participants if something bad happens it is NOT their fault. Even if they forget something, it is NOT their fault.

Go over the handout with the group. Read each rule aloud and ask participants to describe why it is important.

Answer any questions participants may have about these rules.

Overview of the Next Community Activity (10 minutes)

Inform participants that the next activity will be practicing the dating and activity process in the community.

Facilitator will provide three various activities to be voted upon by the group for the activity.

- Present the three options to the group. Have participants discuss each option, what they need to prepare for each (location, money, transportation, what to wear, mutual interests, etc.)
    - Have participants vote on the activities and choose the most popular choice.
    - Review what each participant needs to do in preparation for the activity.

Arrange for the participants to call or text one other person in the group before the community activity and practice the steps of planning the activity; remind them of the date, time, location, what to bring, etc. Take time to exchange contact information of the participants.

Ask participants if there are any questions about the activity.

End Session (5 minutes)

Have participants write down questions or comments for the question box. Remind them to write a note or draw a picture if they do not have a question.

Thank participants for coming today.

Allow participants to ask any questions about today's session.

Remind participants of the date, time, and location of the next session.

Remind participants they will NOT need their binders.

Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants or e-mail or fax sheets to them at least a few days prior to the community activity.

BEFORE THE DATE CHECKLIST

- Who are you going to ask?
- How are you going to contact them?
- What are you going to do?
- Where should you go for the date?
- What day and time is the dating going to be?
- How are you and your date getting there?
- Who is paying?
- Do I need to bring anything?

DURING THE DATE CHECKLIST

- Call if you are running late.

- Listen to your date.

- Stay with your date.

- Ask before touching.

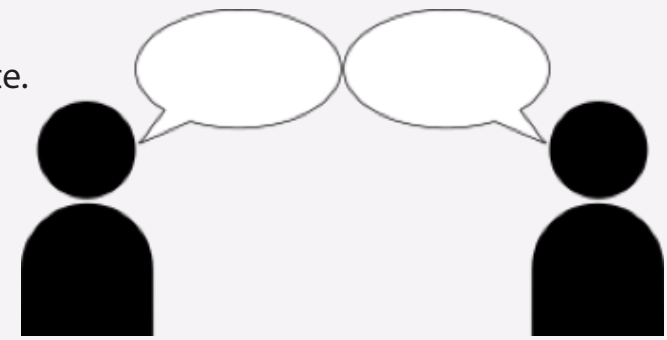
- Respect your date's feelings.

ENDING THE DATE CHECKLIST

- Be home on time.

- Ask before touching.

- Discuss a future date.



DATING TIPS

Asking for a date

- Be polite
- Have a plan or
- Give choices for activities
- Talk about the time and place of date and how to get there
- Describe what to wear
- Talk about who will pay

Accepting a date

- Say "Yes" clearly
- Make sure you know the day, time, and place of the date
- Make sure you know how you are getting there (transportation)
- Confirm what to wear
- Talk about who will pay
- Offer to pay
- Suggest a double date (when appropriate)

Saying "No" to a date

- Be kind but firm with a "No" message
- Use the word "No"
- You don't have to explain
- Make plans for another time (if you want to)

Accepting a "No" answer

- Don't argue or question their choice
- Let them know you are sorry they can't go on the date
- Ask if they would like to go on a date another time

Beginning a date

- Call if you are running late
- Introduce yourself to family or roommates
- Dress appropriately for activity
- Do not bring uninvited people
- Check on return time and house rules

On a date

- Use good manners on date
- Pay attention to your date
- Listening to your date
- Stay with your date
- Physical contact with permission only
- Remember who was going to pay

Ending a date

- Be home on time
- Physical contact with permission only
- Be respectful of your date's feelings
- Discuss a future date

STAYING SAFE

When Going Out with Friends and Dates

- Meet in a public place.

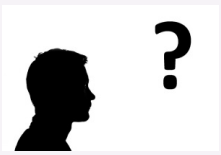
- Go out with groups or on a double date.

- Take a phone with you. Don't forget to charge it first.

- Make a safety plan with trusted adult, like:

  - Tell them where you are going.

  - Tell them who you are going with.



  - Tell them when you will be home.

- If you feel unsafe, leave.

WEEKLY INFORMATION SHEET

Sessions 11 & 12 Planning Dates and Activities

Session Objectives:

- To understand the steps of planning activities with friends and dates.
- Use role play to practice setting up a date.
- To learn how to show respect to a date.

Community Activity Information:

- The next session will be a community activity.
  - During this activity participants will practice the dating steps in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
  - What are the steps in planning a date or an outing with a friend?
  - Is there anyone you would like to ask on date?
  - How can you show respect on a date?
  - What did you do when you went out in the community?
  - What can you do to stay safe when you are out on a date or with friends?
- Discuss your dating experiences with the participants.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

Session 12 Planning Activities and Dates Community Activity

Session Objectives:

- To go out in the community.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Prior to the activity		5 mins
3. Explain and carry out the activity	• Materials to complete activity	60 mins
4. Discussion of activity		10 mins
5. End Session		10 mins

Facilitator Pre-Session Preparation:

Plan activity and prepare the materials for the activity.

Facilitator Tip: Choose a location for the activity that will allow the participants to talk to each other (e.g., coffee shop, bookstore, cafe, etc.)

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Explain and Carry Out the Activity (60 minutes)

Inform participants about the purpose of the activity in the community.

Either keep the group together or separate into smaller groups. Separate participants at this point.

Describe the activity.

- _____
  _____
  _____
  _____
  _____
  _____

Encourage participants to remember mutuality, boundaries, communication and what they have learned in the previous sessions.

The facilitator will observe participants and give feedback at the end of the activity and during check-in of the following session.

Have participants begin the activity.

Discussion of Activity (10 minutes)

Ask participants how they felt about the activity.

- What did you like about the activity today?
- Were you prepared? Did you have to remember to bring anything?
- Did someone call and remind you about today's activity? Was it helpful?
- Did you learn anything new about someone?

Praise the group for their participation.

Provide feedback of observed dating steps with participants. Highlight positive actions. Be brief, as this will be discussed further in check-in.

End Session (10 minutes)

Remind participants of the date, time and location of the next session.

Remind participants to bring their binders.

Facilitator Post-Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff if a participant's ride does not arrive.

Session 13 Healthy Relationships

Session Objectives:

- To discuss healthy relationships.
- To learn about dating rights and responsibilities.
- To discuss online and social media safety.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		5 mins
2. Healthy vs. unhealthy relationships	• 'Healthy relationships spectrum' handout	15 mins
3. Dating bill of rights handout	• 'Dating Bill of Rights' handout and bookmark for each participant	15 mins
4. Healthy relationships video	• TV/computer or iPad to play video found on FDP website	10 mins
5. Online interactions, social media, and relationships	• TV/computer or iPad for online interaction videos found on FDP website	30 mins
6. Overview of the next community activity		10 mins
7. Question box	• Question box, paper, pencils	optional
8. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

Facilitator In-Session Preparation:

Arrange the room.

Prepare TV/computer or iPad.

Check-In (5 minutes)

Healthy vs. Unhealthy Relationships (15 minutes)

Let participants know you are going to talk about relationships. Explain that the health of all relationships, both friendships and romantic relationships, exist on a range from healthy to unhealthy to abusive. Relationships may change where they exist on the spectrum/range.

Pass out the Healthy Relationships Spectrum handout to participants.

Read through the signs of healthy and unhealthy relationships. Allow participants to lead this discussion. Ask participants if they agree these signs are accurate. Challenge them to add to the list, what are other signs of healthy or unhealthy relationships? Write their answers on the board and encourage them to add them to their lists. **Abusive relationships are addressed in Session 15.

Remind participants if they or a friend find themselves in an unhealthy relationship they should not blame themselves. Let them know if they are in an unhealthy relationship they may want to end the relationship or work to improve the relationship. Encourage them to talk to a friend or trusted person to help them work through this process.

- An individual will need to decide if they want to try to make the relationship better or if they should walk away.
- Reflect on your own actions in the relationship - are you talking and listening to the other person, do you respect their choices, etc.
- Remind participants that although you are willing to make changes to improve the relationship, the other person may not. In this case, it is better for you to end the relationship.

Ask participants if they have additional questions. Answer any questions.

'Dating Bill of Rights' Handout (15 minutes)

Next, distribute the 'Dating Bill of Rights' handout and bookmark and verbally go over them with the group.

As you verbally go over the handout with the group, ask the participants to share their thoughts on the points. For example:

- "Set boundaries" ask: What boundaries have you set for yourself when you date?
- "Tell others how I feel" ask: Why is this important?
- "Say no to date" ask: What may happen if you didn't say no to someone you don't like?

Answer any questions about the 'Dating bill of rights.'

Explain to participants that these rights and responsibilities listed will help them to stay safe and to have a fun dating experience.

Healthy Relationship Video (10 minutes)

Choose a video from the FDP website about healthy relationships.

After the video, ask the participants about their thoughts.

Online Interactions, Social Media, and Relationships (20 minutes)

Explain there are many ways we meet, talk, and communicate with other people. One of those ways is through the internet and social media.

Ask participants if they know about Facebook, Twitter, Instagram, Snapchat, TikTok or other social media or online dating websites.

- If someone is familiar with a platform or online dating, have them explain it to the rest of the group. Praise any responses.

Inform the group that it is okay for people to meet others online, and for some it may be easier (people who are shy, not comfortable talking to others, lack of transportation to go out into the community to meet others, etc.).

Warn participants that if they want to meet other people online, they need to be careful because you do not always know if someone is being honest.

- Challenge the group to identify ways people could lie to them online.
- If there are no suggestions, provide the following examples: lie about age, gender, personal interests, etc.
- Emphasize to participants that it is still okay to meet others online, but they need to be careful.

Tell participants that if they choose to meet someone online they should follow these steps:

- Do not initially (or in the beginning) share any personal information because this person is still a stranger.
- If they continue to talk over time, they may set up a meeting or date, however strongly encourage them to make it a double date with someone they know, or to meet the person there, and arrange for the date to be in a very public place to ensure personal safety. Do not get in a car with them at any time during or after the date.
- When talking with others online, be polite. Treat them like you would want to be treated.
- If they choose to provide any personal information when the time is appropriate, the information needs to be true or as genuine as possible. This way, others will know exactly who they are.

Answer any questions about meeting others online.

Take time to ask participants about what social media apps they are using. Discuss the pros and cons of using those apps. For example:

- Instagram Pros: you can see photos of your friends, it has direct messaging, follow people you like, you can edit or use filters, etc.
- Instagram Cons: pictures are not realistic, everything seems perfect, privacy settings - who can see your profile, time consuming, etc.

Discuss what boundaries they have around technology and social media. Who do they share password information with? How much do they rely on apps for social interaction? What are their privacy settings? Can a future employer or partner see what they post?

Explain it is important to remember that things on the internet stay there forever. Any images and messages we send will be findable for the foreseeable future. But a lot of times, we hit "send" without thinking about the possible consequences. This can lead to a lot of regret.

A good rule of thumb is to follow "The Grandma Rule." Ask if anyone has an idea what "The Grandma Rule" means? Explain that "The Grandma Rule" is:

- Never share anything online that you wouldn't want your grandma to see!
- Before sending a text, an email, a message or photo… stop and think, would I mind if others saw this? Would I feel okay about it, or would I be embarrassed/ashamed?

Ask participants what kinds of things might fall into that category. Provide examples if needed: Anything untrue, unkind, against the law, sexual things, etc.

You may choose to use additional videos or handouts from the FDP website to guide this conversation.

Overview of Next Community Activity (10 minutes)

Inform participants about the community activity.

Discuss what preparation must be made for the activity (transportation, cost, what to wear, do I need to bring anything, etc.).

Arrange for the participants to call or text one other person in the group before the community activity and practice the steps of planning the activity; remind them of the date, time, location, what to bring, etc.

End Session (5 minutes)

Thank participants for coming today.

Allow participant to ask any questions about today's session.

Remind participants of the date, time, and location of the next session.

Remind participants they will NOT need their binders.

Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants or e-mail or fax sheets to them at least a few days prior to the community activity.

HEALTHY RELATIONSHIPS SPECTRUM

- You can talk about your concerns and listen to each other.
- Share your needs with each other.
- Both people feel safe and comfortable with each other.
- Can spend time with others without feeling of jealousy.
- Respect each other's choices.
- Make decisions together.
- Are truthful with each other.
- Show interest in the other person.

- You fight or are unable to talk to each other about your concerns.
- Do not talk about your relationship or needs.
- At times you may feel afraid or that feelings are not respected.
- Feel pressure to only spend time with partner. Not spending time with other friends or family.
- Do not listen to each other's choices or desires.
- One person makes all decisions.
- One or both people are dishonest or lie to each other.

DATING BILL OF RIGHTS

I have the responsibility to:

- Set high goals for myself
- Set boundaries
- Respect my date
- Tell others how I feel
- Ask for help when I need it
- Be considerate
- Make good decisions

I have a right to:

- Ask for a date
- Say "No" to a date
- Suggest activities
- Say "No" to an activity, even if my date is excited about it
- Have my own feelings and be able to express them
- Tell someone not to interrupt me
- Have my boundaries respected
- Tell my partner when I need affection
- Refuse affection or touch
- Be heard
- Refuse to lend money
- Refuse sex at any time

WEEKLY INFORMATION SHEET

Sessions 13 & 14 Healthy Relationships

Session Objectives:

- To learn about healthy and unhealthy relationships.
- To learn about dating rights, and responsibilities.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will practice the dating steps in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What does a healthy realtionship look like?
    - What does an unhealthy relationship look like?
    - Is there anyone you would like to ask on a date?
    - What did you learn about online dating?
    - What did you do when you went out in the community?
    - What was the hardest part of the dating steps?
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

Session 14 Healthy Relationships Community Activity

Session Objectives:

- To go out in the community.
- To evaluate and provide feedback on participant interactions.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Prior to the activity		5 mins
3. Explain and carry out the activity	• Materials to complete activity	60 mins
4. Discussion of activity		10 mins
5. End Session		10 mins

Facilitator Pre-Session Preparation:

Facilitator Tip: Focus on an activity where you can highlight healthy realtionships or online and social media relationships. Consider planning an activity using a social media app, or exploring the pros and cons of apps, or reviewing privacy settings.

Plan activity and prepare materials for activity.

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Explain and Carry Out the Activity (60 minutes)

Inform participants about the purpose of today's activity in the community.

- Explain participants stay together as a group or will be separated into smaller groups. Separate the group at this point.

Describe the activity.

- _____
  _____
  _____
  _____
  _____
  _____

Encourage participants to remember mutuality, boundaries, communication and what they have learned in the previous sessions.

The facilitator will observe participants as they carry out the activity and will give feedback at the end of the activity and during check-in of the following session.

Have participants begin the activity.

Discussion of Activity (10 minutes)

Ask participants how they felt about the activity.

- What did you like about the activity today?
- Were you prepared? Did you have to remember to bring anything?
- Did someone call and remind you about today's activity? Was it helpful?
- Did you learn anything new about someone?

Praise the group for their participation.

Provide feedback of observed dating steps with participants. Highlight positive actions. Be brief, as this will be discussed further in check-in.

End Session (10 minutes)

Remind participants of the date, time and location of the next session.

Remind participants to bring their binders.

Facilitator Post-Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff if a participant's ride does not arrive.

Session 15 Personal Safety

Session Objectives:

- To understand inappropriate touch.
- To learn about the importance of saying no.
- To identify a trusted adult.
- To learn about abuse and interpersonal violence.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		5 mins
2. Personal safety issues		5 mins
3. Coercion/bullying		15 mins
4. Inappropriate touch	• Computer or iPad for touch presentation found on FDP website	10 mins
5. Abuse and interpersonal violence		15 mins
6. Watch interpersonal violence and consent video	• TV/computer or iPad to play videos found on FDP website	15 mins
7. Trusted Adults	• 'Trusted Adult' handout	10 mins
8. Beyond no means no		10 mins
9. Overview of the next community activity		10 mins
10. Question box	• Question box, paper, and pens	optional
11. End session	• Weekly Information Sheet	5 mins

Facilitator Tip: This session may be difficult for some participants and could evoke uncomfortable feelings. If you need to talk to some one about how to appropriately respond, please contact the FDP Program Coordinator at fdp@alaskachd.org. We will be able to answer your questions. Inform participants you are a mandated reporter.

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

Facilitator In-Session Preparation:

Arrange the room.

Set up TV/DVD player.

Set up computer and projector.

Check-In (5 minutes)

Personal Safety Issues (5 minutes)

Ask participants to describe what they think "personal safety" means.

- Assist or prompt the group, if necessary, to understand that personal safety relates to them individually and means making decisions to keep them from harm's way, being injured or hurt, away from danger, avoiding abuse, coercion, etc.

State that in all relationships we are required to make good choices to stay safe. Today, we are going to mostly talk about staying safe in friendship and dating relationships.

Coercion/Bullying (10 minutes)

Ask the participants if they know what coercion or bullying means.

Explain coercion is being forced to do something you don't want to do. This can be a friend, stranger, or family member, authority figure (boss or therapists).

Some types of coercion include:

- Bullying (by yelling at you).
- Peer-pressure (making you feel bad if you don't do what they want).
- Someone who has control of some part of your life (boss or staff member) making you feel you have to do what they say or you will be punished.
- Being forced by a stranger to do something you do not want to do.

Bullying is when peers might yell at you, tease you, make fun of you, physically hurt you, single you out, force you to do something you do not want to.

Ask participants, if you are being bullied or see someone else being bullied what can you do? Answers may include:

- Reach out to friends or adults you trust to help.
- Stay calm, try not to react, fighting back can make the situation worse.
- If you see it happening, try to stop it - speak up.
- Avoid places where bullying happens.

Facilitators will present a scenario to illustrate coercion/bullying. Ask participants how they would respond in the following situations:

- Four friends are on their way to a movie, one has brought a couple of beers to drink. You say you don't want any and they tease you.
- You are at work and your boss asks you if you want to go out on a date. You do not want to but feel if you don't you might lose your job.
- You see someone from your school post a picture of your friends on social media falling down on the icy sidewalk. There are a lot of comments from people you know about how funny it is.

Inappropriate Touch (10 minutes)

Ask the participants what an inappropriate or 'bad' touch can be?

- Explain to participants that an inappropriate touch can be any touch without being asked; touch of a private body part without permission (groping, rubbing), touch from someone we do not know/stranger, anything from a simple touch (hand to hand) to sex without permission.

Review consent again. Make the statement that anyone can touch us inappropriately.

- If someone wants to touch us, they must ask permission. This includes a potential partner if they want to touch you privately.

Ask and answer if there are any questions about inappropriate touch.

Emphasize to participants that if they do not want to be touched to say no. Explain that they can say no when someone asks to touch them and that they can say no when they are not asked.

Explain to participants the importance of listening and following others no statements.

Abuse and Interpersonal Violence (15 minutes)

Explain that abuse is hurting others.

Ask the participants if they can name types of abuse.

- Answers could include: physical, sexual, emotional, financial, etc.

Discuss types of abuse with the participants:

- Physical - when one person physically hurts another person. Physical abuse can

include hitting, slapping, kicking, punching, pushing or shoving, grabbing, hair pulling, etc.

- Sexual - when someone touches someone else in a sexual way without permission. Could include rape (having sex without asking), date rape, unwanted touching, rubbing, or grabbing of a person's breasts, penis, or vagina, etc.
- Emotional and Verbal - when someone yells or uses words to scare, frighten, or hurt another person's feelings. Includes name calling, put-downs, swearing, manipulation, coercion, etc.
- Financial - when someone takes advantage of another person's money or possessions. Could include taking money, not giving a person their money, taking things without asking, using someone's debit card without asking, etc.

Ask participants if they know who an intimate partner is.

Discuss with the group that an intimate partner could be a boyfriend, girlfriend, husband, wife, or even a personal care assistant. This is a person who you have a close relationship with.

State that abuse can occur within close relationships with intimate partners.

Ask the participants if they have any questions about abuse.

Watch the Interpersonal Violence and Consent Videos (15 minutes)

Explain to the group that they are going to watch a few videos about interpersonal violence and consent. The videos will discuss types of abuse, consent, and what to do if something happens. Remind group members they can step out or take a break if the videos make them uncomfortable. Watch the interpersonal violence video and consent videos with your group.

Following the videos, encourage participants to ask any related questions.

> Facilitator Tip: Be mindful of how participants react to the video and conversation. If they are uncomfortable, take a break, move the conversation along and follow up with them immediately or after group. Participants do not need to share personal experiences.

Identifying a Trusted Person (10 minutes)

Relate the following short story:

- Mark is an adult who lives in an assisted living home, where he has his own room. Several women in the home have complained that Mark has approached them and said his name was "lover boy." According to them, he sometimes gives them cigarettes and sodas in exchange for kisses or opportunities to touch their breasts.

Ask the group the following questions about the story. Have each participant share their answers with each other:

- What could you do if you were in this bad touching situation?
- Why is it important to tell someone about what has happened?
- Who could you tell? (general answer)

Explain that everyone needs to have a trusted adult whom they can talk to. This is especially important when you have to talk about something that relates to personal safety.

Discuss what to do if a friend tells you about being assaulted.

- Discuss feelings someone might have after being assaulted (shame, embarrassment, anger).
- Discuss that it is not the friend's fault and ideas of how to be supportive.
- Discuss who you should tell if a friend talks to you.

Ask participants to each name a specific trusted person in their life that they could talk to. Participants can use the handout to write down the names and how they can contact their trusted adult/person.

Facilitator Tip: Be sure all participants name at least one appropriate trusted person. If a participant names someone you do not know, ask questions about that individual. Why does the participant think they would be a trusted adult?

Encourage all participants to tell their trusted adult if something bad happens to them.

Beyond No Means No; How to Protect Yourself (10 minutes)

Discuss steps to promote safety while going out with friends and dating. Strategies include:

- Make a safety plan with someone you trust (where are you going, with whom, when are you going out/coming home).
- Carry a cell phone.
- Go on group outings or double dates.
- Trust your gut (if you feel uncomfortable get out).

Overview of the Next Community Activity (10 minutes)

Inform participants about the next community activity.

Explain to the group that they will need to mutually develop three activities and agree upon one. Facilitator will set criteria for ideas, based upon local resources.

Once the three have been identified, vote.

As a group, discuss what preparations need to be made.

Arrange for the participants to call or text one other person in the group before the community activity and practice the steps of planning the activity; remind them of the date, time, location, what to bring, etc.

End Session (5 minutes)

Have participants write down questions or comments for the question box. Remind them to write a note or draw a picture if they do not have a question.

Thank participants for coming today.

Allow participants to ask any questions.

Remind participants of the date, time, and location of the next session.

Remind participants they will NOT need their binders.

Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants or e-mail or fax sheets to them at least a few days prior to the community activity.

TRUSTED ADULT HANDOUT

My trusted adult is:

_____

The way I contact my trusted adult is by (phone, talking, texting, email):

_____

My second trusted adult is:

_____

The way I contact my trusted adult is by (phone, talking, texting, email):

_____

WEEKLY INFORMATION SHEET

Sessions 15 & 16 Personal Safety

Session Objectives:

- To understand inappropriate touch.
- To learn about the importance of saying no.
- Identify a trusted adult.
- To learn about abuse and intimate partner violence.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will practice the dating steps in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What can you do to stay safe when you are out on a date or with friends?
    - Do you feel you can keep yourself safe?
    - What did you learn about abuse or coercion?
    - What did you do when you went out in the community?
    - How did this week's activity differ from last week?
- Discuss strategies for staying safe in relationships.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names: _____

Phones: _____

E-mails: _____

Session 16 Personal Safety Community Activity

Session Objectives:

- To go out in the community.
- To evaluate and provide feedback on participant interactions.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Prior to the activity		5 mins
3. Explain and carry out the activity	• Materials to complete activity	60 mins
4. Discussion of activity		10 mins
5. End Session		10 mins

Facilitator Pre-Session Preparation:

Plan activity and prepare the materials for the activity.

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Check-In (0-5 minutes)

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Explain and Carry Out the Activity (60 minutes)

Inform participants about today's activity in the community.

Explain participants will be separated into smaller groups or will remain together as a large group. Separate the group at this point.

Describe the activity.

Encourage participants to remember mutuality, boundaries, communication and what they have learned in the previous sessions.

The facilitator will observe participants as they carry out the activity and give feedback at the end of the activity and during check-in of the following session.

Have participants begin the activity.

Discussion of Activity (10 minutes)

Ask participants how they felt about the activity.

- What did you like about the activity today?
- How can you stay safe when you go out in the community?
- Were you prepared? Did you have to remember to bring anything?
- Did someone call and remind you about today's activity? Was it helpful?
- Did you learn anything new about someone?

Praise participants for their participation.

Provide feedback of observed dating steps with participants. Highlight positive actions. Be brief, as this will be discussed further in check-in.

End Session (10 minutes)

Remind participants of the date, time and location of the next session.

Remind participants to bring their binders.

Facilitator Post-Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff if a participant's ride does not arrive.

Session 17 Sexual Health

Session Objectives:

- To identify body parts.
- To understand sex and safe sex practices.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		5 mins
2. Sexual health intro		2 mins
3. Body part identification	• 'Body parts identification' handout • Man and woman body part posters	15 mins
4. Intimacy and sexual readiness	• Resources on sexual readiness on FDP website	15 mins
5. Reproduction	• Penis and vagina body parts	15 mins
6. Birth control	• 'Common birth control methods' handout	10 mins
7. Sexually Transmitted Infections (STIs)		10 mins
8. How to use a condom	• Condoms • Penis and vagina body parts	15 mins
9. Overview of the next community activity		10 mins
10. Question box	• Question box, paper, pencils	optional
11. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

Read through the lesson and check your comfort level!

Make arrangements for a guest speaker (*optional).

Facilitator Day Of Preparation:

Prepare materials for body part discussion and condom demonstrations.

Arrange the room as necessary for today's session.

Check-In (5 minutes)

Sexual Health Introduction (2 minutes)

Inform participants that they will be talking about sexual health in today's session.

Reassure participants it is common to feel uncomfortable talking about body parts and sex related topics, but it is okay to talk about them. This is an important part of dating and relationships.

Also remind participants that everyone has different morals and values. Some may not engage in sexual activities until they are married, for others sexual activities are part of their dating relationships. Each is okay. Everyone is able to make their own choice.

Body Part Identification (15 minutes)

Begin the body part identification activity by hanging the posters on the wall for all participants to see.

Explain that as a group they are going to identify all of the body parts, head to toe. Reassure participants not to be nervous or shy. Pass out the 'Body part identification' handout.

- Begin with the more basic or general body parts and ask the participants to name them. Inform the group that they can write the answers on their handout.
- Next ask participants to identify the private body parts such as the breasts, vagina, bottom, penis, testicles, pubic hair etc. Inform participants that they can write the answers on their handout.
    - If the group struggles, help them by providing names and answering any questions.
    - Encourage participants to state all the names they know these body parts by (slang).
    - Emphasize the proper or commonly used terms which include breasts, vagina, bottom, penis and testicles.

Explain the similarities between the male and female body parts (most are general body parts).

State that although there are several similar body parts, males and females can

differ greatly. Ask the group to identify how men and women differ physically.

- Assist and answer questions if necessary.

Challenge participants to identify why men and women differ. Praise any responses and continue to the sex and reproduction section.

Intimacy and Sexual Readiness (15 minutes)

Discuss: As you develop a relationship with another person you might start to have feelings that are very strong. These feelings might make you want to spend more and more time with that person. You may want to grow closer to that person emotionally and physically. This is intimacy. Intimacy is the closeness and connection you share with someone else.

Explain intimacy can mean different things to different people. Ask the group for ideas about what it means to share emotional intimacy. Offer suggestions like: building trust, being vulnerable, or sharing private thoughts and feelings. Ask for examples of physical intimacy, e.g.: holding hands, hugging, kissing, sleeping in the same bed, foreplay, intercourse, etc.

Explain sex or intercourse is an act of intimacy between two people who have consented. Prior to sexual activity, people become aroused. Signs of arousal include an erect penis (firm and enlarged penis), hard nipples for both men and women, vagina becomes moist.

Explain there are many different kinds of sexual activity. Some, like intercourse, involve risk of pregnancy and/or transmitting infections if precautions are not taken. People can enjoy physical intimacy and sexual pleasure without engaging in intercourse (and risking pregnancy or transmitting infections) through cuddling, kissing, massaging, tickling, etc. Here are a few examples:

- Outercourse or dry humping is when two partners have their clothes on and rub their genitals against each other for stimulation.
- Fingering or hand job is when the hands are used to stimulate a penis, vulva, or anus.
- Oral sex is when the mouth and tongue are used to stimulate a penis or vulva. (Precautions are needed to prevent transmitting infections)
- Vaginal intercourse involves a penis penetrating/stimulating a vagina. (Precautions are needed to prevent pregnancy and transmitting infections.)
- Anal intercourse is when the penis penetrates the anus. (Precautions are needed to prevent transmitting infections. The same condom should not be used to have anal and vaginal intercourse.)

Explain deciding to be intimate or sexually active with someone else is a big decision. It is important to think about your sexual readiness and your comfort with different levels of sexual activity. It is also important to make sure that both partners consent to each act of intimacy. Communication between partners about what kind or kinds of sex they are comfortable with is part of intimacy. It is ok for

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someone to change their mind about what they are comfortable with. Intimacy is like boundaries, you get to define what it means to you. You need to talk with your partner about intimacy and what it looks like in your relationship.

Use resources from the FDP website to help participants think about their sexual readiness.

Reproduction (10 minutes)

Explain that reproduction (how a baby is made) is the result of vaginal intercourse (penis in vagina) between a man and a woman. State that same sex partners can have sex, however their sexual activity would not result in pregnancy or reproduction.

Explain that when the penis enters the vagina, sperm/semen (fluid) produced in a man's testicles is ejaculated (transferred) from the penis to the vagina. The man's sperm/semen swims up the vagina to a woman's egg and fertilizes it.

This is how pregnancy begins. Babies grow inside of a woman for approximately 40 weeks (9-10 months) and then are born. When babies are born they come out of the vagina or by a surgery called a caesarian section (c-section).

Myths: Explain that there are common myths surrounding pregnancy, which may include: getting pregnant by kissing or cuddling, that the penis can 'pull out' to prevent pregnancy, that you can use a sandwich bag as a condom (however, you can use one as a barrier for oral sex to prevent transmitting infections!), that you can't get pregnant the first time you have sex, that you can get pregnant from masturbating. Myths are false.

Answer any questions participants may have about reproduction.

Ask the group what things could sexual partners do to prevent pregnancy.

Ask the group what are some other reasons sexual partners might want to use barrier methods (condoms) during sex (STI prevention).

Birth Control (10 minutes)

Inform the group that you are now going to talk about common forms of birth control. Explain that until a couple chooses to have a baby, they will use a form of birth control to prevent pregnancy, this is known as a safe sex practice.

State that you are only going to focus on three types of birth control: abstinence, condoms and birth control pills. There are many other types out there. If someone is interested in other forms, encourage them to talk to their doctor or nurse.

Begin by discussing abstinence.

- Explain that abstinence is a choice not to have sex.
- Ask participants if they can give you some examples of why someone may

choose to be abstinent. (Religious beliefs, upbringing, waiting until marriage, etc.) Assist the group if necessary.

- Explain that abstinence is a form of birth control because if you do not have sex, you cannot become pregnant and it is effective 100% of the time.

Continue the discussion by talking about condoms.

- Ask the group if they know what a condom is.
- Explain that condoms are used during sex. They are placed on a man's penis to capture the sperm so it is not transferred to a woman's egg, thus preventing pregnancy.
- Condoms are effective in preventing pregnancy 98% of the time.

Discuss birth control pills or "the pill".

- Ask participants to share what they know about birth control pills or "the pill". Praise any responses.
- State birth control pills are medication prescribed by a doctor for women; pills are taken orally and help to prevent pregnancy.
- Birth control pills are effective in preventing pregnancy 92-99% of the time.

Answer any additional questions about forms of birth control.

Inform the group there are other types of birth control like Depo Provera- the shot, female condoms, diaphragm, and even surgeries such as a vasectomy or a hysterectomy. They should talk to a health professional if they have further questions.

Facilitator Tip: Please provide information as to where participants may obtain additional information about birth control (i.e., Planned Parenthood, community health clinic, personal doctor, etc.).

Sexually Transmitted Infections (10 minutes)

Explain to participants that in addition to using safe sex practices for pregnancy, they also need to be careful about sexually transmitted infections (STI) (also commonly known as sexually transmitted disease (STD)).

Ask participants if they know what a STI is or can name any.

- Praise any responses. Name some common STIs: HIV/AIDS, genital warts, syphilis, gonorrhea, chlamydia, crabs, clap, etc.
- Explain that STI's are infections or diseases that are transferred or passed during sex from one person to another.
- Ways to know if someone has a STI include: pain when urinating, itching or sores on private parts (penis/vagina), unusual discharge from penis or vagina. State that you cannot tell if someone has a STI just by looking at them.

Explain that similar to preventing pregnancies, precautions can be taken to prevent STI's.

- Abstinence prevents STI's because there is no sexual contact.
- Condoms help prevent STI's because the condom acts as a barrier during sex and prevents the transfer of infection.
- The pill does NOT prevent STI's because direct contact occurs between private parts.

Explain that if someone thinks they may have an STI, they need to see a health professional, a doctor, or a nurse as soon as possible.

Pass out the 'Common birth control methods' handout. Go over each section again and answer any questions participants may have.

How to Use Condoms (15 minutes)

Facilitator Tip: Ask the participants if anyone has a latex allergy prior to this demonstration. If so, have the participant only observe the activity of putting on the male condom. Female condoms are not made out of latex.

Inform the group that you are now going to learn how to use male and female condoms.

Explain the following general information about condoms:

- If a condom rips or has a puncture in it, it should not be used.
- Condoms should only be used one time.
- Condoms should be thrown away in the garbage.

Pass out condoms to all participants.

Explain that prior to sex a male condom is placed on the penis. The facilitator will walk through step by step and explain how to put a condom on a circumcised penis:

- Step one: check the expiration date on the condom wrapper. If it is past the date, do not use it and replace it with a new condom.
- Step two: check if the wrapper is torn. If so, do not use it and replace with a new condom. Explain you should be able to feel the air bubble in the package.
- Step three: open the condom package. Explain that the condom is rolled up and may be slippery.
- Step four: place the condom on the tip of an erect penis.
- Step five: leave about a half inch of room at the tip to collect semen, pinch the air out of the tip with one hand.

- Step six: with the other hand, slowly unroll the condom down the length of the penis to the base.
- Step seven: smooth out any air bubbles on the sides of the penis.

Steps for an uncircumcised penis:

- Step one: check the expiration date on the condom wrapper. If it is past the date, do not use it and replace it with a new condom.
- Step two: check if the wrapper is torn. If so, do not use it and replace it with a new condom. Explain you should be able to feel the air bubble in the package.
- Step three: open the condom package. Explain that the condom is rolled up and may be slippery.
- Step four: place one or two drops of water-based lubricant in the tip of the condom.
- Step five: pull back the foreskin.
- Step six: place the condom on the tip of an erect penis.
- Step seven: leave about a half inch of room at the tip to collect semen, pinch the air out of the tip with one hand.
- Step eight: with the other hand, slowly unroll the condom down the length of the penis to the base.
- Step nine: push the foreskin back towards the tip while holding the base of the penis. Smooth out any air bubbles along the sides of the penis.

Explain after a condom has been used, you should slide it off the penis, trying to keep the semen in the condom. Dispose of used condoms in the garbage. DO NOT flush down the toilet or reuse.

Let the participants take turns practicing on the penis model. Let participants know they can make arrangements to practice with facilitators individually outside of the group if they would like to.

Explain prior to sex, even a few hours, a female condom may be placed in the vagina. Explain the following steps:

- Step one: check the expiration date on the condom wrapper (on the side of the package). If it is past the date, do not use it and replace it with a new condom.
- Step two: check if the wrapper is torn. If so, do not use it and replace it with a new condom. Explain you should be able to feel the air bubble in the package.
- Step three: open the package, take out the condom and lengthen the condom.
- Step four: hold the condom with the open end facing down. Squeeze the inner ring (now at the top) with your thumb and middle finger and place your index finger in between your thumb and middle finger. Or just squeeze the ring together in the middle.
- Step five: with your other hand spread the lips of the vagina (like you were getting ready to insert a tampon).

- Step six: begin to insert the pinched end of the condom in the vagina. Take your time, the condom is slippery, start over if you need to. Once the ring is inside the vagina, use your index finger to push the inner ring the rest of the way on the inside of the condom.
- Step seven: push the condom past your pubic bone, feel for your pubic bone with your index finger when it is a couple of inches inside the vagina.
- Step eight: be sure the condom is straight and not twisted.
- Step nine: the outside ring of the condom should lie against the outer lips of the vagina.

After sex a female condom should be removed by squeezing and twisting the outer ring to keep the semen in the condom, gently pull out the condom and it throw away in the garbage. DO NOT flush or reuse.

Let the participants practice putting the female condom on the vagina model. Let participants know they can make arrangements to practice with facilitators individually outside of the group if they would like to.

Remind participants that sex should always involve consent and safe sex practices.

Community Activity Overview (5 minutes)

Inform the group about the next activity.

For the activity they, as a group, will choose what to do.

- Ask them to discuss and choose the activity. Remember what resources are available in the community.
- Once a decision has been made, have participants discuss what they each need to do in preparation for the activity.

Ask if there are any questions about the activity.

Arrange for the participants to call or text one other person in the group before the community activity and practice the steps of planning the activity; remind them of the date, time, location, what to bring, etc.

You may also begin to brainstorm ideas for the last community activity. Participants may take time during the week to research activity costs, locations, times, etc. They can report back during the next classroom session and finalize plans.

End Session (5 minutes)

Have participants write down questions or comments for the question box. Remind them to write a note or draw a picture if they do not have a question.

Allow participants to ask any questions about today's session.

Thank participants for coming today.

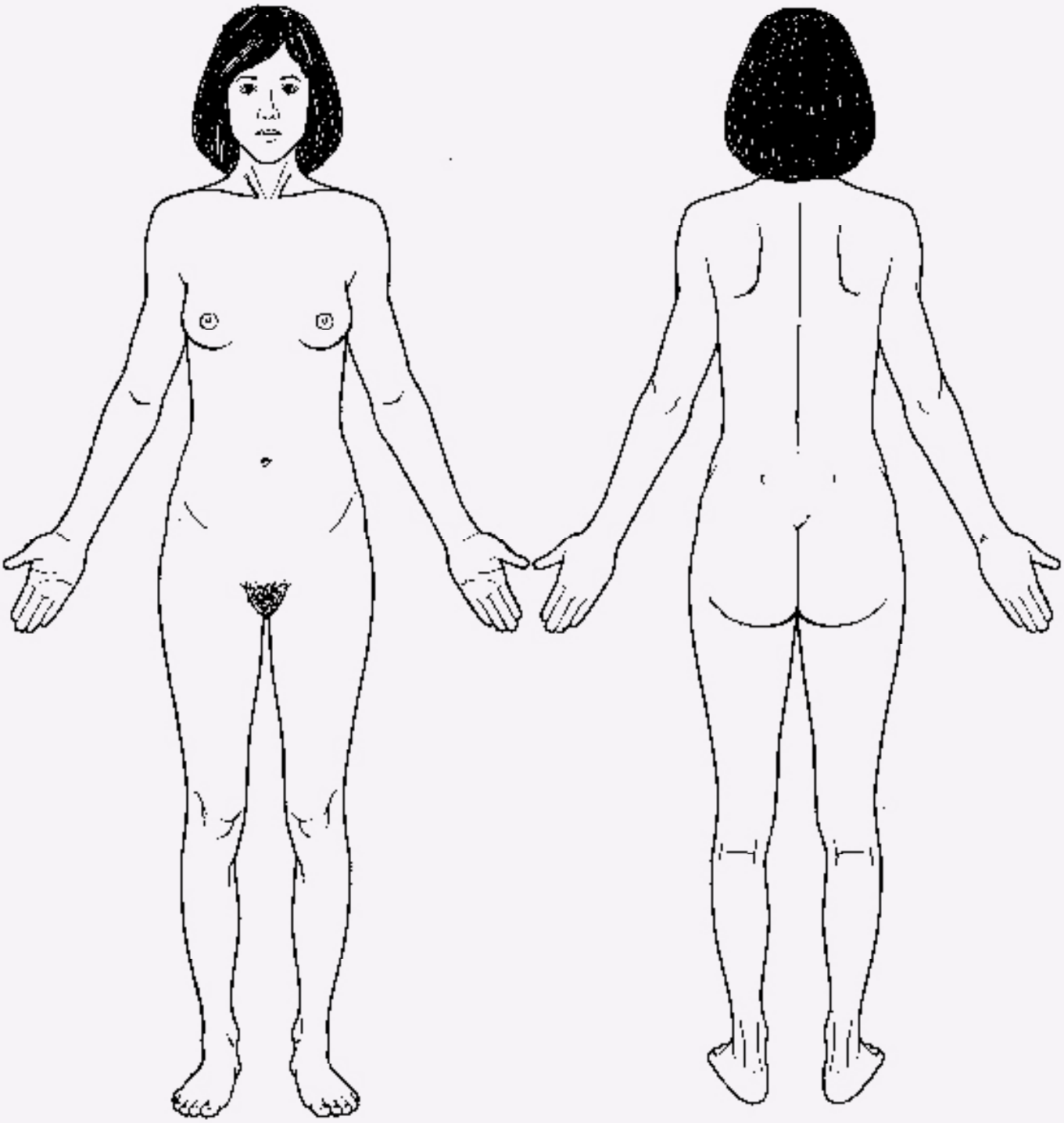
Remind participants of the date, time, and location of the next session.

Remind participants they will NOT need their binders.

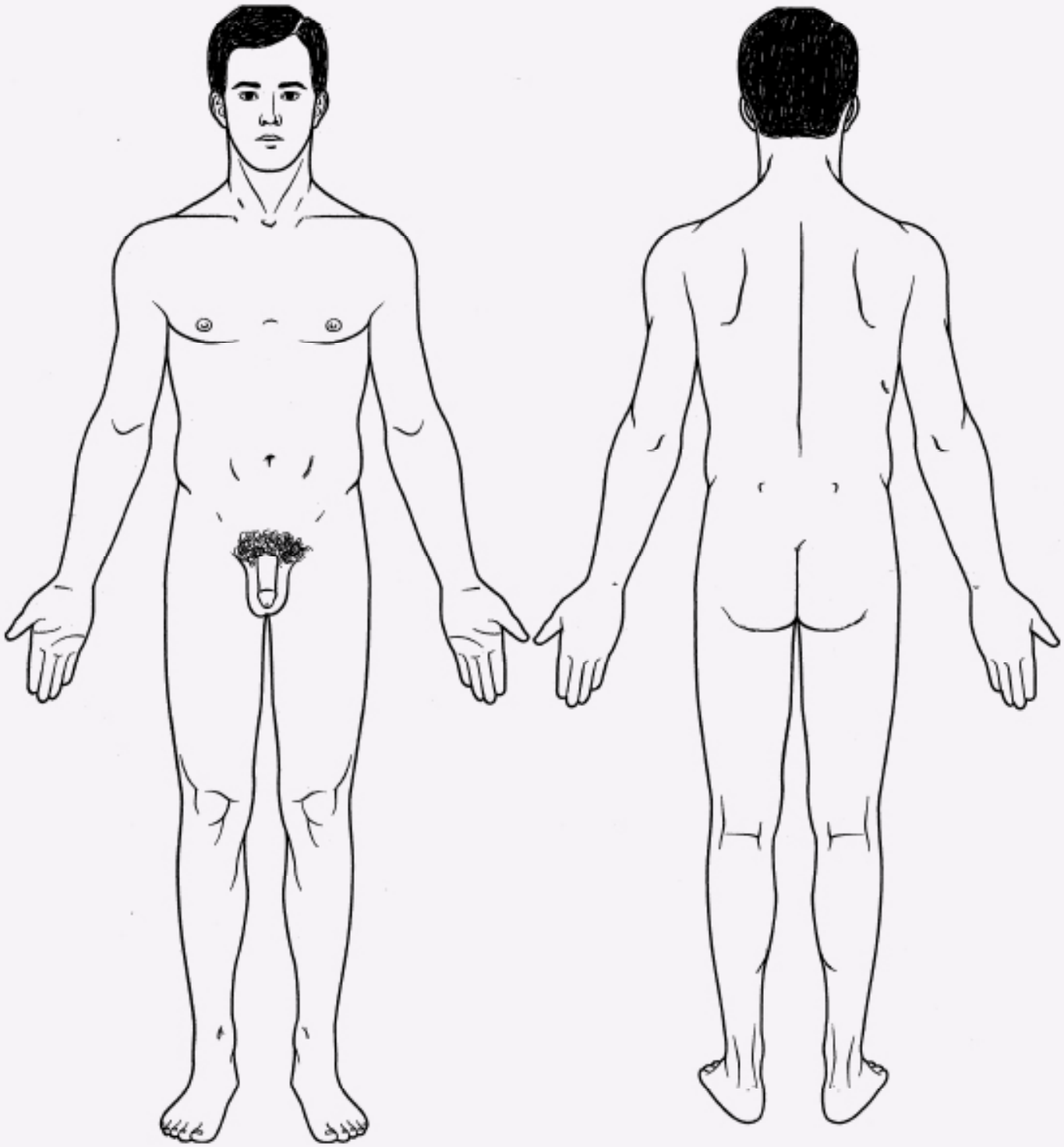
Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants or e-mail or fax sheets to them at least a few days prior to the community activity.

BODY PARTS IDENTIFICATION WORKSHEET



BODY PARTS IDENTIFICATION WORKSHEET



METHODS OF BIRTH CONTROL

Abstinence

- Prevents all pregnancies
- Prevents all STIs

Condoms

- Easy to get
- Prevents 98% of pregenancies when used properly
- Prevent STIs

Birth Control Pills

- Easy to get
- Prevents 92-99% of pregenancies when taken properly
- Does not prevent STIs

WEEKLY INFORMATION SHEET

Sessions 17 & 18 Sexual Health

Session Objectives:

- To identify body parts.
- To understand sex and safe sex practices.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will practice the dating steps in the community.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What did you learn about male and female body parts?
    - Did you feel comfortable talking about sex?
    - What does safe sex mean?
    - What are STIs?
    - What did you do when you went out in the community?
- Discuss any questions participants may have about sexual health.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names: _____

Phones: _____

E-mails: _____

Session 18 Sexual Health Community Activity

Session Objectives:

- To go out in the community.
- To evaluate and provide feedback on participant interactions.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Prior to the activity		5 mins
3. Explain and carry out the activity	• Materials to complete activity	60 mins
4. Discussion of activity		10 mins
5. End Session		10 mins

Facilitator Pre-Session Preparation:

Plan and prepare the materials for the activity.

Facilitator Tip: Try to relate the activity to sexual health. For example, you can visit your community's public health office.

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Check-In (5 minutes)

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

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Explain and Carry Out the Activity (60 minutes)

Inform participants about today's activity in the community.

Describe the activity.

Encourage participants to remember mutuality, boundaries, communication and what they have learned in the previous sessions.

The facilitator will observe participants as they carry out the activity and give feedback at the end of the activity and during check-in of the following session.

Have participants begin the activity.

Discussion of Activity (10 minutes)

Ask participants how they felt about the activity.

- What did you like about the activity today?
- Were you prepared? Did you have to remember to bring anything?
- Did you learn anything new?

Praise the group for their participation.

Provide feedback of observed dating steps with participants. Highlight positive actions. Be brief, as this will be discussed further in check-in.

End Session (10 minutes)

Remind participants of the date, time and location of the next session.

Remind participants to bring their binders.

Facilitator Post Session Duties

Stay with participants until everyone has left.

Provide necessary transportation or contact staff if a participant's ride does not arrive.

Session 19 Staying Healthy

Session Objectives:

- To understand the importance of sexual health screenings.
- To learn about masturbation.
- To understand differences with others.
- To learn how to breakup with someone and conflict resolution.

Activity	Materials Needed	Duration
	• Participant and support network contact information • Dry erase board or easel, markers • Paper, pens, pencils	
1. Check-in		5 mins
2. Sexual health screening	• Self-exam materials for each participant	10 mins
3. Masturbation		15 mins
4. Recognizing differences discussion		10 mins
5. Separation and breakup		10 mins
6. Conflict resolution		10 mins
7. Conflict resolution role plays		10 mins
8. Overview of the next community activity		15 mins
9. Question box	• Question box, paper, pencils	optional
10. End session	• Weekly Information Sheet	5 mins

Facilitator Pre-Session Preparation:

Review FDP website for additional handouts, videos, or materials for this session.

Preview the community activity for this week and compile necessary information to share with participants.

Complete Weekly Information Sheets.

If both facilitators are the same gender, be sure to invite someone of the opposite

gender to discuss masturbation with the participants.

Facilitator In-Session Preparation:

Arrange the room as necessary for today's session.

Check-In (0-15 minutes)

Sexual Health Screenings (10 minutes)

Share with participants the importance of sexual health screenings.

Explain that sexual health screenings include for women annual gynecological exams (Pap smear) and self breast exams and for men they include a testicular self exam. Women need to go to a doctor, OB-GYN, at least every two years for a pap smear (some go every year). Self exams mean that you examine your own body. Pass out the self exams to participants (gender appropriate) and read them over independently and answer questions and provide clarification.

- Explain that these exams help us to stay healthy because they are used to detect or find any problems our private body parts may have, like breast cancer, testicular cancer, etc.

Encourage participants to talk to their doctors about these important screening tools.

Answer any questions they may have about sexual health screenings.

Masturbation (15 minutes)

Facilitator Tip: For a more in-depth discussion of masturbation, please follow the outline in the Facilitator Training Guide.

Facilitator Tip: You may choose to separate your group and have discussions with female and male participants. You may choose to have a discussion with all participants together. Be mindful of transgender participants.

Remind participants of the sexual education session. Explain that there are times when men and women stimulate their own private parts- penis and vagina. This is called masturbation.

Explain that wanting to have sex is normal. When someone wants to have sex but chooses not to or does not have the opportunity, they may masturbate. This is not a bad thing. Some people choose to masturbate and others do not.

Continue by telling participants that there are times and places when it is okay to masturbate, and times and places when it is not.

- Challenge participants to identify appropriate times and places. (When you are alone, in private- shower or bathroom, when you cannot have sex, etc.). Distinguish when it is not appropriate. (In public, on a date, in front of others, etc)
- For males, condoms are a clean way to masturbate.

Ask participants if there are any questions about masturbation.

Recognizing Differences Discussion (10 minutes)

Help the group to understand, through this discussion, that we differ from each other (physically, emotionally, socially, etc.).

Begin the discussion by asking the following questions, allowing the group to answer and comment.

- What do you find confusing about the opposite sex?
- Do people see dating differently? How?
- How do people view sexual orientation differently?
- Do people have different values and morals about sexual activity?

Based upon answers and comments, explain to participants that it is important to understand that there are differences among men, women, and all people. Remind participants that we all view the world differently, have different experiences and values. Explain that it is okay for people to be different and have differing views.

Relate to participants that in all of our relationships we should be mindful of differences to help us understand others.

- Use comments of the participants to illustrate differences in relationships.
- Answer any questions about differences.

Separation and Breakup (10 minutes)

State that one part of a relationship that is not always a mutual choice is "breaking up."

Ask participants if they know what breaking up is.

Give some scenarios in which people might break up. (i.e., one person may like someone else, the couple fights a lot, one person is moving far away, etc.)

Ask participants to provide other reasons why people may break up.

Ask participants how they would feel if someone broke up with them.

- Reassure the group that everyone has a hard time with breaking up, even the person that makes the choice to break up.

State that sometimes couples don't work out. Ask participants if it would be better for a couple to stay together even though they fight a lot.

- Allow participants to give feedback at this time.

Ask how can you react when someone breaks up with you:

- Allow for participant responses.
- An alternative may be to talk with the person. However, we cannot force them to change their minds
- State that ultimately we have to accept the other person's decision and move on.
- Suggest to participants, that if they are going through a break up that talking with friends, family and staff can make us feel better.

Ask participants for questions and comments.

Conflict Resolution (10 minutes)

Explain there are times in relationships with friends, boyfriends, girlfriends, coworkers, staff members, family members, etc. where fights, arguments, or disagreements occur.

Explain that you will be discussing some steps to help resolve these fights.

- First, when a disagreement occurs both people need to acknowledge that it has occurred.
- Next, you need to decide if you can begin to resolve the conflict now or if you need to take some time to calm down before talking about it with the other person.
    - If it is something that you want to come back to, make a plan - do you need to wait 15 minutes, 1 hour, 1 day, etc.
- When both people are ready to talk, use "I" statements. Let the other person know how you feel and why you are upset.
- Remember to take turns talking and do not interrupt the other person.
- If things begin to escalate and you begin fighting again, stop the discussion and make a plan to talk about it later when both people are calm.
- There may be times when you invite a staff member, family member, or friend to sit in with you while you talk about the disagreement. This person can help to facilitate the discussion.

Conflict Resolution Role Plays (10 minutes)

Have the group participate in a role play associated with conflict resolution.

Review the following scenarios. Have participants role play how they would work through conflict resolution for each scenario.

- A boyfriend and girlfriend have been dating for two years. The girlfriend spends her weekends at the boyfriend's house. One weekend, the girlfriend needs to make

a phone call. Her phone is in another room, so she uses her boyfriend's phone without asking him. He is upset she used his phone without asking.

- A staff member and an individual they support get in an argument about transportation. The individual was out in the community and did not prearrange transportation with their staff. When they realized they needed a ride, they called the staff member. The staff member explained they could not pick them up for an hour because they were driving other people to appointments. The individual became upset and yelled at their staff. Now the staff member will not drive them anywhere.
- A co-worker gives you some negative feedback at work, like "you're going too slow or you missed a spot." You become upset and get in a fight with your co-worker.
- You and a friend are at the store. Your friend says "you should buy me a drink or a pack of cigarettes because you have money and I don't." You do not want to buy anything for your friend because you are saving your money. S/he becomes upset and angry when you say no and will not talk to you.

Assist participants as they work through the steps of conflict resolution. Provide feedback on things they are doing well or suggest ways to improve their communication with their partner.

Answer any questions they may have about conflict resolution.

Overview of the Next Community Activity (15 minutes)

Inform participants that the next activity will be the Friendships & Dating completion.

Have participants discuss what they need to do prior to the activity (what will the food be, the activity, where will it be held, what each participant should bring).

Ask if there are any questions about the activity.

> Facilitator Tip: Encourage participants to invite a date or a friend to participate in the completion activity.

Arrange for the participants to call or text one other person in the group before the community activity and practice the steps of planning the activity; remind them of the date, time, location, what to bring, etc.

End Session (5 minutes)

Have participants write down questions or comments for the question box. Remind them to write a note or draw a picture if they do not have a question.

Thank participants for coming today.

Allow participants to ask any questions about today's session.

Remind participants of the date, time, and location of the next session.

Remind participants they will NOT need their binders.

Facilitator Post-Session Duties

Pass out Weekly Information Sheet to support network members when they pick up participants or e-mail or fax sheets to them at least a few days prior to the community activity.

WEEKLY INFORMATION SHEET

Sessions 19 & 20 Staying Healthy

Session Objectives:

- To understand the importance of sexual health screenings.
- To learn about masturbation.
- To understand differences with others.
- To learn how to breakup with someone and conflict resolution.

Community Activity Information:

- The next session will be a community activity.
    - During this activity participants will celebrate the completion of Friendships and Dating. Participants are encouraged to invite a date or friend.
- Date and Time: _____
- Location: _____
- Participants need to bring: _____

Ways to Support Participants:

- Ask questions about the sessions.
    - What are some of the steps of conflict resolution?
    - What did you learn about breaking up?
    - What did you do when you went out in the community?
- Encourage the participant to identify and ask a date or friend to the final activity.
- Discuss and encourage participants to visit the doctor annually for sexual health screenings.
- Discuss any concerns the participant has and follow up with the facilitator, if necessary.

If you have any questions or concerns, contact:

Facilitator Names:_____

Phones: _____

E-mails: _____

Session 20 Community Completion Activity

Session Objectives:

- To review the session topics.
- To celebrate the completion of Friendships & Dating.

Activity	Materials Needed	Duration
	• Participant and support network contact information (emergency phone numbers)	
1. Brief check-in		5 mins
2. Curriculum Jeopardy review	• Jeopardy review questions (at the end of the session outline) • Materials to carry out Jeopardy review	25 mins (optional)
3. Prior to the activity		5 mins
4. Celebration activity	• Materials to complete activity	45-60 mins
5. Certificate	• Certificate for each participant	5 mins
6. End Session		10 mins

Facilitator Pre-Session Preparation:

Prepare certificates.

Necessary preparations for the Jeopardy review.

Facilitator Day Of Preparation:

Arrive at the agreed upon location 15-20 minutes early.

Begin session on time. Contact participants if more than 15 minutes late.

Check-In (10 minutes)

Curriculum Jeopardy Review (25 minutes) (optional)\

Refer to instructions (found at the end of the session).

Refer to the Jeopardy 'Review Questions' and add any additional you feel necessary. (Found at the end of the session.)

The Jeopardy game is also located on the FDP website, if applicable for location of activity.

Prior to the Activity (5 minutes)

Determine (as a group or as a facilitator) a meeting place.

- Develop a contingency plan in case participants are separated from the group or do not arrive at the designated meeting place at the end of the activity.

Celebration Activity (45 - 60 minutes)

Carry out activity planned by participants.

Certificates (5 minutes)

Present the certificates to each of the participants and praise them individually for their accomplishments.

End Session (10 minutes)

As participants leave, again thank them for their participation.

Remind participants that you are going to see them two more times to complete the post test assessments (if applicable to your program).

Facilitator Post-Session Duties

Make necessary arrangements to complete the post test assessments.

JEOPARDY

Required Materials:

- 25 Pieces of construction paper (or different styles of similar material)
- A Marker
- Tape

Prior to the game you will need to write the questions on the pieces of construction paper. Refer to the sample questions or add/create your own.

Write the point value on front of each piece of paper. There should be 5 rows of 5 choices. The top row should be worth 100 points, the bottom row 500 points, with intervals of 100. However, this is dependent on the discretion of the facilitator.

The five rows should be labeled by category. (Feelings/Relationships, When meeting others, Boundaries/touch, etc.)

Sample:

Feelings	Meeting others	Boundaries	Dating Safety/Sexual Health	
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400
500	500	500	500	500

Tape the 25 sheets of paper on a wall, chalk board, or poster board with the point value facing the classroom.

Start the activity by informing the group you will be playing "Jeopardy".

Separate the group into two teams. They will be encouraged to work together during the activity.

Select the team with the student who has the closest birthday to go first. They will alternate after one turn each.

On their turn, have a team select a category and point value.

- Read the question. If they correctly guess the term, add the points to their total. If they are incorrect have the group help with the correct answer; no one gets any points.
- If a daily double is chosen, the point value is doubled.
- Facilitators should have a copy of the questions and answers.

End the activity at a certain point value, or when allotted time runs out.

JEOPARDY QUESTIONS COURSE REVIEW

Feelings/Relationships

- Name three emotions. (happy, sad, angry, afraid, etc.)**
- Can you feel more than one emotion at a time? (yes)
- True or False- An emotion is your body's reaction to something. (true)
- Is a stranger a potential date? (no)
- Is a co-worker a potential date? (yes)
- Name two types of relationships. (stranger, acquaintance, friend, date)

When Meeting Others

- True or False- Communication requires two senders and no receivers? (false)
- True or False- If someone had not brushed their teeth in weeks, would it leave a bad impression? (True)
- If someone is interested in you, will they ignore you? (no)
- True or False- If someone is interested in you, they might smile at you. (true)
- Is it a good idea to shower and get cleaned up before a date? (yes)

Boundaries/Touch

- What should you do before you touch? (ask)
- If your date asks for a hug and you do not want one, what should you say? (no)
- Intimate/sexual contact is appropriate where? (in private)
- True or False- Consent means two people disagree about something? (false)
- Complete the sentence "No means _____". (no)
- Is it okay for friends to touch? (yes)

Dating

- If you are late to meet your date, you should _____. (call)
- Is it okay to say no to a date? (yes)
- When should you talk about who will pay for the date? (before the date)
- True or False- I should stay with my date. (True)
- Name three things you should do before a date. (pick a date, contact them, choose an activity, talk about time, location, transportation, what to bring, etc.)**
- True or False- I should respect my date. (true)
- At the end of a date it is a good time to discuss a future _____. (date)

Safety/Sexual Education

- True or False- It is safe to meet a first date in public. (true)
- If someone touches you without permission, who should you tell? (a trusted adult)

- True or False- Coercion is being forced to do something you don't want to. (true)
- Do condoms help prevent STIs? (yes)
- True or False- Babies are made when sperm from a man fertilizes a woman's egg. (true)
- Name two forms of birth control. (abstinence, condoms, the pill)**

** Possible Daily Double questions.

Friendships & Dating Program

UAA Center for Human Development
University of Alaska Anchorage

Introduction

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STIs. 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 STIs.
- 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!***

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curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STIs, 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, STIs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

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Overview of the Curriculum

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, 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 protection and contraception are mentioned as an important strategy for reducing the risk of HIV and other STIs, as well as pregnancy. Any reference to protection is meant to include the external (male) condom, internal (female) condom and dental dam. The use of the term protection *is meant to be inclusive of all people, regardless of their gender, sexual orientation or type of usage. The terms* birth control *or* contraception *may be used interchangeably, referring to methods used to prevent pregnancy.*

The ***Making Proud Choices!*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, 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 curriculum has 8 hours of content divided into eight 1-hour modules. It can be implemented in the 2-day format (four modules each day), 4-day format (two modules each day) or 8-day format (one module each day).

Curriculum Objectives

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

- Increased knowledge about prevention of HIV, other STIs 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.

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- Improved condom use skills.
- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STI 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 STIs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STIs 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: A Possible Outcome of Unprotected Sex: HIV Infection
- Module 3: Attitudes and Beliefs about HIV/AIDS and Condom Use
- Module 4: Strategies for Preventing HIV Infection: Stop, Think and Act
- Module 5: Possible Outcomes of Unprotected Sex: STIs
- Module 6: A Possible Outcome of Unprotected Sex: Pregnancy
- Module 7: Developing Condom Use and Negotiation Skills
- Module 8: Enhancing Refusal and Negotiation Skills

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 STIs, 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.

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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 video 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 participants 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.
- Videos are used to depict adolescents in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STIs, sexual involvement and HIV/STI prevention skills that are then discussed in a group setting. In addition to the videos provided with the curriculum, ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.
- The roleplay scenarios are designed to provide participants 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 participants' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the participants 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.

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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, video 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 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.

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CURRICULUM COMPONENTS AND FORMAT

Each module included in the ***Making Proud Choices!*** curriculum contains different activities. Reduced images of worksheets, 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 participants 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 participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include videos, 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 videos 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 participants' learning. All materials and exercises contained in the module are designed to help the participants to achieve these stated purposes.

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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.

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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 participants.

Student Workbooks

Student workbooks for participants include worksheets for individual and small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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 3, youth examine their attitudes and beliefs about condom use, and in Modules 7 and 8, 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 participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants' 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 participants' desires to maintain their partners' interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 7 and 8, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

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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 participants engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potential outcomes of unprotected sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that condoms can reduce the risk of pregnancy, HIV and other STIs. 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 7 and 8, participants learn negotiation and refusal skills necessary to communicate with their partners about condom use.

Personal Vulnerability to HIV/STI 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 STIs could really happen to them. One goal of ***Making Proud Choices!***, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STI infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2, 5 and 6.

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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 infections 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 participants 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.

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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 participants completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 participants, 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.

Since the original evaluation study, newer editions of the curriculum have been published. Updates to factual information are made to ensure medical accuracy and changes to language help keep the program activities relevant to a new generation and broader range of youth.

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BEHAVIORAL FINDINGS

The participants 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 participants 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 STIs; 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.

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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 participants, 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 participants to bring up additions/deletions as the need arises.
- Let participants know that everyone is responsible for following and determining the group agreements.

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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 participants' 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 participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

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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

Participants 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. Participants 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 and other STIs

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?

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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.
- Participants 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.

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STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants 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 participants work hard to prove their points. Because games can promote competition, remind participants 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 Video or Game

The practice of processing after an activity allows participants 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 open-ended questions designed to elicit discussion.

  General Reactions

  » What did you think of the video?

  » What is your response to the activity?

  » How do you think Pat felt when…?

- Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

  Personal Reactions

  » How did you feel about…?

  » Describe what you saw.

  » What will you do as a result of…?

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Sentence Stems

» Ask each participant to complete a phrase such as, "The most important thing I learned was…." Move quickly around the room. Give participants 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 participants develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign participants 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 participants 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.

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

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants 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 participants to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

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- 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 participants a choice on whether or not to participate.
- Encourage participants to improvise during roleplays to make them more their own.
- Reinforce participants for using the specific skill.
- Give participants a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach participants 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 participants 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."

STRATEGY 7: Student Workbooks

Student workbooks for participants include quiz questions, worksheets for small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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, videos 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 STIs, 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.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Making Proud Choices* page of ETR's Program Success Center at www.etr.org/ebi/programs/making-proud-choices. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR's Design4Learning page at www.etr.org/design-4-learning.

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.

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Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each participant)
Markers
Masking tape
Garbage bag
Monitor and device for showing videos, or internet access if using alternative videos
Condoms (one per participant or pair plus demonstration condoms)
Water-based lubricant
Condom demonstrator(s)
Small paper bag
Roll of paper towels
Chart paper
Index cards (1 labeled with a star, 1 labeled with a triangle, 1 labeled with a rectangle, 3–5 labeled with a circle for a group of 6–8)

Pre-Labeled Chart Paper

Group Agreements
Why Some Teens Have Sex
Possible Outcomes of Unprotected Sex
Proud and Responsible Prevention Strategies
Goals (written on left side of chart paper)
Making Proud Choices! Be Proud! Be Responsible!
The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and *Koko*
How STI Are Transmitted
Reasons to Avoid STIs
Contraceptives
Ways to Make Condom Use Easy and More Fun (for high school youth)
Ways to Make Condom Use Easy (for middle school youth)
Pros
Cons
Excuses Sexual Partners Give

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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
STI
Steps for Using a Condom
Agree/Disagree signs
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)

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: Kayla and Mia
Roleplay D: Devon and Jadon
Roleplay E: Alex and Casey
Observer Checklist

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Videos*

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

*ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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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.

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Jemmott, L. S. (2000). Saving our children: Strategies to empower African-American adolescents to reduce their risk for HIV infection. *Journal of National Black Nurses Association*, 2 (1): 4–14.

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Jemmott, J. B., III, Jemmott, L. S., Spears, H., Hewitt, N., and Cruz-Collins, M. (1992). Self-efficacy, hedonistic expectancies, and condom-use intentions among inner-city black adolescent women: A social cognitive approach to AIDS risk behavior. *Journal of Adolescent Health*, 13: 512–519.

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.

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Making Proud Choices!

FIFTH EDITION

CURRICULUM

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MODULE 1

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

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants 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 possible outcomes of sex, and strategies for reducing possible negative outcomes.
- 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 participants 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.

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STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Welcome Activity
- Goals and Dreams Timeline Exercise
- Group Discussion

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* worksheet in the student workbook

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled chart paper:
  - » *Group Agreements*
  - » *Why Some Teens Have Sex*
  - » *Possible Outcomes of Unprotected Sex*
  - » *Proud and Responsible Prevention Strategies*
  - » *Goals*
  - » *Making Proud Choices! Be Proud! Be Responsible!*

PREPARATION NEEDED

1. Before the program begins, label all of the charts as listed under Materials.
2. Hang the pre-labeled 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: 60 minutes

ACTIVITY	MINUTES NEEDED
A. Welcome and Program Overview	5
B. Welcome Activity	10
C. Creating Group Agreements	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm	5
E. Brainstorming About Teens and Sex	10
F. Goals and Dreams Timeline	15
G. Brainstorming Obstacles or Detours Along Your Timeline	10

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ACTIVITY A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Welcome the participants 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 unintended pregnancy and sexually transmitted infections—STIs, sometimes called STDs—including HIV, the virus that causes AIDS.
>
> This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STIs. 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 STIs, including HIV.
>
> Although STIs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STI. Anyone can get an STI, including HIV, from having unprotected sexual intercourse with a partner who is infected.
>
> Unintended 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)*

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(continued)

If you're going to have sexual intercourse, it's critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let's clarify the terms we will be using. When we speak of ***protection***, we will be referring to *condoms* and *dental dams*. When we say ***condoms***, we will be referring to *external condoms* and *internal condoms*. External condoms are also known as male condoms. Internal condoms are also called female condoms.

Do you think teens should be worried about unintended pregnancy, HIV and other STIs?

3. Pause to allow participants 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 STIs.

To make the program interesting and fun, it includes videos, 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 participants 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.

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ACTIVITY B

WELCOME ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

The Welcome Activity encourages participants 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 participants sit in a circle.

FACILITATOR'S NOTE

If you know your participants and they already know each other this is an optional activity. An icebreaker that encourages group cohesion can be used in its place.

Sitting in a circle facing each other can build group cohesion. Have the participants sit on the floor, have them move their chairs close to each other, or set aside a special area of the room to accomplish this. Adapt this activity to accommodate group dynamics and environment. If creating a circle is not feasible, have the speaker toss a soft toy to the next speaker to encourage engagement.

2. Explain the Welcome Activity by saying,

> Let's introduce ourselves and get to know a little about each other.
>
> 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. I will speak first and when it is your turn please share your name, your age, the school you attend, your pronouns if you want to share, and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.

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3. **Model the Welcome Activity by beginning with yourself,**

> My name is _____ and I am _____.
> *(age)*
>
> I attend(ed) _____.
> *(high school, college or university)*
>
> 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 Welcome Activity 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.

FACILITATOR'S NOTE

Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus "outing" themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting 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 _____.

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ACTIVITY C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants 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 chart paper:
  - *Group Agreements*
- Markers
- Masking tape

TIME

5 minutes

PROCEDURE

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

> We're going to be talking about sexuality, pregnancy and STIs—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 participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the chart paper titled *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)*

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(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.

Move up, move back: If you tend to talk a lot in groups, talk less (move back) sometimes so others can talk. If you tend to be very quiet, share more (move 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

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(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.

Young people may express themselves in ways that don't conform with their biological sex. There are many ways that youth can express their gender identity.

Being open to diversity can help reduce stereotyping, which can be very harmful to a young person. Stereotyping individuals imposes restrictions on their opportunities for individual expression and limits personal growth.

Besides, 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 participants do not mention them:

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

4. **Define terms related to diversity as needed.**

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

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(continued)

Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as ***(cisgender)*** or different from ***(transgender)*** the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

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.

5. Ask participants if they have any other suggestions they would like to add.

6. 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.

7. 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.

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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 chart paper:
  - *Making Proud Choices! Be Proud! Be Responsible!*

TIME

5 minutes

PROCEDURE

1. Tape the *Making Proud Choices! Be Proud! Be Responsible!* chart paper 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 participants brainstorm answers to these questions. Record their answers on the chart paper or a dry erase board.

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.

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» 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 STIs and unintended pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using protection such as an external or internal condom or dental dam.

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 STIs and unintended 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 STIs

» Have a healthier body

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» Stay in school

» Feel like you are helping your loved ones and your community

Always use protection 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 unintended pregnancy and STIs in your community.

FACILITATOR'S NOTE

Post the chart with participants' 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 participants to make proud choices.

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ACTIVITY E

BRAINSTORMING ABOUT TEENS AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

By exploring issues about teens and sex, participants 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 participants and helps the participants learn about the focus of the program.

MATERIALS

- Pre-labeled chart paper:
  - *Why Some Teens Have Sex*
  - *Possible Outcomes of Unprotected Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

TIME

10 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 chart paper (folded so that the titles are covered by the bottom half of the chart paper). Unfold the chart paper 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 chart paper titled *Why Some Teens Have Sex*, and then say,

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

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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, online or in the movies
- Forced
- To increase status in peer group
- Low self-esteem
- To prove masculinity/femininity

4. **Write all of the participants' comments on the chart paper.**

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 unintended pregnancy or STIs, they can face outcomes that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible outcomes of unprotected sex.

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7. **Unfold the next chart paper, *Possible Outcomes of Unprotected Sex*.**

8. **Then ask,**

> **What are some of the possible outcomes of unprotected sex?**

9. **Have participants brainstorm the possible outcomes of unprotected sex, and write all of their comments on the chart paper. (Be sure to include pregnancy, HIV and other STIs.)**

10. **Compliment the group on how much they know.**

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

> **What are some ways to prevent these possible negative outcomes?**

12. **Have participants brainstorm ways to prevent possible negative outcomes of unprotected sex.**

13. **Write all of the participants' comments on the chart paper. (Emphasize that protection—such as latex (or polyurethane/polyisoprene) condoms—can help prevent pregnancy and sexually transmitted infections, 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 may have sex. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for preventing those negative outcomes. 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.**

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ACTIVITY F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants 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* worksheet
- *Goals and Dreams Timeline* poster
- Pre-labeled chart paper:
  - *Goals* (Write Goals on the left side of chart paper)

TIME

15 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 things from your own life that you are proud of doing on the *Goals and Dreams Timeline* poster. Provide examples for each section. Be mindful that this activity may be challenging for some young people who may struggle to identify with the idea of setting future goals or even with reflecting on their own accomplishments, particularly in a group setting where the range will vary and young people may feel as if what they've done or want to do isn't "good enough." Listen for these insights and help youth recognize that their timelines will all differ based on things such as their experiences, interests and/or what brings them joy. When you model the activity include a range of accomplishments, taking care to highlight achievements beyond acquiring goods such as a car or house. This will help participants understand what you want them to do and encourage them to recognize their own varied accomplishments.

3. Have participants turn to the *Goals and Dreams Timeline* worksheet in their workbooks. Give the following instructions:

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> 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 or things you are proud of. This can be anything that's meaningful for you. For example, volunteering your time, playing for a sports team, getting certain grades, getting a job, learning something new, joining a club, winning a student election, getting a learner's permit, an artistic or musical performance, advocating for others, etc.

4. Give participants 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 thing you hope or want to make happen in this section. In 5 years, what do you hope to be proud of doing? You can write more than one thing if you like.

6. Give participants 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 thing you hope or want to make happen in the next 10 years. In 10 years, when you look back, what do you hope to be proud of doing?
>
> You can write more than one thing if you like.

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

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9. **Then encourage each participant to share with the group one item from each section by going around the room and asking,**

> **Looking ahead 5 years, what goal do you want to achieve or thing do you hope to do? How about in 10 years?**

10. **Next say,**

> **I want you to now choose one of your goals or hopes and write it on the back of your timeline. Next to that item, write two things you must do to achieve it or make it happen.**

11. **While they are working on this, unfold the *Goals* chart paper. 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 or aspirations. Be prepared to provide a few examples, such as graduating from high school, going to college, getting trained in a skill, buying a car or getting a good job. Have participants share the goals they've chosen and the actions they must take to achieve them.**

12. **Write these goals on the left side of the *Goals* chart paper, leaving space on the right half for items in the next activity.**

13. **Compliment participants on their answers.**

14. **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.**

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FACILITATOR'S NOTE

Some youth may be struggling to meet basic needs such as food, shelter or safety. Others may have experienced a traumatic event. Validate all of their accomplishments and their hopes. Be careful not to minimize or praise any accomplishments or hopes in such a way that creates a hierarchy, as no goal is better or more important than another.

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ACTIVITY G

BRAINSTORMING OBSTACLES OR DETOURS ALONG YOUR TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' 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 chart paper:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

TIME

10 minutes

PROCEDURE

1. Refer to the *Goals* chart paper from the previous activity.

2. Write "Obstacles" on the right side of the chart paper.

3. Ask the participants to brainstorm things that might prevent them from achieving the goals and dreams they listed by saying,

> 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. They are like roadblocks or detours along the way. What obstacles can you think of that may get in the way of your goals?

Answers should include:

» Unintended pregnancy or an uncurable STI such as HIV

4. Write their responses under "Obstacles or Detours" on the right side of the *Goals* chart paper with a different color marker.

5. Say,

> If you've already encountered any of these obstacles or detours, you understand how your life can change. Things can work out just fine but it may be harder.

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6. **Ask the following questions,**

> • **How can we avoid some of these obstacles or detours?**
>
> • **What can you do to make sure you don't get pregnant, get someone pregnant or get a chronic disease such as HIV?**

7. **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 if they would like to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.**

8. **Summarize by saying,**

> **I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles and navigate detours so you can reach your goals. If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky, or reducing your risk by using protection and effective birth control or engaging is less-risky behaviors.**
>
> **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.**

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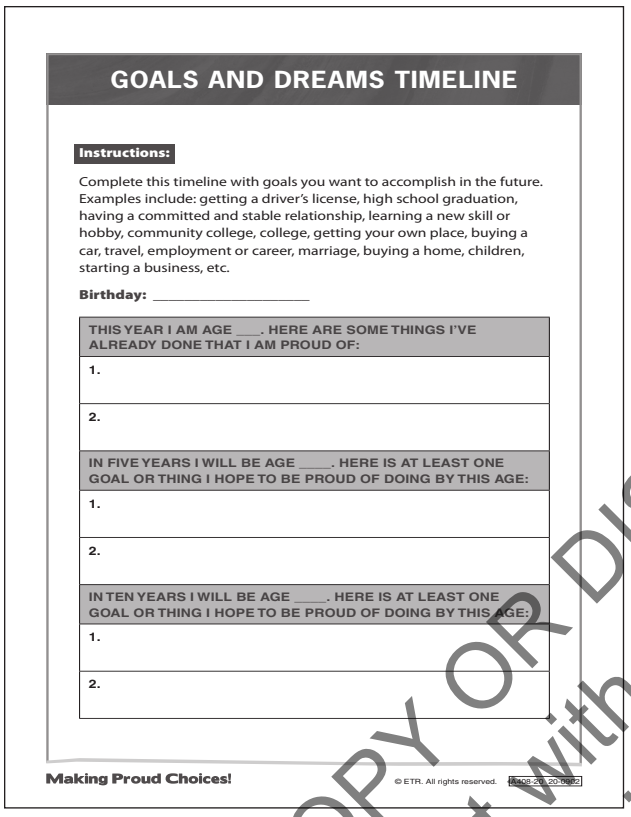

GOALS AND DREAMS TIMELINE

Instructions:

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

Birthday: _____

THIS YEAR I AM AGE ___. HERE ARE SOME THINGS I'VE ALREADY DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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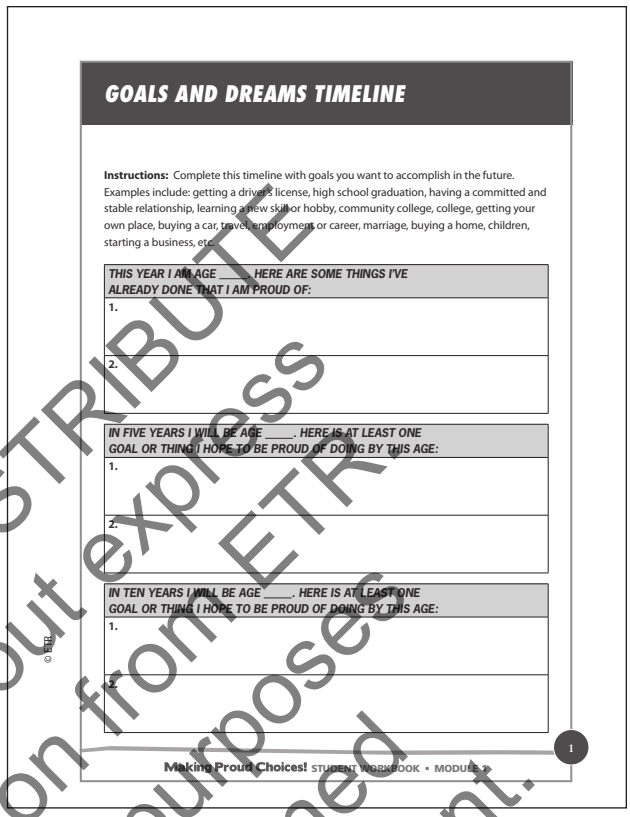
Poster



GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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Making Proud Choices! STUDENT WORKBOOK • MODULE 1 1

Worksheet

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MODULE 2

A POSSIBLE OUTCOME OF UNPROTECTED SEX: HIV INFECTION

GOALS

The goal of this module is to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish facts from falsehoods 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 second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; (2) provides opportunities for participants to develop skills in giving correct information on HIV/AIDS to friends; and (3) helps participants identify various behaviors that place them at risk for HIV infection.

STRATEGIES/METHODS

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

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *HIV/AIDS Frame* poster
- *Key Words* poster
- Video: The Subject Is HIV (or alternative videos*)
- *True or False: HIV Statements* (included in module)
- *Risk Continuum* signs
- *Risk Behavior* cards

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Chart paper
- Markers
- Masking tape

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the *True or False: HIV Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. **Discussing HIV and AIDS**	10
B. ***The Subject Is HIV* Video and Discussion***	25
C. **True or False: HIV**	10
D. **HIV Risk Continuum**	15

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

DISCUSSING HIV AND AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

Learning basic information about HIV and AIDS will provide participants 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 participants' 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 participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

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 very low.
- **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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* Centers for Disease Control and Prevention. 2019. HIV basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.

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What common body fluids can transmit HIV?

HIV is found in the blood, semen, vaginal fluids and rectal fluids (the mucus that lines the rectum to help with elimination of waste) 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, 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 vaginal or anal 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 or anal sex.** Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse. People who are allergic to latex can use polyurethane or polyisoprene condoms. Protection includes external or internal condoms and dental dams.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors. Be sure any sex partner has been tested before having sex. Discuss ways that you can reduce your risks together such as using condoms, taking PrEP, or regular testing.
- **Get tested for HIV.** The only way to know your HIV status is to get tested. The only way for your partner to know their HIV status is for them to get tested.
- **Take medication, if needed.** If you are having sex or sharing needles with someone who is living with HIV, talk to a medical provider about taking pre-exposure prophylaxis (PrEP). If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct participants' 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 participants to try to answer them. Supplement their answers with the information below each question.

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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 be living with 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.

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 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.

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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.

Common Tests for HIV Available at a Clinic:

If you get a test in a health care setting or lab, a health care provider or lab technician will take your sample (blood or oral fluid). If it's a rapid test, you may get test results in 30 minutes or less, but if it is a laboratory test, it can take several days for your results to be available. Your health care provider or counselor may talk with you about your risk factors, and answer any questions you might have. They will discuss next steps with you if your result is positive.

Rapid tests are usually done with blood from a finger prick or with oral fluid, and the results are ready in 30 minutes or less.

Laboratory tests require a blood sample.

- If the test comes back negative, and you haven't had a possible exposure during the previous 3 months before the test you took, you can be confident you don't have HIV.
- If your test result is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

Common Tests for HIV Available Over the Counter:

Home Access requires a finger prick to collect a blood sample. The person sends the sample to a licensed laboratory and gets the results by phone as early as the next business day. This is an anonymous test. Anyone who tests positive is immediately offered a follow-up test, counseling and referral to treatment.

The OraQuick In-Home HIV Test provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit. A positive test needs a follow-up test at the testing site, counseling and other referrals. HIV infection may show up later after exposure in an oral fluid test than a blood test, because the level of antibody in oral fluid is naturally lower.

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What is the window period?

The "window period" is the length of time between when a person first gets HIV and when a test can accurately detect it. This varies from person to person, and depends on the type of test done. During the window period, even before knowing about being infected, a person can transmit HIV to others. People getting tested at a clinic should ask their health care provider about the window period for the type of test they are taking. People testing at home should review the materials that come with the home test kit. If a test is taken within 3 months after possible exposure and the result is negative, the person should get tested again in another 3 months to be sure.

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 condoms?

A condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids or rectal fluids. Latex is a type of material used for external (male) condoms and is effective in preventing HIV transmission. People who are allergic to latex can use condoms made of polyurethane or polyisoprene. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Another form of protection is the internal (female) condom, which is made of nitrile and is safe for people with latex allergies. The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.

What is PrEP? What is PEP?

Pre-exposure prophylaxis (PrEP) is a medicine taken daily to reduce the risk of HIV infection. If someone is at very high risk for HIV, PrEP might be right for them. PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered for people who are not in a mutually monogamous relationship

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with a partner who recently tested HIV-negative, and if they are

- A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months
- A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk of HIV infection (for example, people who use injection drugs or women who have bisexual male partners)

Post-exposure prophylaxis (PEP) is an HIV medicine that can be taken after being potentially exposed to HIV to prevent becoming infected. If someone is HIV negative or doesn't know their HIV status and thinks they have recently been exposed to HIV during sex (for example, if a condom breaks), they should talk to their health care provider or an emergency room doctor about PEP right away (within 3 days). The sooner someone starts PEP, the better; every hour counts. If prescribed PEP, it is necessary to take it once or twice daily for 28 days.

What does U=U mean?

U=U means Undetectable = Untransmittable. If a person living with HIV has fewer than 200 copies of HIV per milliliter of blood, they are considered virally suppressed and the infection is undetectable on tests. Medications are used to suppress the virus so it becomes undetectable. People with undetectable viral loads cannot transmit the virus sexually to their partners.

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 lifespan. HIV is now considered a chronic disease. 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.

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.

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ACTIVITY B

THE SUBJECT IS HIV VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is HIV*, or alternative videos

PREPARATION

- Review the information about HIV in Appendix B.

TIME

25 minutes

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

PROCEDURE

FACILITATOR'S NOTE

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

1. Introduce the video by saying,

> This video you are going to see will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will talk about the video. 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 video, which is 18 minutes long.

3. At the end of the video, ask the participants 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).

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What was the message about condoms in the video?

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 young people 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 students in biology class?

Answer:

» It's important to talk with your partner about using protection.

» If a person respects themselves and their partner, they will use a condom.

» Not having sex is a good way to avoid pregnancy, HIV and other STIs.

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

You did a great job answering those questions and remembering the important messages in the video(s).

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(continued)

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 protection.

FACILITATOR'S NOTE

Some statistics have changed since the video was produced. In 2018, youth ages 13 to 24 accounted for an estimated 21% 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

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ACTIVITY C

TRUE OR FALSE: HIV

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about HIV provides an opportunity for learning the correct information about HIV/AIDS.

MATERIALS

- Markers
- Chart paper (for keeping score)
- Masking tape
- *True or False: HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

TIME

10 minutes

PROCEDURE

1. This activity reviews facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help participants understand the answers.

2. Introduce the *True or False* 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 "True" and "False" on the board or a sheet of chart paper.

4. Explain the activity,

> I am going to divide you into two teams. I will then read each team a statement and ask you whether it is true or false and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's true or false, 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 true or false.

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5. **Divide the group into two teams.**

6. **Go around to each team one at a time and read a statement from the *True or False: HIV Statements*.**

7. **Ask the first team to identify it as true or false and to state *WHY*.**

8. **Ask the second team if they agree. (If there is a disagreement, teach the right answer and explain why.)**

9. **If the second team agrees, but the answer is wrong, teach the right answer and explain why.**

10. **If the second team agrees and the answer is right, give the team the correct number of points.**

11. **Read the next statement to the second team.**

12. **The game is over when the statements are completed or time is up, whichever comes first.**

13. **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.**
>
> **Understanding that HIV can affect anyone helps people understand that they need to always protect themselves.**
>
> **You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.**

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TRUE OR FALSE: 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.**
   TRUE
2. **Having unprotected anal sex increases your chances of getting HIV.**
   TRUE
3. **You can tell by looking at people whether they have HIV.**
   FALSE
4. **HIV can be transmitted in blood, semen, vaginal fluids, and rectal fluids.**
   TRUE
5. **Having unprotected sex with someone who is living with HIV is one way of getting HIV.**
   TRUE
6. **If a person who is pregnant has HIV, there is a chance the baby can get it.**
   TRUE
7. **You have a bigger chance of getting HIV if you have sex with many people.**
   TRUE
8. **You can get HIV from using someone else's comb or hairbrush.**
   FALSE (NO CONTACT WITH BODY FLUIDS)
9. **Using protection during sex reduces the chance of getting a sexually transmitted infection, including HIV.**
   TRUE
10. **You can get HIV by sharing a needle with a drug user.**
    TRUE
11. **If you hug someone with HIV you can get it.**
    FALSE (NO CONTACT WITH BODY FLUIDS)
12. **Having an untreated STI can increase your chances of getting HIV.**
    TRUE
13. **AIDS is the stage of HIV in which your body cannot fight off diseases.**
    TRUE
14. **Having AIDS makes you more likely to get other diseases.**
    TRUE
15. **AIDS can be cured.**
    FALSE
16. **AIDS is caused by a virus.**
    TRUE (CALLED HIV)
17. **Anyone can get HIV.**
    TRUE (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)
18. **You can avoid getting HIV by exercising regularly.**
    FALSE
19. **You can take certain medications to reduce your risk of HIV.**
    TRUE
20. **Early treatment can help people with HIV stay healthy.**
    TRUE

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ACTIVITY D

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

15 minutes

PROCEDURE

1. Tape the *Risk Continuum* signs on the wall or blackboard like the diagram below.

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

2. Divide the group into pairs.

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 fluids 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 fluids or rectal fluids might create some risk of transmitting HIV.

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

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4. **Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the pairs.**

5. **Explain that "sex" in these questions means oral, anal and/or vaginal intercourse.**

6. **Ask each pair of participants to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.**

7. **After each answer, have participants 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 participants 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:**

> **Look at all the behaviors in the green light category. Notice all the things you can do to enjoy intimacy with your partner without putting yourself at risk for HIV. 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 STIs. 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.**

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RISK BEHAVIORS[1]

(*Note:* This guide reflects risk levels for HIV transmission only. There are some STIs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)

Vaginal sex without a condom ---------- Red Light

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 Light

Sharing eating utensils with someone who is living with HIV ---------- Green Light

Sharing needles and syringes ---------- Red Light

Anal sex with a condom and water-based lubricant[2] ---------- Yellow Light

Self-masturbation ---------- Green Light

Mutual masturbation ---------- Green Light

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) ---------- Green/Yellow Light

Anal sex without a condom[2] ---------- 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 is living with HIV ---------- Green Light

Flirting ---------- Green Light

Body rubbing/grinding (with clothes on/no exchange of body fluids) ------- Green Light

Hugging ---------- Green Light

Having sex with only one partner (monogamous) -------- Green/Yellow/Red Light

(Green if both have never had sex before. If one or both have had other partners, Yellow if they use condoms; Red if they don't use condoms.)

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water- or silicone-based lubrication can reduce their risk.[2]

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FACILITATOR'S NOTE

Other HIV prevention strategies include PrEP 2-1-1 and TasP.

- PrEP 2-1-1 dosing strategy has been shown to be 86% effective at preventing HIV transmission during anal sex (though less effective during vaginal sex). The PrEP 2-1-1 strategy involves taking 2 pills between 2 and 24 hours before sex and another pill within 24 hours after the first and the final pill 24 hours after that.[3]
- TasP or "Treatment as Prevention" means that people living with HIV who get treatment are less likely to transmit the infection. Reducing the amount of the virus in the body through treatment helps prevent transmission to others. An undetectable viral load means the virus is untransmittable (or U=U).[4]

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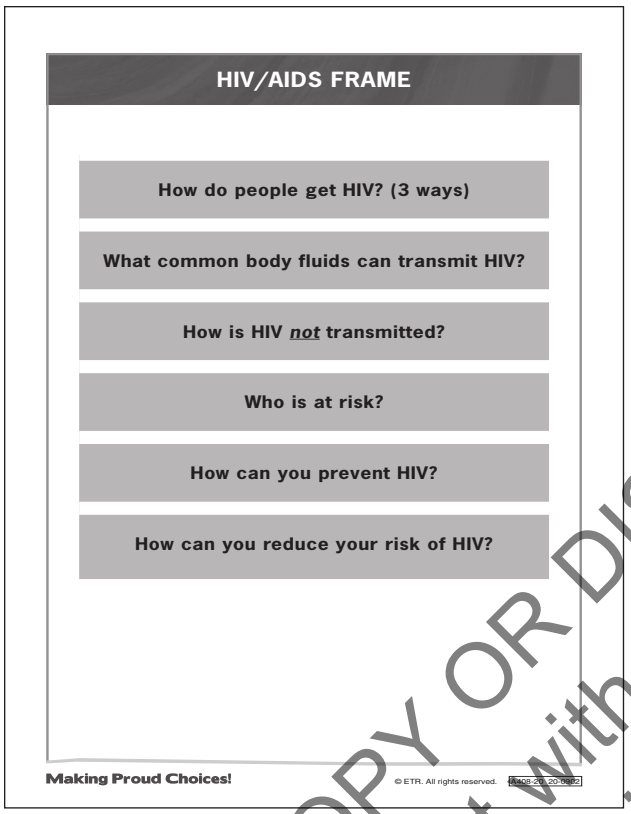
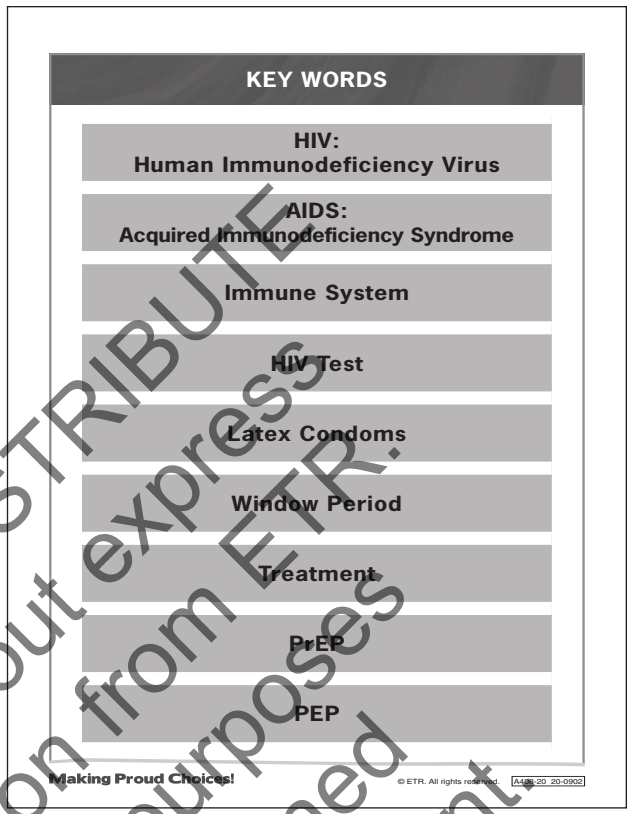


Poster



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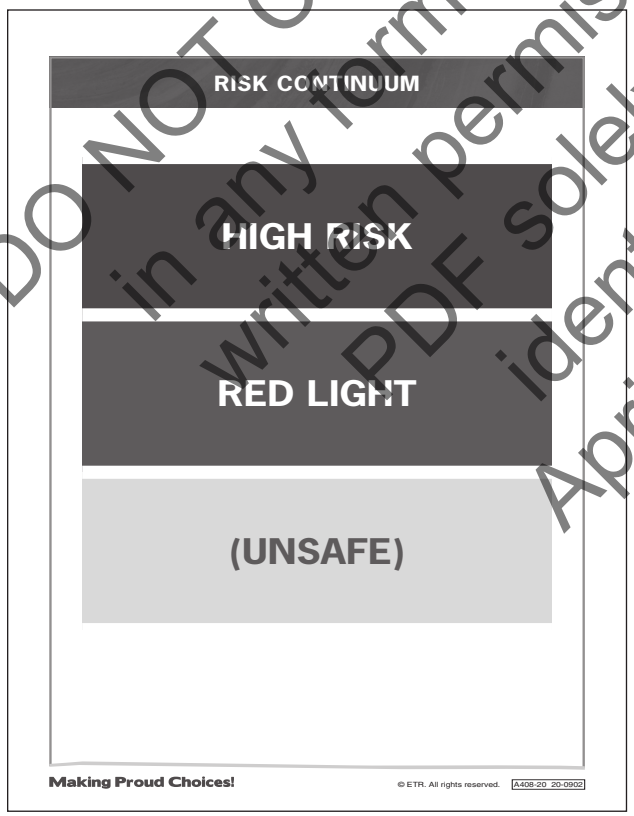

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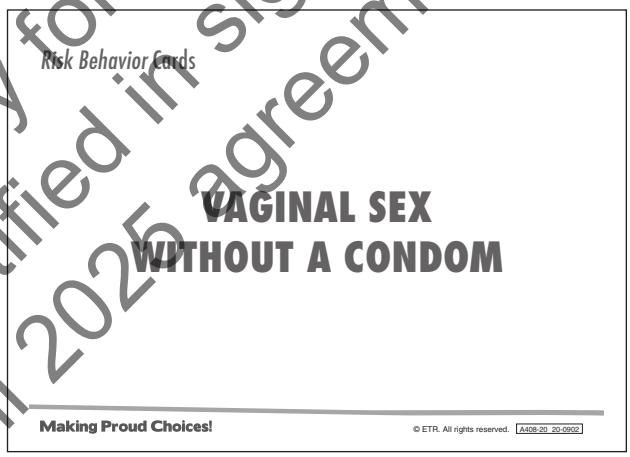

Cards (24 total)

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MODULE 3

ATTITUDES ABOUT SEX, HIV AND CONDOM USE

GOALS

The goals of this module are to:

- Increase participants' 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, participants 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 third module: (1) informs participants about the transmission and prevention of HIV; and (2) helps participants advocate and give advice regarding HIV/AIDS and safer sex strategies.

STRATEGIES/METHODS

- Video Viewing
- Group Discussion
- Problem-Solving Exercises

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *The Hard Way* character cards
- *Calling Koko Caller* worksheets in the student workbooks
- Video: *The Hard Way* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Pre-labeled chart paper:
  - » *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Markers
- Masking tape
- Pencils
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. Set up the video(s) to be ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. *The Hard Way* Video and Discussion*	**40**
B. Calling Koko	**20**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

THE HARD WAY VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Hard Way*, or alternative videos
- Pre-labeled chart paper:
  - *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per participant)

TIME

40 minutes

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

PROCEDURE

1. Introduce the film.

> Sexually active young people are at risk for HIV infection. The video you are going to see is about young people. This video 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 chart paper (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 video, 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 video, 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.

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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6. **Begin the discussion by saying,**

> Let's talk about the characters in this video. 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. Notice the video refers to the use of birth control pills as "protection." While pills may protect against a pregnancy, they provide no protections against HIV and other STIs.
>
> 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?
>
> What could Renee and Miguel say to each other about their sexual health and desires to protect themselves from unintended pregnancy or STIs?
>
> 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,**

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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 video and our discussion? (Listen for these messages and reinforce if they are not shared: getting tested, talking about sexual health and protection, and using protection if having sex can help reduce the risk of HIV transmission.)

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. 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!

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ACTIVITY B

CALLING KOKO

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

20 minutes

PROCEDURE

FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 20 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants.

If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

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 participants into pairs or small groups.

3. Have participants turn to the *Calling Koko* worksheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)

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4. **Explain the following:**

> You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. **Give the pairs 5 minutes to discuss and write their advice.**

6. **Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice using the Main Points to Cover.**

7. **Using the following sample responses, discuss any points that participants do not come up with themselves.**

FACILITATOR'S NOTE

Sample responses are provided. Participants' answers do not have to match the sample 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 sample responses as a review before going on to the next caller.

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MAIN POINTS TO COVER

The surest protection is abstinence.

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

PrEP and PEP can reduce the risk of HIV transmission.

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?

– Charlie

Sample 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 or anal sex, the best way to reduce your risk of HIV is to use condoms. That includes external or male condoms made of latex, polyurethane or polyisoprene; or female or internal condoms. PrEP and PEP are medications that you can take to reduce your risk of HIV infection. PrEP is a pill you take every day to prevent HIV. PrEP may be a great option for someone who is in a relationship with someone living with HIV or for someone who is at high risk for HIV. PEP is a pill you can take for 28 days after having sex if you think you may have been exposed to HIV. 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.

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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 STIs.

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?

– Raymond

Sample Response to Caller 2

If you and your girlfriend have never had vaginal 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 always use protection even if you are only having sex with each other. 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 unintended pregnancy or getting an STI, including HIV.

Talk it over with your partner. You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.

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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 protection 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?

– Alex

Sample 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. Test kits are available over the counter at most drug stores. You can also go to a local HIV testing site such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person's body. Make an appointment to get tested and use condoms until you get the test results.

It sounds like your first time didn't go the way you had hoped it would. 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 STI. If you do decide to have sex, be proud and responsible and talk to your boyfriend about protection. Tell him it is important that you use condoms if you have sex. Let him know that you're concerned about 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.

I also want to make sure you feel supported. Please reach out to the wellness center or find a school club or group that supports and affirms you.

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MAIN POINTS TO COVER

Oral sex can transmit STIs, including HIV.

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

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

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 infections. Is oral sex safe? How do we protect ourselves from STDs?

– Carmello

Sample Response to Caller 4

Oral sex poses little to no risk of transmitting HIV. However, most STIs can be transmitted during oral sex. Untreated STIs can increase the risk of HIV transmission. This is why it is important to use protection for oral sex. For oral sex that involves putting the mouth to a vagina or an anus, use a dental dam. If you don't have a dental dam, you can cut a condom into a flat sheet. A penis should also be covered with a condom during oral sex.

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 infection. Using protection every time you have oral sex is the responsible thing to do. If you decide to have sexual intercourse, use an external (male) or internal (female) condom every time you have sex. And make sure you only use condoms that are made of latex, polyurethane, polyisoprene or nitrile.

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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! I'm scared to date! What should I do?

– Dana

Sample Response to Caller 5

I can understand your concerns about having sex. You can't look at people and tell whether or not they have an STI, such as HIV. 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. Talk to them about your concerns and how you plan to protect yourself. When you decide to have sex, be sure to use protection every time. By protection, I mean external or male condoms made of latex, polyurethane, or polyisoprene; internal or female condoms; or dental dams.

I am assuming your friend is getting treatment for HIV. Antiretroviral therapy, or ART, can help your friend live a long, healthy life. If she has a steady sexual partner who is HIV negative, ART could help reduce the chances of her transmitting HIV to her partner. Her partner can get on pre-exposure prophylaxis or PrEP treatment, which will reduce the risk of getting the virus.

People who think they may have been exposed to HIV should get treatment immediately. Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor's offices and HIV clinics. PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.

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MAIN POINTS TO COVER

People cannot give consent when they are drunk or high.

Get tested for pregnancy, STIs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making.

Use protection if you decide to have sex.

CALLER 6

Koko,

I'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Sample Response to Caller 6

This sounds like a tough situation. When people are drunk or high, they are more likely to have sex without using condoms, which increases their risk for STIs. Everybody has the right to say when they want or don't want to engage in sexual behaviors and to insist on using protection. When people are drunk or high they can't fully give consent to sexual activity. Please remember that someone doing something sexual to you while you are drunk or high means that technically you were not able to give consent, and so this may be a situation of sexual assault. Do not blame yourself. There are people in this world who seek out those who are too high or drunk to consent. If this person is known for having sex with people who are too drunk or high to consent, he likely isn't someone who has your best interests in mind. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

(continued)

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CALLER 6

Sample Response to Caller 6 *(continued)*

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 STIs. 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. EC is also available over the counter at most drug stores.

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).

Don't blame yourself. You deserve to have sexual partners who you feel comfortable communicating with, who respect what you want and don't want, and who will share the responsibility for using protection.

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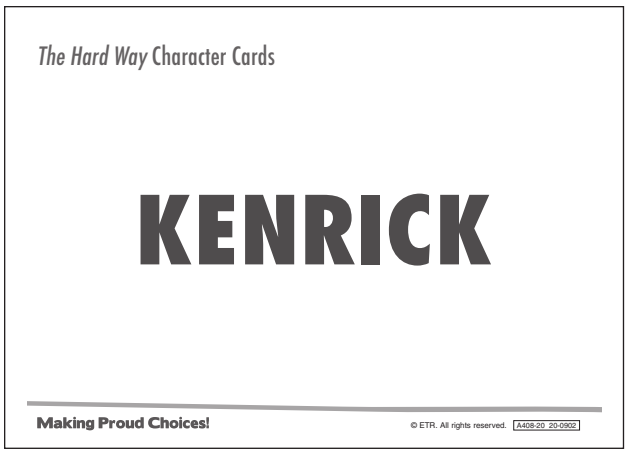

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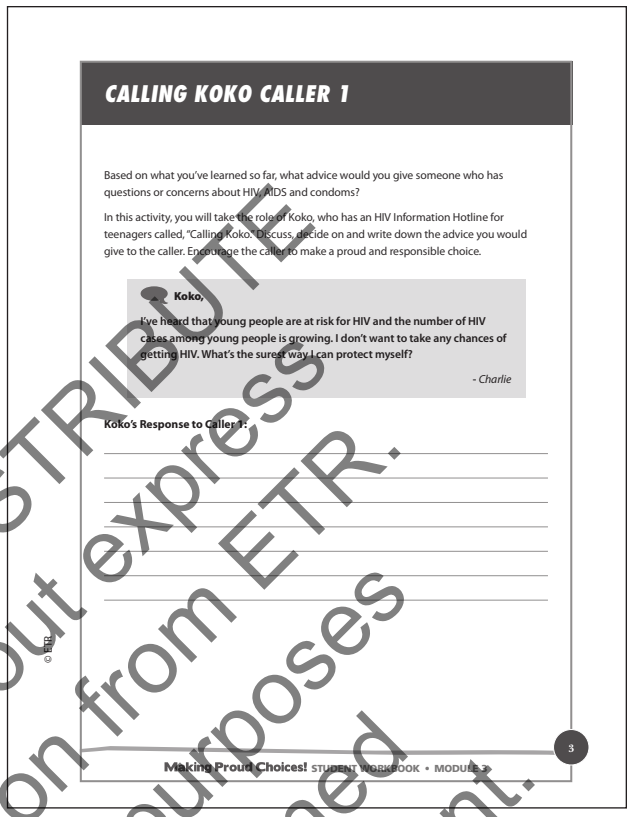

Worksheets (6 total)

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MODULE 4

STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT

GOALS

The goals of this module are to:

- Introduce participants 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, participants will be able to:

- 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.
- Provide correct answers to review questions on HIV and AIDS.

MODULE PREVIEW

The fourth module: (1) encourages participants 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
- Video Viewing
- Game

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* worksheet in the student workbook
- HIV/AIDS Game Questions (included in module)
- Video: *Nicole's Choice* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Masking tape
- Pencils
- Markers
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the information about sexually transmitted infections in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. STOP, THINK and ACT: Introduction to Problem Solving	**5**
B. Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT	**15**
C. *Nicole's Choice* Video and Discussion*	**25**
D. The HIV/AIDS Game	**15**

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ACTIVITY A

STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STOP, THINK and ACT* poster
- Masking tape

TIME

5 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 participants 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 participants provide a few answers.

Answers may include:

You may feel afraid, confused, angry or upset.

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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 participants 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 stick to the decisions I've made for my health and well-being?
> - 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.

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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.

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ACTIVITY B

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 participants' ability to use them.

MATERIALS

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

TIME

15 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,

> No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. 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. You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.

2. Divide the participants into pairs.

3. Have participants turn to the *Sean and Morgan Case Study* worksheet their workbooks.

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4. **Ask for a volunteer to read the case study and instructions to the group. Encourage the group 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 concerned about STIs 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 pairs, and use the STOP, THINK and ACT steps to find a solution to the situation on your worksheet.

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

7. After 8 minutes, even if most of the pairs have not finished, ask them to stop and begin discussing the case study. Ask one of the pairs 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 pair 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 pair 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 pair has given their responses, ask the other groups to comment and offer any different ideas for this section.

   Finally, ask a different pair 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 pair 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.

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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 STIs, 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.

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ACTIVITY C

NICOLE'S CHOICE VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *Nicole's Choice*, or alternative videos
- *STOP, THINK and ACT* poster

PREPARATION

- Review the information about STIs in Appendix B.

TIME

25 minutes

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

PROCEDURE

1. Introduce the video by saying,

> Now we will watch a video 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 video *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 participants 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?

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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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 a clinic to be tested for an STI?

Can you get HIV the same way you get other STIs?

8. **Summarize as follows,**

Getting an STI may bring up a lot of emotions. Though young people ages 15-24 are diagnosed with half of all new STIs,* many STIs can be prevented by using protection or choosing not to have sex. Only you can decide to protect your future and your health. Use protection every time you have sex. And use the right kind of protection: external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams.

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* Centers for Disease Control and Prevention. 2019. STDs in adolescents and young adults - 2018 Sexually Transmitted Diseases Surveillance. https://www.cdc.gov/std/stats18/adolescents.htm. Accessed 6/22/2020.

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ACTIVITY D

THE HIV/AIDS GAME

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

- Chart paper
- Markers

TIME

15 minutes

PROCEDURE

1. Introduce the next activity by saying,

> We are going to play a game* that will review the information we've talked about regarding HIV and AIDS.

2. Divide the group into two 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 bonus question (a one-point question).
> - If someone answers out of turn, the interrupter's team receives a bonus question. The other team then gets a chance to answer a bonus question.

* Adapted from "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.

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4. **Keep score (or ask a participant to keep score) on the board or on chart paper.**

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 bonus question, use the bonus questions in the game for one point each. You may be able to create other situations that result in bonus question 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.**

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HIV/AIDS 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 diseases called opportunistic infections.

5. **Name three of the body fluids through which HIV is transmitted?**
   - Semen, vaginal fluids, 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). HIV is easily passed through oral sex.**

10. **(True) or False. Anal sex without a condom increases your chances of getting HIV.**

11. **True or (False). There is now a cure for AIDS.**

12. **(True) or False. If you think you were exposed to HIV, you can get Post-Exposure Prophylaxis (PEP) within 72 hours to avoid getting the virus.**

* See Appendix B for additional information on HIV and sources.

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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 by using condoms or taking PrEP which reduces risk of HIV transmission but not other STIs
- Engaging in low-risk activities such as kissing
- Not sharing needles or works
- Getting tested regularly
- Talking with your partners about HIV and making sure they get tested too

15. What does U=U mean?

- U=U stands for Undetectable equals Untransmittable. That means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. If there is an undetectable amount of HIV in their blood, the virus cannot be transmitted to others.

16. Name three ways HIV is passed.

- During unprotected vaginal or anal sex (sex without a condom)
- By sharing needles and syringes
- From an infected mother to the fetus or newborn child

17. Name two types of sexual practices in which HIV can be passed.

- Anal sex
- Vaginal sex

18. Name two high-risk behaviors.

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

19. (True) or False. Using water-based lube and condoms when you have vaginal or anal sex lowers the chance of getting HIV.

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

21. 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

BONUS QUESTIONS (ONE POINT)

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

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

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

24. (True) or False. Limiting the number of sexual partners a person has is one way of reducing the risk of HIV.

25. 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.

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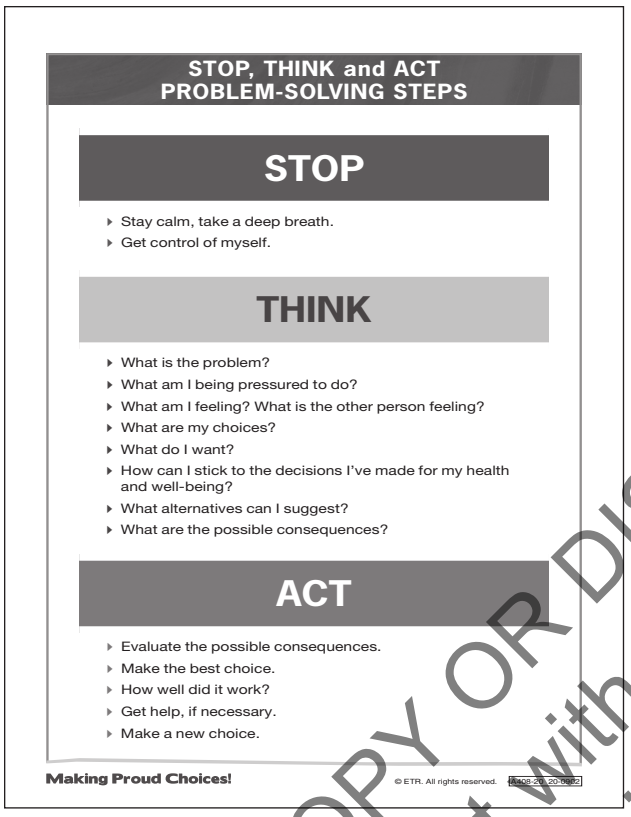

STOP, THINK and ACT
PROBLEM-SOLVING STEPS

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 stick to the decisions I've made for my health and well-being?
- 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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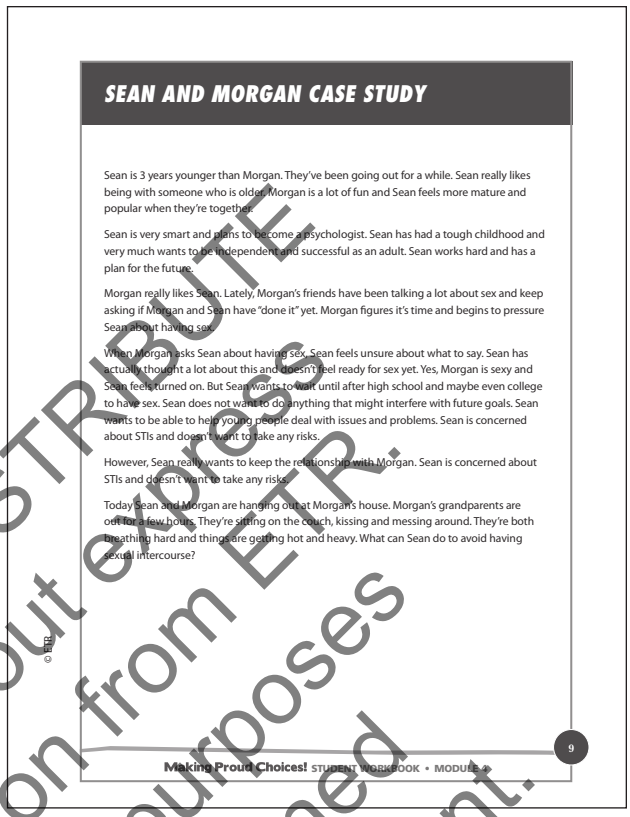
Poster



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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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 • MODULE 4 9

Worksheet

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MODULE 5

POSSIBLE OUTCOMES OF UNPROTECTED SEX: STIs

GOALS

The goals of this module are to:

- Increase participants' knowledge of sexually transmitted infections.
- Help participants identify strategies for preventing STIs.
- Increase participants' perceived vulnerability to STIs.
- Clarify participants' attitudes and beliefs about STIs and condom use.
- Teach participants the steps for correct use of a condom.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted infections.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STIs, including HIV, and pregnancy.

MODULE PREVIEW:

The fifth module: (1) helps participants examine the signs and symptoms of the most common STIs; (2) illustrates how STIs can impact the lives of young people; and (3) informs participants about correct use of condoms, as a way to prevent STIs.

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STRATEGIES/METHODS

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

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STI* poster
- *Agree* and *Disagree* signs (1 set)
- *Steps for Using a Condom* poster
- Video: *The Subject Is STDs* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Condoms
- Water-based lubricant
- Condom Demonstrator(s)
- Paper towels
- Small paper bag
- Monitor and video player, or internet access if using alternative videos
- Pre-labeled chart paper:
  - » *How STIs Are Transmitted*
  - » *Reasons to Protect Against STIs*
  - » *Group Agreements* (from earlier session)
- Chart paper
- Index cards for the Transmission Game—pre-labeled with four distinct shapes, e.g., star, rectangle, circle, and triangle**

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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.

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

** You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. 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 or www.etr.org/store/format/condom-kit.
4. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.
5. Set up the video(s) to be ready to play.
6. Read the instructions for the Transmission Game and make sure you're clear about the process.
7. Label the index cards for the game. For a group of 6–8, one person will have a "star" card, one person will have a "triangle" card, one person will have a "rectangle" card and the rest will have "circle" cards. Increase the number of "triangle," "rectangle" and "circle" cards in this approximate ratio for larger groups.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to include both the discussion and the video about STIs, and to provide more condom skills practice.)

ACTIVITY	MINUTES NEEDED
A. STI Facts	20
[A. (Alternate) *The Subject Is STDs* Video	20]
B. The Transmission Game	15
C. What I Think About HIV/STI and Safer Sex	10
D. Condom Use Skills	15

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 uses STI. It is important for everyone to understand that STIs (STDs) can present with or without symptoms.

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ACTIVITY A

STI FACTS

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STI* poster
- Pre-labeled chart paper:
  - *How STIs Are Transmitted*
  - *Reasons to Protect Against STIs*
- Markers
- Masking tape

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

PROCEDURE

1. Begin this activity by displaying the *STI* poster. Use chart paper to cover the poster so only the letters "S T I" are revealed.

2. Then say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

3. Ask the group to brainstorm all of the STIs they know.

4. Then uncover the poster and read any STIs they did not mention.

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

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5. Then say,

> **STIs fall into three categories:**
>
> - **Bacterial (caused by bacteria)—**These STIs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
> - **Viral (caused by a virus)—**Most of these STIs 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).
> - **Parasitical (caused by parasites)—**These STIs are curable. They include trichomoniasis and pubic lice.

6. Unfold the pre-labeled chart paper titled *How STIs Are Transmitted* and say to the group,

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

7. List the answers on the chart paper 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)
- » *(Optional) For high school youth:* Sharing sex toys or other devices with partners without using a new condom each time the device is used by a different person

8. Next ask,

> **Who can get an STI?**

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Answer:

» Anyone who has unprotected sexual intercourse (meaning without using condoms or dental dams).

9. **After participants have answered, say,**

That's right. Anyone who engages in unprotected sexual intercourse can get an STI. But teens and young adults are affected by STIs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STI 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 STIs?

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 STI?

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. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 06/2/2020.

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12. **Then say,**

> **In many cases, a person can have an STI and have no symptoms! This means that people may not even know they have an STI. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STI.**
>
> **Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include masturbating alone, petting, kissing, foreplay or dry humping. An exception is where skin-to-skin contact is involved with someone who has HPV, syphilis or herpes. In contrast, sexual activities that do include an exchange of body fluids increase the risk for STI transmission. These include vaginal, anal or oral sex.**

13. **Then ask,**

> **How can you protect yourself from getting an STI?**

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.
- Do not use or share needles or works (including syringes, caps, cleaning water) for injecting drugs.
- There is a vaccine that can prevent hepatitis B.
- There is also a vaccine that protects people against most types of HPV that cause genital warts or lead to cervical cancer.
- Get tested regularly.
- Talk to your partners about STIs and encourage them to get tested too.

14. **Then say,**

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We know how STIs are transmitted. We know signs and symptoms that can indicate an STI infection. We know some STIs don't have symptoms. We know how to avoid getting an STI. But why would a person want to avoid getting an STI and what are the reasons they should get treatment right away if they do get an STI?

Let's brainstorm *Reasons to Protect Against STIs* by thinking of some of the long-term physical and emotional consequences of getting an STI.

15. **List the group's responses on the chart paper. Encourage all participants to respond.**

Answers should include:

- Increased risk of getting HIV
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- 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, hepatitis C)
- Child born with an STI
- Embarrassment
- Odor and discharge
- Impact on relationship
- Stigma

16. **Explain that many of these reasons to protect against STIs can be prevented by abstaining from vaginal, anal or oral sex, or by using protection such as condoms. STIs are common and many people will get one at some point in their lives. Getting tested regularly and treated, if required, can limit or prevent negative health outcomes. That is why it is important to get tested and treated as soon as possible. Explain that no one chooses to get an STI. Some people have gotten STIs from sex that was against their will. Getting tested and treated, if necessary, is the responsible thing to do. Summarize this activity by saying,**

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**

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(continued)

2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Avoid STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ALTERNATE ACTIVITY A

THE SUBJECT IS STD (VIDEO OPTION)*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is STDs,* or alternative videos

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

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

PROCEDURE

1. Say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

2. Introduce the video by saying,

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

3. Show the video, which is 17 minutes long.

4. When the video 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 STI from their partners?

(continued)

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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(continued)

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

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

FACILITATOR'S NOTE

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

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

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**
2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Protect Against STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ACTIVITY B

THE TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Labeled index cards (Star, Circle, Rectangle, Triangle)
- Pencils

TIME

15 minutes

PROCEDURE

1. Ask the rhetorical question,

> Who gets STIs? 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 STI if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STI; 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 labeled cards and pencils so that only one person has a "star," one or two people have a "triangle" and "rectangle" and the rest get a "circle." DO NOT tell participants what the symbols mean at this time.

Rectangle = Abstinence

Triangle = Condoms/Dental Dams

Circle = Unprotected Sex (oral, anal or vaginal sex without protection)

Star = Infection (STI/HIV)

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FACILITATOR'S NOTE

You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Give the following instructions:

- Listen carefully and be ready to share what you hear.
- Write your name on the side of the index card that has the symbol 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 symbol 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…

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

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

> - We are going to pretend that each conversation you had represented an act of "sexual intercourse."
> - Look at your cards. The shapes or symbols on the cards represent something in this exercise.
> - Will the person with the "star" card, please stand. For the purposes of this activity only, the star card represents an STI and anyone whose name is on your card could have the STI too.
> - (To the person with the "star"): 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 "triangle" on your card, that means you correctly used a protective barrier such as an external or internal condom, or a dental dam, every time to reduce your risk, and so you can sit back down.
> - If you have a "rectangle" 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 "circle" 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 an STI.

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.

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10. **Thank the participants for participating in the game. Remind them that it is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.**

11. **Ask the participants to take their cards and rip them to pieces.**

12. **Ask the participants to sit down.**

13. **Ask the following questions:**

> **How did it feel to participate in this activity?**
>
> **Imagine you had the star or circle card. How did or does it feel to potentially have been exposed to an STI?**
>
> **How might it feel to potentially expose others to an STI?**
>
> **Imagine you had the triangle card. How did or does it feel to have protected yourself from STIs? How does it feel to have protected others?**
>
> **Imagine you had the rectangle card. How did or does it feel to have chosen abstinence?**

14. **Explain that for those having sex, talking to sexual partners about STIs and getting tested are two strategies that can reduce the risk of STIs, including HIV.**

15. **Ask the following questions:**

> **If getting tested had been an option in this game, how do you think that could have changed how many people were standing at the end?**
>
> **How would talking to your partner(s) about STIs before engaging in a sexual behavior change the number of people potentially exposed to an STI (i.e., the number of people standing at the end of this activity)?**
>
> **What did you learn by participating in this game that will help you make decisions about your sexual health in the future?**

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Try to elicit the following answers:

- One person can infect many by passing the infection to someone who passes it on to the next person.
- STIs can be spread through unprotected vaginal, anal and oral sex.
- People should consider the risks their partners have taken in the past.
- Practicing abstinence and using protection such as condoms can prevent STI 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 or dental dams but it gets easier with practice.
- Anyone can get an STI regardless of whether the sex was consensual or forced.
- Getting tested is the only way to know for sure if you have an STI.

16. **Continue the activity by saying,**

This was just a game. However, it does highlight how fast and easily an STI can spread. A good way to reduce your risk for infection is to use a latex (or polyurethane/polyisoprene) condom or dental dam every time you engage in oral, anal or vaginal sex. Also, be sure to get tested regularly if having sex. Many STIs can be treated.

17. **Summarize as follows,**

As we reflect back to my first question, "Who gets STIs?," we have learned that it is possible for anyone to get an STI. STIs are common and many people will get an STI at some point in their lives. Remember, the proud and responsible things to do are to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex, to get tested, to talk to your partners about STIs, and to get treated if you get an STI.

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ACTIVITY C

WHAT I THINK ABOUT HIV/STI AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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/STIs 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 participants 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 participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.

7. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.

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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 participants a chance to switch after discussion of each statement.

9. Thank the participants 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, STIs and protection than your partner or friends. But the facts about HIV/STI remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal fluids and rectal fluids. Other STIs are also passed through having sex. Whenever you have sex, you must use latex or polyurethane/polyisoprene condoms or dental dams every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STI transmission. PrEP can also reduce your risk of HIV transmission, and PrEP plus condoms can reduce your risk of HIV and other STIs.

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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 an effective 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 feel as if they know how, but anyone can improve their skills by learning the specific steps that you will be learning 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. Have honest conversations about your sexual health and your plans to protect yourself from unintended pregnancy or STIs. Both of you should get tested so you know your status.)
- **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 STI, so you should always use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex. Often people with STIs don't have symptoms, and a person living with HIV may not have symptoms for many years.)

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ACTIVITY D

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants 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
- External condoms, lubricated (two per participant or pair of participants, plus demonstration condoms)
- Dental dam
- Lubricant
- Condom demonstrator(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 participants 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 external or male condoms correctly and to have you practice condom use skills. I want to make sure we are clear that when teaching you these skills 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.
>
> For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

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2. Explain what a condom is by saying,

> As we have learned, a condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids, or rectal fluids.
>
> The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth or anus. It also keeps the penis from being exposed to vaginal fluids or rectal fluids. It is used to keep sperm from entering the vagina to prevent a pregnancy. When it is used to avoid the exchange of body fluids, the external condom can reduce the risk for transmission of HIV and other STIs. Only latex, polyurethane or polyisoprene condoms are effective in preventing HIV and other STIs.
>
> ***Optional for high school youth:***
> The external condom may also be used on a sex toy or other insertive sexual device that is being shared. A new condom must be used each time the sex toy or device is used by a different person.

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, polyurethane or 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 an external condom correctly. Many of you may have never seen or touched a condom. We're going to practice using external 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.

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5. **Post the *Steps for Using a Condom* poster. Using a 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 participants during this activity.

STEPS FOR USING A CONDOM

1. Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
2. Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
3. Open the package carefully to avoid tearing.
4. Make sure condom is on the proper side to roll down correctly.
5. Pinch the tip of the condom to create space (½ inch) for semen.
6. Squeeze a few drops of water-based lubricant inside the tip.
7. Make sure the penis is erect and both partners are ready to engage in sexual activity before putting on the condom.
8. Continuing to squeeze the tip, place the condom on the head of the penis. Unroll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
9. Check during sex to make sure the condom isn't slipping.
10. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
11. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

6. **Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

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FACILITATOR'S NOTE

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants 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 participants 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. Try several brands and type to find the best fit.

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 such as water-based or silicone-based lubricants (e.g., Good Clean Love or Aloe Cadabra).

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 external condoms may also be used. 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.

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10. **Ask participants 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 STIs.
>
> 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:* Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.**

12. **Summarize as follows,**

> To protect yourself and your partner from sexually transmitted infections, 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 unexpired condoms on hand.
> - Get used to condoms so they become easy to use each time.
> - 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 STIs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal sex.

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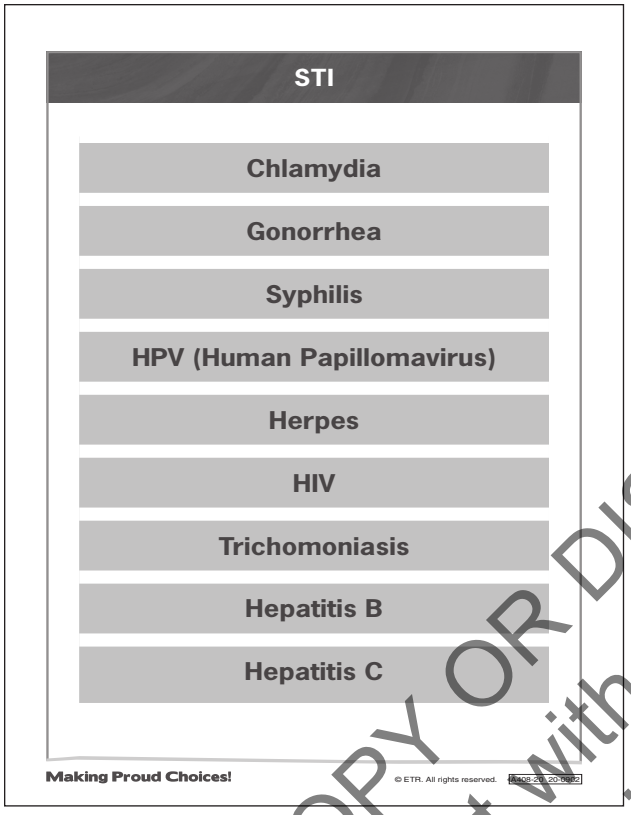

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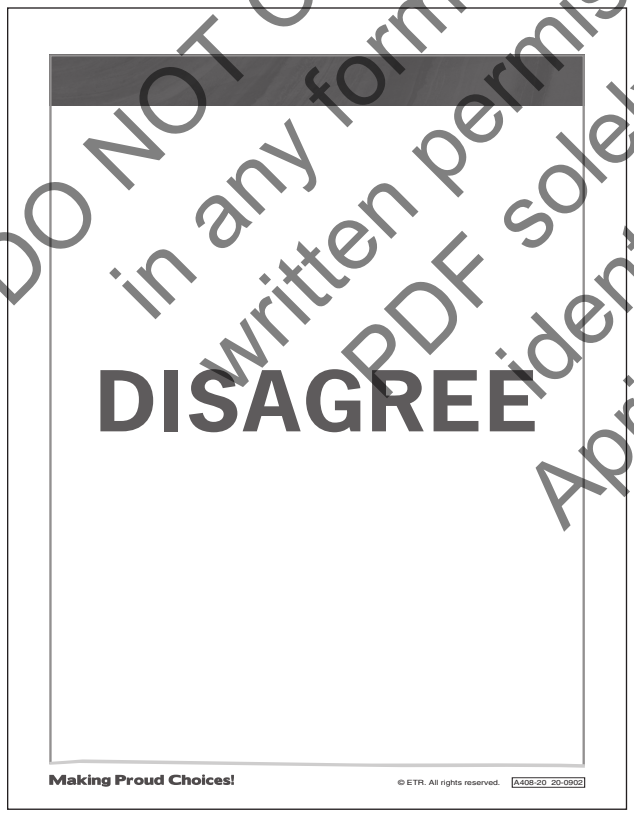

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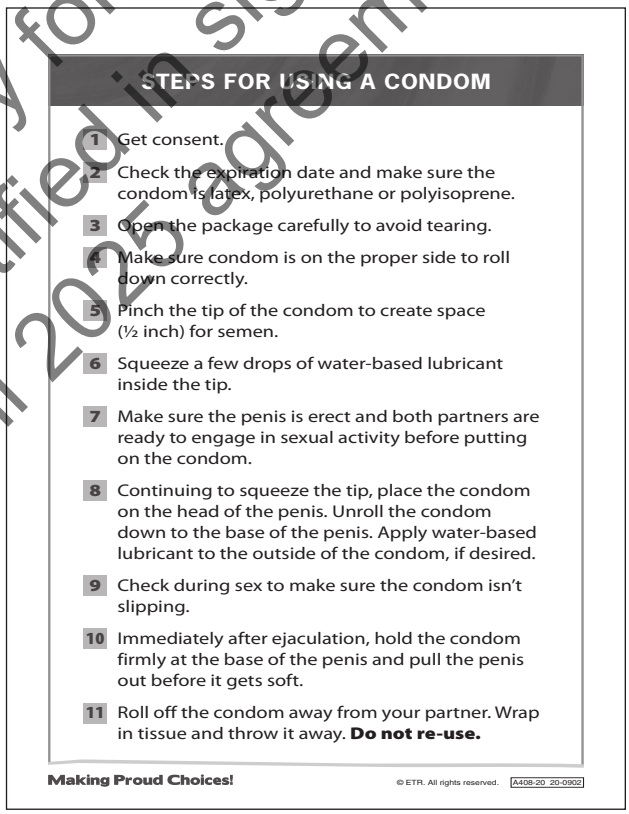

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MODULE 6

A POSSIBLE OUTCOME OF UNPROTECTED SEX: PREGNANCY

GOALS

The goals of this module are to:

- Increase participants' understanding of pregnancy as a possible outcome of unprotected sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Distinguish facts from falsehoods about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.

MODULE PREVIEW

The sixth module: (1) helps participants examine myths about pregnancy; (2) illustrates how pregnancy can impact the lives of young people; and (3) informs participants about the various forms of birth control.

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STRATEGIES/METHODS

- True or False Game
- Video Viewing
- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *True or False: Pregnancy Statements* (included in module)
- *Birth Control Choices* poster
- *Optional:* Video: *Tanisha & Shay* (or alternative videos*)
- *Agree/Disagree* signs (1 set)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pre-labeled chart paper: *Contraceptives*
- *Optional:* Monitor and video player, or internet access if using alternative videos
- Markers
- Masking tape

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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 *True or False: Pregnancy Statements* and get comfortable with the content.
4. *Optional:* Set up the video(s) to be ready to play.
5. Review the information about contraceptive methods in Appendix B.
6. 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 & Shay* Shay video or alternative videos, if you decide to extend the session and include the videos.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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7. 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.
8. Review how to use an internal 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. 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 participants the YouTube video.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* The use of the optional video(s) will increase the length of the module by up to 25 minutes. A video is an excellent way to help participants personalize and conceptualize the information, but should not replace or take time away from the discussion and demonstration of the contraceptive methods. Facilitators may wish to deliver this module across two 60-minute sessions.)

ACTIVITY	MINUTES NEEDED
A. True or False: Pregnancy Statements	10
[B. *(Optional) Tanisha & Shay* Video	+25]
C. Birth Control Methods Demonstration	40
D. Agree/Disagree - Attitudes About Contraception	10

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ACTIVITY A

TRUE OR FALSE: PREGNANCY STATEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about pregnancy provides an opportunity for learning the correct information about pregnancy.

MATERIALS

- *True or False: 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 what is true and what is false when it comes to the consequences of unprotected sex.

2. 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 true or false.
> - I also want you to explain why it is true or false.
> - If you don't know, I will ask for volunteers who think they know the answer.

3. Read the *True or False: Pregnancy Statements* on page 140.

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

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5. **Once all the statements have been completed say,**

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

6. **Summarize by saying,**

> **The more you know about the possible outcomes of sex, such as pregnancy and sexually transmitted infections, the better you will be at protecting yourself from experiencing an unintended pregnancy and/or STIs. Next, we are going to see a video (or videos) that describes how pregnancy can impact a young person's goals and dreams for the future.**

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TRUE OR FALSE: PREGNANCY STATEMENTS

1. **Every time you have unprotected vaginal sex, there is the possibility of getting pregnant, even the first time you have vaginal sex.**
   TRUE
   Pregnancy is a possibility every time someone has unprotected vaginal sex, regardless if it's the first time or the hundredth time.

2. **Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.**
   TRUE
   Pulling out, or withdrawal, does work in theory. However, it takes a lot of practice and concentration. It can be challenging, especially for teens and young adults, to actually pull the penis out before they ejaculate (or cum). Pulling out AND using another method of protection greatly increases the effectiveness.

3. **You can't get pregnant if you have sex standing up.**
   FALSE
   Sperm don't care what position you're in. Any time semen (which contains sperm) is able to travel up through the vagina and fallopian tubes to where sperm can fertilize an egg, you can get pregnant. There are no exceptions to that rule.

4. **If you have unprotected vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy.**
   TRUE
   If you had unprotected vaginal sex (or your birth control method failed) and you do not want to become pregnant, take an Emergency Contraceptive pill as soon as possible but no later than within 5 days. The EC pill (or a copper IUD) prevents a pregnancy from occurring.

5. **Douching (cleaning the vagina) after sex can prevent pregnancy.**
   FALSE
   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.

6. **You can't get pregnant unless you have an orgasm (cum).**
   FALSE
   It doesn't matter if you have an orgasm or not. You can get pregnant if you engage in vaginal sex without using protection.

(continued)

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

   FALSE

   When young people first start having periods they often have irregular cycles and may even skip a month from time to time. But if someone has had vaginal sex and misses a period, pregnancy is a possibility. The person should get tested right away, and see a doctor if the pregnancy test is positive.

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

   FALSE

   If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. For many different reasons, gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

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

   TRUE

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

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

    TRUE

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

11. **A person cannot get pregnant from anal sex.**

    TRUE

    Yes, it's true a person can't get pregnant from having anal sex, but people still have to think about STIs. The lining of the anus is thin and lubricates less than the vagina, so it's easy for STIs to enter the body that way.

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OPTIONAL ACTIVITY B

TANISHA & SHAY VIDEO*

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 video player, or internet access if using alternative videos
- Video: *Tanisha & Shay*, or alternative videos

TIME

25 additional minutes

PROCEDURE

1. Introduce the video by saying,

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

2. Show the video in three segments as described below.

> I will be showing you this video in 3 segments. After each part, I'll ask you some questions about what you've seen.

3. Show Part 1: Tanisha Finds Out. At the end of the segment, process by asking these questions:
   - » What did the provider tell Tanisha?
   - » What is your reaction? What do you think happens?
   - » Why do you think Tanisha and Shay did not use protection/ birth control?

> Let's watch the next segment and find out what happens next.

4. Show Part 2: Sharing the News. At the end of the segment, process by asking these questions:

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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- How does the pregnancy affect everyone in Tanisha's life?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What could Tanisha say to Shay when she shares the news of the pregnancy?
- What might it look like for Shay to be a part of Tanisha's decision-making process?
- What might this conversation and decision-making look like in a healthy relationship like Tanisha and Shay's?

Let's watch the last segment.

5. **Show Part 3: Now What? At the end of the segment, process by asking these questions:**
   - What did this video teach you about teen pregnancy?
   - What could Tanisha and Shay have done after they had unprotected sex to prevent a pregnancy?
   - Are these teens ready to become parents? Why or why not?
   - How would your life change if you became pregnant or got somebody pregnant now?
   - What about if you became a parent or became a parent again?

6. **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 unintended pregnancy by practicing abstinence or 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!

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ACTIVITY C

BIRTH CONTROL METHODS DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Pre-labeled chart paper:
  - *Contraceptives*
- *Birth Control Choices* poster
- Markers

TIME

40 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 some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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 chart paper titled *Contraceptives* and ask the participants to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the chart paper.

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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
- » Diaphragm
- » Cervical cap
- » Withdrawal

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 three different categories:* behavioral methods, 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 participants to handle the methods at the end when you've finished the demonstration.**

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* Shoupe, D., and D. R. Mishell, eds. 2016. *The Handbook of contraception: A guide for practical management*. New York: Humana Press, Springer International Publishing.

FACILITATOR'S NOTE

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let participants 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.

BEHAVIORAL METHODS

Abstinence

- Abstinence is the safest and most effective pregnancy and STI 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 STIs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STIs.
- 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 STIs, including HIV.

Withdrawal

- Withdrawal, or pulling out, is done by removing the penis fully from the vagina/anus before ejaculating and only ejaculating outside of the vagina/anus.
- Withdrawal is free and a method available to everyone.
- To be effective at preventing pregnancy, withdrawal must be used correctly and completely. This requires knowing and understanding a person's own body, which can be challenging for young people and people with little sexual experience.
- Withdrawal is most effective when used with another contraceptive method. Using withdrawal in addition to condoms or another form of birth control further reduces the risk of unintended pregnancy.

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FACILITATOR'S NOTE

Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness.

Sources: Laris, BA, et al. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education* DOI: 10.1080/14681811.2020.1768324; Hatcher, R. A. 2018. Contraceptive technology. New York: Ayer Company Publishers.

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 infections. 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 STIs. 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 by a trained medical provider.
- 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.
  - » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 4 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla, Kyleena and Liletta. They are effective from 3 to 5 years, depending on which one you get.

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- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STIs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a matchstick that is placed under the skin of your upper arm by a trained medical provider 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 STIs, so you should also use a condom.

The Shot

- People who use the shot receive hormonal shots every 3 months.
- Depo-Provera is the most common brand and is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STIs, 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 STIs, 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 STIs, 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 STIs, so you should also use a condom.

Diaphragm and cervical cap

- The diaphragm and cervical cap are vaginal barriers that cover the cervix to keep sperm from reaching and fertilizing an egg.
- The diaphragm is a reusable, dome-shaped cup made of latex or silicone. It is used with spermicidal gel and inserted into the vagina, where it is positioned to cover the cervix. It can be placed up to 6 hours before sex and must be left in place for at least 6 hours (but no more than 24 hours) after sex. Caya is a new one-size-fits-all diaphragm. Unlike earlier diaphragms, it does not require fitting and is easier to insert and remove. It is available with a prescription.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours and requires spermicidal gel. Like the diaphragm, it is inserted in the vagina before sex, and must be left in place for at least 6 hours afterward. FemCap is the only brand available. It has to be fitted by a provider and requires a prescription.

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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.*

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.

External (male) condom

- The external 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.

Internal (female) condom

- The internal 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.

(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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- The internal condom can be inserted right before sex, or up to 8 hours ahead of time.
- The internal condom can also be used for STI protection during anal sex. People of any gender can use these condoms for anal sex.
- These are the steps for using the internal 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 or anus (for additional STI protection). 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.
  - » Insert the inner ring into the vagina or anus and use your index finger to push it up into your vagina as far as it will go. If used vaginally, 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 or anus—about a half inch of the sheath should remain on the outside of your body.
  - » 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 or anal 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.

Note: Take care to present the internal 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 an external condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice

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and then it will be no problem. Note that the internal condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight. Also, because they are made of nitrile, they warm to body temperature and lack the smell of latex.

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 STIs, so you should also use a condom.

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 STI/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 STIs).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) reduces the risk of pregnancy after unprotected sex or when another birth control method fails.
- There are 2 types of EC available:

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- » **EC pill**, also known as the morning-after pill, can be taken up to 5 days after unprotected sex. Some EC pills (Plan B One Step, Take Action and Next Choice One Dose) may be bought over the counter without a prescription and without having to see a pharmacist. Ella, a non-hormonal EC pill, requires a prescription from a health care provider or a pharmacist.
- » **Copper-T IUD** (ParaGard) can act as emergency contraception when inserted by a health care provider within 5 days of unprotected sex.

- The sooner EC is taken (within 5 days) after unprotected sex, the more effective it is at preventing unintended pregnancy. Ella, unlike other EC pills, does not decrease in effectiveness during those 5 days.
- EC works by keeping sperm from fertilizing an egg by preventing ovulation or making the environment hard for sperm to survive in. EC is not the same thing as the abortion pill, and will not harm an existing pregnancy.
- Emergency contraception does not protect against HIV or other STIs, so protection like PEP should also be used.

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 people 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 people who use these methods not to smoke.

The side effects some people 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 people 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.

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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?
- How can I show myself respect in my sexual health decision making?

What are some ways partners 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

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

If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted infections, 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 also helps prevent sexually transmitted infections, 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.

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ACTIVITY D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes participants aware of some of the reasons people may not use birth control.

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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 participants' 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 participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

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3. **Follow the instructions below:**

   - Ask participants to stand.
   - Read a statement from the *Attitudes Statements* below.
   - Ask participants 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 participants 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 participants 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 participants 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 unintended pregnancy can often make life more complicated. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (It might be embarrassing but 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.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)

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4. **Hormonal methods such as the shot can make someone fat and not sexy.** (The term *sexy* means appealing and exciting. It really has nothing to do with a person's body shape. Being happy with oneself projects a better self-image that may contribute to "feeling sexy." There is little evidence that links hormonal methods to weight gain. Diet, exercise and genetics have a bigger influence on a person's weight. If one contraceptive method does not work for you, you can always talk to your clinician about switching to a different method.)
5. **Internal condoms are too much trouble.** (The 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.)
6. **It's hard to talk about protection with the person you're having sex with.** (It might be challenging to have difficult conversation like this. However, it's easier 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.)
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 STIs. 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 STIs.)
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 raising their children. 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.)

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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.)
10. ***Optional for high school youth:*** **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.)

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 unintended pregnancy and STIs, 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 unintended pregnancy and STIs by using an effective method of birth control *and* condoms every time you have sex.

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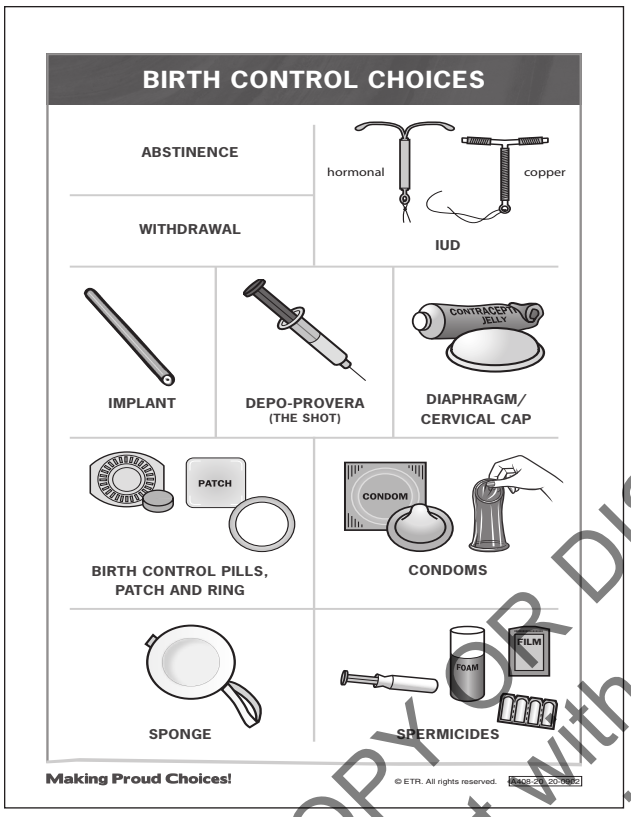

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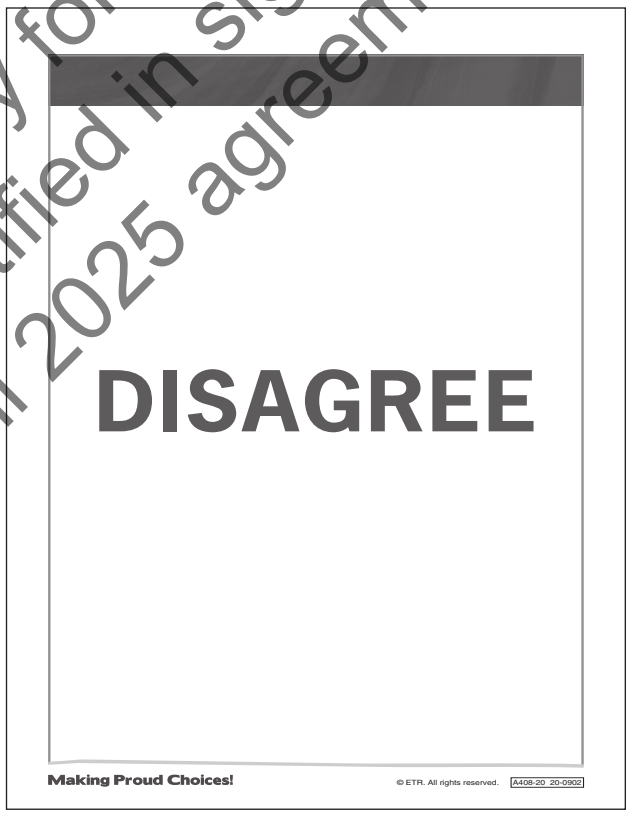

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MODULE 7

DEVELOPING CONDOM USE AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance participants' ability to resist situations that place them at risk for HIV/STI infection and pregnancy.

LEARNING OBJECTIVES

After completing this module, participants 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.
- 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 seventh module: (1) enhances participants' ability to use condoms correctly; (2) explores positive aspects of condom use; and (3) allows participants to practice condom negotiation skills.

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STRATEGIES/METHODS

- Exercises
- Scripted Roleplays

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- Video: *Condom Use Animation* (or alternative videos*) [for high school youth]
- *Condom Line-Up* cards
- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Worksheets in the student workbook:
  - » *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 chart paper:
  - » *Ways to Make Condom Use Easy and More Fun* (for high school youth)
  - » *Ways to Make Condom Use Easy* (for middle school youth)
  - » *Pros*
  - » *Cons*
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. *For high school youth:* Set up the video(s) to be ready to play.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Condom Line-Up	**10**
B. How to Make Condoms Fun and Pleasurable *(for high school youth)*	**10**
C. Barriers to Condom Use/Condom Pros and Cons	**10**
D. "What to Say If My Partner Says...": Responding to Excuses	**15**
E. Introduction to SWAT and Scripted Roleplays	**15**

(*Note:* This module includes different activities for middle school and high school youth. When implementing the program with middle school youth, adapt Activity A by skipping the video on condom use and including the optional discussion on how to make condom use easy, and skip Activity B. For high school youth, conduct all activities in the module as written.)

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ACTIVITY A

CONDOM LINE-UP

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 video player, or internet access if using alternative videos
- Video: *Condom Use Animation*, or alternative videos
- *Condom Line-Up* cards
- Masking tape
- Pre-labeled chart paper (for middle school youth):
  - *Ways to Make Condom Use Easy*

TIME

10 minutes

PROCEDURE

1. Introduce the *Condom Use Animation* video by saying,

> We are about to see a brief video on 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 video, which is 2 minutes long.

3. When the video 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 participants. (Give each participant more than one card if there are more cards than participants.)

6. Ask the group to stand.

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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 have sex?**

Answer

- » Get consent
- » Get condoms, lubricant and/or dental dams
- » Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.

8. **Have the participants 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. Consent
> 2. Get external condoms and check expiration date
> 3. Sexual arousal (hug, cuddle, kiss, massage)
> 4. Erection
> 5. Carefully remove condom from package
> 6. Dab water-based lubricant on penis or inside condom
> 7. Squeeze out any air from tip of condom and leave room for ejaculation
> 8. Roll condom on
> 9. Intercourse
>
> *(continued)*

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10. Orgasm *(optional)*

11. Hold onto the rim of condom and withdraw the penis

12. Remove and discard condom

13. Loss of erection

14. Relaxation

FACILITATOR'S NOTE

Steps 6 and 7 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. Orgasms are optional and not everyone will experience an orgasm every time.

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

» Consent, 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 person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do?"

Answer

» This will happen to most people with penises 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.

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13. **Summarize by saying,**

> **You did a great job lining up the condom cards and discussing the correct steps in external 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. Remember, too, that you may also use internal condoms instead of external condoms. It is also important to remember that using two or more condoms at the same time can cause the condoms to weaken and tear. Never use two condoms at the same time. Condoms can be used with other birth control methods such as the pill or withdrawal to increase contraceptive effectiveness.**

OPTIONAL ACTIVITY FOR MIDDLE SCHOOL YOUTH

15. **When using this curriculum with middle school age youth, engage them in a discussion on how condom use can be made easy by asking these questions:**

    - What do you think makes some people uncomfortable about using protection such as external condoms? internal condoms? dental dams?
    - Why do you think other people use these forms of protection?
    - How might someone become more comfortable with the idea of using protection?
    - What might make it easier for someone to get and use condoms? (Use the pre-labeled chart paper to record responses.)

Skip Activity B and move directly to Activity C after this discussion.

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ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE (FOR HIGH SCHOOL YOUTH)

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants 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 chart paper:
  - *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 so 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 chart paper titled *Ways to Make Condom Use Easy and More Fun.*

4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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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 participants 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 smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.
- If using an internal condom, have it inserted before sex.

FACILITATOR'S NOTE

Remind youth that the only protective barriers that protect against HIV and other STIs are those made of latex, polyurethane, polyisoprene or nitrile. Anyone who is allergic to latex can use condoms made of the other materials.

Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense. If this is the case, ask the questions in a way that is less personal. You could ask, "What do you think some people do to make condom use easier and more fun?" or "Imagine an advertisement for condoms and dental dams, what might it say that would make people think using condoms is easier and more fun?"

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Participants should be reminded that only condoms consisting of latex, polyurethane, polyisoprene or nitrile can help protect against STIs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STI.

There are glow in the dark condoms that are latex and safe for STI/HIV protection, as well as flavored, ribbed and other options.

Just as there are different styles of condoms, each brand and type of lubricant is different. People have different preferences and may find that some lubricants feel better than others. Partners can try different brands to find one that feels comfortable and natural.

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 protection such as latex or polyurethane/polyisoprene condoms if you have sex.

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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 chart paper:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

TIME

10 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 chart paper, labeled *Pros* and *Cons*.

3. Ask participants to brainstorm all of the *Pros* (all of the reasons *for* using condoms), and list their answers on the chart paper.

Make sure their list includes:

» Condoms can help prevent pregnancy.

» Condoms can help prevent STIs, including HIV.

» Condoms make you feel good about yourself.

» You know you are safer when you use condoms.

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4. **Ask participants 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: Knowing that you are being responsible by using condoms will feel natural and good.

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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.**

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ACTIVITY D

"WHAT TO SAY IF MY PARTNER SAYS…": RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

Participants need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STIs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the participants to negotiate with a partner.

MATERIALS

- Pre-labeled chart paper:
  - *Excuses Sexual Partners Give*
- Markers

TIME

15 minutes

PROCEDURE

1. Unfold the pre-labeled chart paper 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 chart paper.

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?

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5. **Demonstrate by reading one excuse that is listed on the chart paper 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 participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms ruin 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 ruin 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. Let's try a few different types to find the one that feels best. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

OR

(continued)

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(continued)

Internal condoms are made of nitrile, which warms up with body heat. We can use extra lube too.

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: Dental dams are messy and smell funny.

Response: Dental dams aren't any messier or smellier than sex. Let's try a polyisoprene dental dam instead of a latex one so it doesn't smell. We can try different lubes too and find one that isn't smelly.

Excuse: Condoms are unnatural and turn me off.

Response: Worrying about unintended pregnancy and STIs turns me off. Condoms will make me feel safer and sexier.

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 unintended pregnancy or STI.

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 STIs, 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.

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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 STI.

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 STI. 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. The only way to know if someone has an infection is to get tested.

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. Or we can use internal condoms. They're made of nitrile and they warm up with body heat!

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 out and get some condoms, then have sex.

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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 participants 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 STI and not know it. Make a plan to get tested together to know for sure.

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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 STIs, including HIV. Condoms (both external and internal) are the only birth control method besides abstinence that also helps protect you from HIV and other STIs.

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/nitrile) condom and/or dental dam every time you have sex.

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ACTIVITY E

INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants 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 participants 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

15 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 STIs 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.

Affirmative consent is a conscious, voluntary agreement to engage in sexual activity. This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person's consent to have sex. Policies and laws around affirmative consent protect both partners by making sure they are in agreement and there is mutual understanding of what is happening.

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 participants' 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

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(continued)

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 unintended pregnancy, HIV and other STIs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?
>
> How do you express your personal boundaries or communicate how far you are willing to go? People set personal boundaries based on what feels right or what is uncomfortable. In dating or intimate relationships, examples of boundaries may include being happy to go to the movies but not be alone in a bedroom, or wanting to kiss but not to have sex.
>
> Being clear on your personal boundaries will help you in situations where you need to make a decision and communicate that clearly. Just as important as setting and communicating your own boundaries is respecting the other person's boundaries and decisions. This is also a sign of a healthy relationship.
>
> 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.

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4. Review the entire *SWAT* poster with the participants 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.

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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 participants how to read the example with an assertive voice and body language.**

7. **Say to the participants,**

> **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 participant 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.**
> - **I have not said yes, which means this isn't happening.**

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.**

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10. **Review each item on the *Observer Checklist* poster to ensure participants 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 participants to act out the first roleplay. Have them turn to the scripted roleplay *While They're Out* (Ineffective Version) in their workbooks. 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 participants 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 STI like HIV.
>
> *(continued)*

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(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 STI. 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 their 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 their feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

Was there consent in this situation? *(No)*

Even though Person 1 didn't say no, did it seem like they were consenting to sex? *(No)*

Even though Person 1 didn't say no, how might Person 2 know that Person 1 did not consent? *(Unsure or soft tone of voice, no eye contact, only backed down because of pressure)*

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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 participants 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 STI 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 having sex. 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.

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16. **After the roleplay, thank the roleplaying participants 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.)*
>
> Did Person 1 respect Person 2's personal boundaries? *(Yes.)*
>
> Was there consent in this situation? *(Yes. There was mutual agreement on what to do next.)*
>
> How should this story end? *(If they have sex, each should continue to check how the other person is feeling and whether that person still wants to continue having sex. At any point, if either one says stop, they must stop. Consent can be revoked at any time.)*

17. **After participants 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 participants to read *Your Valentine's Day Gift* (Ineffective Version). Remind participants to continue to use the *Observer Checklist*.**

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19. **Begin by reading the Setting the Stage section before having the assigned participants 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. You 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)*

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.*

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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.)*

Did Person 1 respect Person 2's personal boundaries? *(No.)*

Was there affirmative consent in this situation? *(No. "I guess" is not affirmative consent.)*

How should this story end? *(They should stop because there is no affirmative consent to have sex.)*

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 participants 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.

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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.

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 participants 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 participants to respond.

25. Summarize as follows,

You had some really great observations. We just had a chance to practice saying no to unsafe behavior. We also had the opportunity to practice listening for consent.

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.

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Condom Line-Up Cards

CONSENT

Making Proud Choices!

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Cards (14 total)

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.
- I have not said yes, which means this isn't happening.

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Poster

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
Refused to engage in unsafe behavior	Y/N
Repeated refusal	Y/N
Body language said "NO"	Y/N
W Explained why	
Gave clear reasons	Y/N
A Provided alternatives	
Suggested alternative actions	Y/N
T Talked it out	
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 & Worksheet

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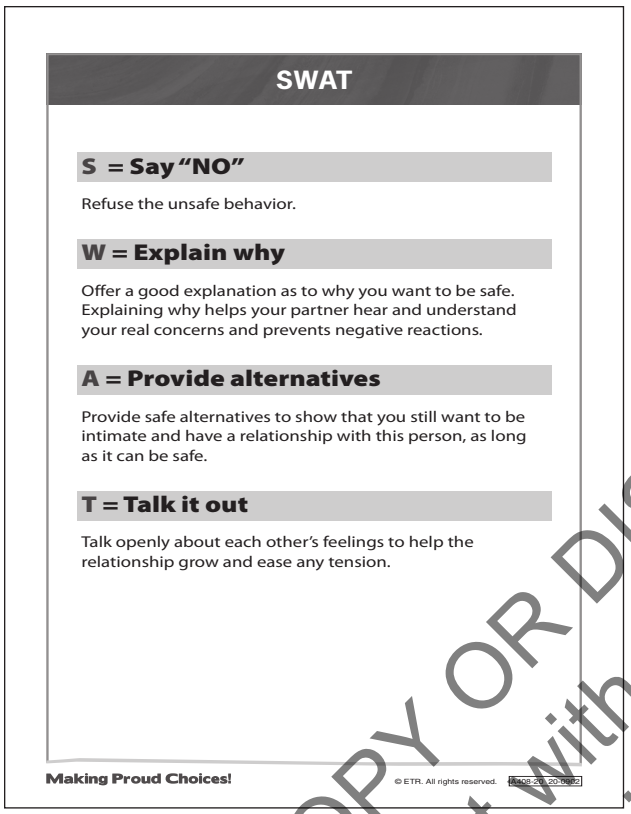

SWAT

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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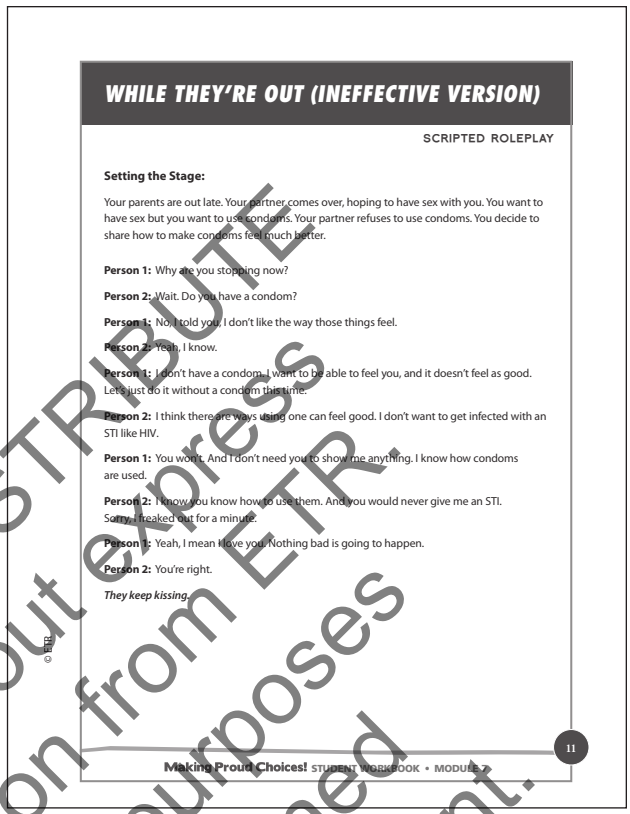

WHILE THEY'RE OUT (INEFFECTIVE VERSION)

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 STI 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 STI. 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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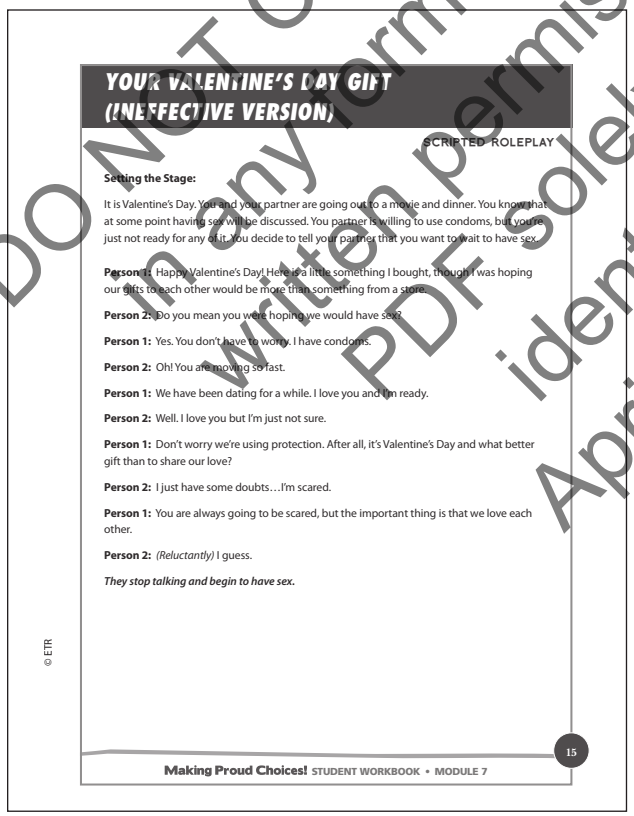
Roleplay (2 versions)



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. You 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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Roleplay (2 versions)

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MODULE 8

ENHANCING REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills regarding condom use.
- Enhance participants' ability to resist situations that increase their risk for unintended pregnancy, HIV and other STIs.

LEARNING OBJECTIVES

After completing this module, participants 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 eighth module: (1) provides an opportunity for participants to practice condom negotiation skills; and (2) provides an opportunity for participants to practice communication and negotiation skills with a partner.

STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Video Viewing
- Closing Circle

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- Video: *Wrap It Up* (or alternative videos*)
- Roleplays and worksheet in the student workbook:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Kayla and Mia*
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*
- *Optional:* Additional roleplay scenarios found in Appendix A

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Pencils
- Masking tape

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Safer Sex Negotiation Skills and *Wrap It Up* Video*	**15**
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays	**35**
C. Talking to Your Partner about Condom Use - Information Review	**5**
D. Closing Activity	**5**

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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ACTIVITY A

SAFER SEX NEGOTIATION SKILLS AND *WRAP IT UP* VIDEO*

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides participants with additional skills necessary to help reduce their risk for unintended pregnancy, and STIs or HIV infection.

MATERIALS

- Posters
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- Video: *Wrap It Up*, or alternative videos
- Monitor and video player, or internet access if using alternative videos

TIME

15 minutes

(*Note:* Allow more time, if possible, to practice the SWAT technique and to view the video.)

PROCEDURE

FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills 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 video is 6 minutes so you'll need the final 8 minutes to show the video 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 protection and safer sex. This should include what types of protection to use, such as external or internal condoms and dental dams. 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.

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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 participant to read aloud an example from the chart until all the examples have been read. Encourage participants 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 unintended pregnancy, HIV and other STIs.
> - I am not ready to have a child (again).

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.

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6. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage the participants 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 participant to read aloud an example from the chart until all the examples have been read. Encourage the participants to make up their own examples as well.

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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.

9. Introduce the *Wrap It Up* video or alternative video(s) by saying,

> We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, one partner wants to use condoms and the other 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 used to convince a partner to use condoms.

10. Show the video, which is 6 minutes long.

11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the person who wanted to use condoms use the SWAT Refusal and Negotiation Skills we talked about before? How?
- Did they say no?
- Did they offer an explanation?
- Did they provide alternatives?

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(continued)

- **Did the two people talk it out?**
- **Did you think that they had any difficulty? If so, what?**
- **What were the partner's concerns about using a condom?**
- **What did the person who wanted to use condoms say to respond to their partner's statements and concerns?**
- **Was the person who wanted to use condoms ready to walk away from the relationship, if necessary?**
- **Were their personal boundaries and choice respected?**
- **Was there consent?**

13. **Continue processing with the following questions,**

» What could have happened if one partner decided to continue pressuring the other for sex while refusing to honor that person's decision to use protection?

» What were some other points in the story when their relationship could have turned into harassment, abuse or violence?

» The video was about a heterosexual relationship (boyfriend/ girlfriend). Could this happen in other types of adolescent relationships?

» If you suspect a friend may be in an abusive relationship or is being used by someone in a sexual way, what would you do?

14. **Summarize as follows,**

You have demonstrated a really good understanding of healthy and unhealthy relationships. As we have seen here, the foundation of a healthy relationship is respect, and it is guided by open and honest communication. You also learned refusal and negotiation skills that could help you in your relationships. 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.

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ACTIVITY B

PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity allows participants 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*
- Student workbook:
  - *Observer Checklist*
  - *Roleplays (A–E)*
- *Optional:* Additional roleplays found in Appendix A

TIME

35 minutes

PROCEDURE

FACILITATOR'S NOTE

During the roleplay practice, participants 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 participants 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.

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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 participants 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)*

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(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. **Have participants turn to the *Observer Checklist* worksheet 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 participant should play the role of Taylor. Have the participant turn to Roleplay A in the workbook and give them 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.**

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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 participants' 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?

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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. **Have the first pair of participants turn to Roleplay B in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.**

16. **Explain to the roleplay participants,**

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.**

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19. **Remind observers to fill out the *Observer Checklist* as they watch the roleplay.**

FACILITATOR'S NOTE

After a few roleplays, participants 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 participants 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 participants 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 participants 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.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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(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 feel that Justice does not trust you 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 participants' 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?

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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. **Have the next pair of participants turn to Roleplay C in their workbooks.**

25. **Tell observers which character to observe. In Roleplay C, the person is Kayla. The goal of this roleplay is for Kayla 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 protection
>
> **Observe:** Kayla using SWAT
>
> *(KAYLA and MIA talking)*
>
> **Kayla**
>
> Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.
>
> 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 reduce the risk for yourself and your partner by always using protection.
>
> While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.
>
> *(continued)*

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(continued)

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

Mia

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kayla, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

28. Review the participants' responses on the *Observer Checklists* asking the following questions,

- Did Kayla use the SWAT technique?
- Did Kayla say no?
- Did Kayla explain why?
- Did Kayla provide alternatives?
- Did they talk it out?
- What could Kayla have done differently?

29. Process the roleplay using the following questions,

- What kept Mia from using protection?
- What are some of the consequences Mia could be facing for having intercourse without using protection?
- What do you think convinced Kayla to start practicing safer sex?

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(continued)

- Was Kayla able to convince Mia? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms or dental dams every time you have sexual intercourse or oral sex?

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.

31. Have the next pair of participants turn to Roleplay D in their workbooks.

32. 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.

33. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

34. Read aloud the scenarios for both characters, and then have participants 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
>
> *(continued)*

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(continued)

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 STI 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.

35. 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?

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36. 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?

37. 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.

38. Have the next pair of participants turn to Roleplay E in their workbooks.

39. 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 unprotected sex.

40. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

41. Read aloud the scenarios for both characters, and then have participants 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.

(continued)

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(continued)

Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might create trouble in 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.

42. Review the group's responses on their *Observer Checklists* 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?

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43. **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?

44. **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.

45. **Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

46. **Remind observers to continue to use the *Observer Checklist*.**

47. **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.

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.

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ACTIVITY C

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 participants 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 participants 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

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(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 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 participants to brainstorm ways to avoid becoming pregnant or infected with HIV or another STI. (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 STIs.
- 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 unintended pregnancy, HIV and other STIs.
- Ask about your partner's sexual and drug use history.
- Get tested for and treated for HIV and other STIs.
- Encourage partners with HIV to get ART and stay on treatment.
- Encourage partners with other STIs to get and stay on treatment.
- If you think you might be at risk for HIV because of an infected partner, talk to your doctor about getting on PrEP.

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4. **Reinforce tips for consistent condom use by saying,**

> **Protect yourself and your partner by:**
>
> - **Using a latex or polyurethane/polyisoprene condom (or dental dam) 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. **Unintended pregnancy, HIV and other STIs are potential outcomes 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 unintended outcomes.**
> 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 STIs, 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.**

6. **Remind participants of resources,**

> **There are a number of resources we covered throughout the program. I want to make sure you have a list to refer to if or when you need resources or help.**

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FACILITATOR'S NOTE

Make sure you have referral resources for the youth completing your program. It should include reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV Hotlines. Also include:

- LYRIC Youth Talk Line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946.

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ACTIVITY D

CLOSING ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants a sense of closure to the program.

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Ask the participants to form a tight circle with their chairs.
2. Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the participants 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 every confidence 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.

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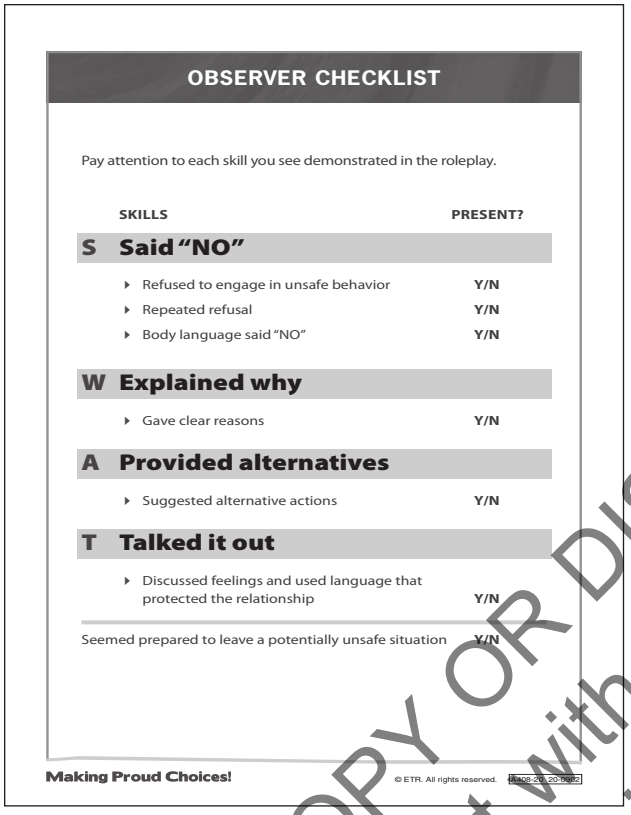

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
W Explained why	
▸ Gave clear reasons	Y/N
A Provided alternatives	
▸ Suggested alternative actions	Y/N
T Talked it out	
▸ 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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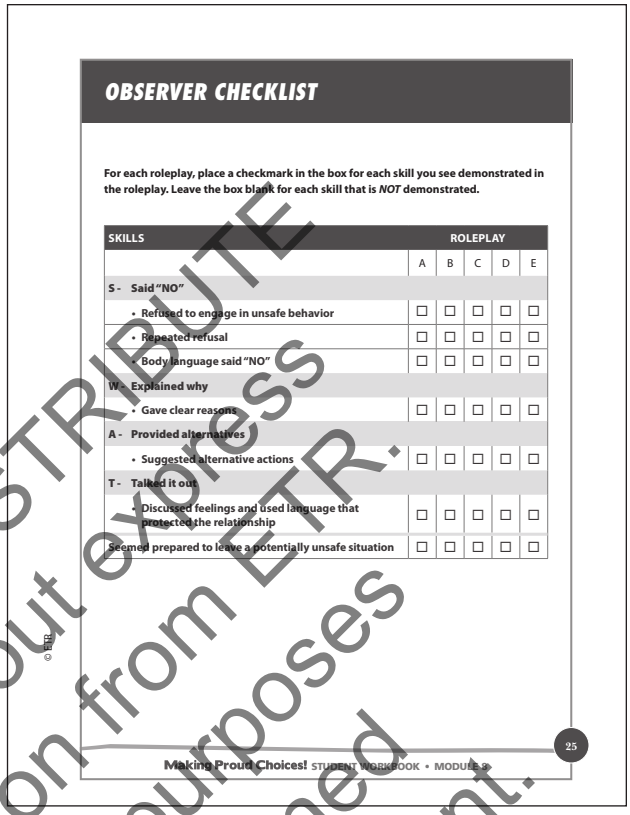

OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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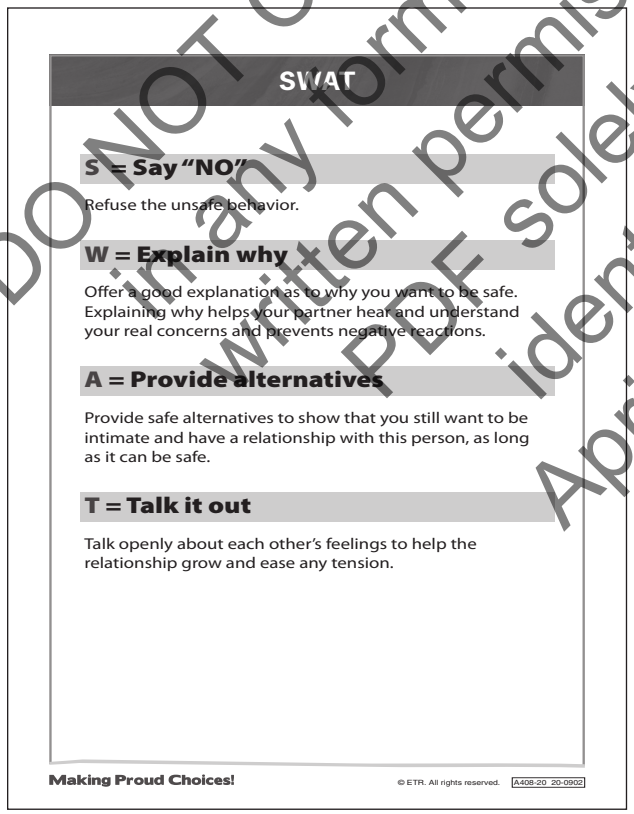
Making Proud Choices! STUDENT WORKBOOK • MODULE 8 25

Worksheet



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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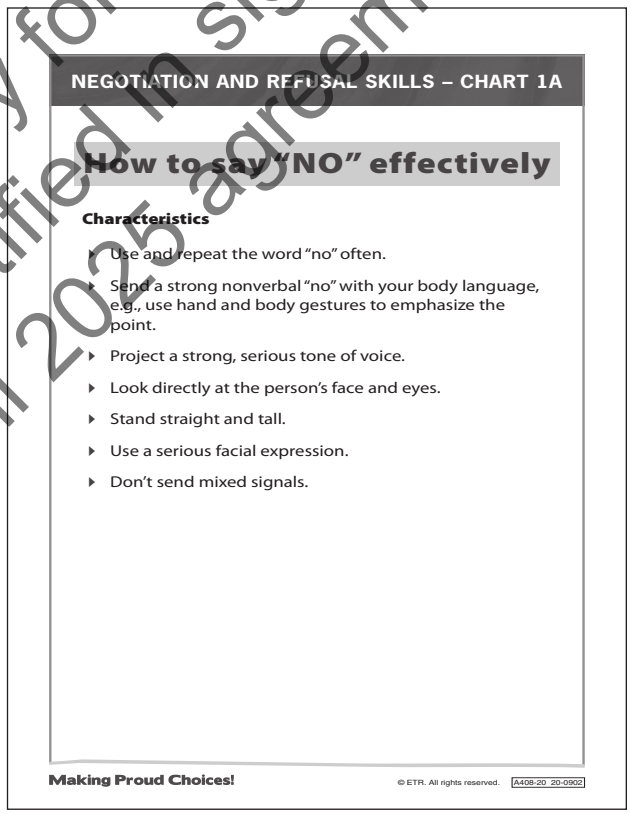

NEGOTIATION AND REFUSAL SKILLS – CHART 1A

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.
- I have not said yes, which means this isn't happening.

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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 unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).

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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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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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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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Roleplays A–E (5 total)

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GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.

IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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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?

- Charlie

Koko's Response to Caller 1:

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CALLING KOKO CALLER 2

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.

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?

– Raymond

Koko's Response to Caller 2:

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CALLING KOKO CALLER 3

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.

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?

– Alex

Koko's Response to Caller 3:

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CALLING KOKO CALLER 4

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

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.

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 infections. Is oral sex safe? How do we protect ourselves from STIs?

– Carmello

Koko's Response to Caller 4:

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CALLING KOKO CALLER 5

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.

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! I'm scared to date! What should I do?

– Dana

Koko's Response to Caller 5:

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CALLING KOKO CALLER 6

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'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Koko's Response to Caller 6:

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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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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SEAN AND MORGAN CASE STUDY (CONTINUED)

Using STOP, THINK and ACT and the questions below, decide what Sean should do to keep from having sex before being ready.

STOP:

What can Sean do to stop?

What can Sean do to stay calm?

THINK:

What is the problem? What is Sean being pressured to do?

What do you think Sean is feeling?

What does Sean think Morgan is feeling?

What are Sean's choices?

What does Sean really want to do?

What alternatives can Sean suggest to Morgan?

What are the possible consequences?

ACT:

What do you think is Sean's best choice?

How should Sean act on that choice?

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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 STI 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 STI. 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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 STI 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 having sex. 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.

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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. You 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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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. You 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 only want to have sex when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

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.

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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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ROLEPLAY B: JUSTICE AND ANGEL

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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 feel that Justice does not trust you 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.

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ROLEPLAY C: KAYLA AND MIA

THEME: Two friends talk about protection

OBSERVE: Kayla using SWAT

(KAYLA and MIA talking)

KAYLA

Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.

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 reduce the risk for yourself and your partner by always using protection.

While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

MIA

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kalya, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

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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 STI 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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ROLEPLAY E: ALEX AND CASEY

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 create trouble in 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.

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OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY				
	A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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Introduction

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is designed to give adolescents the tools they need to reduce their risk of unintended pregnancy, HIV and other STIs. 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 STIs.
- 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!***

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curriculum itself. The final section, the appendixes, includes optional activities that can be included in the curriculum's implementation, additional information about common STIs, 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, STIs and HIV in adolescents and have a meaningful impact on the lives of our nation's young people.

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Overview of the Curriculum

Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STI Prevention is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STIs, 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 protection and contraception are mentioned as an important strategy for reducing the risk of HIV and other STIs, as well as pregnancy. Any reference to protection is meant to include the external (male) condom, internal (female) condom and dental dam. The use of the term protection *is meant to be inclusive of all people, regardless of their gender, sexual orientation or type of usage. The terms* birth control *or* contraception *may be used interchangeably, referring to methods used to prevent pregnancy.*

The ***Making Proud Choices!*** curriculum was designed to be used with smaller groups ranging from six to twelve participants, 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 curriculum has 8 hours of content divided into eight 1-hour modules. It can be implemented in the 2-day format (four modules each day), 4-day format (two modules each day) or 8-day format (one module each day).

Curriculum Objectives

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

- Increased knowledge about prevention of HIV, other STIs 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.

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- Improved condom use skills.
- Stronger intentions to use birth control and condoms if they have sex.
- A lower incidence of HIV/STI 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 STIs and pregnancy. The third component focuses on beliefs and attitudes about condoms, birth control methods, pregnancy, STIs 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: A Possible Outcome of Unprotected Sex: HIV Infection
- Module 3: Attitudes and Beliefs about HIV/AIDS and Condom Use
- Module 4: Strategies for Preventing HIV Infection: Stop, Think and Act
- Module 5: Possible Outcomes of Unprotected Sex: STIs
- Module 6: A Possible Outcome of Unprotected Sex: Pregnancy
- Module 7: Developing Condom Use and Negotiation Skills
- Module 8: Enhancing Refusal and Negotiation Skills

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 STIs, 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.

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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 video 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 participants 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.
- Videos are used to depict adolescents in various situations. These videos evoke feelings, thoughts, attitudes, beliefs and stereotypes about pregnancy, HIV and other STIs, sexual involvement and HIV/STI prevention skills that are then discussed in a group setting. In addition to the videos provided with the curriculum, ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.
- The roleplay scenarios are designed to provide participants 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 participants' lives.
- The entire curriculum incorporates the ***Making Proud Choices! Be Proud! Be Responsible!*** theme designed to encourage the participants 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.

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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, video 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 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.

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CURRICULUM COMPONENTS AND FORMAT

Each module included in the ***Making Proud Choices!*** curriculum contains different activities. Reduced images of worksheets, 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 participants 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 participants.

Strategies/Methods

A list of methods included in the module to achieve the objectives and goals. For example, these may include videos, 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 videos 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 participants' learning. All materials and exercises contained in the module are designed to help the participants to achieve these stated purposes.

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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.

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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 participants.

Student Workbooks

Student workbooks for participants include worksheets for individual and small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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 3, youth examine their attitudes and beliefs about condom use, and in Modules 7 and 8, 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 participants can do by themselves. They need the cooperation of a partner. Unfortunately, many participants' 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 participants' desires to maintain their partners' interest and avoid conflict.

At the same time, participants need opportunities to practice responding to their partners' objections tactfully and effectively. In Modules 7 and 8, the youth are taught negotiation skills that they can practice through roleplays and other interactive exercises.

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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 participants engage in a Goals and Dreams Activity and discuss obstacles to their goals and dreams including the potential outcomes of unprotected sex. This belief is incorporated throughout the curriculum.

Prevention Beliefs

The belief that condoms can reduce the risk of pregnancy, HIV and other STIs. 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 7 and 8, participants learn negotiation and refusal skills necessary to communicate with their partners about condom use.

Personal Vulnerability to HIV/STI 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 STIs could really happen to them. One goal of ***Making Proud Choices!***, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "pregnancy or HIV/STI infection could happen to me." This is addressed throughout the curriculum, and specifically in Modules 2, 5 and 6.

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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 infections 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 participants 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.

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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 participants completed questionnaires before, immediately after, and 3, 6 and 12 months after the intervention. Of the original 659 participants, 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.

Since the original evaluation study, newer editions of the curriculum have been published. Updates to factual information are made to ensure medical accuracy and changes to language help keep the program activities relevant to a new generation and broader range of youth.

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BEHAVIORAL FINDINGS

The participants 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 participants 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 STIs; 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.

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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 participants, 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 participants to bring up additions/deletions as the need arises.
- Let participants know that everyone is responsible for following and determining the group agreements.

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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 participants' 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 participants, regardless of personal characteristics, including race, cultural background, religion, social class, sexual orientation and gender identity.

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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

Participants 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. Participants 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 and other STIs

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?

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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.
- Participants 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.

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STRATEGY 3: Interactive Activities and Competitive Games

Interactive activities and competitive games give the participants 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 participants work hard to prove their points. Because games can promote competition, remind participants 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 Video or Game

The practice of processing after an activity allows participants 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 open-ended questions designed to elicit discussion.

  General Reactions

  » What did you think of the video?

  » What is your response to the activity?

  » How do you think Pat felt when…?

- Encourage all participants to contribute. In some groups, there are a few participants who may be less willing to volunteer during the discussion. The following techniques may be used to encourage all participants to contribute.

  Personal Reactions

  » How did you feel about…?

  » Describe what you saw.

  » What will you do as a result of…?

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Sentence Stems

» Ask each participant to complete a phrase such as, "The most important thing I learned was…." Move quickly around the room. Give participants 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 participants develop positive interpersonal skills while working toward a common goal.
- Set definite time limits.
- Plan ahead for how you will assign participants 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 participants 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.

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

STRATEGY 6: Roleplaying/Practice

This method of acting out imaginary situations allows participants to practice using a new skill. It provides an opportunity for participants 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 participants to volunteer. Urge everyone to participate.
- Set the scene.
- Rehearse.

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- 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 participants a choice on whether or not to participate.
- Encourage participants to improvise during roleplays to make them more their own.
- Reinforce participants for using the specific skill.
- Give participants a specific role:
  - » Roleplayer
  - » Observer
- Develop structured methods for observing and providing feedback.
- Teach participants 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 participants 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."

STRATEGY 7: Student Workbooks

Student workbooks for participants include quiz questions, worksheets for small-group work and roleplay materials. The workbook contains all the needed worksheets for the curriculum activities.

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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, videos 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 STIs, 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.

Tools for Online Implementation

A set of PowerPoint slides has been created to facilitate implementation of the curriculum, particularly in virtual settings. These slides are available under the Adaptation Guidelines & Tools tab on the *Making Proud Choices* page of ETR's Program Success Center at www.etr.org/ebi/programs/making-proud-choices. The slides summarize key content and instructions for group activities and can help facilitators present the information and guide activities.

ETR provides additional support and guidance for virtual implementation of evidence-based programs and other curricula, including tip sheets on a variety of considerations for online learning. These can be found at ETR's Design4Learning page at www.etr.org/design-4-learning.

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.

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Materials Needed (Not Included in Implementation Kit)

Pencils (enough for each participant)
Markers
Masking tape
Garbage bag
Monitor and device for showing videos, or internet access if using alternative videos
Condoms (one per participant or pair plus demonstration condoms)
Water-based lubricant
Condom demonstrator(s)
Small paper bag
Roll of paper towels
Chart paper
Index cards (1 labeled with a star, 1 labeled with a triangle, 1 labeled with a rectangle, 3–5 labeled with a circle for a group of 6–8)

Pre-Labeled Chart Paper

Group Agreements
Why Some Teens Have Sex
Possible Outcomes of Unprotected Sex
Proud and Responsible Prevention Strategies
Goals (written on left side of chart paper)
Making Proud Choices! Be Proud! Be Responsible!
The Hard Way Characters: Kenrick, Miguel, Renee, Mom, Dad and *Koko*
How STI Are Transmitted
Reasons to Avoid STIs
Contraceptives
Ways to Make Condom Use Easy and More Fun (for high school youth)
Ways to Make Condom Use Easy (for middle school youth)
Pros
Cons
Excuses Sexual Partners Give

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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
STI
Steps for Using a Condom
Agree/Disagree signs
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)

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: Kayla and Mia
Roleplay D: Devon and Jadon
Roleplay E: Alex and Casey
Observer Checklist

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Videos*

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

*ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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Background Reading

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Making Proud Choices!

FIFTH EDITION

CURRICULUM

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MODULE 1

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

GOALS

The goals of this module are to:

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

LEARNING OBJECTIVES

After completing this module, participants 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 possible outcomes of sex, and strategies for reducing possible negative outcomes.
- 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 participants 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.

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STRATEGIES/METHODS

- Mini-Lecture
- Brainstorming
- Welcome Activity
- Goals and Dreams Timeline Exercise
- Group Discussion

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Goals and Dreams Timeline* poster
- *Goals and Dreams Timeline* worksheet in the student workbook

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Markers
- Pencils
- Masking tape
- Pre-labeled chart paper:
  - » *Group Agreements*
  - » *Why Some Teens Have Sex*
  - » *Possible Outcomes of Unprotected Sex*
  - » *Proud and Responsible Prevention Strategies*
  - » *Goals*
  - » *Making Proud Choices! Be Proud! Be Responsible!*

PREPARATION NEEDED

1. Before the program begins, label all of the charts as listed under Materials.
2. Hang the pre-labeled 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: 60 minutes

ACTIVITY	MINUTES NEEDED
A. Welcome and Program Overview	5
B. Welcome Activity	10
C. Creating Group Agreements	5
D. Making Proud Choices! Be Proud! Be Responsible! Brainstorm	5
E. Brainstorming About Teens and Sex	10
F. Goals and Dreams Timeline	15
G. Brainstorming Obstacles or Detours Along Your Timeline	10

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ACTIVITY A

WELCOME AND PROGRAM OVERVIEW

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Welcome the participants 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 unintended pregnancy and sexually transmitted infections—STIs, sometimes called STDs—including HIV, the virus that causes AIDS.
>
> This program focuses on knowledge, attitudes and prevention skills related to pregnancy, HIV and other STIs. 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 STIs, including HIV.
>
> Although STIs can be prevented, many young people don't take precautions because they don't believe they are at risk of getting an STI. Anyone can get an STI, including HIV, from having unprotected sexual intercourse with a partner who is infected.
>
> Unintended 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)*

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If you're going to have sexual intercourse, it's critical to use birth control to prevent unintended pregnancy and protection such as condoms or dental dams. Let's clarify the terms we will be using. When we speak of ***protection***, we will be referring to *condoms* and *dental dams*. When we say ***condoms***, we will be referring to *external condoms* and *internal condoms*. External condoms are also known as male condoms. Internal condoms are also called female condoms.

Do you think teens should be worried about unintended pregnancy, HIV and other STIs?

3. Pause to allow participants 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 STIs.

To make the program interesting and fun, it includes videos, 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 participants 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.

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ACTIVITY B

WELCOME ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

The Welcome Activity encourages participants 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 participants sit in a circle.

FACILITATOR'S NOTE

If you know your participants and they already know each other this is an optional activity. An icebreaker that encourages group cohesion can be used in its place.

Sitting in a circle facing each other can build group cohesion. Have the participants sit on the floor, have them move their chairs close to each other, or set aside a special area of the room to accomplish this. Adapt this activity to accommodate group dynamics and environment. If creating a circle is not feasible, have the speaker toss a soft toy to the next speaker to encourage engagement.

2. Explain the Welcome Activity by saying,

> Let's introduce ourselves and get to know a little about each other.
>
> 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. I will speak first and when it is your turn please share your name, your age, the school you attend, your pronouns if you want to share, and something else you'd like us to know about you. For instance you might tell us about a hobby or favorite activity.

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3. **Model the Welcome Activity by beginning with yourself,**

> My name is _____ and I am _____.
> *(age)*
>
> I attend(ed) _____.
> *(high school, college or university)*
>
> 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 Welcome Activity 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.

FACILITATOR'S NOTE

Asking participants to tell you their pronouns is a way of creating a safe space for transgender or gender nonconforming youth. Reinforce that sharing pronouns is optional; some youth may not feel comfortable sharing their pronouns and thus "outing" themselves. Model what you want participants to say by giving your own pronouns. Some transgender youth might have typical pronouns (he/she/his/her/their) or they might request more creative pronouns such as hir or zir. Pronouns don't always line up with what observers might expect based on a person's perceived biological sex. The simple act of requesting 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 _____.

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ACTIVITY C

CREATING GROUP AGREEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Group agreements help participants 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 chart paper:
  - *Group Agreements*
- Markers
- Masking tape

TIME

5 minutes

PROCEDURE

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

> We're going to be talking about sexuality, pregnancy and STIs—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 participants brainstorm a list of agreements or guidelines for the group to follow. As the participants offer guidelines, write them on the chart paper titled *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)*

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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.

Move up, move back: If you tend to talk a lot in groups, talk less (move back) sometimes so others can talk. If you tend to be very quiet, share more (move 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

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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.

Young people may express themselves in ways that don't conform with their biological sex. There are many ways that youth can express their gender identity.

Being open to diversity can help reduce stereotyping, which can be very harmful to a young person. Stereotyping individuals imposes restrictions on their opportunities for individual expression and limits personal growth.

Besides, 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 participants do not mention them:

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

4. **Define terms related to diversity as needed.**

I want to be sure everyone understands some of the terms we use when talking about diversity.

Gender refers to the ideas in a culture or society about the appropriate ways for men and women to dress, behave, think and feel. Ideas about what gender behavior is appropriate change in different cultures and at different times in history. Sometimes one gender is given more power or status than another.

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Gender identity is peoples' inner understanding of what gender they identify with. It may be man, woman, something in between, or something that doesn't fit these labels. It may be the same as ***(cisgender)*** or different from ***(transgender)*** the sex they were assigned at birth. Gender identity is unique for each person.

Gender expression is how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

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.

5. Ask participants if they have any other suggestions they would like to add.

6. 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.

7. 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.

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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 chart paper:
  - *Making Proud Choices! Be Proud! Be Responsible!*

TIME

5 minutes

PROCEDURE

1. Tape the *Making Proud Choices! Be Proud! Be Responsible!* chart paper 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 participants brainstorm answers to these questions. Record their answers on the chart paper or a dry erase board.

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.

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» 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 STIs and unintended pregnancy and encouraging them to protect themselves. If you are going to have vaginal, anal or oral sex, it means using protection such as an external or internal condom or dental dam.

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 STIs and unintended 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 STIs

» Have a healthier body

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» Stay in school

» Feel like you are helping your loved ones and your community

Always use protection 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 unintended pregnancy and STIs in your community.

FACILITATOR'S NOTE

Post the chart with participants' 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 participants to make proud choices.

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ACTIVITY E

BRAINSTORMING ABOUT TEENS AND SEX

PREPARING FOR THE ACTIVITY

RATIONALE

By exploring issues about teens and sex, participants 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 participants and helps the participants learn about the focus of the program.

MATERIALS

- Pre-labeled chart paper:
  - *Why Some Teens Have Sex*
  - *Possible Outcomes of Unprotected Sex*
  - *Proud and Responsible Prevention Strategies*
- Markers
- Masking tape

TIME

10 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 chart paper (folded so that the titles are covered by the bottom half of the chart paper). Unfold the chart paper 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 chart paper titled *Why Some Teens Have Sex*, and then say,

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

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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, online or in the movies
- Forced
- To increase status in peer group
- Low self-esteem
- To prove masculinity/femininity

4. **Write all of the participants' comments on the chart paper.**

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 unintended pregnancy or STIs, they can face outcomes that could make it harder to accomplish their hopes and dreams for the future. Let's look at some of the possible outcomes of unprotected sex.

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7. **Unfold the next chart paper, *Possible Outcomes of Unprotected Sex*.**

8. **Then ask,**

> **What are some of the possible outcomes of unprotected sex?**

9. **Have participants brainstorm the possible outcomes of unprotected sex, and write all of their comments on the chart paper. (Be sure to include pregnancy, HIV and other STIs.)**

10. **Compliment the group on how much they know.**

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

> **What are some ways to prevent these possible negative outcomes?**

12. **Have participants brainstorm ways to prevent possible negative outcomes of unprotected sex.**

13. **Write all of the participants' comments on the chart paper. (Emphasize that protection—such as latex (or polyurethane/polyisoprene) condoms—can help prevent pregnancy and sexually transmitted infections, 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 may have sex. We can also see there are many possible negative outcomes to having sex. Yet, there are some proud and responsible strategies for preventing those negative outcomes. 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.**

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ACTIVITY F

GOALS AND DREAMS TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

To achieve their goals, participants 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* worksheet
- *Goals and Dreams Timeline* poster
- Pre-labeled chart paper:
  - *Goals* (Write Goals on the left side of chart paper)

TIME

15 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 things from your own life that you are proud of doing on the *Goals and Dreams Timeline* poster. Provide examples for each section. Be mindful that this activity may be challenging for some young people who may struggle to identify with the idea of setting future goals or even with reflecting on their own accomplishments, particularly in a group setting where the range will vary and young people may feel as if what they've done or want to do isn't "good enough." Listen for these insights and help youth recognize that their timelines will all differ based on things such as their experiences, interests and/or what brings them joy. When you model the activity include a range of accomplishments, taking care to highlight achievements beyond acquiring goods such as a car or house. This will help participants understand what you want them to do and encourage them to recognize their own varied accomplishments.

3. Have participants turn to the *Goals and Dreams Timeline* worksheet in their workbooks. Give the following instructions:

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> 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 or things you are proud of. This can be anything that's meaningful for you. For example, volunteering your time, playing for a sports team, getting certain grades, getting a job, learning something new, joining a club, winning a student election, getting a learner's permit, an artistic or musical performance, advocating for others, etc.

4. Give participants 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 thing you hope or want to make happen in this section. In 5 years, what do you hope to be proud of doing? You can write more than one thing if you like.

6. Give participants 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 thing you hope or want to make happen in the next 10 years. In 10 years, when you look back, what do you hope to be proud of doing?
>
> You can write more than one thing if you like.

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

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9. **Then encourage each participant to share with the group one item from each section by going around the room and asking,**

> **Looking ahead 5 years, what goal do you want to achieve or thing do you hope to do? How about in 10 years?**

10. **Next say,**

> **I want you to now choose one of your goals or hopes and write it on the back of your timeline. Next to that item, write two things you must do to achieve it or make it happen.**

11. **While they are working on this, unfold the *Goals* chart paper. 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 or aspirations. Be prepared to provide a few examples, such as graduating from high school, going to college, getting trained in a skill, buying a car or getting a good job. Have participants share the goals they've chosen and the actions they must take to achieve them.**

12. **Write these goals on the left side of the *Goals* chart paper, leaving space on the right half for items in the next activity.**

13. **Compliment participants on their answers.**

14. **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.**

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FACILITATOR'S NOTE

Some youth may be struggling to meet basic needs such as food, shelter or safety. Others may have experienced a traumatic event. Validate all of their accomplishments and their hopes. Be careful not to minimize or praise any accomplishments or hopes in such a way that creates a hierarchy, as no goal is better or more important than another.

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ACTIVITY G

BRAINSTORMING OBSTACLES OR DETOURS ALONG YOUR TIMELINE

PREPARING FOR THE ACTIVITY

RATIONALE

Directing participants' 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 chart paper:
  - *Goals* (from the previous activity)
- Markers
- Masking tape

TIME

10 minutes

PROCEDURE

1. Refer to the *Goals* chart paper from the previous activity.
2. Write "Obstacles" on the right side of the chart paper.
3. Ask the participants to brainstorm things that might prevent them from achieving the goals and dreams they listed by saying,

> 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. They are like roadblocks or detours along the way. What obstacles can you think of that may get in the way of your goals?

Answers should include:

» Unintended pregnancy or an uncurable STI such as HIV

4. Write their responses under "Obstacles or Detours" on the right side of the *Goals* chart paper with a different color marker.
5. Say,

> If you've already encountered any of these obstacles or detours, you understand how your life can change. Things can work out just fine but it may be harder.

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6. **Ask the following questions,**

> • **How can we avoid some of these obstacles or detours?**
>
> • **What can you do to make sure you don't get pregnant, get someone pregnant or get a chronic disease such as HIV?**

7. **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 if they would like to discuss ways they have been able to manage the additional responsibility of raising a child and still accomplish their goals.**

8. **Summarize by saying,**

> **I'm impressed with your goals. For the rest of the program, we'll be looking at ways to overcome obstacles and navigate detours so you can reach your goals. If you decide to have sex, you can avoid negative outcomes such as unintended pregnancy and STIs by choosing not to do anything risky, or reducing your risk by using protection and effective birth control or engaging is less-risky behaviors.**
>
> **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.**

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GOALS AND DREAMS TIMELINE

Instructions:

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

Birthday: _____

THIS YEAR I AM AGE ___. HERE ARE SOME THINGS I'VE ALREADY DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

Making Proud Choices! © ETR. All rights reserved. R308-2A.20-0822

Poster

GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.
IN FIVE YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.
IN TEN YEARS I WILL BE AGE ____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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Worksheet

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MODULE 2

A POSSIBLE OUTCOME OF UNPROTECTED SEX: HIV INFECTION

GOALS

The goal of this module is to:

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

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the basic facts about HIV and AIDS.
- Distinguish facts from falsehoods 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 second module: (1) clarifies myths about the causes, transmission and prevention of HIV while providing correct factual information; (2) provides opportunities for participants to develop skills in giving correct information on HIV/AIDS to friends; and (3) helps participants identify various behaviors that place them at risk for HIV infection.

STRATEGIES/METHODS

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

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *HIV/AIDS Frame* poster
- *Key Words* poster
- Video: The Subject Is HIV (or alternative videos*)
- *True or False: HIV Statements* (included in module)
- *Risk Continuum* signs
- *Risk Behavior* cards

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Chart paper
- Markers
- Masking tape

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the *True or False: HIV Statements* and get comfortable with the content.
3. Review the information about HIV in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. Discussing HIV and AIDS	**10**
B. *The Subject Is HIV* Video and Discussion*	**25**
C. True or False: HIV	**10**
D. HIV Risk Continuum	**15**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

DISCUSSING HIV AND AIDS

PREPARING FOR THE ACTIVITY

RATIONALE

Learning basic information about HIV and AIDS will provide participants 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 participants' 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 participants to answer the questions and correct any misinformation. Keep this activity brief as all of the information will be reviewed again in the video *The Subject Is HIV*.

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 very low.
- **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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* Centers for Disease Control and Prevention. 2019. HIV basics. https://www.cdc.gov/hiv/basics/index.html. Accessed 6/9/2020.

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What common body fluids can transmit HIV?

HIV is found in the blood, semen, vaginal fluids and rectal fluids (the mucus that lines the rectum to help with elimination of waste) 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, 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 vaginal or anal 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 or anal sex.** Barrier use during oral sex can further reduce the very low risk of getting HIV through oral intercourse. People who are allergic to latex can use polyurethane or polyisoprene condoms. Protection includes external or internal condoms and dental dams.
- **Avoid having multiple or overlapping partners.** The more sex partners a person has, the greater the chances of contracting HIV or another STI.
- **Discuss HIV with a partner.** Ask about past or present risk behaviors. Be sure any sex partner has been tested before having sex. Discuss ways that you can reduce your risks together such as using condoms, taking PrEP, or regular testing.
- **Get tested for HIV.** The only way to know your HIV status is to get tested. The only way for your partner to know their HIV status is for them to get tested.
- **Take medication, if needed.** If you are having sex or sharing needles with someone who is living with HIV, talk to a medical provider about taking pre-exposure prophylaxis (PrEP). If you think you were exposed to HIV, ask about taking post-exposure prophylaxis (PEP).
- **Don't use alcohol, marijuana or other drugs** that impair judgment. Being high can lead to unsafe sex or other drug use.

3. Direct participants' 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 participants to try to answer them. Supplement their answers with the information below each question.

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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 be living with 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.

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 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.

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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.

Common Tests for HIV Available at a Clinic:

If you get a test in a health care setting or lab, a health care provider or lab technician will take your sample (blood or oral fluid). If it's a rapid test, you may get test results in 30 minutes or less, but if it is a laboratory test, it can take several days for your results to be available. Your health care provider or counselor may talk with you about your risk factors, and answer any questions you might have. They will discuss next steps with you if your result is positive.

Rapid tests are usually done with blood from a finger prick or with oral fluid, and the results are ready in 30 minutes or less.

Laboratory tests require a blood sample.

- If the test comes back negative, and you haven't had a possible exposure during the previous 3 months before the test you took, you can be confident you don't have HIV.
- If your test result is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

Common Tests for HIV Available Over the Counter:

Home Access requires a finger prick to collect a blood sample. The person sends the sample to a licensed laboratory and gets the results by phone as early as the next business day. This is an anonymous test. Anyone who tests positive is immediately offered a follow-up test, counseling and referral to treatment.

The OraQuick In-Home HIV Test provides results in 20 minutes and involves swabbing inside the mouth to get an oral fluid sample and testing this sample with a test kit. A positive test needs a follow-up test at the testing site, counseling and other referrals. HIV infection may show up later after exposure in an oral fluid test than a blood test, because the level of antibody in oral fluid is naturally lower.

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What is the window period?

The "window period" is the length of time between when a person first gets HIV and when a test can accurately detect it. This varies from person to person, and depends on the type of test done. During the window period, even before knowing about being infected, a person can transmit HIV to others. People getting tested at a clinic should ask their health care provider about the window period for the type of test they are taking. People testing at home should review the materials that come with the home test kit. If a test is taken within 3 months after possible exposure and the result is negative, the person should get tested again in another 3 months to be sure.

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 condoms?

A condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids or rectal fluids. Latex is a type of material used for external (male) condoms and is effective in preventing HIV transmission. People who are allergic to latex can use condoms made of polyurethane or polyisoprene. Condoms made of lambskin do not protect against HIV because they have pores that are large enough for the virus to pass through. Another form of protection is the internal (female) condom, which is made of nitrile and is safe for people with latex allergies. The other form of protective barrier is the dental dam, which is also made of latex. Any type of condom cut into a flat sheet can serve as a dental dam.

What is PrEP? What is PEP?

Pre-exposure prophylaxis (PrEP) is a medicine taken daily to reduce the risk of HIV infection. If someone is at very high risk for HIV, PrEP might be right for them. PrEP should be considered if someone is HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered for people who are not in a mutually monogamous relationship

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with a partner who recently tested HIV-negative, and if they are

- A person with a penis who has had anal sex without a condom with another person with a penis, or who has been diagnosed with an STI in the past 6 months
- A person who does not regularly use condoms during sex with partners of unknown HIV status who are at very high risk of HIV infection (for example, people who use injection drugs or women who have bisexual male partners)

Post-exposure prophylaxis (PEP) is an HIV medicine that can be taken after being potentially exposed to HIV to prevent becoming infected. If someone is HIV negative or doesn't know their HIV status and thinks they have recently been exposed to HIV during sex (for example, if a condom breaks), they should talk to their health care provider or an emergency room doctor about PEP right away (within 3 days). The sooner someone starts PEP, the better; every hour counts. If prescribed PEP, it is necessary to take it once or twice daily for 28 days.

What does U=U mean?

U=U means Undetectable = Untransmittable. If a person living with HIV has fewer than 200 copies of HIV per milliliter of blood, they are considered virally suppressed and the infection is undetectable on tests. Medications are used to suppress the virus so it becomes undetectable. People with undetectable viral loads cannot transmit the virus sexually to their partners.

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 lifespan. HIV is now considered a chronic disease. 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.

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.

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ACTIVITY B

THE SUBJECT IS HIV VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is HIV*, or alternative videos

PREPARATION

- Review the information about HIV in Appendix B.

TIME

25 minutes

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

PROCEDURE

FACILITATOR'S NOTE

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

1. Introduce the video by saying,

> This video you are going to see will discuss HIV/AIDS, what it is, how you can get it, and how to prevent infection. Afterward, we will talk about the video. 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 video, which is 18 minutes long.

3. At the end of the video, ask the participants 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).

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What was the message about condoms in the video?

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 young people 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 students in biology class?

Answer:

» It's important to talk with your partner about using protection.

» If a person respects themselves and their partner, they will use a condom.

» Not having sex is a good way to avoid pregnancy, HIV and other STIs.

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

You did a great job answering those questions and remembering the important messages in the video(s).

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(continued)

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 protection.

FACILITATOR'S NOTE

Some statistics have changed since the video was produced. In 2018, youth ages 13 to 24 accounted for an estimated 21% 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

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ACTIVITY C

TRUE OR FALSE: HIV

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about HIV provides an opportunity for learning the correct information about HIV/AIDS.

MATERIALS

- Markers
- Chart paper (for keeping score)
- Masking tape
- *True or False: HIV Statements* (included in module)
- *HIV/AIDS Frame* poster

TIME

10 minutes

PROCEDURE

1. This activity reviews facts about HIV/AIDS. Refer to the *HIV/AIDS Frame* poster throughout the activity to help participants understand the answers.

2. Introduce the *True or False* 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 "True" and "False" on the board or a sheet of chart paper.

4. Explain the activity,

> I am going to divide you into two teams. I will then read each team a statement and ask you whether it is true or false and why. If your team answers correctly, you will get two points. If your team can correctly explain why it's true or false, 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 true or false.

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5. **Divide the group into two teams.**

6. **Go around to each team one at a time and read a statement from the *True or False: HIV Statements*.**

7. **Ask the first team to identify it as true or false and to state *WHY*.**

8. **Ask the second team if they agree. (If there is a disagreement, teach the right answer and explain why.)**

9. **If the second team agrees, but the answer is wrong, teach the right answer and explain why.**

10. **If the second team agrees and the answer is right, give the team the correct number of points.**

11. **Read the next statement to the second team.**

12. **The game is over when the statements are completed or time is up, whichever comes first.**

13. **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.**
>
> **Understanding that HIV can affect anyone helps people understand that they need to always protect themselves.**
>
> **You can share this knowledge with your friends, family and partners. Your knowledge will help you protect yourself and reduce your risk of HIV.**

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TRUE OR FALSE: 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.**
   TRUE
2. **Having unprotected anal sex increases your chances of getting HIV.**
   TRUE
3. **You can tell by looking at people whether they have HIV.**
   FALSE
4. **HIV can be transmitted in blood, semen, vaginal fluids, and rectal fluids.**
   TRUE
5. **Having unprotected sex with someone who is living with HIV is one way of getting HIV.**
   TRUE
6. **If a person who is pregnant has HIV, there is a chance the baby can get it.**
   TRUE
7. **You have a bigger chance of getting HIV if you have sex with many people.**
   TRUE
8. **You can get HIV from using someone else's comb or hairbrush.**
   FALSE (NO CONTACT WITH BODY FLUIDS)
9. **Using protection during sex reduces the chance of getting a sexually transmitted infection, including HIV.**
   TRUE
10. **You can get HIV by sharing a needle with a drug user.**
    TRUE
11. **If you hug someone with HIV you can get it.**
    FALSE (NO CONTACT WITH BODY FLUIDS)
12. **Having an untreated STI can increase your chances of getting HIV.**
    TRUE
13. **AIDS is the stage of HIV in which your body cannot fight off diseases.**
    TRUE
14. **Having AIDS makes you more likely to get other diseases.**
    TRUE
15. **AIDS can be cured.**
    FALSE
16. **AIDS is caused by a virus.**
    TRUE (CALLED HIV)
17. **Anyone can get HIV.**
    TRUE (IF YOU PARTICIPATE IN RISKY SEXUAL BEHAVIOR OR SHARE NEEDLES)
18. **You can avoid getting HIV by exercising regularly.**
    FALSE
19. **You can take certain medications to reduce your risk of HIV.**
    TRUE
20. **Early treatment can help people with HIV stay healthy.**
    TRUE

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ACTIVITY D

HIV RISK CONTINUUM

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

15 minutes

PROCEDURE

1. Tape the *Risk Continuum* signs on the wall or blackboard like the diagram below.

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

2. Divide the group into pairs.

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 fluids 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 fluids or rectal fluids might create some risk of transmitting HIV.

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

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4. **Shuffle the *Risk Behavior* cards and distribute them as evenly as possible among the pairs.**

5. **Explain that "sex" in these questions means oral, anal and/or vaginal intercourse.**

6. **Ask each pair of participants to read one of their *Risk Behavior* cards and decide under which risk level category it should be placed.**

7. **After each answer, have participants 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 participants 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:**

> **Look at all the behaviors in the green light category. Notice all the things you can do to enjoy intimacy with your partner without putting yourself at risk for HIV. 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 STIs. 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.**

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RISK BEHAVIORS[1]

(*Note:* This guide reflects risk levels for HIV transmission only. There are some STIs [herpes, syphilis, HPV] that can be passed through skin-to-skin contact or genital touching.)

Vaginal sex without a condom ---------- Red Light

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 Light

Sharing eating utensils with someone who is living with HIV ---------- Green Light

Sharing needles and syringes ---------- Red Light

Anal sex with a condom and water-based lubricant[2] ---------- Yellow Light

Self-masturbation ---------- Green Light

Mutual masturbation ---------- Green Light

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) ---------- Green/Yellow Light

Anal sex without a condom[2] ---------- 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 is living with HIV ---------- Green Light

Flirting ---------- Green Light

Body rubbing/grinding (with clothes on/no exchange of body fluids) ------- Green Light

Hugging ---------- Green Light

Having sex with only one partner (monogamous) -------- Green/Yellow/Red Light

(Green if both have never had sex before. If one or both have had other partners, Yellow if they use condoms; Red if they don't use condoms.)

Note: Anal sex is a higher risk activity for HIV specifically due to the possibility of rectal tearing and bleeding. When used correctly and consistently, condoms are highly effective in preventing HIV. If people are going to engage in anal sex, using a condom and water- or silicone-based lubrication can reduce their risk.[2]

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FACILITATOR'S NOTE

Other HIV prevention strategies include PrEP 2-1-1 and TasP.

- PrEP 2-1-1 dosing strategy has been shown to be 86% effective at preventing HIV transmission during anal sex (though less effective during vaginal sex). The PrEP 2-1-1 strategy involves taking 2 pills between 2 and 24 hours before sex and another pill within 24 hours after the first and the final pill 24 hours after that.[3]
- TasP or "Treatment as Prevention" means that people living with HIV who get treatment are less likely to transmit the infection. Reducing the amount of the virus in the body through treatment helps prevent transmission to others. An undetectable viral load means the virus is untransmittable (or U=U).[4]

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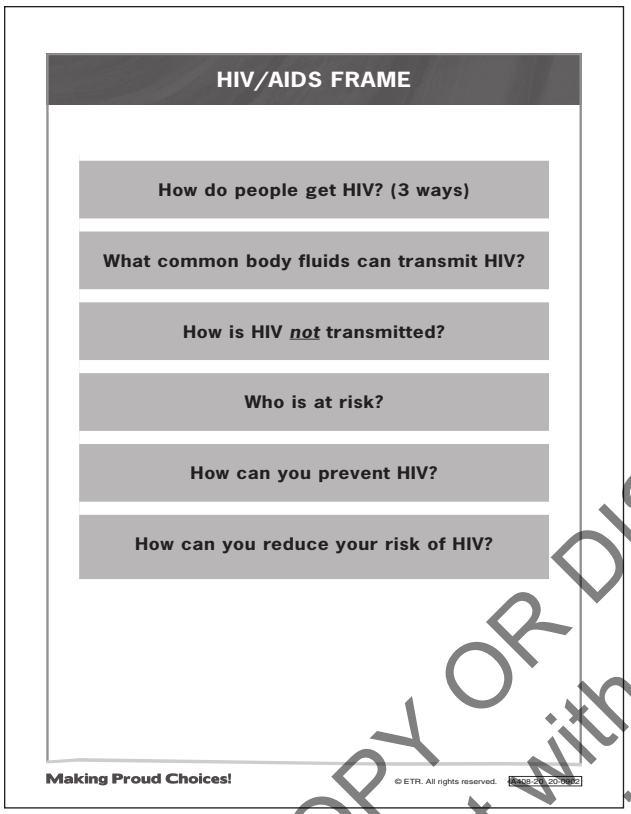

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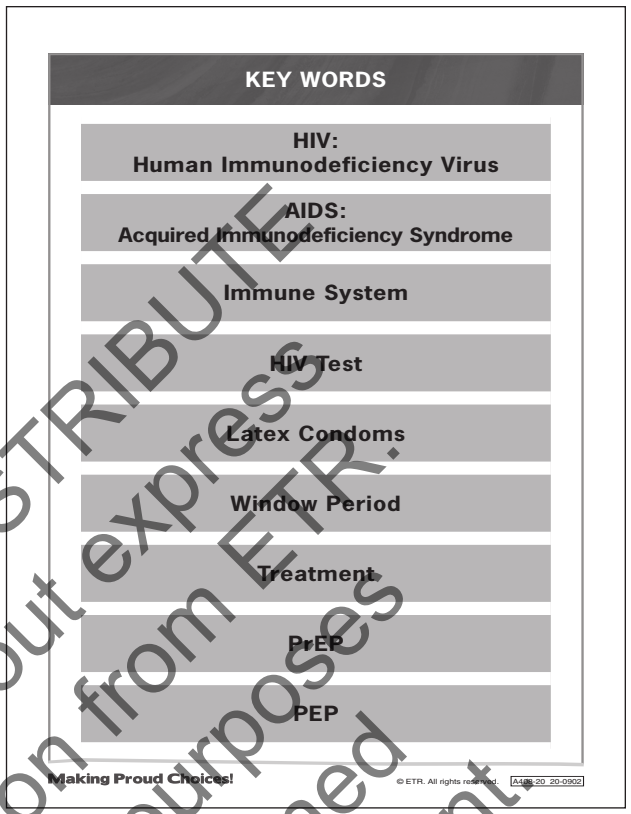

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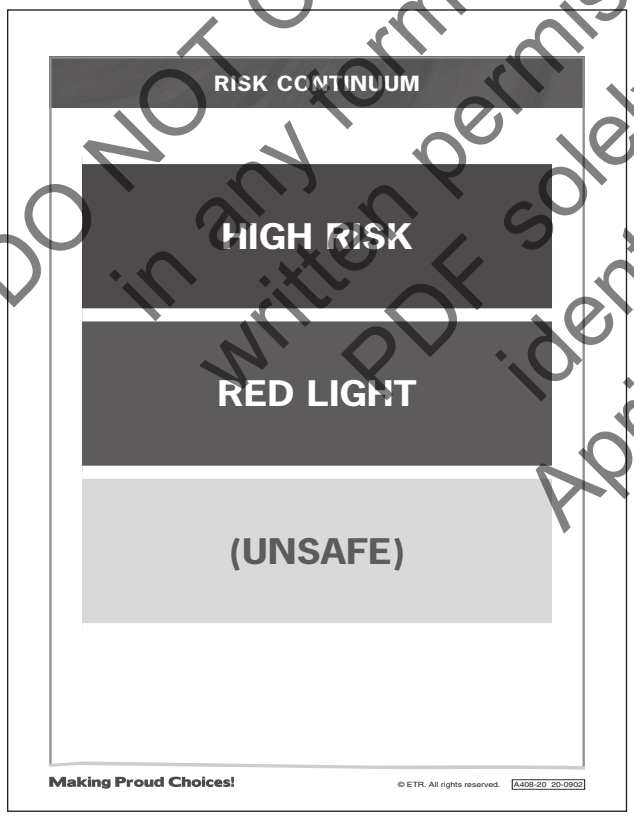
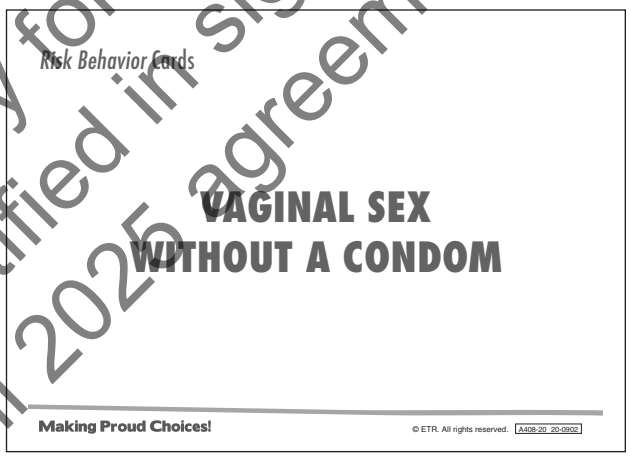


Posters (3 total)



Cards (24 total)

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MODULE 3

ATTITUDES ABOUT SEX, HIV AND CONDOM USE

GOALS

The goals of this module are to:

- Increase participants' 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, participants 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 third module: (1) informs participants about the transmission and prevention of HIV; and (2) helps participants advocate and give advice regarding HIV/AIDS and safer sex strategies.

STRATEGIES/METHODS

- Video Viewing
- Group Discussion
- Problem-Solving Exercises

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *The Hard Way* character cards
- *Calling Koko Caller* worksheets in the student workbooks
- Video: *The Hard Way* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Pre-labeled chart paper:
  - » *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Markers
- Masking tape
- Pencils
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. Set up the video(s) to be ready to play.
4. Review the caller scripts in Activity B and choose three that will be most relevant for your group.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. *The Hard Way* Video and Discussion*	**40**
B. Calling Koko	**20**

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* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

ACTIVITY A

THE HARD WAY VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Hard Way*, or alternative videos
- Pre-labeled chart paper:
  - *Kenrick, Miguel, Renee, Mom, Dad* and *Koko*
- Masking tape
- Markers
- *The Hard Way* character cards (one card per participant)

TIME

40 minutes

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

PROCEDURE

1. Introduce the film.

> Sexually active young people are at risk for HIV infection. The video you are going to see is about young people. This video 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 chart paper (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 video, 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 video, 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.

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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6. **Begin the discussion by saying,**

> Let's talk about the characters in this video. 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. Notice the video refers to the use of birth control pills as "protection." While pills may protect against a pregnancy, they provide no protections against HIV and other STIs.
>
> 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?
>
> What could Renee and Miguel say to each other about their sexual health and desires to protect themselves from unintended pregnancy or STIs?
>
> 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,**

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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 video and our discussion? (Listen for these messages and reinforce if they are not shared: getting tested, talking about sexual health and protection, and using protection if having sex can help reduce the risk of HIV transmission.)

As you make these decisions in your life, remember that abstinence is the 100 percent surest way to avoid an unintended pregnancy and sexual transmission of HIV and other STIs. 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!

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ACTIVITY B

CALLING KOKO

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

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

TIME

20 minutes

PROCEDURE

FACILITATOR'S NOTE

You may want to choose the caller scripts to use with your group. You have only 20 minutes, so you want to make sure you have enough time to read and discuss each call that you assign to participants.

If your participants resist getting into pairs, do the activity in the large group. Read the first caller script and ask group members to give ideas for the kind of advice Koko should give the caller. Then choose someone to play the role of Koko giving the caller advice. You play the role of the caller. Sit with your chairs back to back for the roleplay. Continue with the other caller scripts you've chosen.

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 participants into pairs or small groups.

3. Have participants turn to the *Calling Koko* worksheets in their workbooks. Assign a different *Calling Koko Caller* to each pair or group. (Multiple groups will be working on the same caller script.)

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4. **Explain the following:**

> You will discuss, decide on and then write down the advice you would give to the caller. At the end of this activity, you will share the advice with the rest of us. Your final decision should be one that your team can agree on. Remind your callers that they can make proud and responsible choices.

5. **Give the pairs 5 minutes to discuss and write their advice.**

6. **Have one pair for each caller give their report. One person should read the part of the caller, and the other person should give Koko's advice using the Main Points to Cover.**

7. **Using the following sample responses, discuss any points that participants do not come up with themselves.**

FACILITATOR'S NOTE

Sample responses are provided. Participants' answers do not have to match the sample 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 sample responses as a review before going on to the next caller.

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MAIN POINTS TO COVER

The surest protection is abstinence.

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

PrEP and PEP can reduce the risk of HIV transmission.

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?

– Charlie

Sample 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 or anal sex, the best way to reduce your risk of HIV is to use condoms. That includes external or male condoms made of latex, polyurethane or polyisoprene; or female or internal condoms. PrEP and PEP are medications that you can take to reduce your risk of HIV infection. PrEP is a pill you take every day to prevent HIV. PrEP may be a great option for someone who is in a relationship with someone living with HIV or for someone who is at high risk for HIV. PEP is a pill you can take for 28 days after having sex if you think you may have been exposed to HIV. 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.

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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 STIs.

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?

– Raymond

Sample Response to Caller 2

If you and your girlfriend have never had vaginal 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 always use protection even if you are only having sex with each other. 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 unintended pregnancy or getting an STI, including HIV.

Talk it over with your partner. You should both get tested for HIV and other STIs and agree to use protection every time you have sex. By protection, I mean external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams for oral sex.

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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 protection 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?

– Alex

Sample 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. Test kits are available over the counter at most drug stores. You can also go to a local HIV testing site such as a public health clinic, community health center or your doctor. It may take 2 to 6 weeks after exposure before HIV can be detected in a person's body. Make an appointment to get tested and use condoms until you get the test results.

It sounds like your first time didn't go the way you had hoped it would. 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 STI. If you do decide to have sex, be proud and responsible and talk to your boyfriend about protection. Tell him it is important that you use condoms if you have sex. Let him know that you're concerned about 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.

I also want to make sure you feel supported. Please reach out to the wellness center or find a school club or group that supports and affirms you.

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MAIN POINTS TO COVER

Oral sex can transmit STIs, including HIV.

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

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

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 infections. Is oral sex safe? How do we protect ourselves from STDs?

– Carmello

Sample Response to Caller 4

Oral sex poses little to no risk of transmitting HIV. However, most STIs can be transmitted during oral sex. Untreated STIs can increase the risk of HIV transmission. This is why it is important to use protection for oral sex. For oral sex that involves putting the mouth to a vagina or an anus, use a dental dam. If you don't have a dental dam, you can cut a condom into a flat sheet. A penis should also be covered with a condom during oral sex.

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 infection. Using protection every time you have oral sex is the responsible thing to do. If you decide to have sexual intercourse, use an external (male) or internal (female) condom every time you have sex. And make sure you only use condoms that are made of latex, polyurethane, polyisoprene or nitrile.

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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! I'm scared to date! What should I do?

– Dana

Sample Response to Caller 5

I can understand your concerns about having sex. You can't look at people and tell whether or not they have an STI, such as HIV. 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. Talk to them about your concerns and how you plan to protect yourself. When you decide to have sex, be sure to use protection every time. By protection, I mean external or male condoms made of latex, polyurethane, or polyisoprene; internal or female condoms; or dental dams.

I am assuming your friend is getting treatment for HIV. Antiretroviral therapy, or ART, can help your friend live a long, healthy life. If she has a steady sexual partner who is HIV negative, ART could help reduce the chances of her transmitting HIV to her partner. Her partner can get on pre-exposure prophylaxis or PrEP treatment, which will reduce the risk of getting the virus.

People who think they may have been exposed to HIV should get treatment immediately. Post-exposure prophylaxis or PEP is available at emergency or urgent care centers, doctor's offices and HIV clinics. PEP must be taken within 72 hours from the time of exposure for it to be effective in preventing HIV infection.

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MAIN POINTS TO COVER

People cannot give consent when they are drunk or high.

Get tested for pregnancy, STIs and HIV.

Resist peer pressure to drink alcohol or do drugs. Alcohol and drugs affect your decision making.

Use protection if you decide to have sex.

CALLER 6

Koko,

I'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Sample Response to Caller 6

This sounds like a tough situation. When people are drunk or high, they are more likely to have sex without using condoms, which increases their risk for STIs. Everybody has the right to say when they want or don't want to engage in sexual behaviors and to insist on using protection. When people are drunk or high they can't fully give consent to sexual activity. Please remember that someone doing something sexual to you while you are drunk or high means that technically you were not able to give consent, and so this may be a situation of sexual assault. Do not blame yourself. There are people in this world who seek out those who are too high or drunk to consent. If this person is known for having sex with people who are too drunk or high to consent, he likely isn't someone who has your best interests in mind. If you ever find yourself in a position where you were pushed or forced to do something you didn't really want to do, it's important to talk to a parent, counselor or other trusted adult.

(continued)

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CALLER 6

Sample Response to Caller 6 *(continued)*

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 STIs. 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. EC is also available over the counter at most drug stores.

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).

Don't blame yourself. You deserve to have sexual partners who you feel comfortable communicating with, who respect what you want and don't want, and who will share the responsibility for using protection.

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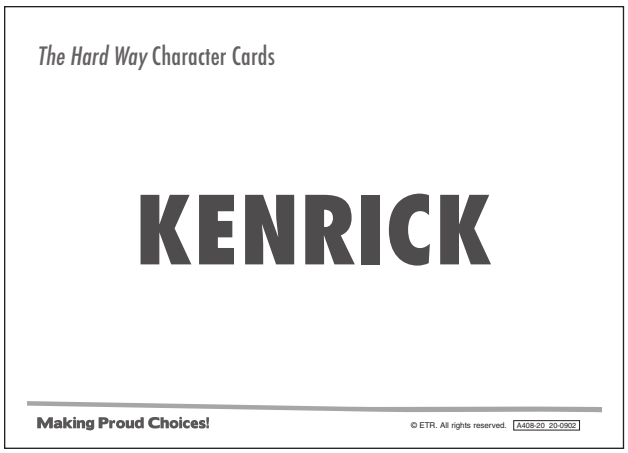
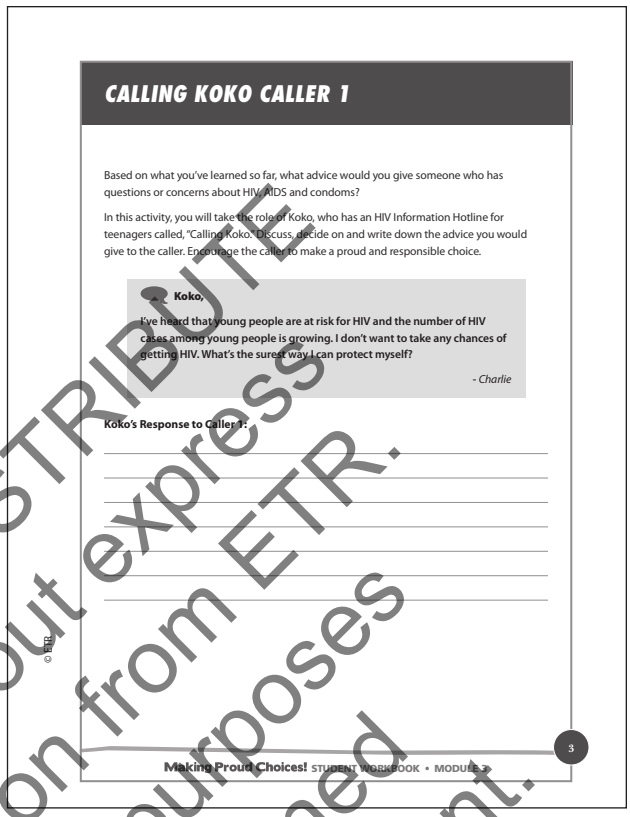


Cards (6 total)



Worksheets (6 total)

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MODULE 4

STRATEGIES FOR PREVENTING HIV INFECTION: STOP, THINK AND ACT

GOALS

The goals of this module are to:

- Introduce participants 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, participants will be able to:

- 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.
- Provide correct answers to review questions on HIV and AIDS.

MODULE PREVIEW

The fourth module: (1) encourages participants 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
- Video Viewing
- Game

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STOP, THINK and ACT* poster
- *Sean and Morgan Case Study* worksheet in the student workbook
- HIV/AIDS Game Questions (included in module)
- Video: *Nicole's Choice* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Chart paper
- Masking tape
- Pencils
- Markers
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Set up the video(s) to be ready to play.
2. Review the information about sexually transmitted infections in Appendix B.

INSTRUCTIONAL TIME: 60 minutes

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

ACTIVITY	MINUTES NEEDED
A. STOP, THINK and ACT: Introduction to Problem Solving	**5**
B. Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT	**15**
C. *Nicole's Choice* Video and Discussion*	**25**
D. The HIV/AIDS Game	**15**

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ACTIVITY A

STOP, THINK AND ACT: INTRODUCTION TO PROBLEM SOLVING

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STOP, THINK and ACT* poster
- Masking tape

TIME

5 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 participants 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 participants provide a few answers.

Answers may include:

You may feel afraid, confused, angry or upset.

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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 participants 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 stick to the decisions I've made for my health and well-being?
> - 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.

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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.

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ACTIVITY B

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 participants' ability to use them.

MATERIALS

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

TIME

15 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,

> No one should pressure someone else for sex. This is especially true of those who are less able to speak for themselves or assert themselves because of a disability. 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. You may notice that we are using gender neutral names in the case study. The skills we are learning here can be applied by anyone of any gender or sexual orientation. Sean and Morgan may be transgender youth. No matter the gender, gender expression, gender identity or sexual orientation of people in a sexual relationship, there has to be consent and that consent has to be reaffirmed throughout the sexual intimacy and intercourse.

2. Divide the participants into pairs.

3. Have participants turn to the *Sean and Morgan Case Study* worksheet their workbooks.

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4. **Ask for a volunteer to read the case study and instructions to the group. Encourage the group 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 concerned about STIs 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 pairs, and use the STOP, THINK and ACT steps to find a solution to the situation on your worksheet.

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

7. After 8 minutes, even if most of the pairs have not finished, ask them to stop and begin discussing the case study. Ask one of the pairs 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 pair 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 pair 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 pair has given their responses, ask the other groups to comment and offer any different ideas for this section.

   Finally, ask a different pair 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 pair 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.

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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 STIs, 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.

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ACTIVITY C

NICOLE'S CHOICE VIDEO AND DISCUSSION*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *Nicole's Choice*, or alternative videos
- *STOP, THINK and ACT* poster

PREPARATION

- Review the information about STIs in Appendix B.

TIME

25 minutes

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

PROCEDURE

1. Introduce the video by saying,

> Now we will watch a video 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 video *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 participants 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?

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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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 a clinic to be tested for an STI?

Can you get HIV the same way you get other STIs?

8. **Summarize as follows,**

Getting an STI may bring up a lot of emotions. Though young people ages 15-24 are diagnosed with half of all new STIs,* many STIs can be prevented by using protection or choosing not to have sex. Only you can decide to protect your future and your health. Use protection every time you have sex. And use the right kind of protection: external or male condoms made of latex, polyurethane or polyisoprene; internal or female condoms; or dental dams.

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* Centers for Disease Control and Prevention. 2019. STDs in adolescents and young adults - 2018 Sexually Transmitted Diseases Surveillance. https://www.cdc.gov/std/stats18/adolescents.htm. Accessed 6/22/2020.

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ACTIVITY D

THE HIV/AIDS GAME

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

- Chart paper
- Markers

TIME

15 minutes

PROCEDURE

1. Introduce the next activity by saying,

> We are going to play a game* that will review the information we've talked about regarding HIV and AIDS.

2. Divide the group into two 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 bonus question (a one-point question).
> - If someone answers out of turn, the interrupter's team receives a bonus question. The other team then gets a chance to answer a bonus question.

* Adapted from "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.

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4. **Keep score (or ask a participant to keep score) on the board or on chart paper.**

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 bonus question, use the bonus questions in the game for one point each. You may be able to create other situations that result in bonus question 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.**

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HIV/AIDS 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 diseases called opportunistic infections.

5. **Name three of the body fluids through which HIV is transmitted?**
   - Semen, vaginal fluids, 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). HIV is easily passed through oral sex.**

10. **(True) or False. Anal sex without a condom increases your chances of getting HIV.**

11. **True or (False). There is now a cure for AIDS.**

12. **(True) or False. If you think you were exposed to HIV, you can get Post-Exposure Prophylaxis (PEP) within 72 hours to avoid getting the virus.**

* See Appendix B for additional information on HIV and sources.

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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 by using condoms or taking PrEP which reduces risk of HIV transmission but not other STIs
- Engaging in low-risk activities such as kissing
- Not sharing needles or works
- Getting tested regularly
- Talking with your partners about HIV and making sure they get tested too

15. What does U=U mean?

- U=U stands for Undetectable equals Untransmittable. That means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. If there is an undetectable amount of HIV in their blood, the virus cannot be transmitted to others.

16. Name three ways HIV is passed.

- During unprotected vaginal or anal sex (sex without a condom)
- By sharing needles and syringes
- From an infected mother to the fetus or newborn child

17. Name two types of sexual practices in which HIV can be passed.

- Anal sex
- Vaginal sex

18. Name two high-risk behaviors.

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

19. (True) or False. Using water-based lube and condoms when you have vaginal or anal sex lowers the chance of getting HIV.

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

21. 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

BONUS QUESTIONS (ONE POINT)

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

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

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

24. (True) or False. Limiting the number of sexual partners a person has is one way of reducing the risk of HIV.

25. 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.

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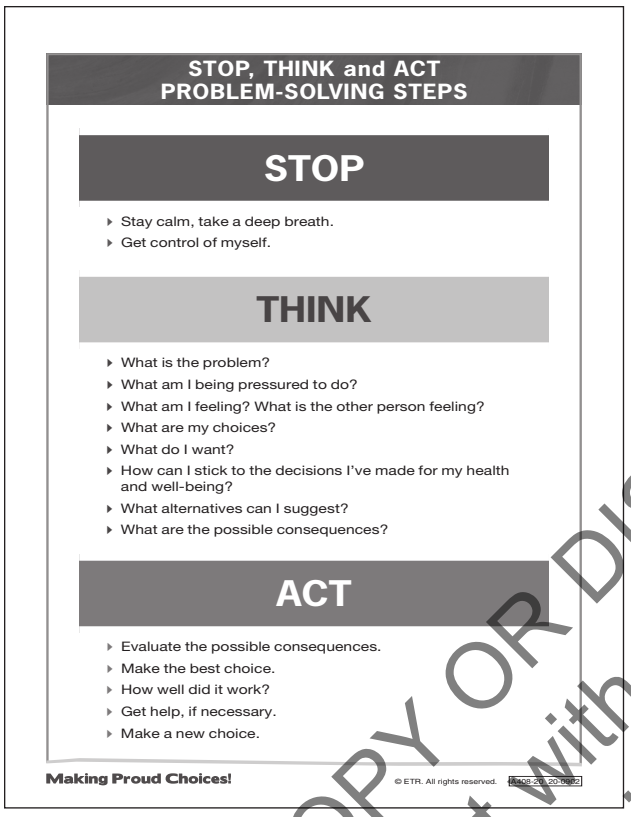

STOP, THINK and ACT
PROBLEM-SOLVING STEPS

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 stick to the decisions I've made for my health and well-being?
- 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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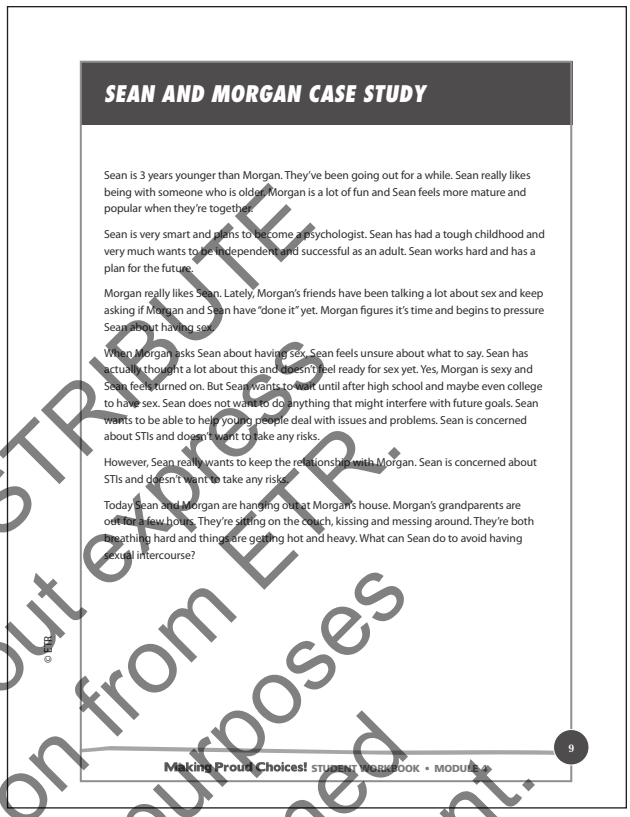
Poster



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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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9

Making Proud Choices! STUDENT WORKBOOK • MODULE 4

Worksheet

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MODULE 5

POSSIBLE OUTCOMES OF UNPROTECTED SEX: STIs

GOALS

The goals of this module are to:

- Increase participants' knowledge of sexually transmitted infections.
- Help participants identify strategies for preventing STIs.
- Increase participants' perceived vulnerability to STIs.
- Clarify participants' attitudes and beliefs about STIs and condom use.
- Teach participants the steps for correct use of a condom.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs, including HIV, are transmitted, and how they can be prevented.
- Acknowledge their perceived risk for sexually transmitted infections.
- Demonstrate steps for correct use of a condom.
- Identify how condoms can prevent STIs, including HIV, and pregnancy.

MODULE PREVIEW:

The fifth module: (1) helps participants examine the signs and symptoms of the most common STIs; (2) illustrates how STIs can impact the lives of young people; and (3) informs participants about correct use of condoms, as a way to prevent STIs.

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STRATEGIES/METHODS

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

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *STI* poster
- *Agree* and *Disagree* signs (1 set)
- *Steps for Using a Condom* poster
- Video: *The Subject Is STDs* (or alternative videos*)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pencils
- Markers
- Masking tape
- Condoms
- Water-based lubricant
- Condom Demonstrator(s)
- Paper towels
- Small paper bag
- Monitor and video player, or internet access if using alternative videos
- Pre-labeled chart paper:
  - » *How STIs Are Transmitted*
  - » *Reasons to Protect Against STIs*
  - » *Group Agreements* (from earlier session)
- Chart paper
- Index cards for the Transmission Game—pre-labeled with four distinct shapes, e.g., star, rectangle, circle, and triangle**

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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.

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** You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Obtain penis models/condom demonstrators to use in the Condom Use Skills activity. If possible, get a model for each participant. 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 or www.etr.org/store/format/condom-kit.
4. Have the condom demonstrators, condoms, water-based lubricant and paper towels or wet wipes organized and ready to distribute.
5. Set up the video(s) to be ready to play.
6. Read the instructions for the Transmission Game and make sure you're clear about the process.
7. Label the index cards for the game. For a group of 6–8, one person will have a "star" card, one person will have a "triangle" card, one person will have a "rectangle" card and the rest will have "circle" cards. Increase the number of "triangle," "rectangle" and "circle" cards in this approximate ratio for larger groups.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to include both the discussion and the video about STIs, and to provide more condom skills practice.)

ACTIVITY	MINUTES NEEDED
A. STI Facts	20
[A. (Alternate) *The Subject Is STDs* Video	20]
B. The Transmission Game	15
C. What I Think About HIV/STI and Safer Sex	10
D. Condom Use Skills	15

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 uses STI. It is important for everyone to understand that STIs (STDs) can present with or without symptoms.

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ACTIVITY A

STI FACTS

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *STI* poster
- Pre-labeled chart paper:
  - *How STIs Are Transmitted*
  - *Reasons to Protect Against STIs*
- Markers
- Masking tape

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

PROCEDURE

1. Begin this activity by displaying the *STI* poster. Use chart paper to cover the poster so only the letters "S T I" are revealed.

2. Then say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

3. Ask the group to brainstorm all of the STIs they know.

4. Then uncover the poster and read any STIs they did not mention.

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

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5. **Then say,**

> **STIs fall into three categories:**
>
> - **Bacterial (caused by bacteria)—**These STIs are curable. You can take medicine that kills the bacteria. They include chlamydia, gonorrhea and syphilis.
> - **Viral (caused by a virus)—**Most of these STIs 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).
> - **Parasitical (caused by parasites)—**These STIs are curable. They include trichomoniasis and pubic lice.

6. **Unfold the pre-labeled chart paper titled *How STIs Are Transmitted* and say to the group,**

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

7. **List the answers on the chart paper 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)
- » *(Optional) For high school youth:* Sharing sex toys or other devices with partners without using a new condom each time the device is used by a different person

8. **Next ask,**

> **Who can get an STI?**

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Answer:

» Anyone who has unprotected sexual intercourse (meaning without using condoms or dental dams).

9. **After participants have answered, say,**

That's right. Anyone who engages in unprotected sexual intercourse can get an STI. But teens and young adults are affected by STIs more than any other age group. The Centers for Disease Control and Prevention estimates that there are nearly 20 million new cases of STI 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 STIs?

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 STI?

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. 2017. Sexually transmitted diseases among adolescents and young adults. https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm. Accessed 06/2/2020.

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12. **Then say,**

> **In many cases, a person can have an STI and have no symptoms! This means that people may not even know they have an STI. It also means that even if you don't notice any sores, blisters, warts or other signs, a potential partner still may have an STI.**
>
> **Activities that do not include an exchange of body fluids have little or no chance of transmitting an STI. These include masturbating alone, petting, kissing, foreplay or dry humping. An exception is where skin-to-skin contact is involved with someone who has HPV, syphilis or herpes. In contrast, sexual activities that do include an exchange of body fluids increase the risk for STI transmission. These include vaginal, anal or oral sex.**

13. **Then ask,**

> **How can you protect yourself from getting an STI?**

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.
- Do not use or share needles or works (including syringes, caps, cleaning water) for injecting drugs.
- There is a vaccine that can prevent hepatitis B.
- There is also a vaccine that protects people against most types of HPV that cause genital warts or lead to cervical cancer.
- Get tested regularly.
- Talk to your partners about STIs and encourage them to get tested too.

14. **Then say,**

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We know how STIs are transmitted. We know signs and symptoms that can indicate an STI infection. We know some STIs don't have symptoms. We know how to avoid getting an STI. But why would a person want to avoid getting an STI and what are the reasons they should get treatment right away if they do get an STI?

Let's brainstorm *Reasons to Protect Against STIs* by thinking of some of the long-term physical and emotional consequences of getting an STI.

15. **List the group's responses on the chart paper. Encourage all participants to respond.**

Answers should include:

- Increased risk of getting HIV
- Blindness (syphilis)
- Paralysis (syphilis, AIDS)
- 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, hepatitis C)
- Child born with an STI
- Embarrassment
- Odor and discharge
- Impact on relationship
- Stigma

16. **Explain that many of these reasons to protect against STIs can be prevented by abstaining from vaginal, anal or oral sex, or by using protection such as condoms. STIs are common and many people will get one at some point in their lives. Getting tested regularly and treated, if required, can limit or prevent negative health outcomes. That is why it is important to get tested and treated as soon as possible. Explain that no one chooses to get an STI. Some people have gotten STIs from sex that was against their will. Getting tested and treated, if necessary, is the responsible thing to do. Summarize this activity by saying,**

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**

(continued)

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(continued)

2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Avoid STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ALTERNATE ACTIVITY A

THE SUBJECT IS STD (VIDEO OPTION)*

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Monitor and video player, or internet access if using alternative videos
- Video: *The Subject Is STDs,* or alternative videos

PREPARATION

- Review the information about STIs in Appendix B.

TIME

20 minutes

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

PROCEDURE

1. Say,

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

Answer:

» Sexually transmitted infection

Explain that they may have also heard the term *sexually transmitted disease* or STD.

2. Introduce the video by saying,

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

3. Show the video, which is 17 minutes long.

4. When the video 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 STI from their partners?

(continued)

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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(continued)

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

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

FACILITATOR'S NOTE

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

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

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

1. **Anyone can get an STI. Young people ages 15 to 24 make up half of all new STI cases.[1] You or a partner can have an STI and not know it. Many people with STIs have no symptoms.**
2. **Some untreated STIs 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.[2]**
3. **Untreated STIs can have emotional and physical impacts. The impacts for people with vaginas are especially serious, and include things such as pelvic inflammatory disease, ectopic pregnancy, cervical cancer, infertility, chronic pelvic pain, and possible transmission of the STI to a fetus or baby.[3]**
4. **Some STIs can be cured. This means that, with testing and treatment, the person will no longer have the STI. Some STIs cannot be cured. This includes HIV. Incurable STIs can be managed with medications but the STI will remain in the body. It is important to get tested for STIs since often they have no symptoms. Then you can get the medications you need to prevent further complications like those listed on the *Reasons to Protect Against STIs* sheet.[4]**

If you choose to have sexual intercourse, the proud and responsible thing to do is always use protection such as external condoms, internal condoms or dental dams every time you have vaginal, anal or oral sex. Make sure to use only protective barriers made of latex, polyurethane, polyisoprene or nitrile. Not having sex is the surest way to prevent an STI.

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ACTIVITY B

THE TRANSMISSION GAME

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Labeled index cards (Star, Circle, Rectangle, Triangle)
- Pencils

TIME

15 minutes

PROCEDURE

1. Ask the rhetorical question,

> Who gets STIs? 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 STI if people have intercourse without using protection. This is a fun, engaging activity but it can also be sensitive. Some participants may have already had an STI; 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 labeled cards and pencils so that only one person has a "star," one or two people have a "triangle" and "rectangle" and the rest get a "circle." DO NOT tell participants what the symbols mean at this time.

Rectangle = Abstinence

Triangle = Condoms/Dental Dams

Circle = Unprotected Sex (oral, anal or vaginal sex without protection)

Star = Infection (STI/HIV)

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FACILITATOR'S NOTE

You may change the index card codes to other things such as cities, plant names or animals. Avoid using codes that may imply judgment, such as a rating system. If you teach multiple class periods, change the code between classes so that youth in later periods do not have the same key.

3. Give the following instructions:

- Listen carefully and be ready to share what you hear.
- Write your name on the side of the index card that has the symbol 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 symbol 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…

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

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

> - We are going to pretend that each conversation you had represented an act of "sexual intercourse."
> - Look at your cards. The shapes or symbols on the cards represent something in this exercise.
> - Will the person with the "star" card, please stand. For the purposes of this activity only, the star card represents an STI and anyone whose name is on your card could have the STI too.
> - (To the person with the "star"): 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 "triangle" on your card, that means you correctly used a protective barrier such as an external or internal condom, or a dental dam, every time to reduce your risk, and so you can sit back down.
> - If you have a "rectangle" 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 "circle" 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 an STI.

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.

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10. **Thank the participants for participating in the game. Remind them that it is just a game to illustrate how quickly STIs can be transmitted when people who are having sex do not use condoms or get tested.**

11. **Ask the participants to take their cards and rip them to pieces.**

12. **Ask the participants to sit down.**

13. **Ask the following questions:**

> **How did it feel to participate in this activity?**
>
> **Imagine you had the star or circle card. How did or does it feel to potentially have been exposed to an STI?**
>
> **How might it feel to potentially expose others to an STI?**
>
> **Imagine you had the triangle card. How did or does it feel to have protected yourself from STIs? How does it feel to have protected others?**
>
> **Imagine you had the rectangle card. How did or does it feel to have chosen abstinence?**

14. **Explain that for those having sex, talking to sexual partners about STIs and getting tested are two strategies that can reduce the risk of STIs, including HIV.**

15. **Ask the following questions:**

> **If getting tested had been an option in this game, how do you think that could have changed how many people were standing at the end?**
>
> **How would talking to your partner(s) about STIs before engaging in a sexual behavior change the number of people potentially exposed to an STI (i.e., the number of people standing at the end of this activity)?**
>
> **What did you learn by participating in this game that will help you make decisions about your sexual health in the future?**

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Try to elicit the following answers:

- One person can infect many by passing the infection to someone who passes it on to the next person.
- STIs can be spread through unprotected vaginal, anal and oral sex.
- People should consider the risks their partners have taken in the past.
- Practicing abstinence and using protection such as condoms can prevent STI 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 or dental dams but it gets easier with practice.
- Anyone can get an STI regardless of whether the sex was consensual or forced.
- Getting tested is the only way to know for sure if you have an STI.

16. **Continue the activity by saying,**

This was just a game. However, it does highlight how fast and easily an STI can spread. A good way to reduce your risk for infection is to use a latex (or polyurethane/polyisoprene) condom or dental dam every time you engage in oral, anal or vaginal sex. Also, be sure to get tested regularly if having sex. Many STIs can be treated.

17. **Summarize as follows,**

As we reflect back to my first question, "Who gets STIs?," we have learned that it is possible for anyone to get an STI. STIs are common and many people will get an STI at some point in their lives. Remember, the proud and responsible things to do are to use a latex or polyurethane/polyisoprene condom and/or dental dam every time you have sex, to get tested, to talk to your partners about STIs, and to get treated if you get an STI.

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ACTIVITY C

WHAT I THINK ABOUT HIV/STI AND SAFER SEX

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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/STIs 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 participants 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 participants to decide if they agree or disagree with the statement and to stand under the appropriate sign.

7. After each statement, ask participants on each side to say why they agreed or disagreed with the statement.

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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 participants a chance to switch after discussion of each statement.

9. Thank the participants 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, STIs and protection than your partner or friends. But the facts about HIV/STI remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, semen, vaginal fluids and rectal fluids. Other STIs are also passed through having sex. Whenever you have sex, you must use latex or polyurethane/polyisoprene condoms or dental dams every time you have vaginal, anal or oral sex to reduce the chance of HIV and other STI transmission. PrEP can also reduce your risk of HIV transmission, and PrEP plus condoms can reduce your risk of HIV and other STIs.

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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 an effective 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 feel as if they know how, but anyone can improve their skills by learning the specific steps that you will be learning 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. Have honest conversations about your sexual health and your plans to protect yourself from unintended pregnancy or STIs. Both of you should get tested so you know your status.)
- **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 STI, so you should always use a latex or polyurethane/polyisoprene condom or dental dam every time you have vaginal, anal or oral sex. Often people with STIs don't have symptoms, and a person living with HIV may not have symptoms for many years.)

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ACTIVITY D

CONDOM USE SKILLS

PREPARING FOR THE ACTIVITY

RATIONALE

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants 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
- External condoms, lubricated (two per participant or pair of participants, plus demonstration condoms)
- Dental dam
- Lubricant
- Condom demonstrator(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 participants 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 external or male condoms correctly and to have you practice condom use skills. I want to make sure we are clear that when teaching you these skills 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.
>
> For some people, using condoms may go against their religious beliefs. For others this may not be a consideration. I'm giving you this information because we want you to be able to make informed decisions about protecting yourselves.

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2. Explain what a condom is by saying,

> As we have learned, a condom is a form of protective barrier that prevents the exchange of body fluids such as semen, vaginal fluids, or rectal fluids.
>
> The external (male) condom slips over an erect penis to keep semen from entering the vagina, mouth or anus. It also keeps the penis from being exposed to vaginal fluids or rectal fluids. It is used to keep sperm from entering the vagina to prevent a pregnancy. When it is used to avoid the exchange of body fluids, the external condom can reduce the risk for transmission of HIV and other STIs. Only latex, polyurethane or polyisoprene condoms are effective in preventing HIV and other STIs.
>
> ***Optional for high school youth:***
> The external condom may also be used on a sex toy or other insertive sexual device that is being shared. A new condom must be used each time the sex toy or device is used by a different person.

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, polyurethane or 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 an external condom correctly. Many of you may have never seen or touched a condom. We're going to practice using external 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.

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5. **Post the *Steps for Using a Condom* poster. Using a 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 participants during this activity.

STEPS FOR USING A CONDOM

1. Get consent. Make sure you and your partner both agree to have sex. If either one of you expresses that you do not want to continue, you both must stop.
2. Check the expiration date and make sure the condom is latex, polyurethane or polyisoprene.
3. Open the package carefully to avoid tearing.
4. Make sure condom is on the proper side to roll down correctly.
5. Pinch the tip of the condom to create space (½ inch) for semen.
6. Squeeze a few drops of water-based lubricant inside the tip.
7. Make sure the penis is erect and both partners are ready to engage in sexual activity before putting on the condom.
8. Continuing to squeeze the tip, place the condom on the head of the penis. Unroll the condom down to the base of the penis. Apply water-based lubricant to the outside of the condom, if desired.
9. Check during sex to make sure the condom isn't slipping.
10. Immediately after ejaculation, hold the condom firmly at the base of the penis and pull the penis out before it gets soft.
11. Roll off the condom away from your partner. Wrap in tissue and throw it away. Do not re-use.

6. **Distribute the materials to participants so they can practice. Circulate and observe all participants, at least briefly, to make sure they're following the steps correctly.**

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FACILITATOR'S NOTE

There may be lots of giggling. Most participants will have fun with this. However, a few may feel particularly nervous or uncomfortable. If any participants 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 participants 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. Try several brands and type to find the best fit.

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 such as water-based or silicone-based lubricants (e.g., Good Clean Love or Aloe Cadabra).

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 external condoms may also be used. 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.

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10. **Ask participants 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 STIs.
>
> 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:* Using scissors or your teeth, cut off the rim, then cut up one side, and use your fingers to spread the condom into a flat sheet.**

12. **Summarize as follows,**

> To protect yourself and your partner from sexually transmitted infections, 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 unexpired condoms on hand.
> - Get used to condoms so they become easy to use each time.
> - 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 STIs, including HIV. However, you must use them correctly every time you have vaginal, oral or anal sex.

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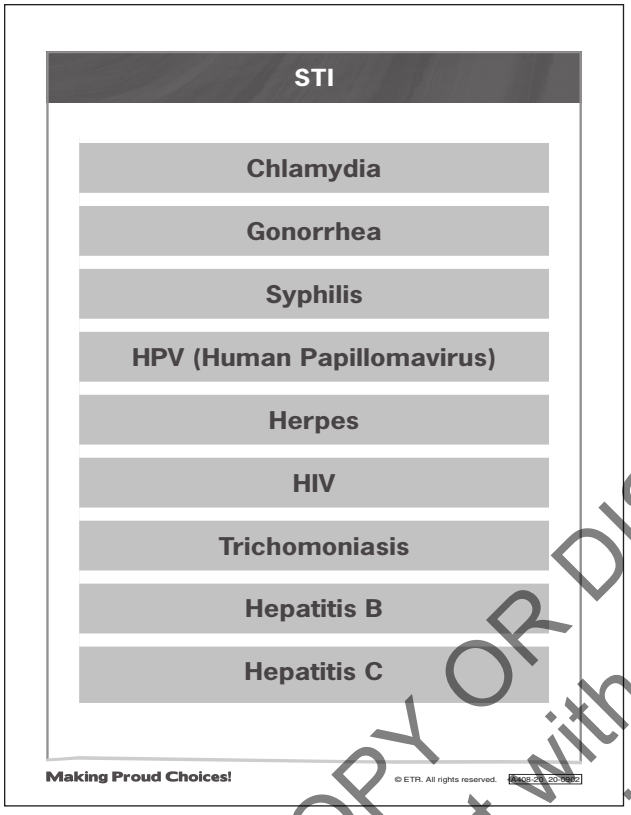

Poster

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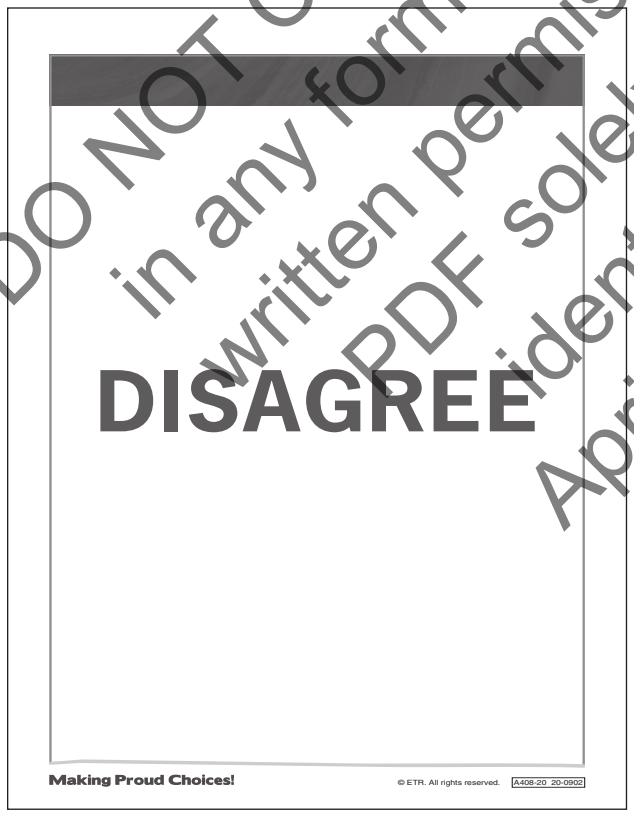

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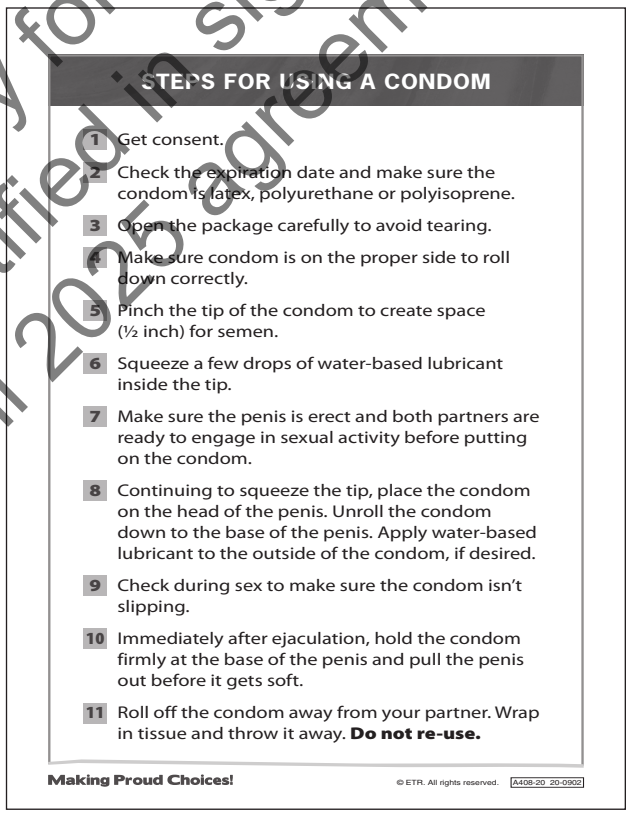

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MODULE 6

A POSSIBLE OUTCOME OF UNPROTECTED SEX: PREGNANCY

GOALS

The goals of this module are to:

- Increase participants' understanding of pregnancy as a possible outcome of unprotected sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.

LEARNING OBJECTIVES

After completing this module, participants will be able to:

- Distinguish facts from falsehoods about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.

MODULE PREVIEW

The sixth module: (1) helps participants examine myths about pregnancy; (2) illustrates how pregnancy can impact the lives of young people; and (3) informs participants about the various forms of birth control.

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STRATEGIES/METHODS

- True or False Game
- Video Viewing
- Group Discussion
- Contraceptive Methods Demonstration
- Agree/Disagree

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *True or False: Pregnancy Statements* (included in module)
- *Birth Control Choices* poster
- *Optional:* Video: *Tanisha & Shay* (or alternative videos*)
- *Agree/Disagree* signs (1 set)

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Pre-labeled chart paper: *Contraceptives*
- *Optional:* Monitor and video player, or internet access if using alternative videos
- Markers
- Masking tape

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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 *True or False: Pregnancy Statements* and get comfortable with the content.
4. *Optional:* Set up the video(s) to be ready to play.
5. Review the information about contraceptive methods in Appendix B.
6. 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 & Shay* Shay video or alternative videos, if you decide to extend the session and include the videos.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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7. 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.
8. Review how to use an internal 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. 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 participants the YouTube video.

INSTRUCTIONAL TIME: 60 minutes

(*Note:* The use of the optional video(s) will increase the length of the module by up to 25 minutes. A video is an excellent way to help participants personalize and conceptualize the information, but should not replace or take time away from the discussion and demonstration of the contraceptive methods. Facilitators may wish to deliver this module across two 60-minute sessions.)

ACTIVITY	MINUTES NEEDED
A. True or False: Pregnancy Statements	10
[B. *(Optional) Tanisha & Shay* Video	+25]
C. Birth Control Methods Demonstration	40
D. Agree/Disagree - Attitudes About Contraception	10

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ACTIVITY A

TRUE OR FALSE: PREGNANCY STATEMENTS

PREPARING FOR THE ACTIVITY

RATIONALE

Distinguishing facts from falsehoods about pregnancy provides an opportunity for learning the correct information about pregnancy.

MATERIALS

- *True or False: 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 what is true and what is false when it comes to the consequences of unprotected sex.

2. 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 true or false.
> - I also want you to explain why it is true or false.
> - If you don't know, I will ask for volunteers who think they know the answer.

3. Read the *True or False: Pregnancy Statements* on page 140.

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

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5. **Once all the statements have been completed say,**

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

6. **Summarize by saying,**

> **The more you know about the possible outcomes of sex, such as pregnancy and sexually transmitted infections, the better you will be at protecting yourself from experiencing an unintended pregnancy and/or STIs. Next, we are going to see a video (or videos) that describes how pregnancy can impact a young person's goals and dreams for the future.**

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TRUE OR FALSE: PREGNANCY STATEMENTS

1. **Every time you have unprotected vaginal sex, there is the possibility of getting pregnant, even the first time you have vaginal sex.**
   TRUE
   Pregnancy is a possibility every time someone has unprotected vaginal sex, regardless if it's the first time or the hundredth time.

2. **Pulling the penis out of the vagina before ejaculation reduces the risk of pregnancy.**
   TRUE
   Pulling out, or withdrawal, does work in theory. However, it takes a lot of practice and concentration. It can be challenging, especially for teens and young adults, to actually pull the penis out before they ejaculate (or cum). Pulling out AND using another method of protection greatly increases the effectiveness.

3. **You can't get pregnant if you have sex standing up.**
   FALSE
   Sperm don't care what position you're in. Any time semen (which contains sperm) is able to travel up through the vagina and fallopian tubes to where sperm can fertilize an egg, you can get pregnant. There are no exceptions to that rule.

4. **If you have unprotected vaginal sex, there is a pill you can take afterward to reduce the risk of pregnancy.**
   TRUE
   If you had unprotected vaginal sex (or your birth control method failed) and you do not want to become pregnant, take an Emergency Contraceptive pill as soon as possible but no later than within 5 days. The EC pill (or a copper IUD) prevents a pregnancy from occurring.

5. **Douching (cleaning the vagina) after sex can prevent pregnancy.**
   FALSE
   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.

6. **You can't get pregnant unless you have an orgasm (cum).**
   FALSE
   It doesn't matter if you have an orgasm or not. You can get pregnant if you engage in vaginal sex without using protection.

(continued)

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

   FALSE

   When young people first start having periods they often have irregular cycles and may even skip a month from time to time. But if someone has had vaginal sex and misses a period, pregnancy is a possibility. The person should get tested right away, and see a doctor if the pregnancy test is positive.

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

   FALSE

   If gay and lesbian teens engage only in same-sex behaviors, they don't have to worry about pregnancy. For many different reasons, gay and lesbian teens sometimes engage in penis-in-vagina sex and they have to worry about pregnancy if they do.

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

   TRUE

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

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

    TRUE

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

11. **A person cannot get pregnant from anal sex.**

    TRUE

    Yes, it's true a person can't get pregnant from having anal sex, but people still have to think about STIs. The lining of the anus is thin and lubricates less than the vagina, so it's easy for STIs to enter the body that way.

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OPTIONAL ACTIVITY B

TANISHA & SHAY VIDEO*

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 video player, or internet access if using alternative videos
- Video: *Tanisha & Shay*, or alternative videos

TIME

25 additional minutes

PROCEDURE

1. Introduce the video by saying,

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

2. Show the video in three segments as described below.

> I will be showing you this video in 3 segments. After each part, I'll ask you some questions about what you've seen.

3. Show Part 1: Tanisha Finds Out. At the end of the segment, process by asking these questions:
   - » What did the provider tell Tanisha?
   - » What is your reaction? What do you think happens?
   - » Why do you think Tanisha and Shay did not use protection/ birth control?

> Let's watch the next segment and find out what happens next.

4. Show Part 2: Sharing the News. At the end of the segment, process by asking these questions:

* A list of alternative videos and discussion questions can be found at www.etr.org/ebi/alternative-videos.

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- How does the pregnancy affect everyone in Tanisha's life?
- What does Tanisha risk losing because of the pregnancy?
- What does Shay risk losing?
- What could Tanisha say to Shay when she shares the news of the pregnancy?
- What might it look like for Shay to be a part of Tanisha's decision-making process?
- What might this conversation and decision-making look like in a healthy relationship like Tanisha and Shay's?

Let's watch the last segment.

5. **Show Part 3: Now What? At the end of the segment, process by asking these questions:**
   - What did this video teach you about teen pregnancy?
   - What could Tanisha and Shay have done after they had unprotected sex to prevent a pregnancy?
   - Are these teens ready to become parents? Why or why not?
   - How would your life change if you became pregnant or got somebody pregnant now?
   - What about if you became a parent or became a parent again?

6. **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 unintended pregnancy by practicing abstinence or 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!

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ACTIVITY C

BIRTH CONTROL METHODS DEMONSTRATION

PREPARING FOR THE ACTIVITY

RATIONALE

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

MATERIALS

- Pre-labeled chart paper:
  - *Contraceptives*
- *Birth Control Choices* poster
- Markers

TIME

40 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 some people, using condoms may go against their religious beliefs. For others this may not be a consideration. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs, 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 chart paper titled *Contraceptives* and ask the participants to brainstorm all the methods of birth control or contraception that they can think of. Write the list on the chart paper.

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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
- Diaphragm
- Cervical cap
- Withdrawal

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 three different categories:* behavioral methods, 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 participants to handle the methods at the end when you've finished the demonstration.**

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* Shoupe, D., and D. R. Mishell, eds. 2016. *The Handbook of contraception: A guide for practical management*. New York: Humana Press, Springer International Publishing.

FACILITATOR'S NOTE

Don't try to communicate every fact about the various birth control methods in this presentation. This is an overview. Let participants 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.

BEHAVIORAL METHODS

Abstinence

- Abstinence is the safest and most effective pregnancy and STI 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 STIs, including HIV. It also means not engaging in any skin-to-skin genital touching that could transmit certain STIs.
- 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 STIs, including HIV.

Withdrawal

- Withdrawal, or pulling out, is done by removing the penis fully from the vagina/anus before ejaculating and only ejaculating outside of the vagina/anus.
- Withdrawal is free and a method available to everyone.
- To be effective at preventing pregnancy, withdrawal must be used correctly and completely. This requires knowing and understanding a person's own body, which can be challenging for young people and people with little sexual experience.
- Withdrawal is most effective when used with another contraceptive method. Using withdrawal in addition to condoms or another form of birth control further reduces the risk of unintended pregnancy.

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FACILITATOR'S NOTE

Withdrawal is a commonly used form of contraception among youth. Avoid shaming messages about this method, and offer it as one of many options. Withdrawal is a behavioral skill that can be developed and can be combined with other methods for increased effectiveness.

Sources: Laris, BA, et al. 2020. Uncovering withdrawal use among sexually active U.S. adolescents: High prevalence rates suggest the need for a sexual health harm reduction approach. *Sex Education* DOI: 10.1080/14681811.2020.1768324; Hatcher, R. A. 2018. Contraceptive technology. New York: Ayer Company Publishers.

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 infections. 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 STIs. 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 by a trained medical provider.
- 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.
  - » **Hormonal:** A hormonal IUD does the same thing, but it also releases hormones that stop your body from releasing eggs. There are 4 kinds of hormonal IUDs available in the U.S.: Mirena, Skyla, Kyleena and Liletta. They are effective from 3 to 5 years, depending on which one you get.

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- When your body is first adjusting to the IUD, your period might be heavier or more painful. IUDs do not protect you from STIs, so you should also use a condom.

Implant

- The implant is a thin stick about the size of a matchstick that is placed under the skin of your upper arm by a trained medical provider 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 STIs, so you should also use a condom.

The Shot

- People who use the shot receive hormonal shots every 3 months.
- Depo-Provera is the most common brand and is a highly effective birth control method.
- It can cause periods to be irregular or stop.
- The shot does not protect you from STIs, 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 STIs, 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 STIs, 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 STIs, so you should also use a condom.

Diaphragm and cervical cap

- The diaphragm and cervical cap are vaginal barriers that cover the cervix to keep sperm from reaching and fertilizing an egg.
- The diaphragm is a reusable, dome-shaped cup made of latex or silicone. It is used with spermicidal gel and inserted into the vagina, where it is positioned to cover the cervix. It can be placed up to 6 hours before sex and must be left in place for at least 6 hours (but no more than 24 hours) after sex. Caya is a new one-size-fits-all diaphragm. Unlike earlier diaphragms, it does not require fitting and is easier to insert and remove. It is available with a prescription.
- The cervical cap is a reusable silicone cap that fits over the cervix. It provides protection for 48 hours and requires spermicidal gel. Like the diaphragm, it is inserted in the vagina before sex, and must be left in place for at least 6 hours afterward. FemCap is the only brand available. It has to be fitted by a provider and requires a prescription.

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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.*

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.

External (male) condom

- The external 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.

Internal (female) condom

- The internal 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.

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* 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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- The internal condom can be inserted right before sex, or up to 8 hours ahead of time.
- The internal condom can also be used for STI protection during anal sex. People of any gender can use these condoms for anal sex.
- These are the steps for using the internal 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 or anus (for additional STI protection). 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.
  - » Insert the inner ring into the vagina or anus and use your index finger to push it up into your vagina as far as it will go. If used vaginally, 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 or anus—about a half inch of the sheath should remain on the outside of your body.
  - » 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 or anal 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.

Note: Take care to present the internal 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 an external condom. Although the female condom may not look as familiar as the male condom, it's not too complicated to use. Reassure participants that it will simply take a few times to practice

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and then it will be no problem. Note that the internal condom can be inserted well in advance of being with a partner, so that sexual intercourse can be spontaneous. Internal condoms may be an appealing option for those who find condoms to be uncomfortable due to being too tight. Also, because they are made of nitrile, they warm to body temperature and lack the smell of latex.

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 STIs, so you should also use a condom.

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 STI/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 STIs).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) reduces the risk of pregnancy after unprotected sex or when another birth control method fails.
- There are 2 types of EC available:

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  - » **EC pill**, also known as the morning-after pill, can be taken up to 5 days after unprotected sex. Some EC pills (Plan B One Step, Take Action and Next Choice One Dose) may be bought over the counter without a prescription and without having to see a pharmacist. Ella, a non-hormonal EC pill, requires a prescription from a health care provider or a pharmacist.
  - » **Copper-T IUD** (ParaGard) can act as emergency contraception when inserted by a health care provider within 5 days of unprotected sex.
- The sooner EC is taken (within 5 days) after unprotected sex, the more effective it is at preventing unintended pregnancy. Ella, unlike other EC pills, does not decrease in effectiveness during those 5 days.
- EC works by keeping sperm from fertilizing an egg by preventing ovulation or making the environment hard for sperm to survive in. EC is not the same thing as the abortion pill, and will not harm an existing pregnancy.
- Emergency contraception does not protect against HIV or other STIs, so protection like PEP should also be used.

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 people 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 people who use these methods not to smoke.

The side effects some people 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 people 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.

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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?
- How can I show myself respect in my sexual health decision making?

What are some ways partners 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

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

> **If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted infections, 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 also helps prevent sexually transmitted infections, 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.**

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ACTIVITY D

ATTITUDES ABOUT CONTRACEPTION

PREPARING FOR THE ACTIVITY

RATIONALE

This activity focuses attention on individual responsibility for the prevention of pregnancy and makes participants aware of some of the reasons people may not use birth control.

MATERIALS

- *Agree/Disagree* signs
- Masking tape

TIME

10 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 participants' 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 participants who seem to be in the minority on a certain issue. Refer to the group agreements to give the participants structure if they become unruly.

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3. **Follow the instructions below:**

   - Ask participants to stand.
   - Read a statement from the *Attitudes Statements* below.
   - Ask participants 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 participants 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 participants 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 participants 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 unintended pregnancy can often make life more complicated. Teens who learn about birth control can use it correctly and safely.)
2. **It's embarrassing to go into the drugstore and buy condoms.** (It might be embarrassing but 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.** (Not only is it not true, girls who carry condoms are actually smart, responsible, proud and safer. Girls can take control of condom use by using internal condoms, having condoms ready for when they need them, and feeling comfortable buying condoms or getting them from a clinic.)

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4. **Hormonal methods such as the shot can make someone fat and not sexy.** (The term *sexy* means appealing and exciting. It really has nothing to do with a person's body shape. Being happy with oneself projects a better self-image that may contribute to "feeling sexy." There is little evidence that links hormonal methods to weight gain. Diet, exercise and genetics have a bigger influence on a person's weight. If one contraceptive method does not work for you, you can always talk to your clinician about switching to a different method.)
5. **Internal condoms are too much trouble.** (The 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.)
6. **It's hard to talk about protection with the person you're having sex with.** (It might be challenging to have difficult conversation like this. However, it's easier 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.)
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 STIs. 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 STIs.)
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 raising their children. 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.)

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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.)
10. ***Optional for high school youth:*** **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.)

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 unintended pregnancy and STIs, 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 unintended pregnancy and STIs by using an effective method of birth control *and* condoms every time you have sex.

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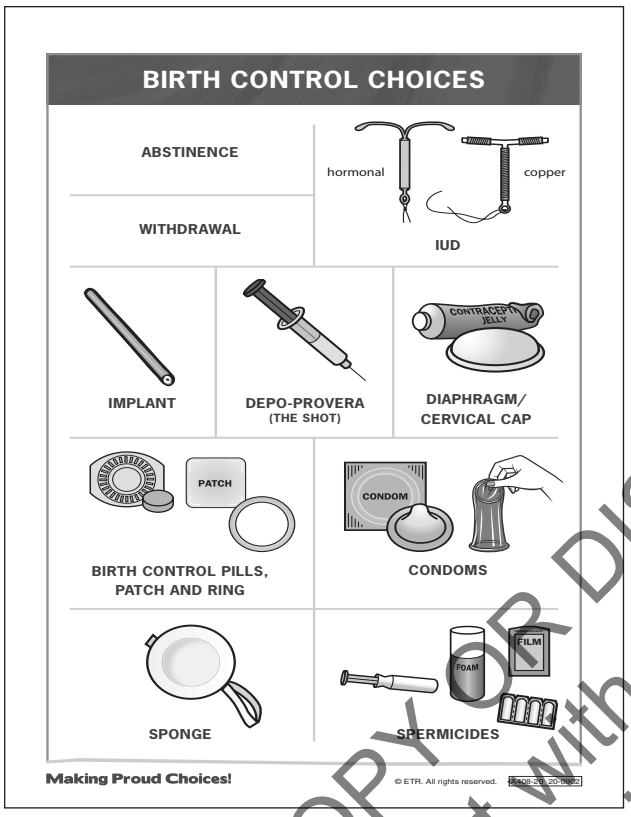

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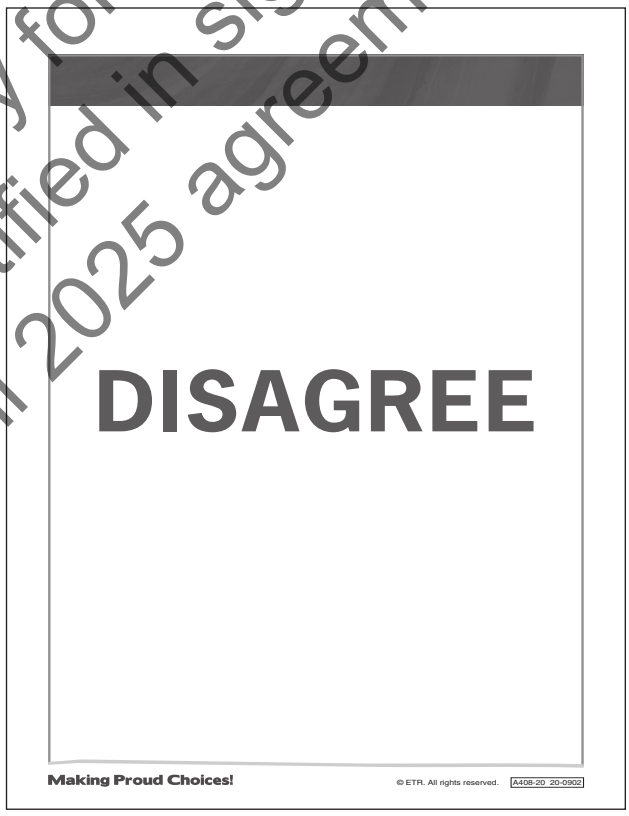

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MODULE 7

DEVELOPING CONDOM USE AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Enhance participants' ability to resist situations that place them at risk for HIV/STI infection and pregnancy.

LEARNING OBJECTIVES

After completing this module, participants 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.
- 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 seventh module: (1) enhances participants' ability to use condoms correctly; (2) explores positive aspects of condom use; and (3) allows participants to practice condom negotiation skills.

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STRATEGIES/METHODS

- Exercises
- Scripted Roleplays

MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- Video: *Condom Use Animation* (or alternative videos*) [for high school youth]
- *Condom Line-Up* cards
- *Negotiation and Refusal Skills Charts 1A & 1B*
- *Observer Checklist* poster
- *SWAT* poster
- Worksheets in the student workbook:
  - » *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 chart paper:
  - » *Ways to Make Condom Use Easy and More Fun* (for high school youth)
  - » *Ways to Make Condom Use Easy* (for middle school youth)
  - » *Pros*
  - » *Cons*
  - » *Excuses Sexual Partners Give*
- Markers
- Masking tape
- Monitor and video player, or internet access if using alternative videos

PREPARATION NEEDED

1. Label all of the charts as listed under Materials.
2. Hang the pre-labeled 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. *For high school youth:* Set up the video(s) to be ready to play.

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Condom Line-Up	**10**
B. How to Make Condoms Fun and Pleasurable *(for high school youth)*	**10**
C. Barriers to Condom Use/Condom Pros and Cons	**10**
D. "What to Say If My Partner Says...": Responding to Excuses	**15**
E. Introduction to SWAT and Scripted Roleplays	**15**

(*Note:* This module includes different activities for middle school and high school youth. When implementing the program with middle school youth, adapt Activity A by skipping the video on condom use and including the optional discussion on how to make condom use easy, and skip Activity B. For high school youth, conduct all activities in the module as written.)

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ACTIVITY A

CONDOM LINE-UP

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 video player, or internet access if using alternative videos
- Video: *Condom Use Animation*, or alternative videos
- *Condom Line-Up* cards
- Masking tape
- Pre-labeled chart paper (for middle school youth):
  - *Ways to Make Condom Use Easy*

TIME

10 minutes

PROCEDURE

1. Introduce the *Condom Use Animation* video by saying,

> We are about to see a brief video on 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 video, which is 2 minutes long.

3. When the video 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 participants. (Give each participant more than one card if there are more cards than participants.)

6. Ask the group to stand.

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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 have sex?**

Answer

- » Get consent
- » Get condoms, lubricant and/or dental dams
- » Discuss safer sex issues, including when they were last tested for STIs and ways that they protect themselves from STIs and (if applicable) pregnancy.

8. **Have the participants 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. Consent
> 2. Get external condoms and check expiration date
> 3. Sexual arousal (hug, cuddle, kiss, massage)
> 4. Erection
> 5. Carefully remove condom from package
> 6. Dab water-based lubricant on penis or inside condom
> 7. Squeeze out any air from tip of condom and leave room for ejaculation
> 8. Roll condom on
> 9. Intercourse
>
> *(continued)*

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10. Orgasm *(optional)*

11. Hold onto the rim of condom and withdraw the penis

12. Remove and discard condom

13. Loss of erection

14. Relaxation

FACILITATOR'S NOTE

Steps 6 and 7 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. Orgasms are optional and not everyone will experience an orgasm every time.

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

» Consent, 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 person with a penis loses their erection after putting on a condom and before intercourse, what could the couple do?"

Answer

» This will happen to most people with penises 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.

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13. **Summarize by saying,**

> **You did a great job lining up the condom cards and discussing the correct steps in external 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. Remember, too, that you may also use internal condoms instead of external condoms. It is also important to remember that using two or more condoms at the same time can cause the condoms to weaken and tear. Never use two condoms at the same time. Condoms can be used with other birth control methods such as the pill or withdrawal to increase contraceptive effectiveness.**

OPTIONAL ACTIVITY FOR MIDDLE SCHOOL YOUTH

15. **When using this curriculum with middle school age youth, engage them in a discussion on how condom use can be made easy by asking these questions:**

    - What do you think makes some people uncomfortable about using protection such as external condoms? internal condoms? dental dams?
    - Why do you think other people use these forms of protection?
    - How might someone become more comfortable with the idea of using protection?
    - What might make it easier for someone to get and use condoms? (Use the pre-labeled chart paper to record responses.)

Skip Activity B and move directly to Activity C after this discussion.

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ACTIVITY B

HOW TO MAKE CONDOMS FUN AND PLEASURABLE (FOR HIGH SCHOOL YOUTH)

PREPARING FOR THE ACTIVITY

RATIONALE

Helping participants 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 chart paper:
  - *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 so 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 chart paper titled *Ways to Make Condom Use Easy and More Fun.*

4. Ask participants to brainstorm some ways to make using condoms fun and pleasurable. Record their responses.

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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 participants 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 smoothly.
- Make sure you have condoms (or dental dams) close by to eliminate fumbling.
- Have the condom open and ready to use before sex.
- If using an internal condom, have it inserted before sex.

FACILITATOR'S NOTE

Remind youth that the only protective barriers that protect against HIV and other STIs are those made of latex, polyurethane, polyisoprene or nitrile. Anyone who is allergic to latex can use condoms made of the other materials.

Remember that some of the young people may not be sexually active and that for them this discussion may not make much sense. If this is the case, ask the questions in a way that is less personal. You could ask, "What do you think some people do to make condom use easier and more fun?" or "Imagine an advertisement for condoms and dental dams, what might it say that would make people think using condoms is easier and more fun?"

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Participants should be reminded that only condoms consisting of latex, polyurethane, polyisoprene or nitrile can help protect against STIs. Condoms made from other materials, such as lambskin or other animal membranes, are not effective in preventing the spread of STI.

There are glow in the dark condoms that are latex and safe for STI/HIV protection, as well as flavored, ribbed and other options.

Just as there are different styles of condoms, each brand and type of lubricant is different. People have different preferences and may find that some lubricants feel better than others. Partners can try different brands to find one that feels comfortable and natural.

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 protection such as latex or polyurethane/polyisoprene condoms if you have sex.

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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 chart paper:
  - *Pros*
  - *Cons*
- Markers
- Masking tape

TIME

10 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 chart paper, labeled *Pros* and *Cons*.

3. Ask participants to brainstorm all of the *Pros* (all of the reasons *for* using condoms), and list their answers on the chart paper.

Make sure their list includes:

» Condoms can help prevent pregnancy.

» Condoms can help prevent STIs, including HIV.

» Condoms make you feel good about yourself.

» You know you are safer when you use condoms.

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4. **Ask participants 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: Knowing that you are being responsible by using condoms will feel natural and good.

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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.**

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ACTIVITY D

"WHAT TO SAY IF MY PARTNER SAYS…": RESPONDING TO EXCUSES

PREPARING FOR THE ACTIVITY

RATIONALE

Participants need to examine the excuses sexual partners give for not wanting to use condoms to protect themselves from pregnancy, STIs and sexual transmission of HIV. Practicing what to say if a partner has excuses for not wanting to use a condom prepares the participants to negotiate with a partner.

MATERIALS

- Pre-labeled chart paper:
  - *Excuses Sexual Partners Give*
- Markers

TIME

15 minutes

PROCEDURE

1. Unfold the pre-labeled chart paper 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 chart paper.

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?

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5. **Demonstrate by reading one excuse that is listed on the chart paper 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 participants respond, read the provided response as an alternative.

BREAKING THE MOOD STATEMENTS

Excuse: Condoms ruin 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 ruin 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. Let's try a few different types to find the one that feels best. Putting a drop of lubricant inside the tip of the condom can give extra feeling.

OR

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Internal condoms are made of nitrile, which warms up with body heat. We can use extra lube too.

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: Dental dams are messy and smell funny.

Response: Dental dams aren't any messier or smellier than sex. Let's try a polyisoprene dental dam instead of a latex one so it doesn't smell. We can try different lubes too and find one that isn't smelly.

Excuse: Condoms are unnatural and turn me off.

Response: Worrying about unintended pregnancy and STIs turns me off. Condoms will make me feel safer and sexier.

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 unintended pregnancy or STI.

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 STIs, 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.

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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 STI.

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 STI. 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. The only way to know if someone has an infection is to get tested.

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. Or we can use internal condoms. They're made of nitrile and they warm up with body heat!

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 out and get some condoms, then have sex.

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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 participants 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 STI and not know it. Make a plan to get tested together to know for sure.

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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 STIs, including HIV. Condoms (both external and internal) are the only birth control method besides abstinence that also helps protect you from HIV and other STIs.

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/nitrile) condom and/or dental dam every time you have sex.

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ACTIVITY E

INTRODUCTION TO SWAT AND SCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This scripted roleplay activity helps participants 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 participants 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

15 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 STIs 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.

Affirmative consent is a conscious, voluntary agreement to engage in sexual activity. This consent has to be given throughout the sexual encounter. It is not enough that someone initiates or agrees to have sex. Past sexual relations or a dating relationship should never be assumed to be an indicator of a person's consent to have sex. Policies and laws around affirmative consent protect both partners by making sure they are in agreement and there is mutual understanding of what is happening.

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 participants' 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

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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 unintended pregnancy, HIV and other STIs and how to use condoms. But how do you say "NO" when someone is pressuring you to have sex without using a condom?
>
> How do you express your personal boundaries or communicate how far you are willing to go? People set personal boundaries based on what feels right or what is uncomfortable. In dating or intimate relationships, examples of boundaries may include being happy to go to the movies but not be alone in a bedroom, or wanting to kiss but not to have sex.
>
> Being clear on your personal boundaries will help you in situations where you need to make a decision and communicate that clearly. Just as important as setting and communicating your own boundaries is respecting the other person's boundaries and decisions. This is also a sign of a healthy relationship.
>
> 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.

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4. Review the entire *SWAT* poster with the participants 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.

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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 participants how to read the example with an assertive voice and body language.**

7. **Say to the participants,**

> **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 participant 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.
> - I have not said yes, which means this isn't happening.

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.**

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10. **Review each item on the *Observer Checklist* poster to ensure participants 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 participants to act out the first roleplay. Have them turn to the scripted roleplay *While They're Out* (Ineffective Version) in their workbooks. 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 participants 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 STI like HIV.
>
> *(continued)*

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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 STI. 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 their 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 their feelings.)*

Did the person seem prepared to leave a potentially unsafe situation? *(No. The person finally gave up.)*

Was there consent in this situation? *(No)*

Even though Person 1 didn't say no, did it seem like they were consenting to sex? *(No)*

Even though Person 1 didn't say no, how might Person 2 know that Person 1 did not consent? *(Unsure or soft tone of voice, no eye contact, only backed down because of pressure)*

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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 participants 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 STI 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 having sex. 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.

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16. **After the roleplay, thank the roleplaying participants 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.)*
>
> Did Person 1 respect Person 2's personal boundaries? *(Yes.)*
>
> Was there consent in this situation? *(Yes. There was mutual agreement on what to do next.)*
>
> How should this story end? *(If they have sex, each should continue to check how the other person is feeling and whether that person still wants to continue having sex. At any point, if either one says stop, they must stop. Consent can be revoked at any time.)*

17. **After participants 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 participants to read *Your Valentine's Day Gift* (Ineffective Version). Remind participants to continue to use the *Observer Checklist*.**

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19. **Begin by reading the Setting the Stage section before having the assigned participants 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. You 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)*

Did the person explain why? *(The person failed to clearly express reasons for waiting, and expressed doubt in the original decision.*

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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.)*

Did Person 1 respect Person 2's personal boundaries? *(No.)*

Was there affirmative consent in this situation? *(No. "I guess" is not affirmative consent.)*

How should this story end? *(They should stop because there is no affirmative consent to have sex.)*

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 participants 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.

(continued)

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(continued)

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.

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 participants 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 participants to respond.

25. Summarize as follows,

You had some really great observations. We just had a chance to practice saying no to unsafe behavior. We also had the opportunity to practice listening for consent.

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.

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Condom Line-Up Cards

CONSENT

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Cards (14 total)

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.
- I have not said yes, which means this isn't happening.

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Poster

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
Refused to engage in unsafe behavior	Y/N
Repeated refusal	Y/N
Body language said "NO"	Y/N
W Explained why	
Gave clear reasons	Y/N
A Provided alternatives	
Suggested alternative actions	Y/N
T Talked it out	
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 & Worksheet

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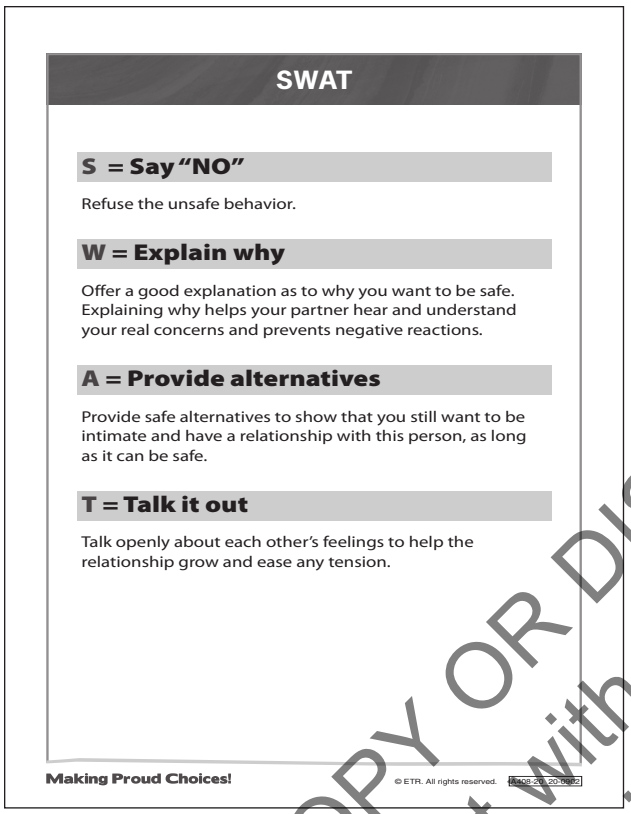

SWAT

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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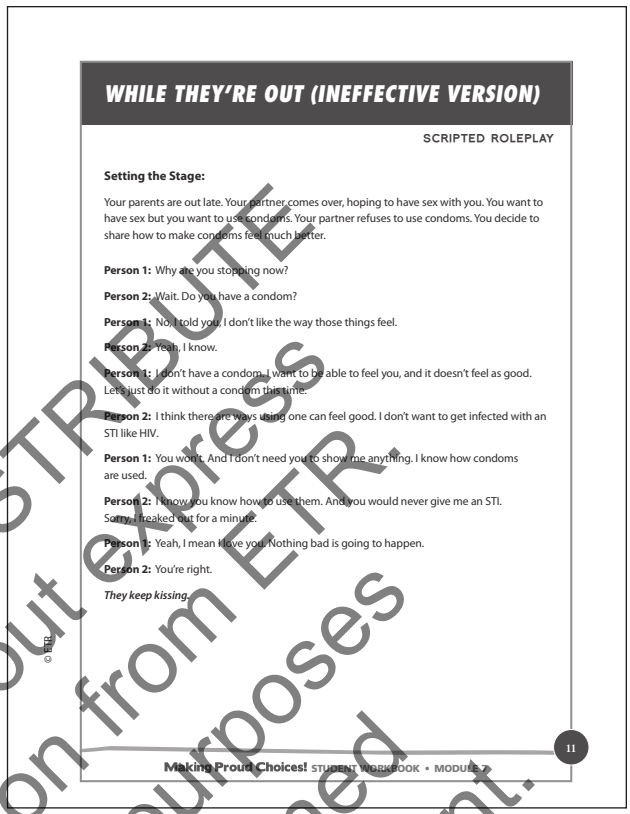

WHILE THEY'RE OUT (INEFFECTIVE VERSION)

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 STI 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 STI. 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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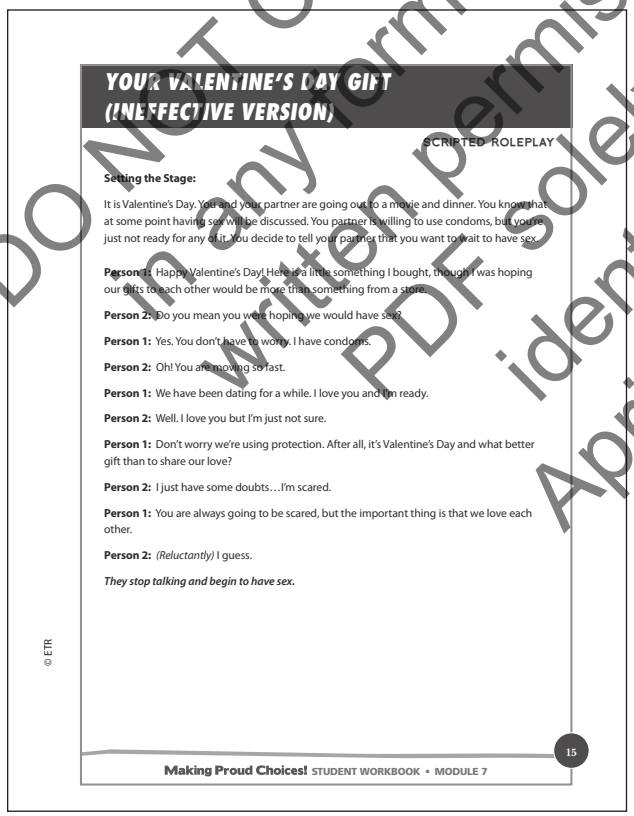
Roleplay (2 versions)



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. You 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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Roleplay (2 versions)

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MODULE 8

ENHANCING REFUSAL AND NEGOTIATION SKILLS

GOALS

The goals of this module are to:

- Increase participants' communication and negotiation skills regarding condom use.
- Enhance participants' ability to resist situations that increase their risk for unintended pregnancy, HIV and other STIs.

LEARNING OBJECTIVES

After completing this module, participants 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 eighth module: (1) provides an opportunity for participants to practice condom negotiation skills; and (2) provides an opportunity for participants to practice communication and negotiation skills with a partner.

STRATEGIES/METHODS

- Roleplays
- Group Discussion
- Mini-Lecture
- Skills Practice
- Video Viewing
- Closing Circle

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MATERIALS NEEDED — INCLUDED IN IMPLEMENTATION KIT

- *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
- *Observer Checklist* poster
- *SWAT* poster
- *Roleplay Guidelines* poster
- Video: *Wrap It Up* (or alternative videos*)
- Roleplays and worksheet in the student workbook:
  - » *Roleplay A: Jamie and Taylor*
  - » *Roleplay B: Justice and Angel*
  - » *Roleplay C: Kayla and Mia*
  - » *Roleplay D: Devon and Jadon*
  - » *Roleplay E: Casey and Alex*
  - » *Observer Checklist*
- *Optional:* Additional roleplay scenarios found in Appendix A

MATERIALS NEEDED — NOT INCLUDED IN IMPLEMENTATION KIT

- Monitor and video player, or internet access if using alternative videos
- Pencils
- Masking tape

INSTRUCTIONAL TIME: 60 minutes

(*Note:* Facilitators may wish to extend the time to allow for further practice of the SWAT technique and roleplays.)

ACTIVITY	MINUTES NEEDED
A. Safer Sex Negotiation Skills and *Wrap It Up* Video*	**15**
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays	**35**
C. Talking to Your Partner about Condom Use - Information Review	**5**
D. Closing Activity	**5**

* ETR has identified other videos that can be used and developed discussion questions and key messages for each. Suggestions for alternative videos are available at www.etr.org/ebi/alternative-videos.

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ACTIVITY A

SAFER SEX NEGOTIATION SKILLS AND *WRAP IT UP* VIDEO*

PREPARING FOR THE ACTIVITY

RATIONALE

Practicing strategies for negotiating condom use with their sexual partner provides participants with additional skills necessary to help reduce their risk for unintended pregnancy, and STIs or HIV infection.

MATERIALS

- Posters
  - *Negotiation and Refusal Skills Charts 1A, 1B, 2, 3 & 4*
  - *Observer Checklist*
  - *SWAT*
- Video: *Wrap It Up*, or alternative videos
- Monitor and video player, or internet access if using alternative videos

TIME

15 minutes

(*Note:* Allow more time, if possible, to practice the SWAT technique and to view the video.)

PROCEDURE

FACILITATOR'S NOTE

This is a quick but important activity. Please maintain a lively pace as you review the negotiation skills 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 video is 6 minutes so you'll need the final 8 minutes to show the video 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 protection and safer sex. This should include what types of protection to use, such as external or internal condoms and dental dams. 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.

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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 participant to read aloud an example from the chart until all the examples have been read. Encourage participants 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 unintended pregnancy, HIV and other STIs.
> - I am not ready to have a child (again).

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.

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6. Go around the group and ask each participant to read aloud an example from the chart until all the examples have been read. Encourage the participants 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 participant to read aloud an example from the chart until all the examples have been read. Encourage the participants to make up their own examples as well.

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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.

9. Introduce the *Wrap It Up* video or alternative video(s) by saying,

> We are going to see a short video about a couple who are in a negotiation about using condoms. In this roleplay, one partner wants to use condoms and the other 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 used to convince a partner to use condoms.

10. Show the video, which is 6 minutes long.

11. Review the video using the *Observer Checklist*.

12. Process this activity by discussing the following questions,

- Did the person who wanted to use condoms use the SWAT Refusal and Negotiation Skills we talked about before? How?
- Did they say no?
- Did they offer an explanation?
- Did they provide alternatives?

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(continued)

- **Did the two people talk it out?**
- **Did you think that they had any difficulty? If so, what?**
- **What were the partner's concerns about using a condom?**
- **What did the person who wanted to use condoms say to respond to their partner's statements and concerns?**
- **Was the person who wanted to use condoms ready to walk away from the relationship, if necessary?**
- **Were their personal boundaries and choice respected?**
- **Was there consent?**

13. **Continue processing with the following questions,**

» What could have happened if one partner decided to continue pressuring the other for sex while refusing to honor that person's decision to use protection?

» What were some other points in the story when their relationship could have turned into harassment, abuse or violence?

» The video was about a heterosexual relationship (boyfriend/ girlfriend). Could this happen in other types of adolescent relationships?

» If you suspect a friend may be in an abusive relationship or is being used by someone in a sexual way, what would you do?

14. **Summarize as follows,**

You have demonstrated a really good understanding of healthy and unhealthy relationships. As we have seen here, the foundation of a healthy relationship is respect, and it is guided by open and honest communication. You also learned refusal and negotiation skills that could help you in your relationships. 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.

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ACTIVITY B

PRACTICING AND ENHANCING NEGOTIATION SKILLS: UNSCRIPTED ROLEPLAYS

PREPARING FOR THE ACTIVITY

RATIONALE

This activity allows participants 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*
- Student workbook:
  - *Observer Checklist*
  - *Roleplays (A–E)*
- *Optional:* Additional roleplays found in Appendix A

TIME

35 minutes

PROCEDURE

FACILITATOR'S NOTE

During the roleplay practice, participants 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 participants 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.

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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 participants 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)*

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(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. **Have participants turn to the *Observer Checklist* worksheet 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 participant should play the role of Taylor. Have the participant turn to Roleplay A in the workbook and give them 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.**

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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 participants' 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?

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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. **Have the first pair of participants turn to Roleplay B in their workbooks. Encourage the participants to be themselves, but to also pretend as if this were a real situation for them.**

16. **Explain to the roleplay participants,**

> 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.**

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19. **Remind observers to fill out the *Observer Checklist* as they watch the roleplay.**

FACILITATOR'S NOTE

After a few roleplays, participants 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 participants 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 participants 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 participants 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.

Participants can also be divided into coaching groups to help each other out. This develops a cooperative atmosphere and is very energizing for the participants.

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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(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 feel that Justice does not trust you 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 participants' 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?

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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. **Have the next pair of participants turn to Roleplay C in their workbooks.**

25. **Tell observers which character to observe. In Roleplay C, the person is Kayla. The goal of this roleplay is for Kayla 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 protection
>
> **Observe:** Kayla using SWAT
>
> *(KAYLA and MIA talking)*
>
> **Kayla**
>
> Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.
>
> 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 reduce the risk for yourself and your partner by always using protection.
>
> While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.
>
> *(continued)*

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(continued)

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

Mia

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kayla, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

28. Review the participants' responses on the *Observer Checklists* asking the following questions,

- Did Kayla use the SWAT technique?
- Did Kayla say no?
- Did Kayla explain why?
- Did Kayla provide alternatives?
- Did they talk it out?
- What could Kayla have done differently?

29. Process the roleplay using the following questions,

- What kept Mia from using protection?
- What are some of the consequences Mia could be facing for having intercourse without using protection?
- What do you think convinced Kayla to start practicing safer sex?

(continued)

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(continued)

- Was Kayla able to convince Mia? If so, how? If not, are they still friends?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to use condoms or dental dams every time you have sexual intercourse or oral sex?

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.

31. Have the next pair of participants turn to Roleplay D in their workbooks.

32. 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.

33. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

34. Read aloud the scenarios for both characters, and then have participants 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

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(continued)

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 STI 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.

35. 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?

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36. 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?

37. 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.

38. Have the next pair of participants turn to Roleplay E in their workbooks.

39. 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 unprotected sex.

40. Remind observers to fill out the *Observer Checklist* as they watch the roleplay.

41. Read aloud the scenarios for both characters, and then have participants 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.

(continued)

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(continued)

Your best friend (Casey), who is dating Dominique's best friend (Chase), doesn't think you should mention condoms to Dominique because you might create trouble in 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.

42. Review the group's responses on their *Observer Checklists* 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?

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43. **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?

44. **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.

45. **Repeat two of the more successful roleplays, if time allows, using different participants to show how similar situations can be handled in different ways.**

46. **Remind observers to continue to use the *Observer Checklist*.**

47. **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.

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.

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ACTIVITY C

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 participants 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 participants 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)

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(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 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 participants to brainstorm ways to avoid becoming pregnant or infected with HIV or another STI. (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 STIs.
- 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 unintended pregnancy, HIV and other STIs.
- Ask about your partner's sexual and drug use history.
- Get tested for and treated for HIV and other STIs.
- Encourage partners with HIV to get ART and stay on treatment.
- Encourage partners with other STIs to get and stay on treatment.
- If you think you might be at risk for HIV because of an infected partner, talk to your doctor about getting on PrEP.

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4. **Reinforce tips for consistent condom use by saying,**

> **Protect yourself and your partner by:**
>
> - **Using a latex or polyurethane/polyisoprene condom (or dental dam) 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. **Unintended pregnancy, HIV and other STIs are potential outcomes 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 unintended outcomes.**
> 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 STIs, 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.**

6. **Remind participants of resources,**

> **There are a number of resources we covered throughout the program. I want to make sure you have a list to refer to if or when you need resources or help.**

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FACILITATOR'S NOTE

Make sure you have referral resources for the youth completing your program. It should include reproductive health care clinics; LGBTQ centers and organizations such as PFLAG or GSA; and STI and HIV Hotlines. Also include:

- LYRIC Youth Talk Line (800) 246-PRIDE
- Youth Legal Information Line (NCLR) 800-528-NCLR (6257)
- National Runaway Hotline 800-231-6946.

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ACTIVITY D

CLOSING ACTIVITY

PREPARING FOR THE ACTIVITY

RATIONALE

This activity provides participants a sense of closure to the program.

MATERIALS

None

TIME

5 minutes

PROCEDURE

1. Ask the participants to form a tight circle with their chairs.
2. Ask each participant to share how something learned in the group will help in achieving goals and dreams for the future.
3. Thank the participants 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 every confidence 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.

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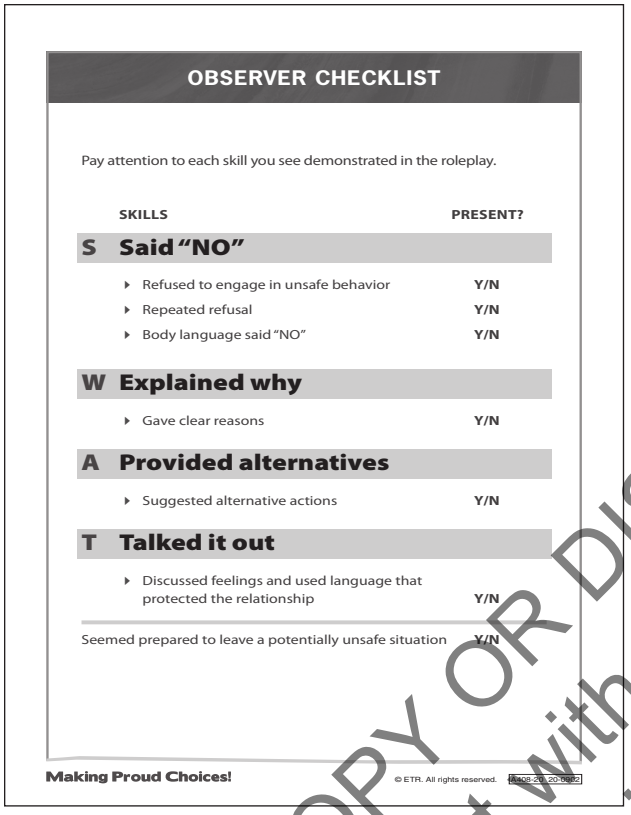

OBSERVER CHECKLIST

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?
S Said "NO"	
▸ Refused to engage in unsafe behavior	Y/N
▸ Repeated refusal	Y/N
▸ Body language said "NO"	Y/N
W Explained why	
▸ Gave clear reasons	Y/N
A Provided alternatives	
▸ Suggested alternative actions	Y/N
T Talked it out	
▸ 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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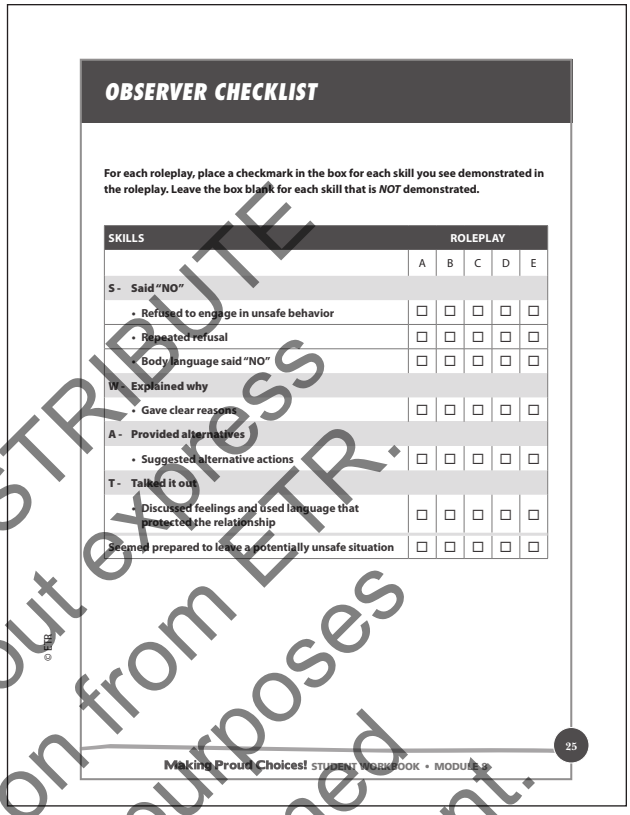

OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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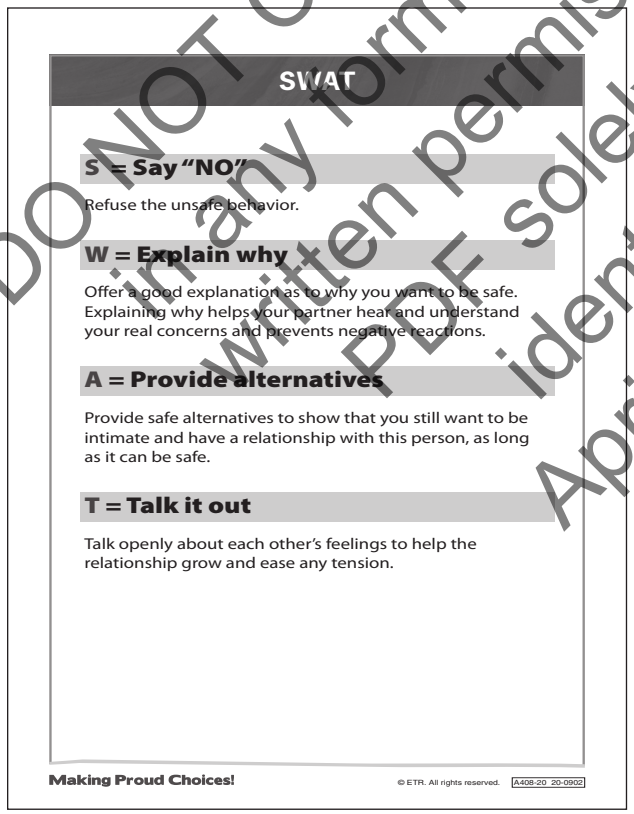
Making Proud Choices! STUDENT WORKBOOK • MODULE 8 25

Worksheet



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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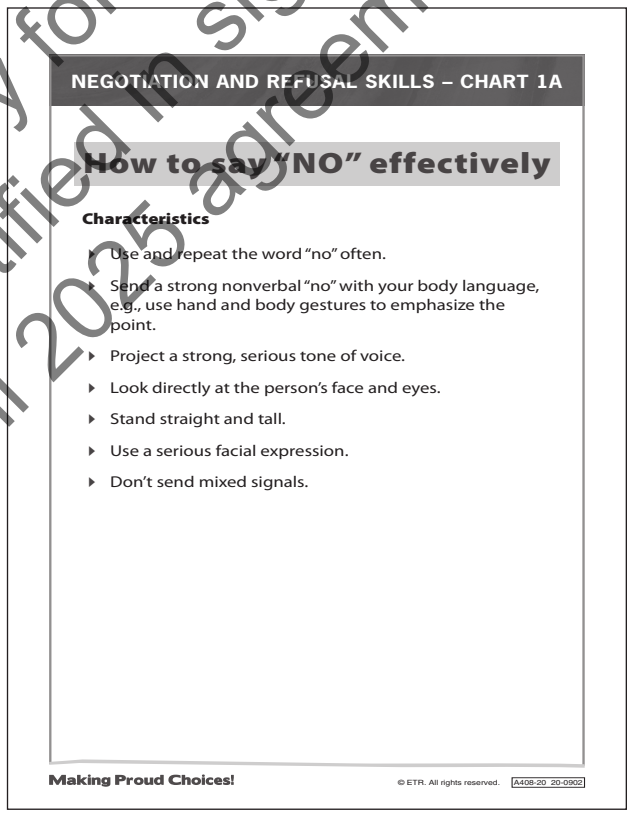

NEGOTIATION AND REFUSAL SKILLS – CHART 1A

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.
- I have not said yes, which means this isn't happening.

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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 unintended pregnancy, HIV and other STIs.
- I am not ready to have a child (again).

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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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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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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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Roleplays A–E (5 total)

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GOALS AND DREAMS TIMELINE

Instructions: Complete this timeline with goals you want to accomplish in the future. Examples include: getting a driver's license, high school graduation, having a committed and stable relationship, learning a new skill or hobby, 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 DONE THAT I AM PROUD OF:
1.
2.

IN FIVE YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

IN TEN YEARS I WILL BE AGE _____. HERE IS AT LEAST ONE GOAL OR THING I HOPE TO BE PROUD OF DOING BY THIS AGE:
1.
2.

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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?

- Charlie

Koko's Response to Caller 1:

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CALLING KOKO CALLER 2

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.

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?

– Raymond

Koko's Response to Caller 2:

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CALLING KOKO CALLER 3

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.

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?

– Alex

Koko's Response to Caller 3:

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CALLING KOKO CALLER 4

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

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.

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 infections. Is oral sex safe? How do we protect ourselves from STIs?

– Carmello

Koko's Response to Caller 4:

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CALLING KOKO CALLER 5

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.

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! I'm scared to date! What should I do?

– Dana

Koko's Response to Caller 5:

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CALLING KOKO CALLER 6

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'm a senior this year and plan to go to college, but something happened the other night that I want to ask about. 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 STI like HIV. What should I do?

– Rihanna

Koko's Response to Caller 6:

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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 concerned about STIs and doesn't want to take any risks.

However, Sean really wants to keep the relationship with Morgan. Sean is concerned about STIs and doesn't want to take any risks.

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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SEAN AND MORGAN CASE STUDY (CONTINUED)

Using STOP, THINK and ACT and the questions below, decide what Sean should do to keep from having sex before being ready.

STOP:

What can Sean do to stop?

What can Sean do to stay calm?

THINK:

What is the problem? What is Sean being pressured to do?

What do you think Sean is feeling?

What does Sean think Morgan is feeling?

What are Sean's choices?

What does Sean really want to do?

What alternatives can Sean suggest to Morgan?

What are the possible consequences?

ACT:

What do you think is Sean's best choice?

How should Sean act on that choice?

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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 STI 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 STI. 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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Observer Checklist

Pay attention to each skill you see demonstrated in the roleplay.

SKILLS	PRESENT?	
S - Said "NO"		
• Refused to engage in unsafe behavior	☐ Yes	☐ No
• Repeated refusal	☐ Yes	☐ No
• Body language said "NO"	☐ Yes	☐ No
W - Explained why		
• Gave clear reasons	☐ Yes	☐ No
A - Provided alternatives		
• Suggested alternative actions	☐ Yes	☐ No
T - Talked it out		
• Discussed feelings and used language that protected the relationship	☐ Yes	☐ No
Seemed prepared to leave a potentially unsafe situation	☐ Yes	☐ No

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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 STI 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 having sex. 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.

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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. You 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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Setting the Stage:

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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 only want to have sex when I'm absolutely sure—when I'm not scared or in doubt. So the answer is no.

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.

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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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ROLEPLAY B: JUSTICE AND ANGEL

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 STIs, especially HIV, and want to use a condom. But you also don't want to lose Angel. You think you're falling in love.

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 feel that Justice does not trust you 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.

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ROLEPLAY C: KAYLA AND MIA

THEME: Two friends talk about protection

OBSERVE: Kayla using SWAT

(KAYLA and MIA talking)

KAYLA

Your friend, Mia, is upset because a partner wants to use protection. You have never used protection either, but you just finished this program at school about pregnancy, HIV and safer sex, and now you feel a lot differently about it.

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 reduce the risk for yourself and your partner by always using protection.

While Mia is telling you all the reasons for not using condoms or other protection, you are trying to convince Mia that protection is a good idea. Maybe you can get Mia to go to the clinic with you to get protection.

Your task is to resist Mia's pressure to have unsafe sex and still keep your friend's respect.

MIA

Your girlfriend told you that if you want to have sex you have to use dental dams. You've heard others talk about this at basketball practice. They say that rubber is nasty and you should feel the "real thing."

You're not trying to be difficult, but nobody is going to force you to use protection! Besides, you only go out with other girls so neither of you is going to get pregnant. And you're not worried about diseases because your new girlfriend is young.

Your friend, Kalya, wants to start using protection because of her class about STIs. You can't even respect Kayla anymore if she can't be real.

Your task is to convince Kayla that protection is a bad idea.

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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 STI 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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ROLEPLAY E: ALEX AND CASEY

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 create trouble in 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.

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OBSERVER CHECKLIST

For each roleplay, place a checkmark in the box for each skill you see demonstrated in the roleplay. Leave the box blank for each skill that is *NOT* demonstrated.

SKILLS	ROLEPLAY				
	A	B	C	D	E
S - Said "NO"					
• Refused to engage in unsafe behavior	☐	☐	☐	☐	☐
• Repeated refusal	☐	☐	☐	☐	☐
• Body language said "NO"	☐	☐	☐	☐	☐
W - Explained why					
• Gave clear reasons	☐	☐	☐	☐	☐
A - Provided alternatives					
• Suggested alternative actions	☐	☐	☐	☐	☐
T - Talked it out					
• Discussed feelings and used language that protected the relationship	☐	☐	☐	☐	☐
Seemed prepared to leave a potentially unsafe situation	☐	☐	☐	☐	☐

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Positive Prevention *Plus*

Curriculum and Teacher's Guide

Sexual Health Education for America's Youth

FOR MEDICAL REVIEW ONLY

An Office of Adolescent Health (OAH) Evidence-Based Curriculum

High School and Community Settings

HSCUR21AYR080824

FOR MEDICAL REVIEW ONLY

Sexual Health Education for America's Youth

for High School and Community Settings

FOR MEDICAL REVIEW ONLY

PRIMARY AUTHORS

Kim Robert Clark, DrPH

Christine Janet Ridley, RN, MEd

For directions on accessing slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-support-materials/

Positive Prevention *PLUS*

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Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services or the Office of Adolescent Health.

This curriculum is aligned with the National Health Education Standards (NHES) and the National Sexuality Education Standards (NSES).

Guidelines for Use of the Positive Prevention *PLUS* Curriculum

POSITIVE PREVENTION *PLUS* CURRICULA SHOULD BE PRESENTED ONLY:

- **to an audience of high school students** in school and community settings;
- **in a school or alternative educational program site setting**;

UNAUTHORIZED USE OF THE POSITIVE PREVENTION *PLUS* CURRICULUM INCLUDES:

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- **exclusion or modification of curriculum content** inconsistent with California laws and codes; and
- **use of the curriculum for personal gain** such as representing oneself as an authorized Positive Prevention trainer or educator on **a fee-for-service basis** without authorization of Positive Prevention *PLUS*.

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Preface

Adolescence is a critical period in life; a time for reinventing self-identity and renegotiating relationships with peers, family members, and the larger society. Personal, family, and cultural values are re-examined. Hopes and plans for the future are envisioned. Increasingly, adolescents are on their own to make critical life-altering decisions.

According to the California Health Framework (2018), "all adolescents develop at different rates, and some may feel awkward as hormonal changes continue to occur. Physiologically, some students are fully mature in high school while others continue to mature after high school. Some transgender students may be taking medications (puberty blockers or hormone therapy) to more closely align the physical characteristics of their body with their gender, while others may be transitioning socially without medical intervention. For all students, this is a period of great change (Bucher and Manning 2010)."

Healthy and rational choices regarding interpersonal relationships and sexual behavior are among the most important decisions facing adolescents. Pressures to conform to media messages regarding relationships, love, and sex may at minimum confuse teens, if not actually endanger them. However, confining or judgmental views may also confuse, alienate, or discourage adolescents from forming healthy self-images and healthy lifelong relationships with others.

Although it may seem students' behaviors are well established, health education teachers continue to play a critical role in implementing standards-based instruction, applying evidence-based curriculum and programs, integrating medically accurate resources, and mentoring students to foster a lifetime of healthy behaviors.

It is not the purpose of this curriculum to supplant parental instruction or cultural expectations regarding sexual relationships and behavior, but rather to complement these values and expectations with the knowledge and skills necessary to choose healthy relationships and self-protective behaviors.

To that end, we believe it is critically important to implement all aspects of this evidence-based curriculum, **with special emphasis on the interactive classroom activities**.

We recognize that a brief unit of study presented just once during upper elementary, middle school and/or high school will not by itself instill the knowledge, attitudes, or skills for a lifetime of healthy relationships and responsible sexual choices. But, *in combination with* informed parental, school, and community guidance and support, including access to valid health information and resources, *Positive Prevention PLUS Sexual Health Education for America's Youth* will contribute to the mastery of this critical health content.

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About the New *Positive Prevention PLUS*: *Sexual Health Education for America's Youth (2021 ed.)*

Positive Prevention PLUS Sexual Health Education for America's Youth focuses on specific protective behaviors using a variety of peer-based and interactive strategies. Follow-up lesson activities which further extend instruction and reinforce student learning are also featured in each lesson, including a daily interview assignment with a parent or trusted adult.

Updated features of the 2021 edition include:

- alignment with the National Health Education Standards (NHES) and the National Sexuality Education Standards (NSES)
- new streamable HTML slide decks for each lesson
- newly animated stories at the beginning and ending of each lesson
- clear notation of the slide number associated with the lesson text
- updated biomedical information
- a new Teacher Resource Page with URLs for accessing further information and updated statistics
- a high school lesson supplement entitled Understanding Puberty for those classrooms which have not yet covered or need to review the topic (See online Appendix D)
- a supplemental lesson on suicide prevention (see online Appendix D)
- a replacement Lesson 7 Teen Pregnancy: Choices and Responsibilities Version 2 for those states in which a discussion of abortion is not allowed (included in this teacher binder)

In addition, the *Positive Prevention PLUS* curriculum incorporates the five foundational **Socio-Emotional Learning (SEL) Practices** necessary for success in school and in life:

- **Self-Awareness** (including self-confidence and self-efficacy in lesson 11)
- **Social Awareness** (including empathy, appreciating diversity, and respect for others in lessons 2 and 8
- **Responsible Decision-Making** (including identifying and solving problems, and analyzing situations in lessons 6, 7, and 11)
- **Self-Management** (including self-discipline and goal-setting in lessons 1, 11 and 13)
- **Relationship Skills** (including communication and relationship building in lessons 2 and 11) (Source: www.casel.org)

Positive Prevention PLUS is published in three levels: Upper Elementary, Middle/Jr. High School, and High School and Community Settings. An online independent study version is also available for home-bound students, charter schools, and alternative settings, as well as *Positive Prevention PLUS for Special Populations* (Special Education) for mild-to-moderate functioning students.

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About the Authors

Kim Robert Clark, DrPH

Kim Clark is Professor Emeritus of Public Health Education in the Department of Health Sciences at California State University, San Bernardino. Dr. Clark became involved in HIV/AIDS prevention education in 1989 when he served as Program Coordinator for the California Department of Education's statewide HIV/AIDS education project, funded by the Centers for Disease Control and Prevention. In addition to serving as co-author for the *Positive Prevention PLUS* curriculum, Dr. Clark also served on the *National Health Education Standards* and *California Health Education Content Standards* committees, and was Project Director for the San Bernardino County Superintendent of Schools' Office of Adolescent Health (OAH) Tier II Research Project on Teen Pregnancy Prevention.

Christine Janet Ridley, RN, MEd

Christine Ridley has worked extensively in the field of nursing and education throughout the last 25 years. During that time, she worked as an elementary school teacher, school nurse, and District School Health Coordinator managing a variety of health programs. Christine also worked as the Project Director for the California Department of Education's *Putting It All Together: Program Guidelines and Resources for State-Mandated HIV/AIDS Prevention Education in California Middle and High Schools,* and in the establishment of the HIV/STD Project Center for the development, distribution and training of curriculum and media materials. During that time, she directed the development of the original *Positive Prevention: HIV/STD Prevention Education for Special Populations.* Christine also served as an instructor in the Health Science Department at California State University, San Bernardino, and in the Nursing Department at California State University, Fullerton, for over 20 years before her recent semi-retirement. She continues to enjoy working on the curriculum as its a co-author.

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About Our Partners

Cardea Services

The mission of Cardea Services is to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients. Cardea staff are active and highly respected participants in teen pregnancy prevention research and demonstration projects in California and nationwide. As a partner in the *Positive Prevention PLUS* program, Cardea provides teacher trainings and technical assistance to school districts and agencies in California and out-of-state. For more information call (510) 835-3700 or email positive.prevention@cardeaservices.org.

The American Red Cross

The American Red Cross has been working to prevent HIV infection since 1985. It continues to reach out to communities nationwide with information and resources about HIV and AIDS. The Orange County Chapter of the American Red Cross was instrumental in launching earlier versions of this curriculum.

Contact your local chapter of the American Red Cross for more information about HIV/AIDS prevention materials and trainings they provide or visit the worldwide web at www.redcross.org.

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The **Curriculum Support Section** on our website positiveprevention.com may be accessed using the code packaged with this curriculum. This folder contains the following:

- Appendices A-D
- Teacher Lesson Slides
- Selected Parent Materials in English and Spanish

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Introduction

Parents are confronted daily with facts and figures regarding the status of adult and adolescent health in the US. Accidents and suicide remain the leading causes of death in adolescents, and homicide is common in some young adult populations. HIV and AIDS continue to be serious health conditions in young adults, as do other sexually transmitted infections. Recent estimates reflect that these and other chronic diseases will cost the US economy over three trillion dollars by the year 2025, both in direct health care costs as well as lost productivity. Each one of these diseases involves a behavioral component which can be modified to prevent illness.

Nearly all teen pregnancies are unplanned—that is, teens themselves say they did not intend to get pregnant or cause a pregnancy. As a result of many factors—including increased access to sexual health information and birth control—the United States has seen a 70 percent decline in the teen birth rate since 1991, including profound declines in all 50 states and among all racial/ethnic groups.

However, each year about 194,000 teens still give birth, which is about 19 births for every 1,000 girls. Nearly two out of every 100 teen girls will have a child each year. Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination.

The fact that teens don't want to get pregnant is reason enough to ensure that they have access to quality information and birth control. In addition, preventing teen pregnancy helps expand opportunity, create positive social change, and allow young people to be stronger contributors to their communities. (Source: https://powertodecide.org/what-we-do/information/why-it-matters)

Many young people also engage in sexual behaviors that can result in sexually transmitted infections (STIs), including HIV. In 2016, young people aged 13-24 accounted for an estimated 21% of all new HIV diagnoses in the United States, with most occurring among 20-24 year olds. Half of the nearly 20 million new STIs reported each year are among young people aged 15-24. Yet other sexual behaviors, such as condom use and hormonal birth control use, can protect against STIs, including HIV, and unintended pregnancy. (Source: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf)

For further information on trends in teen sexual health, see:

- ***The Centers for Disease Control Adolescent and School Health***
  https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
- ***Adolescent Development and STDs***
  https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy

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Training Qualified Teachers

Crucial to the successful implementation of effective health instruction is the assignment of this responsibility to **credentialed and qualified health science teachers**. Teachers must have a credential in the subject area to which they are primarily assigned, i.e., a Single Subject Credential with authorization in Health Science. Biology or physical education teachers are not authorized to accept health education as their primary assignment, unless they hold an authorization in Health Science. School nurses, science and physical education teachers, and others (including outside speakers) may be assigned to teach the curriculum, **but should first attend a formal curriculum training**.

The Guidelines for Comprehensive Sexuality Education: Kindergarten – 12 Grade (SIECUS, 2004) are:

- Every person deserves to be treated with dignity and respect.
- Sexuality is a natural and critical dimension of adolescent development.
- Sexuality includes physical, emotional, psychological, ethical, social and spiritual dimensions.
- Sexuality and sexual behavior are defined and shaped by genetics, culture, tradition, race/ethnicity, and religion.
- Youth explore their sexual identity as a natural process in achieving sexual maturity.
- Youth have a right to access sexual and reproductive health services.
- Youth have a right to medically accurate information about sexuality.
- Healthy sexuality is more than reproductive health or the avoidance of HIV/STIs, or unintended pregnancy.
- Sexual relationships should be reciprocal, based on respect, and should never be coercive or exploitative.
- Adolescent sexuality education should be comprehensive, holistic, grounded in a youth-centered approach, and based on youth development principles.

The Guiding Principals and Assumptions are also reflected in the *National Teacher Preparation Standards for Sexuality Education* (Future of Sex Education, 2014).

The *National Teacher Preparation Standards for Sexuality Education* were created to provide guidance to programs within institutions of higher education in order to better prepare undergraduate pre-service students to deliver sexuality education.

The development of the *Teacher Preparation Standards* are part of the ongoing Future of Sex Education (FoSE) Initiative, which has as its goal that every young person in public school has high quality, comprehensive sexuality education that is developmentally, culturally, and age appropriate.

In the United States, sexuality education is most commonly taught within the health and/or physical education (PE) curriculum at the middle and high school levels. In the elementary grades, individual classroom teachers teach health in addition to every other subject area. So while the overall FoSE initiative is focused on instruction in Grades K-12, the *Teacher Preparation Standards* focus specifically on preparation programs that train health and PE teachers most likely to be teaching in middle and high school. For further information, visit www.FutureofSexEd.org.

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Training Qualified Teachers CONTINUED

School districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers shall have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.|

For in person or virtual teacher trainings, please visit our website at positiveprevention.com

Rigor and Relevance: How Positive Prevention *PLUS* Supports Current Trends in Education

In recent years, a number of state and federal initiatives have provided guidelines and standards for higher quality sexual health education, including the *National Health Education Standards*, the *Next Generation Science Standards* (NGSS), and the National Sexuality Education Standards (NSES). *Positive Prevention PLUS* reflects these guidelines and initiatives in a number of ways, as described below.

National Health Education Standards.

Guidelines for K-12 classroom health instruction are organized according to eight over arching standards (with examples of related *Positive Prevention PLUS* content listed in parentheses after each Standard.) NOTE: Standards emphasized in each lesson are referenced on the chart in Appendix A in the Curriculum Downloads.

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health. (P3 lessons include healthy relationships, avoiding relationship violence and abuse, protection from unplanned STIs and pregnancy, HIV/STI transmission, accessing health care, planning a healthy future.)

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (P3 lessons include media analysis, assertiveness skills, refuting peer pressure.)

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health. (P3 lessons include seeking advice and guidance from trusted adults, identifying local health providers and resources for HIV/STI testing and reproductive health care.)

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (P3 lessons include refuting peer pressure, assertiveness skills, condom negotiation skills.)

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health. (P3 lessons include protecting oneself from abusive relationships, selecting appropriate contraception, exploring reasons to abstain from sexual intercourse, and alternatives regarding an unplanned pregnancy.)

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Rigor and Relevance CONTINUED

Standard 6: Students will demonstrate the ability to use goal setting skills to enhance health. (P3 lessons include life planning and goal setting, assessing personal readiness to take steps toward success.)

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks. (P3 lessons include protecting oneself from an unintended STI infection or pregnancy, protecting oneself from abusive relationships, including sex trafficking, using contraception if sexually active, accessing health services, seeking advice and guidance from trusted adults.)

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health. (P3 lessons include assertiveness and negotiation skills, normative modeling and discussion regarding sexual abstinence, and ways to avoid abusive relationships.)

National Health Education Standards.

The goal of the National Sexuality Education Standards: Core Content and Skills, K–12 is to provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is age-appropriate for students in grades K–12.
The Standards are organized according to eight overarching concepts (with examples of related Positive Prevention PLUS content listed in parentheses after each Standard). NOTE: Standards emphasized in each lesson are listed at the beginning of each lesson, and referenced on the chart in Appendix A in the Curriculum Downloads on the positiveprevention.com website using the code in the beginning of this curriculum.

Standard 1: Core Concepts. Students will comprehend concepts related to health promotion and disease prevention to enhance health. (P3 lessons feature "essential information" on which students build their intrapersonal and interpersonal skills, including puberty, human reproduction, contraception, and disease transmission.)

Standard 2: Analyzing Influences. Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (P3 lessons examine peer, media, cultural, and family influences and practices that impact their attitudes and behaviors.)

Standard 3: Accessing Information. Students will demonstrate the ability to access valid information and products and services to enhance health. (P3 lessons include the identification of web-based and community-based services, including guidelines for safely using social media.)

Standard 4: Interpersonal Communication. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (P3 lessons include discussions with other students, parents and/or trusted adults; as well as practicing effective assertiveness and negotiation skills.)

Standard 5: Decision-Making. Students will demonstrate the ability to use decision-making skills to enhance health. (P3 lesson 6 incorporates decision-making practice for reproductive health-related problems.)

Standard 6: Goal-Setting. Students will demonstrate the ability to use goal-setting skills to enhance health. (P3 lessons include detailed life-planning and goal-setting exercises.)

Standard 7: Self-Management. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. (P3 lessons include forming healthy and positive relationships with others, identifying and avoiding risky sexual behaviors, protecting one's own and others' sexual health and well-being, and seeking care and advice from valid and reliable sources.)

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Rigor and Relevance CONTINUED

Standard 8: Advocacy. Students will demonstrate the ability to advocate for personal, family and community health. (P3 lessons include expressing empathy for others, and committing to the sexual health and safety of self and others.)

Next Generation Science Standards

The goal of the *Next Generation Science Standards* (NGSS) is to move beyond content knowledge, i.e., to move from memorizing facts to "science literacy." (NOTE: The concept of science literacy is similar to the concept of "health literacy" discussed in earlier health education frameworks.)

Although there is some content congruence between HIV/STI prevention and teen pregnancy and the NGSS contents (e.g. reproductive structure and function, bacterial and viral infections, and the immune system), **it is the NGSS recommended instructional strategies that align so well with *Positive Prevention PLUS***.

Collaboration and problem-solving
Lessons include normative and brainstorming discussions surrounding group agreements, the advantages of delaying sexual activity, and suggesting individual and family responsibility for caring for self and others.

Applying and inferring
Lesson Previews emphasize the distinction between situational facts, and the subsequent interpretation of those facts.

Sorting
Lessons include ranking sexual risk behaviors, also categorizing STIs and contraceptive methods.

Formative and summative evaluation of student learning
Lessons include student worksheets and Lesson Wrap-ups, student engagement in class activities, and a curriculum pre-post test.

Again, it would not be appropriate to claim that *Positive Prevention PLUS* is aligned with the *Next Generation Science Standards*, but rather that **this curriculum supports and complements the NGSS and the work of those educators and schools striving toward engaging students in applying their knowledge and skills in an authentic and relevant context.**

Characteristics of Effective HIV/STI and Teen Pregnancy Prevention Programs

Based on a number of early and more recent program evaluations, it is now known that the most effective HIV/STI and teen pregnancy prevention programs share common characteristics. These programs:

- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or sexually transmitted infections, including HIV.
- Deliver and consistently reinforce a clear message about abstaining from sexual activity or using condoms or other forms of contraception. This appears to be one of the more important characteristics distinguishing effective from ineffective programs.

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- Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or to use methods of protection against pregnancy and sexually transmitted infections.
- Include activities that address social pressures that influence sexual behavior.
- Provide examples and practice with communication, negotiation and refusal skills.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
- Employ teaching methods designed to involve participants and have participants personalize the information.
- Are based on theoretical approaches that have been demonstrated to influence other health related behaviors and identify specific antecedents to be targeted.
- Select teachers and peer leaders who believe in the program and then provide them with adequate training.
- Last a sufficient length of time (i.e.) more than a few hours. Generally speaking, short-term curricula, whether abstinence-only or sexuality education programs, do not have measurable impact on the behavior of teens.

From: Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy. (Source: Advocates for Youth, May 2008)

Medical Accuracy of the Positive Prevention *PLUS* Curriculum

The *Positive Prevention PLUS* curriculum underwent its second medical review by staff from the federal Office of Adolescent Health in 2014 ("Medical Accuracy Review Form for Curricula and Educational Materials Proposed for Use by Teen Pregnancy Prevention (TPP) Grantees and Personal Responsibility Education Innovative Strategies (PREIS) Grantees"), and was deemed "meets the definition of medical accuracy with modifications" which were then made.

A more recent review for medical accuracy was conducted in September 2019 by Adagio Health, a federal grant recipient in Pennsylvania. The curriculum was deemed "medically accurate with modifications" which have also since then been made.

In addition, URLs are provided throughout the curriculum so teachers can access the latest updated information on a variety of topics.

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Research Findings for Positive Prevention *PLUS*

In 2010 the federal Office of Adolescent Health (OAH) funded a 5-year research study to evaluate the impact of the *Positive Prevention PLUS* curriculum on sexual behaviors of high school freshman. Results of two independent randomized control trials (RCTs) involving 100 teachers and 3,000 students from six Southern California school districts indicated statistically significant improvements in:

- Delay in the onset of sexual activity
- Increase in contraceptive use among sexually active students
- Increase in access to reproductive health care services
- Increase in parent-child communication regarding sexual health

From: LaChausse R. *A Clustered Randomized Controlled Trial of the Positive Prevention PLUS Adolescent Pregnancy Prevention Program.* Washington, DC: American Journal of Public Health, Supplement 1, 2016, Vol. 106, No. 51

See also: Office of Adolescent Health https://opa.hhs.gov/sites/default/files/2020-07/summaryresearchdemonstration.pdf

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Trauma-Informed Instruction

Traumatic stress can arise from a variety of sources: bullying at school, school shootings, even the day-to-day exposure to events such as molest or assault, incest in the family, divorce or homelessness. Children and adults can be affected by traumatic stress. Having the tools to manage traumatic stress empowers the members of both students and staff.

Students who are being (re)traumatized may exhibit a wide range of behaviors, including emotional withdrawal, tears, disruptive behavior, or inability to focus. In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress, including students who have been bullied, assaulted or molested. Those adults include administrators, teachers, staff, parents, and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. This should apply to teachers as well as students.

A teacher note included in several of our lessons reads as follows:

NOTE: These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

For more information, see: https://traumaawareschools.org

Respect for Differences, Gender Equity and Human Rights

The authors of this curriculum strongly believe that communities, schools, families, and students should:

- Recognize that American society is and always has been pluralistic and multicultural, a single nation composed of individuals whose heritages encompass many different national and cultural backgrounds.
- Understand the American creed as an ideology extolling equality and freedom.
- Recognize the status of minorities and women in different times in American history.

The authors of this curriculum further believe that, in order to participate effectively in society, students need to:

Develop personal skills. Among the personal skills that students should develop are sensitivity to the needs, problems, and aspirations of others; expression of their personal convictions; recognition of personal biases and prejudices, such as the stereotyping of members of a particular group; understanding of people as individuals rather than as stereotypes; and the adjustment of one's behavior to work effectively with others.

Develop group interaction skills. Among the group interaction skills that students should develop are willingness to listen to the differing views of others; ability to participate in making decisions, setting goals, …and resolving conflicts; and the ability to confront controversial issues in ways that work toward reasoned solutions free of aggressions that destroy group relations.

Develop social and political participation skills. Among the social and political participation skills that students should embrace, include …to accept social responsibilities associated with citizenship; …to preserve and extend justice, freedom, equity, and human rights; …and to accept the consequences of one's own actions.

Gender Equity

Studies from both developing and developed countries confirm that young people who believe in gender equality have better sexual health outcomes than their peers. In contrast, those young people who hold less egalitarian attitudes tend to have worse sexual health outcomes. **For example, young people who believe that males should be "tough" and should hold more power than females are less likely to use condoms or contraception and more likely to have multiple sex partners. They are also more likely to be in intimate relationships that involve violence.** Females in relationships with a high level of male control are also more likely to report HIV and unintended pregnancy.

Reflecting this constellation of gender inequality and poor sexual health are studies showing that intimate partner violence is associated with higher rates of unintended pregnancy, STIs, and HIV. These findings make clear that young people need chances to learn about gender. *(ref: It's All One Curriculum, p. 4)*

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Human Rights

Why would sexuality and HIV/STI education emphasize human rights? To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. *(ref: It's All One, p. 18)*

Every single person has a responsibility to respect the rights of every other person:

- When we grow up learning to respect every human being equally, we come to respect human rights.
- Often, when we grow up learning to hold negative attitudes toward certain groups of people, we may treat them unfairly and deny them their rights.
- Sometimes people attach a set of characteristics to a certain group of human beings. This is called "stereotyping." Common examples of stereotyping include the attitudes that boys are naturally better than girls at math and that certain groups are lazy or unclean. Stereotypes are typically inaccurate or highly distorted. Stereotyping makes us less able to see others as fully human. It makes us more likely to condone unfair treatment of others.
- Some people may be subject to severe social disapproval because of their personal characteristics. This disapproval is called stigma. For example, in some places people may be subject to stigma because of their weight, their sexual behavior, their religion, their health status, or even their lack of ability in sports. When people are treated unfairly because of their presumed (or known) identity, such treatment is called "discrimination." People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community, and in society at large.
- Discrimination is not only an individual matter. Governments and whole social systems (such as schools, religions, or the job market) also discriminate.
- Regardless of our personal attitudes, we all have a responsibility to respect people's human rights. *(ref: It's All One, p. 26)*

For further information on *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* (Population Council, 2009), https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf

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Parent and Community Involvement

Critical to the successful implementation of effective health education programs is the involvement of parents and community in the review and approval of the course of study, as well as in the provision of supportive resources. An ideal mechanism for enhancing parent and community involvement is a school health advisory committee. The Public Health Law Center at William Mitchel College of Law has outlined how to establish a school health advisory committee in its publication entitled Creating and Sustaining a School Health Council (June 2011).

Positive Prevention PLUS Comprehensive Sexual Health Education deals with content which some might argue is better left to parental discussions within the context of diverse family or cultural values. We respect the right of parents or guardians to withdraw their child from instruction with the caveat that parents or guardians take an active and informed role in the sexual health education of their children.

To that end, *Positive Prevention PLUS Comprehensive Sexual Health Education* also includes parent or trusted adult student assignments to address sexual health topics with their child in each lesson. In addition, parent or other trusted adult background materials, discussion points, and other resources are provided in Appendix B. For those parents who contend that limited, abstinence-only materials should be presented, note that abstinence-only materials are not permitted in CA public schools. We also refer them to the citations regarding research on the scientific and ethical shortcomings of the abstinence-only-until-marriage approach. Please see https://www.mailman.columbia.edu/public-health-now/news/abstinence-only-until-marriage-programs-and-policies-are-failure.

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Getting Started

NATIONAL HEALTH EDUCATION STANDARD (NHES)
1.12.2, 2.12.7, 3.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDSV
PD.8.AI.1, SH.10.INF.1, SH.10.CC.6. For further information see Appendix A.

SEL COMPETENCIES
Self-Management
Social Awareness
Relationship Skills

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:
You may need to notify parents regarding these sexual health education lessons. See Appendix B for Sample Parent Letter.

CONTENT

- Introduction
- Discussing Embarrassing Topics
- Group Agreements (W worksheet)
- The Sexual Health of Teens
- Lesson Wrap-Up and Pre-Test (W worksheets)
- Optional lesson on pubertal development (see Appendix D)

OBJECTIVES

- Identify and follow class guidelines for appropriate behavior.
- Complete a self-assessment of pre-existing knowledge (Pre-Test) related to interpersonal relationships and sexual health.
- Identify facts about teen sexual health.

MATERIALS

- Teacher's slides for the lesson
- Student workbook, one per person, or duplicate the **Group Agreements**, and the **Lesson Wrap-Up** worksheets and **Pre-Test**
- Poster paper, markers, and tape
- Student Workbooks containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com

TERMS

confidentiality, agreements

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PART A

Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

NOTE:
Designate a bulletin board or area of the room for websites, helplines, phone numbers and addresses of agencies which provide reproductive-related services.

1 Getting Started

Using the slides provided, display the title slide for this lesson before you begin instruction.

2 Meet Esther, Johnny, Aman, and their friends.

Play the animated lesson preview (Slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will we be studying in this unit?

Explain to students that during the next few weeks you will be introducing a very important unit of instruction on "comprehensive sexual health education," including:

- life planning
- gender and sexual orientation
- friendship, dating, love, and commitment
- human reproduction
- sexual abstinence and delayed sexual activity
- all FDA-approved contraceptive methods
- relationship abuse including sex trafficking
- HIV/AIDS and STI prevention

4 What will you learn today?

Review today's learning objectives.

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5 How will this lesson help you?

Review today's evidence of achievement.

PART B Discussing Embarrassing Topics

NOTE:
Encourage students to use a question box as needed throughout the lessons.

6 Why is it difficult to discuss sexuality and sexual health?

1. Ask why it is difficult for some people to discuss sexuality and sexual health, even though these are a normal part of human development. Responses may include:
   - These topics are personal or private.
   - These topics are sometimes associated with being "normal" or "not normal."
   - These topics have to do with family, culture, or religious beliefs.

2. When talking about embarrassing topics, what types of behavior do you sometimes observe? Possible responses include:
   - laughter
   - silence
   - side comments

3. Assure students that, as the teacher, it is your intention to help them understand their changing social, emotional, and human relationships.

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PART C

Group Agreements

NOTE:
*If your school has purchased the **Student Workbooks**, you can direct students to the correct workbook page instead of distributing the worksheet.*

NOTE:
This would be a good time to explain your responsibility as a "mandated reporter." For example: "We will certainly try to maintain confidentiality in and out of our classroom, just in case someone shares a personal story or accidentally discloses another's name. But I want you to know that if I suspect that any of you are being harmed or endangered by anyone, it is my job as your teacher to help you get help."

7 What group agreements should we follow? W

1. Distribute a **Group Agreements** worksheet to each student.

2. With the students' assistance, create and post a set of group agreements which will help the students act respectfully and appropriately during this unit of instruction. Group agreements may include:
   - One person speaks at a time.
   - No name calling or put downs.
   - Respect differences.
   - Use proper language.
   - All questions are okay.
   - No personal stories.
   - Protect privacy.

3. Post the **Group Agreements** for everyone to see. You may want to review them each day and encourage students to observe these agreements in and out of class.

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Group Agreements

1.

2.

3.

4.

5.

6.

7.

8.

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I agree to follow
these Group Agreements
during our lessons on Sexual Health.

SIGNATURE _____ DATE _____

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PART D

The Sexual Health of Teens

8 How sexually healthy are teens in the US?

First ask students to guess these percentages of each of the student behaviors; then review the actual data related to teen sexual activity, the use of condoms and other birth control methods, teen births, and cases of STIs.

89.7% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

27.4% The percent of U.S. teens who are currently sexually active.

39.5% The percent of U.S. teens who report ever having sexual intercourse.

54.3% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

10.7% The percent of U.S. teens who report using no method of birth control at last episode of sexual intercourse.

181,607 The number of U.S. teens who gave birth in 2018.

12,500,000 The number of new STI cases each year in the U.S. among young adults ages 15-24.

Source: https://www.cdc.gov/yrbs/results/index.html

https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy

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The Sexual Health of Teens

89.7% The percent of U.S. teens who report using a condom during their last episode of sexual intercourse.

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181,607 The number of U.S. teens who gave birth in 2018.

12,500,000 The number of new STI cases each year in the U.S. among young adults ages 15-24.

How could teen sexual health be improved?

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Sources: https://www.cdc.gov/yrbs/results/index.html
https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy

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9 How can teens improve their sexual health?

1. Explore with the students some ideas about how to improve teen sexual health. Possible responses include:
   - Increase sexual health knowledge for teens.
   - Have parents speak more openly to their children about sex.
   - Make health and counseling services more available to teens.
   - Limit the amount of irresponsible sex in the media.
   - Develop personal attitudes and skills that support healthy sexual behaviors for self and others.
   - Examine gender roles that lead to sexual assault and promiscuity.
2. Remind students that these are the topics and issues we are going to discuss during the next 13 lessons. Encourage them to have good attendance, to pay attention, and to take personal responsibility for incorporating what they learn into their daily lives and relationships.

10 What are some web-based resources for teens?

1. Caution students that random sex-related web searches may result in inaccurate and offensive content, and even the possibility of their becoming vulnerable to sex predators. PROCEED WITH CAUTION!
2. Explain that there are many web-based resources for teens that safely and accurately discuss reproductive health, including sorting fact from fiction:
   - The Centers for Disease Control: https://www.cdc.gov/healthyyouth/education-materials/
   - Family Pact: http://www.familypact.org/
   - Media Wise for Gen Z: www.poynter.org/mediawise-for-gen-Z
3. Also encourage students to speak honestly and openly with their parent(s), trusted adult, adult care providers, or youth leaders about these topics.

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PART E

Lesson Wrap-Up and Pre-Test

11 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

12 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

13 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

14 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

15 Ask yourself.

Direct students to indicate how committed they are to participating fully in this unit of study.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a parent or trusted adult.

1. Pass out the **Pre-Test** to all students to take home and complete with a parent or trusted adult.
2. Remind students to share/discuss with their parent(s) or trusted adult:
   (1) their worksheets and **Pre-Test** from this lesson and
   (2) **ask them** if they ever received comprehensive sex education in school.

17 Remember to do your homework!

Remind students to complete their homework.

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Getting Started Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Teens can improve their sexual health by becoming more aware of how to resist sexual pressures from peers and the media.

T F It can be difficult to talk about sexual health, even though sexuality is a normal part of human development.

T F According to national surveys, more than half of all US teens have had sex.

T F Group agreements include respect for others and maintaining confidentiality.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to participating fully in this unit of study? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share your **Group Agreements**, **Lesson Wrap-Up**, and **Pre-Test** with your parent(s) or trusted adult and **ask them** if they ever received comprehensive sex education in school.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

True	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	False	2. The terms gender identity and sexual orientation mean the same thing.
True	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
True	False	4. Love involves passion, commitment, and/or intimacy.
True	False	5. Intimacy with another person can only be achieved by having sexual intercourse.
True	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
True	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
True	False	8. Planning if and when you have children is part of planning your life.
True	False	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
True	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
True	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
True	False	12. Being infected with HIV can cause emotional, social, and physical problems.
True	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to their sexual partner(s).

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True	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	False	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	False	16. HIV can enter a person's body only through the penis or vagina.
True	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
True	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
True	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
True	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	False	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
True	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
True	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	False	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
True	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What are some things you would like to learn in this unit?

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NAME ANSWER KEY

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

(True)	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	(False)	2. The terms gender identity and sexual orientation mean the same thing.
(True)	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
(True)	False	4. Love involves passion, commitment, and/or intimacy.
True	(False)	5. Intimacy with another person can only be achieved by having sexual intercourse.
(True)	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
(True)	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
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(True)	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
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(True)	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
(True)	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	(False)	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
(True)	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What are some things you would like to learn in this unit?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 1

Life Planning

NATIONAL HEALTH EDUCATION STANDARDS (NHES)
No relevant standard. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS (NSES)
ID.12.CC.1, ID.12.CC.2, PD.8.AI.1, SH.10.INF.1, SH.10.CC.6. For further information see Appendix A.

SEL COMPETENCIES
Self-Awareness
Self-Management

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:
Student Workbooks *containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com*

CONTENT

- Introduction
- Visualizing Your Future (A activity)
- Creating a Life Plan (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify their personal life plans and goals.
- Visualize themselves achieving their life plans and goals.
- Identify several steps they need to take now to reach their goals.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **My Lifeline** and **Lesson Wrap-Up** worksheets

TERMS

goal, plan, alternatives, consequences, visualization

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PART A

Introduction

1 Life Planning

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 Esther and Aman share their plans.

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B

Visualizing Your Future

5 Visualize your future!

A

NOTE:
Unfortunately, visualization can work negatively as well as positively. So, when visualizing, keep it positive. According to Henry Ford, "If you think you can or you think you can't, you are correct!"

1. Display the following statement: **"If you can see it, you can be it."** Ask students to discuss what they think this means.

2. Inform students that there are many ways the human brain sets out to achieve goals. One way is through visualizing the outcome before it actually happens. An example of this process is athletes visualizing themselves successfully shooting a basket, hitting a home run, kicking the soccer ball into the net, and scoring a goal. They practice this before the game. When we visualize, the brain goes to work to make it happen.

NOTE:
Please read this script slowly and with feeling, allowing students to process each step.

3. Say to the students, "We are going to go through a guided visualization right now, so relax and sit in your chair with both feet on the floor, uncrossed. You may close your eyes or put your head down. The classroom lights will be dimmed. There will be no talking until the exercise is completed. Does everyone understand?"

4. With all eyes closed and lights dimmed, proceed through the following script:
   "You are going on a journey into the future. You are going to use your creative imagination. You are relaxed and looking forward to the journey. You are leaving the classroom and headed up a flight of stairs. At the top of the stairs you see a big wooden door. It has the words YOUR FUTURE written on it. You turn the door knob and you go in. You see yourself in ten years."

5. Ask the students:
   - "What do you look like?"
   - "What are you doing? What kind of career do you have?"
   - "Are you married? Single? Do you have children?"
   - "Have you achieved your personal life goals?"
   - "Are you still working on your goals?"

6. Give the students a few minutes of silence to visualize themselves in their future, then say, "It is time for you to come back to the classroom."

7. "You are so glad you went on this journey. You saw yourself successfully accomplishing your goals. You are confident and excited. But now it's time to go back through the door, down the stairs, and the lights in the classroom are coming on in 3…2…1."

8. Ask students to volunteer what they saw themselves doing and how they felt about what they saw. Encourage discussion.

9. Tell them that this is the first step in achieving their goals. **"If you can see it, you can be it!**

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PART C

Creating a Life Plan

6 Time to create your life plan!

W

1. Ask students to identify reasons for having personal goals and life plans. Possible responses include:
   - having something you can look forward to
   - helping you through difficult times
   - helping guide your choices and decisions

2. Distribute the **My Lifeline** worksheet to each student or direct students to the correct workbook page.

3. Lead students through the Lifeline activity:

Step 1: Ask students to enter the year of their birth at the beginning/left end of the line, plus the calculated year of their death at the right end. Explain that this line represents their "lifeline."

Step 2: Ask students to place a star * on the line, representing their age today.

Step 3: Ask students to mark their future plans and goals on their lifeline (e.g., finishing school, getting a job, buying a house, moving away, starting a family, etc.).

Step 4: Ask students to place two stars ** at the point in their lives when they think they will "be their best" or "hit their peak" professionally, financially, and in relationships.

Step 5: Finally, have the students write a paragraph describing some of the details of their life at their "personal best."

4. Ask students to also write down some things they need to **start doing**, and also **stop doing**, in order to achieve their life plans and goals.

NOTE:
If your school has purchased the student workbooks, you can direct students to the correct workbook page instead of distributing the worksheet.

NOTE:
Model completion of the Lifeline as you walk students through each step, as if you were also a teen.

NOTE:
NOTE: The average lifespan in the US is 79 years (CDC 2018).

NOTE:
It is important that students keep their completed Lifelines for an activity in Lesson 13.

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NAME

My Lifeline

0 20 40 60 80

"If you can see it, you can be it!"

SIGNATURE OF PARENT OR TRUSTED ADULT

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PART D

Lesson Wrap-Up

7 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story..... Play the remainder of the story.

8 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

9 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

10 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

11 Ask yourself.

Direct students to indicate how clearly they can visualize their life plans and goals.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

12 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them what goals they would like to see you accomplish.

13 Remember to do your homework!

Remind students to complete their homework.

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Lesson 1 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Knowing your plans and goals for the future may help you make safe and healthy decisions now.

T F Experiencing an unplanned pregnancy or becoming HIV infected will have no impact on your overall plans and goals.

T F There is no use trying to plan your future since everything is beyond your control.

T F Visualizing yourself accomplishing a goal actually helps focus your brain on achieving that goal.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How clearly can you visualize your life plans and goals? Circle your answer below.

Not Clearly *Very Clearly*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share and discuss with your parent(s) or trusted adult your **Lesson Wrap-Up** and **Lifeline** worksheets and **ask them** what goals they would like to see you accomplish.

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LESSON 2

Gender and Sexual Orientation

NATIONAL HEALTH EDUCATION STANDARD (NHES)
2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION (NSES)
GI.10.CC.1, GI.10.INF.1, ID.12.CC.1, ID.12.CC.2, PD.8.AI.1, PD.10.INF.1, SH.10.INF.1, SH.10.CC.6. For further information see Appendix A.

SEL COMPETENCIES
Self-Awareness
Self-Management
Social Awareness
Relationship Skills

NOTE:
For directions on accessing the downloadable slides and support materials, please refer to the instruction sheet included at the front of the binder. Additional instructions can also be found at https://positivepreventionplus.com/2021-teacher-resources/

NOTE:
Student Workbooks *containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*

CONTENT

- Introduction
- Gender and Sexual Orientation
- LGBTQ+ Bias and Its Effects
- Lesson Wrap-Up (Ⓦ Worksheet)

OBJECTIVES

- Define and discuss gender-related terms.
- Identify the importance of acknowledging and accepting diverse gender presentations and sexual orientations.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheets

TERMS

male, female, masculine, feminine, sexual orientation, LGBTQ+, gender, gender role, gender expression, gender identity, cisgender, transgender, intersex, gender expansive, gender binary, bisexual, pansexual, biological sex

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PART A

Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

NOTE ALTERNATIVE:
Write today's objectives on the board.

1 Gender and Sexual Orientation

Display the title slide for this lesson before you begin instruction.

2 Help us all understand!

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) can get their questions answered?

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B

Gender and Sexual Orientation

NOTE:
Background reading on gender and sexual orientation is featured in Appendices B and C.

5 What do the terms mean?

W

1. Define each term, and explain that the combination of biological sex, gender, and sexual orientation all contribute to a person's unique identity. Variations are normal in how we see ourselves as sexual beings, as are variations in whom we are attracted to sexually.

   Biological Sex. Sex is a term used to denote whether an individual is biologically male, female or intersex, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles or ovaries).

   - **Intersex.** Intersex is a general term used for a variety of conditions where a person is born with biological variations (in hormones, chromosomes, reproductive, or sexual anatomy) that don't seem to fit the typical definitions of female or male.

NOTE:
Students should learn in this lesson that it is NORMAL for a girl to be assertive, good at sports and/or good at math, just as it is NORMAL for a boy to be a dancer, to be a nurse, or to show emotion. There is not one way to express gender roles.

Gender. This term refers to the attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine."

- **Gender Roles.** Gender roles are socially expected behaviors, activities, and attributes that a given society considers appropriate for people based on their biological sex or their gender identity.
- **Gender Non-Conformity.** Behavior or appearance that doesn't conform to an expected gender role.
- **Gender Identity.** A person's deeply-felt sense of being male or female, or something other or in-between (cisgender, transgender).
- **Gender Expression**. Each of us expresses a particular gender every day – by the way we style our hair, select our clothing, or even the way we stand. Our appearance, speech, behavior, movement, and other factors signal that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.

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NOTE:
Avoid using "sexual preference" as it implies a choice, or "homosexual" as it is a dated term that focuses only on sex rather than love and relationships.

NOTE:
The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, bisexual, and transgender, but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future.

- **Gender Binary.** This term refers to a belief system that represents gender as to two distinct and opposite categories - male or female.
- **Gender Expansive.** This term refers to wider, more flexible range of gender identities and expressions instead of the binary gender system.

Sexual Orientation. This term refers to a person's romantic or sexual attraction to people of another and/or the same gender. Common terms used to describe sexual orientation include:

- **Heterosexual (straight).** Being sexually attracted to persons of the opposite sex.
- **Gay.** Being sexually attracted to persons of the same sex.
- **Lesbian.** A woman who is sexually attracted to other women.
- **Bisexual.** Being sexually attracted to persons of the same sex and persons of the opposite sex.
- **Pansexual.** Being sexually attracted to others regardless of their biological sex, sexual orientation, or gender identity.
- **Queer.** An umbrella term that describes the sexual orientation and gender identities of persons who do not identify as straight or cisgender.

2. Direct students who are seeking additional information, resources, and support regarding gender and sexual orientation to go to: https://www.hrc.org/resources/resources-on-gender-expansive-children-and-youth

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Understanding the Terms

Human sexuality is a combination of three distinct components.

- **Biological Sex:** A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve chromosomes and gonads (ovaries or testicles). Related term: *intersex*.

- **Gender**: Attitudes, feelings, characteristics and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine." Related terms include: *gender role, gender non-conformity, gender identity, cisgender, transgender, gender expression, gender binary, gender expansive.*

- **Sexual Orientation:** A person's romantic or sexual attraction to people of another and/or same gender. Common terms used to describe sexual orientation include, but are not limited to: *heterosexual, lesbian, gay, bisexual, pansexual, and queer.*

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Biological sex, gender, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.

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6 What is human sexuality?

1. Explain that there is often confusion about what the terms **biological sex, gender,** and **sexual orientation** mean. These are not the same things. But together these represent all the dimensions of human sexuality.

2. **Remind students that biological sex, gender, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.**

7 What influences a person's identity?

1. A person's identity -- their self-concept, their body image, and their self-esteem -- is influenced by a combination of factors including:

   - their sexuality (biological sex, gender, and sexual orientation)
   - the influence and expectations of their peers, family, culture, and the media
   - societal factors like poverty, racism, sexism, and reproductive justice (laws that allow or prevent access to reproductive services)

2. These factors can be the source of privilege or discrimination in a person's life. For example:

   - A person in poverty may be denied needed health care; a person with money may more easily access health care.
   - A transgender person may be denied retail services or employment; a cisgender person may receive services or be offered employment.

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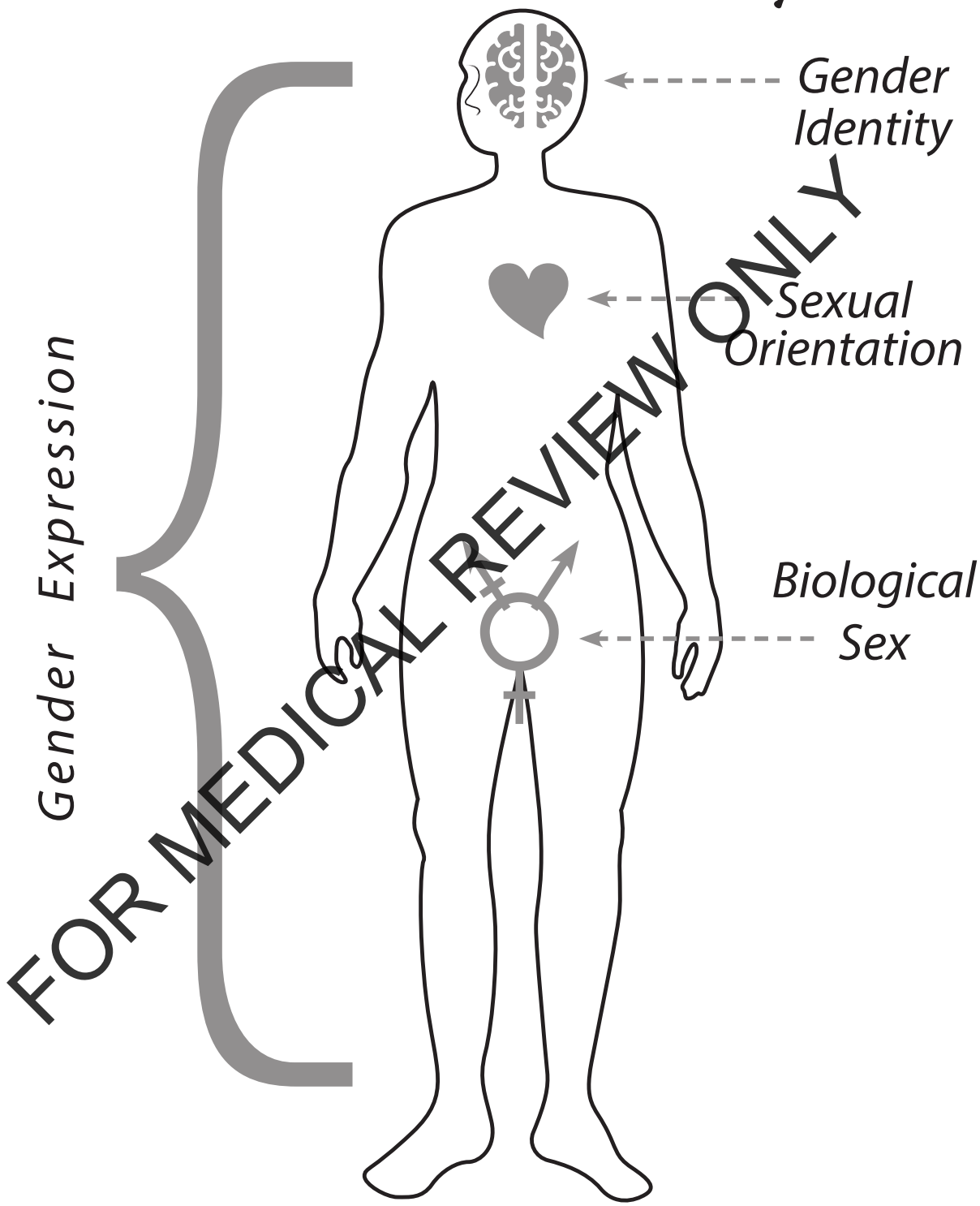
The Many Dimensions of Human Sexuality



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Adapted from: Cristina González, Vanessa Prell, Jack Rivas, and Jarrod Schwartz.

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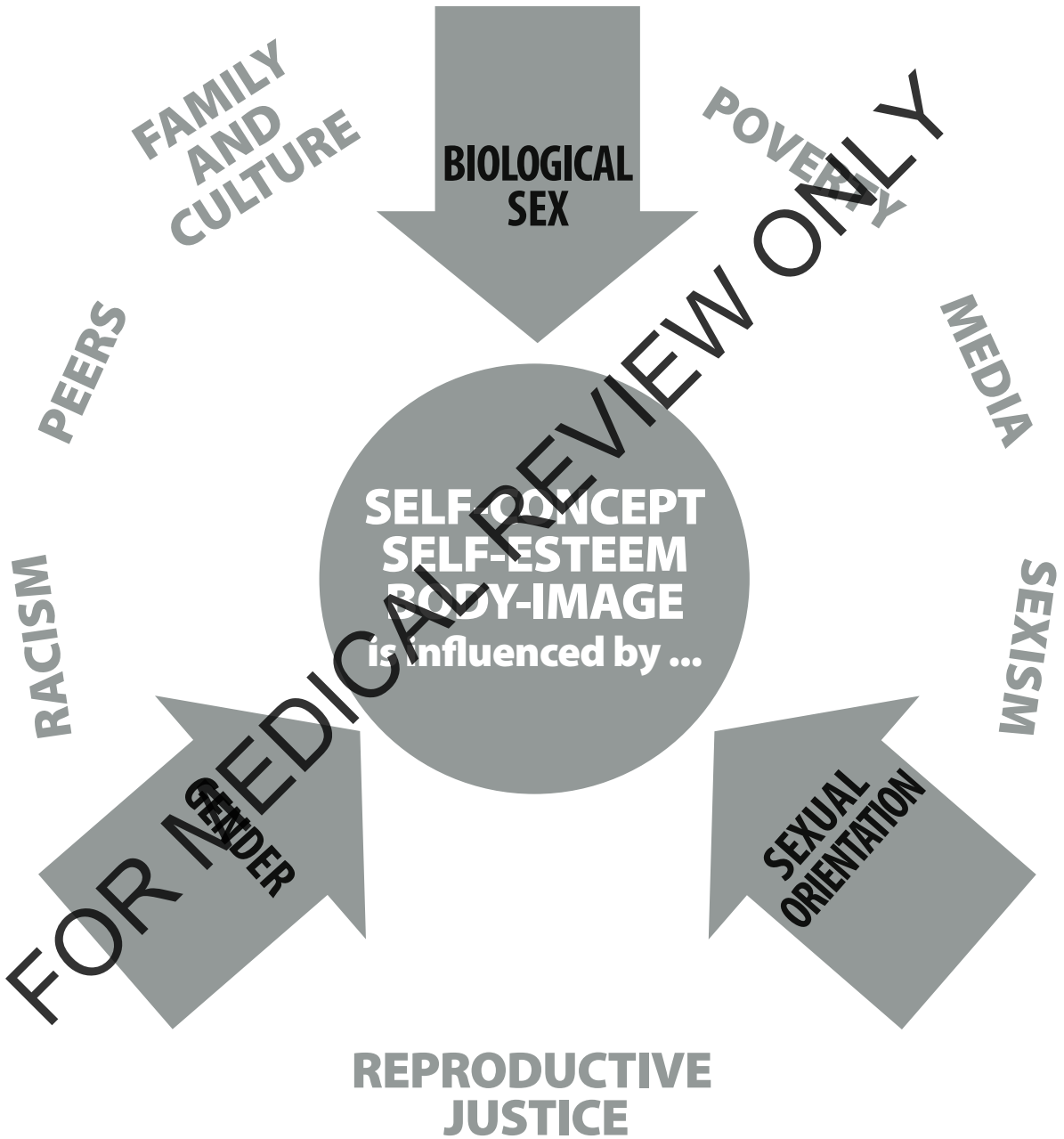
What influences a person's identity?



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8 Can you imagine a different gender? A

Direct students to silently select a term which DOES NOT APPLY TO THEM at this point in their life. Select just **one** term from the list (and if needed write it down):

- male
- female
- intersex
- straight
- gay
- bisexual
- masculine
- feminine
- pansexual
- gender non-conforming

9 How would your life be different?

1. Ask students to silently think about how their lives would be different if this term **really did apply** to their life. For example,
   - What harmful biases or stereotypes might they encounter?
   - What social or professional opportunities might now become available to them? Which opportunities might they now lose?
   - How do they wish others would treat them?
2. Invite students to voluntarily share their thoughts and responses to this exercise.
3. Emphasize that biases or stereotypes based on sex or gender are unfair, limiting, and in some circumstances illegal.

FOR MEDICAL REVIEW ONLY

PART C

LGBTQ+ Bias and Its Effects

NOTE:
Encourage LGBTQ+ students to seek LGBTQ+ friendly allies on campus, who are often identified by displaying buttons/banners/posters.

NOTE:
Encourage the discussion of LGBTQ+ student bias as part of your school's annual sexual harassment awareness training.

NOTE:
Schools are obligated to appropriately respond to sexual violence and to assure a survivor's continued access to education regardless of the sexual orientation, gender identity, and gender presentation of a complainant or respondent. Schools must investigate and remedy instances of sexual violence against LGBTQ+ students using the same policies and procedures used in all complaints of sexual violence.

10 What does LGBTQ+ bias look like?

- Explain to the students that **LGBTQ+** originally stood for Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning. The plus sign (+) refers to the continually expanding terms that fall under this umbrella term.
- **Most LGBTQ+ students have experienced harassment and discrimination at school.** Over 8 in 10 experience verbal harassment. Nearly two-thirds experience LGBTQ+ discrimination. Due to feeling unsafe or uncomfortable, nearly a third miss at least one day of school each month.
- **Hostile school climates negatively affect LGBTQ+ students' educational outcomes and mental health.** LGBTQ+ students who are victims are twice as likely to NOT go on to college. LGBTH+ students have lower GPAs, lower self-esteem and higher levels of depression.
- **School staff often fail to intervene when they hear these negative remarks.**

11 What are some resources for LGBTQ+ students?

1. LGBTQ+ students are protected by Title IX.
   - They have the right to access education as all other students.
   - They have the right to expect that the school will investigate and resolve instances of sexual harassment, without retaliation.

2. Resources for LGBTQ+ youth and their friends and supporters can be found at:
   - https://www.cdc.gov/healthyyouth/education-materials/
   - https://gsanetwork.org

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LGBTQ+ Bias and its Effects

Most LGBTQ+ students have experienced harassment and discrimination at school.

- Over 8 in 10 experience verbal harassment.
- Nearly two-thirds experience LGBTQ+ discrimination.
- Due to feeling unsafe, or uncomfortable, nearly a third miss at least one day of school per month.

Hostile school climates negatively affect LGBTQ+ students' educational outcomes and mental health.

- LGBTQ+ students who are victims are twice as likely to NOT go on to college.
- LGBTQ+ students have lower GPA's, lower self esteem, and higher levels of depression.

School staff often fail to intervene when they hear these negative remarks.

Associated problems include family rejection, homelessness, employment discrimination, homicide, and suicide.

Resources for LGBT youth and their friends and supporters can be found at: https://gsanetwork.org, and https://www.cdc.gov/healthyyouth/education-materials/

Source: GLSEN School Climate Survey found at www.glsen.org

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12 Don't judge!

Remind students that many people in our community, and even in our own families or on campus, feel demeaned and excluded from full participation in our society because of not fitting the stereotypic "gender binary" (boy-girl, masculine-feminine) system.

- Biological sex, gender, and sexual orientation vary with EVERY individual.
- Each of us differs in some way(s) from everyone else.
- It is important to respect differences and to celebrate diversity.

PART D Lesson Wrap-Up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheet, and direct the students to complete the true-false questions in Part I.

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ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

16 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing they learned in today's lesson.

17 Ask yourself.

Ask students to indicate how positive they are that they can be non-judgmental regarding other people's sexual orientation and gender roles?

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheet from this lesson and

(2) ask them how society's views have changed regarding LGBTQ+ people since they were younger.

19 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 2 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F "Sexual orientation" and "gender identity" mean the same thing.

T F LGBTQ+ students should expect to be picked on.

T F It is important to respect differences and appreciate diversity because gender role, gender identity, and sexual orientation vary with each individual.

T F Equal social and professional opportunities should be available to all people regardless of their sexuality.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can be non-judgmental regarding other people's sexual orientation and gender roles?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/Review with your parent(s) or trusted adult your **Lesson Wrap-Up** worksheet from this lesson and **ask them** how society's views have changed regarding LGBTQ+ people since they were younger.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 3

Healthy Relationships

NATIONAL HEALTH EDUCATIONS STANDARD (NHES)

6.12.1, 7.12.2, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS (NSES)

HR.12.CC.1, HR.12.CC.2, HR.12.SM.1, CHR.10.DM.1 For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills

NOTE:

***Student Workbooks** containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.*

NOTE:

***Activity cards** can be duplicated on colored card stock or purchased at www.positiveprevention.com*

CONTENT

- Introduction
- Love and Intimacy (A activity)
- Healthy Relationships (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify three components of love.
- Identify eight types of intimacy.
- Identify non-sexual ways to achieve intimacy.
- Identify the qualities of a healthy relationship.
- Assess their own relationship skills.

MATERIALS

- Teacher's slides for the lesson
- **Intimacy** activity cards
- Student workbooks, one per person, or duplicate the **Healthy Relationships** and **Lesson Wrap-Up** worksheets.

TERMS

love, passion, intimacy, commitment, relationship, stereotypes

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PART A

Introduction

1 Healthy Relationships

Display the title slide for this lesson before you begin instruction.

NOTE ALTERNATIVE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 I am confused!

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Love and Intimacy

5 What is love?

Ask students to share their ideas on what love is.

6 What are the three dimensions of love?

1. Define the three dimensions of love: passion, intimacy, and commitment.
   - **Passion** is a strong physical or emotional attraction to the subject/person.

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- **Intimacy** is a closeness and familiarity with the subject/person.
- **Commitment** is a long-term interest in, and loyalty, to the subject/person.

2. Ask students to voluntarily identify which dimension of love they think is most important, and why?

3. Have students give examples of loving relationships. As students identify these relationships, point out the dimensions of love which may apply. Possible relationships include:
   - having a close friend (commitment, intimacy)
   - falling in love (passion)
   - loving a parent or family member (commitment)
   - loving a spouse exemplified by marriage or loving a life partner (passion, intimacy, commitment)

7 What does "I love you" really mean?

1. Explore stereotypes about how different people may view love. For example:
   - Some people may emphasize the passionate (physical) aspect of love.
   - Other people may emphasize the intimacy and commitment (emotional) aspects of love.

2. Emphasize that it is possible that two people are saying very different things when they tell each other "I love you."

3. Encourage students to seek and express healthy and loving relationships in their lives.

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1. **Which component of love do you think is most important?**
2. **Can you name a relationship that includes all three components of love?**

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8 What is intimacy?

1. Ask students to define "Intimacy" and give examples of how the term is commonly used. Possible responses include:
   - privacy
   - personal
   - intimate apparel
   - sex

9 What are different types of intimacy?

1. List and explain the eight types of intimacy:
   - **Emotional**: identifying and sharing feelings
   - **Physical**: touching (e.g., hugs, handshakes, etc.)
   - **Intellectual**: sharing knowledge and ideas
   - **Recreational**: sharing activities (e.g., sports)
   - **Spiritual**: exploring meaning and purpose (e.g., beliefs, religious practice, life experiences)
   - **Work**: developing familiarity by working on a task together
   - **Crisis**: experiencing and overcoming a challenge together
   - **Conflict**: working through a difference of opinion
2. Ask students to voluntarily identify which dimension of intimacy they think is most important, and why?
3. Point out that there are many ways to achieve intimacy without having sex or even physical contact.

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Types of Intimacy

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Source: Howard J. and Charlotte H. Clinebell, The Intimate Marriage.

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NOTE:
When duplicating the activity cards, many different colors are recommended to create interest. You may also order activity cards already prepared from the store page at www.positiveprevention.com

10 What types of intimacy do these achieve? A

1. Post the eight **Intimacy** cards around the room.
2. Duplicate and distribute brightly colored activity cards to each student (withholding the "couple is having sex" card).
3. At your cue, have the students circulate through the room and post their activity card (or stand) under the type of intimacy achieved.
4. Have students review and discuss these matches.
5. Then display the "couple is having sex" card and point out that it is not one of the eight forms of intimacy. Discuss what type(s) of intimacy a sexual relationship may be. Possible responses include:
   - physical intimacy
   - emotional intimacy
   - spiritual intimacy
6. Explain to student that instead of rushing into a sexual relationship in the hopes of achieving intimacy, it is important to first build their intimacy skills in each of these eight areas.

PART C Healthy Relationships

11 What is a healthy relationship?

1. Ask the students, "What are some characteristics of a healthy relationship?" Possible responses include:
   - fun
   - honesty
   - trust
   - openness
   - helpfulness
   - good communication
   - flexibility
   - forgiveness
   - common values
   - commitment
2. Explain that these represent the many dimensions – skills and characteristics – needed for a healthy relationship, whether among friends, straight or gay partners, colleagues at work, or parents and their children.

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12 Rate yourself!

W

1. Distribute the **Healthy Relationships** worksheet.

2. Ask students to examine the characteristics of a healthy relationship in column 1 and assess the degree to which they believe they have the skills and characteristics needed for a healthy relationship.

3. As an out-of-class assignment, assign students to ask a minimum of two people (one friend, one family member) to also assess them on their skills and characteristics.

4. As homework, assign students to write a paragraph on the back of the worksheet describing ways they could improve their relationship skills and characteristics based on comments they received.

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NAME _____

Healthy Relationships

DIRECTIONS Rate yourself on each characteristic by placing a "yes," "no," or "sometimes" next to each one.

Characteristics and Skills	Do I Have These?	1*	2**
Intimacy			
Commitment			
Honesty			
Communication			
Understanding			
Empathy			
Flexibility			
Forgiveness			
Fun			

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1* = Ask a close friend to place a check mark if they think you have this skill or characteristic.
2* = Ask a trusted adult to place a check mark if they think you have this skill or characteristic.

On the back of this worksheet, write down several ways you could improve your own relationships with others.

Friendship/relationship skills can be learned and improved through experience and practice!

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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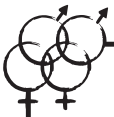

NAME _____ SAMPLE

Healthy Relationships

DIRECTIONS Based on the class discussion of healthy relationships, complete the list of characteristics needed. Then rate yourself on each characteristic by placing a "yes," "no," or "sometimes" next to each one.

Characteristics and Skills	Do I Have These?	1*	2**
Intimacy	*yes*	*yes*	*yes*
Commitment	*no*	*sometimes*	*yes*
Honesty	*sometimes*	*yes*	*sometimes*
Communication	*yes*	*yes*	*sometimes*
Understanding	*yes*	*yes*	*yes*
Empathy	*sometimes*	*yes*	*yes*
Flexibility	*no*	*sometimes*	*sometimes*
Forgiveness	*yes*	*sometimes*	*yes*
Fun	*yes*	*yes*	*yes*

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1* = Ask a close friend to place a check mark if they think you have this skill or characteristic.
2* = Ask a trusted adult to place a check mark if they think you have this skill or characteristic.

On the back of this worksheet, write down several ways you could improve your own relationships with others.

Friendship/relationship skills can be learned and improved through experience and practice!

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART D

Lesson Wrap-Up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

16 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

17 Ask yourself again.

Direct students to indicate how committed they are to building healthy relationships.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them to describe a meaningful relationship they had when they were younger.

19 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 3 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Love involves passion, commitment, and/or intimacy.

T F Going on a long walk or discussing a personal problem can build intimacy with another person.

T F Intimacy with another person can only be achieved by having sexual intercourse.

T F Characteristics of a healthy relationship include communication, forgiveness, flexibility, and understanding.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to building healthy relationships? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult

DIRECTIONS Share and discuss with your parent(s) or a trusted adult your completed **Healthy Relationships** and **Lesson Wrap-Up** worksheets and **ask them** to describe a meaningful relationship they had when they were younger.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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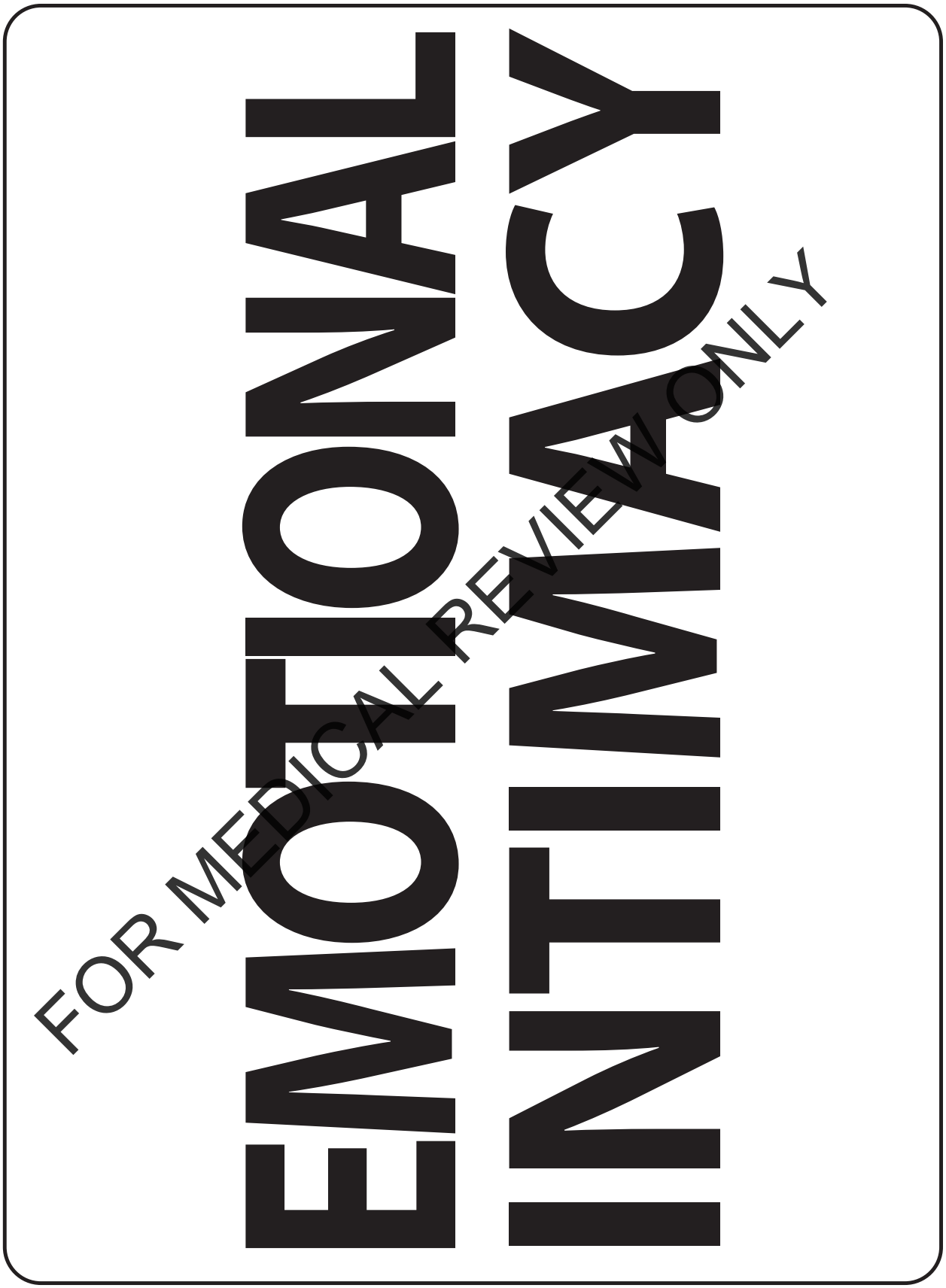

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PHYSICAL INTIMACY

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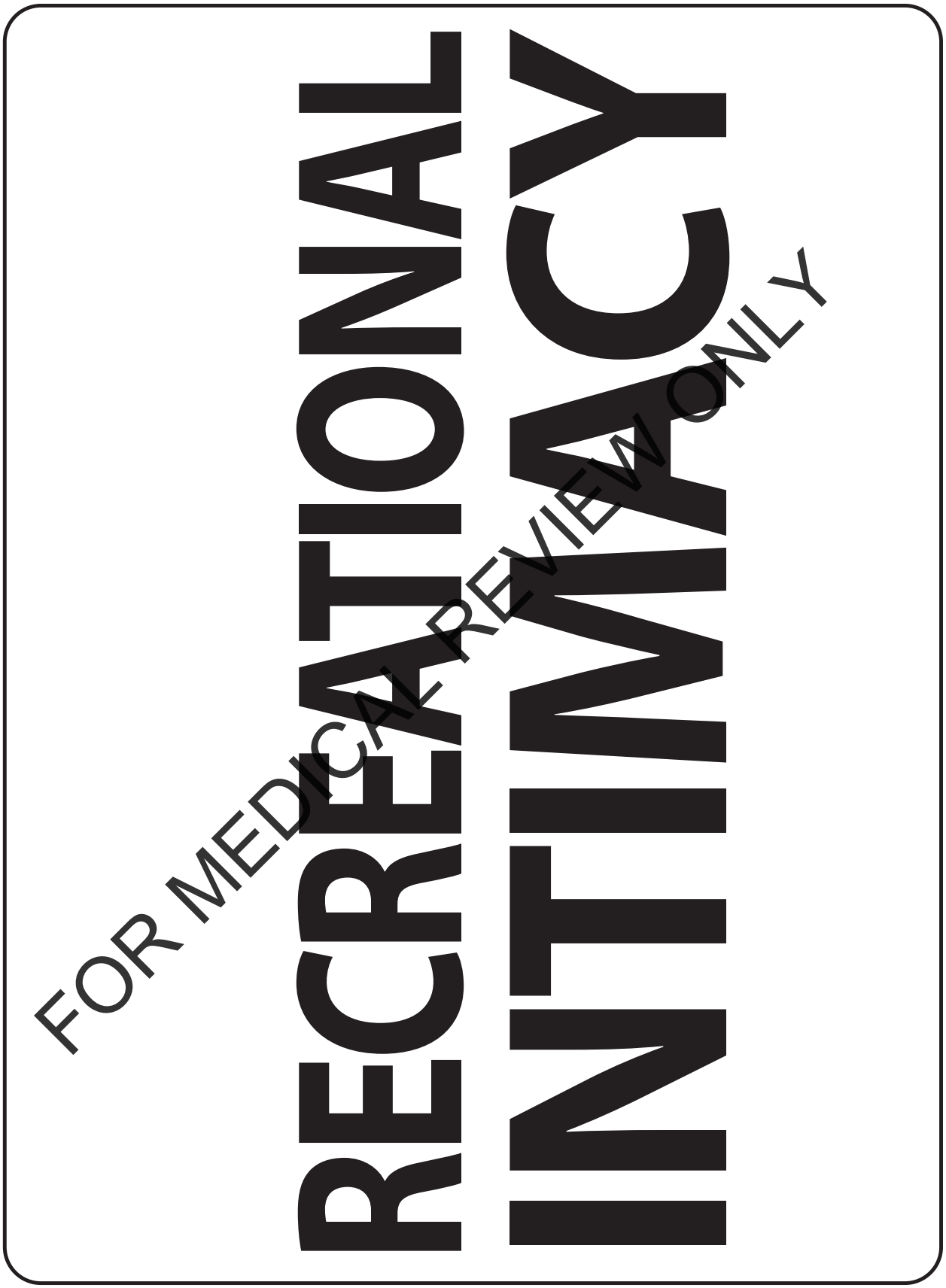

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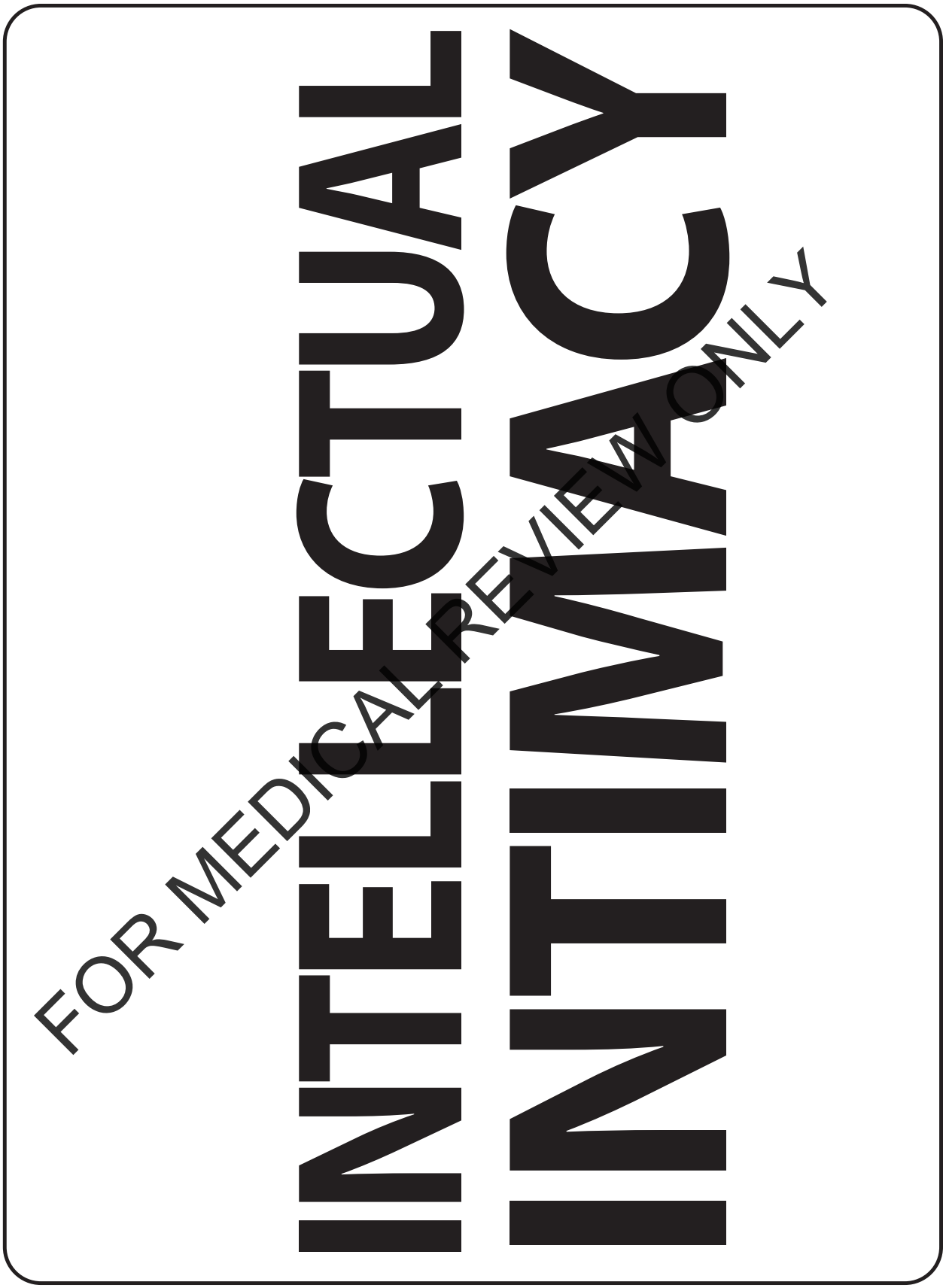

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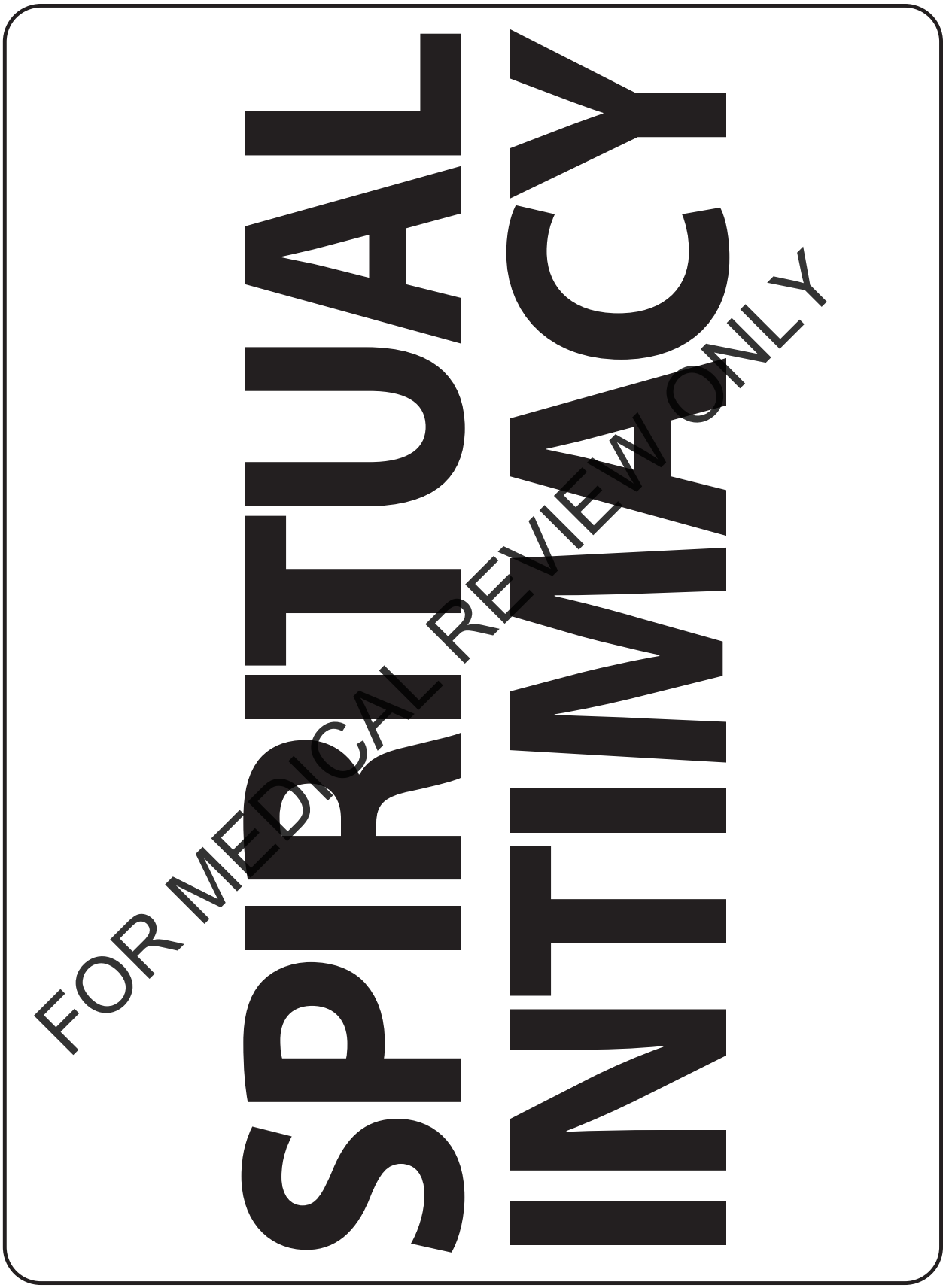

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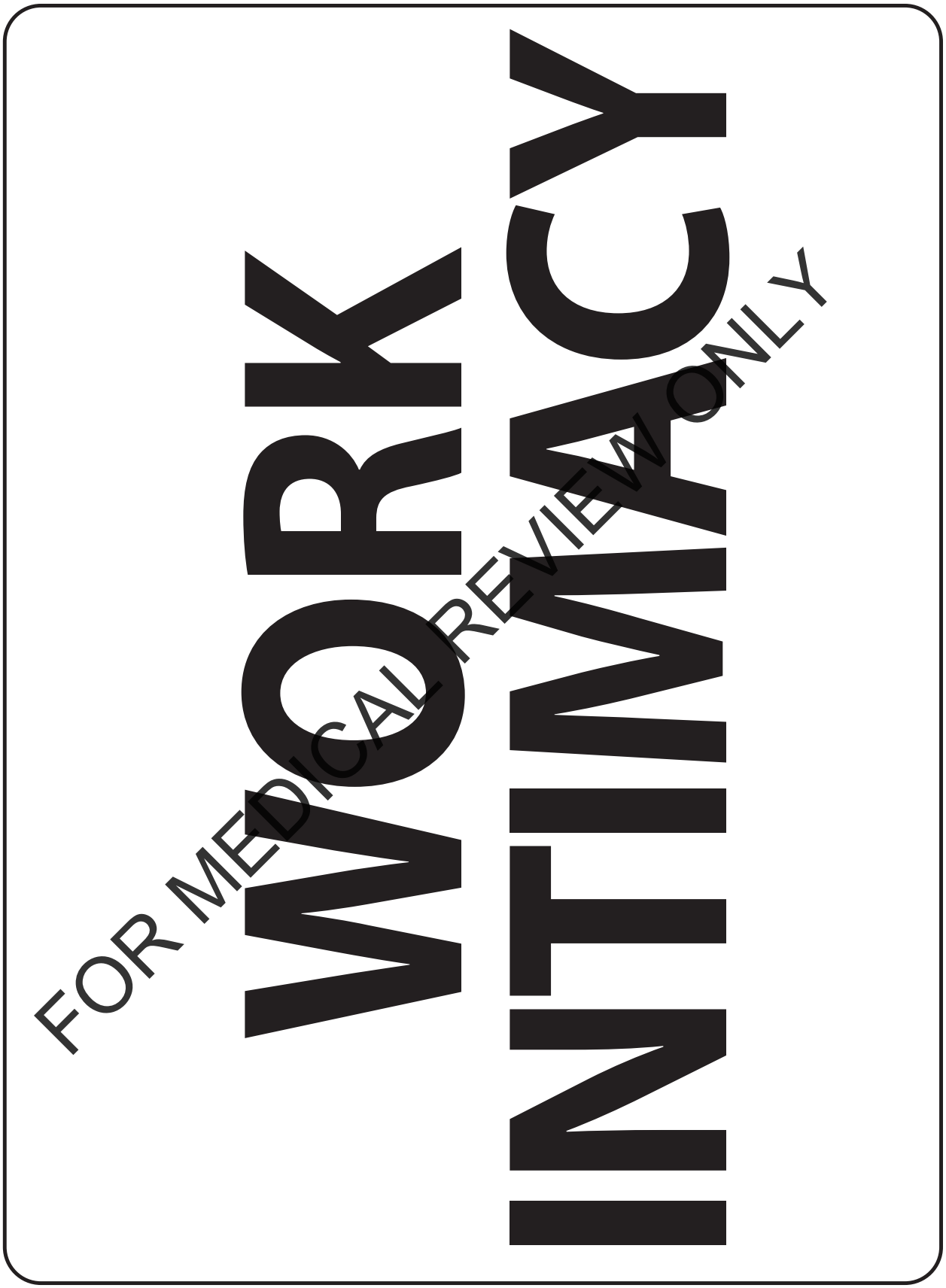

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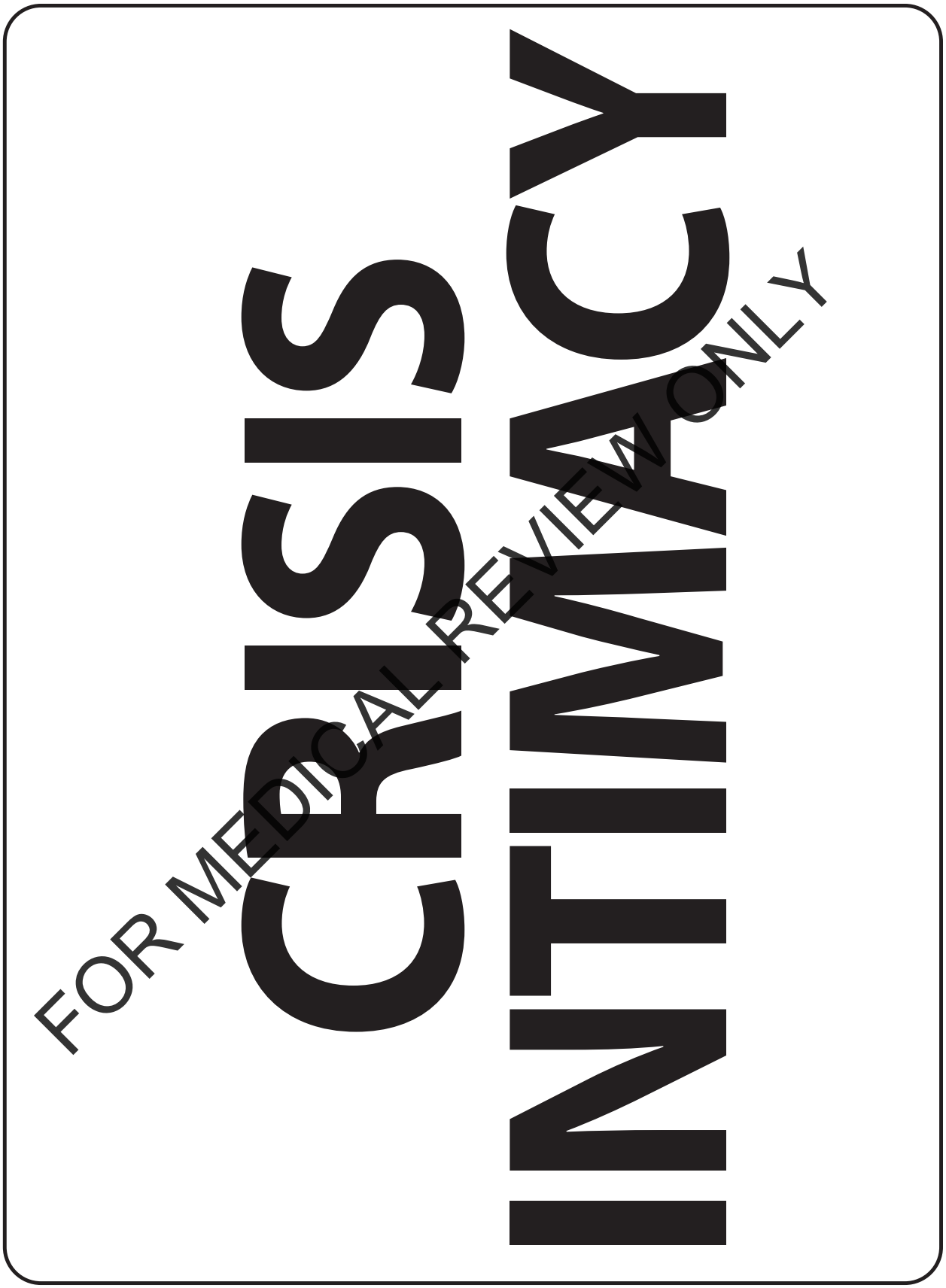

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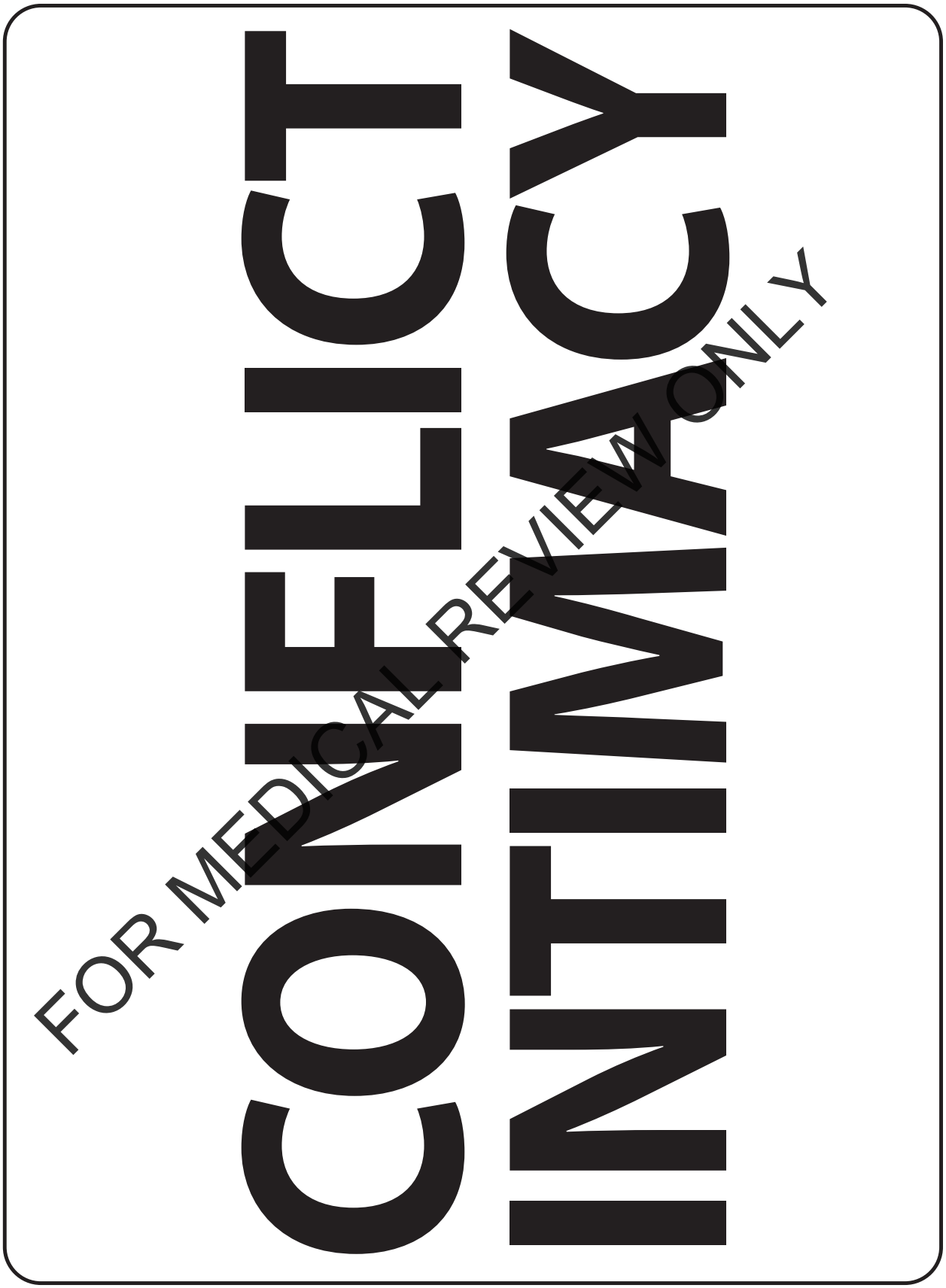
CONFLICT
INTIMACY
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John and Sally enjoy

DANCING

The two boys are

DATING

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FOR MEDICAL REVIEW ONLY

You and your friend do

HOMEWORK TOGETHER

Keesha and her family

TOOK A TRIP

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Jen and Christine
PLAY
SPORTS

Jeffrey and Jamal
spend time
TALKING

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FOR MEDICAL REVIEW ONLY

Cheryl and Maria
DISAGREE

Tim and Jose
HELP
EACH OTHER

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

The teacher is very

UNDERSTANDING

Becky and Nancy attend

RELIGIOUS SERVICES

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FOR MEDICAL REVIEW ONLY

Joel helps Nathan

CLEAN HIS ROOM

Trinity helps Maria

CLEAN THE GARAGE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

You and your friends

TEXT EACH OTHER

Manny and Joey

RUN A BUSINESS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Allyson and Anna enjoy
WATCHING
THE SUNSET

The whole family
COOKS
DINNER

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

The two girls enjoy

HUGGING

Jenna and her uncles

WATCH SPORTS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Carlos plays
ONLINE
GAMES

The cousins
HOLD HANDS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Bobby is

HELPING A FRIEND

The two women went on

A DATE

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FOR MEDICAL REVIEW ONLY

Your mom
went with you to
COURT

The boy and
his girlfriend
WENT TO
THE CLINIC

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Jeff and Lisa's parents are

GETTING A DIVORCE

The couple is

HAVING SEX

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

LESSON 4

Relationship Abuse

NATIONAL HEALTH EDUCATION STANDARDS (NHES)

1.12.1, 2.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

HR.12.CC.1, HR.12.CC.3, HR.12.IC.1, HR.12.IC.2, HR.12. SM.2, PS.12.CC.1, PS.12.IC.1, PS.12.IC.2., IV.10.IC.1, IV.10.CC.1, CHR.10.IC.1. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:

Activity cards *can be duplicated on colored cardstock or purchased at www. positiveprevention. com*

NOTE:

Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the **supplemental lesson on Suicide Prevention** *posted in online Appendix D.*

CONTENT

- Introduction
- Consent (A activity)
- Relationship Violence and Abuse
- Protect Yourself (A activity and W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Explain why consent is an important aspect of healthy relationships.
- Describe effective ways to communicate personal boundaries and consent.
- Commit to end inappropriate sexual behavior in self and others.
- Identify risky sex-related behaviors such as sexting, and meeting strangers online.
- Demonstrate a variety of ways to protect himself/herself.
- Identify how to respond to inappropriate sexual behaviors.

MATERIALS

- Teacher's slides for the lesson
- Video clip of teen dating abuse (embedded in slides)
- Student workbooks, one per person, or duplicate **Teen Dating Bill of Rights, Protect Yourself and Lesson Wrap-Up** worksheets
- **Protect Yourself** activity cards

TERMS

sexual, emotional, physical and verbal abuse, intimate partner violence, sexual harassment, bullying, non-verbal communication, sexting, sex trafficking, consent, militant

FOR MEDICAL REVIEW ONLY

PART A

Introduction

1 Relationship Abuse

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 Is it just jealousy?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

3 What will you learn today?

Review today's learning objectives and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B

Consent

5 Why is consent important?

1. Remind students that in Lesson 3 we identified the characteristics of a healthy relationship, including **open communication** and **mutual respect.**

NOTE:
In October 2015 the California Education Code was modified to require school districts that have a health course for graduation to enact "Yes Means Yes" policies reminding students that affirmative consent must be given by sexual partners during the progression of sexual activity.

NOTE:
For a brief and amusing explanation of Yes Means Yes, go to: https://www.youtube.com/watch?v=fGoWLWS4-kU

2. Explain that we need to add another important characteristic: **consent.**
   - Whether in the realm of deciding what to do together, or where to go together, shared activities should be negotiated and agreed upon.
   - Emphasize that no person should be forced to do anything without providing **active consent. Furthermore the victim should never be blamed if assault occurs.**
   - Forcing someone to engage in a sex act against their will is illegal, and can be prosecuted as sexual assault, molest, or rape. The person who commits this crime will be labeled a sex offender for life.

6 Yes Means Yes!

1. First ask students to explain what this phrase might mean. Then explain the following key points:
   - Affirmative consent must be given by sexual partners during the progression of sexual activity.
   - The absence of NO can no longer be interpreted as YES.
   - Consent given by an impaired (drunk, high) partner does not qualify as a YES.

7 Communicate your boundaries!

1. Ask students to suggest ways they could communicate their personal boundaries or preferences before or during the progression of sexual activity. These can include verbal or nonverbal communication. Examples might include:
   - Saying "Let's talk about this first."
   - Holding up your hands in a STOP position.

2. Ask for student volunteers to read aloud the following ways they could communicate their personal boundaries.
   - Before this goes any further.....
   - I would rather....
   - It is okay with me if you....
   - It is NOT okay if you....
   - I am not ready for....
   - It makes me uncomfortable when you...

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8 How do you report a sexual assault?

1. Whether a person has recently experienced a sexual assault or molestation or whether it happened months or years ago, it is important to report the sexual assault, and seek and receive counseling.

2. Explain to students that there are four ways that they can report a sexual assault including:
   - Contact a school counselor, school nurse, or social worker.
   - Call 911.
   - Call the National Sexual Assault Hotline 800-656-HOPE (4673).
   - Go to https://hotline.rainn.org.

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Yes Means Yes!

- Affirmative consent must be given by sexual partners during the progression of sexual activity.
- The absence of NO can no longer be interpreted as YES.
- Consent given by an impaired (drunk, high) partner does not qualify as a YES.

To report unwanted sex and assault:

- Tell your school counselor, school nurse, or social worker.
- Call 911.

For additional support:

- Contact the National Sexual Assault Hotline: 1 (800) 656-HOPE (4673)
- Go to hotline.rainn.org.

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FOR MEDICAL REVIEW ONLY

9 What are your rights in a relationship? A

1. Have students group in teams of 2-3 and review their **Teen Dating Bill of Rights.**

2. On a rotating basis, ask each team to read one Right aloud. Clarify or give an example if necessary.
   - I have the right to trust myself above all others.
   - I have the right to be respected by anyone I date.
   - I have the right to refuse to date anyone.
   - I have the right to be safe on a date.
   - I have the right to be assertive on a date.
   - I have the right to pay my own way on a date.
   - I have the right to refuse sex or any other kind of physical intimacy with my date.
   - I have the right to disagree with my date.
   - I have the right to say "no."
   - I have the right to be happy with myself, with or without a partner in my life.
   - I have the right to know who I am dating.
   - I have the right to use my own transportation on a date.
   - I have the right to leave any dating situation when my instincts tell me to leave.
   - I have the right to protect myself against battery and sexual assault.
   - I have the right to a healthy dating relationship.
   - I have the right to be loved.
   - I have the right to be cared about.
   - I have the right to high self-esteem.
   - I have the right to speak up when my rights are being violated.

3. Ask several teams to volunteer to identify which Right they believe is most important, and why.

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The Teen's Dating Bill of Rights

Remember always that you have these rights and that you deserve them. Believe in yourself and settle for nothing less.

1. I have the right to trust myself above all others.
2. I have the right to be respected by anyone I date.
3. I have the right to refuse to date anyone.
4. I have the right to be safe on a date.
5. I have the right to be assertive on a date.
6. I have the right to pay my own way on a date.
7. I have the right to refuse sex or any other kind of physical intimacy with my date.
8. I have the right to disagree with my date.
9. I have the right to say "no."
10. I have the right to be happy with myself, with or without a partner in my life.
11. I have the right to know who I am dating.
12. I have the right to use my own transportation on a date.
13. I have the right to leave any dating situation when my instincts tell me to leave.
14. I have the right to protect myself against battery and sexual assault.
15. I have the right to a healthy dating relationship.
16. I have the right to be loved.
17. I have the right to be cared about.
18. I have the right to high self-esteem.
19. I have the right to speak up when my rights are being violated.
20. Write your own: _____

_____

_____

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PART C

Relationship Violence and Abuse

10 What is an abusive relationship?

1. Show the students the video on teen dating violence embedded in the slide.

2. After the video, ask students to identify the signs of abusive relationships. Was there anything in the video that surprised them (e.g., that young men can also be the victims of abuse)?

3. Teens often think some behaviors, like teasing and name-calling, are a "normal" part of a relationship, but these behaviors can become abusive and develop into serious forms of violence.

11 What are some facts about relationship violence?

1. Review basic facts about teen relationship violence and abuse.
   - Teen dating violence is common.
   - Dating violence (also called intimate partner violence) has serious long-term and short-term effects.
     - Nearly 1 in 11 female and approximately 1 in 14 male high school students report having experienced physical dating violence.
     - About 1 in 8 female and 1 in 26 male high school students report having experienced sexual dating violence.
     - Some racial/ethnic minority groups and LGBTQ+ persons are disproportionately affected by many types of violence.

2. Many teens do not report unhealthy behaviors because they are afraid or embarrassed to tell family and friends.

3. Remind students that healthy relationships - both sexual and non-sexual - revolve round mutual respect, open communication, and consent.

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Relationship Violence

- Teen dating violence is common.
- Dating violence (also called intimate partner violence) has serious long-term and short-term effects.
- Nearly 1 in 11 female and approximately 1 in 14 male high school students report having experienced physical dating violence.
- About 1 in 8 female and 1 in 26 male high school students report having experienced sexual dating violence.
- Some racial/ethnic minority groups and LGBTQ+ persons are disproportionately affected by many types of violence.

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Youth who are victims of relationship violence are more likely to experience symptoms of depression and anxiety, engage in unhealthy behaviors, like using tobacco, drugs, and alcohol, or exhibit antisocial behaviors and think about suicide.

(Source: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html

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12 How do some people use power and control over others?

Explain to students that people may attempt to control others in a variety of ways including:

- Sexual abuse (rape or unwanted sexual contact)
- Financial abuse (taking away money or using their credit cards)
- Physical abuse (hitting, inflicting pain)
- Emotional abuse (being critical, blaming, threatening)
- Technological abuse (controlling their emails and social media, posting negative content)
- Spiritual abuse (criticizing religious beliefs or practices)
- Verbal abuse (negative comments and name calling, yelling)

13 How do you end the violence?

1. Warn students that violent behavior often occurs in three phases, and is repeated:
   - Tension-building phase (arguments, accusations)
   - Violent episode phase (physical or verbal assaults)
   - Remorseful/honeymoon phase (apologies, forgiveness)

2. Just because the aggressor apologizes does not mean they won't become violent again.

3. Victims of intimate partner violence MUST distance themselves from, report, and/or end the relationship.

4. The aggressor must seek counseling or rehabilitation.

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14 What is sexual harassment?

1. Share with the students that **sexual harassment** can:
   - **verbal** (taunts and name calling, also making sexual comments about sexual orientation, sexually explicit jokes, unwanted communication)
   - **physical** (touches, pinches, pokes, intentional bumping into or rubbing against someone's body, blocking someone's path)
   - **visual** (posting a sexually suggestive photo or drawing in the workplace, writing or sending sexual notes, staring at someone's body parts, acting out sexual gestures)

2. Point out that some people in today's society feel entitled/empowered to sexually harass others, perhaps due to their:
   - **hypermasculinity** (exaggerated male stereotypical behavior with an emphasis on physical strength, aggression, and sexuality)
   - **professional status and power** over others (due to wealth, position, salary, or job title)
   - **cultural beliefs** that denigrate women (treating women as less than equal or as property)

3. Sexual harassment can be the grounds for punishment or dismissal from school or work, and even a lawsuit.

4. Once again, remind students that healthy relationships - both sexual and non-sexual - revolve around mutual respect, open communication, and consent.

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PART D Protect Yourself

15 How can we stay safe on the internet?

1. Explain that internet safety is a growing concern. It is a place where some people troll to find vulnerable teens to engage in illegal acts (pornography, sex trafficking, and to set up a kidnapping). Many teens are not aware that they are a target until it is too late.

2. It is important to establish internet safety and discourage cyberbullying. Students should make a commitment to practice internet etiquette and safety.
   - Tell a trusted adult if a stranger online requests personal information or an inappropriate picture.
   - Never agree to meet a stranger in person who you have only talked to online.
   - Tell a trusted adult if anything or anyone online makes you feel uncomfortable or scared.
   - Do not respond to messages that are mean or rude.
   - Do not send rude or inappropriate messages or images.
   - Understand that what you say or do online impacts yourself and others.

   WARNING! If you are spending hours and hours each day on social media, you may be addicted! Seek help from a parent or counselor.

3. Caution students to be sure to maintain healthy and safe relationships online as well as in person.
   - Do not visit pornographic websites.
   - Do not participate in chat rooms where sexual or militant content is discussed.
   - Do not start a relationship with a stranger online.
   - Do not send or receive nude pictures of yourself or others (sexting).
4. Warn students that sexting is against the law punishable with suspension, a fine, or being charged with a felony for creating and distributing pornography. It can also result in being labeled a sex offender and not being able to apply for some jobs.

NOTE:
*Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the **supplemental lesson on Suicide Prevention** posted in online Appendix D.*

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Ground Rules for Using Social Media

- Tell a trusted adult if a stranger online requests personal information or an inappropriate picture.
- Never agree to meet a stranger in person who you have only talked to online.
- Tell a trusted adult if anything or anyone online makes you feel uncomfortable or scared.
- Do not respond to messages that are mean or rude.
- Do not send rude or inappropriate messages or images.
- Understand that what you say or do online impacts yourself and others.

WARNING! If you are spending hours and hours each day on social media, you may be addicted!
Seek help from a parent or counselor.

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Internet Safety and Sexting

- Do not visit pornographic websites.
- Do not participate in chat rooms where sexual or militant content is discussed.
- Do not start a relationship with a stranger online.
- Do not send or receive nude pictures of yourself or others (sexting).
- Sexting is against the law and punishable by a school suspension, a fine, or being charged with a felony for creating and distributing pornography.
- A conviction can result in being labeled a sex offender and not being able to apply for some jobs.

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16 What would you do? A W

1. Post the following **Protect Yourself** activity cards around the room:
   - Do nothing
   - Strongly discourage the behavior
   - Seek help from a trusted adult
   - End the relationship
2. Distribute and have the students complete the **Protect Yourself** worksheet by checking what they would probably do in each of the situations.
3. Read each item one at a time, and direct students to stand under the sign of the response they selected.
4. Ask for volunteers to explain why they discouraged the behavior, asked for help, or ended the relationship.
5. Finally, ask students to suggest ways they can support a friend who is going through a similar situation.

NOTE ALTERNATIVE:
*Students could merely raise their hands; however, it is still very important to ask the students who **object to the behavior** (e.g., who would discourage the behavior, seek help, or end the relationship) to explain their reasons.*

17 So what types of interpersonal behavior ARE acceptable?!

Ask students to brainstorm a list of acceptable friendship and/or dating behaviors. Possible responses include:

- Engaging in safe and legal activities.
- Discussing future goals, and encouraging each other to succeed.
- Listening and understanding before getting upset.
- Respecting each other's boundaries.
- Asking whether your partner is okay with various expressions of affection.
- Asking for consent prior to (and during) any sexual activity.

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Protect Yourself

DIRECTIONS A healthy relationship is honest, equal, respectful, and responsible. Some people have identified the behaviors listed in the chart below as **warning signs** that a relationship is not honest, equal, respectful, and responsible. Check what you would probably do in each of the following situations.

Imagine Someone:	You Would Probably:			
	Do nothing	Discourage behavior	Seek help	End relationship
1. Makes negative comments about your clothes, body, or hair.				
2. Always decides where you will go together or what you should do.				
3. Puts you down in public.				
4. Asks you to send them nude pictures of yourself.				
5. Offers you alcohol or other drugs.				
6. Gets angry when you spend time with others.				
7. Asks you to help them bully another student.				
8. Hits you and then apologizes.				
9. Touches you inappropriately.				
10. Encourages you to join a chat room on a sex-related website.				

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Adapted from *Unequal Partners, 2nd Ed.* Sue Montfort and Peggy Brick, Planned Parenthood of Greater Northern New Jersey, 2000.

Suggest ways you can support a friend who is going through a similar situation.

_____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART E

Lesson Wrap-Up

18 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

19 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

20 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

21 Ask a friend.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

Direct students to turn to a partner and tell him/her the most interesting or important thing you learned in today's lesson.

22 Ask yourself again.

Direct students to indicate how committed they are to ending their own abusive behavior, and the abusive behavior of others.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

NOTE:
*Suicide is the second leading cause of death in teens. The authors strongly recommend that you follow this lesson with the **supplemental lesson Suicide Prevention** posted in online Appendix D.*

23 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them what they would recommend doing if their boyfriend or girlfriend treats them poorly.

24 Remember to do your homework!

Remind students to complete their homework.

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Lesson 4 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The need for power and control can lead to relationship abuse.

T F Abusive relationships include put-downs, dishonesty, and (threats of) physical harm.

T F Texting a nude picture of yourself or someone else is against the law.

T F If a friend or partner treats you poorly, it is best to ignore it and just hope they change.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to forming healthy non-abusive relationships? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Protect Yourself and Lesson Wrap-Up** worksheets and **ask them** what they would recommend doing if your boyfriend or girlfriend treats you poorly.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 5

Human Trafficking

NATIONAL HEALTH EDUCATION STANDARD (NHES)

7.12.3, 8.12.2., 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALTIY EDUCATION STANDARDS (NSES)

PS.12.CC.2, PS.12.CC.3 For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Human Trafficking
- Sex Trafficking
- What Would You Do? (W worksheet)
- Resources and Services
- Lesson Wrap-Up(W worksheet)

INSTRUCTIONAL OBJECTIVES

- Define human trafficking, including sex trafficking.
- Describe how common human trafficking is in the US.
- Identify populations that are vulnerable to human trafficking.
- Identify the warning signs of human trafficking.
- Identify resources for reporting and escaping human trafficking.

MATERIALS NEEDED

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **What Would You Do?** and the **Lesson Wrap-Up** worksheets

RELATED VOCABULARY

human trafficking, sex trafficking, labor trafficking, trafficker, fraud, coercion, victim, perpetrator, venue, grooming

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PART A Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Human Trafficking

Display the title slide for this lesson before you begin instruction.

2 You are so beautiful!

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: https://traumaawareschools.org/

3 What will you learn today?

Review today's learning objectives, and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

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PART B Human Trafficking

5 What is human trafficking?

1. Explain to the students that human trafficking is a form of modern slavery. It occurs when a person profits by using force, fraud, or coercion to make the victim engage in sex or work.

2. There are two types of trafficking:
   - **Labor Trafficking** - individuals are forced to work or provide services without pay.
   - **Sex Trafficking** - individuals are forced to perform sex acts to profit the trafficker.

6 How common is human trafficking in the US?

Explain the following:

- Human trafficking has surpassed the illegal sale of guns.
- Trafficking will surpass the illegal sale of drugs in the next few years.
- A $32 billion-a-year industry, human trafficking is on the rise and is in all 50 states.
- 4.5 million trafficked persons are sexually exploited.

7 Who are the victims of human trafficking?

1. Targeted individuals are not limited to any class, religion, culture, or ethnic group.

2. Vulnerable populations include:
   - individuals who have experienced childhood abuse or neglect
   - runaway and homeless youth
   - children involved in the foster care and juvenile justice systems
   - LGBTQ+ youth
   - migrant workers/undocumented immigrants
   - people with disabilities, low incomes, or history of substance abuse

8 Why don't the victims just leave?

1. Fear, trauma, drug addiction, threats against their family members, and lack of options due to poverty and homelessness can all prevent someone from leaving.

2. Some victims may also be manipulated or believe that they are in love with their trafficker, which makes them resistant to seeking help.

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3. Traffickers may also use the following methods to trap and control their victims:
   - isolating them from friends, family, and the public
   - controlling their money
   - confiscating passports or other identification
   - threatening to shame them publicly
   - threatening imprisonment or deportation if they contact authorities

4. The perpetrators of human trafficking are criminals that need to be arrested and prosecuted.

PART C Sex Trafficking

9 What is child sex trafficking?

Explain the following:

- Child sex trafficking is a form of child abuse.
- Federal law defines child sex trafficking as the recruitment, harboring, transport, provision, or obtaining of a person under the age of 18 for the purpose of a commercial sex act.

NOTE:
A commercial sex act is when someone engages in sexual activity in exchange for payment (money, goods, housing, or some other benefit).

10 How common is child sex trafficking?

1. Up to 300,000 Americans under the age of 18 are lured into the commercial sex trade every year.

2. 1 out of 6 runaways is likely the victim of sex trafficking.

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11 What are examples of sex trafficking?

- An adult providing a 16-year-old girl a place to stay in exchange for sex.
- A 17-year-old boy engaging in sex acts for a webcam or pornography business.
- A criminal gang bringing teenage girls to the US from Central America to have sex with customers.
- A parent arranging for buyers to have sex with his or her child in exchange for drugs, or food, or housing.

12 Where does most sex trafficking occur?

Common venues (locations) for child sex trafficking include:

- street prostitution
- truck stops
- massage parlors
- hotels and motels
- private residences
- internet and webcams
- strip clubs
- escort services

13 What is the role of the internet?

The internet contributes to sex trafficking by:

- grooming
- recruiting
- advertising
- controlling
- stalking
- harassing

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14 What are the red flags?

Explain to the students that the following is a list of possible clues that someone is being sex trafficked.

- evidence of controlling or dominating relationships
- frequenting websites and social media known for recruitment
- possession of expensive jewelry, clothing or a cell phone the youth cannot afford
- overly sexual behavior or dress
- curfew violations, truancy, loitering, prostitution
- constant communication with multiple men; phone records of names and monetary amounts
- suspicious tattoos or branding

15 What would you do?

1. Distribute the worksheet entitled **What Would You Do?** Instruct the students to take a few minutes to complete the answers alone or in pairs/groups.

2. Ask for a show of hands for the students' responses to each situation.
   - How many of you would discourage the behavior, and why?
   - How many of you would call the human trafficking hotline, and why?
   - How many of you would report this to an adult, and why?

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What Would You Do?

DIRECTIONS Put a check in the box (or boxes) to indicate what you would do in the following situations.

What would you do if ...	Ignore the situation	Discourage behavior	Call the human trafficking hotline	Report to an adult
1. You notice that the neighbors have a young "housekeeper" who is very fearful to talk with people.				
2. A girl with an older man invites you to join them to have some fun.				
3. You notice a man at the bus stop who tries to get young girls to go for a ride in his van.				
4. Your little brother tells you about being asked to go to a hotel with a stranger.				
5. You notice that your older sister is having constant cell phone communication with multiple men.				
6. You become aware of a homeless teen who is living with an older man in exchange for sex.				

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If you or someone you know is a victim of human trafficking:

- Tell your teacher, school nurse, or counselor.
- Call 911 or contact the police.
- Call the National Human Trafficking Hotline 1-888-373-7888.
- Call the National Runaway Hotline 1-800-RUNAWAY or go to: www.1800runaway.org.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART D

Resources and Services

16 What do victims need?

1. The support services needed for victims of trafficking may include:
   - emergency shelter
   - food and clothing
   - legal services
   - medical care
   - transportation
   - mental health care
   - education and employment
2. Remind students that:
   - The victims of sex trafficking are not criminals to be arrested, but victims that need to be rescued and supported.
   - The perpetrators of sex trafficking are criminals that need to be arrested and prosecuted.

17 How should you report human trafficking?

Tell students that if they or someone they know is a victim of human trafficking, there are several ways that they can get help.

- Tell your teacher, school nurse, or counselor.
- Call 911 or contact the police.
- Call the National Human Trafficking Hotline 1-888-373-7888.
- Call the National Runaway Hotline 1-800-RUNAWAY or go to: www.1800runaway.org.

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PART E

Lesson Wrap-Up

18 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story.……Play the remainder of the story.

19 How did the story end?

Ask students the following questions.

1. What happened in the second half of the story?
2. What can you learn from this?

20 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

21 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

22 Ask yourself.

Direct students to indicate how committed they are to reporting any human trafficking that they suspect.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

23 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them what they would do if they suspected that someone was being trafficked.

24 Remember to do your homework!

Remind students to complete their homework.

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Lesson 5 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Child sex trafficking is a form of child abuse.

T F Human trafficking includes both labor trafficking and sex trafficking.

T F Child sex traffickers often "groom" their victims by acting like their boyfriend, or like they really care about them.

T F Runaways and victims of sex trafficking can call 1-800-RUNAWAY for help.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to reporting any human trafficking you become aware of? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share your **What would you do?** and **Lesson Wrap-Up** worksheets with your parent(s) or trusted adult and **ask them** what they would do if they suspected that someone was being trafficked.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 6

Preventing an Unplanned Pregnancy

NATIONAL HEALTH EDUCATION STANDARD (NHES)

1.12.6, 3.12.5, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARDS (NSES)

PR.12.CC.1, PR.12.AI.1, PR.12.CC.2, SH.10.DM.1. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Family Planning
- Contraception and Community Services
- Sexual Abstinence (A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify reasons for planning for a family.
- Describe a range of contraceptive methods, including their effectiveness in preventing pregnancy and sexually transmitted infections.
- Identify sexual abstinence as the only certain way to prevent unintended pregnancy or sexually transmitted infections.
- Identify community family planning and contraception services.
- Identify the benefits of delaying or abstaining from sex.
- Identify the critical steps in making the decision to whether become sexually active.

MATERIALS

- Teacher's slides for the lesson
- List of community resources (if available)
- Poster paper and markers
- Sample contraceptives (if available and permitted)
- Student workbooks, one per person, or duplicate the **Birth Control Guide** and the **Lesson Wrap-Up** worksheet

TERMS

abstinence, barrier method, hormonal method, over-the-counter (OTC), prescription, external condom, internal condom, spermicidal foam or gel, birth control pill, hormonal implant, intrauterine device (IUD), diaphragm, sterilization, cervical cap, patch, long-acting reversible contraception (LARC), emergency contraception (Plan B)

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PART A

Introduction

1 Preventing an Unplanned Pregnancy

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 What's next for Aman and Esther?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Family Planning

NOTE:
In debriefing this question, be sure to include both heterosexual and LGBTQ+ family types.

5 What is a family?

What is a family? Possible responses include:

- a husband and wife plus child/ren
- a father or mother with his or her child/ren
- grandparent(s) raising their grandchild/ren
- a same-sex couple raising their child/ren
- any combination of adults or child/ren who live together in a caring, supportive relationship

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NOTE:
Emphasize that information on contraception is important for LGBTQ+ students. According to the US Department of Health and Human Services LGBTQ+ teens actually have higher than average rates of unintended pregnancy.

6 What is family planning?

1. Have you heard the term "family planning?" What does "family planning" mean? Possible responses include:
   - deciding when to have a child(ren)
   - deciding how many children to have
   - using birth control methods (contraception)

2. Ask students "What are the reasons for delaying becoming a parent?" Possible responses include:
   - waiting until you are in a stable, committed relationship
   - waiting until you can support the costs of a child
   - waiting until you are emotionally mature enough to be a parent
   - having no interest in becoming a parent

3. **Emphasize that choosing to abstain from sex is the only certain way to prevent an unplanned pregnancy or infection with a sexually transmitted infection.**
   - Point out to students that while birth control methods will help protect someone from getting pregnant, most do **NOT** protect someone from getting an STI.
   - Remind students that naked genital-to-genital contact, while technically abstaining from insertive anal/oral/digital/vaginal sex, can still transmit STIs!
   - Also, abstaining from injection drug use is important to avoid infection with HIV and other viral STIs.

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PART C

Contraception and Community Services

NOTE:
If students suggest "sexual abstinence," emphasize this as a method which is always available, all the time!
If students suggest "sterilization," acknowledge that this is an option typically for older adults who have had the number of children they planned.
If students suggest "abortion," explain that this is not considered a birth control method. The term "birth control method" implies advanced planning! However, an abortion is an option some women may consider.

NOTE:
Long-acting reversible contraceptives (LARC) which are recommended for teens include injections, intrauterine devices (IUDs), and sub-dermal contraceptive implants. They are the most effective reversible methods because their efficacy does not rely on patient compliance.

NOTE:
When discussing contraceptive methods, (copper IUD) can be placed in either the barrier or (IUD with progestin) hormonal categories.

7 What is contraception?

Explain that contraception is the use of artificial methods and techniques to prevent pregnancy. Ask students what kinds of contraception (birth control) they can name.

8 What are birth control choices for teens?

1. Distribute the handout **Birth Control Guide** (if students have no workbook). Explain each contraceptive product and its effectiveness in preventing pregnancy and STIs.
   - Emphasize that sexual abstinence is the most effective method for preventing both a unplanned pregnancy and an STI.
   - Latex condoms are the only other birth control method that can prevent both pregnancy and STIs.

2. Also point out to the students which forms of birth control are available with a prescription from clinics and which can be purchased over-the-counter without a prescription.

9 What are the types of contraception?

Discuss sample contraceptives (e.g., sponge, foam, gel, external and internal condom, etc.). Clarify the differences in the types of contraception (e.g., barrier methods vs. hormonal method, over-the-counter (OTC) vs. prescription methods), including emergency contraception.

- **Barrier methods** prevent the sperm from reaching the egg and include external condoms, internal condoms, diaphragms, cervical caps, sponge, and spermicide.
- **Hormonal methods** prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg and include oral contraceptives, patch, hormonal injections, long-acting reversible contraceptives (LARC), and vaginal ring (NuvaRing).

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- **Over-the-counter methods** can be purchased without a prescription. (condoms, sponges, spermicidal foam or gel, emergency contraception)
- **Prescription contraceptive methods** require a doctor's prescription.

10 What methods should teens AVOID using?

Methods of birth control usually not recommended for teens include:

- **Sterilization** is a medical procedure that is typically unavailable to minors, and may not be reversible later in life when a person may choose to have children.
- **Withdrawal** ("pulling out") may be difficult for a sexually aroused male to ensure; also, pre-ejaculate ("pre-cum" which contains sperm) will most likely be deposited in the vagina prior to an ejaculation.
- **The fertility awareness method** (rhythm method), more recently called natural family planning (NFP), has a failure rate of 4% (in perfect use) to 33% (typical use), and relies upon a woman's understanding and monitoring the times each month when she is fertile and when she is non-fertile. (https://www.cdc.gov/nchs/data/icd/att4_NFP_mar06.pdf)

NOTE:
Emergency contraception (also known as EC or Plan B) is not the same as the abortion pill RU486

11 What is Plan B?

- Emergency contraception is often called the "morning after pill."
- Emergency contraception prevents pregnancy by stopping the egg from being released.
- It works best when started right away, and no later than 3-5 days after unprotected sex.
- The Copper IUD may also be used for emergency contraception when placed no later than 5 days after unprotected sex.
- In California people 12 years of age or older can purchase some type of emergency contraception pills over-the-counter without parental consent and without a prescription.

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What are the Types of Birth Control?

- **Barrier methods** prevent the sperm from reaching the egg and include external condoms, internal condoms, diaphragms, cervical caps, sponge, and spermicide.
- **Hormonal methods** prevent pregnancy by interfering with ovulation, fertilization, and/or implantation of the fertilized egg and include oral contraceptives, patch, hormonal injections, long-acting reversible contraceptives (LARC), and vaginal ring (NuvaRing).
- **Over-the-counter methods** can be purchased without a prescription (condoms, sponges, spermicidal foam or gel, emergency contraception).
- **Prescription contraceptive methods** require a doctor's prescription.

What is Emergency Contraception?

Just like regular birth control pills, emergency contraception can prevent a pregnancy by preventing the release of an egg.

Worried You Might Be Pregnant?

- **If you've had unprotected sex** within the last 5 days, it's not too late. You can do something NOW to prevent pregnancy.
- **Emergency contraception** is often called the "morning after pill." It works best when started right away, and no later than 3-5 days after sex.
- **Act quickly. Don't wait.** Visit your pharmacy or public health clinic to get emergency contraception. In all states, people at any age can purchase some type of emergency contraceptive pills over-the-counter without parental consent and without a prescription.

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12 How do you locate family planning services?

1. Discuss how and where to access contraception and family planning products and services in your community.
   - Students can locate a reproductive health clinic by visiting https://gettested.cdc.gov.
   - They can also go to Teen Source (www.teensource.org), click on Find A Clinic, and enter their zip code.
   - Most local drug stores provide non-prescription birth control (internal or external condom, sponge, foam) and pregnancy test kits.

2. Remind students that abstaining from injection drug use is also important to avoid infection with HIV and other viral STIs.

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BIRTH CONTROL GUIDE

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FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.
Sterilization Surgery for Women	Less than 1	Onetime procedure. Permanent.	Pain Bleeding Infection or other complications after surgery
Sterilization Implant for Women	Less than 1	Onetime procedure. Permanent. The FDA-recommended alternative is tubal ligation or LARC.	Pain/cramping Pelvic or back discomfort Vaginal bleeding
Sterilization Surgery for Men	Less than 1	Onetime procedure. Permanent.	Pain Bleeding Infection
IUD Copper (LARC)	Less than 1	May be used as emergency contraception if placed within 5 days of unprotected intercourse. Inserted by a healthcare provider. Lasts up to 10 years.	Cramps Heavier, longer periods Spotting between periods
IUD with Progestin (LARC)	Less than 1	Inserted by a healthcare provider. Lasts up to 3-5 years, depending on the type.	Irregular bleeding No periods (amenorrhea) Abdominal/pelvic pain
Implantable Rod (LARC)	Less than 1	Inserted by a healthcare provider. Lasts up to 3 years.	Menstrual Changes Weight gain Headache Mood swings or depressed mood Acne
Shot/Injection (LARC)	6	Need a shot every 3 months.	Loss of bone density Irregular bleeding/ Bleeding between periods Headaches Weight gain Nervousness Dizziness

MORE EFFECTIVE

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.

source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

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BIRTH CONTROL GUIDE

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FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.	
Oral Contraceptives "The Pill" (Combined Pill)	9	Must swallow a pill everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache
Oral Contraceptives "The Pill" (Extended/Continuous Use Combined Pill)	9	Must swallow a pill everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache Amenorrhea
Oral Contraceptives "The Mini Pill" (Progestin Only)	9	Must swallow a pill at the same time everyday.	Spotting / bleeding between periods Nausea	Breast tenderness Headache
Patch	9	Put on a new patch each week for 3 weeks (21 total days). Don't put on a patch during the fourth week.	Spotting / bleeding between periods Nausea Stomach pain	Breast tenderness Headache Skin irritation
Vaginal Contraceptive Ring	9	Put the ring into the vagina yourself. Keep the ring in your vagina for 3 weeks and then take it out for 1 week.	Vaginal discharge, discomfort in the vagina, and mild irritation Mood changes	Nausea Breast tenderness Headache
Diaphragm with Spermicide	12	Must use every time you have sex.	Irritation Allergic reactions	Urinary tract infection
Sponge with Spermicide	12-24	Must use every time you have sex.	Irritation	

MORE EFFECTIVE

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.

source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

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BIRTH CONTROL GUIDE

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FDA Approved Methods	# of pregnancies expected (per 100 women)*	Use	Some Risks or Side Effects* This chart does not list all of the risks and side effects for each product.
Cervical Cap with Spermicide	17-23	Must use every time you have sex.	Irritation Allergic reactions Abnormal Pap test
External Condom (on a penis)	18	Must use every time you have sex. **Provides protection against some STDs.**	Irritation Allergic reactions
Internal Condom (in a vagina)	21	Must use every time you have sex. **Provides protection against some STDs.**	Discomfort or pain during insertion or sex. Burning sensation, rash or itching
Spermicide alone	28	Must use every time you have sex.	Irritation Allergic reactions Urinary tract infection

MORE EFFECTIVE

Other contraceptives:

Emergency Contraceptives (EC): May be used if you did not use birth control or if your regular birth control fails (such as a condom breaks). It should not be used as a regular form of birth control. Emergency contraception prevents about 55 - 85% of predicted pregnancies.

Levonorgestrel 1.5mg (1 pill) **Levonorgestrel** .75mg (2 pill)	7 out of every 8 women who would have gotten pregnant will not become pregnant after taking this EC.	Available as an unrestricted over-the-counter purchase. Swallow the pills as soon as possible within 3 days after having unprotected sex.	Menstrual changes Dizziness Nausea Breast pain Headache	Vomiting Lower stomach (abdominal) pain Tiredness
Ulipristal Acetate	6 or 7 out of every 10 women who would have gotten pregnant will not become pregnant after taking this EC.	Available by prescription only. Swallow the pills as soon as possible within 5 days after having unprotected sex.	Dizziness Nausea Headache	Abdominal pain Tiredness Menstrual pain

*For more information on the chance of getting pregnant while using a method or on the risks of a specific product, please check the product label or Trussell, J. (2011). "Contraceptive failure in the United States." Contraception 83(5):397-404.

source: https://www.fda.gov/consumers/free-publications-women/birth-control-chart

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PART D

Making Sexual Decisions

13 What decision will you make?

Walk the students through the decision tree, and emphasize the importance of:

- involving their sex partner in this decision.
- being honest in their response to "shall we have sex."
- considering their answers carefully at each step in the decision tree.

14 What are the reasons for delaying or abstaining from sex?

A

1. Divide the class into four groups.
2. Assign each group to list on a large sheet of paper all the reasons for young people to delay/abstain from sexual activity.
3. Post the lists in the classroom.
4. Have each group choose a spokesperson to briefly explain their list to the rest of the class.
5. Point out that each of the group lists may have many of the same reasons and concerns for delaying or abstaining from sex.

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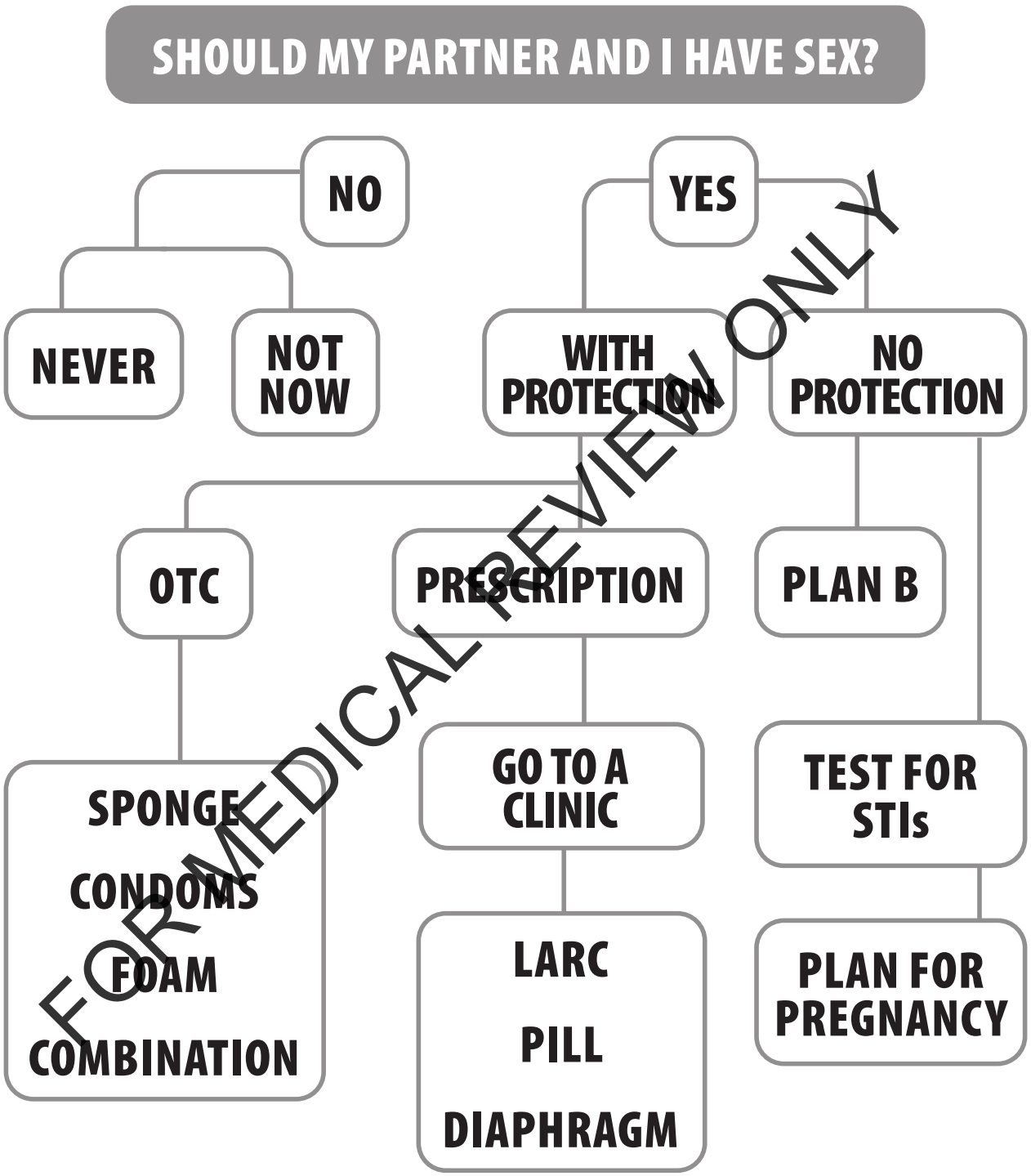
What Decision Will You Make?



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PART E

Lesson Wrap-Up

15 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story..... Play the remainder of the story.

16 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

17 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

18 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

19 Ask yourself.

Direct students to indicate how committed they are to either abstaining from sex or always correctly using birth control.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

20 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them when they believe it is appropriate to start a family.

21 Remember to do your homework!

Remind students to complete their homework.

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Lesson 6 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming in contact with an egg.

T F Latex condoms and spermicidal foam or gel can be purchased only with a doctor's prescription.

T F In many states, teens can access free or low-cost reproductive health services.

T F Pregnancy should be planned for a time in your life when you are ready to be responsible for children.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to either abstaining from sex or always correctly using birth control? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your **Lesson Wrap-Up** worksheet from this lesson and **ask them** when they believe it is appropriate to start a family.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 7

Teen Pregnancy: Choices and Responsibilities

NOTE

For those states that do not allow a discussion of abortion, Version 2 of this lesson is included in this teacher binder.

NATIONAL HEALTH EDUCATION STANDARDS (NHES)

5.12.2, 5.12.4., 5.12.5, 5.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

PR.12.CC.3, PR.12.CC.5, PD.12.DM.1, PD.12.DM.2, PR.12.CC.6, SH.10.CC.4. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Prenatal Care and Parenting
- Alternatives (safe surrender, adoption, abortion)
- Decision-Making (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- List the key components of prenatal care and responsible parenting.
- Identify key components of their state's Safe Surrender (or Safe Haven) Law.
- Describe the key components of adoption and abortion.
- Demonstrate how to make an important decision.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per student, or duplicate the **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets

TERMS

options, consequences, confidential, voluntary, surrender, cooling off period, prenatal, adoption, abortion, paternity

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PART A Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: https://traumaawareschools.org/

1 Teen Pregnancy: Choices and Responsibilities

Display the title slide for this lesson before you begin instruction.

2 No need to worry??

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Prenatal Care and Parenting

5 Do you remember?

1. Ask students if they remember from the Getting Started Lesson how many teen births occur each year in the US. (*Answer: over 194,000*)

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2. Ask students to list reasons why so many teens are experiencing unplanned pregnancies. Possible responses include:
   - not abstaining from sexual intercourse
   - not communicating/not discussing sex with their partner
   - no access to, or cannot afford, birth control
   - not using birth control even if they have it
   - not using birth control consistently and correctly
   - sexual assault or date rape

NOTE:
Be sure to elicit participation and responses from male students regarding these topics.

6 How does someone know if they are pregnant?

1. Two main types of pregnancy tests are blood tests (in a clinic) and urine tests (in a clinic or using a home test kit).

2. Pregnancy tests check urine or blood for a hormone called human chorionic gonadotropin (hCG).
   - The body makes this hormone after a fertilized egg attaches to the wall of the uterus.
   - This usually happens about 6 days after fertilization. Levels of hCG rise quickly, doubling every 2 to 3 days.

3. Inform students that in regard to sexual and reproductive health care, many states explicitly permit all or some people younger than 18 to obtain contraceptive, prenatal and STI services without parental involvement.

7 What are the options?

If a young teen is experiencing an unplanned pregnancy, there are several options which include:

- giving birth and raising the child
- discussing with the parents of the mother or father if they would be willing to parent or co-parent the child
- giving birth and letting parents or relatives raise the child
- surrendering the child to designated authorities
- placing the child for adoption
- getting an abortion (terminating the pregnancy)

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8 What are the stages of fetal development?

1. The development of a baby from conception to birth occurs in three stages called trimesters. Each trimester is usually 3 months.

First trimester

- The first trimester will span from conception to 12 weeks (the first 3 months of pregnancy.)
- The placenta develops and transfers nutrients from the mother to the embryo, and transfers wastes from the embryo.
- The brain, spinal cord and central nervous system are developing.
- After the second month the embryo is called a fetus.
- The heart of the fetus is fully developed by the 10th week of pregnancy.
- The organs and limbs including the reproductive organs are formed but the gender is difficult to determine.
- At the end of the third month, the fetus is about 4 inches long and weighs about 1 ounce.

Second trimester

- The second trimester will span months 4-6.
- The reproductive organs and genitals develop, and can be seen on an ultrasound.
- The baby can suck it's thumb, yawn, stretch, and make faces.
- The baby's hiccups and movement can be felt.
- Hair begins to grow on the baby's head.
- The baby can respond to sound, pain, and light.
- By the end of the sixth month, the baby is about 12 inches long and weighs about 2 pounds.

Third trimester

- This is the final three months of the pregnancy and during this stage, the baby will continue to grow and mature.
- The brain is developing rapidly, and the baby can see and hear.
- Most internal systems are developed, but the lungs may still be immature.
- The baby can blink, close eyes, turn the head, grasp firmly, and respond to sounds, light, and touch.
- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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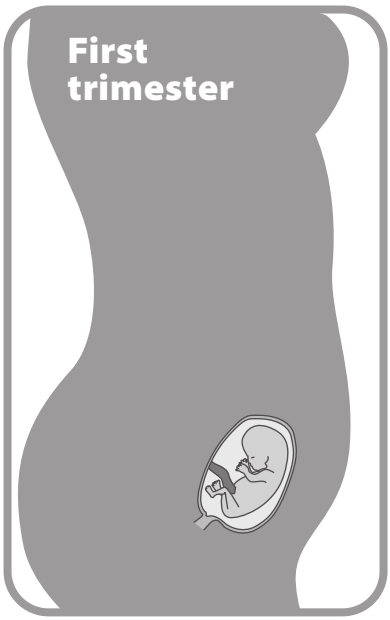
Fetal Development



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- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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9 What is prenatal care?

1. Explain that it is important that the young person gets good prenatal care while pregnant. Emphasize the importance of the partner (or other family members) supporting all aspects of prenatal care.

2. Explain that prenatal care requires:
   - a healthy diet
   - no alcohol, tobacco, secondhand smoke, or other drugs, including marijuana
   - moderate exercise
   - regular checkups including screenings, counseling, and immunizations
   - childbirth classes
   - being free of infectious diseases including HIV

3. Explain that exposure to alcohol and tobacco during pregnancy may lead to developmental disorders in the fetus and can also adversely impact pregnancy outcomes and the newborn's health status.

4. Also emphasize the importance of her partner (or other family members) role in supporting all aspects of prenatal care.

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Prenatal Care

Requires:

- A healthy diet
- No alcohol, tobacco, secondhand smoke, or other drugs, including marijuana
- Moderate exercise
- Regular checkups including screenings, counseling, and immunizations
- Childbirth classes
- Being free of infectious diseases including HIV

It is important that her partner (or other family members) support all aspects of prenatal care.

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10 What is responsible parenting?

1. Explain that if a teen chooses to keep the child and raise it (with or without the help of a partner or parents) there are things that must be done as a responsible parent.
2. Ask students what they think is involved in **parenting?** Responses may include:
   - enrolling in classes to improve their parenting skills
   - understanding child development
   - knowing how to discipline your child properly
   - controlling your own emotions (and violent tendencies)
   - modifying your own schedule to meet the needs of the child
   - finding good childcare
   - providing adequate food, clothing, and a safe environment
   - providing regular health care

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Responsible Parenting

Includes:

- Enrolling in classes to improve your parenting skills
- Understanding child development
- Knowing how to discipline your child properly
- Controlling your own emotions (and violent tendencies)
- Modifying your own schedule to meet the needs of the child
- Finding good childcare
- Providing adequate food, clothing and a safe environment
- Providing regular health care

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PART C

Alternatives

11 What are other alternatives?

People who are faced with an unplanned pregnancy and who feel they are NOT emotionally, economically, or physically able to raise a child at this time in their life have three alternatives: surrender, adoption, and abortion.

NOTE:
For information on your state's Safe Haven Law, go to: https://www.nationalsafehavenalliance.org/find-a-safe-haven

12 What does Safe Surrender mean?

1. Explain the key points, including:
   - In some states this is called Safe Haven or a Baby Moses law.
   - Either birth parent can surrender the infant within 72 hours of its birth.
   - Hospitals and fire departments are "safe surrender sites." In some counties, so are police stations.
   - The parent does not have to give out personal information; if the surrendering parent chooses to give their name, it will be **confidential** (kept in a private file).
   - The infant is given food and medical care.
   - Both the parent and the infant are given an identification bracelet. The parent can reclaim the infant within 14 days (the "cooling off period"). Why is this important?
   - If the biological father decides to claim the infant, he will need to have received a bracelet from the hospital. Otherwise paternity will need to be established by taking a DNA test.
   - If the infant is not reclaimed by its biological (birth) parent, it is placed for adoption.

2. Distribute a brochure (downloadable from the web) or similar information on your state's Safe Surrender Law. Encourage students to share this information with their family members.

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13 How does adoption work?

1. A second option is to give the infant up for **adoption**.

2. Discuss adoption and how it works:
   - The decision to place an infant for adoption is not an easy one to make on your own.
   - All prospective adoptive parents must go through intensive background checks.
   - The young teen may be able to move forward with the adoption without the birth partner's consent.
   - The adoptive family may provide the portion of the medical expenses not covered by private insurance or by state funds.
   - The birth parents may be able to know about the infant's health and well-being after the adoption.

14 Is abortion an option?

1. A third option is to have an **abortion**, which is also called **terminating the pregnancy**.

2. Three pieces of information are important for people to know before making a decision about an abortion and what kind they are eligible for.
   - **Is the teen really pregnant?** Is the pregnancy viable? A positive pregnancy test does not confirm the viability of the pregnancy.
   - **How far along is the pregnancy?** It's necessary to know how far along the pregnancy is, because the cost and types of abortion procedures vary and are affected by this fact. The only sure way to know is to do an ultrasound.
   - **Does the teen have an STI?** This is important to know because having an abortion with an untreated STI can cause great risk to a person's future reproductive health.

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15 Terminating a pregnancy.

1. As with any other medical care, it is every patient's right to receive accurate information so she can provide informed consent prior to an abortion.

2. Key points regarding terminating a pregnancy include:
   - A pregnant person, including minors, can access abortion legally for any reason until 24 weeks after their last menstrual period. After that, if the pregnancy puts the person's health or life at risk, the person still can legally access abortion.
   - A pregnancy can be terminated through medication or through a procedure to empty the uterus early in pregnancy.
   - Two-thirds of abortions take place during 8 weeks of pregnancy. 89% of abortions take place in the first 12 weeks of pregnancy.[1]
   - Abortion is a very safe procedure when done under medical supervision, with a major complication occurring less than one-quarter of 1% of the time.[2]

[1]https://www.guttmacher.org/fact-sheet/induced-abortion-united-states
[2]https://www.ucsf.edu/news/2014/12/121781/major-complication-rate-after-abortion-extremely-low-study-shows

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PART D

Decision-Making

16 How do you make the choice?

W

1. Point out that what to do about an unplanned pregnancy is a very difficult decision for anyone to make.
   - Such decisions require serious thought, including counseling with parents, family members, and other professionals before choosing what is right for the individual involved.
   - Of course, the best way to avoid having to make this decision is to not get pregnant or get someone pregnant in the first place!
2. Explain that when someone is making an important decision, with many options or alternatives, it can be very confusing.
   - Some people may not even consider some of the "options" acceptable, based on their family, cultural, or religious beliefs.
   - Should someone seek advice from others, and whose opinion should they listen to?
3. Distribute the **Making Healthy Decisions** worksheet. Walk the students through completing each step of the decision-making model (see sample of completed model).
4. **Step One: Define the problem.** What can a teen do if he or she has an unplanned pregnancy?
5. **Step Two: Identify possible decisions.** Guide students in brainstorming all the options. Options include:
   - ending the pregnancy by getting an abortion
   - giving birth to the infant which is raised by its mother and/or father
   - discussing with the parents of the mother or father if they would be willing to parent or co-parent
   - giving birth to the infant and placing it with an adoption agency

NOTE:
Keep in mind that some families or cultures may welcome or even encourage their daughter to become pregnant. However, the possible harm to her health, to the health of her infant, and effect on her future must still be considered.

FOR MEDICAL REVIEW ONLY

Step Three: Evaluate the pluses and minuses of each possible decision in this activity.

- **Getting an abortion:**
  - \+ She is no longer pregnant; however,
  - − others may question the decision.
- **Giving birth to the infant which is raised by its mother and/or father:**
  - \+ The parent(s) raise the infant; however,
  - − others may question the decision, plus
  - − it's difficult and expensive to care for a infant, it's hard to stay in school, and the parent(s) may face embarrassment due to beliefs and attitudes of friends and family members.
- **Discussing with the parents of the father or mother whether they would parent or co-parent the infant:**
  - \+ Parent(s) will have some involvement in raising the infant; however,
  - − others may question the decision, plus
  - − raising an infant takes a lot of energy. This can be a burden on the family's time and finances.
- **Giving birth to the infant and surrendering/placing it with an adoption agency:**
  - \+ The infant is raised by willing adults who want a infant, and the parents may meet the adopting family; however,
  - − others may question the decision, plus
  - − neither parent will be raising the infant.

Step Four: Identify resources. Guide students in brainstorming where a young teen could seek advice prior to making a decision. Possible responses include:

- parent(s) or guardian(s)
- counselor
- family physician
- the other biological parent
- religious leader
- teen website/hotline
- teen clinic

Step Five: Make the decision. What do you feel they ought to do? At this point, allow students to make their own decisions.

Step Six: ACT on the decision made, take RESPONSIBILITY for it, and RE-EXAMINE the decision from time to time.

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NAME _____

Making Healthy Decisions

Step 1: What can a teen do if he or she has an unplanned pregnancy?

_____

_____

Step 2: List Possible Options

1. _____
2. _____
3. _____
4. _____

Step 3: Evaluate Each Option

1. _____
2. _____
3. _____
4. _____

Step 4: List Resources

1. _____
2. _____
3. _____
4. _____

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____ SAMPLE

Making Healthy Decisions

Step 1: What is the problem?

What can a teen do if he or she has an unintended pregnancy?

Step 2: List Possible Options

1. *Get an abortion.*
2. *Keep the infant and raise the infant herself/himself.*
3. *Have family (co)parent the infant.*
4. *Surrender the infant.*

Step 3: Evaluate Each Option

1. *She is no longer pregnant; however, others may question your decision.*
2. *The infant is raised by its mother and/or father; however, others may question your decision, plus it's difficult and expensive to care for an infant, hard to stay in school, and the parent may face embarrassment.*
3. *Parent(s) will have some involvement in raising the infant; however, others may question your decision plus it takes a lot of energy, and this may be a burden to the family's time and finances.*
4. *The infant is raised by willing adults who want a infant, and the parent(s) may meet the adopting family; however, others may question your decision, plus neither parent will be raising the infant.*

Step 4: List Resources

- *parent(s) or other adult*
- *counselor*
- *family doctor*
- *the other biological parent*
- *religious leader*
- *teen website/hotline*
- *teen clinic*

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART E

Lesson Wrap-Up

17 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

18 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

19 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

20 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

21 Ask yourself.

Ask students to indicate how positive they are that they will use the decision-making model when making important decisions in your life.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

22 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them what were some important decisions you will need to make in the next few years

23 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 7 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The only alternative to raising an infant is adoption.

T F When making an important decision, it is critical to explore your options and to consider the pros and cons of each option.

T F When making an important decision, it is not important to seek advice from your parents or a trusted adult.

T F The Safe Surrender Law allows a parent to safely give her/his newborn to a hospital or fire department, no questions asked.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can use the decision-making model in this lesson when making important decisions in your life?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Making Healthy Decisions** and **Lesson Wrap-Up worksheets** and **ask them** what are some important decisions you will need to make in the next few years.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 7
(VERSION 2)

Teen Pregnancy: Choices and Responsibilities

NOTE

For those states that do not allow a discussion of abortion, Version 2 of this lesson and the accompanying slides make no mention of terminating a pregnancy.

NATIONAL HEALTH EDUCATION STANDARDS (NHES)

5.12.2, 5.12.4., 5.12.5, 5.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

PR.12.CC.3, PR.12.CC.5, PD.12.DM.1, PD.12.DM.2, PR.12.CC.6, SH.10.CC.4. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Prenatal Care and Parenting
- Alternatives (safe surrender, adoption, abortion)
- Decision-Making (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- List the key components of prenatal care and responsible parenting.
- Identify key components of their state's Safe Surrender (or Safe Haven) Law.
- Describe the key components of adoption and abortion.
- Demonstrate how to make an important decision.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per student, or duplicate the **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets

TERMS

options, consequences, confidential, voluntary, surrender, cooling off period, prenatal, adoption, paternity

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PART A Introduction

1 Teen Pregnancy: Choices and Responsibilities

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 No need to worry??

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

NOTE:
These topics could cause extreme discomfort or could "trigger" re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: https://traumaawareschools.org/

3 What will you learn today?

Review today's learning objectives and **remind students that if any of this content is upsetting to them for any reason, they may be excused to the counselor's office until the end of the period.**

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Prenatal Care and Parenting

5 Do you remember?

1. Ask students if they remember from the Getting Started Lesson how many teen births occur each year in the US. (*Answer: over 194,000*)

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NOTE:
Be sure to elicit participation and responses from male students regarding these topics.

2. Ask students to list reasons why so many teens are experiencing unplanned pregnancies. Possible responses include:
   - not abstaining from sexual intercourse
   - not communicating/not discussing sex with their partner
   - no access to, or cannot afford, birth control
   - not using birth control even if they have it
   - not using birth control consistently and correctly
   - sexual assault or date rape

6 How does someone know if they are pregnant?

1. Two main types of pregnancy tests are blood tests (in a clinic) and urine tests (in a clinic or using a home test kit).

2. Pregnancy tests check urine or blood for a hormone called human chorionic gonadotropin (hCG).
   - The body makes this hormone after a fertilized egg attaches to the wall of the uterus.
   - This usually happens about 6 days after fertilization. Levels of hCG rise quickly, doubling every 2 to 3 days.

3. Inform students that in regard to sexual and reproductive health care, many states explicitly permit all or some people younger than 18 to obtain contraceptive, prenatal and STI services without parental involvement.

7 What are the options?

If a young teen is experiencing an unplanned pregnancy, there are several options which include:

- giving birth and raising the child
- discussing with the parents of the mother or father if they would be willing to parent or co-parent the child
- giving birth and letting parents or relatives raise the child
- surrendering the child to designated authorities
- placing the child for adoption

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8 What are the stages of fetal development?

1. The development of a baby from conception to birth occurs in three stages called trimesters. Each trimester is usually 3 months.

First trimester

- The first trimester will span from conception to 12 weeks (the first 3 months of pregnancy.)
- The placenta develops and transfers nutrients from the mother to the embryo, and transfers wastes from the embryo.
- The brain, spinal cord and central nervous system are developing.
- After the second month the embryo is called a fetus.
- The heart of the fetus is fully developed by the 10th week of pregnancy.
- The organs and limbs including the reproductive organs are formed but the gender is difficult to determine.
- At the end of the third month, the fetus is about 4 inches long and weighs about 1 ounce.

Second trimester

- The second trimester will span months 4-6.
- The reproductive organs and genitals develop, and can be seen on an ultrasound.
- The baby can suck it's thumb, yawn, stretch, and make faces.
- The baby's hiccups and movement can be felt.
- Hair begins to grow on the baby's head.
- The baby can respond to sound, pain, and light.
- By the end of the sixth month, the baby is about 12 inches long and weighs about 2 pounds.

Third trimester

- This is the final three months of the pregnancy and during this stage, the baby will continue to grow and mature.
- The brain is developing rapidly, and the baby can see and hear.
- Most internal systems are developed, but the lungs may still be immature.
- The baby can blink, close eyes, turn the head, grasp firmly, and respond to sounds, light, and touch.
- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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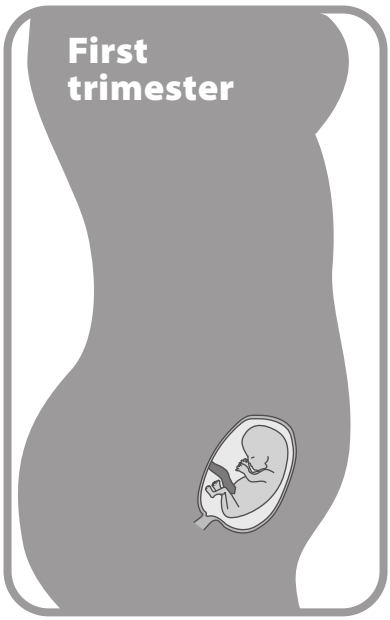
Fetal Development



- The first trimester will span from conception to 12 weeks (the first 3 months of pregnancy.)
- The placenta develops and transfers nutrients from the mother to the embryo, and transfers wastes from the embryo.
- The brain, spinal cord and central nervous system are developing.
- After the second month the embryo is called a fetus.
- The heart of the fetus is fully developed by the 10th week of pregnancy.
- The organs and limbs including the reproductive organs are formed but the gender is difficult to determine.
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- The reproductive organs and genitals develop, and can be seen on an ultrasound.
- The baby can suck it's thumb, yawn, stretch, and make faces.
- The baby's hiccups and movement can be felt.
- Hair begins to grow on the baby's head.
- The baby can respond to sound, pain, and light.
- By the end of the sixth month, the baby is about 12 inches long and weighs about 2 pounds.

- This is the final three months of the pregnancy and during this stage, the baby will continue to grow and mature.
- The brain is developing rapidly, and the baby can see and hear.
- Most internal systems are developed, but the lungs may still be immature.
- The baby can blink, close eyes, turn the head, grasp firmly, and respond to sounds, light, and touch.
- The baby is about 18 to 20 inches long and weighs about 7 pounds.

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9 What is prenatal care?

1. Explain that it is important that the young person gets good prenatal care while pregnant. Emphasize the importance of the partner (or other family members) supporting all aspects of prenatal care.

2. Explain that prenatal care requires:
   - a healthy diet
   - no alcohol, tobacco, secondhand smoke, or other drugs, including marijuana
   - moderate exercise
   - regular checkups including screenings, counseling, and immunizations
   - childbirth classes
   - being free of infectious diseases including HIV

3. Explain that exposure to alcohol and tobacco during pregnancy may lead to developmental disorders in the fetus and can also adversely impact pregnancy outcomes and the newborn's health status.

4. Also emphasize the importance of her partner (or other family members) role in supporting all aspects of prenatal care.

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Prenatal Care

Requires:

- A healthy diet
- No alcohol, tobacco, secondhand smoke, or other drugs, including marijuana
- Moderate exercise
- Regular checkups including screenings, counseling, and immunizations
- Childbirth classes
- Being free of infectious diseases including HIV

It is important that her partner (or other family members) support all aspects of prenatal care.

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10 What is responsible parenting?

1. Explain that if a teen chooses to keep the child and raise it (with or without the help of a partner or parents) there are things that must be done as a responsible parent.
2. Ask students what they think is involved in **parenting?** Responses may include:
   - enrolling in classes to improve their parenting skills
   - understanding child development
   - knowing how to discipline your child properly
   - controlling your own emotions (and violent tendencies)
   - modifying your own schedule to meet the needs of the child
   - finding good childcare
   - providing adequate food, clothing, and a safe environment
   - providing regular health care

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Responsible Parenting

Includes:

- Enrolling in classes to improve your parenting skills
- Understanding child development
- Knowing how to discipline your child properly
- Controlling your own emotions (and violent tendencies)
- Modifying your own schedule to meet the needs of the child
- Finding good childcare
- Providing adequate food, clothing and a safe environment
- Providing regular health care

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PART C

Alternatives

11 What are other alternatives?

People who are faced with an unplanned pregnancy and who feel they are NOT emotionally, economically, or physically able to raise a child at this time in their life have three alternatives: surrender and adoption.

NOTE:
For information on your state's Safe Haven Law, go to: https://www.nationalsafehavenalliance.org/find-a-safe-haven

12 What does Safe Surrender mean?

1. Explain the key points, including:
   - In some states this is called Safe Haven or a Baby Moses law.
   - Either birth parent can surrender the infant within 72 hours of its birth.
   - Hospitals and fire departments are "safe surrender sites." In some counties, so are police stations.
   - The parent does not have to give out personal information; if the surrendering parent chooses to give their name, it will be **confidential** (kept in a private file).
   - The infant is given food and medical care.
   - Both the parent and the infant are given an identification bracelet. The parent can reclaim the infant within 14 days (the "cooling off period"). Why is this important?
   - If the biological father decides to claim the infant, he will need to have received a bracelet from the hospital. Otherwise paternity will need to be established by taking a DNA test.
   - If the infant is not reclaimed by its biological (birth) parent, it is placed for adoption.

2. Distribute a brochure (downloadable from the web) or similar information on your state's Safe Surrender Law. Encourage students to share this information with their family members.

FOR MEDICAL REVIEW ONLY

13 How does adoption work?

1. A second option is to give the infant up for **adoption**.

2. Discuss adoption and how it works:
   - The decision to place an infant for adoption is not an easy one to make on your own.
   - All prospective adoptive parents must go through intensive background checks.
   - The young teen may be able to move forward with the adoption without the birth partner's consent.
   - The adoptive family may provide the portion of the medical expenses not covered by private insurance or by state funds.
   - The birth parents may be able to know about the infant's health and well-being after the adoption.

FOR MEDICAL REVIEW ONLY

PART D

Decision-Making

14 How do you make the choice?

W

1. Point out that what to do about an unplanned pregnancy is a very difficult decision for anyone to make.
   - Such decisions require serious thought, including counseling with parents, family members, and other professionals before choosing what is right for the individual involved.
   - Of course, the best way to avoid having to make this decision is to not get pregnant or get someone pregnant in the first place!
2. Explain that when someone is making an important decision, with many options or alternatives, it can be very confusing.
   - Some people may not even consider some of the "options" acceptable, based on their family, cultural, or religious beliefs.
   - Should someone seek advice from others, and whose opinion should they listen to?
3. Distribute the **Making Healthy Decisions** worksheet. Walk the students through completing each step of the decision-making model (see sample of completed model).
4. **Step One: Define the problem.** What can a teen do if he or she has an unplanned pregnancy?
5. **Step Two: Identify possible decisions.** Guide students in brainstorming all the options. Options include:
   - giving birth to the infant which is raised by its mother and/or father
   - discussing with the parents of the mother or father if they would be willing to parent or co-parent
   - giving birth to the infant and placing it with an adoption agency or safely surrendering it.

NOTE:
Keep in mind that some families or cultures may welcome or even encourage their daughter to become pregnant. However, the possible harm to her health, to the health of her infant, and effect on her future must still be considered.

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Step Three: Evaluate the pluses and minuses of each possible decision in this activity.

- **Giving birth to the infant which is raised by its mother and/or father:**

+ The parent(s) raise the infant; however,
− others may question the decision, plus
− it's difficult and expensive to care for a infant, it's hard to stay in school, and the parent(s) may face embarrassment due to beliefs and attitudes of friends and family members.

- **Discussing with the parents of the father or mother whether they would parent or co-parent the infant:**

+ Parent(s) will have some involvement in raising the infant; however,
− others may question the decision, plus
− raising an infant takes a lot of energy. This can be a burden on the family's time and finances.

- **Giving birth to the infant and surrendering/placing it with an adoption agency:**

+ The infant is raised by willing adults who want a infant, and the parents may meet the adopting family; however,
− others may question the decision, plus
− neither parent will be raising the infant.

Step Four: Identify resources. Guide students in brainstorming where a young teen could seek advice prior to making a decision. Possible responses include:

- parent(s) or guardian(s)
- counselor
- family physician
- the other biological parent
- religious leader
- teen website/hotline
- teen clinic

Step Five: Make the decision. What do you feel they ought to do? At this point, allow students to make their own decisions.

Step Six: ACT on the decision made, take RESPONSIBILITY for it, and RE-EXAMINE the decision from time to time.

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NAME _____

Making Healthy Decisions

Step 1: What can a teen do if he or she has an unplanned pregnancy?

_____

_____

Step 2: List Possible Options

1. _____
2. _____
3. _____
4. _____

Step 3: Evaluate Each Option

1. _____
2. _____
3. _____
4. _____

Step 4: List Resources

1. _____
2. _____
3. _____
4. _____

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____ SAMPLE

Making Healthy Decisions

Step 1: What is the problem?

What can a teen do if he or she has an unintended pregnancy?

Step 2: List Possible Options

1. *Get an abortion.*
2. *Keep the infant and raise the infant herself/himself.*
3. *Have family (co)parent the infant.*
4. *Surrender the infant.*

Step 3: Evaluate Each Option

1. *She is no longer pregnant; however, others may question your decision.*
2. *The infant is raised by its mother and/or father; however, others may question your decision, plus it's difficult and expensive to care for an infant, hard to stay in school, and the parent may face embarrassment.*
3. *Parent(s) will have some involvement in raising the infant; however, others may question your decision plus it takes a lot of energy, and this may be a burden to the family's time and finances.*
4. *The infant is raised by willing adults who want a infant, and the parent(s) may meet the adopting family; however, others may question your decision, plus neither parent will be raising the infant.*

Step 4: List Resources

- *parent(s) or other adult*
- *counselor*
- *family doctor*
- *the other biological parent*
- *religious leader*
- *teen website/hotline*
- *teen clinic*

Step 5: Make the decision. What do you feel they ought to do?

Step 6:
Act on the decision, take responsibility for it, and re-examine it.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART E

Lesson Wrap-Up

15 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story..... Play the remainder of the story.

16 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

17 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

18 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

19 Ask yourself.

Ask students to indicate how positive they are that they will use the decision-making model when making important decisions in your life.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

20 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them what were some important decisions you will need to make in the next few years

21 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 7 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The only alternative to raising an infant is adoption.

T F When making an important decision, it is critical to explore your options and to consider the pros and cons of each option.

T F When making an important decision, it is not important to seek advice from your parents or a trusted adult.

T F The Safe Surrender Law allows a parent to safely give her/his newborn to a hospital or fire department, no questions asked.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How positive are you that you can use the decision-making model in this lesson when making important decisions in your life?
Circle your answer below.

Not Positive *Very Positive*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Making Healthy Decisions** and **Lesson Wrap-Up worksheets** and **ask them** what are some important decisions you will need to make in the next few years.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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LESSON 8

The HIV/AIDS Epidemic

NATIONAL HEALTH EDUCATION STANDARD (NHES)

2.12.8, 7.12.2, 2.12.1, 2.12.2, 1.12.1, 1.12.8, 1.12.9, 2.8.1, 2.12.1, 2.12.2
For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

HR.12.CC.2, PS.12.ADV.1, SH.12.CC.2
For further information see Appendix A.

SEL COMPETENCIES

Relationship Skills
Responsible Decision-Making
Self-Awareness
Social Awareness
Self-Management

NOTE:

Activity cards can be duplicated on to colored card stock or purchased from the website at www.positiveprevention.com.

CONTENT

- Introduction
- HIV/AIDS Definitions
- HIV Transmission
- Safe Matches (A activity)
- The Treatment of HIV Disease
- Persons Infected/Affected by HIV
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe the AIDS epidemic.
- Identify the fluids and body routes for HIV transmission.
- Identify behaviors that will and will not put a person at risk for HIV transmission.
- Describe how ART, PEP, and PreP are used in the prevention and treatment of an HIV infection.
- Identify myths or stereotypes regarding persons infected with HIV.
- Describe the impact of HIV/AIDS on individuals and their family life.
- Express concern for persons infected with HIV.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheets
- The **Mismatch** activity cards, one per person

TERMS

epidemic, immune system, semen, vaginal fluids, blood, breast milk, rectal fluids, antiretroviral therapy (ART), post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), myth, stereotype, compassion

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PART A Introduction

NOTE:
Encourage students to use a question box as needed throughout the lessons.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 The HIV/AIDS Epidemic

Display the title slide for this lesson before you begin instruction.

2 Is Sarah Safe?

Play the animated lesson preview (PowerPoint slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B The HIV/AIDS Epidemic

NOTE:
If a student states misinformation, state that you will be clarifying that in this lesson.

5 What do you know about the AIDS epidemic?

First ask students what they know about the AIDS epidemic. Possible responses include:

- It is world wide.
- It is among men, women, and children.
- There is no cure (but there are treatments).
- It is spread by a virus.
- It is not spread by casual contact.

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6 What do the letters HIV and AIDS stand for?

1. HIV is just one of many STIs (sexually transmitted infections.)
   - **Human:** A disease in human beings not other animals.
   - **Immunodeficiency:** Weakness in the body system that is supposed to fight disease.
   - **Virus:** A very small living particle seen only through a microscope that causes serious infections.

2. If left untreated, HIV can lead to the final stage of HIV infection called AIDS.
   - **Acquired**: From some place or someone else, not from within yourself.
   - **Immune:** Able to fight off infection.
   - **Deficiency:** Not enough of something.
   - **Syndrome:** A combination of signs and symptoms that represent a particular disease.

7 What are the numbers?

Approximately 1.2 million people in the U.S. are living with HIV today. About 14 percent of them (1 in 7) don't know it and need testing.

- HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay and bisexual men.
- A large number of new cases are now appearing among women, teenagers, and non-white ethnic populations.
- The only way to know if someone has HIV is to get tested, yet less than 10% of teens report ever having been tested.

NOTE:
For updated statistics for HIV/AIDS in any state go to: https://map.aidsvu.org/map.

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PART C

HIV Transmission

9 How is HIV transmitted?

NOTE:
Acknowledge that eyes are also a portal of entry and a concern in the medical setting.

1. Explain that there are five body fluids which transmit HIV from one person to another: blood, semen, vaginal fluids, rectal fluids, and breast milk. These commonly enter another person's bloodstream through the mouth, genitals, anus, or breaks in the skin (including the use of infected injection drug needles).
2. In order for a person to avoid contact with HIV, they must keep infected blood, semen, vaginal fluids, rectal fluids, or breast milk out of their own or another person's mouth, genitals, anus, or broken skin. This includes avoiding infant exposure to infected blood during the birth process.
3. Anyone who exposes their body openings to any of these fluids is at risk for becoming infected with HIV or other STIs.

10 Can you identify the safe matches? A

NOTE:
Students often believe using contraceptives will protect them against getting HIV/STIs. This is only true of male and female condoms if used consistently and correctly.

NOTE:
This activity also allows students to openly practice discussing risk behaviors with each other.

1. Distribute the Safe Matches activity cards to students, and ask them to make a body fluid/body opening pair with someone else.
2. Ask students to examine the match they have made between body opening and body fluid, and discuss whether this match could transmit HIV.
3. In each case where the match could lead to HIV transmission or infection, ask students how the risk of transmission could be eliminated or reduced. (Answer: By not engaging in the behavior and/or by using barrier protection).

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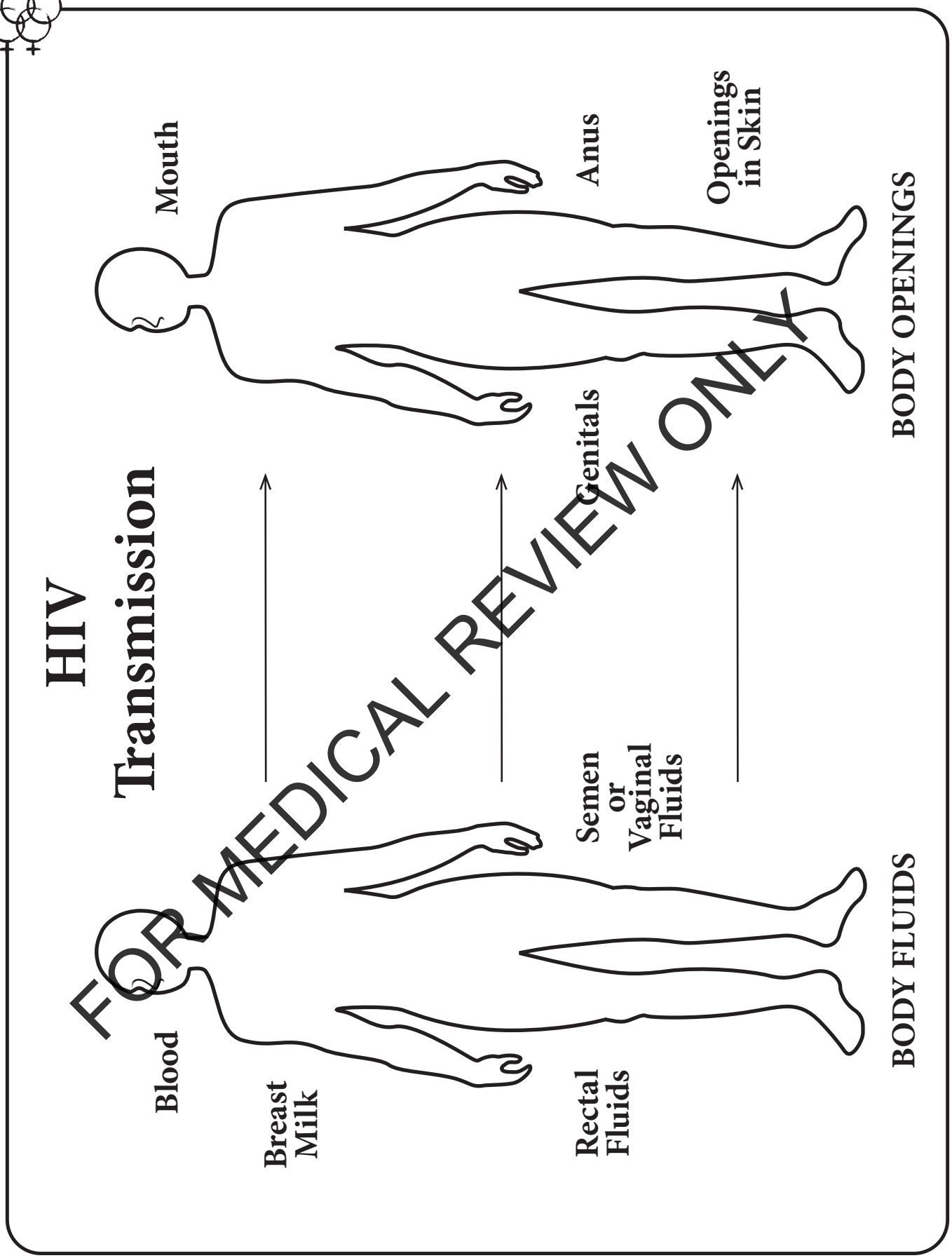
HIV
Transmission
Blood
Breast Milk
Semen or Vaginal Fluids
Rectal Fluids
BODY FLUIDS
Mouth
Anus
Openings in Skin
Genitals
BODY OPENINGS
FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

PART D

HIV Disease and AIDS

11 What is the role of the immune system?

Remind students that the immune system is a defense system that protects against disease by detecting and destroying a wide variety of pathogens.

12 What happens when HIV infects the body?

Explain how HIV and AIDS affect the human body as follows:

- The human immunodeficiency virus (HIV) enters the body.
- HIV takes over and reproduces in T-Cells.
- The immune system tries to fight back by producing antibodies.
- After a number of years of HIV infection, AIDS-defining illnesses (like cancers) and infections (like pneumonia) may begin to occur.

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PART E

The Treatment of HIV Disease

13 What are the treatments for HIV/AIDS?

1. There is no cure for this disease, but with consistent and correct use of medication, it can be managed as a chronic illness and the infected person has a normal life expectancy.
   - HIV is a type of virus called a **retrovirus.**
   - The treatment for HIV/AIDS infection is called **Antiretroviral Therapy (ART).**
   - Antiretroviral drugs can also be given to prevent someone from acquiring HIV after being exposed to it. This is called **post-exposure prophylaxis (PEP).**
   - ART reduces the amount of virus (or viral load) in the blood and body fluids, thus prolonging the life of an infected person.

- ART is a long-term treatment to keep an infected person healthy for many years, and greatly reduces or prevents that person's chances of transmitting HIV to his or her partner(s) if taken consistently and correctly.
- **Pre-exposure prophylaxis, or PrEP**, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. PrEP does not protect against other STIs and a condom is still needed for the prevention of HIV transmission.

2. Remind students that using a condom is important to prevent HIV transmission. None of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.
3. Remind students that none of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.

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Antiretroviral Therapy (ART)

- HIV is a type of virus called a **retrovirus**.
- The treatment for HIV/AIDS infection is called **Antiretroviral Therapy (ART).**
- Antiretroviral drugs can also be given to prevent someone from acquiring HIV after being exposed to it. This is called post-exposure prophylaxis **(PEP).**
- ART is a long-term treatment to keep an infected person healthy for many years, and greatly reduces or prevents that person's chance of transmitting HIV to his or her partner(s) if taken consistently and correctly.
- Pre-exposure prophylaxis, or **PrEP**, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day.

None of these medicines or condoms are 100% effective, but using them together provides the greatest chance of avoiding an HIV infection.

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(Source: http://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/stayincare/treatment.html)

(Source: http://www.cdc.gov/hiv/prevention/research/prep/)

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PART F

Persons Infected/Affected by HIV/AIDS

14 How does HIV affect people?

1. Ask students what they think it's like to have HIV. Responses may include:
   - angry that they became infected
   - fearful of infecting others or of dying
   - hopeful they will live longer with treatment
2. Ask how the friends and family members of an HIV-infected person might feel. Possible responses might include:
   - supportive
   - fearful
   - angry
   - sad

15 What are some HIV myths and stereotypes?

1. Ask students what myths or stereotypes regarding persons infected with HIV they can identify. Examples may include:
   - All people who get HIV will die.
   - People contract HIV only from gay relationships.
   - If you hug or kiss someone with HIV, you will get it.
2. How should people with HIV/AIDS be treated? Possible responses include:
   - with compassion
   - with respect
   - just like other friends and family members

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PART G

Lesson Wrap-Up

16 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

17 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

18 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

19 Ask a friend.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

20 Ask yourself.

Direct students to indicate how committed they are to avoiding behaviors that spread HIV.

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NOTE ON CULTURAL DIVERSITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

21 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

1. their completed worksheets from this lesson and
2. **ask them** how they would **feel** if they found out that a friend or family member was infected with HIV and how how would they **support** them.

22 Remember to do your homework!

Remind students to complete their homework.

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NAME _____

Lesson 8 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F The AIDS epidemic impacts men, women, and teens.

T F The Human Immunodeficiency Virus (HIV) prevents the body from being able to fight off infections.

T F Body fluids which can spread HIV include blood, semen, vaginal fluids, and urine.

T F The goal of antiretroviral therapy (ART) is to extend the infected person's life by keeping his or her HIV viral load low.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to avoiding behaviors that spread HIV? Circle your answer below.

Not Committed				*Very Committed*
1	2	3	4	5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss your **Lesson Wrap-Up** worksheet from this lesson with your parent(s) or trusted adult and **ask them** how they would feel if they found out that a friend or family member was infected with HIV, and how they would **support** them.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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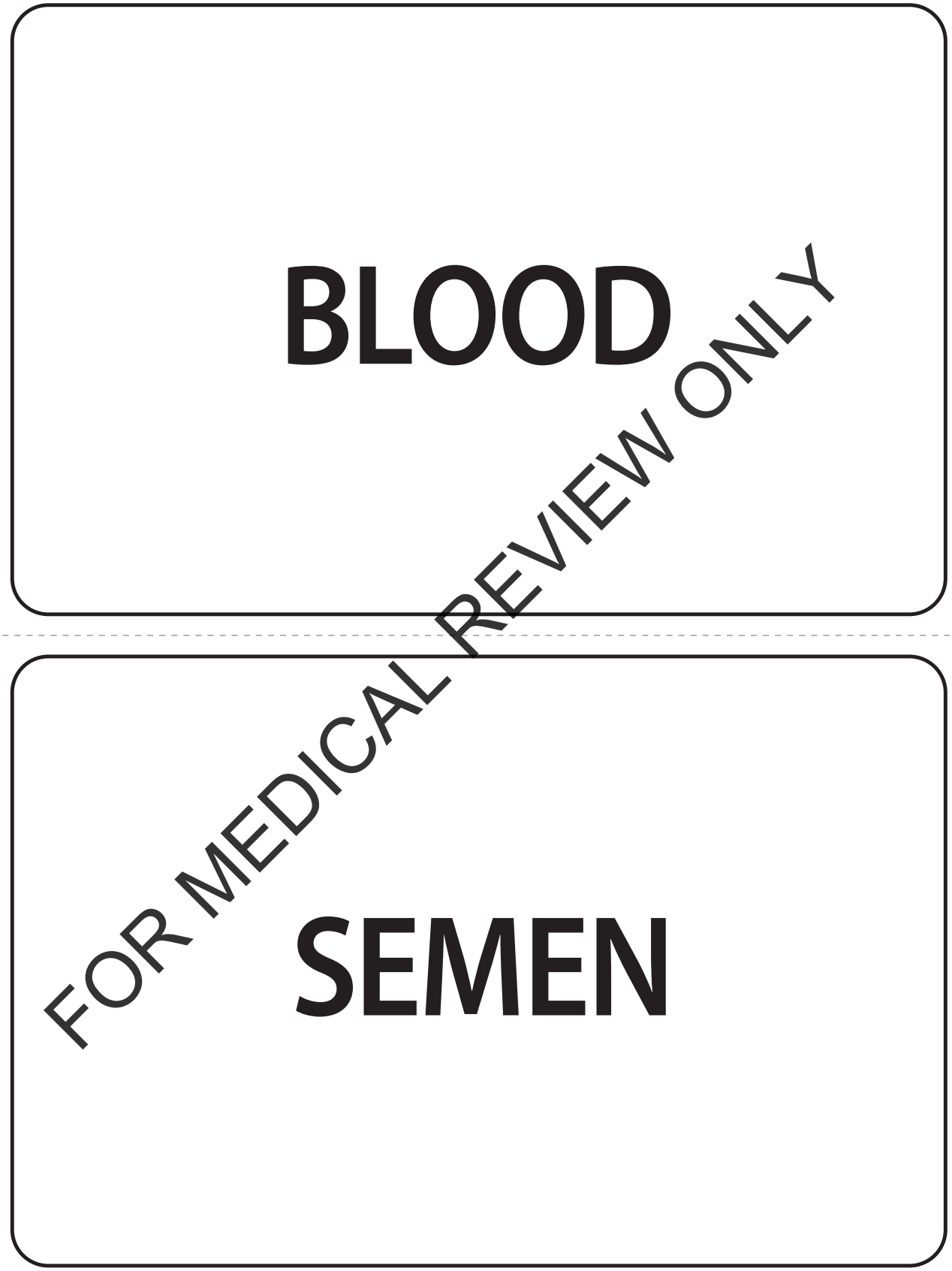
BLOOD
SEMEN
FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

VAGINAL FLUIDS

BREAST MILK

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

RECTAL FLUID

URINE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

SALIVA

SWEAT

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

EAR

NAVEL

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

VAGINA

ANUS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

SKIN CUT OR RASH

INTACT SKIN

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

LESSON 9

Preventing Sexually Transmitted Infections

NATIONAL HEALTH EDUCATION STANDARD (NHES)

2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

SH.12.CC.1, HIV. SH.12.CC.2, SH.12.CC.3, SH.12.AI.1, SH.12.AI.2, SH.12.SM.1. For further information see Appendix A.

SEL COMPETENCIES

Self-Management
Relationship Skills
Responsible Decision-Making

NOTE:

A brief set of slides is available from: https://www.cdc.gov/sti/communication-resources/index.html

CONTENT

- Introduction
- Overview of Sexually Transmitted Infections (W worksheet)
- STI Testing
- STI Game Show (optional A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of the lesson, each student will be able to:

- Identify and describe common STIs and their symptoms.
- Describe ways that STIs can be transmitted.
- Identify community resources for STI testing and treatment.

MATERIALS

- Teacher's slides for the lesson
- STI brochures or STI informational handouts
- Local teen clinic information
- STI PowerPoint available from WebMD website
- **STI Game Show** cards and **STI Summary Grid** (optional)
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheets

TERMS

sexual contact, digital intercourse, sexually transmitted, incubation period, symptoms, asymptomatic, confidential testing, viral, bacterial, parasite

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PART A Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Preventing Sexually Transmitted Infections

Display the title slide for this lesson before you begin instruction.

2 Oh NO, what should I do?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Overview of Sexually Transmitted Infections

NOTE:
Digital sexual contact involves the insertion of the finger(s) into the vagina or anus.

5 What is an STI?

1. Explain each term if needed.
   - **Sexually**: related to having sexual contact (oral, anal, vaginal, digital).
   - **Transmitted**: passed from one person to another.
   - **Infection**: an invasion of bacteria, viruses, or parasites not normally in the body.
2. So, **"STI" means:** an infection you can get/give someone by having sexual contact with him or her.

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6 What STIs have you heard of?

1. Ask students to identify all of the sexually transmitted infections (STIs) they can name. Possible responses include:
   - chlamydia
   - syphilis
   - gonorrhea
   - herpes
   - HIV or AIDS
   - hepatitis C
   - human papilloma virus (HPV) or genital warts
   - hepatitis B
   - pubic lice ("crabs")
   - Trichomoniasis
   - Zika
2. Explain that there are over twenty different STIs. We will be focusing on the ones most commonly known.
3. State that even though young people aged 15-24 years represent only 25% of the sexually experienced population, youth between the ages of 13-19 account for close of half of the STI's diagnosed nationwide each year. That's ten million newly infected teens each year!
4. Approximately 20 percent of teens ages 15-19 in California are diagnosed with an STI each year (CDPH 2015).
5. Explain to students that non-insertive sexual activity, like genital-to-genital rubbing, or digital intercourse (finger insertion) can also transmit STIs, as can the sharing of injection drug needles.
6. Remind students that sexual abstinence, long term mutually monogamous (one partner) relationships, and consistent and correct condom use are the best ways to avoid an STI infection.

7 Complete your STI worksheet

1. Hand out the **STI** worksheet.
2. Show an STI slide program of common sexually transmitted infections, and ask students to complete their worksheets as they watch the program.
3. Review the students' answers on their **STI** worksheet.
   - Point out that only bacterial infections can be cured with antibiotics (antibiotics are ineffective against viral infections).
   - There is an easy way to remember which STIs are bacterial and which are viral: All the common viral STIs begin with the letter H (herpes, human immunodeficiency virus, hepatitis, human papilloma virus).

NOTE:
A brief set of slides is available from: www.webmd.com/sexual-conditions/ss/slideshow-std-pictures-and-facts.

NOTE:
To locate a teen-friendly clinic in your locale, go to: https://www.cdc.gov/sti/communication-resources/index.html

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NAME _____

STI Worksheet

DIRECTIONS For each of the following Sexually Transmitted Infections, check whether it is caused by a virus, bacteria, or something else ("other"), and whether it can be cured with a medication. Then answer the questions at the bottom of the page.

STI Check:	Virus	Bacteria	Other	Curable?
Gonorrhea				
Syphilis				
Chlamydia				
Human Papilloma virus (HPV)				
Human Immunodeficiency Virus (HIV)				
Hepatitis B				
Herpes				
Pubic Lice				
Trichomoniasis				
Zika				

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1. What do all the incurable STIs seem to have in common?

_____

2. Identify the location of a nearby testing center:

Clinic Name: _____
(from gettested.cdc.gov or www.teensource.org/find-a-clinic)

Address: _____

Telephone Number: _____

STI Clinic Hours: _____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME ANSWER KEY

STI Worksheet

DIRECTIONS For each of the following Sexually Transmitted Infections, check whether it is caused by a virus, bacteria, or something else ("other"), and whether it can be cured with a medication. Then answer the questions at the bottom of the page.

STI Check:	Virus	Bacteria	Other	Curable?
Gonorrhea		X		X
Syphilis		X		X
Chlamydia		X		X
Human Papilloma virus (HPV)	X			
Human Immunodeficiency Virus (HIV)	X			
Hepatitis B	X			
Herpes	X			
Pubic Lice			X	X
Trichomoniasis			X	X
Zika	X			

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1. What do all the incurable STIs seem to have in common?

2. Identify the location of a nearby testing center.

Clinic Name: _____

(from gettested.cdc.gov or www.teensource.org/find-a-clinic)

Address: _____

Telephone Number: _____

STI Clinic Hours: _____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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PART C

STI Symptoms and Testing

NOTE:
If possible, also distribute testing brochures or "local resource" cards.

NOTE:
STIs can sometimes cause death of a baby before or soon after birth, or permanent conditions such as brain damage or blindness. Therefore any woman who believes she is pregnant should always be checked to make sure she does not have any STIs.

8 When and where should you get tested?

1. Ask students: "When should you get tested or examined for STIs?" Possible responses include:
   - When you have had sexual contact (anal, oral, digital, or vaginal - including nude genital-to-genital rubbing) with another person.
   - When you are planning to have sexual contact.
   - When you have symptoms.
   - When they have been exposed (e.g., their partner is diagnosed with an STI, or has symptoms).
   - When you are pregnant: remind students that many STIs can affect newborn babies if the mother has an infection during her pregnancy or when the baby is born.

2. Explain that many STIs make it easier to GET and GIVE HIV. STIs which cause sores (e.g., herpes) create an open doorway for HIV to enter and exit the body.

NOTE:
To locte a teen-friendly clinic in your locale, go to: www.teensource.org/findaclinic. See also https

3. Explain that HIV/STI tests are available from private doctors and local health clinics. At doctor's offices, the tests are usually confidential, and may have a cost. HIV/STI testing at public health clinics is typically free. **Confidential means that the doctor will write down your name in their files, but not share the information with others, or with parents or guardians.**

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9 What are the signs and symptoms of STIs?

Explain to the students that:

- Symptoms, if present, may include: DRIP, ITCH, BUMP, PAIN (including BURNING).
- STIs are often asymptomatic (there are no symptoms).

10 STI Warning!

1. Many sexually transmitted infections go undetected. A person who is sexually active should:
   - get a check-up for STIs (sexually transmitted infections).
   - get treated if they are infected.
   - notify their sex partner(s) who may be unaware of their infection.
   - reduce the risk of further infection.

2. The Department of Public Health has staff who can:
   - notify your partner(s) of their risk status confidentially (without revealing your name).
   - provide counseling for you and your partner(s)

NOTE:
A person who had a previous outbreak of herpes or HPV (genital warts) is still infected with the virus and, often, can still pass it to others.

NOTE:
STIs (e.g. Chlamydia and gonorrhea) can increase the amount of HIV present in the genital secretions. For example, in one study, males with both HIV and gonorrhea had ten times the amount of HIV in their semen as males infected with HIV only.

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Signs and Symptoms of STIs

Sexually Transmitted Infections

Anyone:

- Sore, blister, bump or rash in genital, anal area or oral area that may be painless or painful
- Burning or pain when urinating
- Swelling or redness in throat
- Fever, chills, aches
- Swelling of lymph nodes near genitals, or swelling of genitals
- Needing to urinate frequently

- A drip or drainage from penis
- Burning or itching in genital area
- Painful or swollen testicles

- Vaginal discharge or odor
- Deep pain in pelvis or vagina
- Burning or itching of the vagina
- Bleeding from the vagina at times other than regular menstrual flow
- Abdominal (stomach) pain, lower back pain, pain during sex

THE MOST COMMON SYMPTOM IS NOTHING

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STI WARNING!

Many sexually transmitted infections go undetected.

A person who is sexually active should ...

- *They should get a check-up for STIs (sexually transmitted infections).*
- *If they are infected, get treated.*
- *They should notify their sex partner(s) who may be unaware of their infection.*
- *Reduce the risk of further infection.**

* *Note:* The Department of Health has staff who can:
1. Notify your partner(s) of their risk status confidentially (without revealing your name).
2. Provide counseling for you and your partner(s)

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NOTE:

Hepatitis B vaccine is 95% effective, and lasts 20 years or longer. Continued immunity can be tested with Antibody levels.

HPV vaccine is nearly 100% effective for those strains that are contained in the vaccine. However, the most recent vaccine only contains 9 of the 40 strains which affect the oral-anal-genital area, and only 2 of the 12 cancer-causing strains (but these 2 are the most common).

11 What STIs are preventable?

1. Only Hepatitis B and HPV can be **prevented** with a vaccine.

2. Bacterial STIs can be **treated** with antibiotics.

3. Remind students that **all STIs are preventable by not engaging in sexual contact.**

12 How can you avoid getting an STI?

Ask students to suggest ways to prevent STI/HIV infection. Possible responses include:

- abstaining or postponing sex
- avoiding nude genital-to-genital rubbing
- reducing the number of sexual contacts
- using condoms consistently and correctly (which also helps prevent an unplanned pregnancy)
- asking your partner about previous STIs
- vaccinating against Hepatitis B and HPV
- abstaining from drug and alcohol use which could lead to poor decision-making
- using PrEP, PEP, or ART to lower the risk of HIV infection

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STI Summary Grid (page 1 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Chlamydia (bacteria)	• Chlamydia bacteria in sexual fluids or discharge passed from an infected person to an uninfected person by vaginal or anal sex. • Transmission may occur through oral sex (penis in mouth) with an infected person. • Transmission may occur from mother to infant during birth.	**Usually NO signs or symptoms!** **Women may experience:** Unusual vaginal discharge, frequent or painful urination, pain in lower abdomen, bleeding between menstrual periods or after intercourse. **Men may experience:** Discharge from penis, frequent or painful urination, burning at the tip of the penis.	Untreated or incompletely treated Chlamydia, can lead to: • Pelvic Inflammatory Disease (PID) • Tubal pregnancy • Infertility • Eye and lung infections in newborns • Increases risk for HIV transmission by 3-5 times	Chlamydia is detected through a urine test or swab of vaginal, cervical, ora, penile, or rectal discharge. **Curable with antibiotics**
Gonorrhea (bacteria)	• Gonorrhea bacteria in sexual fluids or discharge passed from an infected person to another by vaginal or anal sex. • Transmission through oral sex (penis in mouth) with an infected person is not uncommon. • Transmission may occur from mother to infant during birth.	**Usually NO signs or symptoms!** **Women may experience:** Unusual vaginal discharge, frequent or painful urination, pain in lower abdomen, bleeding between menstrual periods or after intercourse. **Men may experience:** Discharge from penis, frequent or painful urination, burning at the tip of the penis.	• Untreated or incompletely treated Gonorrhea, can lead to Pelvic Inflammatory Disease (PID) • Tubal pregnancy • Infertility • Eye and lung infections in newborns • Increases risk for HIV transmission by 2-5 times	Gonorrhea is detected through a urine test or swab of vaginal, cervical, oral, penile, or rectal discharge. **Curable with antibiotics**
Hepatitis B Virus (HBV)	• Hepatitis B virus in blood, semen or vaginal fluids is passed from an infected person to an uninfected person during vaginal or anal sex. • Hepatitis B is also transmitted by sharing infected needles or drug equipment. • Transmission may occur from mother to infant during birth.	**Common symptoms and signs include:** nausea, fever, loss of appetite, dark "brownish" urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver. Over time these problems go away; however, some people have HBV for life.	About 6% of people infected with Hepatitis B are infectious for life and are likely to become severely ill with liver damage or liver cancer, resulting in death. 90% of infants affected at birth are affected for life. There are detection and treatment methods available for the infant. It is not curable later in life.	Hepatitis B is detected through a blood test. Hepatitis B is NOT curable, but the immune system usually gets rid of the virus. **There is a vaccine for HBV.**
Hepatitis A	Oral-anal sexual activity with an infected person.	May include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay colored stool, joint pain, and yellowing of the skin or eyes.	Individual might feel sick for a few months before getting better.	The Hepatitis A test is a blood test. There is no treatment for Hepatitis A. The Hepatitis A vaccine can safely and effectively reduce risk of transmission.

Source: www.cdc.gov/std/default.htm

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STI Summary Grid (page 2 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Herpes Simplex Viruses (HSV) Estimated 45-60 million people in the US are infected with HSV-2	• HSV-1 and HSV-2 can both be transmitted by direct contact with infectious skin, mucous membrane, blisters, or sores during anal, vaginal and oral sex. • You can get Herpes even when there are no sores present. • Transmission may occur from mother to infant during birth.	Painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks. These sores usually will re-appear periodically for several years. Women may have sores on the cervix that are painless.	Herpes is a life-long infection. People infected with Herpes may have outbreaks for the rest of their lives. Herpes encephalitis is a rare consequence and can be fatal to newborns. • Increases risk of HIV transmission by 3-6 times.	HSV is commonly diagnosed by visual exam and a culture. Blood tests are sometimes available, but are costly. **Herpes is NOT curable** Medication can reduce the duration and number of outbreaks and may reduce the chance of transmission.
Human Immunodeficiency Virus (HIV) 39,500 new cases every year in the USA Estimated 1.1 million people in US living with HIV infection	• HIV is in blood, semen, and vaginal fluids. HIV can be passed from an infected person to another mainly during vaginal and anal sex. Though extremely rare, HIV can be transmitted via oral sex. HIV can be and by sharing needles and drug equipment. • Transmission may occur during pregnancy, childbirth, and breast-feeding	A person can have HIV for many years before developing symptoms or other serious complications.	HIV disease is characterized by a gradual deterioration of immune functions that may lead to opportunistic infections or AIDS, which may cause death.	• HIV antibodies can be detected through a blood test, oral swab or a urine test. **HIV is NOT curable.** Medication is available to treat HIV symptoms and slow the progression of HIV disease.
Human Papilloma viruses (HPV) Estimated 20 million people in the US are infected	• Approximately 40 strains of HPV are transmitted sexually. • Transmission occurs by direct skin to skin contact with infected genital area, or contact with actual genital warts — usually during vaginal or anal sex. Though extremely rare, it also can be transmitted via oral sex. • You can get HPV even if visible warts are not present.	Most people (9 of 10) with HPV do not have visible warts. If warts are present, they appear most commonly on the genital or anal area. • Males — penis, scrotum, anus • Females— vulva, cervix, vagina, anus	HPV can cause a variety of cancers such as cervical, vulva, penis, anus, and cancers of the throat. • Regular Pap testing (to detect cervical cancer in the early stages) is recommended beginning at age 21.	• Genital warts can be removed, but the virus is still present, and warts often will grow back. • HPV vaccines are recommended for everyone 11-12 years old to prevent strains of HPV that can cause some cancers. Some vaccines help prevent genital warts.
Pubic Lice External Parasites commonly called "crabs"	Close physical contact or using the clothing, bedding or towels of an infected person.	Intense itching in genital or anal region, and/or where there is body hair.	Discomfort and infection of others. Is not transferred during birth.	• Pubic Lice is detected by visual examination. Curable with over-the-counter shampoos & creams as well as washing all clothing and bedding. • Is not transferred during birth.
Trichomoniasis (protozoa)	Trichomoniasis is passed in sexual fluids or discharge from an infected person to an uninfected person by vaginal sex. The parasite can also be transmitted from one vagina to another vagina.	Women experience signs and symptoms more often the men. **Women may experience:** Frothy, smelly, yellow-green vaginal discharge, itching, burning or pain in vagina. **Men may experience:** Discharge from penis.	Untreated or incompletely treated Trichomoniasis can lead to pre-term births for infected pregnant women. • Increases risk of HIV transmission by 3-5 times.	• Trichomoniasis is detected with a swab of vagina or penis. **Curable with antibiotics**

Source: www.cdc.gov/std/default.htm

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STI Summary Grid (page 1 of 3)

STI	Transmission	Signs/Symptoms	Health Consequences	Testing/Treatment
Syphilis (bacteria) 74,702 New cases in 2015	Syphilis is transmitted from person to person by direct contact with a syphilitic sore, known as a chancre. Chancres can occur on or around the external genitals, in the vagina, around the anus, on the rectum, or in or around the mouth. Pregnant women with syphilis can transmit the infection to their unborn child.	The appearance of a single chancre marks the first stage of syphilis, but there may be multiple sores. The chancre is usually (but not always) firm, round, and painless. These painless chancres can occur in locations that make them difficult to notice (e.g., the vagina or anus). The chancre lasts 3 to 6 weeks and heals whether a person is treated or not. Skin rashes or sores in the mouth, vagina, or anus mark the second stage of symptoms. This stage typically starts with the development of a rash on one or more areas of the body. The characteristic rash of secondary syphilis may appear as rough, red, or reddish-brown spots both on the palms of the hands and the bottoms of the feet.	Large, raised, gray or white lesions may develop in warm, moist areas such as the mouth, underarm or groin region. In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. Syphilis will go away with or without treatment. However, without treatment death can occur. Untreated babies may become developmentally delayed, have seizures, or die.	Diagnoses are thus more commonly made using blood tests. There are two types of blood tests available for syphilis: 1) non treponemal tests and 2) treponemal tests. Both types of tests are needed to confirm a diagnosis of syphilis. An infected baby born alive may not have any signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks.
Zika (virus)	Zika is spread is spread through mosquito bites, from a pregnant woman to her fetus and through sexual contact.	None or only mild symptoms such as fever, rash, headache, joint or muscle pain, red eyes.	People usually don't get sick enough to go to the hospital and they rarely die of Zika. Zika infection during pregnancy can cause a birth defect of the brain called microcephaly, also miscarriage, still birth and other birth defects.	Diagnosis of Zika is based on a person's recent travel history, symptoms and test results. A blood or urine test can confirm a Zika infection. Women should not become pregnant for 8 weeks after possible exposure or after Zika symptoms; men should not participate in conception for 12 weeks after possible exposure or after symptoms and should use a condom throughout partner's entire pregnancy. **There is no cure.**
Hepatitis C (virus)	HCV is transmitted primarily through parenteral exposures to infectious blood or body fluids that contain blood. HCV is transmitted primarily through parenteral exposures to infectious blood or body fluids that contain blood.	People with newly acquired HCV infection usually are asymptomatic or have mild symptoms that are unlikely to prompt a visit to a health care professional. When symptoms do occur, they can include: fever, fatigue, dark urine, clay-colored stool, abdominal pain, loss of appetite, nausea, vomiting, joint pain, jaundice.	Many eventually develop chronic liver disease, which can range from mild to severe, including cirrhosis and liver cancer. Chronic liver disease in HCV-infected people is usually insidious, progressing slowly without any signs or symptoms for several decades. Infants and young children must be monitored as they can contract from mother after birth.	Several blood tests are performed to test for HCV infection. New drugs with different mechanisms of action have become and continue to become available. No vaccine for hepatitis C is available. Research into the development of a vaccine is under way.

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Source: www.cdc.gov/std/default.htm

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PART D
(OPTIONAL)

STI Game Show

NOTE:
Select students who will be comfortable and animated panelists.

NOTE:
It may help students keep track of the questions asked if one additional student stands behind each contestant and writes the clues on poster paper (e.g., "no pain," "detected by a blood test," etc.).

13 Who's got what?! A

1. Seat ten students as panelists at the front of the class.
2. Provide each panellist with one colorful STI card (table tent) which they should not show the audience.
3. Provide each classroom student with a copy of the STI Summary Grid or brochure summarizing STI information.
4. Explain that classroom students will take turns asking "yes" and "no" questions in an attempt to identify the STI which each panellist has been assigned. Example:

   Q: "Contestant #2, is your STI caused by a virus?"

   A: "Yes" (or "No")

5. When the STI is correctly identified, the panelist should turn the table tent around to reveal the STI.

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PART E

Lesson Wrap-Up

14 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

15 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

16 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

17 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

18 Ask yourself.

Ask students to indicate how committed they are to protecting themselves and others from an STI.

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NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

19 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them what STIs they were aware of as teens and what they would recommend to someone if they thought they might have an STI.

20 Remember to do your homework!

Remind students to complete their homework.

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Lesson 9 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Common STIs in young adults include chlamydia, gonorrhea, and human papilloma virus (HPV).

T F The only way an STI can be spread from one person to another is through penis-vagina contact.

T F Young adults throughout the US can find a testing site near them by visiting gettested.cdc.gov, or. www.teensource.org/find-a-clinic

T F The most common symptom of an STI is nothing.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How committed are you to protecting yourself and others from an STI? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Discuss/review with your parent(s) or a trusted adult your completed **STI** and **Lesson Wrap-Up** worksheets and **ask them** what STIs were they aware of as teens, and also what would they recommend to someone if they thought they might have an STI?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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Panelist STI Card

L#

HIV

- This STI is caused by a virus.
- HIV can be passed from an infected person to another during vaginal and anal sex and by sharing needles and drug equipment.
- A person can have HIV for many years before developing symptoms or serious complications.
- HIV disease is characterized by a gradual deterioration of immune functions.
- Medication is available to treat HIV symptoms and slow the progression of HIV disease.

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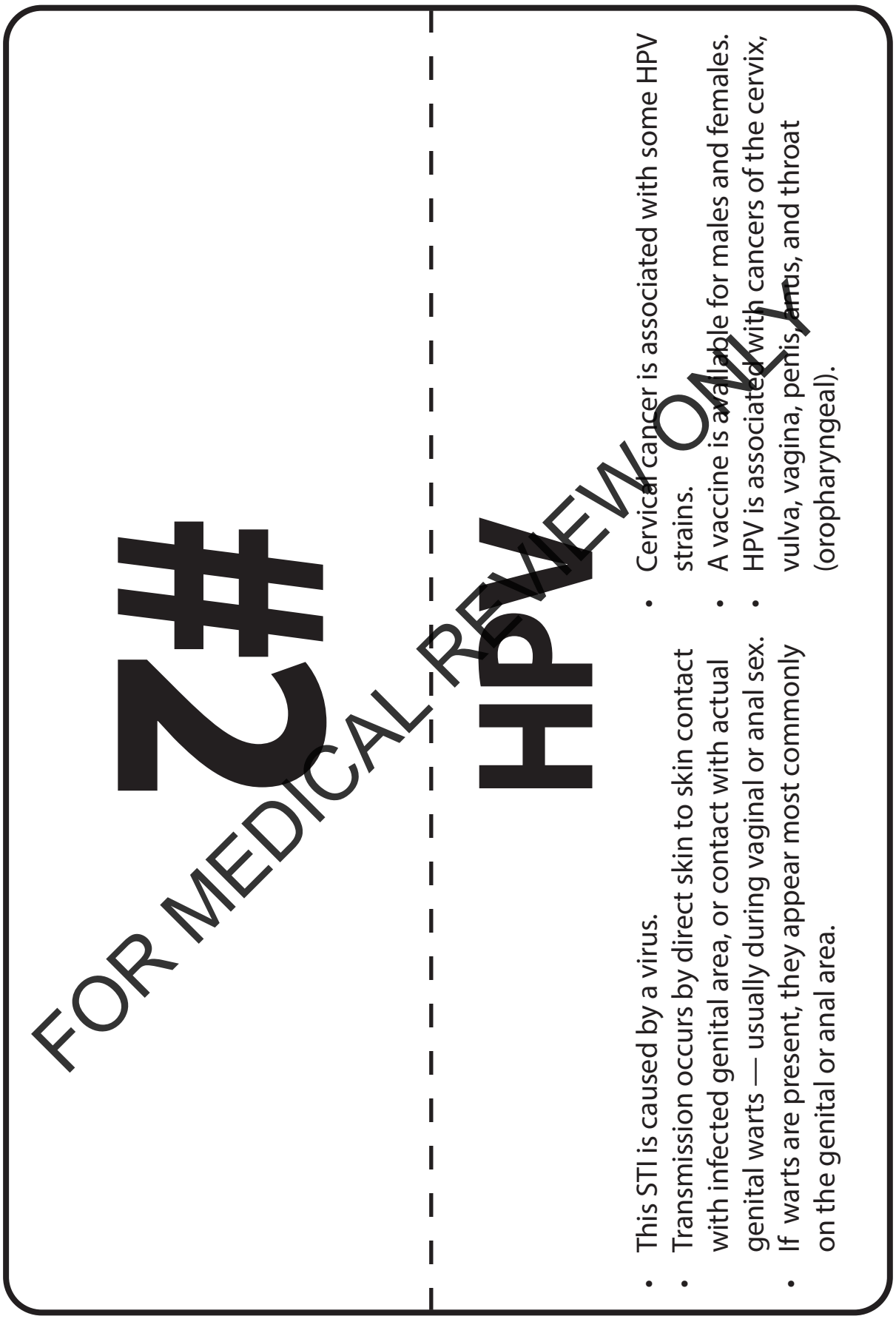
Panelist STI Card



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Panelist STI Card

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3#

GONORRHEA

- This STI is caused by bacteria.
- Transmission may occur from mother to infant during birth.
- Symptoms may include genital discharge, painful urination, and swollen testicles.
- Curable with antibiotics. Untreated or incompletely treated gonorrhea (lower case) can lead to: pelvic inflammatory disease (PID), tubal pregnancy, infertility, eye and lung infections in newborns.

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Panelist STI Card

7

TRICHOMONIASIS

- *This STI is caused by a protozoan.*
- Passed in sexual fluids or discharge from infected person to an uninfected person by vaginal sex.
- Women experience symptoms more often then men: including smelly, frothy discharge and/or vaginal burning, itching, or pain.
- Men may experience discharge from penis.
- Untreated or incompletely treated trichomoniasis can lead to pre-term births for infected pregnant women.
- Increases risk of HIV transmission by 2-4 times.

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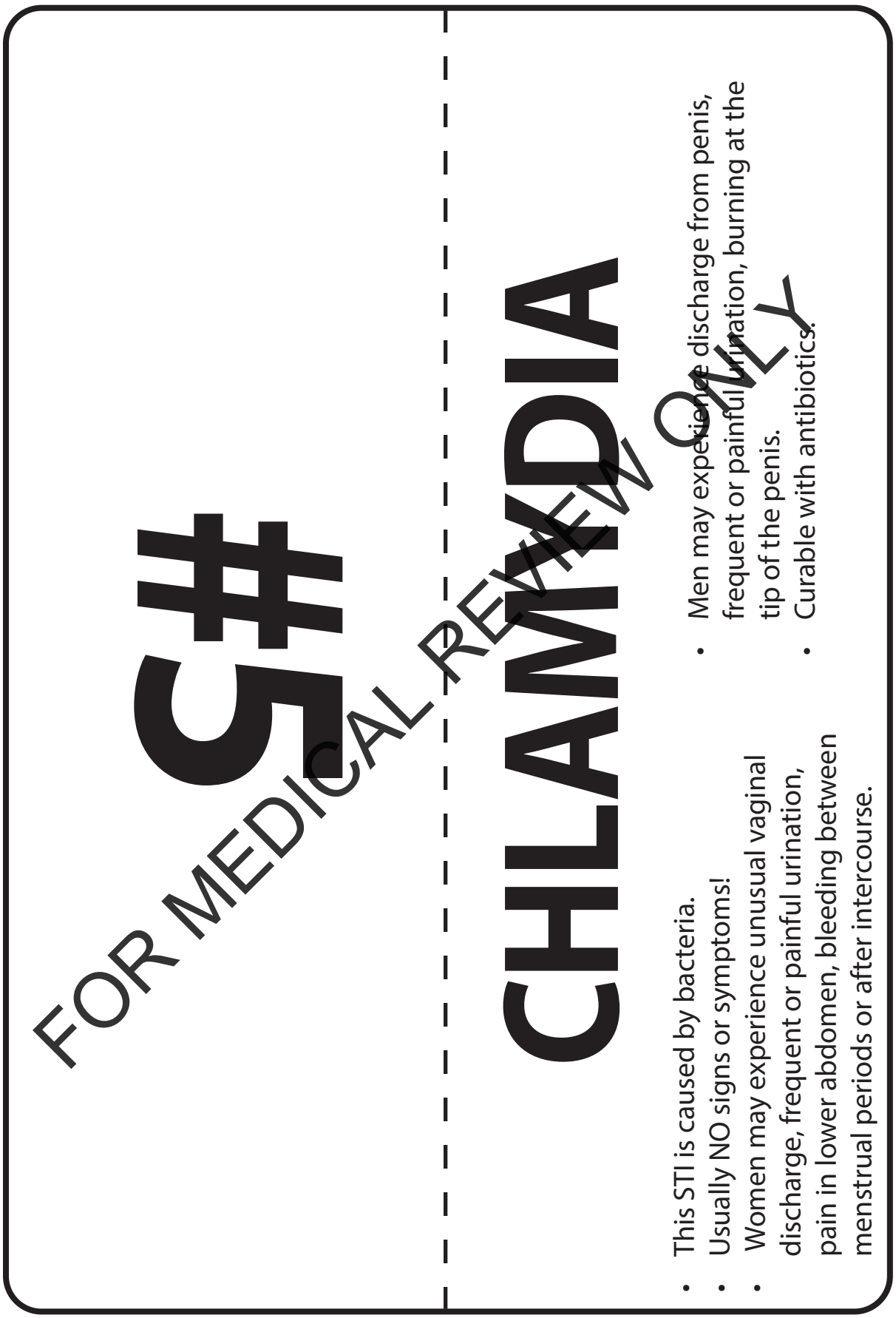
Panelist STI Card



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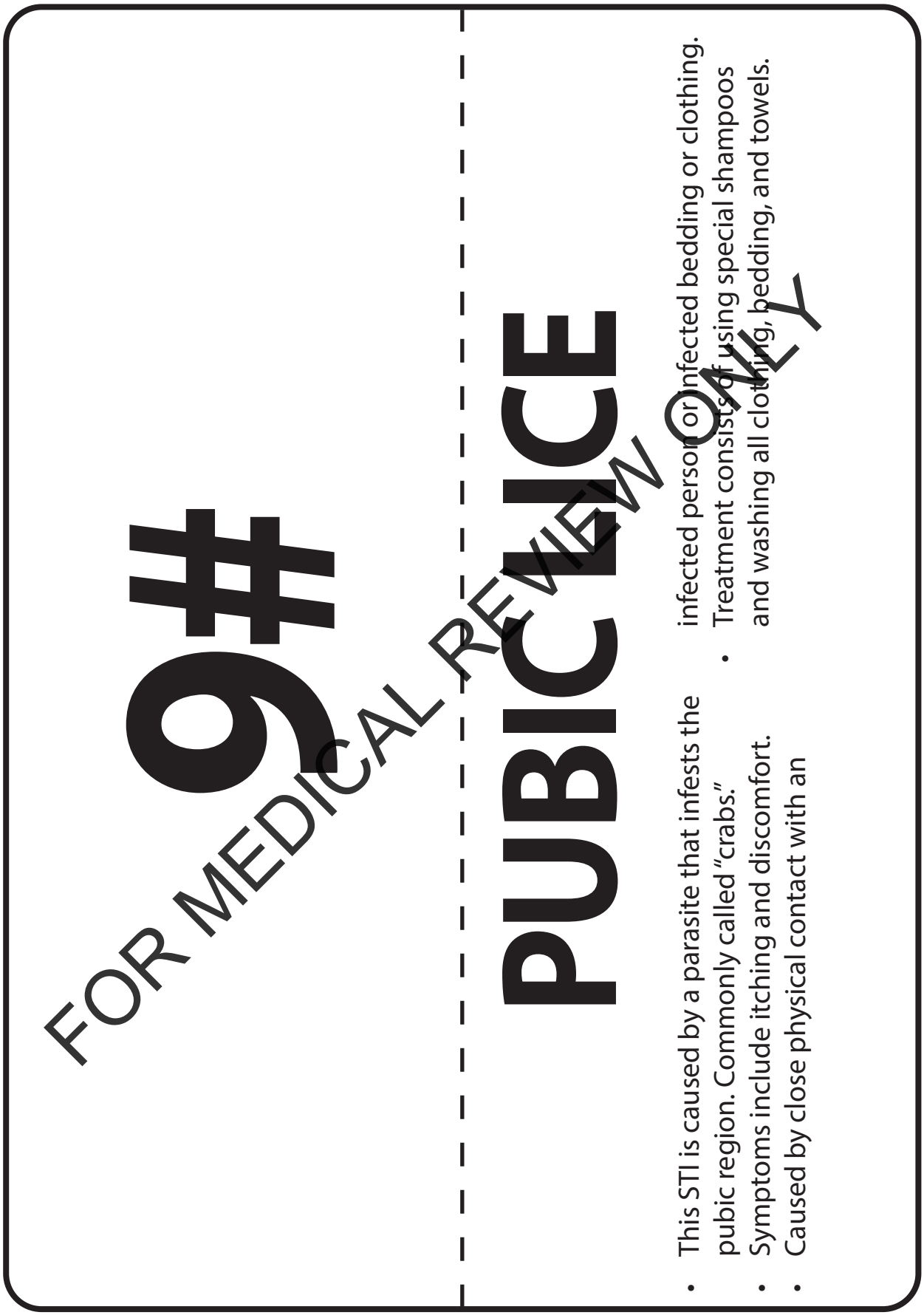
Panelist STI Card



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Panelist STI Card

HEPATITIS B

- This STI is caused by a virus.
- Common symptoms and signs include nausea, fever, loss of appetite, dark brownish urine, abdominal discomfort, jaundice (yellow eyes and skin), and enlarged liver.
- About 6% of people infected with hepatitis B are infectious for life and are likely to become severely ill with liver damage or liver cancer, resulting in death.
- Hepatitis B is detected through a blood test.
- Many infected people have no symptoms, yet they can infect others.

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Panelist STI Card

8#

GENITAL HERPES

(HSV)

- This STI is caused by a virus.
- Many people with HSV do not have symptoms, but they can still transmit to others.
- Painful blisters or sores on the genitals, rectum, or mouth that break, crust over, and heal in 2-4 weeks.
- People infected with herpes may have outbreaks for the rest of their lives.
- Medication can reduce the duration and number of outbreaks and may reduce the chance of transmission.

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Panelist STI Card

6

SYPHILIS

- In the first stage, chancre (sore) is firm round and painless.
- Skin rashes or sores in the mouth, vagina, or anus make the second stage of symptoms
- Diagnoses are more commonly made using blood tests.
- An infected baby born alive may not have any signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks.

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Panelist STI Card

OL#

ZIKA

- Zika is spread through mosquito bites, from a pregnant woman to her fetus and through sexual contact.
- None or only mild symptoms such as fever, rash, headache, joint or muscle pain, red eyes.
- People usually don't get sick enough to go to the hospital and they rarely die of Zika. Zika infection during pregnancy can cause a birth defect of the brain called microcephaly, also miscarriage, still birth and other birth defects.

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LESSON 10 Protection and Communication

NATIONAL HEALTH EDUCATION STANDARD (NHES)

8.12.2, 7.12.2, 4.12.1, 7.12.3, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STNADARD (NSES)

PR.12.SM.1, SH.12.IC.1, SH.12.CC.2, SH.12.SM.2.For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Using Condoms Correctly and Consistently (D demonstration)
- External and Internal Condom Use (A activity and W worksheets)
- Condom Success and Failure Rates
- Condom Negotiation Skills (A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify **abstinence** as the only 100% effective method to avoid an unplanned pregnancy, HIV, and STIs.
- Identify the success and failure rate of latex condoms in preventing pregnancy and the spread of HIV/STIs.
- Describe the proper use of a latex condom.
- Demonstrate condom negotiation skills.

MATERIALS

- Teacher's slides for the lesson
- Latex and/or polyurethane condoms (per district policy)
- **Steps in Condom Use** activity cards (one set, brightly colored, laminated if possible)
- **Condom Token** cards
- Student workbooks, (one per person), or duplicate the **Steps in Condom Use** (internal and external) and the **Lesson Wrap-Up** worksheets

TERMS

universal (standard) precautions, abstinence, latex, polyurethane, deteriorate, oil-based lubricant, water-based lubricant, internal and external condoms

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PART A Introduction

1 Protection and Communication

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 What do gloves and condoms have in common?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Using Condoms Consistently and Correctly

NOTE:
You may need to verify administrative approval before proceeding with a condom demonstration.

5 What are latex barriers?

1. Hold up a latex glove. Explain that latex and polyurethane have traditionally been used as a "barrier method" to prevent contact with infected body fluids. The use of gloves and other barriers to prevent the spread of germs is referred to as "universal precautions."

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2. Hold up a wrapped latex condom. Explain that latex and polyurethane condoms have traditionally been used as a "barrier method" to prevent pregnancy, by preventing semen from entering the vagina and eventually fertilizing an egg. They have also been used to prevent the spread of STIs from one sex partner to the other.

3. Natural skin condoms are good for preventing pregnancy, but they should not be used for protection against diseases. Natural skin material has tiny pores, not large enough to allow the passage of sperm, but large enough to allow the passage of certain STIs, particularly viruses like HIV and herpes. (source: https://www.healthline.com/health/lambskin-condoms)

NOTE:
Demonstrations should be described in the third person, that is, without referring to self or the students. Speaking as if the students are all (going to be) sexually active may create a false perception of social norms.

Language should also be gender-neutral, referring to "sexual partners" rather than a male or female partner.

6 What is the correct way to use a condom? D

1. Distribute sample condoms for instructional purposes if approved by your administrator.
   - Ask students to explore the packaging for expiration dates, special features (such as receptacle ends), lubricants, or warnings and restrictions (in the case of novelty condoms).
   - Then, as you model the unwrapping and application of the condom, the students should do the same.

2. Demonstrate how to carefully unroll the latex condom down over the shaft of an erect penis (use your two fingers), being sure to leave an airless space at the tip of the condom for semen.
   - Emphasize that the condom must be used prior to any contact between the penis and a body opening, since pre-ejaculatory fluid ("pre-cum") may be infectious.
   - Explain that the condom may slip off during intercourse, especially as the penis becomes soft, so it is important to hold onto the base of the condom when withdrawing the penis from a body opening.

3. Slide condom off the penis, being careful not to spill any semen.

4. Condoms should be disposed of by wrapping them in clean tissue and placing them in a trash receptacle — **NOT** the toilet. Condoms are not biodegradable.

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5. Persons should wash any body parts (hands or genitals) which have been exposed to body fluids with soap and water.

6. Remind students that sexual abstinence is the best way to avoid both an unplanned pregnancy and an STI. Latex condoms (not lambskin condoms) are the next best method to prevent both an unplanned pregnancy and an STI.

PART C

External and Internal Condom Use

NOTE:
An internal condom worksheet and answer sheet are also provided. In addition, two internal condom cards are provided to repeat this activity demonstrating the steps for internal condom use. (See answer sheet provided.)

7 What are the steps in using a condom?

A W

1. Distribute the **Steps in External Condom Use** and **Steps in Internal Condom Use** worksheets.

2. Display the activity cards in random order, pinned or taped to the wall or white board. *(Alternative:* Ask 14 students to come forward to hold the cards in random order.)

3. Ask the students to arrange the cards in a line, or along a continuum, according to the properly sequenced steps of external condom use. See answer sheet provided.

4. Ask each student to explain or justify each card's position in the line. Move cards as needed.

5. Collect the four cards specific to external condom use (carefully pinch the end of the condom to expel air, unroll the condom over the erect penis, hold the condom at the base of the penis to avoid slipping off, carefully slide condom off penis to avoid spilling semen).

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6. Distribute the two additional internal condom cards (insert the condom into the vagina, assure that the rings cover the labia), and repeat steps 1-4 for internal condom use .

7. Emphasize that condoms must be used consistently and correctly in order to be effective. **People who are not absolutely committed to using condoms consistently and correctly should choose sexual abstinence.**

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NAME _____

Steps in External Condom Use

DIRECTIONS Unscramble the following steps for using an external condom by placing a number in the space next to each step.

____ Carefully pinch the end of the condom to expel air.

____ Do not use condoms twice.

____ Unroll condom over erect penis.

____ Use water-based lubricants only.

____ Check the expiration date.

____ Carefully slide condom off penis to avoid spilling semen.

____ Wrap condom in tissue and dispose of properly.

____ Examine the wrapper for wear and tear.

____ Open wrapper carefully.

____ Wash hands and body openings.

____ Purchase (or access) latex condoms.

____ Read the label.

____ Hold the condom at the base of penis to prevent slipping off.

____ Talk with your partner.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME ANSWER KEY

Steps in External Condom Use

DIRECTIONS Unscramble the following steps for using an external condom by placing a number in the space next to each step.

7 Carefully pinch the end of the condom to expel air.

13 Do not use condoms twice.

8 Unroll condom over erect penis.

9 Use water-based lubricants only.

5 Check the expiration date.

11 Carefully slide condom off penis to avoid spilling semen.

12 Wrap condom in tissue and dispose of properly.

3 Examine the wrapper for wear and tear.

6 Open wrapper carefully.

14 Wash hands and body openings.

2 Purchase (or access) latex condoms.

4 Read the label.

10 Hold the condom at the base of penis to prevent slipping off.

1 Talk with your partner.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____

Steps in Internal Condom Use

DIRECTIONS Unscramble the following steps for using an internal condom by placing a number in the space next to each step.

____ Do not use condoms twice.

____ Use water-based lubricants only.

____ Check the expiration date.

____ Ensure that the ring covers the labia.

____ Wrap condom in tissue and dispose of properly.

____ Examine the wrapper for wear and tear.

____ Open wrapper carefully.

____ Wash hands and body openings.

____ Purchase (or access) latex condoms.

____ Read the label.

____ Insert the condom into the vagina.

____ Talk with your partner.

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SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME ANSWER KEY

Steps in Internal Condom Use

DIRECTIONS Unscramble the following steps for using an internal condom by placing a number in the space next to each step.

12 Do not use condoms twice.

9 Use water-based lubricants only.

5 Check the expiration date.

8 Ensure that the ring covers the labia.

10 Wrap condom in tissue and dispose of properly.

3 Examine the wrapper for wear and tear.

6 Open wrapper carefully.

11 Wash hands and body openings.

2 Purchase (or access) latex condoms.

4 Read the label.

7 Insert the condom into the vagina.

1 Talk with your partner.

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SIGNATURE OF PARENT OR TRUSTED ADULT

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PART D

Condom Success and Failure Rates

8 Let's review condom information.

NOTE:
Condoms help to prevent pregnancy (15% failure rate with typical use) as well as STI's. Correct and consistent condom use is strongly encouraged for anyone who is sexually active.

1. Using the **Birth Control Guide** from Lesson 6, point out that latex condoms have 85% - 98% success rate for pregnancy prevention and are also very good protection against HIV.

2. Condoms help to prevent pregnancy (15% failure rate with typical use) and STI's.
   - Condoms are 80% effective to prevent HIV transmission, and somewhat less consistent for other STI's.
   - Condoms help most with STI's transmitted from the penis' urethra, but less for any of those transmitted by skin contact.
   - The area around the base of the penis and the tissues that this area contacts on their partner (vulva, perianal, lips/oral) are not protected by the condom. Therefore, HPV could be transmitted, possibly syphilis, herpes, and other STIs.

3. But, latex condoms can fail if :
   - they are torn or punctured by fingernails, teeth, or jewelry.
   - they accidently slip off the penis during intercourse.
   - the condom is not put on before any genital contact is made.
   - they are worn or damaged by improper storage such as in a hot car, or in a wallet or purse for an extended period of time.
   - they have worn or torn wrappers or are brittle or sticky to unroll.

4. Latex disintegrates if it comes in contact with oil-based lubricants such as petroleum jelly or a variety of creams and lotions. Water-based creams and gels (such as KY Jelly) do not disintegrate latex.

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5. Ask students why people may not use condoms consistently and correctly. Possible responses include:
   - awkwardness
   - lack of knowledge
   - slippage
   - discomfort
   - poor storage
   - under the influence of alcohol or other drugs, etc.
6. Ask students what is the only 100% effective method for preventing pregnancy and the sexual transmission of HIV and other STIs. (Answer: **Abstinence**!)

PART E Condom Negotiation Skills Practice

9 Negotiation Skills Practice A

1. Sometimes it may be necessary to insist that a condom is used. This may require **condom negotiation.**
2. Review the steps in condom negotiation listed on the slide.
3. Ask students to break into pairs. Distribute one "condom token" to each student.
4. Ask students to practice "condom negotiation" with their partner, following the steps on the slide.

NOTE:
If you see students who are doing their negotiation especially well, ask them to model their negotiation skills for the class.

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Steps in Condom Negotiation

Before any insertive sexual contact,

- Let your partner see that you have a condom
- Hold it up
- Look your partner in the eye
- Use their name
- State, **"'I want us to be responsible and use a condom."**
- Don't argue or get side-tracked
- Just firmly repeat, **"I want us to be responsible and use a condom, or else no sex!"**

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• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**
• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**
• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**	• Look them in the eye. • Use their name. • Say, **"I want us to be responsible and use a condom!"**
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PART F

Lesson Wrap-Up

10 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

11 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

12 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

13 Ask a friend.

Direct students to turn to a partner and ask them to demonstrate condom assertiveness skills using the condom token provided in the lesson.

14 Ask yourself.

Direct students to indicate how confident they are that they could use condoms consistently and correctly if they were sexually active.

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NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

15 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson and

(2) ask them if they are aware of ways to prevent the spread of HIV and other STIs.

16 Remember to do your homework!

Remind students to complete their homework.

FOR MEDICAL REVIEW ONLY

NAME _____

Lesson 10 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Latex has holes in it that are so large that HIV goes right through.

T F Persons who are sensitive to latex products (gloves, condoms) can use a polyurethane product instead.

T F Improper storage or the use of an oil-based lubricant can interfere with the effectiveness of a condom.

T F It is important to have a discussion with your sexual partner about using latex condoms and other birth control prior to sexual intercourse.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and ask them to demonstrate condom negotiation skills using the condom token card provided in the lesson.

Part III. Ask Yourself.

DIRECTIONS How confident are you that you could use condoms consistently and correctly if you were sexually active? Circle your answer below.

Not Confident *Very Confident*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or a trusted adult your completed **Steps in Condom Use** and **Lesson Wrap-Up** worksheets from this lesson and **ask them** if they are aware of ways to prevent the spread of HIV and other STI's.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

OBTAIN LATEX CONDOMS

CHECK EXPIRATION DATE

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

READ LABEL TO MAKE SURE IT'S FOR DISEASE PREVENTION AND NOT A NOVELTY CONDOM

EXAMINE WRAPPER FOR WEAR AND TEAR

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

OPEN WRAPPER CAREFULLY

CAREFULLY PINCH TIP OF CONDOM TO EXPEL AIR

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

UNROLL CONDOM OVER ERECT PENIS

HOLD CONDOM AT BASE OF PENIS TO PREVENT CONDOM FROM SLIPPING OFF

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

REMOVE CONDOM

PROPERLY DISPOSE OF CONDOM

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

INSERT FEMALE CONDOM IN VAGINA

ENSURE THE RING COVERS THE LABIA

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

DO NOT
REUSE
CONDOMS

WASH HANDS
AND
BODY OPENINGS

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

USE WATER-BASED LUBRICANTS ONLY

TALK WITH YOUR PARTNER

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

LESSON 11

Media and Peer Pressure

NATIONAL HEALTH EDUCATION STANDARD (NHES)

1.12.1, 1.12.3, 2.12.3, 2.12.4, 2.12.5, 4.12.1, 4.12.2, 7.12.2, 7.12.3, 8.12.2, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)

PR.12.IC.1, SH.12.IC.1. For further information see Appendix A.

SEL COMPETENCIES

Self-Awareness
Self-Management
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Media and Peer Pressures
- Assertiveness and Negotiation Skills (A activity and W worksheets)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Identify pressures from peers, media, or society to engage in high-risk behaviors.
- Recognize that not all students participate in high-risk behaviors.
- Demonstrate skills to refuse/avoid the pressure to engage in high-risk behaviors.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate **Pressure Situations** (#1 and #2), and **Lesson Wrap-Up** worksheets.
- Magazines featuring sexy ads for clothing. perfume, jewelry, etc.

TERMS

assertive, analysis, media, negotiation, impair

FOR MEDICAL REVIEW ONLY

PART A Introduction

1 Media and Peer Pressure

Display the title slide for this lesson before you begin instruction.

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

2 What are you waiting for?!

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B Media and Peer Pressures

5 What are the sources of pressure in your life?

Ask students to identify other sources of pressure in their lives, and what message they receive from that pressure. Possible responses include:

- From school: "study hard," "go to college"
- From parents: "we expect the best," "you can do better"
- From friends: "we like you," "act like us," "earn our acceptance," "prove yourself"

FOR MEDICAL REVIEW ONLY

6 When is it okay to take someone's advice?

Ask students when it might **be okay** to be pressured by another person? Possible responses include:

- The person is more knowledgeable and responsible than you.
- It keeps you healthy.
- No harm to yourself or anyone else will occur.
- It doesn't cost too much.
- You are sure it is legal.

7 When is it NOT okay to give in to pressure?

Ask students when it **is not okay** to give in to outside pressures. Possible responses include:

- Someone is trying to benefit from you, like selling you something, or involving you in sex trafficking.
- It is dangerous.
- It is illegal.
- You could become pregnant or infected with an STI.

NOTE:
It is important to show students examples from magazines that demonstrate how sex is used to sell various products.

8 How do advertisers use sex to sell their products?

Show students several advertisements. Discuss how publishers and manufacturers use sex to sell their products, including alcohol. What is the underlying message? Possible responses include:

- Be sexy!
- Drink!
- Everyone is doing it!
- You need to be like us!

FOR MEDICAL REVIEW ONLY

NOTE:
Usually very little information is provided about the alcohol, cigarettes, perfumes, etc. The images suggest that you will be a better person, and that you will be more attractive if you use these products. The advertiser is merely trying to make a profit off of you.

9 Learn how to analyze an advertisement.

1. Ask and discuss:
   - What product is being advertised?
   - What specific information about the product is provided?
   - How would you describe the people and/or images used in the advertisement?
   - What does the appearance of these people and/or images imply (suggest) about the product?
   - What is the advertiser trying to get you to do?

2. Mention that adults seem very concerned that teens not engage in high-risk sex or drug-related behaviors, **but it is the adult media that pushes these very behaviors on teens!**

10 So why do people give in to pressure?

1. A person with low self-esteem, a weak self-concept, and/or a poor body image may become more vulnerable to pressures to engage in risky behaviors in order to gain love or acceptance.

2. Threats of violence, sexual assault, and/or abandonment may also scare or force a person into engaging in risky behaviors.

3. It is important for everyone to take pride in who they are, and value their uniqueness, and NOT feel pressured to do something or be someone they are not.

FOR MEDICAL REVIEW ONLY

PART C

Assertiveness and Negotiation Skills

NOTE:
Negotiation requires first identifying your limit, and then exploring and agreeing upon a less risky alternative behavior.

11 What is assertive communication?

1. Review and emphasize the importance of clear and assertive communication when faced with a pressure situation. Ask for student volunteers to each read and explain one of these items.
   - Communicate clearly.
   - Know your limits.
   - Make eye contact.
   - State your limits and expectations.
   - Suggest and negotiate alternative(s).

2. Point out to students that the last step in assertive communication is to suggest and **negotiate an alternative.** For example, instead of just ending the discussion or the relationship with the other person, **offer and negotiate a safer activity.**

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

Assertiveness and Negotiation Skills

Communicate clearly.

Know your limits.

Make eye contact.

State your limits and expectations.

Explore and agree upon a less risky alternative behavior.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

12 How would you respond? A W

1. Distribute the **Sample Pressure Situations #1 and #2** worksheets among the students. Direct students to take a few minutes to work with a partner to write in their own responses to the pressure lines.

2. Point out to the students that they should create their own pressure line and response at the end of the worksheets.

3. Read a pressure line and ask several different students to share their responses. Do this several times. Then transition to having a student read the pressure line and another read their response. **Remind students to answer firmly and assertively!**

NOTE:
If you notice a team that is exceptionally good at being assertive, have them stand and model this for the class.

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

NAME _____

Pressure Situation #1

You are being pressured to spend the night with a friend who wants to have sex with you. You like that friend, however you do not want to have sex with him/her.

DIRECTIONS: Before you complete this worksheet, think of several alternative activities you could identify and negotiate with this friend:

1. _____
2. _____

PRESSURE LINE A: "Come to my house for a sleep over. I would really like for us to get closer, if you know what I mean."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE B: "I think we are ready to take our relationship to the next level."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE C: "Come on, you know how attracted I am to you!"

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE D: "You will be totally safe with me whatever we do."

ASSERTIVE RESPONSE: _____

_____

PRESSURE LINE E: "No one will know."

ASSERTIVE RESPONSE: _____

_____

Write your own pressure line here: _____

Write an assertive response: _____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

NAME _____

Pressure Situation #2

You are being pressured to do drugs with a friend. You are concerned about getting caught, also addiction, overdosing, and becoming infected with HIV or Hepatitis.

DIRECTIONS: Before you complete this worksheet, think of several alternatives you could identify and negotiate with this friend:

1. _____
2. _____

PRESSURE LINE A: "Hey, how about us getting high together?"

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE B: "It'll be totally safe."

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE C: "What a drag. You're no fun at all!"

NEGOTIATION RESPONSE: _____

_____

PRESSURE LINE D: "It'll feel so good."

ASSERTIVE RESPONSE: _____

_____

PRESSURE LINE E: "No one will find out."

ASSERTIVE RESPONSE: _____

_____

Write your own pressure line here: _____

Write an assertive response: _____

_____

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

PART E

Lesson Wrap-Up

13 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story..... Play the remainder of the story.

14 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

15 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

16 Ask a friend.

Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

17 Ask yourself.

Direct students to indicate how confident they are that they can resist peer and media pressures.

FOR MEDICAL REVIEW ONLY

NOTE ON CULTURAL SENSITIVITY:

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

18 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them to help you devise a plan to escape a risky situation.

19 Remember to do your homework!

Remind students to complete their homework.

FOR MEDICAL REVIEW ONLY

NAME _____

Lesson 11 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.

T F Sometimes pressure to do something can actually be good or healthy, like stay in school, don't use drugs, and avoid an unplanned pregnancy.

T F Using drugs and alcohol can impair your ability to resist pressures.

T F Ways to avoid a risky sexual situation include using assertive communication to firmly state your limits and expectations.

Part II. Ask a Partner.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How confident are you that you can resist peer and media pressures? Circle your answer below.

Not Confident *Very Confident*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share your **Pressure Situation** and **Lesson Wrap-Up** worksheets with your parent(s) or trusted adult and ask them to help you devise a plan to escape from a risky situation.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

LESSON 12 Accessing Community Resources

NATIONAL HEALTH EDUCATION STANDARDS (NHES)
1.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

NATIONAL SEXUAL EDUCATION STANDARDS (NSES)
1.12.6, 2.12.1, 2.12.2. For further information see Appendix A.

SEL COMPETENCIES
Self-Awareness
Relationship Skills
Responsible Decision-Making

NOTE:
Consult with your chemistry teacher on the availability of the sodium hydroxide and phenolphthalein solutions. An "Exchanging Body Fluids" Chemical Kit may be purchased from:

Flinn Scientific
www.flinnsci.com

NOTE:
Liquid starch and iodine may be used, though results are less predictable.

CONTENT

- Introduction
- How Diseases are Spread (A activity)
- Testing and Community Resources
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

- Describe how an HIV infection can spread through a population.
- Identify resources for HIV/STI testing, counseling, and information.

MATERIALS

- Teacher's slides for the lesson
- Small plastic cups (1 per student), water, clear plastic wrap, several rubber bands, 1 cup of weak sodium hydroxide (NaOH) solution, 1 dropper bottle of phenolphthalein, colored markers
- Brochures listing local antibody testing and related AIDS/STI services
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheet.

TERMS

confidential testing, HIV antibody test, window period

FOR MEDICAL REVIEW ONLY

PART A Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Accessing Community Resources

Display the title slide for this lesson before you begin instruction.

2 What should I do?

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B How Infections are Spread

5 Let's exchange some fluids! A

This activity will require one plastic cup per student.

1. Fill all but three plastic cups one quarter full with clear water; fill the remaining three cups one quarter full with the weak NaOH solution.

2. Cover several clear water cups with clear plastic wrap and secure with a rubber band; mark several of the remaining cups with the letter "A" (abstain) and mark several cups with a number "1" (one partner only).

FOR MEDICAL REVIEW ONLY

3. Punch several small holes in the plastic wrap of **one** cup to simulate condom breakage.

4. Hand one cup to each student, cautioning him/her not to drink it.

5. Quietly out of range of other students, instruct students with an "A" to move about the room – just not to mix their fluids with others. Instruct those with a "1" on their cup to only mix with one other person. ALTERNATIVE: You can print instructions to the "A" and "1" students on a piece of paper and hand it to them so that other students will not be aware of the instructions.

NOTE:
Some teachers will actually play party music during step 6.

6. Instruct all students to circulate around the room and to mix/exchange their fluids by pouring a small portion into other students' cups and vice versa.

7. After students return to their seats, comment on the similarity of this activity to a party: music, chatting with friends, maybe even mixing body fluids.

8. Arrange the students in a large circle. Explain that you will now test their "fluids" for an infection. Test fluids by placing one drop of phenolphthalein in each cup. A pink reaction indicates the presence of an infection.

6 Who became infected?

1. Point out that some people did not become infected (either through abstinence or by using protection or by limiting their contact to just one other person).

2. Ask the students:
   - Did any of the people with only one partner become infected? Why or why not?
   - Did the plastic covering always provide protection? Why or why not?
   - Did abstinence always prevent infection? Why?

3. Ask how this infectious disease exercise **is similar to** the HIV/AIDS epidemic. Possible responses include:
   - Infection results from a specific behavior.
   - You can't tell who has it.
   - There are ways to protect yourself.

FOR MEDICAL REVIEW ONLY

4. Ask how this infectious disease exercise **differs from** the HIV/AIDS epidemic? Possible responses include:
   - HIV/AIDS is not spread by casual contact (handshaking, drinking from the same cup).
   - HIV/AIDS is not a game.

PART C

Testing & Community Resources

7 Do you remember the window period?

Remind students that in Lesson 8 they learned that persons who are infected with the Human Immunodeficiency Virus (HIV) begin to build up *antibodies* in their system, in response to this invading virus.

- The only way for a person to know if they are infected with HIV is to get tested.
- Most HIV tests are antibody tests.
- The soonest an antibody test will detect infection is 3 weeks. Most people will develop detectable antibodies within 3 to 12 weeks of infection.
- Another kind of test, called a combination test or fourth generation assay, can detect HIV and its antibodies in 2-6 weeks.
- The weeks before HIV and its antibodies can be detected are known as the "window period." If you get a negative test result during the window period, you should be avoid sexual contact and retested 3 months after your possible exposure.

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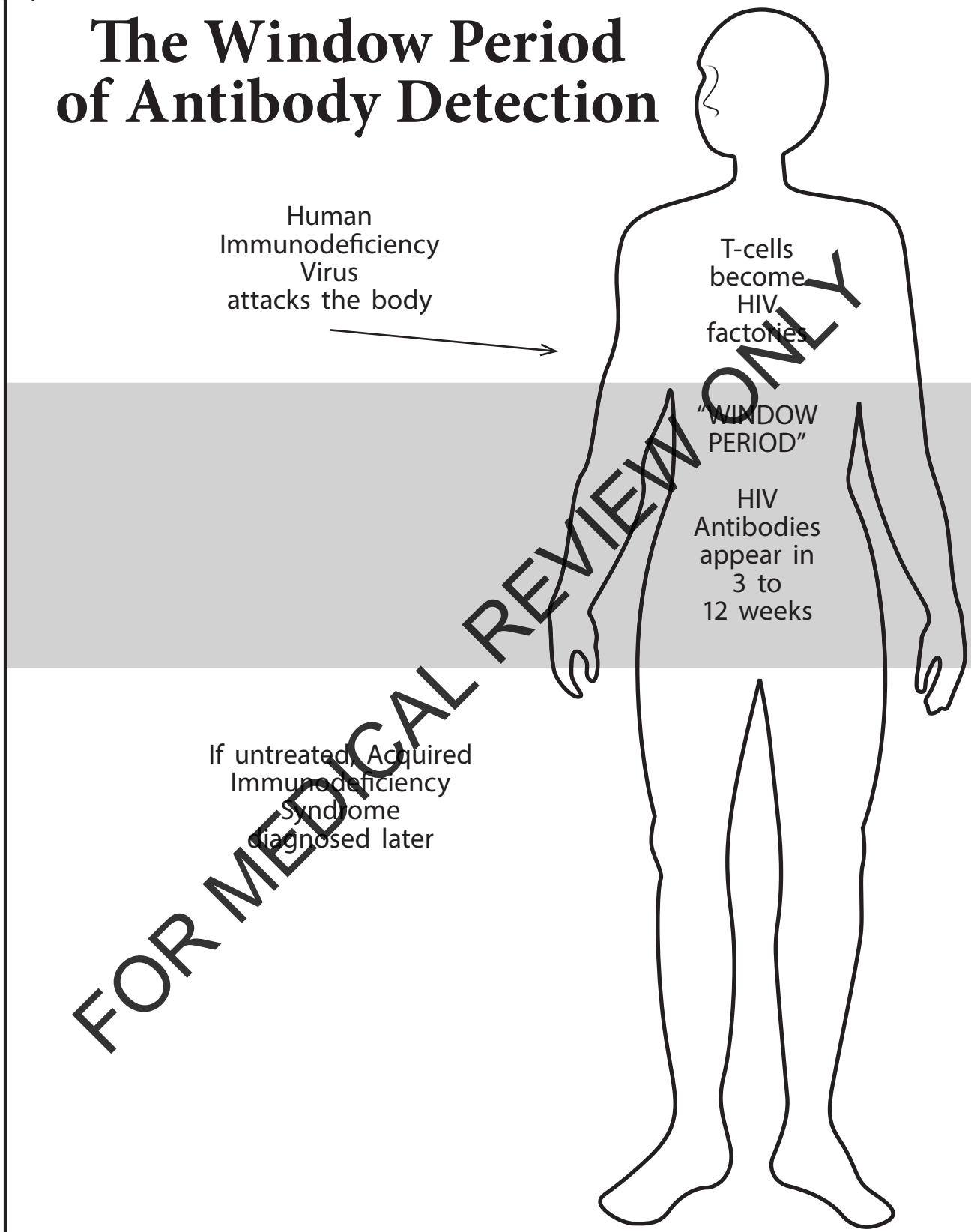
The Window Period of Antibody Detection



FOR MEDICAL REVIEW ONLY

FOR MEDICAL REVIEW ONLY

8 What are the steps for getting tested?

1. Display the steps for HIV/STI testing. In most public clinics, the experience of getting tested for HIV/STI is as follows:

Before you go ...

- You can call your local public health department or AIDS service organization for the location and hours of a nearby clinic.
- You may or may not need to make an appointment — check with the clinic.

When you arrive ...

- Upon arrival at the clinic, you will notice many people there for a variety of reasons. No one will know why you are at the clinic.
- Check in, and tell them you are there for an HIV/STI Test. They will probably give you a number, and ask you to be seated.
- Someone will call you and take you to a small private room.
- A counselor will talk to you about why you think you are at risk for HIV/STIs, and give you information on protecting yourself from HIV/STIs.
- If you decide to proceed with the testing, the counselor may draw a small amount of blood from your arm using a sterile needle and syringe, to test for HIV antibodies. The counselor may also request a urine sample, make a visual examination of your genitals and/or take a sample of cells from the lining of your mouth or genitals to test for other STIs.

Before you leave ...

- At a test site you may be given the results immediately, or you may be given a slip of paper with your code number on it. You will need this slip to obtain your results, so don't lose it.
- They may ask you to return in one or two weeks for the results of your antibody test. During that time, they will also ask you to refrain from any behaviors that might infect you with HIV/STIs or that might infect others.

If you need to return ...

- Report back to the front desk, and show them your code number. Someone will call you into the private counseling area.
- You will be told the result of your HIV/STI test.

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2. **If the HIV/STI test results are positive, you will receive treatment.** *This means you have the HIV virus in your body and further lab work must be completed to confirm the positive status. If HIV is in your body, this does not mean you have AIDS yet.* The counselor will give you additional information on how to get medical follow-up and counseling, including receiving effective life-prolonging PrEP medications, and antiretroviral therapy (ART) and counseling, plus how to avoid spreading the virus to others.

3. **If the HIV antibody test results are negative**, this may mean that (1) you do not have HIV, or (2) you are still in the "window period" of HIV infection when antibodies are not yet detectable.

   They may ask you to repeat the test in three months just to be sure you are negative. During that time and the next visit, they will ask you to refrain from any behaviors that might infect you with HIV, such as sharing injection drug equipment or having unprotected sex.

9 Identify a local clinic.

1. Explain that at many public health departments (community clinics) the pregnancy and HIV/STI tests are free or less expensive. These tests are confidential. Post local clinic information for your students.

Clinic name: _____

Phone number: _____

Location: _____

_____

Hours: _____

NOTE:
To locate a teen-friendly clinic in your locale, go to https://gettested.cdc.gov. See also https://teensource.org/find-a-clinic

NOTE:
It is also possible to buy a home HIV testing kit at a pharmacy or online.

FOR MEDICAL REVIEW ONLY

PART D

Lesson Wrap-Up

10 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

11 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

12 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned in today's lesson.

13 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in today's lesson.

14 Ask yourself.

Direct students to indicate how strongly they are committed to using reproductive services when needed.

FOR MEDICAL REVIEW ONLY

NOTE ON CULTURAL SENSITIVITY:
Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure to allow all beliefs to be equally respected.

15 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and

(2) ask them where they should go to get health care and what health insurance they have.

16 Remember to do your homework!

Remind students to complete their homework.

FOR MEDICAL REVIEW ONLY

NAME _____

Lesson 12 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F HIV antibodies can be detected immediately after infection.

T F There are clinics in the community where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.

T F Methods to avoid an HIV/STI infection or unplanned pregnancy include abstaining from sexual activity or using condoms consistently and correctly.

T F Limiting sexual contact to only one person eliminates the risk of HIV/STI infection.

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself.

DIRECTIONS How strongly are you committed to using reproductive services when needed? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or trusted adult.

DIRECTIONS Share your completed **Lesson Wrap-Up** worksheet from this lesson with your parent(s) or trusted adult and **ask them** where you should go to get health care services and what health insurance they have.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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FOR MEDICAL REVIEW ONLY

LESSON 13 Steps to Success

NATIONAL HEALTH EDUCATION STANDARD (NHES)
1.12.1, 6.12.1, 6.12.2, 2.12.1, 2.12.2.
For further information see Appendix A.

NATIONAL SEXUALITY EDUCATION STANDARD (NSES)
SH.12.Gs.1
For further information see Appendix A.

SEL COMPETENCIES
Self-Awareness
Relationship Skills
Responsible Decision-Making

CONTENT

- Introduction
- Lifeline Review
- Steps to Success (A activity)
- Personal Contract (W worksheet)
- Lesson Wrap-Up and Post-Test (W worksheets)

OBJECTIVES

- Identify behaviors and choices that move them closer to, or further away from, their life plans and goals.
- Specify several next steps they need to take toward accomplishing their life plans and goals.
- Create and sign a Personal Contract affirming their commitment to avoiding HIV/STI infection or an unplanned pregnancy.
- Assess what they learned in this unit.

MATERIALS

- Teacher's slides for the lesson
- Each student's **Lifeline** from Lesson One
- Student workbooks, one per person, or duplicate the **My Personal Contract**, and **Lesson Wrap-Up** worksheets, and the **Post-Tests**.

TERMS

goal, plan, choices, consequences, steps, progress

FOR MEDICAL REVIEW ONLY

PART A

Introduction

NOTE:
Throughout the lesson point out how the information being presented could help the character(s) solve their problem.

1 Steps to Success

Display the title slide for this lesson before you begin instruction.

2 I am really confused about my future!

Play the animated lesson preview (slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will you learn today?

Review today's learning objectives.

4 How will this lesson help you?

Review today's evidence of achievement.

PART B

Lifeline Review

5 Re-examine your Lifeline.

1. Ask students to retrieve their **Lifelines** from Lesson One.
2. Direct students to take a few minutes to re-read what they wrote on their **Lifeline** worksheet.
3. Ask the students to recall the **Visualization** activity. Do they remember what it felt like to see themselves achieving their plans and goals?
4. Give the students a few moments to add, review, or change any goals listed on their **Lifeline**, and/or review or modify what their life will look like when they reach their personal best.

FOR MEDICAL REVIEW ONLY

5. Remind students to always revisit their life goals when making any important decisions.

   - Will my decisions keep me from reaching my life goals?
   - Is it worth sacrificing my long term goals in order to satisfy my immediate needs?

PART C Steps to Success

6 Will you achieve your future goals? A

NOTE:
Rather than holding their Lifelines, students could post their Lifelines on the opposite wall.

1. Direct all students to stand along one designated classroom wall holding their **Lifelines** in front of them.

2. Explain to the students that you are now going to read to them a list of questions and life challenges they may face as they take steps toward achieving their life plans and goals.

3. If their response to the question or challenge is a "yes," they can take one step forward (i.e., closer to achieving their life plans or goals). However, if their response to the question or challenge is a "no," then they must take one step backward (i.e., away from achieving their life plans and goals).

4. Have the students practice this using the following example:
   "Do you plan to participate in this activity today? If yes, take one step forward toward achieving your life plans and goals. If you do not plan to participate in the activity, take one step back."

NOTE:
The first questions are sure to elicit a positive if not a humorous response to get all students moving forward.

5. Now proceed to read the following questions or life challenges, pausing to remind students to take one step forward or backward in response to each question:
   - Do you plan to take a bath or shower this week?
   - Do you plan to brush your teeth this week?
   - Do you intend to stay in high school and earn your high school diploma?
   - Do you remember how to locate a teen-friendly health care clinic?

FOR MEDICAL REVIEW ONLY

- Do you find it easy to treat people of another race, gender, or sexual orientation with dignity and respect?
- Are you committed to protecting your sexual health, both physically and emotionally?
- Would you be able to end a relationship in which you were being bullied, harassed, or harmed in any way?
- Are you confident that you can avoid using drugs or drinking alcohol?
- Can you say "no" to unwanted pressures to have sex?
- Do you have a positive attitude about being sexually abstinent?
- Do you know how to use a condom consistently and correctly?
- Could you choose and use appropriate birth control when needed?
- Could you use assertiveness skills to refuse or negotiate a safer sexual situation?
- Could you discuss a possible STI infection with your sexual partner?

Before returning to their seats, have the students assess how they progressed towards achieving their goals.

6. Direct students to retrieve their **Lifelines** (if posted) and return to their desks.

7. Debrief this activity by stating how pleased you are to see that everyone is on the way to achieving their life plans and goals. Then:
   - Ask students to think about whether they moved as close to their goals as they wanted.
   - Remind students how an unexpected HIV/STI infection or an unplanned pregnancy might make it difficult to achieve life plans and goals.
   - Assign students to write a brief paragraph on the back of their **Lifeline** specifying several steps they will take to achieve their life plans and goals.
   - Ask several volunteers to share the steps that they have committed to taking in order to achieve their goals.

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PART D

Personal Contract

7 How will you protect your sexual health?

W

Distribute a **Personal Contract** worksheet to each student. Guide the students through each section of the worksheet, reminding them to:

- Include their life plans and goals as reasons to avoid an HIV/STI infection or an unplanned pregnancy.
- Identify friends and family members who will support them in fulfilling their **Personal Contracts**.

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My Personal Contract To Protect My Sexual Health

Step 1: Name: _____ Age: _____

Step 2: **Reasons why I want to protect myself from HIV/STIs and an unplanned pregnancy.**
(Hint: Think about your skills, your appearance, your family, your career plans and life goals.)

_____

_____

_____

_____

_____

_____

Step 3: **Several steps I will take to protect my sexual health include:**

_____

_____

_____

_____

_____

Step 4: **People I will talk to about protecting my sexual health include:**

_____

Step 5: **People who will support me include:**

_____

STUDENT SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT OR TRUSTED ADULT _____ DATE _____

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PART E

Lesson Wrap-Up and Post-Test

8 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story……Play the remainder of the story.

9 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

10 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

ALTERNATIVE:
Ask several students to share with the class the most interesting or important thing they learned.

11 Ask a friend.

Direct students to turn to a partner and tell them the most interesting or important thing you learned in this unit of study.

12 Ask yourself.

Direct students to indicate how committed they are to pursuing their life plans and goals.

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NOTE REGARDING THE POST-TEST:

If time permits, students may begin the Post-Test in class or take it home to complete and share with their parent or trusted adult. You have the option as their teacher to either grade the Post-Test individually or include it in your assessment of their student workbook (portfolio).

NOTE:

The authors thank you for teaching this valuable information. Your efforts have contributed to the health and well-being of your students.

13 Ask a parent or trusted adult.

Remind students to share/discuss with their parent(s) or trusted adult:

(1) their completed worksheets from this lesson, and their **Post-Test,** and

(2) to **ask them** what their hopes are for their son's/daughter's future.

14 Congratulations!!

1. Congratulate students for completing this very important unit. Remind students:
   - "This is a time in your life when your ability to control your future is increasing." (For example, making choices about your education and your future.)
   - "Protecting your sexual health is part of your new responsibilities."

2. Let the students know that your hope for each of them is that they never do anything that jeopardizes their own sexual health or the sexual health of others.

   You also hope that they will apply what that they have learned about relationships, HIV/STIs, pregnancy prevention, and decision-making throughout their entire life.

3. Let students know that you welcome their questions, and encourage them to have ongoing discussions with their parents about this topic. You will update them on any new information/resources as they become available.

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Lesson 13 Wrap-Up

Part I. Ask Yourself.

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

T F Making daily decisions that protect and promote your own sexual health can help you achieve your future plans and goals.

T F Experiencing an unplanned pregnancy or becoming HIV infected can make it more difficult to accomplish your plans and goals.

T F In addition to having future plans and goals, it is also important to identify steps you currently need to take to reach those goals.

T F What you learned in these lessons can affect your future and even save your life!

Part II. Ask a Friend.

DIRECTIONS Turn to a partner and tell them the most interesting or important thing you learned during this unit of study.

Part III. Ask Yourself.

DIRECTIONS How committed are you to pursuing your life plans and goals? Circle your answer below.

Not Committed *Very Committed*

1 2 3 4 5

Part IV. Ask a Parent or Trusted Adult.

DIRECTIONS Share/discuss with your parent(s) or trusted adult your **Personal Contract**, **Lesson Wrap-Up** worksheets and your **Post-Test** and **ask them** what their hopes are for their son's/daughter's future.

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME _____

Positive Prevention *PLUS* Student Post-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

True	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	False	2. The terms gender identity and sexual orientation mean the same thing.
True	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
True	False	4. Love involves passion, commitment, and/or intimacy.
True	False	5. Intimacy with another person can only be achieved by having sexual intercourse.
True	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
True	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
True	False	8. Planning if and when you have children is part of planning your life.
True	False	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
True	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
True	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
True	False	12. Being infected with HIV can cause emotional, social, and physical problems.
True	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to their sexual partner(s).

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True	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	False	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	False	16. HIV can enter a person's body only through the penis or vagina.
True	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
True	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
True	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
True	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	False	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
True	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
True	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	False	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
True	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What did you LIKE MOST about this unit on communication, relationships, teen pregnancy, and HIV/STIs?

How could this unit be IMPROVED?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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NAME **ANSWER KEY**

Positive Prevention *PLUS* Student Post-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

(True)	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	**(False)**	2. The terms gender identity and sexual orientation mean the same thing.
(True)	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
(True)	False	4. Love involves passion, commitment, and/or intimacy.
True	**(False)**	5. Intimacy with another person can only be achieved by having sexual intercourse.
(True)	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
(True)	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
(True)	False	8. Planning if and when you have children is part of planning your life.
True	**(False)**	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
(True)	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
(True)	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
(True)	False	12. Being infected with HIV can cause emotional, social, and physical problems.
(True)	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to their sexual partner(s).

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(True)	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	(False)	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	(False)	16. HIV can enter a person's body only through the penis or vagina.
(True)	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
(True)	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
(True)	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
(True)	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	(False)	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
(True)	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
(True)	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	(False)	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
(True)	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What did you LIKE MOST about this unit on communication, relationships, teen pregnancy, HIV and STIs?

How could this unit be IMPROVED?

SIGNATURE OF PARENT OR TRUSTED ADULT _____

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Glossary of Terms

For teacher reference only – not to be distributed directly to students.

Abortion – *the deliberate termination of a human pregnancy, most often performed during the first 8 weeks of pregnancy.*

Abstinence – *The fact or practice of restraining oneself from indulging in something, like sex.*

Acne – *A disease of the oil-secreting glands of the skin that often affects adolescents, producing blackheads and pimples on the face, neck, and shoulders that can leave pitted scars.*

Acquired Immunodeficiency Syndrome (AIDS) – *A result of human immunodeficiency virus (HIV) infection, which makes the immune system less able to fight infection.*

Adolescence – *the period following the onset of puberty during which a young person develops from a child into an adult.*

Adoption – *The action or fact of legally taking another's child and bringing it up as one's own.*

Affirmative - *Agreeing with or consenting to a statement or request.*

AIDS – *See acquired immunodeficiency syndrome.*

Alternatives – *One of two or more available possibilities.*

Ambiguous Genitalia – *A set of medical conditions that feature congenital anomalies of reproductive and sexual systems. That is, people who are born with sex chromosomes, external genitalia, or internal reproductive systems that are not considered "standard" for either male or female (formerly referred to as inter-sex). For more information, go to the Intersex Society of North America www.isna.org*

Anal – *Involving, relating to, or situated near the anus.*

Anal Intercourse – *Sexual intercourse in which the penis enters the rectum.*

Analysis – *Detailed examination of something.*

Androgynous – *Partly male and partly female in appearance; of indeterminate sex.*

Antibiotic – *A medicine (such as penicillin) that inhibits the growth of or destroys microorganisms.*

Antibody – *A blood protein produced in response to a specific antigen. Antibodies combine chemically with substances which the body recognizes as alien, such as bacteria, viruses, and foreign substances in the blood.*

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Antiperspirant – *A substance that is applied to the skin, especially under the arms, to prevent or reduce perspiration.*

Antiretroviral Therapy *(ART) – Treatment that suppresses or stops a retrovirus. One of the retrovirus is the human immunodeficiency virus (hiv) that causes aids.*

Anus – *The ring of muscle that allows release of solid food waste or feces (i.e., a bowel movement) from the body.*

Apocrine Glands – *Glands mainly responsible for body odor.*

Assault – *Make a physical attack on someone or something.*

Assertive – *Having or showing a confident and forceful personality.*

Asymptomatic – *Producing or showing no symptoms*

Bacteria – *Infectious microorganism, germ; can be cured with antibiotics.*

Bacterial – *Relating to or caused by bacteria.*

Barrier Method – *Contraception methods that prevent pregnancy by physically preventing sperm from entering the uterus through the penis in the cervix.*

Biological Sex - *A term used to denote whether an individual is biologically male, female or intersex, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles or ovaries).*

Birth Control – *Voluntary limitation or control of the number of children conceived, especially by planned use of contraceptive techniques.*

Birth Control Pill – *A contraceptive pill to prevent a pregnancy.*

Bisexual – *Sexually attracted not exclusively to people of one particular gender; attracted to both men and women.*

Bladder – *A triangular shaped, hollow organ or other body part for storing a liquid or gas, especially the sac that stores urine (urinary bladder) or the sac that stores bile (gallbladder).*

Blood – *The red liquid that circulates in the arteries and veins of humans carrying oxygen to and carbon dioxide from the tissues of the body.*

Bloodborne disease – *An infection carried in the bloodstream.*

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Blood-to-blood contact – *The mixing together of blood from two or more people. The primary ways HIV is spread through blood-to-blood contact are the use of shared needles and syringes, blood transfusions, receipt of blood components or clotting factors, and organ transplants (all rare since 1985), and transmission from mother to child during birth.*

Boundaries – *Personal boundaries are guidelines, rules or limits that a person creates to identify reasonable, safe and permissible ways for other people to behave towards them.*

Breast Milk – *Milk produced by a woman's breasts after childbirth as food for her child.*

Bullying – *Intimidating another by means of force or coercion.*

Calendar Method – *An unreliable method of contraception which involves predicting a "safe period" for intercourse derived from the dates of a woman's menstrual cycle (aka rhythm method).*

Casual contact – *Ordinary social contact, such as being around someone; sharing utensils, office space, bathrooms, phones and swimming pools; shaking hands; and kissing on the cheek. People cannot get HIV from casual contact.*

CD4+ cell – *See T-cell.*

Cervix – *Narrow lower opening into the uterus.*

Cervical Cap – *A silicone cup that's inserted into the vagina up to six hours before sex to prevent pregnancy. To work effectively, it needs to be used with spermicide.*

Child Abuse – *Mistreatment of a child by a parent, guardian, or other adult responsible for his or her welfare, including physical violence, neglect, sexual assault, or emotional cruelty.*

Chain of Infection – *Spread of a pathodgen from person to person through a population.*

Characteristic – *A feature or quality belonging typically to a person, place, or thing and that can to identify it.*

Choice – *An act of selecting or making a decision when faced with two or more possibilities.*

Circumcision – *The removal of the foreskin from the human penis.*

Cisgender – *Relating to a person whose sense of personal identity and gender corresponds with their birth sex.*

Clitoris – *A small body of spongy tissue that is highly sensitive located between the top of the labia minora and the clitoral hood.*

Coercion – *Persuading someone to do something by using force or threats.*

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Commitment – *Being dedicated to a cause, activity, etc.*

Communicable – *transmitted from one infected person to another; contagious or infectious.*

Compassion – *Sympathy and concern for the sufferings or misfortunes of others.*

Compromise – *An agreement or a settlement of a dispute that is reached by each side making concessions.*

Conception – *The action of conceiving a child or of a child being conceived.*

Condom – *A sheath made of latex, polyurethane, or lamb intestine, that fits over an erect penis. When used correctly and consistently, latex condoms have been shown to greatly reduce the risk of HIV infection. See also Internal Condoms.*

Confidential – *Done or communicated in confidence; secret.*

Confidential testing – *Testing in which name and results are recorded, but are not given out without permission of the person tested, except as required by state law.*

Consequences – *Something that follows logically or naturally from an action or condition.*

Consent – *Permission for something to happen or agreement to do something.*

Contraception – *The deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.*

Contract – *Catch or develop (a disease or infectious agent).*

Cooling Off Period – *A period arranged by agreement to allow for the reconsideration of a decision.*

Deteriorate – *Become progressively worse.*

Diaphragm – *A thin contraceptive cap fitting over the cervix.*

Digital Intercourse – *The use of fingers to penetrate the vagina or the anus.*

Discharge – *Pus, mucus, or other liquid coming from a body opening.*

Eccrine Glands – *The major sweat glands of the human body, found in virtually all skin, with the highest density in palm and soles, then on the head, but much less on the trunk and the extremities.*

Ectopic Pregnancy – *A pregnancy that occurs outside of the uterus, usually in the fallopian tube (oviduct) often due to infection-related scarring of the tube.*

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Egg - *Produced in the ovary and travel from the ovary through the fallopian tube to the uterus approximately once a month. When joined (fertilized) by the male sperm could eventually produce a baby.*

Ejaculation – *The action of ejecting semen from the body through the penis.*

Embryo – *a human offspring during the period from approximately the second to the eighth week after fertilization.*

Emergency Contraception (Plan B) – *A backup plan that helps to prevent pregnancy after unprotected sex or birth control failure.*

Empathy – *The ability to understand and share the feelings of another.*

Emotional – *relating to a person's emotions.*

Endometrium – *The mucous membrane lining the uterus, which thickens during the menstrual cycle in preparation for possible implantation of an embryo.*

Endometriosis – *An irregularity of the endometrium (lining of the uterus) that can result in pain and possible infertility.*

Epidemic – *A widespread occurrence of an infectious disease in a community at a particular time.*

Epididymis – *The sperm ducts (tubules) on the surface of the testicle.*

Erection – *The stiffening and engorgement with blood of the penis or clitoris during sexual arousal.*

Estrogen – *hormones which promote the development and maintenance of female characteristics of the body.*

External condom – *An external condom fits over an erect penis and is made of very thin latex (rubber), polyurethane (plastic) or polyisoprene.*

Fallopian tube – *Oviduct connecting the ovary with the uterus.*

Family Planning – *Contraception; birth control.*

Female – *A biological term usually assigned at birth based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (ovaries).*

Feminine –*Having qualities or an appearance traditionally associated with women.*

Fertilization – *the joining of male and female sex cells (sperm and egg).*

Fetus – *An unborn human baby more than eight weeks after conception.*

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Foreskin – *A roll of skin that covers the head of the penis in uncircumcised men. Also, is the hood on the clitoris.*

Fraud – *Wrongful or criminal deception intended to result in financial or personal gain.*

Friendship – *A friendly relation or intimacy.*

Gay – *Homosexual (a slang term used especially of a man).*

Gender - *Attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as "masculine" or "feminine."*

Gender Binary – *Classification of gender into two distinct, opposite forms of masculine and feminine, whether by social system or cultural belief.*

Gender Expansive – *A wider, more flexible range of gender identities and expressions than those typically associated with the binary gender system.*

Gender Expression – *A person's behavior, mannerisms, interests, and appearance that signal that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.*

Gender Identity – *A person's internal, deeply-felt sense of being male or female, or something other or in-between.*

Gender Non-Conformity – *Exhibiting behavioral, cultural, or psychological traits that do not correspond with the traits typically associated with one's sex*

Gender Role – *A social role encompassing a range of behaviors and attitudes that are generally considered acceptable for people based on their biological sex or their gender identity.*

Genes – *A unit of heredity which is transferred from a parent to offspring and determines some characteristic of the offspring.*

Goal – *An objective or desired outcome.*

Grooming – *The action by a pedophile of preparing a child for a meeting, especially via an internet chat room, with the intention of committing a sexual offense.*

Harassment – *To disturb persistently, bother continually, or pester.*

Healthy – *A condition of physical, mental, and social well-being and of absence of disease or other abnormal condition.*

Heredity – *The passing on of physical or mental characteristics genetically from one generation to another.*

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Heterosexual – *Being sexually attracted to persons of the opposite sex.*

HIV – *See human immunodeficiency virus.*

HIV/AIDS – *Human Immunodeficiency Virus attacks the T cells of the immune system with debilitating effects, causing a syndrome called Acquired Immune Deficiency Syndrome.*

HIV Antibody Test – *Measures the presence of antibodies in response to the presence of HIV.*

Hormonal Implant – *A long-term birth control option for women. A contraceptive implant is a flexible plastic rod about the size of a matchstick that is placed under the skin of the upper arm.*

Hormonal Method – *A type of birth control (contraception) containing either estrogen and progestin, or progestin only*

Hormone – *A substance produced transported in blood to stimulate specific cells or tissues into action.*

Human Immunodeficiency Virus (HIV) – *The virus that causes AIDS. HIV weakens several body systems and destroys the body's immune system, making it easier for life-threatening opportunistic infections and cancers to invade the body.*

Human Papilloma Virus (HPV) – *A virus that infects the genital areas, anus, mouth, throat, or have no symptoms at all for both men and women.*

Human Trafficking – *The action or practice of illegally transporting people from one country or area to another, typically for the purposes of forced labor or sexual exploitation.*

Hysterectomy – *An operation to remove a woman's uterus.*

Immune system – *A system of the body that helps it resist germs.*

Impair – *Weaken or damage something (especially a human faculty or function).*

Impaired – *Affected by alcohol or drugs to the extent of losing control over one's faculties or behavior.*

Incest – *Sexual intercourse between two people too closely related to be legally married, e.g. father/daughter, uncle/niece, brother/sister. In many countries, including the U.S., incest is illegal and the law also applies to step relations and foster families.*

Incubation – *a time process of incubating eggs, cells, bacteria, a disease, etc.*

Incubation Period – *The period between exposure to an infection and the appearance of the first symptoms.*

Infertility – *The inability to have children.*

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Injection Drug Use – *The use of a needle and syringe to inject drugs into the body.*

Intercourse – *Any sexual act that can result in pregnancy or disease.*

Internal condom – *A female (or internal) condom is a pouch that's inserted in the vagina or anus before sex for birth control and protection against sexually transmitted infection. It works like other condoms, except that it's worn on the inside.*

Intersex – *A general term used for a variety of conditions where a person is born with biological conditions (such as hormones, chromosomes, reproductive or sexual anatomy) that don't seem to fit the typical definitions of female or male.*

Intimacy – *A close, familiar, and usually affectionate or loving personal relationship with another person or group.*

Intimate Partner Violence – *physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.*

Intrauterine Device (IUD) – *A birth control device, such as a plastic or metallic loop, ring, or spiral, that is inserted into the uterus to prevent implantation.*

Labia Majora – *The two thick outer folds of skin that surround the clitoris, the opening of the urethra, and the opening of the vagina of women and girls.*

Labia Minora – *The two small folds of skin that lie immediately inside the labia majora of women and girls and join at the front to form the hood of the clitoris.*

Labor Trafficking – *A form of modern-day slavery in which individuals perform labor or services through the use of force, fraud, or coercion.*

Latex – *Most internal (female) and external (male) condoms are made from latex, a type of rubber. Some people have a latex allergy that causes skin rashes, itching and other problems.*

Latex Barrier – *A type of contraception using latex as a barrier to keep semen from reaching the egg.*

Lesbian – *A woman who is sexually attracted to other women. However, many women who are attracted to other women may choose to use the terms "gay" or "queer" to call themselves.*

LGBTQ+ – *Historically, the acronym included lesbian, gay, and bisexual, but has continued to expand to include transgender, queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA).*

Life Partner – *One who lives with another person and who is emotionally and financially connected in a supportive manner with another*

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Like – *Find agreeable, enjoyable, or satisfactory.*

Love – *An intense feeling of deep affection.*

Male – *A biological term usually assigned at birth based upon an examination of an infant's genitals, but may also involve an examination of chromosomes and gonads (testicles).*

Masculine – *Having qualities or appearance traditionally associated with men.*

Masturbation – *Rubbing or massaging genitals for sexual pleasure*

Masculinity/Femininity – *Gender role stereotypes, differing from culture to culture. Across cultures, these roles are not innate to sexual orientation or gender-identity.*

Media – *The main means of mass communication (broadcasting, publishing, and the internet) regarded collectively.*

Media Images – *Imagery used in television, internet, and magazine publications*

Medically Accurate – *Verified or supported by research conducted in compliance with accepted scientific methods and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal centers for disease control and prevention.*

Menstruation – *The monthly discharge of blood and other matter from the womb as part of the menstrual cycle.*

Militant – *Combative and aggressive in support of a political or social cause, and typically favoring extreme, violent, or confrontational methods.*

Molest – *To force unwanted sexual attentions on somebody, especially a child or physically weaker adult.*

Monogamy – *Having sex with only one partner. Describes an HIV prevention strategy in which two people, who do not have HIV or inject drugs, have sex only with each other over a period of time.*

Mucous Membranes – *Moist lining of the body openings, susceptible to small abrasions and infections.*

Mutually Monogamous Relationship – *A sexual relationship between two individuals who are committed to a long-term relationship with each other, and have no other sexual partners.*

Myth – *A widely held but false belief or idea.*

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Natural condoms – *Condoms made from the intestinal lining of sheep. Adequate for birth control, but not for disease prevention.*

Negotiation – *Discussion aimed at reaching an agreement.*

Nocturnal Emission – *The involuntary ejaculation of semen during sleep.*

Non-barrier Method – *Contraception methods that prevent pregnancy other than by physically preventing sperm from entering the uterus through the penis in the cervix. Includes birth control pills and intrauterine devices.*

Non-Verbal Communication – *Using your body or facial expressions to communicate.*

Oil-based lubricant – *personal lubricant made of oil like petroleum jelly, mineral oil, baby oil*

Options – *Two or more things that serve as other possible choices.*

Oral – *Relating to the mouth.*

Oral Sex – *Sexual activity that involves using the mouth to stimulate a partner's genitals.*

Orgasm – *The involuntary neuro-muscular contractions of the genitals during sexual stimulation.*

Ovaries – *Either of the two female reproductive organs that produce eggs and also produce the sex hormones estrogen and progesterone.*

Over the Counter (OTC) – *Medications that can be legally bought without a physicians prescription.*

Ovum – *An egg produced by the ovary.*

Pad – *An absorbent item worn in the underwear when menstruating or in any other situation where it is necessary to absorb a flow of blood from the vagina.*

Pandemic – *Spreading over the entire continent or the whole world.*

Pansexual – *Being sexually attracted to others regardless of their biological sex, gender, or gender identity.*

Parasite – *An organism that lives in or on an organism of another species (its host) and benefits by deriving nutrients at the other's expense.*

Parasitic – *(of an organism) living as a parasite.*

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Partner – *Either member of an established couple in a relationship either gay, heterosexual or bisexual.*

Passion – *Strong amorous feeling of desire, love, or lust.*

Patch – *An adhesive piece of drug-impregnated material worn on the skin so that the drug can be absorbed gradually over a period of time.*

Pathogen – *A bacterium, virus, or other microorganism that can cause disease.*

Paternity – *The state of being someone's biological father.*

Pelvic Inflammatory Disease (PID) – *Infection of the female upper reproductive organs (uterus, fallopian tubes, ovaries) which can cause inflammation and scarring.*

Penetrative Sex – *Vaginal or anal intercourse.*

Penis – *The male sex organ through which urine is eliminated and semen is ejaculated.*

PEP (Post-Exposure Prophylaxis) – *Antiretroviral medicines (art) after being potentially exposed to HIV to prevent becoming infected.*

Perpetrator – *A person who carries out a harmful, illegal, or immoral act.*

Perspiration - *The process of sweating.*

Physical Abuse – *Any intentional act causing injury or trauma to another person or animal by way of bodily contact.*

Pituitary Gland – *The major endocrine gland. A pea-sized organ attached to the base of the brain, the pituitary is important in controlling growth and development and the functioning of the other endocrine glands.*

Placenta – *A flattened circular organ in the uterus which nourishes and maintains the fetus through the umbilical cord.*

Plan – *A detailed proposal for doing or achieving something.*

PLWA – *Person living with AIDS.*

Polyurethane – *A synthetic material used in place of latex (condoms).*

Pre-Exposure Prophylaxis (PrEP) – *Is a way for people who do not have hiv but who are at very high risk of getting HIV to prevent HIV infection by taking a pill every day.*

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Prenatal – *Before birth; during or relating to pregnancy.*

Prescription – *An order, especially by a physician, nurse practitioner, or physician assistant, for the preparation and administration of a medicine, therapeutic regimen, assistive or corrective device, or other treatment.*

Pressures – *Attempt to persuade or coerce (someone) into doing something.*

Progress – *Forward or onward movement toward a destination or goal.*

Prostate Gland – *A sex gland in males, which surrounds the neck of the bladder and urethra. The prostate gland secretes a slightly alkaline fluid that forms part of the seminal fluid, a fluid that carries sperm.*

Protozoa – *Microorganisms resembling a one-celled plant or animal.*

Puberty – *The stage of pre-teen physical development during which increased production of sex hormones results in secondary sex characteristics, as well as changes in emotions and social relationships.*

PWA – *Person with AIDS.*

Queer – *Denoting or relating to a sexual or gender identity that does not correspond to established ideas of sexuality and gender, especially heterosexual norms.*

Questioning – *The questioning of one's sexual orientation, sexual identity, gender, or all three is a process of exploration by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons.*

Rape – *The crime of forcing someone to have sexual intercourse against their will.*

Rectal Fluids – *The mucus that lines the rectum to help in the elimination of waste*

Rectum – *The lower end of the large intestine, leading to the anus.*

Relationship – *The way in which two or more concepts, objects, or people are connected, or the state of being connected.*

Reliable - *Consistently good in quality or performance; able to be trusted.*

Replicate – *Used here to describe the ability of HIV to make copies of itself.*

Reproductive System – *the biological system made up of all the organs involved in producing offspring.*

Responsible – *Morally accountable for one's behavior.*

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Rhythm Method – *A method of birth control in which the couple abstain from sexual intercourse during the period when ovulation is most likely to occur (aka calendar method).*

Safe Haven Site – *A location where a parent may legally surrender a newborn infant without having to face any criminal prosecutions. A hospital, police station, or manned fire station.*

Safe Surrender – *A state law that permits a parent, within 72 hours of birth, to legally and confidentially surrender a newborn infant without the fear of arrest or prosecution of child abandonment.*

Safer Sex – *Sexual practices (anal, oral, or vaginal) that involve no exchange of blood, semen, or vaginal fluid; often characterized by correct and consistent condom use.*

Scrotum – *The external pouch of skin and muscle containing the testes.*

Sebum – *An oily secretion of the sebaceous glands.*

Semen – *Whitish fluid containing sperm and white blood cells, which is pre-ejaculated/ejaculated from the penis during orgasm. HIV can be spread through semen that is infected.*

Sex - *A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals.*

Sex (also sexual activity) – *Oral, genital, or digital contact between individuals; contact with a partner's vagina, penis, or anus (male-female, female-female, or male-male). Also, another term for sexual intercourse.*

Sexual Contact – *The touching of another person's intimate parts, or the intentional touching of the clothing covering the immediate area of a person's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification.*

Sexual Harassment – *Making unwanted sexual advances to someone; causing sex-related discomfort in another through words or actions.*

Sexual Intercourse – *penetrative sexual contact (anal, oral or vaginal)*

Sexual Orientation - *A person's enduring romantic or sexual attraction to people of the other and/or same gender. Common terms used to describe sexual orientation include, but are not limited to, heterosexual, lesbian, gay, and bisexual.*

Sexuality – *The complex range of components which make us sexual beings; includes emotional, physical, and sexual aspects, as well as self-identification (including sexual orientation and sex), behavioral orientations and practices, fantasies, and feelings of affection and emotional affinity.*

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Sex Trafficking – *The action or practice of illegally transporting people from one country or area to another for the purpose of sexual exploitation.*

Sexting – *Send someone sexually explicit photographs or messages via mobile phone.*

Sexual – *Relating to the instincts, physiological processes, and activities connected with physical attraction or intimate physical contact between individuals.*

Sexual Abuse – *Abusive sexual behavior by one person upon another, often perpetrated using force or by taking advantage of another.*

Sexually Transmitted – *Spread during sex, or through genital or close body contact between people.*

Sexually transmitted infection (STI) – *A disease that is spread during sex, or through genital or close body contact between people. STI's include but are not limited to diseases such as gonorrhea, syphilis, HIV infection (which in advanced stages leads to AIDS), Chlamydia, HPC, herpes, pubic lice, Hepatitis B and C, and Trichomonaisis.*

Siblings – *Two or more children or offspring having one or both parents in common; a brother or sister.*

Sperm – *The male reproductive cells, produced in the testicles from puberty throughout the male life cycle.*

Spermicidal Foam/Gel – *An agent that kills spermatoza, especially as a contraceptive.*

Standard Precautions – *Guidelines that combine universal precautions and body substance isolation procedures in hospitals.*

STI – *See sexually transmitted infection.*

Stereotype – *A widely held but fixed and oversimplified image or idea of a particular type of person or thing.*

Sterilization – *Surgery to make a person or animal unable to produce offspring.*

Strategy – *A plan of action or policy designed to achieve a major or overall aim.*

Surrender – *Give up or hand over (a person, right, or possession), typically on compulsion or demand.*

Symptoms – *A feature which is regarded as indicating a condition of disease.*

Syndrome – *Used here to describe a group of related medical problems or symptoms.*

T-cell – *a lymphocyte of a type produced or processed by the thymus gland and actively participating in the immune response.*

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T-cell count (CD4+) – *A marker that measures the effect of HIV infection on a person's immune system.*

T-helper cell – *See T-cell.*

Tampon – *A plug of soft material inserted into the vagina to absorb menstrual blood.*

Testes/Testicles – *The male gonad or sperm-producing gland (testes) usually with its surrounding membranes.*

Testosterone – *A steroid hormone that stimulates development of male secondary sexual characteristics, produced mainly in the testes, but also in the ovaries and adrenal cortex.*

Trafficker – *A person who deals or trades in something illegal such as trafficking drugs or sex.*

Trait – *A distinguishing quality or characteristic, typically one belonging to a person.*

Transgender – *Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.*

Transmission – *The spread of a microorganism from one person to another.*

Transsexual – *A person who has undergone surgical and hormonal treatment to change his or her anatomical sex.*

Trusted Adult – *an adult other than a parent that can be trusted to provide guidance and support.*

Tubal Ligation – *A sterilization technique in which a woman's fallopian tubes are tied to prevent ova entering the uterus.*

Universal Precautions – *Is an approach to infection control to treat all human blood and certain human body fluids to prevent someone from getting HIV, HBV, and other bloodborne pathogens.*

Urethra – *The tube which transports urine from the bladder to the outside; in males, the urethra also transports semen.*

Uterus – *Womb; pear-shaped organ in which a developing fetus grows.*

Vagina – *The passageway from the uterus to the outside of a woman's body through which a baby is born; the penis enters the vagina during vaginal intercourse.*

Vaginal Fluid – *Fluid that provides moisture and lubrication in the vagina; vaginal fluid of an HIV-infected woman can spread HIV.*

Valid – *Having a sound basis in logic or fact; reasonable; legally binding due to having been executed in compliance with the law.*

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Values – *The importance, worth, or usefulness of something, with the aim of determining what actions are best to do or what way is best to live.*

Vas deferens – *The tube that carries the sperm out of the scrotal sac located between the epididymis and urethra.*

Vasectomy – *A male sterilization technique, in which the vas deferens are cut and cauterized.*

Venue – *The place where something happens, especially an organized event such as a concert, conference, or sports event.*

Verbal Abuse – *The act of forcefully criticizing, insulting, or denouncing another person.*

Verbal and Non-Verbal Communication – *Using either words or your body movement to communicate*

Victim – *A person harmed, injured, or killed as a result of a crime, accident, or other event or action.*

Viral – *Caused by or related to a virus.*

Viral load – *The amount of HIV RNA in the blood; as viral load increases, the chance of illness increases.*

Virgin – *Someone who has never had sexual intercourse (oral, anal, or vaginal).*

Virus – *A germ, much smaller than a bacterium, whose survival depends on cells in the host; a virus such as HIV destroys host cells.*

Visualization – *The formation of a mental image of something.*

Voluntary – *Done, given, or acting of one's own free will.*

Vulva – *The external female genitals.*

Water-Based Lubricant – *Water-soluble sexual lubricants.*

Window Period – *The early period of infection before antibodies can be detected.*

Withdrawal Method – *An unreliable method of contraception in which the man withdrawals his penis from the vagina before he ejaculates.*

Yes Means Yes – *Requires sexual participants to obtain a verbal declaration of consent, yes, to each sexual act.*

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